

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	15 March 2019	AGENDA ITEM:	5
REPORT TITLE:	Care Quality Commission (CQC) Reading Local System Review - Final Report Published		
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 To provide the board with a briefing on the outcome of a Local System Review that the Reading system across Health and Social Care was subject to during October 2018. The outcome takes the form of a published report (attached Appendix A). The local system review considered the Reading system performance along a number of pressure points on a typical pathway of care, with a focus on older people 65 and over.

The Reading Health and Social Care System comprises not just Reading Borough Council, but also Berkshire West CCG, The Royal Berkshire Hospital, Berkshire Healthcare Foundation Trust (BHFT) and the South Central Ambulance Service - in addition to the providers of health and social care services within the wider marketplace (including voluntary and community-sector organisations).

2. RECOMMENDED ACTION

- 2.1 To accept and approve the Report published about the findings.
- 2.2 To endorse the action plan drawn up by the system leaders to address the report's recommendations.
- 2.3 To agree the monitoring arrangements of the action plan is via the Reading Integration Board and reporting progress to the Health and Wellbeing Board

3. POLICY CONTEXT

- 3.1 It is important to note that the Reading System was selected for review based on the significant improvements that it has made to its performance in reducing delayed transfers of care (DLOC) across the last year.

The review was carried out under Section 48 of the Health and Social Care Act 2008. This gives CQC the ability to explore issues wider than the regulatory work. This review at Reading followed on from 20 reviews carried out between August 2017 and July 2018 the findings from which were published in a report called Beyond Barriers: How older people move between health and social care in England.

The review process consisted of analysis of the local area performance data, an analysis of a range of information available from National data collections, as well as CQC's own data. The Reading system were also asked to put together a system overview information return (SOIR) The SOIR is sent prior to on site fieldwork and provides and enables system leaders to give their own perspective on the challenges faced in their local area, as well as an opportunity to share what is working well.

The local system reviews look at how people, with a particular focus on those over 65 years of age, move between health and social care.

The final report was published by CQC on their website on 17th January 2019.

4. THE PROPOSAL

4.1 The review in Reading began on Monday 24th September and on-site visits were concluded by 2nd November. A draft report of the review was agreed by the Senior Leaders of the participating organisations on 17th December 2018. The next stage before publication and formal presentation here today was that a Senior Leaders met for a summit from across the system and worked together to develop an action plan. This summit day was held on 16th January the Social Care Institute for Excellence (SCIE) worked and supported attendees to create an action plan, which outlines how we will address recommendations made by the CQC Reviewing Team.

4.2 The report made a number of suggested areas for improvement and these are addressed and prioritised in the action plan, attached (Appendix B)

5. CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS

5.1 The Reading Health and Wellbeing Strategy has eight priorities:

1. Supporting people to make healthy lifestyle choices (with a focus on tooth decay, obesity, physical activity and smoking)
2. Reducing loneliness and social isolation
3. Promoting positive mental health and wellbeing in children and young people
4. Reducing deaths by suicide
5. Reducing the amount of alcohol people drink to safe levels
6. Making Reading a place where people can live well with dementia
7. Increasing breast and bowel screening and prevention services
8. Reducing the number of people with tuberculosis

5.2 Strategic Aim 6. Making Reading a place where people can live well with dementia

5.3 The system overview return that the 5 key organisations submit to CQC made reference to the strategy and policy context that is relevant to both the individual organisations involved along with joint working initiatives. However it will specifically focussed on those over 65 and with Dementia and so will provide a useful reflection for the system, highlighting what is working well and where there are opportunities for improving how the system works for people using services.

5.4 The proposal recognises that plans in support of Reading's 2017-20 Health and Wellbeing Strategy which should be built on three foundations - safeguarding vulnerable adults and children, recognising and supporting all carers, and high quality co-ordinated information to support wellbeing.

6. COMMUNITY & STAKEHOLDER ENGAGEMENT

- 6.1 Section 138 of the Local Government and Public Involvement in Health Act 2007 places a duty on local authorities to involve local representatives when carrying out "any of its functions" by providing information, consulting or "involving in another way".
- 6.2 The CQC reviewers used a variety of methods to ensure full engagement was undertaken across the area. Areas of the community were involved in specially arranged focus groups. One of these was with the local voluntary sector partners and another with groups of carers. The reviewers visited services such as lunch clubs and sheltered housing and day centres that are accessed by Reading's older population and so will have direct contact with individuals who use these services. The case tracking evidenced an individual's interactions with all of the organisations involved in the review. The review also included a relational audit which was a questionnaire sent out to a wide range of partners and users of services to establish how relationships were working between the partner organisations. Healthwatch, voluntary, community and social enterprise partners (VCSE) were involved in the interviews and focus groups.

7. EQUALITY IMPACT ASSESSMENT

- 7.1 Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to—
- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 7.2 All aspects of the Adult Services teams undertake Equality Impact Assessments, however this was not required in this instance CQC and the review team were mindful of the equality framework and how it impacts on their visits and meetings. As well as qualified inspection staff they are always accompanied by experts by experience who were involved in the visits and focus groups. There was also a relational audit sent out by CQC across a wide range of user groups to ensure a wider proportion of people were given an opportunity to express their opinions and share their experiences.

8. LEGAL IMPLICATIONS

- 8.1 CQC were commissioned to carry out a targeted programme of local system reviews under section 48 of the Health and Social Care Act (2008).
- 8.2 This particular review process was commissioned by the Secretaries of State of Health and Social Care and for Housing, Communities and Local Government.
- 8.3 CQC has powers under section 63(2) (b) of the Health and Social Care Act 2008, that allow them to access peoples' medical and care records. They do not need a person's consent in order to do this. All personal and confidential information reviewed as part of their onsite activity will be handled in line with CQC's information governance code of practice.

9. FINANCIAL IMPLICATIONS

- 9.1 Any financial commitment and spend in relation to the review was minimal. CQC reviewers covered their own costs in relation to hotel accommodation and travel. Costs were kept to a minimum using existing buildings and resources however where service users meeting were required these were arranged at minimal costs in the local community. Any costs were shared by the 5 organisations involved.

10. BACKGROUND PAPERS

- 10.1 The report from the Review
- 10.2 The action plan produced after the summit day
- 10.3 The findings from the 20 previous reviews that have been completed to date, nationwide, can be found in the CQC publication “Beyond Barriers”, which is available at: <https://www.cqc.org.uk/publications/themed-work/beyond-barriers-how-older-people-move-between-health-care-england>