Local Government Association

Department of Health & Social Care

Ministry of Housing, Communities & Local Government

NHS England

Learning from CQC System Reviews

Wednesday 19 September

The County Hotel, NE1 5DF

#LFCQCSR

CQC Local Systems Review Data Profile

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Data profile

What is it?

To support the review, CQC developed a local authority-level data profile containing analysis of various quantitative data sources across sectors.

- Includes CQC's own data, nationally available data collections and DHSC analysis undertaken to select areas for review.
- Data centred on older population and presented at LA level.
- Broad, concise system overview. Simple, impactful visualisations

Purpose

- Primarily directed at CQC review team
- Aid review team's understanding of the local area
- Prompt lines of enquiry
- Provide supporting evidence for the local area report.

Data profile

- Local systems being reviewed received copies of the profile ahead of fieldwork and then again to support factual accuracy checking of their local report.

Reflections from a local system

- DHSC request to produce cut-down version for all systems ahead of Winter 2017. These were produced and disseminated to chairs of health and wellbeing boards in December 2017.

Automation and new profiles

- Ambition to automate production of profiles and share them on a frequent basis both internally and externally.
- First iteration to be shared with local systems in October 2018 via the CQC website. Further work to fully automate. Schedule for ongoing sharing yet to be agreed.
- First iteration reduced in content. Further development of content ongoing.

New profile - Content changes

Demographics

- ~~Age~~
- ~~Ethnicity~~
- ~~Deprivation~~

Quality of services

- ~~CQC Area ratings scores~~
- CQC Ratings by sector/service type *(ASC and Acute trust only)*
- ~~Change in CQC ratings~~
- NHS E CCG ratings

Funding

- ~~Acute trust financial performance~~
- ~~Average GP funding per patient~~
- ~~ASC self-funders vs. LA funded~~

Staffing

- ~~Acute trust staff turnover~~
- ASC turnover and vacancy

Flow through acute hospitals for older people

- A&E Attendances
- A&E 4 hour target performance
- Emergency admissions
- ~~Avoidable admissions from care homes~~
- LoS over 7 days
- 90th percentile LoS
- Weekend discharges
- Total DToC, DToC attributable to NHS/ASC/Both, DToC by reason, ~~DToC by trust~~
- People receiving reablement and still at home 91 days after discharge following reablement
- Emergency readmissions
- ~~Ambulance System Indicators~~

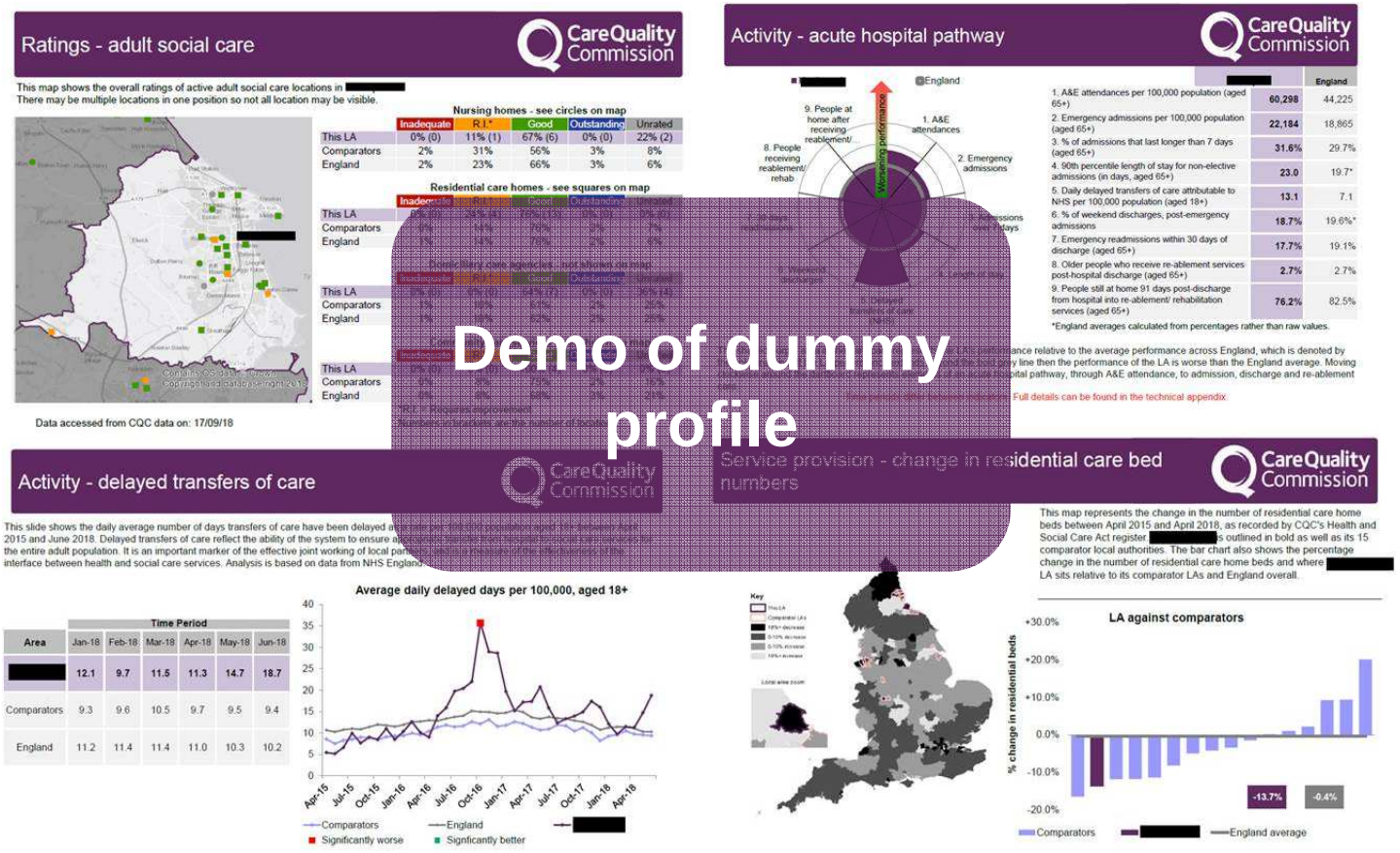
Service Provision

- Acute hospital overnight bed occupancy
- GP Extended Access
- ASC care home beds per population
- Percentage change in ASC beds
- Rate of admissions to care homes
- ~~NHS Continuing Healthcare~~
- ASC direct payments

Experience

- ~~Health related quality of life - LTC~~
- ~~People feeling supported to manage LTC~~
- ~~Social care related quality of life~~
- Satisfaction with ASC
- ~~ASC service users ease of access to information~~

Look & Feel


Ratings - adult social care
Activity - acute hospital pathway
Activity - delayed transfers of care
Service provision - change in residential care bed numbers
Demo of dummy profile
Average daily delayed days per 100,000, aged 18+
LA against comparators

Content development – your ideas!

On your table is a sheet listing some of the indicators we are considering adding in future.

- Working in small groups, review the indicators and identify those you think we should prioritise.
- Comment on any sources/indicators that are missing from our list
- Add any comments/questions/feedback about the profiles

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British Red Cross

Maximising the impact VCSEs can have in a health and social care system

BritishRedCross

The power of kindness

What the CQC reports say about VCSEs

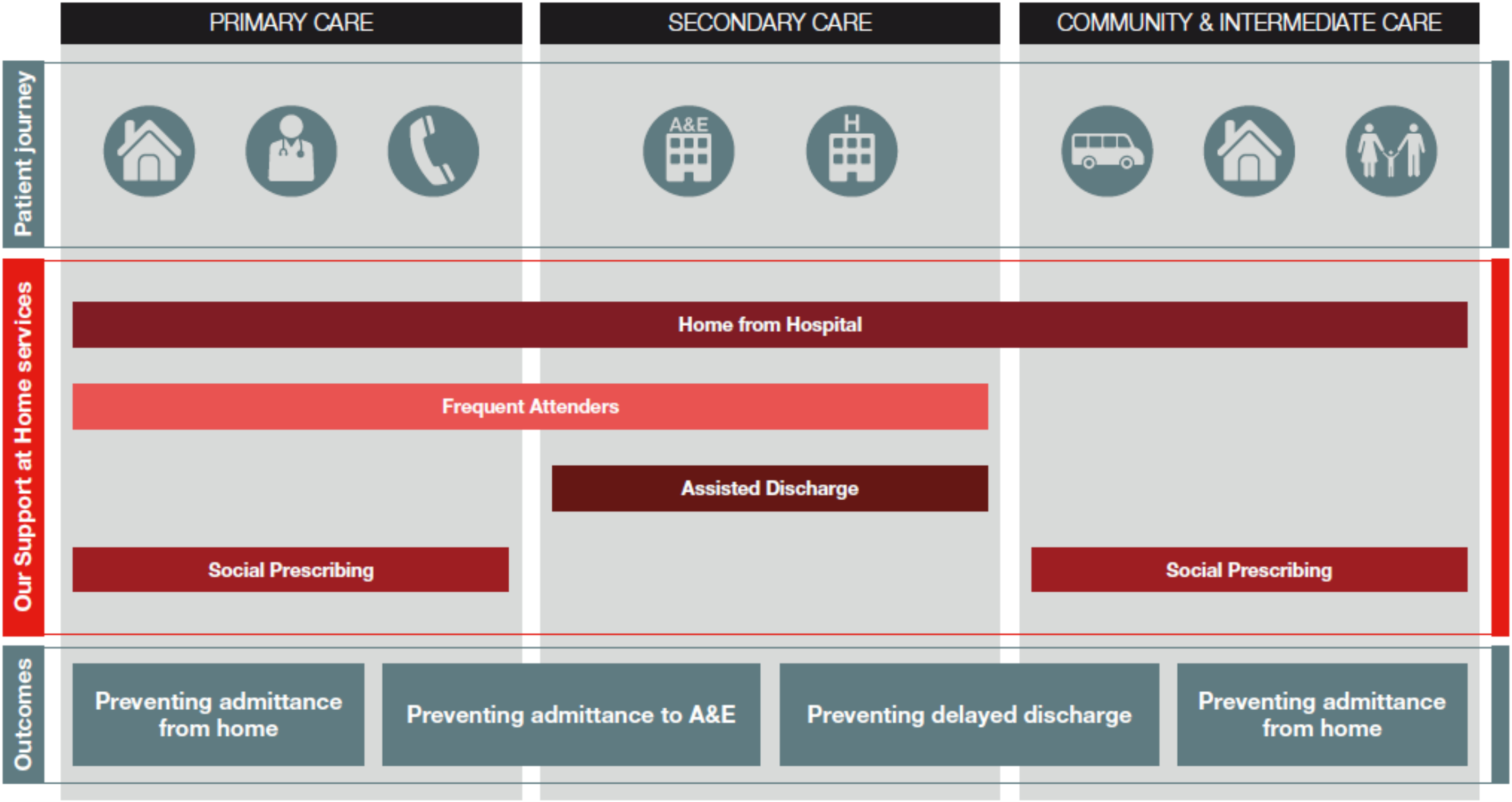
CQC highlight a number of ways in which the impact of VCSEs in Health & Social Care Systems might be increased:

- VCSEs should be more involved in **planning for surges** in demand throughout the year
- VCSE sector **workforce should be better utilised**
- **Information sharing** with VCSE services at a point of crisis should be improved
- **Reducing uncertainty around VCSE funding,** as this hampers future service planning

However, there are lots of **positives and good practice** to build on:

- Many VCSE services are working in a **person-centred** way alongside partners
- VCSEs are often **co-located** alongside key partners
- VCSEs can be **prominent and equal partners** in service development
- **System leaders value support** from the VCSE sector and often feed that back

The power of kindness


PRIMARY CARE
SECONDARY CARE
COMMUNITY & INTERMEDIATE CARE
Patient journey
A&E
H
Our Support at Home services
Home from Hospital
Frequent Attenders
Assisted Discharge
Social Prescribing
Social Prescribing
Outcomes
Preventing admittance from home
Preventing admittance to A&E
Preventing delayed discharge
Preventing admittance from home

An example: Winter Pressures 2018

Between 1 January and 31 March 2018 the British Red Cross supported **2,057 people** through its winter pressures programme in **13 NHS hospitals** in England.

1,392 hours were spent by Red Cross staff and volunteers supporting people in hospital

1,505 (73%) people were taken or escorted home from hospital

958 (47%) people were supported in their own home at least once

878 (43%) people were supported through at least one phone call

The power of kindness

Impact of our support

Through the hard work of our staff and volunteers we achieved **131%** of our target.

Once our services ended we conducted a partner survey across all 13 sites to measure what hospital staff felt about the impact we made. We reported that:

- 92% of respondents felt the services **reduced delayed transfers of care or delayed discharges**
- 100% of respondents felt the service would be **beneficial to hospitals and patients** if it ran next winter
- 50% of respondents felt the services helped prevent **unplanned re-admissions**
- 54% of hospital staff surveyed felt the services helped **prevent unnecessary hospital admissions**

Using our most conservative estimates we have calculated **potential cost savings** per person in avoiding one excess bed day to be **£108 per person** (based on an excess NHS bed day costing £313 and our support costing £205 per person).

The power of kindness

Impact of our support

We prevented delayed transfers of care and delayed discharges

- 92% of hospital staff surveyed felt the services reduced delayed transfers of care or delayed discharges
- 76% believed this impact had been 'significant'

"As Red Cross have been able to get patients home quicker than hospital transport, this has prevented delays in discharges to home in time for package of care to start"

We prevented unnecessary hospital admissions

- 54% of hospital staff surveyed felt the services helped prevent unnecessary hospital admissions
- 36% believed the impact had been 'significant'
- Of the 287 people referred to us from A&E, we prevented 72 people (25%) from being admitted

"Patients referred to [the Red Cross] reported very positive contact and felt they were willing to go that extra mile. I used the service as knew they would respond more positively than other services."

Potential cost savings

Potential cost saving per person to avoid one excess bed day was £108 per person. This is based on one excess NHS bed day cost at a national average of £313, and Red Cross support costing £205 per person.

The power of kindness

Impact of our support

We reduced unplanned re-admissions

- 50% of respondents felt the services helped prevent unplanned re-admissions
- 33% of respondents believed our impact had been ‘significant’
- We supported 199 people where an unnecessary admission within 3 days of discharge was prevented.

“These professionals [from the service] have been able to take patients home and ensure their safety, settling them into their home, ensuring food, heating and drinks available. Most of these patients would have remained in hospital overnight.”

We created or strengthened good relationships with NHS hospitals

- 100% of respondents felt the service would be ‘beneficial’ or ‘very beneficial’ to both the hospital and patients if it ran next winter
- 93% thought the flexibility and range of activities undertaken was ‘good’ or ‘very good’
- 98% were ‘satisfied’ or ‘very satisfied’ with the service

“The most compassionate and caring team of professionals I have had the privilege to work with. Patients are at the heart of everything they did”

The power of kindness

Case Study 1

Cornwall Royal Hospital

Jon recently moved to Newquay where his social networks shrunk. After an extended period of unemployment he finally found a job but soon after fractured his ankle and was admitted to hospital for treatment. After a short-stay in hospital Jon was discharged and within days was visited at home by the hospital's Early Supported Discharge team. They discovered him at home alone with no food, no electricity, no heating, and no money to resolve these issues. Jon was therefore re-admitted as a failed discharge.

What We Did

- We were asked to help transport Jon home and facilitate his JSA for his second discharge home
- Pre-discharge our team contacted the local foodbank 'Transformation CPR', to arrange some provision of food, and money to finance electricity
- Once agreed we mobilised volunteers to collect 2 weeks' worth of food parcels, in addition to £40 for electricity and transport
- Our volunteers took Jon home, settled him in, demonstrated what meals he could prepare with the food parcels, assisted him in placing money onto an electricity key and liaised with Volunteer Cornwall to arrange community transport so he could reach his first appointment at the fracture clinic

The Difference We Made

- This project demonstrated how, combined with a number of factors, a single accident can have significant complications to how an individual lives their life.
- We enabled the core issues to be addressed as Jon, and some others, saw them
- Assistance from the volunteers allowed Jon to have access to food, to be comfortable living in his own home, and to continue his recovery by reaching his follow up appointments.
- This intervention helped Jon in a critical moment whilst alleviating pressures on health care services that dealt with the re-admission and delayed transfer of care.

Case Study 2

Portsmouth Queen Alexandra Hospital - Enabling Discharge Case Study

Graham had been admitted to hospital after falling down the stairs. As he fell, he injured himself and his wife in the process. The wrist injury to his wife meant she was more restricted in the care she could provide to him along with the needs of caring for his dementia.
A Staff Nurse on the FIT team at QA referred Graham to the British Red Cross to help enable a faster discharge. Having been admitted Graham was now medically fit but had nowhere to sleep in his home because negotiating stairs presented a significant additional risk. Graham and his wife planned to live downstairs for the short term but they were keen to get a stairlift eventually, to regain full independence. Hospital staff deemed it not safe to discharge Graham until his living arrangements had been adjusted. Graham's wife and carer was unable to undertake this herself.

What We Did

British Red Cross discussed the case with the sister in charge and agreed to put in place low level support to facilitate Graham's discharge.
It was agreed some basic adaptations would mean that he could safely transfer himself into bed. BRC team confirmed immediate capacity to help enable the discharge. This saved several bed days for the hospital and enabled Graham to return home to continue his recovery.
Two Red Cross support workers met Graham and his wife and carer at home that same afternoon. Using Trusted Assessor training and listening to the couple's needs they worked together to make improvements and low level adjustments to the living room. A temporary bed was installed with a suitable bedrail for Graham's size and weight and the bed was made up for him. Furniture in the room was repositioned to order to allow for space and safe transfer to the bathroom and living area.
The BRC team also discussed the activities that Graham and his wife enjoyed doing and talked about how they could continue with these and what extra considerations they would need to take into account to help get their independent lives back. With Graham and his wife settled in they had more confidence that things could return to normal and get a better night's sleep.

Case Study 2

Follow up

Red Cross telephoned the next day to ensure everything had worked out. The couple informed the support worker that they had both had a reasonable night's sleep. Both Graham and his wife were appreciative of the support they had been given. There were plans for a relative to visit and help out in the coming weeks. They were also expecting a package of care to begin that evening.

Red Cross continued to support the couple at home and helped them to obtain quotes for the installation of a stairlift and provided information and support for their decision over the telephone.

The Difference We Made

- We freed up a bed and nursing/OT time earlier than would otherwise have happened
- We got Graham out of hospital and improved his chances of recovery to independence
- We supported Graham's carer and helped him to avoid unplanned readmission
- We looked at the couple's non-medical needs to help with their quality of life

Thank you

For more information please contact:

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THE MENTAL HEALTH AND WELLBEING GROUP

Improving the mental health and wellbeing of the people we serve

Maximising the impact VCSEs can have in a health and social care system

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INSIGHT HEALTHCARE
MENTAL HEALTH CONCERN
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Improving the mental health and wellbeing of the people we serve

- Intro to Concern Group
- CQC System Review – Key issues and some example VCS solutions
- What is the ‘system’ and how VCS can help
- What is the VCS and how to engage with it
- A ‘good enough’ system…

INSIGHT HEALTHCARE
MENTAL HEALTH CONCERN

Who are we?

Improving the mental health and wellbeing of the people we serve

Concern Group includes Mental Health Concern, Insight Healthcare, and various projects and partnerships that are all focused around our mission, which is to improve the mental health and wellbeing of the people we serve.

We are one of the largest providers of specialist mental health services in the country, delivering a range of services to over 50,000 people on behalf of the NHS and local authorities.

Our organisational values underpin everything we do. We value:

- **Compassion and hopefulness**
- **Being open and friendly**
- **Inclusivity and fairness**
- **Experience and expertise**
- **Hard work, creativity, and innovation**
- **Going the extra mile with people to achieve the right outcomes**

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Improving the mental health and wellbeing of the people we serve

Three Key Areas: Service Examples

- ***Maintaining the wellbeing of a person in their usual place of residence:***
  - Community 'Challenging Behaviour' Support
- ***Care and support when people experience a crisis:***
  - Together in a Crisis
- ***Step down, return to usual place of residence***
  - Link Work & Social Prescribing

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Community Challenging Behaviour Support

Improving the mental health and wellbeing of the people we serve

(Maintaining the wellbeing of a person in their usual place of residence)

Service:

- Clinically led team with Community Support Workers
- Help families who are finding caring for a loved one with dementia challenging (also work into all local Care Homes)
- 'Gets alongside' the family
- Provides education, support and advice as well as short-term practical support

Outcomes:

20-30% Reduction in carer burden (CB Scale)

30% Reduction in Occupational Disruptiveness (NPI)

Significant reduction in care home and unplanned admission rates

Increased 'system capacity' to support people with complex dementia at home or non-specialist services.

Delivered in close partnership with: Gateshead Health NHS Foundation Trust

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Together in a crisis

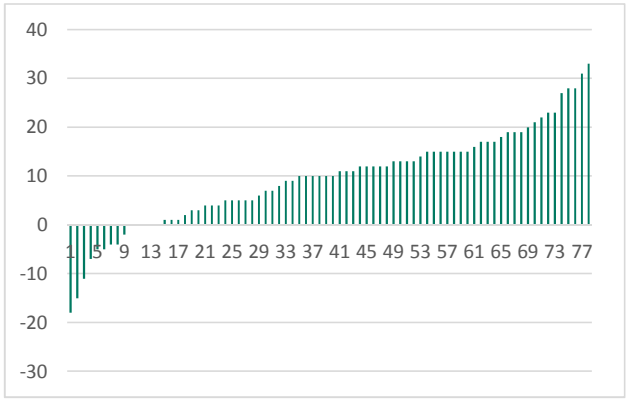
Improving the mental health and wellbeing of the people we serve

(Care and support when people experience a crisis)

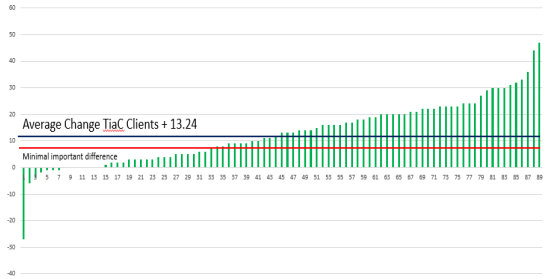
TIAC provides non-clinical support for people who identify as being in crisis, but who do not meet the threshold for the local NHS mental health crisis service.

The service works in close collaboration with NHS Crisis Response and Home Treatment Team (CRHT) and provides practical and emotional support to people who are experiencing distress that feels like a crisis.

Life domain changes



Wellbeing Changes (WEMWBS)



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Delivered in close partnership with:

NHS
Northumberland, Tyne and Wear
NHS Foundation Trust

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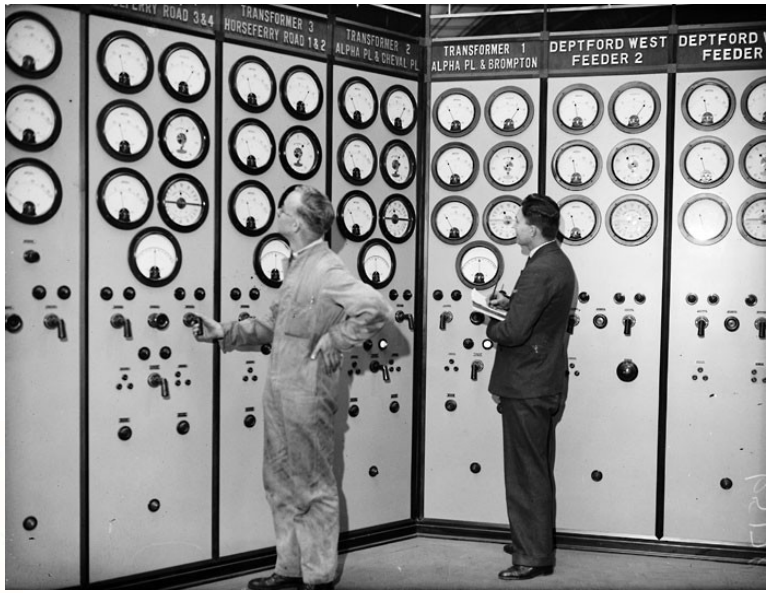
What is '*the system*'

How people think it is



How it is (sometimes)

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Improving the mental health and wellbeing of the people we serve

Link Work & Social Prescribing

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MOVING FORWARD
Chain Reaction
Moving On Tyne & Wear
Lunch Links
FULFILLING LIVES Newcastle & Gateshead
Together in a crisis
Ways to Wellness
MENTAL HEALTH CARER SUPPORT
Step Forward Tees Valley

Role of the VCS in the ‘system’

Improving the mental health and wellbeing of the people we serve

- Third sector/VCS has 4 key system levels/roles:
  - As a key provider of H&SC (CCG LA Commissioned)
  - Allied/Supportive provision – e.g. Housing / Welfare support
  - Community development & infrastructure - ‘system glue’
  - Engagement / Consultation / Connecting

How to engage with the VCS

Improving the mental health and wellbeing of the people we serve

- The VCS isn't a single thing. Small 'Grass Roots' groups to large National Organisations.
- Much of the sector is not on a stable footing – grant funded, short-term contracts, reliance on initiatives, pilots and proof-of-concept projects (crumbs from the table).
- Potential eroded by inter-organisation competition, business development and (re)-tenders.

We need to move from:

- Transactional to Collaborative
- Reporting to Relational
- Commissioner/Provider to System Partners

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Some solutions

NIC Northern Inclusion Consortium

https://www.niconsortium.org/

Blue Stone Consortium

https://bluestoneconsortium.org.uk/

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CQC System KLOEs

Area	Issues for VCS
A shared clear vision and a credible strategy	• Focus on relationships and trust • Build credible and long-term formal alliances with VCS
Impact of governance on the health and social care interface	• Good information sharing key • Trusted assessor approach (listen to VCS) • Embed risk sharing & partnership
System approach to workforce	• Need for an 'army of non-specialists', to release the specialists • Value skills of compassion, energy, and problem-solving (as well as interventions)
Resource governance assurance	• Pooled budgets, • Capitated system funding with long-term system commissioning • VCS orgs/consortia as core delivery partners and 'supply chain' managers

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