





READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	12 October 2018	AGENDA	ITEM:	5
REPORT TITLE:	Care Quality Commission (C October 2018	CQC) Readi	ing Local S	ystem Review
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ORGANISATION:	Reading Borough Council			

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 To provide the board with a briefing on the details of a Local System Review that the Reading system has been selected for by The Care Quality Commission.

The Reading 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 note the details provided and the key dates that reviewers will be on site in Reading.

3. POLICY CONTEXT

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

The Reviewers have noted that this is not a formal inspection under their regulatory powers, but a review of how well integration is working. They are keen to gather examples of good practice within Reading that can be shared nationally. They are specifically interested in exploring the interfaces between social care, general primary care, acute health services and community health services and on older people aged over 65 or, how we ensure that the right care is delivered to the right people, at the right time.

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

4. THE PROPOSAL

- **4.1** The review in Reading began on Monday 24th September and will run for 12 weeks and ends when we receive the report of findings. CQC have provided us with a helpful summary of the key events that will take place each week, which is attached for reference. A report of the review will be prepared and is expected to be shared with us in mid-December 2018. Senior Leaders from across the system will also then have the opportunity to work with the Social Care Institute for Excellence (SCIE) to create an action plan, which will outline how we will address any areas that the CQC reviewing team feel we could do even better than we are currently doing in delivering health and social care services for Reading residents.
- **4.2** Reading Borough Council Adult Services Directorate is tasked with leading the review. We have assembled a project group to coordinate the work across the system. The project group can be contacted at <u>CQCLocalsystemreview@reading.gov.uk</u>.

Each organisation within the system has also nominated a lead. The assembled project leads will be meeting every Wednesday morning to ensure that we are providing CQC with all of the necessary information they require in order to complete the review in a timely and efficient manner.

The current focus is on organising a number of visits for the key dates that the reviewers have identified and with the people and groups they wish to meet with. Another requirement is the co-production of a System Overview Information Return, or SOIR. These are a set of questions allowing the involved organisation leaders to set out the current strategies and plans.

Lastly we are identifying 6 cases that demonstrate the care and services that have been provided for people over 65 and that CQC reviewers will track and audit during their visits. They will look at all case notes related to that individual case from all of the involved organisations.

- **4.3** The key dates to be aware of are:
 - This week on 9th 10th October → During this period, the CQC reviewing team have met with the following stakeholders to gather their views on how the health and social care system is working for Reading residents. They are particularly keen to have:
 - Spoken to senior staff members, to hear their views on the local system
 - Attended local events that are attended by local residents
 - Met with other local partners such as voluntary services and community groups, and other health and social care providers
 - \circ Run several focus groups with representatives from across the system
 - 29th October 2nd November \rightarrow During this period, the CQC reviewing team will wish to:
 - Hold additional focus groups with commissioning teams, providers, social workers, occupational therapists, and people who use health and social care services.
 - Explore the different services that residents make use of during their journey through the health and social care system
 - Review case files
 - Speak with senior leaders.

The outcome of the review will not include or affect existing CQC ratings that providers of health and social care already hold.

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 are submitting to CQC will make reference all of the strategy and policy context that is relevant to both the individual organisations involved along with joint working initiatives However it will specifically focus 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 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. The proposal specifically addresses these in the following ways:

This review will address the health and well-being of the residents of Reading and will take particular note of the safeguarding policy and procedures as the reviewers are very familiar with those requirements and responsibilities through their statutory role. Carers are being seen by the reviewers in one of the early focus groups so their role and views will be referenced in the report.

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 will use a variety of methods to ensure full engagement is undertaken across the area. Areas of the community will be involved in specially arranged focus groups. One of these is with the local voluntary sector partners and another is with group of carers. The reviewers will visit services such as lunch clubs and sheltered housing and day centres that are accessed by Readings older population and so will have direct contact with individuals who use these services. The case tracking will evidence an individual's interactions with all of the involved organisations involved in the review..

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. CQC and their review team are 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 will be involved in the visits and focus groups. They will be particularly looking at how they can interact with the residents of Reading in order to get a representative sample and view.

8. LEGAL IMPLICATIONS

- 8.1 CQC has been 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 is likely to be minimal. CQC reviewers will cover their own costs in relation to hotel accommodation and travel. There will be some costs in relation to room booking and refreshments; however these costs will be shared by the 5 organisations involved.

10. BACKGROUND PAPERS

- 10.1 CQC timetable methodology is attached.
- 10.2 The findings from the 20 reviews that have been completed to date, nation-wide, can be found in the CQC publication "Beyond Barriers", which is available at: <u>https://www.cqc.org.uk/publications/themed-work/beyond-barriers-how-older-people-move-between-health-care-england</u>