

# Adults, Wellbeing and Health Overview and Scrutiny Committee

2 October 2017



## Adult and Health Services Update

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### Report of Jane Robinson, Corporate Director of Adult and Health Services

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#### Purpose of the Report

- 1 The purpose of this report is to provide an update to Adults, Wellbeing and Health Overview and Scrutiny Committee on developments across Adult and Health Services.

#### Background

- 2 This report outlines progress on a number of key areas across Adult and Health Care Services including the Accountable Care Network and the review of the Social Services Information Database (SSID). The report also provides an update on our approach to Prevention and the North East and Cumbria Learning Disability Transformation Programme including the development of an Accountable Care Partnership alongside work currently taking place within Commissioning.
- 3 National policy context, including changes the Care Quality Commission (CQC) are planning to the way they regulate health and adult social care services as part of their Shaping the Future Strategy 2016-2021 alongside details of the CQC's programme of local system reviews of health and social care across 20 local authority areas, is attached at Appendix 2.

#### County Durham Accountable Care Network (ACN)

- 4 Integration of health and social care services is a key consideration for County Durham and work is being undertaken in conjunction with NHS partners, facilitated through the joint appointment of the Director of Integration. Our vision for integrated care is to bring together health, social care and voluntary organisations to achieve improved health and wellbeing for the people of County Durham.
- 5 In County Durham agreement has been reached that the new integrated models of care will progress as part of an Accountable Care Network arrangement. An Accountable Care Network (ACN) is a group of organisations which are not formally enshrined, but work as a network to deliver joined up care. Its work, including progressing opportunities for further integration is overseen by the Integration Board which provides strategic leadership to the integration of health and social care for County Durham.

- 6 A Memorandum of Understanding (MoU) for the County Durham ACN has been agreed by the Integration Board. The Memorandum of Understanding (MoU) establishes a framework for collaboration between the following organisations with regard to integrated care in County Durham:
- Durham County Council
  - North Durham NHS Clinical Commissioning Group
  - Durham Dales, Easington and Sedgefield Clinical Commissioning Group
  - County Durham and Darlington NHS Foundation Trust
  - Tees, Esk and Wear Valley NHS Foundation Trust
- 7 Organisations within the ACN will work together to ensure the delivery of efficient, high quality care which meets the needs of the population. These organisations retain their own governance arrangements, but work as a network to improve flow into Primary Care Home (PCH) and deliver joined up care into Primary Care Home and Team Around the Patients (TAPs).

### **Primary Care Home (PCH)**

- 8 Primary Care Home (PCH) is a joint programme launched in 2015 by the National Association of Primary Care and the NHS Confederation. The model aims to re-shape the way primary care services are delivered, based on local population needs.
- 9 PCH focuses on healthcare teams from primary, secondary and social care areas working together, including Teams Around Patients (TAPs). The key benefit for patients is a multi-disciplinary team (MDT) approach which provides comprehensive, personalised and consistent care for individuals.
- 10 This is a similar model to Teams Around Patients (TAPs) but focuses on all activity, both elective and non-elective, across primary care. Durham Dales, Easington and Sedgefield (DDES) CCG has modelled its clinical leadership in line with PCH and a launch event took place in May 2017.
- 11 In support of the PCH TAP model, an MDT approach is being applied across three levels:
- GP practice-based MDT (micro level)
  - TAP level MDT (intermediate level)
  - Primary Care Home meeting (macro level)
- 12 Work is currently underway to develop a similar model of clinical leadership in the North Durham Clinical Commissioning Group, as it enhances clinical engagement across primary care.

## Teams Around Patients (TAPs)

- 13 A total of 13 Teams Around Patients (TAPs) covering 69 GP practices are currently being rolled out across County Durham. Team configurations and staff alignment have been confirmed.
- 14 Given the different size and scale of TAPs across County Durham it has been easier for some areas to mobilise more quickly than others. Further development sessions to move forward with TAP implementation are being planned.
- 15 TAP's utilise NHS community services which provide a wide range of care, from supporting patients to manage long-term conditions, to treating those who are seriously ill with complex conditions. Most of this community healthcare takes place in people's homes or in community clinics or health centres.
- 16 The new GP Clinical Leadership model recently championed by North Durham area will be important in advancing TAPs development and implementation across North Durham with support from members of the Integration Steering Group.
- 17 It is recognised that a new approach is needed to bring positive benefits in terms of improving people's health, wellbeing and experience of care, particularly in wrapping services around people's needs and shifting the focus to keeping people well and happy at home with reduced demand for hospital and other health and care services. The specification(s) for the current NHS community services have been reviewed and views on current service delivery have been sought to identify improvements to be made.
- 18 These improvements as such would not constitute significant changes to service delivery, but aim to reduce duplication, improve patient experience and to ensure services operate at maximum efficiency, which will help to enable service to be sustainable in future years. Services are delivered by a number of different providers which in some cases leads to fragmentation of care. CCGs are considering whether a procurement exercise is pursued to enable the necessary changes to services to be made. Such procurement exercises are not unusual.
- 19 As part of this process the CCGs and DCC have been working together to ensure that governance arrangements for community services will support the future integration of health and social care services. The inclusion of community services in any model of health and social care model is vital given the important role that community services play in avoiding admission and supporting discharge from hospital at an early a point as possible.

20 The TAPs model will directly contribute to improving the following outcomes:

<b>System Outcomes</b>	<b>Person Centred Outcomes</b>
Effective use of Discharge to Assess approach	People who use services have positive experiences of care.
Less presentation at A&E	Maintaining or improving the quality of life for people.
Improved Primary Care access	People with disabilities or long-term conditions are supported to live at home for as long as possible.
Reduced admissions and readmissions to hospital	People are helped to look after and improve their own health and wellbeing.
Reduction in hospital bed days	People who use services are treated with dignity and are safe from harm.
Less people in residential and nursing care	Helping people to recover from episodes of ill health or injury.
Prevention through risk stratification	People who provide unpaid care are supported to look after their own health and wellbeing.

- 21 To assist the TAPs a comprehensive toolkit has been developed and includes a Statement of common purpose, Operating principles and values, Terms of reference, Clinical scenarios, Agenda templates, Staffing lists, Multi-disciplinary team levels and frequently asked questions.
- 22 In order to ensure that the voluntary and community sector (VCS) are engaged in the development of the TAPs, a VCS Delivery Plan is being implemented. Priorities include supporting the VCS in influencing commissioning decisions on a locality basis and identifying commissioning issues for consideration by TAPs, with a specific focus on frail elderly people and those with long term conditions.
- 23 Through the Advice in County Durham Partnership, the Advice Referral Portal will be tested to ensure a 'no wrong door' policy for clients. In effect this will simplify referral routes for front line health and social care practitioners into the voluntary sector, making the best use of partnerships and networks.
- 24 To help familiarise health and social care professionals with the work of the VCS across County Durham and to introduce them to the Advice Partnership network four workshops were held during the summer 2017. More detailed consultations will be held with the TAPs during autumn to help inform and shape engagement between VCS providers and health and social care professionals.

## Prevention

- 25 The County Durham Partnership (CDP) has agreed to develop a more proactive approach to prevention across the Partnership and drive a decisive shift in all parts of the system through a Prevention Steering Group and three workstreams:
- Building on Best Practice
  - Maximising Funding
  - Preventing Demand for Services
- 26 In addition, the County Durham Partnership Forum and Thematic Partnerships have held discussions in relation to identifying three or four areas for focused prevention work. This information will be provided to the County Durham Partnership in November 2017 and agreement will be reached on the areas to be focused upon, using relevant criteria for prioritisation.
- 27 The Local Government Association (LGA) Prevention at Scale offer provides 20 days of a Support Manager and expert advice and support focused on supporting a local area to deliver at scale a preventative approach for a particular condition or risk factor that will have a significant impact on health improvement for the local population and add value to existing interventions.
- 28 Timescales for the LGA project are from September 2017 – September 2018. There are 10-15 sites chosen for this prevention at scale work and it is an opportunity for Durham to share best practice with other areas, following completion of the project.
- 29 The chosen prevention area will be evaluated to see what impact on health outcomes there has been and will be required to produce two outputs:
- A report on the effectiveness of the logic model to deliver prevention at scale, (effective logic models make an explicit statement of the activities that will bring about change and the results expected for the community and residents).
  - Case studies providing a commentary if there has been any measurable impact on outcomes and any financial benefit, as well as capture any other social and economic impact.
- 30 An outline planning form has been submitted to the LGA in relation to mental health as a key prevention priority that cuts across a number of partnerships. The project sponsor for this work is the Director of Adult and Health Services as chair of the Prevention Steering Group.
- 31 The Health and Wellbeing Board leads the work on mental health and wellbeing, as a priority within the Joint Health and Wellbeing Strategy and regular updates on progress on the prevention at scale work will be reported to the Mental Health Partnership Board through to the Health and Wellbeing Board.

- 32 The LGA is due to attend the next Prevention Steering Group on 19 October 2017 to discuss the prevention offer in further detail.

### **North East and Cumbria Learning Disability Transformation Programme**

- 33 Nationally the Learning Disabilities Transforming Care Programme aims to reshape services for people with learning disabilities and/or autism with a mental health problem or challenging behaviour, to ensure that more services are provided in the community and closer to home rather than in hospital settings. The programme arose as a result of Sir Stephen Bubb's review of the Winterbourne View concordat.
- 34 North East and Cumbria is one of five fast track sites selected because of high numbers of people with learning disabilities in hospital settings. Fast track areas have access to a share of a £8.2 million transformation fund to accelerate service redesign. An overarching North East & Cumbria (NE&C) plan was submitted with each of the 13 Local Authority areas presenting their own plans alongside it, which outline local initiatives that reduce the need for admission to hospital.
- 35 Representations have been made regarding the financial barriers to delivering the new Transforming Care Programme, particularly from the North East Region, led by Adult Social Care in County Durham. Limited capital funds have been made available and a bid for £1.2m Transformation Funding for 2017/18 and 2018/19 has been submitted for the North East Region. Regional representatives are currently in discussion regarding the affordability of the overall programme including the level available for individual care dowry payments. An interim dowry proposal has been identified and is currently being reviewed and considered via the relevant approval streams within each partner authority.
- 36 Across the North East and Cumbria there are a number of different commissioning arrangements that are being reviewed with the aim of establishing further pooled budget arrangements, joint contracts and alternative commissioning models to support delivery of this transformation plan.

### **Accountable Care Partnership (ACP) for Health Funded Learning Disability Services across Durham and Teesside**

- 37 An Accountable Care Partnership (ACP) is being developed between CCG's in the region and Tees, Esk and Wear Valley Foundation Trust for NHS funded learning and disability services across County Durham and Teesside to improve the lives of people living with learning disabilities.
- 38 The Partnership brings together expertise from providers and commissioners with the aim of enhancing the quality of care packages and services, maximising and controlling spend on these packages and services and delivering the Transforming Care agenda. This will be delivered through a phased development of the ACP for learning disabilities across Durham,

Darlington and Teesside Clinical Commissioning Groups (CCGs) allowing greater ability to influence and manage the specialist learning disability hospital bed configuration and deliver better quality outcomes.

- 39 The phased introduction of an ACP model will initially include services and packages delivered through Tees Esk and Wear Valleys NHS Foundation Trust (TEWV), Northumberland Tyne and Wear NHS Foundation Trust (NTW) and specialist packages in the Independent Sector, expanding to all other learning disability services provided for people within the CCGs' responsibility.
- 40 There is an option for further expansion with CCGs including Mental Health Services into the ACP project, while there are benefits for this to be across the full Durham/Tees areas it could be delivered on a different footprint.
- 41 The development of the ACP will be undertaken through a series of key stages delivered over the course of 2017/18, essentially a soft launch that will demonstrate that new ways of working are in place and this will lead to full development of the ACP by March 2018.
- 42 Throughout 2017/18 the intention will be to look to expand the scope to include Continuing Health Care (CHC), joint funded packages, Section 117 (After Care) agreements and mental health services in general; the range of this development will be dependent upon the size of the geographical footprint based on the number of CCGs included. Engagement with local authorities is a critical factor in this expansion of scope and this has already begun.
- 43 The Accountable Care Network will oversee the work of the ACP for County Durham residents.

### **Commissioning Developments**

- 44 Durham is leading regional work to better co-ordinate social care strategic commissioning between local authorities in the North East (NE). This activity aims to drive how commissioners can share best practice and market information, develop single approaches to contracting to avoid duplication and unnecessary burden on providers and establish more consistent dialogue with the independent provider sector. The Corporate Director of Adult & Health Services chairs the NE Association of Directors of Adult Services (ADASS) group and is a member of the national ADASS commissioning network.
- 45 A considerable amount of partnership work with adult safeguarding and the regulator the Care Quality Commission (CQC), led by commissioning, is already taking place in Durham to ensure an effective and best quality provision in the County. Performance and capacity, particularly of key services such as care home placements and domiciliary care, is being monitored and any exits as well as new entrants into the market are overseen with service users and families being supported through transition.

- 46 A new risk-based contract review mechanism is being introduced to ensure monitoring is actively aligned to identification of any early possible signs of provider difficulties.
- 47 In County Durham through the Joint Commissioning Group, Adult Care Services and the County Durham CCGs have successfully collaborated on a number of areas, most recently procuring transport provision. This joint working continues to progress opportunities to integrate commissioning functions and produce an overarching commissioning plan.
- 48 At the Health and Wellbeing Board held in July 2017 it was reported that there had been a rise in the rate of emergency admissions in both falls and injuries and hip fractures in the over 65s in 2015/16, higher than the national average for the same period and an increase from the rate in 2014/15 period. It was agreed that the Joint Commissioning Group establish a Task and Finish Group to investigate and report on this issue to the Health and Wellbeing Board in March 2018.
- 49 The Better Care Fund Plan (BCF) 2017-19 was signed off by the Corporate Director, Adult and Health Services, the Chief Clinical Officer, Durham Dales, Easington and Sedgefield (DDES) CCG and the Chief Operating Officer, North Durham and DDES CCGs in consultation with the chair of the Health and Wellbeing Board, prior to submission to NHS England on 11 September 2017. The final BCF plan was presented to the Health and Wellbeing Board meeting on 25 September 2017 for ratification. Approval of BCF plans are expected on 6 October 2017. The Joint Commissioning Group will be responsible for monitoring performance of the BCF programmes and projects.
- 50 The BCF Plan complements the approaches taken by the ACN, PCH and TAP's identifying how pooled funding will be utilised to enhance the range of community services the Council commission in conjunction with the NHS to achieve savings associated with keeping patients out of hospital.
- 51 The BCF Plan also contains the improved Better Care Fund (iBCF); providing additional monies direct to the local authority from April 2017 to support the Council to meet social care needs, maintain provision in the provider market and alleviate pressure on the NHS.

### **Review of the Social Services Information Database (SSID)**

- 52 The Social Services Information Database (SSID) is one of the core systems of the Council and has been used by both Adult Social Care Services and Children's Services in Durham since the early 1990's.
- 53 Over this time period, the Council has invested significantly in the system to support the development and delivery of social care services in Durham. SSID has often been at the leading edge of Social Care IT developments nationally, e.g. payments to Residential, Nursing and Domiciliary Care Providers and information-sharing developments, etc., which have been recognised at national, regional and local awards.

- 54 SSID has been modernised over the years, including the development of the system into a windows type interface. However, whilst SSID has delivered many successes over this period, feedback from frontline staff, managers and regulators indicate that the system is cumbersome and is not keeping pace with the systems available in the commercial marketplace in terms of the functionality offered.
- 55 A SSID Review Project Board was established in June 2016 with representatives from all relevant services across the Council. In October 2016 it was agreed to undertake separate system procurements for Adult and Health Services and Children and Young People's Services.
- 56 A preferred systems options report for an Adults social care system was presented to the SSID Project Board on 6 December 2016. The full business case to replace the Adults element of SSID with a commercial 'off the shelf system' was approved by the SSID Board and Corporate Management Team in February 2017.
- 57 Until such time as the Adults social care system is awarded it has been agreed to maintain a single Programme Board, at which point a review of the governance arrangements will take place.
- 58 The Adults Project Team is currently in the procurement preparation phase and to date:
- The project structure has been finalised and work stream leads appointed
  - A soft market testing questionnaire has been issued to inform understanding of the functionality offered by commercial systems.
  - A series of user engagement sessions have been delivered.
  - Five system soft market testing demos have taken place, with involvement from frontline and service support officers. Responses from staff to these demos have been very positive.
  - Several visits and conference calls have taken place with other local authorities to learn from their experiences of the various social care systems.
  - A regional local authority group is being formed to share experiences from implementation of social care systems.
- 59 The Project Team is:
- Continuing to engage with frontline and support staff from across Adult and Health Services, as well as partners and stakeholders.
  - Undertaking further soft market testing activities to clarify key elements of the system requirements.
  - Developing the detailed user requirements for the procurement activity
  - Defining the final procurement approach to be used.
  - Developing a programme of business process reviews.
  - Reviewing the approach to document management and options for future document storage.

- 60 It is anticipated that the contract award will be between April-June 2018 with system 'go live' planned for August-September 2019. These dates may be subject to change following the procurement exercise and discussions with the successful provider as to their recommended approach to system implementation.

### **Recommendations**

- 61 Adult Wellbeing and Health Overview and Scrutiny Committee is recommended to:
- a) Note the contents of this report.
  - b) Agree to receive further updates in relation to Adult and Health Service developments on a six monthly basis.

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## **Appendix 1: Implications**

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**Finance** – No direct implications.

**Staffing** – The delivery of adult and health services will depend upon a suitably trained and skilled workforce.

**Risk** – No direct implications.

**Equality and Diversity / Public Sector Equality Duty** – Equality Impact Assessments are carried out as part of the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.

**Accommodation** – No direct implications.

**Crime and Disorder** – No direct implications.

**Human Rights** – No direct implications.

**Consultation** – Proposals relating to the development of adult and health services would be the subject of consultation with stakeholders.

**Procurement** – No direct implications.

**Disability Issues** – No implications at this stage.

**Legal Implications** – There are a number of key legislative and policy developments/initiatives that have led the way and contributed to developments within adult and health services. All changes must be compliant with legal requirements.

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## Appendix 2: Policy Context

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**Learning Disabilities Transforming Care Programme – January 2015** - The Learning Disabilities Transforming Care Programme aims to reshape services for people with learning disabilities and/or autism with a mental health problem or behaviour that challenges, to ensure that more services are provided in the community and closer to home rather than in hospital settings. It arose as a result of Sir Stephen Bubb's review of the Winterbourne View concordat. The Transforming Care guidance highlights the importance of local partnership working between commissioners from local government and the NHS with an emphasis on the oversight and support of Health and Wellbeing Boards.

**Social Care - Queens Speech – June 2017** - The Government will consult on options to improve the social care system and to put it on a more secure financial footing, supporting people, families and communities to prepare for old age, and address issues related to the quality of care and variation in practice.

**Adult Social Care: Quality Matters – July 2017** - sets out a single view of quality and a commitment to improvement, an initiative which is co-led by partners from across the adult social care sector. The summary action plan sets out 6 priority areas to make progress on improving quality in the first year:

1. Acting on feedback, concerns and compliments
2. Measuring, collecting and using data more effectively
3. Commissioning for better outcomes
4. Better support for improvement
5. Shared focus areas for improvement
6. Improving the profile of adult social care

As the plan develops, updated versions will be published so everyone can see how partners are working to translate the ambition of *Quality matters* into real action.

**Your Data: Better Security, Better Choice, Better Care – July 2017** - is the Government's response to the National Data Guardian for Health and Care's Review of Data Security, Consent and Opt-Outs and the Care Quality Commission's Review 'Safe Data, Safe Care'. A response to the National Data Guardian Review was submitted by Adult and Health Services in December 2015.

The Government accepts the recommendations in both the National Data Guardian Review and the Care Quality Commission Review. The commitments made by the Department of Health and its partners to ensure the health and social care system in England realises the full benefits of sharing data in a safe, secure and legal way, and, that complements the existing Caldicott principles include:

- 1 **Protect information through system security and standards:**
  - The Government agrees to adopt and promote the 10 data security standards, as proposed by the NDG's review.
  - The Government also agrees to adopt the CQC's recommendations on data security.

- Boost investment in data and cyber security above the £50 million identified in the Spending Review to address key structural weaknesses, such as unsupported systems. The Government will target an initial £21 million of capital funding to increase the cyber resilience of major trauma sites as an immediate priority, and improve NHS Digital's national monitoring and response capabilities.
- The NHS Standard Contract 2017/18 requires organisations to implement the NDG review recommendations on data security.

## 2 **CQC will enable informed individual choice on opt-outs:**

- By December 2018, people will be able to access a digital service to help them understand who has accessed their summary care record. By March 2020, people will be able to use online services to see how their personal confidential data collected by NHS Digital has been used for purposes other than their direct care.
- NHS Digital will develop and implement a mechanism to de-identify data on collection from GP practices by September 2019.
- Give people the choice to opt out of sharing their data beyond their direct care, which will be applied across the health and social care system.
- In moving to the national opt-out, honour existing type 1 opt-outs (the option for a patient to register an objection with their General Practitioner, to prevent their identifiable data being released outside of the GP practice for purposes beyond their direct care) until 2020 and consult with the NDG before confirming their removal.

## 3 **CQC will apply meaningful sanctions against criminal and reckless behaviour:**

- Implement the UK data protection legislation in May 2018, which will provide a framework to protect personal data and also impose more severe penalties for data breaches and reckless or deliberate misuse of information.

## 4 **CQC will protect the public interest by ensuring legal best practice and oversight:**

- Put the National Data Guardian role and functions on a statutory footing.
- The Information Governance Alliance (IGA) will publish anonymisation guidance based on the Information Commissioner's Office (ICO) Code of Practice on Anonymisation in 2018.
- Clarify the legal framework by working with the Confidentiality Advisory Group (CAG) to ensure its approvals process under Section 251 of the NHS Act 2006 enables organisations to access the information they need, for example for invoice validation.

### **Shaping the Future – Care Quality Commission's Strategy for 2016 to 2021 -**

The Care Quality Commission (CQC) recently published two consultations on its future strategy for 2016 to 2021. Responses to these consultation were submitted by Adult and Health Service in March 2016 and August 2017. These follow a series of consultations on Shaping the Future (March 2015) and Building on Strong

Foundations (October 2015), in which CQC asked for views on their approach to the quality and regulation of health and social care services.

The focus of CQC's strategy 2016 to 2021 is to build on the current regulatory approach and further improve efficiency while adapting to changes in the health and care sectors. CQC's ambition for the next 5 years is to deliver a more targeted, responsive and collaborative approach to regulation, so more people receive high quality care. CQC will achieve this by focusing on four priorities:

- **Priority 1: encourage improvement, innovation and sustainability in care** - work with providers to support improvement.
- **Priority 2: deliver an intelligent driven approach to regulation** - use intelligence and information to more effectively target resources to where the risk to the quality of care provided is the greatest.
- **Priority 3: promote a single shared view of quality** - work with organisations to agree a consistent approach to defining and measuring quality.
- **Priority 4: improve efficiency and effectiveness** - achieve savings each year while improving the quality of service to the public and providers by working more efficiently.

Registered services will still be required to meet the fundamental standards of quality and safety which will be achieved through CQC's registration, monitoring, inspection and rating of services. CQC will also continue to work with the public to understand and focus on what matters most to them and will continue to use a full range of enforcement powers, such as restrictions or closure of services, fixed penalty notices or prosecution where poor care below the fundamental standards is found. CQC's role in protecting and promoting equality and human rights, including for people being cared for under the Mental Health Act or the Mental Capacity Act Deprivation of Liberty standards will also remain.

CQC will:

- Improve information and analysis of local services to inform inspection, including self-evaluation by providers and encouraging more people to share their experiences of care.
- Respond to risk and improvements in quality through timely inspection which will be determined by the rating of the service and the likelihood of quality having changed:
  - newly registered locations inspected within 12 months;
  - services rated as inadequate inspected every 6 months;
  - services rated as requires improvement inspected annually;
  - over time CQC will move to longer intervals between inspections for services rated as 'good' or 'outstanding' as CQC develop better access to intelligence and information; and
  - during 2016-17 CQC will work with partners and people who use services to agree appropriate timescales for inspections.
- Update ratings on the basis of inspection, and clarify where services are 'good' with 'outstanding' features and where services that 'require improvement' are not meeting fundamental standards.

- Work with local authorities and Clinical Commissioning Groups to develop more consistent quality frameworks and expectations on providers, based on the five key question.
- Improve understanding of the quality of services delivered in people's own homes by requiring providers to share their call monitoring data, in particular, numbers of missed or late visits, lengths of stay and how many different carers are visiting individuals.
- Inspection reports will be shorter and produced and published more quickly.
- For corporate providers, improve local activity by better understanding the head office leadership and how this impacts on quality through culture and policies.

**Local system reviews of health and social care – July 2017** - The Secretaries of State for Health and Communities for Local Government have asked CQC to undertake a programme of local system reviews of health and social care in 20 local authority areas. These reviews, exercised under the Secretaries of State's Section 48 powers, will include a review of commissioning across the interface of health and social care and an assessment of the governance in place for the management of resources.

CQC will look specifically at how people move between health and social care, including delayed transfers of care, with a particular focus on people over 65 years old. This is a review of the interface across the whole system with all partner organisations, primary and secondary health care, CCGs, and the local authority in an area involved. The reviews will not include mental health services or specialist commissioning but, through case tracking, will look at the experiences of people living with dementia as they move through the system.

The purpose of the reviews is to provide a bespoke response to support those areas facing the greatest challenges to secure improvement. On completion of the review CQC's findings will be reported to each local authority area's Health and Wellbeing Board.

The first tranche of reviews includes the 12 local authority areas of: Birmingham, Bracknell Forest, Coventry, East Sussex, Halton, Hartlepool, Manchester, Oxfordshire, Plymouth, Stoke, Trafford, York, and are expected to be completed by December 2017. The first local authority area under review is Halton. These areas have been chosen from a ranked list and determined through a 'dashboard' set of Department of Health metrics. The remaining 8 areas, which have yet to be announced, are scheduled to be completed by April 2018.

Whilst the metrics that have been used to populate the dashboard and draw up the list are more narrowly focused, in the lead up to CQC undertaking the reviews a much broader set of metrics from the geographical area subject to the review (as part of the 6 week lead in time) will be gathered. This is to support the focus areas of; people being maintained in their usual place of residence, crisis management (admission to hospital or alternative response), and, return to usual residence and the interface between those areas, for example, access to GP, ambulance transfers, discharge planning. Relationships across the system will also be 'measured'.

Once all 20 reviews have been completed CQC will publish a national report of their key findings and recommendations.