

## Report to Integrated Commissioning Board



Date of Meeting	29 March 2022
Portfolio	Health and Adult Care and Wellbeing
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Public/Private Document	Public

### System Quality, Safety and Safeguarding Report

#### Executive Summary

1. This report provides an update to Board in terms of the development of both the Quality, Safety and Safeguarding Strategic and Operational function across the system.

Outlined will be the Quality, Safety and Safeguarding Commitment and the interface of this workstream with other functions across the system and its alignment to both neighbourhood development and Clinical Care Professional leadership.

#### Recommendation

2.
  1. That the Quality and Safety Commitment is endorsed by the Integrated Commissioning Board and is linked into Rochdale Borough Safeguarding Children's Partnership (RBSCP)/ Rochdale Borough Safeguarding Adult Board (RBSAB), Community Safety Partnership (CSP) and relevant ensuing workstreams.
  2. That all health and care service design and provision is underpinned by the commitment.
  3. That the commitment is an enabler for implementation of the Quality and Safeguarding Strategies.

#### Reason for Recommendation

3. The aim is the optimum safety and quality delivered to the right people, in the right place at the right time based on identified need and proposed outcomes.

Alternatives Considered:  
Not to endorse the Quality and Safety Commitment.

### Key Points for Consideration

#### 4. Quality, Safety and Safeguarding Commitment

Integrated Care Systems (ICSs) are partnerships between the organisations that meet people's health and care needs across an area. They coordinate services and plan in a way that aims to improve health and reduce inequalities between different population groups.

The development of Integrated Care Systems (ICSs) brings significant opportunities to improve quality, but also identify and respond to challenges and risks. As localities and wider ICSs develop it is critical that quality, safety, and safeguarding are prioritised in decision-making and planning.

White Paper directives have provided impetus to join up planning and service delivery across historical divides: primary and specialist care, physical and mental health, health, and social care, as well as wider services including housing and the economy. The new partnerships are also helping to prioritise self-care and prevention, so that people can live healthier and more independent lives. Locally we already have some good foundations in place in relation to this however we need to ensure there is a shared single view of high quality, safe and effective care.

The strategic group have developed a Quality Safety and Safeguarding Commitment – Appendix 1

#### What does this mean in practice?

That people working in systems deliver care that is:

**Safe** - delivered in a way that minimises things going wrong and maximises things going right; continuously reduces risk, empowers, supports, and enables people to make safe choices and protects people from harm, neglect, abuse, and breaches of their human rights; and ensures improvements are made when problems occur.

**Effective** - informed by consistent and up to date high quality training, guidelines, and evidence; designed to improve the health, care and wellbeing of a population and address inequalities through prevention and by addressing the wider determinants of health; delivered in a way that enables continuous quality improvements based on research, evidence, benchmarking, and clinical audit.

**Responsive and personalised** - shaped by what matters to people, their preferences, and strengths; empowers people to make informed decisions and design their own care; coordinated; inclusive and equitable.

**Caring** - delivered with compassion, dignity, and mutual respect.

**Well-led** - driven by collective and compassionate leadership, which champions a shared vision, values, and learning; delivered by accountable organisations and systems with proportionate governance; driven by continual promotion of a just and inclusive culture, allowing organisations to learn.

**Sustainably-resourced** - focused on delivering optimum outcomes within financial envelopes, reduces impact on public health and the environment.

**Quality care is also equitable** - everybody should have access to high-quality care and outcomes, and those working in systems must be committed to understanding and reducing variation and inequalities. Focus on strengthening partnerships with staff, local communities and people using services to deliver higher-quality care and tackle health inequalities.

**Ensure that decisions are taken closer to the communities they affect**, so that they are more likely to lead to better outcomes. Provide people with an improved experience of health and care, as services are more coordinated, focused on addressing health inequalities and based on the latest evidence, learning and best practice.

**Support people delivering health and care services to work together** to do what is best for people, including being able to work across different organisations and services, such as primary and secondary care, physical and mental health. It is important that ICSs are clear about what matters to people using services, and that they use this understanding to shape how services are designed and how outcomes are measured:

Looking at our health and care system locally we need to look at the system players and consider how each will contribute to high quality, safe and sustainable health, and care.

Each part of the system has committed to delivering safe, equitable and high-quality provision across an all-age population and the commitment must underpin every part of the system.

The commitment lays down requirements for each system partner and 7 steps for quality and safety delivery in health and care.

The commitment clearly acknowledges the directives of statute and the need to link into Rochdale Borough Safeguarding Children's Partnership (RBSCP), Rochdale Borough Safeguarding Adult Board (RBSAB) and the Community Safety Partnership (CSP) so that work is not duplicated but enhanced.

Governance is described within the attached Commitment document.

This commitment cannot stand alone and could influence wider workstreams. It must underpin the wider Neighbourhood work and the

development of the Clinical Care Professional Leadership function as our system evolves.

<b>Costs and Budget Summary</b>
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5. There are no cost implications.

<b>Risk and Policy Implications</b>
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6. There are no significant risks.

<b>Consultation</b>
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7. The Quality and Safeguarding Commitment has been co-produced through engagement with all system partners across health and care in the locality.

<b>Background Papers</b>	<b>Place of Inspection</b>
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| 8. Appendix – Quality Safety and Safeguarding Commitment | N/A |
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