

# Report

Date: 4 September 2017

To: Coventry Health and Wellbeing Board

From: Pete Fahy - Director of Adult Services

**Title: Care Quality Commission Local System Review** 

# 1 Purpose

This briefing note provides information regarding the forthcoming Care Quality Commission (CQC) review of the Health and Social Care System in Coventry.

#### 2 Recommendations

Coventry Health and Well-Being Board is recommended to:

- 1. Provide their full support and ownership of the review process through members participating in the review as required, supporting the review within their organisations, and advocating for this review as being an opportunity for system improvement
- 2. Support the preparation underway and endorse the Coventry Accident and Emergency Delivery Board as being the body for co-ordination and preparation for the review

### 3 Information/Background

Following the spring budget announcement of additional funding for adult social care, the Department of Health (DoH) has asked CQC to undertake a programme of targeted reviews in local authority areas. These reviews were to be exercised under the Secretary of State's Section 48 powers.

It was subsequently announced that there would be 20 reviews of Health and Social Care Systems where there are challenges particularly in relation to delayed transfers of care. Coventry has been selected as one of the first 12 areas to be reviewed.

The performance metrics used to identify the areas subject to review are contained within the DoH Local Area Dashboard. This dashboard creates a weighted average across 6 measures to identify the highest ranked and most challenged local systems in supporting patient flow. It appears that the 12 systems selected have been identified as 12 of the 'most challenged' areas by national rank according to these measures.

#### 3.1 Focus of the review

The review will be wide ranging and take a 'whole system approach'. Each review undertaken by CQC will focus on how people move between health and social care, including delayed transfers of care, with a particular focus on people over 65 years old.

The review will seek to answer the following 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?

A number of 'pressure points' have been identified by CQC as significant in the interface between health and social care. Understanding the interface at each of these pressure points will be a key focus of the review. These pressure points are shown in Appendix One.

In understanding these interfaces, a number of Key Lines of Enquiry (KLOE) will be explored which are as follows:

| Safe                   | How are people using services supported to move safely across health and social care to prevent avoidable harm?   |
|------------------------|---|
| Effective              | How effective are health and social care services in maintaining and improving health and wellbeing and independence?   |
| Caring                 | 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             | To what extent are services across the interface between health and social care responsive to people's individual needs?  |
| Well led               | Is there a shared clear vision and credible strategy which is understood across the health and social care interface to deliver high quality care and support?            |
|                        | What impact is the governance of the health and social care interface having on quality care across the system?   |
|                        | To what extent is the system working together to develop its health and social care workforce to meet the needs of its population?  |
|                        | Is commissioning of care across the health and social care interface, demonstrating a whole system approach based on the needs of the local population?                   |
| Resource<br>Governance | How do system partners assure themselves that resources are being used to achieve sustainable high quality care and promoting people's independence?                      |
|                        |   |

It is the intention that the review findings will highlight what is working well and where there are opportunities for improving how the system works for people using services.

On completion of the review the findings will be reported to the Health and Well-Being Board with the expectation that a joint action plan is agreed to progress any recommendations made. There will be a support offer from CQC to assist with the delivery of the action plan.

The review of each area will be a publicly available document and once all 12 reviews are completed the CQC will publish a national report of their key findings and recommendations.

#### 3.2 Review ownership

CQC have asked the local authority to co-ordinate the review and ensure the input of partners. The reason for this is that the local authority is responsible for the health and well-being board and the health and well-being is considered to be where the review, its outcomes and resulting action plan, is owned by the system.

#### 3.3 Timing of the review

Information provided by CQC indicates a timescale for the review being 12-14 weeks including an on-site week. This timescale is included in Appendix Two.

The Coventry on-site week is scheduled for week commencing 22 January 2018. This date will be confirmed approximately six weeks in advance at which point the submission of a 'Local System Overview Information Request (SOIR) will be required. This SOIR provides background information to the CQC on the local system, who uses it, how services integrate and how effectiveness is monitored.

CQC will also conduct a 'relational audit' to understand the effectiveness of local relationships. This audit will be sent to key system contacts with the expectation that it is shared with other colleagues within organisations to provide a rounded picture.

In addition, and in advance of the on-site week CQC will want to meet with senior leaders and attend local events. This is usually three weeks prior to the on-site week but due to the Christmas and New Year period this has brought forward and will be week commencing 18 December 2017. This means that the start of the review period will be two weeks in advance of this, 4 December 2017.

#### 3.4 Preparing for the Review

In preparation for the review the following is underway:

- 1. Work has commenced on scoping content for the 'Local Overview Information Request'
- 2. Key health partners have been briefed and have agreed that the Coventry Accident and Emergency Delivery Board will be the focal point for system wide co-ordination of the review
- 3. Information sharing is in place between Directors of Adult Services for Coventry, Stoke on Trent and Birmingham as the three the West Midlands authorities subject to review. The Birmingham review is scheduled for the same timescale as Coventry whereas Stoke on Trent is currently underway with the on-site week being week commencing 4 September 2017
- 4. A meeting is being arranged with CQC in advance of the review to aid better understanding of what is required in order to support preparations

#### 4 Options Considered and Recommended Proposal

Participation with the review is not optional and therefore options in this regard are not appropriate. Recommendations to HWBB are made in section 2 above.

# Report Author(s):

# Name and Job Title:

Pete Fahy – Director of Adult Services

# **Directorate:**

People

# **Telephone and E-mail Contact:**

024 7683 3555

Peter.Fahy@coventry.gov.uk

Enquiries should be directed to the above person.

# **Appendices**

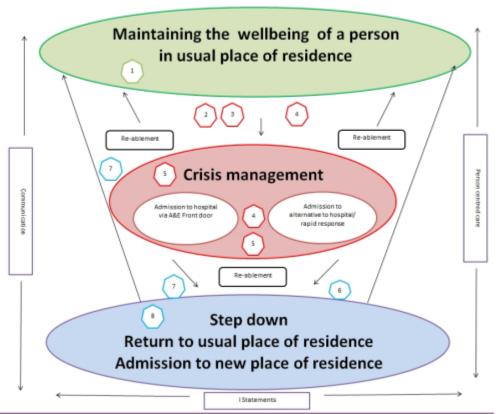
Appendix One: **Pressure Points** 

Appendix Two: System Review end-to-end

# Pressure points



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



# System review end to end

