	Agenda Item: 11
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**3 October 2017**
TITLE:	**CARE QUALITY COMMISSION: REVIEW OF SOCIAL CARE & HEALTH SYSTEM**
Organisation	**Birmingham City Council**
Presenting Officer	**Graeme Betts, Interim Corporate Director**
Report Type:	**Information**

1.	**Purpose:**
	The purpose of this report is to provide the Health and Wellbeing Board with information about the forthcoming Care Quality Commission review in Birmingham – including requirements - early in the process.

2.	**Implications:** # Please indicate Y or N as appropriate]	
BHWB Strategy Priorities	Child Health	N
	Vulnerable People	N
	Systems Resilience	Y
Joint Strategic Needs Assessment		Y
Joint Commissioning and Service Integration		Y
Maximising transfer of Public Health functions		N
Financial		N
Patient and Public Involvement		N
Early Intervention		N
Prevention		N

3.	**Recommendations**
	The Board is recommended to
3.1	Note the contents of this report.
3.2	Note the intention to provide a progress report to the Health and Wellbeing Operations Group in November.
3.3	Agrees to promote the CQC Review across the Adult Social Care and Health system.

4. Background

4.1 Care Quality Commission Review in Birmingham

4.1.1 The Care Quality Commission (CQC) has announced that it will be reviewing Adult Social Care and Health systems across the country. Birmingham has been selected as one of the 12 Localities to be reviewed in the first phase. The review of the Birmingham Social Care and Health system is currently scheduled to commence on 04 December 2017 (subject to confirmation) for a period of 14 weeks.

4.1.2 The CQC review programme was announced at the same time as the publication of a written ministerial statement from the Secretary for Health, the publication of an integrated Social Care and Health scorecard and the release of planning requirements for the Better Care Fund (BCF).

4.1.3 This co-ordinated release reinforces a clear message that the government is expecting that increased levels of funding for Local Authorities through the Improved Better Care Fund (IBCF) will translate into significant reductions in the level of delayed transfers of care (DTOCs).

4.1.4 The BCF planning requirements include a requirement on Localities to put in place plans to meet the expected targets for Adult Social Care DTOCs. The CQC review will be used to test the effectiveness of the planning and activity to address these targets.

4.1.5 We anticipate that delayed discharges of medically fit people from hospital to social care are likely to be a key area of scrutiny. The implications of being judged as 'poorly performing' or 'lacking the leadership to improve' could result in a reduction in Better Care Funding.

4.2 Focus of the Review

The review will focus on:

'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?'

4.3 How has Birmingham been selected?

4.3.1 The integrated Social Care and Health scorecard has been used as the basis for selecting the first group of localities to be reviewed. The scorecard is based on 6 measures that are weighted and then combined to create an overall national ranking (Appendix 1).

4.3.2 The six measures used can each give an indication about how aspects of the Adult Social care and Health system are performing:

- Emergency admissions (1) can indicate how good collaboration is in the system in supporting good management of long term conditions.
- The 90th percentile length of stay of emergency admissions (2) can indicate poor patient flow out of hospital and can then highlight downstream blockages.
- Total delayed days (3) and proportion of weekend discharges (6) are indicators of how

effective the interface is between health and adult social care and joint working of local partners seven days a week.

- The proportion of older people still at home 91 days after discharge (4) and proportion of older people receiving reablement services (5) captures the joint working of social services, health staff and commissioned services to keep people at home.

4.3.3 Birmingham has been selected because the Adult Social Care and Health system that includes NHS trusts, Clinical Commissioning Groups, Birmingham City Council and Care Providers, has been identified as one of the 'most challenged' nationally based on the ranking provided by the integrated Social Care and Health scorecard (Table 1).

Table 1: Most Challenged Local Authorities

Local Authority	National Rank	Included in CQC Review
Oxfordshire	135	Yes
Birmingham	136	Yes
East Sussex	137	Yes
York	138	Yes
Coventry	139	Yes
Plymouth	140	Yes
Hartlepool	141	Yes
South Tyneside	142	No
Bracknell Forest	143	Yes
Manchester	144	Yes
Sheffield	145	No
Halton	146	Yes
Trafford	147	Yes
Northamptonshire	148	No
Stoke-on-Trent	149	Yes
Cumbria	150	No

4.3.4 The performance of Birmingham's system relative to Local Authorities that are similar to our population mix and socio-economic factors etc can be seen in Appendix 2.

4.4 Methodology of the CQC review

4.4.1 Full details of the methodology for the review were presented to the CQC board on 19 July 2017 (http://www.cqc.org.uk/about-us/board-meetings/care-qualitycommission-board-meeting-19-july-2017). The published methodology should be viewed as provisional as it is likely to evolve as CQC learn from the experience of the first reviews in the phase.

4.4.2 The methodology highlights a number of **key elements** which require all partners of the system to engage with and contribution to during the pre-preparation and preparation phase of the review. These include:

- System Overview Information Request (self - assessment)
- Relationship Audit Tool.

4.4.3 The scope of the review is defined in the CQC's **Key Lines of Enquiry** (KLOEs). These are:

- Safe
- Effective
- Caring
- Responsive
- Well-led*
- Resource Governance

* Please note the focus on the '**Well-led'** KLOE. Further detail can be found in Appendix 3.

4.4.4 Further to the KLOEs, CQC have also identified **key system pressure points** that they will explore. These are:

- Maintenance of people's health and well-being in their usual place of residence
- Multiple confusing points to navigate in the system
- Varied access to GPs/urgent care centres/community care
- Varied access to alternative hospital admission
- Ambulance interface
- Discharge planning delays and varied access to ongoing Health and Social Care
- Varied access to re-enablement
- Transfer from re-enablement

4.5 Timetable for the Review

4.5.1 As per 4.1, the review of the Birmingham Social Care and Health system is currently scheduled to commence on 04 December 2017 (subject to confirmation) for an extensive period of 14 weeks.

4.5.2 The activities which need to be undertaken are as follows:

Weeks 1-6	Completion of self-assessment, information requests, data profiles, preparation meetings with review teams, initial meeting of reviewers with local partners and service users and survey to test relationships within the system.
Week 7	Review team analyse documents and data that have been provided.
Week 8	'The Review' (week commencing 22 January 2018)

Day 1: Focus groups with staff, service users, carers and third sector representatives
Day 2-3: Interface pathway interviews. Focus on individual people's journeys through the system using scenarios, case tracking and dip sampling
Day 4: Well-led interviews – interviews with senior leaders across the system
Day 5: Final interviews, mop-up and feedback

Week 9 Report writing

Weeks 10-12 Quality Assurance of the content

Weeks 12-14 Communications: feedback report/letter of advice for the system and a local summit with improvement partners

4.6 The Review Team

The review team will consist of a team of 2 CQC Inspectors supported by 2-3 Specialist Advisors (drawn from a selection of 40 Chief Executive Officers and Director of Adult Social Services. CQC are also intending to supplement this with advisors with Health and Commissioning experience.

4.7 Further Information

For further information please contact Mike Walsh, Head of Service, Directorate for Adult Social Care and Health at Michael.walsh@birmingham.gov.uk or call 0121 464 2186.

5.	**Compliance Issues**
5.1	***Strategy Implications***
	HWB Priority 2: Improve the Independence of Adults
5.2	***Governance & Delivery***
5.2.1	The CQC Review preparations for the whole system are being overseen by the Wider Systems Board chaired by Graeme Betts, Interim Corporate Director for Adult Social Care and Health. Membership of this Board includes senior representatives from across the Health and Social Care system.
5.2.2	Day to day progress is being monitored against the CQC Review Action Plan using robust project management methodology. Progress is reported to the BCC CQC Bi-Weekly Meeting, and onward to the Wider Systems Board on a monthly basis.
5.2.3	It is proposed that a progress report is presented to the Health and Wellbeing Operations Group in November 2017.
5.3	***Management Responsibility***
	The Member of the Board accountable for the CQC Review is Graeme Betts, Interim Corporate Director for Adult Social Care and Health.

The Manager responsible for day to day delivery is Louise Collett, Service Director – Commissioning, Directorate for Adult Social Care and Health

6. Risk Analysis

Risk analysis will be ongoing throughout preparation for the Review. An early analysis identifies the following:

Identified Risk	Likelihood	Impact	Actions to Manage Risk
There is a risk that the outcome of the CQC review will be poor which may lead to a reduction in Better Care Fund funding for the city.	Medium	High	• Undertake an early draft of the SOIRE with all partners to understand Birmingham position, • Communicate key messages to all partners who are required to complete the Relational Audit Tool, • Implement priority actions to tackle and improve Delayed Transfers of Care.
There is a risk that key systems partners may not be effectively engaged in the preparations for the review process that may impact on the position of the system presented in the Systems Overview Information Request submission and Relational Audit Tool.	Medium	High	• Ongoing briefing and engagement of all key systems partners.

Appendices

Appendix 1 – Scorecard Measures
Appendix 2 – System Performance
Appendix 3 – Key Lines of Enquiry (KLOEs)

Signatures

Chair of Health & Wellbeing Board (Councillor Paulette Hamilton)	
Date:	

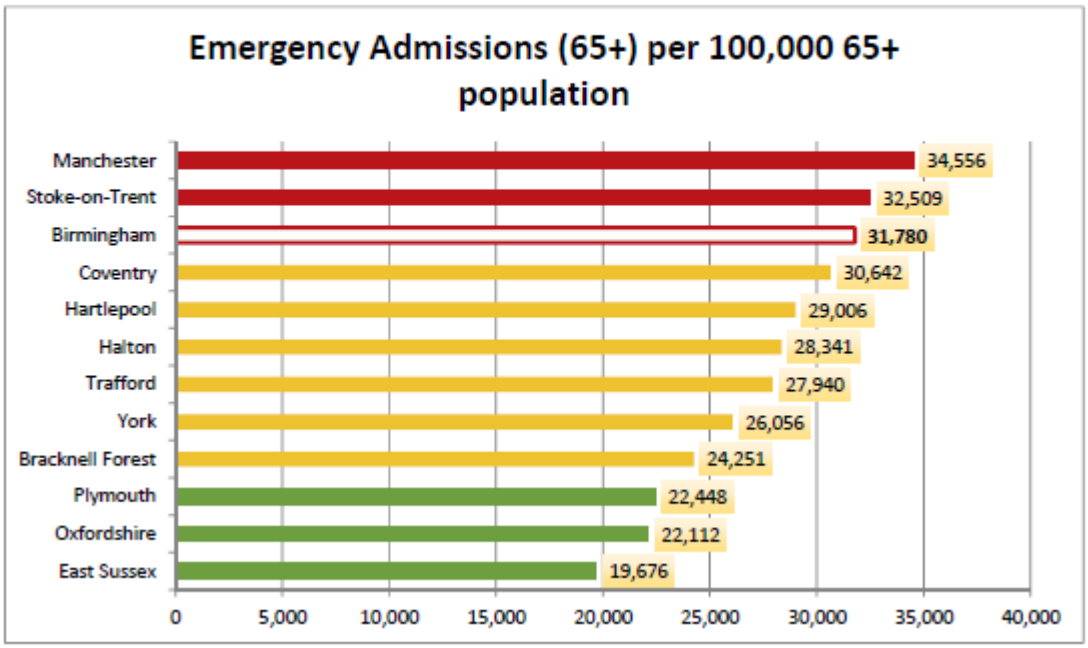
The following people have been involved in the preparation of this board paper:
Mike Walsh, Head of Service, Directorate for Adult Social Care and Health
Michael.walsh@birmingham.gov.uk and 0121 464 2186.

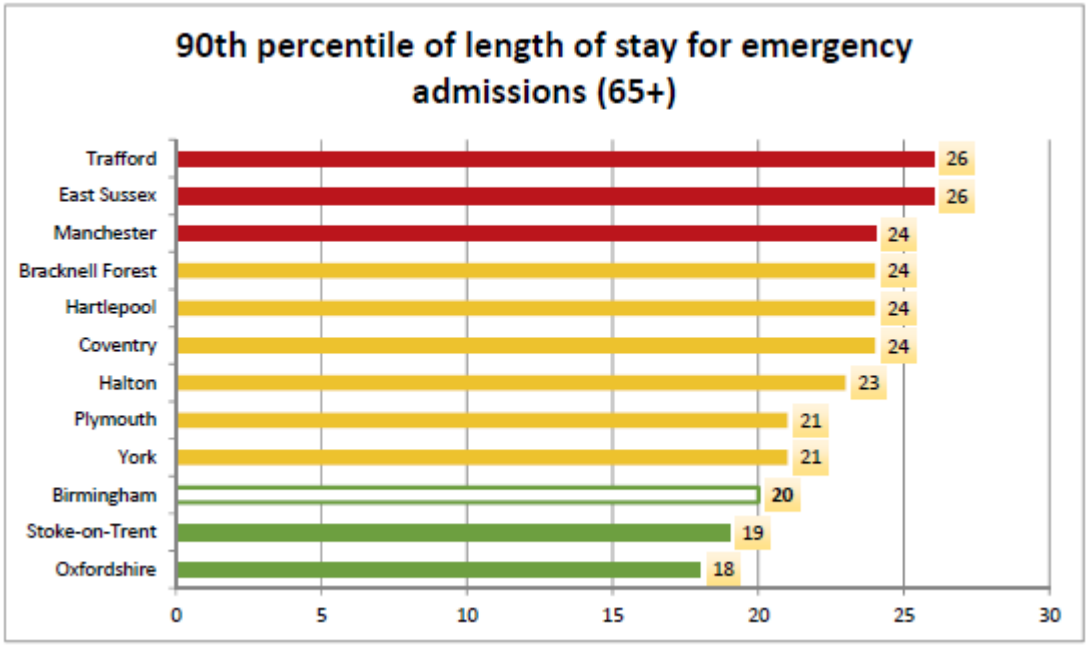
Appendix 1 - Scorecard Measures

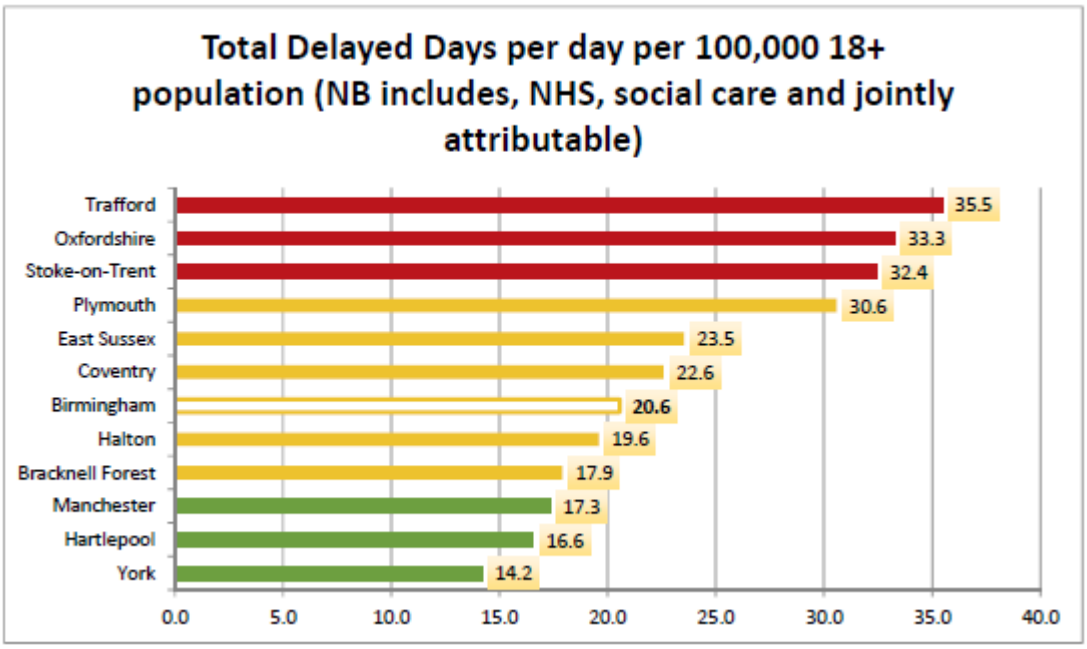
ID	Indicators	What this indicates about the system	Full definition
1	Emergency Admissions (65+) per 100,000 65+ population	Can indicate how good collaboration across the health and care system is to support good management of long term conditions	(Emergency admissions for those with identified age (65+) 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

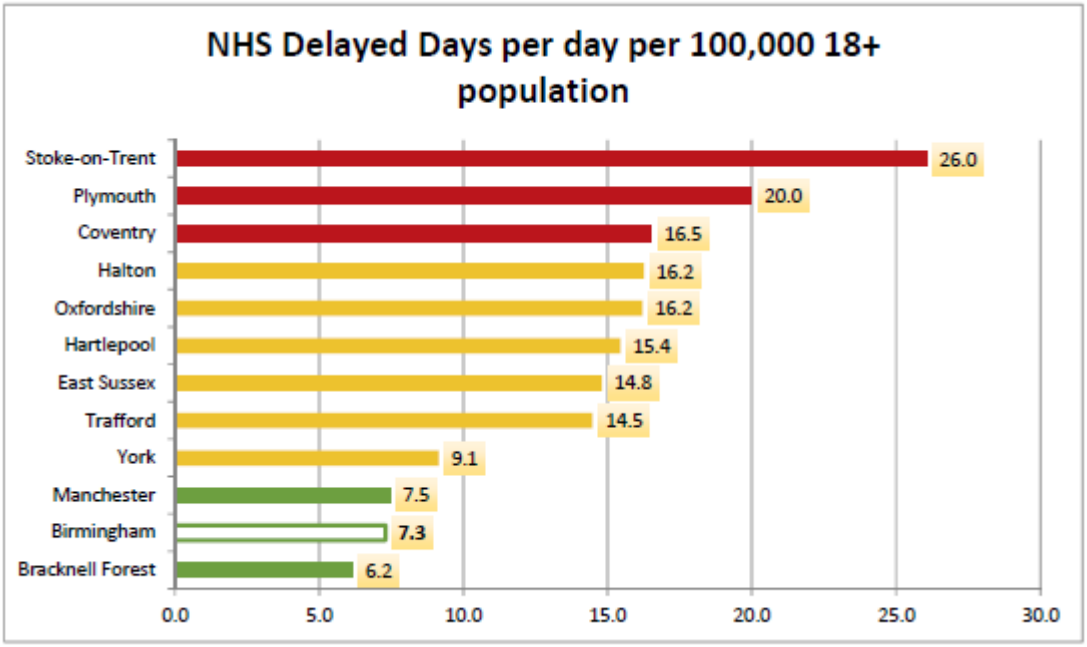
Appendix 2 – System Performance

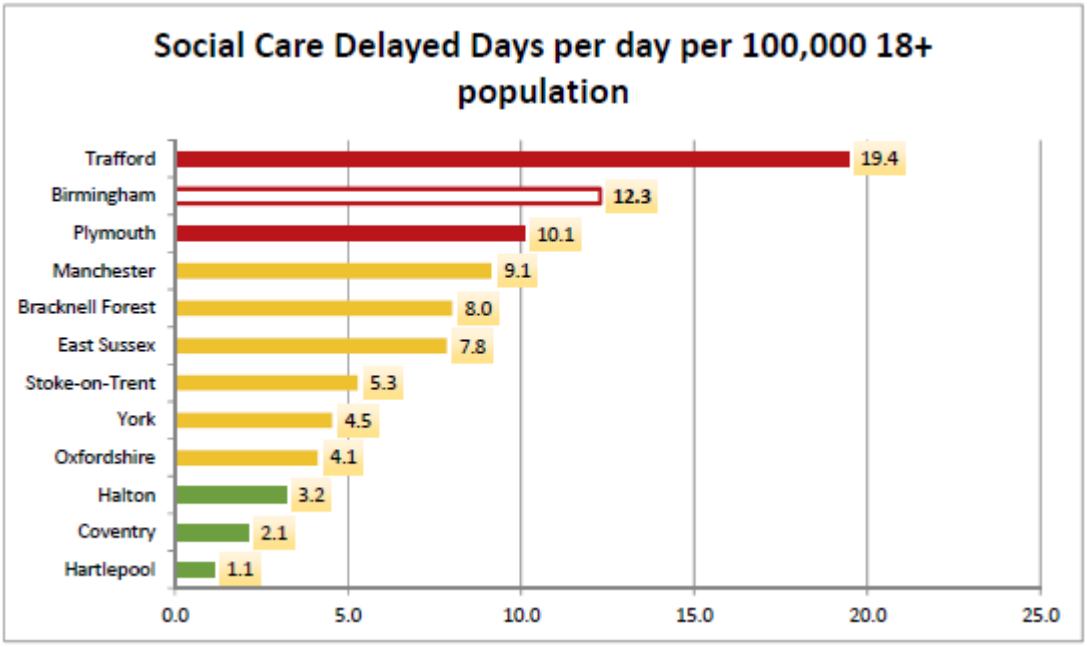
CQC Dashboard (12 Systems to be Reviewed)

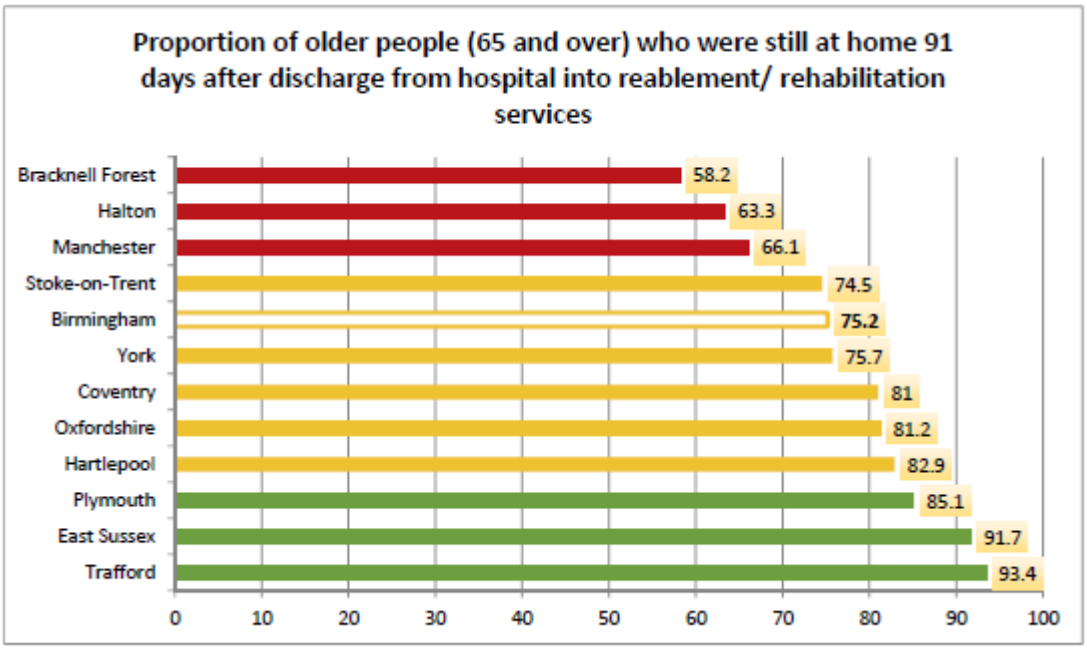


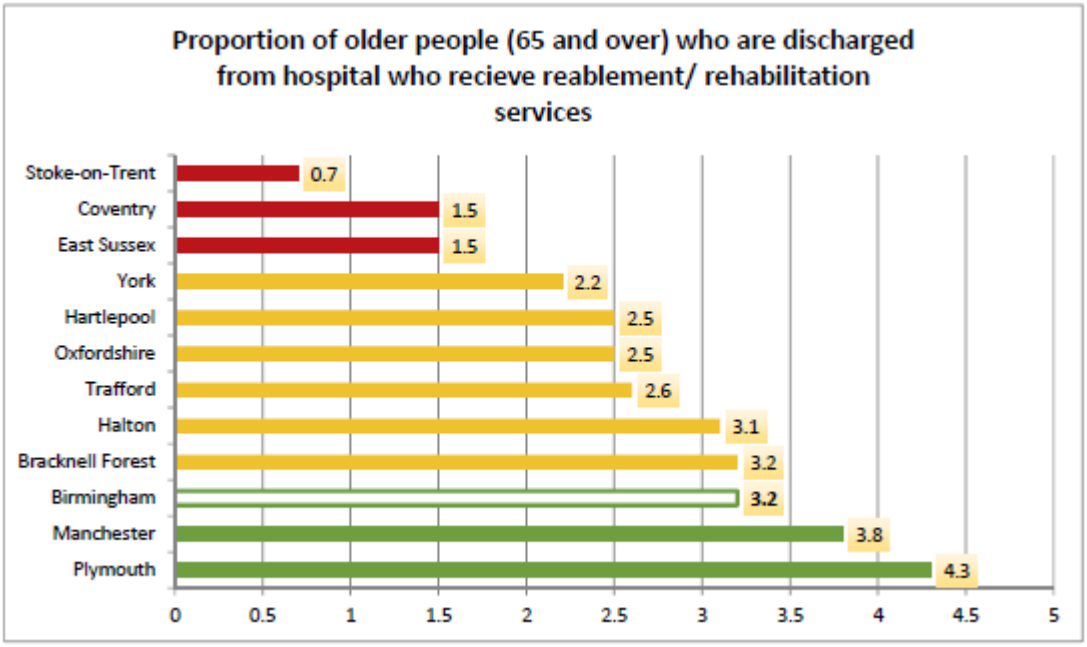


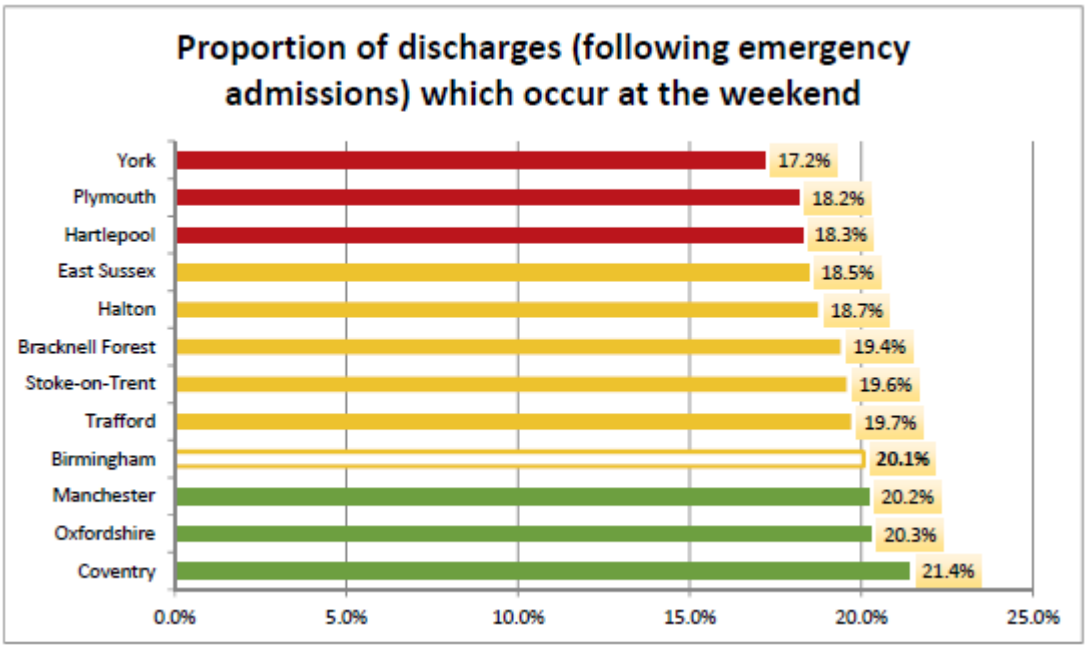

Total Delayed Days per day per 100,000 18+ population (NB includes, NHS, social care and jointly attributable)
Trafford 35.5
Oxfordshire 33.3
Stoke-on-Trent 32.4
Plymouth 30.6
East Sussex 23.5
Coventry 22.6
Birmingham 20.6
Halton 19.6
Bracknell Forest 17.9
Manchester 17.3
Hartlepool 16.6
York 14.2
0.0 5.0 10.0 15.0 20.0 25.0 30.0 35.0 40.0


NHS Delayed Days per day per 100,000 18+ population
Stoke-on-Trent 26.0
Plymouth 20.0
Coventry 16.5
Halton 16.2
Oxfordshire 16.2
Hartlepool 15.4
East Sussex 14.8
Trafford 14.5
York 9.1
Manchester 7.5
Birmingham 7.3
Bracknell Forest 6.2
0.0 5.0 10.0 15.0 20.0 25.0 30.0


Social Care Delayed Days per day per 100,000 18+ population
Trafford
Birmingham
Plymouth
Manchester
Bracknell Forest
East Sussex
Stoke-on-Trent
York
Oxfordshire
Halton
Coventry
Hartlepool
19.4
12.3
10.1
9.1
8.0
7.8
5.3
4.5
4.1
3.2
2.1
1.1
0.0
5.0
10.0
15.0
20.0
25.0


Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services
Bracknell Forest
Halton
Manchester
Stoke-on-Trent
Birmingham
York
Coventry
Oxfordshire
Hartlepool
Plymouth
East Sussex
Trafford
58.2
63.3
66.1
74.5
75.2
75.7
81
81.2
82.9
85.1
91.7
93.4
0
10
20
30
40
50
60
70
80
90
100


Proportion of older people (65 and over) who are discharged from hospital who recieve reablement/ rehabilitation services
Stoke-on-Trent 0.7
Coventry 1.5
East Sussex 1.5
York 2.2
Hartlepool 2.5
Oxfordshire 2.5
Trafford 2.6
Halton 3.1
Bracknell Forest 3.2
Birmingham 3.2
Manchester 3.8
Plymouth 4.3
0 0.5 1 1.5 2 2.5 3 3.5 4 4.5 5


Proportion of discharges (following emergency admissions) which occur at the weekend
York 17.2%
Plymouth 18.2%
Hartlepool 18.3%
East Sussex 18.5%
Halton 18.7%
Bracknell Forest 19.4%
Stoke-on-Trent 19.6%
Trafford 19.7%
Birmingham 20.1%
Manchester 20.2%
Oxfordshire 20.3%
Coventry 21.4%
0.0% 5.0% 10.0% 15.0% 20.0% 25.0%

Appendix 3 – Key Lines of Enquiry (KLOEs)

Safe KLOE 1: How are people using services supported to move safely across Health and Social Care to prevent avoidable harm?

S1 How do systems, process and practices in place across the Health and Social Care interface safeguard people from avoidable harm?
S2 How are risks to people assessed and mitigated, and their safety monitored and managed so they are supported to stay safe?
S3 What system is in place for providers to identify people who are frail, with complex needs or who are at high risk of deterioration in their health or social situation?

Effective KLOE 1: How effective are Health and Social Care services in maintaining and improving health and wellbeing and independence?

E1 To what extent are people's needs and choices assessed holistically to promote independence and communicated effectively across the system
E2 To what extent are services designed to improve flow through the Health and Social Care system evidence based?
E3 Does the workforce have the right skills to support the effective transition of people between Health and Social Care services?
E4 How effectively does the workforce collaborate and share information to meet the needs of the local population?

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?

C1 Are assessments of need and care co-ordinated effectively to ensure that the person is at the centre of their care and support planning when moving between Health and Social Care services?
C2 How well are people supported to be actively involved in making decisions about their care, support and treatment when moving through the Health and Social Care system?
C3 How well does the system inform and involve carers, families, advocates and their representatives to make informed choices about future plans?

Responsive KLOE 1: To what extent are services across the interface between Health and Social Care responsive to people's individual needs?

R1 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?
R2 How are services designed to meet the needs of the local population?
R3 How timely and effective is the process for reviewing people's support needs to ensure that these continue to remain appropriate as they move through the Health and Social Care system?
R4 How do services ensure that people can make informed choices to access the support they want, in a way that promotes independence?

Well Led KLOE 1: 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?

WL1 How well do partners involve service users, their carers and their families in the strategic approach to managing the quality of the interface between Health and Social Care?
WL2 How well do leaders ensure effective partnership and joint working across the system to plan and deliver services?
WL3 Interagency working: how do leaders ensure that the respective agencies work together to enable people to move seamlessly across the Health and Social Care system?
WL4 Multi-disciplinary working: how do leaders ensure that professionals / front line staff work together to plan and deliver services to people?
WL5 What is the strategic framework that brings the interagency and multidisciplinary work together across Health and Social Care?
WL6 What is the operational planning framework that converts the strategic framework into deliverable plans and how do they shape what operational managers do?
WL7 To what extent is learning and improvement shared across the Health and Social Care system when things go wrong?

Well Led KLOE 2: What impact is governance of the Health and Social Care interface having on the quality of care across the system?

G1 Are governance arrangements across the system supporting partners to collaboratively drive and support quality of care across the health and care interface?
G2 Are effective information governance arrangements in place to enable information sharing to facilitate integration of Health and Social Care?
G3 Are effective risk sharing arrangements in place between partner organisations that support the Health and Social Care interface?

Well Led KLOE 3: To what extent is the system working together to develop its health and social workforce to meet the needs of its population?

CM1 Is there a strategic approach to commissioning across the Health and Social Care interface, informed by the identified needs of local people (through the JSNA) and in line with the Outcomes Frameworks for NHS and Adult Social Care?
CM2 How is commissioning promoting a diverse and sustainable market to support the interface between Health and Social Care?
CM3 How well do commissioners procure services at the interface of Health and Social Care and work with partners with whom they have contracts?
CM4 Do commissioners include standards in their contracts for services at the interface of Health and Social Care, and what do they do if the standards are not met?
CM5 Do local commissioners have a programme to assure them that service reviews across the interface of Health and Social Care are in place to ensure they are getting value from the resources used?

Resource Governance KLOE 1: How do system partners assure themselves that resources are being used to achieve sustainable high quality care and promoting people's independence?

RG1 How do system partners gain assurance 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?

RG2 Are systems in place to gain assurance that integrated commissioning arrangements are being used to drive improvement across the Health and Social Care interface?

RG3 How are local partners actively developing and managing the provider market to ensure the system has the capacity to ensure quality services and match demand?