



Local System Reviews

Version 16

2017/07/19 Board update

Introduction

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Introduction: CQC Local System Reviews

- Following the budget announcement of additional funding for adult social care, the Department of Health has asked CQC to undertake a programme of targeted reviews in local authority areas.
- Each review will answer the question:

How well do people move through the health and social care system, with a particular focus on the interface between the two, and what improvements could be made?

- We want to answer:
 - What is currently happening and what are the outcomes for people who move through the system?
 - What is the maturity of the local area to manage the interface between health and social care moving forward?
 - What else needs to happen?

Review methodology

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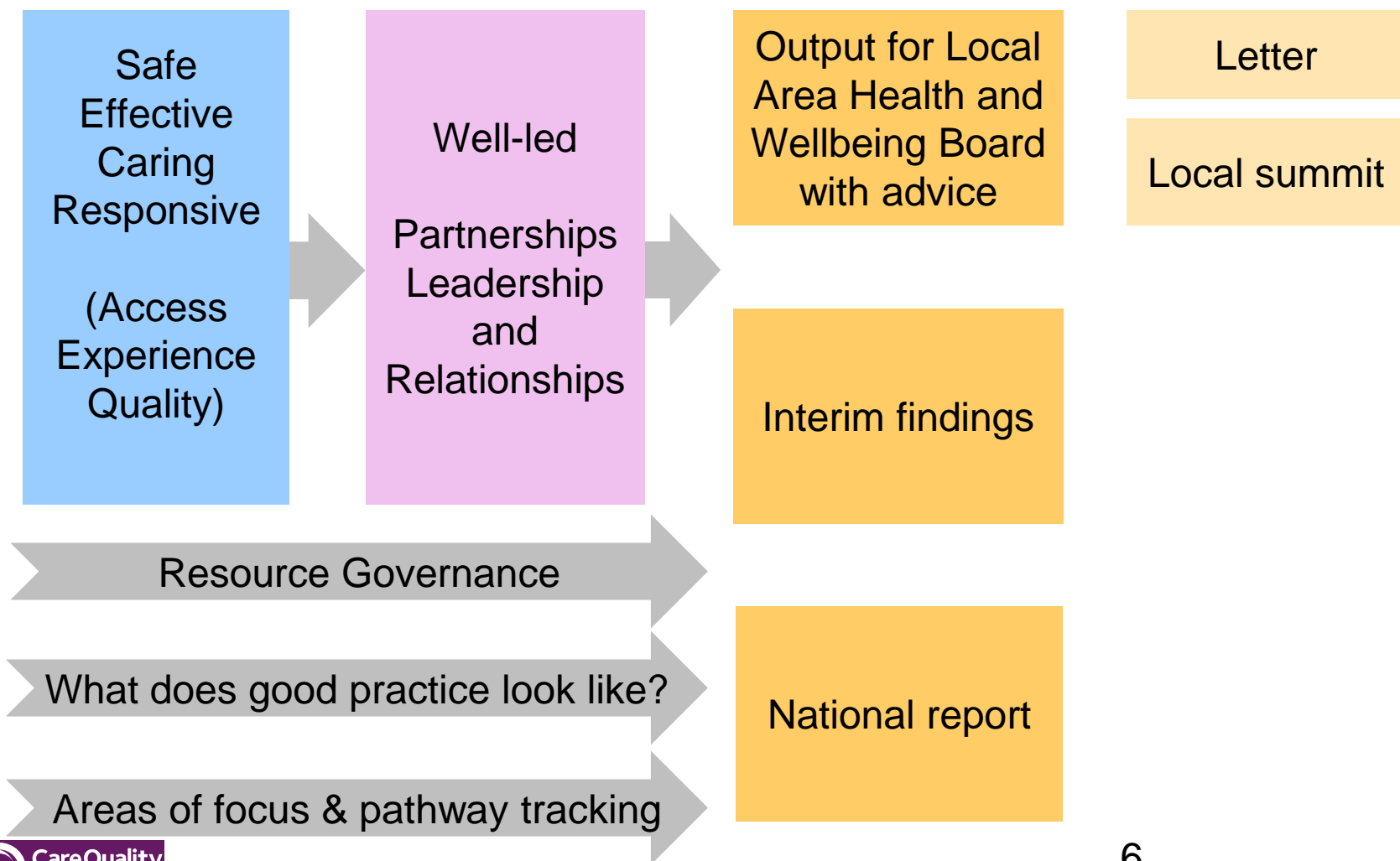
Methodology

- We have developed the methodology using::
- CQC tools:
 - Provider inspection findings and reports
 - Quality in a Place Framework (year 1)
 - Quality in a Place Frameworks (year 2 – Cornwall/Sutton)
 - Integrated Care for Older People
 - Tools from thematic reviews
- Wide range of external documents and tools developed
- Co-production across professionals and people who use services, their cares and families
- Walk through with Hertfordshire County Council which added a further focus on well-led, workforce, the relationship audit and the system overview document.

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Areas of focus: KLOES

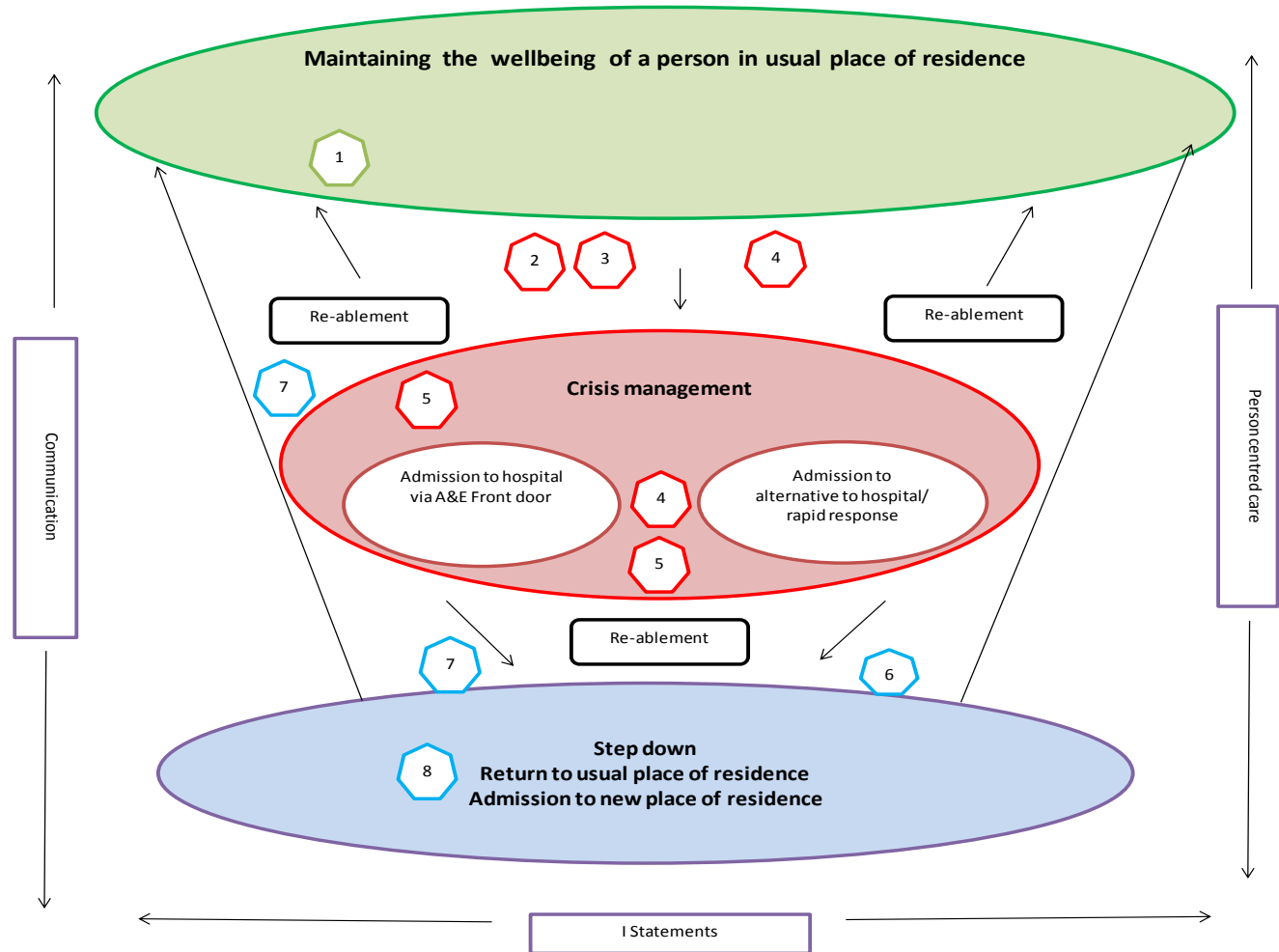
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Pressure points

Pressure Points:

1. Maintenance of peoples health and well being in their usual place of residence
2. Multiple confusing points to navigate in the system
3. Varied access to GP/ Urgent Care centres/ Community care/ social care
4. Varied access to alternative hospital admission
5. Ambulance interface
6. Discharge planning delays and varied access to ongoing health and social care
7. Varied access to re-ablement
8. Transfer from re-ablement



Areas of Focus to underpin KLOEs : Key system pressure points

Pressure Points:

1. Maintenance of peoples health and well being in their usual place of residence
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5. Ambulance interface
6. Discharge planning delays and varied access to ongoing health and social care
7. Varied access to re-enablement
8. Transfer from re-enablement

- Maintaining wellbeing
- Crisis episode
- Discharge, step down, re-ablement

I statements - Person centred coordinated care

“I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me.”

Methodology Key Lines of Enquiry

Overarching questions?

How well do people move through the health and social care system, with a particular focus on the interface and inface, and what improvements could be made?

Safe

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KLOE 1: Are people using services supported to move safely across health and social care to prevent avoidable harm?

Effective

KLOE1: How effectively are the services commissioned and delivered across the interface between health and social care in improving health and wellbeing and maximising independence?

Methodology

Caring

KLOE 1: Do people experience a compassionate, high quality and seamless service across the system which leaves them feeling supported and involved in maximising their wellbeing?

Responsive

168 KLOE 1: To what extent are services across the interface between health and social care responsive to people's individual needs?

Methodology

Well led

KLOE 1: Is there a shared clear vision and credible strategy which is understood across health and social care interface to deliver high quality care and support?

KLOE 2: What impact is governance of the health and social care interface having on quality of care across the system?

161 KLOE 3: Is commissioning of care across the health and social care interface well led, demonstrating a whole system approach and evidence based?

KLOE 4: To what extent is the system working together to develop its health and social care workforce to meet the needs of its population

Resource Governance

KLOE1 : How is the system managing its resources to achieve sustainable high quality care and promoting peoples independence?

Review approach

- Review approach
- Relational Audit

Provisional review methodology

Pre-prep
Week 1-6

Preparation
Week 7

Review
Week 8

Report writing
Week 8-9

Quality Assurance
Week 10-12

Communications
Week 12-14

- 6 weeks:**
- Letter
 - Contact request
 - System Overview Document
 - Relational audit
 - Call for evidence from inspectors

3 weeks:

Review leads

- meet senior staff/ run through local context – Case track scenario
- attend local events with people living in the area
- Call for evidence from local health watch, OSC.
- Meeting with other local partners AHSN, LMC,LPC, LDC, principle SW)

Cross directorate Inspectors focus groups

2 weeks:

SIR returned and agree review schedules

Analysis of documents

Analysis of qualitative and quantitative data

Liaison with statutory bodies and others (e.g. NHS E, NHS I,, HEE, STPs, regional leads)

Agree escalation process if required

People's experience, quality and access

(Days should include Out of Hours)

Day 1: Focus groups

- Commissioning staff
- Provider staff (across broad groups)
- Social workers and OTs
- People using services, carers and families
- Third sector

Day 2-3: Interface pathway interviews

Focus on individuals' journey through the interface through services (with scenarios) and case tracking/ Dip sampling

Day 4: Well-led interviews

- Senior leaders (CEOs, Directors, DPH, Leader etc)
- Sense check with nominated people from key partners

Day 5: Final interviews, mop up and feedback

Single shared view of quality

Drafting

Quality Assurance

Editorial

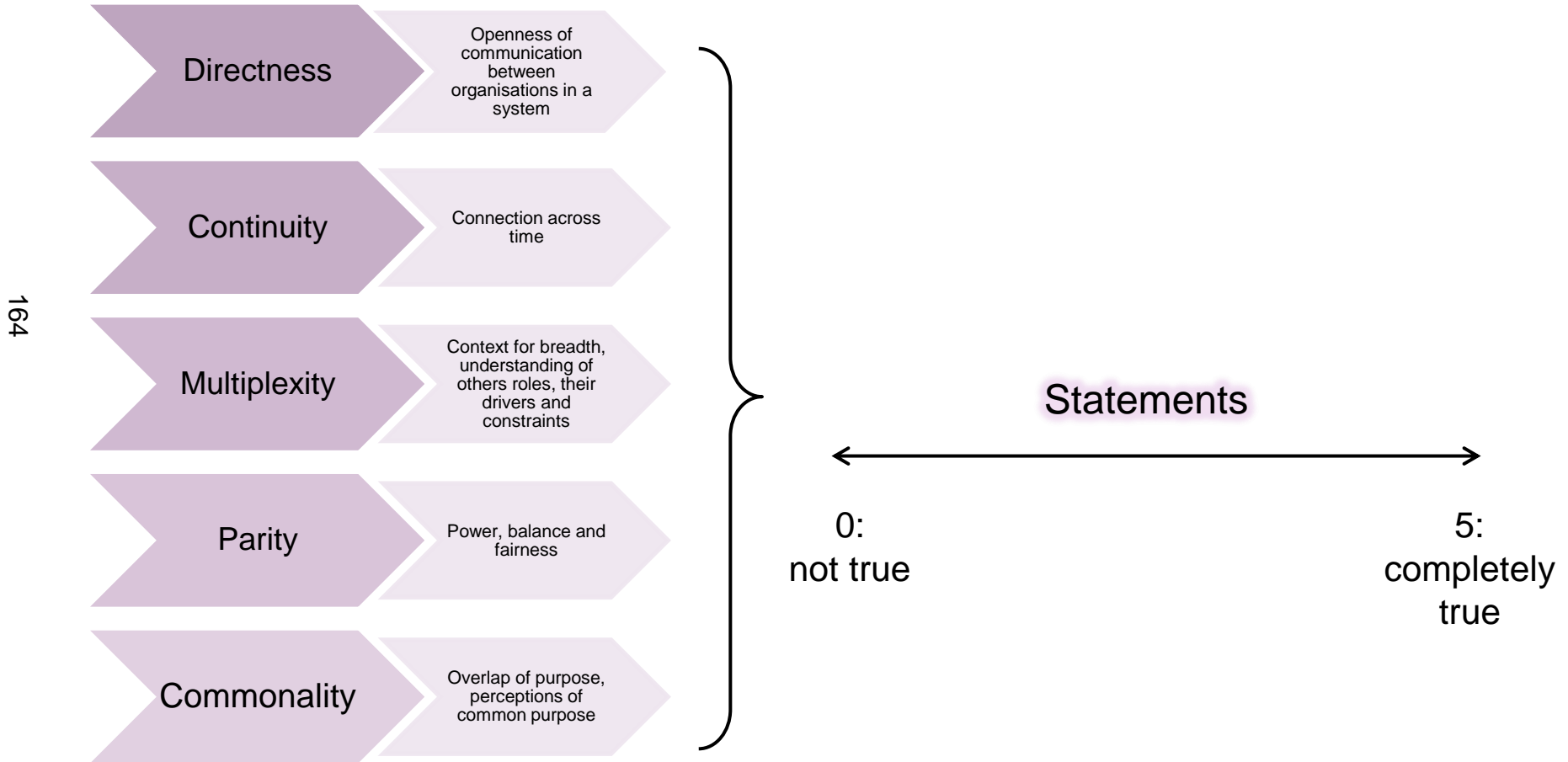
Short, focused report/ letter with advice for the area Health and Wellbeing Board (cc other partners including Local Delivery Boards)

Publication

Local summit (with improvement partners)

Team – 2 CQC/ 2-3 SpA

Relational Audit



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- Data

Data Profiles

- To support the review, (as well as longer-term 'Place'-based fieldwork and BAU cross-sector working), Intelligence is developing area-level data profiles containing cross-sector analysis.
- Data profiles will feature analysis of a range of quantitative metrics. Qualitative information gathered via the System Information Return will be appended to the profiles.
- The analysis included with the profiles will reflect and build on the analysis DH undertakes to select the areas for the review. Our analytical approach will align with DH's to ensure we reflect a consistent view of system performance. CQC has been involved in discussions with DH to advise on the measures and analytical approach. The final list of measures and detailed analytical methodology will be supplied by DH shortly.
- Data profiles will be developed iteratively, with profiles for the earlier local authorities focused around a list of high-priority measures. Profiles for later local authorities will include additional analysis

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Data Profiles – High Priority Metrics

Demographic Context

- % Population aged 65+
- % Population White British
- IMD quintile

Quality of Service

- CQC Area Ratings Score
- Overall Provider Ratings by Sector
- Change in ratings by Sector

Activity/Flow through System

- A&E 4 hour waits
- Emergency admissions per 1000 18+ (*DH metric*) and 65+ and from care home postcodes
- % admissions with LOS >7days (18+, 65+ and from care home postcodes)
- Percentiles LOS for emergency admissions (*DH metric*)
- Total DTOC days per 100,000 (*DH metric*)
- DTOC days attributable to NHS/ASC/Both and DTOC by reason for delay
- Emergency readmissions 65+ (*DH metric*) and from care home postcodes
- Proportion of discharges which occur at the weekend vs weekday
- Proportion of 65+ discharged from hospital into reablement/rehabilitation services, and those that were still at home 91 days after discharge (*DH metric*)
- Key Ambulance System Performance Indicators

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Data Profiles – High Priority Metrics

System Provision /Capacity

- Acute Hospital Bed Occupancy
- Capacity per 100,000 pop (aged 65+) of Residential, Nursing and Community (DCA) ASC Services
- ASC Entries and Exits (% increase/decrease in Residential and Nursing home beds and DCA services over last 2 years)
- Patients per FTE GP & Nurse
- NHSE Primary care access: Extended access to GP services on a weekend and evening (*DH metric*)

Staffing

- Services that are missing a registered manager
- Turnover of registered managers
- The professional and caring staff vacancy and turnover rate within ASC services

Funding

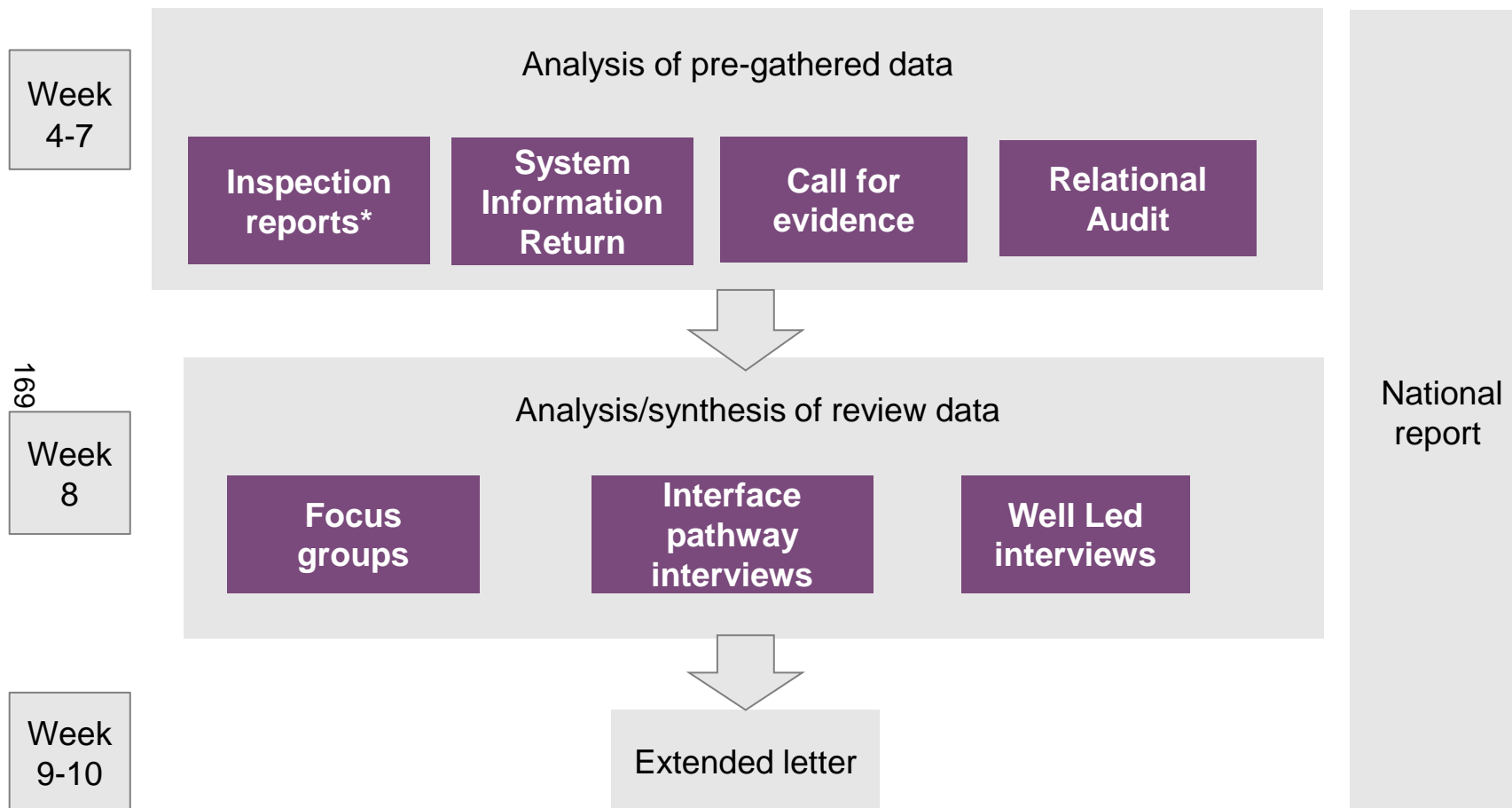
- % of ASC services that are fully self-funded vs % of services that are LA funded.
- Surplus /deficit by NHS hospital provider
- Average GP pounds per patient

Service User Experience

- Health-related quality of life for people with long-term conditions
- Proportion of people feeling supporting to manage their long-term condition (*DH metric*)
- Social care-related quality of life score (*DH metric*)

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Qualitative data analysis



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