Lessons learned from the CQC's Local Systems Reviews Support Programme

Background

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The Department of Health and Social Care commissioned the Care Quality Commission to undertake **local system reviews in 20 areas**.

The aim of the reviews was to understand **how services are working together** to meet the needs of people who move between health and care services, with a focus on people aged over 65.

About this paper

This paper **shares insights and recommendations** based on SCIE's work.

It is aimed at **chairs, chief executives and other leaders** responsible for developing integrated working within health and wellbeing boards, local authorities and clinical commissioning groups.

SCIE's independent support

SCIE was asked by the DHSC to provide **independent support** to local systems to assist with the development of plans that addressed CQC's findings and recommendations.

This paper **shares insights and recommendations** based on SCIE's work.

CQC findings: summary

CQC found that organisations:

- intended to work together, but **were prioritising their own goals** over shared responsibility
- did not always **share information**
- were not prioritising services which **keep people well at home**
- planned their **workforce** in isolation to other services
- planned work between services, but **funding arrangements** did not help them to work together.

CQC also acknowledged that the **regulatory framework** focuses only on individual organisations.

Insights from SCIE's work with local areas

Insights from SCIE

1. The state of local systems
2. System leadership
3. Effective action planning
4. Delivery of action plans
5. Future issues
6. Independent support from SCIE
7. Recommendations

The state of local systems

Even where individual services are good, the **system as a whole can function poorly**.

Maturity of **relationships** and strength of **system governance** are critical.

External factors can affect joint working including: financial stability, and competing policies, performance frameworks and political priorities.

Solutions may need to come from a **wider geographical area** than the Health and Wellbeing Board or LA.

2. System leadership

System leadership

Well-established **leadership and relationships** enabled areas to grasp challenges and agreed actions quickly.

The 'system' includes **a wide range of stakeholders and leaders** – including people who use services, carers and independent and voluntary sector care providers.

Effective action planning

Effective action planning

Action plans should:

- ensure a **whole-system approach**
- focus on **practical** actions
- **align with existing strategies** and improvement initiatives
- include an overview of **progress**.

Longer-term actions (e.g. market shaping and workforce development) may require further support and capacity.

Delivery of action plans

Delivery of action planning

Areas should consider:

- a **dedicated** programme manager
- a **shared pot of funding** to support priorities
- **good governance** (e.g. executive leadership, including director of adults' services)
- **strengthening existing arrangements** such as HWBs or STPs to oversee system changes
- **existing resources and support** (e.g. transformation funds, models such as High Impact Change, and support identified by SCIE).

Future issues

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Future issues

Emerging themes which may require future support:

- Working with independent sector to **develop the market** and grow provider capacity.

- **Workforce** development, capacity and capability.

- Transforming **data into intelligence**, to support management of flow through the system.

- Improving **joint commissioning** (not delegating it to procurement teams).

- **Two-way communications** across the system, including with frontline staff.

Independent support from SCIE

Support from SCIE

Local leaders welcomed **the external challenge** which helped partners to generate and maintain a shared commitment and focus. SCIE:

- liaised between local partners, CQC and DHSC
- provided independent facilitation to local partners including moderating challenging conversations
- acted as a critical friend in development of plans
- signposted to resources and practice examples
- encouraged a focus on the *how* not just the *what* in action plans.

Recommendations

Recommendations

Any area developing plans to tackle the interface between health and care should:

- **engage all local partners** in planning, including people who use services and carers, the voluntary, independent and community sectors
- clarify, and where necessary, create or strengthen **governance arrangements** to ensure ownership and delivery of action plans are clear

Recommendations (2)

- **align plans** with existing programmes
- **balance** short-term fixes with longer-term, sustainable improvements
- consider the **use of external facilitators** to challenge and support planning.

SCIE support on person-centred, integrated care

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Person-centred integrated care

SCIE provides:

- **Diagnostics and analytics:** Our analysts use our logic model to diagnose where local areas are on their journey towards integrated, what needs to improve and how.

- **Evidence-based planning and implementation support:** We help local areas to develop and deliver strategies based on evidence and collaborative working.

- **Co-production:** We help areas to design, commission, deliver and evaluate integrated care systems and services with people who use services and carers.

- **Networks and learning:** We develop and deliver tools, masterclasses, webinars and learning networks.

Contact SCIE

Find out more about support from SCIE

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