

## Appendix 1

### HEALTH & SOCIAL CARE PEER REVIEW BRIEFING

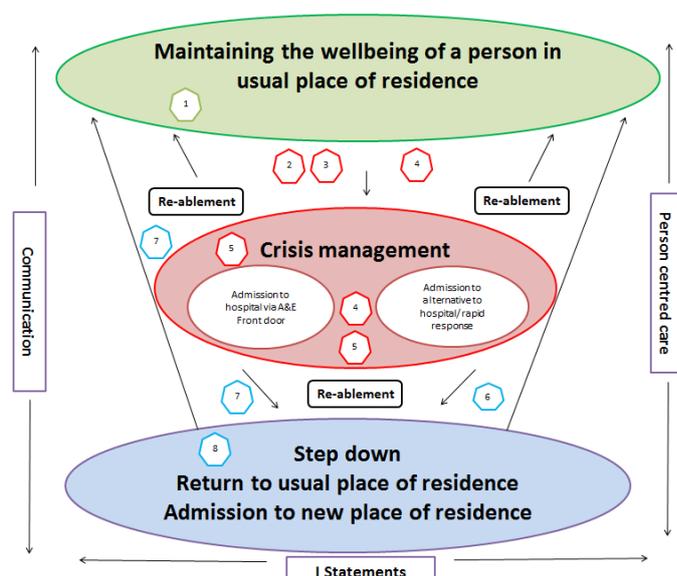
#### BACKGROUND

Following the budget announcement of additional funding for adult social care in 2017, the Care Quality Commission (CQC) was requested by the Secretary of State for Health to undertake a programme of local system area reviews.

20 area reviews were undertaken in 2017/18. The reviews were system wide and looked at the quality of the interface between health and social care and the arrangements and commitments in place to use the Better Care Fund to reduce delays in transfer of care. The scope also considered:

- How do people move through the system and what are the outcomes for people?
- What is the maturity of the local area to manage the interface between health and social care?
- How can this improve and what is the improvement offer?

Below is a diagram showing the main operational themes:



The reviews looked specifically at how people move between health and social care with a particular focus on people over 65 years old and what improvements could be made. They included services such as:

- NHS Hospitals
- NHS community services
- Ambulance services
- GP practices
- Care homes
- Residential care services

The reviews also considered pressure points such as:

- Maintenance of people's health and wellbeing in their usual place of residence
- Multiple confusing points to navigate in the system
- Varied access to GP / urgent care centres / community health services / social care
- Varied access to alternative hospital admission

- Ambulance interface
- Voluntary sector interface
- Discharge planning delays and varied access to ongoing health and social care
- Varied access to and transfer from reablement and intermediate care tier services

CQC have now published their final report: Beyond Barriers. The report identifies the following common themes:

<https://www.cqc.org.uk/publications/themed-work/beyond-barriers-how-older-people-move-between-health-care-england>

In the systems reviewed, CQC found individual organisations working to meet the needs of their local populations. But they did not find that any had yet matured into joined-up, integrated systems. Health and care services can achieve better outcomes for people when they work together. Joint working is not always easy.

The health and social care system is fragmented and organisations are not always encouraged or supported to collaborate.

An effective system which supports older people to move between health and care services depends on having the right culture, capability and capacity.

CQC looked for effective system-working and found examples of the ingredients that are needed. These include:

- A common vision and purpose, shared between leaders in a system, to work together to meet the needs of people who use services, their families and carers
- Effective and robust leadership, underpinned by clear governance arrangements and clear accountability for how organisations contribute to the overall performance of the whole system
- Strong relationships, at all levels, characterised by aligned vision and values, open communication, trust and common purpose
- Joint funding and commissioning
- The right staff with the right skills
- The right communication and information sharing channels
- A learning culture

Health and social care organisations should work together to deliver positive outcomes for people and ensure that they receive the right care, in the right place and at the right time.

In the local systems reviewed, people were not always receiving high-quality person-centred care to meet their needs, or getting their care in the right place.

### **Peer Review**

Peer reviews are a constructive and supportive process with the central aim of helping areas to improve. They are not an inspection nor award any form of rating judgement or score. Reviews are delivered from the position of a 'critical friend' to promote sector led improvement.

The peer challenge process is a learning process and will help the health and social care system to assess its current achievements and to identify those areas where it could improve.

Following a scoping discussion with the Local Government Association (LGA), the following two questions and supporting key lines of enquiry were agreed by the Health Care Executive:

**1. Is there a shared vision and system wide strategy developed and agreed by system leaders, understood by the workforce and co-produced with people who use services?**

KLOEs

- Is there clear leadership, vision and ambition demonstrated by the CEOs across the system
- Is there a strategic approach to commissioning across health and social care interface informed by the identified needs of local people (through the JSNA)
- How do system partners assure themselves that there is effective use of cost and quality information to identify priority areas and focus for improvement across the health and social care interface including delayed transfers of care

**2. The people's journey: how does the system practically deliver support to people to stay at home, support when in crisis and support to get them back home?**

KLOEs

- How does the system ensure that people are moving through the health and social care system are seen in the right place, at the right time, by the right person and achieve positive outcomes (will cover how people are supported to stay well in own homes - community focus, what happens at the point of crisis and returning people home which will include a look at reablement, rehabilitation and enabling people to regain independence)
- How do systems, processes and practices in place across the health and social care interface safeguard people from avoidable harm
- Does the workforce have the right skills and capacity to deliver the best outcomes for people and support the effective transition of people between health and social care services?

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