Care Quality Commission

Responding to risks or priorities in an area

Cornwall and London Borough of Sutton

Overview

October 2017

Contents

Introduction

For the latest phase in the Care Quality Commission's (CQC's) work to develop ways of looking at the quality of care across an area, we did two reviews in 2017 – one in the **London Borough of Sutton** and one in the area covered by NHS Kernow Clinical Commissioning Group (CCG) in **Cornwall**.

Designed to test an approach that could be used by CQC's local teams in response to an identified risk or priority in an area, the reviews looked at a local health and care system that appeared to be functioning well (Sutton) and one where there appeared to be challenges (Cornwall).

The Cornwall and Sutton reviews were carried out mainly to help us develop a process and methodology that local teams could use when they identified risks or priorities that crossed traditional provider boundaries or were system-wide rather than linked to any particular sector or provider. The reviews were led by CQC's integration team, working with local regional cross-sector teams and using a range of activities. We did this with some extra work permitted under Section 48 of the Health and Social Care Act 2008.

The work on the Cornwall and Sutton reviews predates a request from the government for CQC to carry out 20 reviews of local health and care systems (scheduled for publication in 2017 and 2018). While the experience of conducting the Cornwall and Sutton reviews has helped to inform the development of the methodology for the 20 reviews, the Cornwall and Sutton reviews are separate and do not reflect how the local system reviews are being carried out, or how they will be reported.

Context

CQC's strategy for 2016 to 2021, *Shaping the future*, commits us to do more to assess quality for population groups and how well care is coordinated across organisations, through our provider inspections and our thematic work.

It promises a more targeted, responsive and collaborative approach to regulation, so more people get high-quality care.

The strategy also made the commitment to encourage improvement, innovation and sustainability in care.

Inspections often reveal problems or clues to wider issues that are beyond an individual provider or sector – information and findings about people moving between services, or how the care services they need function together in the interests of the people who use them.

Looking beyond our judgements on individual providers of health and care services has been an important part of CQC's work in recent years. We have published a series of thematic reviews that have looked at people's experience of care delivered by different providers, including reviews of dementia care, end of life care, integrated care for older people and diabetes care.

In 2016, we tested different approaches in three areas: North Lincolnshire, Salford, and Tameside. We published three prototype reports that looked at how we might assess the quality of care in a local area in order to encourage improvement.

From our evaluation of those reviews, we learned that we get more value and have greater impact when we make better use of our inspectors' local insight, their relationships with providers and other agencies, and inspection activity. We also get more value and have greater impact when we focus on a defined topic of local priority or concern, and when we work with our local partners where there appears to be an issue or priority for improvement – or an area of good practice that could be shared.

We have now developed this approach further. We have designed a more flexible model that enables local inspection teams to respond to a local risk or priority in an area that crosses traditional provider or sector boundaries.

The next step in our place-based work has been to test a model which identifies a local risk or priority, through a combination of the insight of our local teams and geographic data profiles and stakeholder views, followed by work in the area to collect additional evidence and information. The aim is to use our influence with stakeholders to encourage improvement across the area or support the sharing of good practice.

The cumulative learning from our thematic publications, our quality of care in an area reviews and the work to respond to a risk or priority in an area, is informing the local system reviews of health and social care, which started in July 2017. It also informs our new work that considers how we might regulate accountable care organisations (ACOs), complex models of care and the new, large-scale GP providers that are emerging.

Developing the Cornwall and Sutton reviews

The result of these reviews is intended to provide our local inspection teams with a means of responding to perceived or identified local risks or priorities broader than individual providers. So we asked our inspection teams for suggestions of issues in an area that they would like to explore further – either an issue or concern, or good practice that could be used to lever improvement more widely.

Suggestions were reviewed and evaluated by a panel drawn from across CQC. The panel selected two places: the area covered by NHS Kernow CCG in Cornwall, and

the London Borough of Sutton, with reviews following assessments against a set of criteria including:

- The extent to which CQC is uniquely positioned to lead this work as the health and social care regulator.

- An issue that spanned more than one provider or sector.

- Enabling us to develop our relationship with national and local partners and demonstrate that we are a critical partner in facilitating system change.

- The potential to have impact and encourage improvement in the area.

Or

- How the topic is likely to highlight good/best practice and may provide a template or lever for other areas to improve.

- The potential to be of relevance and use to local areas because it creates the right balance between responding to local risks and local and national priorities.

The local CQC teams in **Cornwall** had identified ongoing and significant challenges in the area through inspection activity and engagement within the local area. This included concerns about the community and adult social care provision, including sustained challenges faced by the CCG, the acute trust (including the emergency department) and urgent and emergency care, and a focus on delayed transfers of care. The review aimed to explore the reasons for the ongoing concerns identified and sought to understand the factors contributing to issues affecting the system, in order to focus interventions with national and local stakeholders.

The **London Borough of Sutton** was selected because local CQC teams identified that it had improved care for older people in care homes, reducing hospital admissions and enabling rapid and safe discharge from hospital. Sutton is one of the NHS vanguard areas, and along with other information, the review also included information from the Sutton Homes of Care Vanguard Programme. We used our unique position to look across health and adult social care in Sutton and test our approach, to understand where there is emerging good practice and how this can be shared more widely.

We aimed to test how CQC can encourage improvement by using our perspective from provider inspection reports and local knowledge across all sectors, to respond to a local priority or risk that cuts across traditional provider boundaries.

How we carried out the work

We developed a prototype framework that was flexible enough to be used to explore a range of issues across providers or sectors. The two areas selected allowed us to test the model by looking at a focused area of good practice (in the case of the

Sutton) and a wider look at partnership working across a whole health and care system (Cornwall). There was a range of activities in each area, including:

- Workshops for regional teams

- A review of combined national data and local intelligence of risks and priorities across sectors in an area

- Development of an area data profile with high-level system indicators

- A range of fieldwork, including interviews, attendance at local meetings, case tracking and record reviews

- Consultations with an expert advisory group.

For both reviews, we had approval from the Secretary of State for Health and the Secretary of State for Communities and Local Government to use powers under Section 48 of the Health and Social Care Act 2008 so we could look at commissioning, as well as the providers of health and care services.

Outcomes

In carrying out these reviews we have developed a prototype framework that can be further developed over time for local teams to adapt and use when they identify a local concern or issue that that relates to providers from across health and care.

The framework aims to provide a sustainable, flexible area-based approach to responding to risks, issues or priorities, by bringing together our unique local knowledge and intelligence across sectors. It also aims to be locally driven and led by inspection teams, supported by members of CQC's integration team (who will maintain a national overview and learning log of activity to further develop the framework). The framework should also:

- Become part of our operating model and that wherever possible can be used as part of (or building on from) our existing planned inspection programme.

- Support, build on and formalise the process for responding to issues identified in local areas that cross provider boundaries or sectors as the new ways of delivering health and care develop.

- Support local teams to explore the systems in an area related to a risk, issue or priority, through a scalable approach with additional CQC input as required.

- Build on, and improve, partnership working to encourage improvement in an area.

- Provide a means to manage, monitor, assess and evaluate our approach to issues or good practice in an area, and share learning.

- Include a range of tools that have been tested through our experience of thematic reviews and inspection work.

- Ensure that there is a means for responding to risk or concerns in an area during a period of transition and change.

The framework also aims to complement other related developments in CQC, such as:

- Initiatives to improve cross-sector working.

- Initiatives to improve the local inspection team engagement with local stakeholders.

- The development of data profiles at local and regional level, which bring together our ratings with area level indicators of quality.

- The development of approaches to assess the quality of care provided by provider networks, groups and other partially or virtually integrated new models, including ACOs.

Learning for CQC

We carried out these reviews to develop a methodology that our local teams might use when they identify an issue or concern in an area. We have also been evaluating the work as it has progressed to ensure that any learning can inform future work, such as the local system reviews we have recently begun.

We have taken the learning from these two test sites and ensured they are considered as part of the development of material for the 20 local system reviews, as well as for the development of the framework for responding to risks or priorities in an area. All of this work will help us further test and improve CQC's approach for assessing localised care and care across an area.

What worked well?

The teams from our three inspection directorates (hospitals, adult social care and primary medical services) were keen to be involved in this cross-sector work. Bringing together the soft intelligence and area knowledge from all three teams provided a rich picture of how systems worked and the relationships across different health and care providers, particularly in Cornwall.

The use of a flexible and responsive approach allowed the prototype framework to be applied to two very different topics and adapted as information was collected.

We sought the views of the people who use services and those who had experience of the issues that we were exploring. Having this information in advance of the examination of partnerships and system working provided an invaluable perspective before talking to system leaders.

Making use of established meetings in the London Borough of Sutton was helpful and gave a clear understanding of how all the sectors worked together.

What we could do better

While the methodology allows local areas to identify issues which they would like to explore across an area to support improvement, either locally or more widely, the timeframes of this testing work dictated that one area did not have the resources to fully support the work. In that area the work was done largely by CQC's central integration team.

The involvement of cross-sector inspection teams was met with enthusiasm, but there could have been a more integrated approach to the different elements of the activity.

While we requested some information prior to the site work in Cornwall, it would have been useful to have asked for this earlier in the activity. It provided a useful view of some of the systems and it would have been helpful to have more time to absorb this in advance – and to cut down on some questions at interview.

All new topics for exploration under the framework for responding to risks or priorities in an area should consider and monitor the impact of any ongoing, business as usual activity.

We recognise that although there needs to be principles for the reporting of findings, due to the variance of issues, the areas need bespoke reports reflecting a particular issue or priority in an area.

Sharing the findings

Before publishing the reports, we shared findings with both areas to help them use these reviews to encourage improvement and local collaboration. We asked each area how they would prefer to receive formal feedback.

In Cornwall and Sutton, we have shared the report with the key local stakeholders whose services are covered in the review and we considered their feedback in our preparation of the final reports.

Summary findings

Cornwall (the area covered by NHS Kernow CCG in Cornwall)

Our overarching findings from our review were:

- People's experience of moving out of hospital and to a care home or home with social care support was often poor. People identified as concerns: lack of choice, poor information sharing and a lack of home care packages.

- During our visit, the systems in place for discharging people from the Royal Cornwall Hospital Trust to ongoing health and social care services were confusing, despite the efforts of frontline staff and the onward care team.

- The key system leaders have acknowledged difficulties in the past and there has been considerable effort to bring about some improvement to partnership working. However, there is still a lack of confidence in the system that the plans for inter-agency work can be successful.

- All the relevant agencies were working to improve the systems and processes to support inter-agency working. However, we found the current systems lacked a cohesive approach and remained fragmented, lacking in ownership and had lost sight of the needs of people using services.

Areas for improvement

This report identified that the health and social care system in Cornwall is not working well together. It is clear that partnership working is better than it has been historically, but there is little confidence in the system that improvements will be made. We identified several areas for improvement intended to ensure different parts of the system work together and are focused on people using services.

- There is an urgent need to refocus on the experience of people moving between services and in need of ongoing support.

- The system leaders must focus on building and presenting a cohesive, visible leadership team with a full time leader to take forward the sustainability and transformation plans.

- Leaders must re-engage with the community and staff and establish a programme of coproduction across the area.

- Arrangements for inter-agency working must be clarified, strengthened, and consistently implemented.

The London Borough of Sutton

Our overarching findings from the review of the potential improvements in the area were:

- There is a clear framework and strategic approach to collaborative working in Sutton, overseen by the vanguard steering group, the Sutton CCG and the South West London Sustainability and Transformation Partnership team.

- The framework is clear in relation to delivery and there is clear leadership, investment and support from the Sutton CCG to implement change and progress partnership working, to improve care for people living in care homes in Sutton.

- There is a strong commitment to partnership working across the majority of organisations and stakeholders in Sutton.

- Stakeholders, staff and people using services told us that they were listened to, and they felt included and valued.

Areas for improvement

- Continue to develop and share information around the Hospital Transfer Pathway (Red Bag) system.

- Clear planning for the progression of the work to date.

- Clear support and planning around enhanced primary care.

- There needs to be a clear plan and agreement for the spread of the work and learning across the South West London Sustainability and Transformation Partnership area.

The individual reports on Sutton and Cornwall are published at
www.cqc.org.uk/qualityinaplace

CQC's thematic reviews, and populations and care pathway work

2014

From the pond into the sea: Children's transition to adult health services – June 2014

Cracks in the pathway: People's experiences of dementia care as they move between care homes and hospitals – October 2014

2015

Building on strong foundations committed CQC to developing methods to assess quality for populations and across local areas – October 2016

Right here, right now: People's experiences of help, care and support during a mental health crisis – June 2015

Quality of Care in a Place projects started to look at care across the system in North Lincolnshire, Salford and Trafford

2016

North Lincolnshire Quality of Care in a Place – February 2016

Salford and Tameside Quality of Care in a Place reports – May 2016

CQC strategy 2016 to 2021 commits CQC to do more to assess quality for population groups and how well care is coordinated across organisations – May 2016

A different ending: Addressing inequalities in end of life care – May 2016

Better care in my hands: A review of how people are involved in their care – May 2016

Briefing: Learning from serious incidents in NHS acute hospitals – June 2016

Building bridges, breaking barriers: How care is integrated across health and social care and the impact on older people who use services, and their families and carers – July 2016

Identifying and managing clinical risks in newborn babies and providing care for infants in the community who need respiratory support – July 2016

Work begins on the Place work: Responding to Risks or Priorities in an area – July 2016

My diabetes, my care: People's experiences of community diabetes care and the support they are provided to self-manage their condition – September 2016

Reports on urgent and emergency care systems in two areas (Bradford & Airedale SRG and South Warwickshire SRG) – November 2016

2017

Local system reviews commissioned by Secretary of State for Health – April 2017

Providers selected to test how CQC can regulate emerging large-scale GP practices – April 2017

Four accountable care systems invited to work with CQC to test methodology for regulating ACOs – summer 2017

Sutton and Cornwall reviews published – 5 October 2017

Local system review reports – starting autumn 2017

The Care Quality Commission is the independent regulator of health and adult social care in England.

Our purpose

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

Our role

- We register health and adult social care providers.
- We monitor and inspect services to see whether they are safe, effective, caring, responsive and well-led, and we publish what we find, including quality ratings.
- We use our legal powers to take action where we identify poor care.
- We speak independently, publishing regional and national views of the major quality issues in health and social care, and encouraging improvement by highlighting good practice.

Our values

Excellence – being a high-performing organisation

Caring – treating everyone with dignity and respect

Integrity – doing the right thing

Teamwork – learning from each other to be the best we can.

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