

Care Quality Commission Local System Review of York - Briefing for Partners

1. Introduction / Purpose of Report

- Inform partner organisations about the forthcoming review
- Provide assurance on the joint work being done to prepare
- Ensure partners are aware of opportunities / requirements to be involved in the review
- To highlight the role of systems leadership in relation to securing better outcomes for local people through joined up approaches and integrated services

2. Background to the Review / Strategic Context

- 2.1 The Better Care Fund (BCF) was established to support improvement in outcomes for people using services and local communities by promoting integration and transformation of health and social care. It focuses on out of hospital care to prevent admissions to and reduce the impact of delayed transfers of care.
- 2.2 In the budget 2017 the government announced an additional £2 billion nationally, paid directly to councils – the improved Better Care Fund (iBCF). The aims of the fund are:
- Meet adult social care needs
 - Reduce pressures on the NHS, including supporting more people to be discharged from hospital when they are ready
 - Ensure that the local social care provider market is supported
- 2.3 Following the Spring Budget announcement of additional funding for adult social care, the Department of Health and Department for Communities and Local Government commissioned the Care Quality Commission (CQC) to undertake a programme of targeted reviews of local authority areas. The purpose of the reviews is to ascertain how people move through the health and social care system with a focus on the interfaces, with particular reference to Delayed Transfers of Care (DTC).
- 2.4 The Local System Reviews are taking place first in areas that have been identified as challenged according to 6 key metrics in relation to “*user access and flow (including high numbers of delayed transfers of care)*”.
- 2.5 These metrics are summarised in Table 1, York’s performance is summarised in Table 2. However, it should be noted that this does not reflect an up to date, accurate position for York.

- 2.6 The Better Care Fund plan must be submitted by 11th September 2017, and following the national assurance process, plans must be finalised and approved by 30th November.
- 2.7 All areas have also been required to respond to national targets for the reductions of Delayed Transfers of Care. The national commitment is to achieve no more than 3.5% of occupied bed days being used by a patient who is ready to go home but remaining in hospital.
- 2.8 The reviews will highlight examples of good practice and make recommendations where improvements are needed.
- 2.9 The Care Quality Commission will publish a local report at a local summit for partners as part of their support offer.
- 2.10 The Care Quality Commission will also publish an interim national report in November, and a final national report at the end of the programme of reviews.

3. Scope of the Local System Review

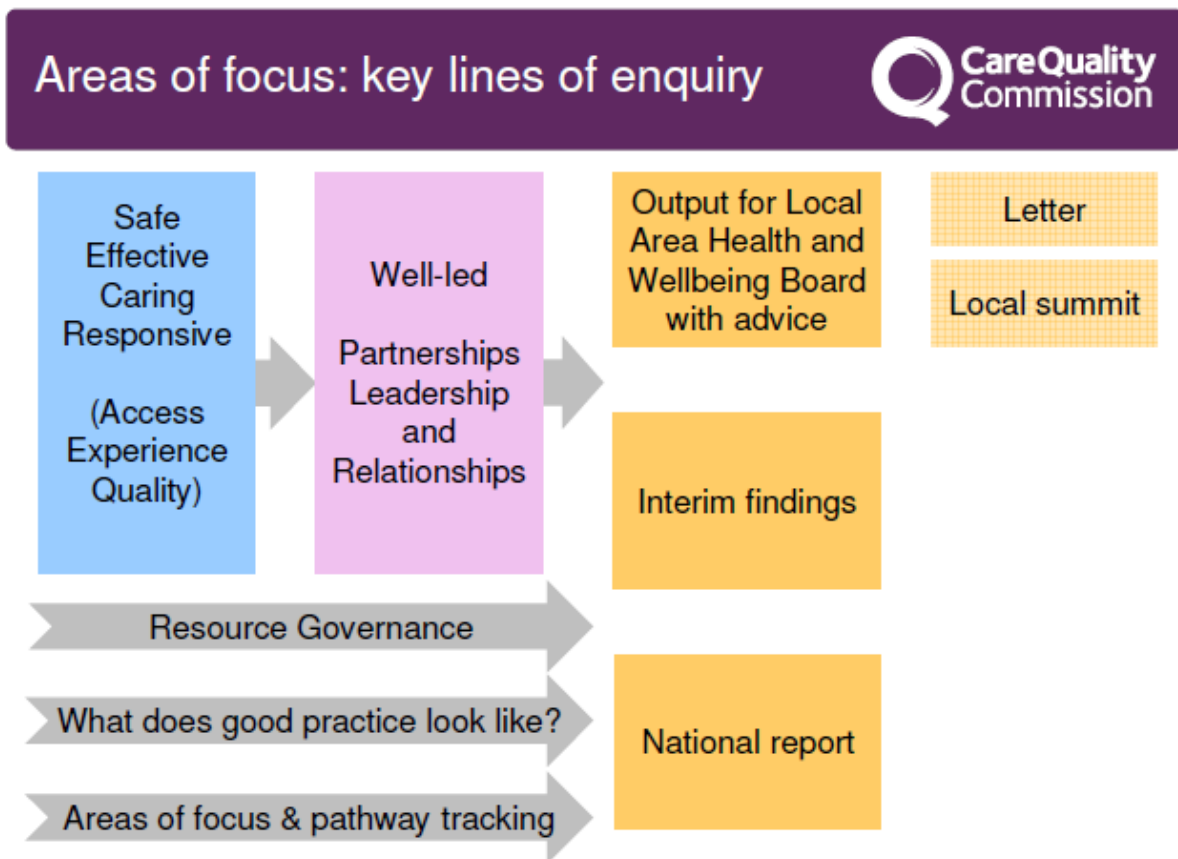
- 3.1 The review is of the whole system, not individual organisations. It will seek to answer the question: “How well do people move through the health and social care system, with a particular focus on the interface between the two, and what improvements could be made?”
- 3.2 The review will focus on older people with complex needs and co-morbidities who become delayed in hospital. It includes dementia, but does not focus on working age adult mental health delays.
- 3.3 An initial cohort of twelve council areas was identified, with a total of forty now being planned over the next year.
- 3.4 Reviews will not result in a rating, but will highlight good practice and articulate recommendations.

4 Methodology

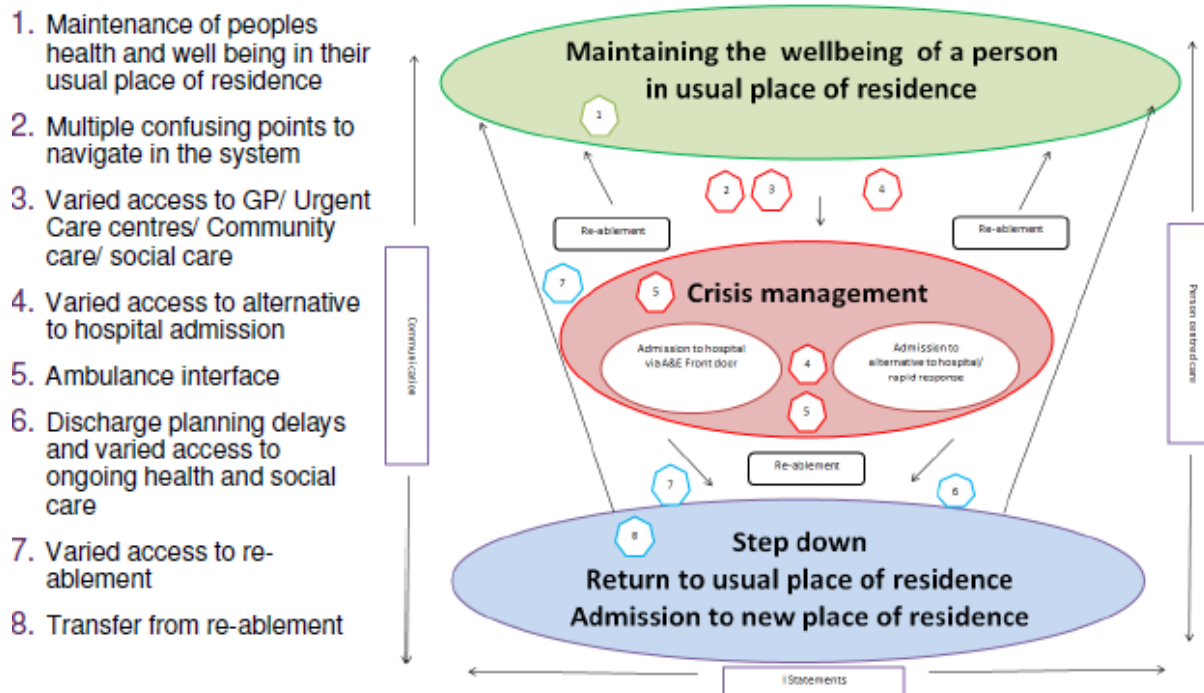
- 4.1 The CQC has published key Lines Of enquiry (KLOEs) and will map all existing evidence from inspections and other available sources against these prior to their visit.
- 4.2 Each area must submit a System Overview Information Return (SOIR) in advance of the review. This will offer a self assessment and allow York to provide information on the work we are already doing to address the challenges we face. It will also allow York to make our case in relation to the financial pressures on our system and the external factors affecting our health and social care economy.

- 4.3 The review will include a “Relational Audit” and case tracking (6 case studies).
- 4.4 CQC will hold preliminary interviews and focus groups as well as consult Scrutiny and Healthwatch prior to their on site week, which takes place in York from 30th October to 3rd November. Initial feedback will be provided on 3rd November.
- 4.5 The review will culminate in a report and a Local Summit with a tailored improvement support offer for each area.

CQC illustrations:



Pressure points



5 Local preparation and response

- 5.1 System leaders in York are committed to ensuring that this review is welcomed as a positive opportunity to promote the great developments that are taking place here to reduce dependence on services and foster individual and community resilience. We also welcome the review as an invaluable insight into further improvements which could be made to join up our health and social care system around those people who need it.
- 5.2 The local response is being co-ordinated by the CYC and VOYCCG Head of Joint Commissioning on behalf of the whole system.
- 5.3 A multi agency working group has been established.
- 5.4 Partners are contributing evidence ahead of the CQC timetable in order to fully understand our performance and key issues, and to shape a shared narrative for the System Overview Information Return.

6 Opportunities to contribute

- 6.1 The multi agency working group is planning a schedule of briefings and updates for stakeholders to ensure local people are informed about the review.

6.2 The Relational Audit will be disseminated through existing networks to ensure as wide a response as possible, in line with CQC intentions.

6.3 CQC will be inviting groups and individuals to contribute evidence to the review through events, focus groups and interviews.

7 Timetable

7.1 CQC expects to formally initiate the review of York by letter during the week commencing 11th September 2017.

7.2 The System Overview Information return must be submitted by 16th October 2017.

7.3 The CQC review team will be on site in York for the week commencing 30th October 2017.

7.4 It is expected that the report will be published at the Local Summit during the week commencing 11th December 2017.

CQC illustrative timetable:

System review end to end

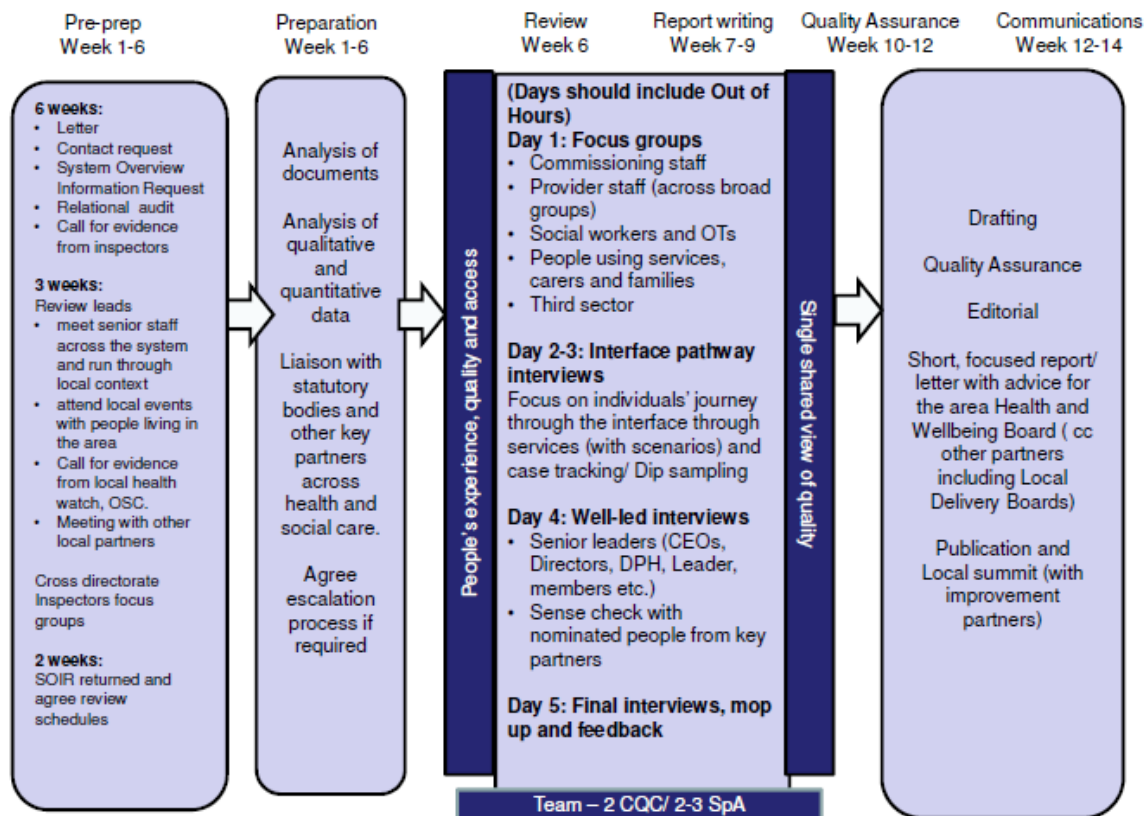


Table 1: 6 key performance metrics on which the review is based

ID	Indicators	What this indicates about the system	Full definition
1	Emergency Admissions (65+) per 100,000 65+ population	Can indicate how good collaboration across the health and care system is to support good management of long term conditions	(Emergency admissions for those with identified age (65+) resident in a local authority) divided by; (Local authority population 65+/100,000)
2	90th percentile of length of stay for emergency admissions (65+)	Longer lengths of stay can indicate poor patient flow out of hospital and hence downstream blockages	The 90th percentile length of stay following emergency admission. e.g. 10% of patients within a local area have a length of stay longer than X days.
3	TOTAL Delayed Days per day per 100,000 18+ population	This indicates how effective the interface is between health and social care and joint working of local partners	Average number of monthly delayed days (ALL) per day Divided by; (Local authority population 18+/100,000)
4	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	This captures the joint work of social services, health staff and services commissioned by joint teams, as well as adult social care reablement. Reablement services lead to improved outcomes and value for money across the health and social care sectors.	The proportion of older people aged 65 and over discharged from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital.
5	Proportion of older people (65 and over) who are discharged from hospital who receive reablement/rehabilitation services		The proportion of older people aged 65 and over offered reablement services following discharge from hospital.
6	Proportion of discharges (following emergency admissions) which occur at the weekend	This can indicate successful, joint 24/7 working leading to good flow of people through the system and across the interface between health and social care	Percentage of discharges (following emergency admission) at the weekend

Table 2

Summary of performance

The table below shows the rank of the systems under review compared to their 15 statistically similar nearest neighbours for each of the indicators.

Local Authority	Emergency Admissions (65+) per 100,000 of 65+ population	90th percentile of length of stay for emergency admissions (65+)	Total Delayed Days per 100,000 18+ population	Proportion of older people (65+) who were still at home 91 days after discharge	Proportion of older people (65+) who are discharged from hospital who receive reablement/ rehabilitation services	Proportion of discharges (following emergency admissions) which occur at the weekend
Birmingham	16	5	14	13	5	9
Bracknell Forest	8	13	13	16	9	8
Coventry	16	14	15	10	15	3
East Sussex	4	16	14	1	14	14
Halton	9	16	15	15	6	10
Hartlepool	10	13	14	7	9	13
Manchester	16	10	11	16	6	8
Oxfordshire	9	1	16	9	8	4
Plymouth	3	7	16	8	5	14
Stoke-on-Trent	15	7	16	12	16	9
Trafford	14	15	16	1	10	6
York	12	8	11	15	12	15

Pippa Corner

Head of Joint Commissioning Programme, City of York Council and NHS Vale of York CCG

August 2017