



Central Bedfordshire  
Health and Wellbeing Board

**Contains Confidential or Exempt Information** No

**Title of Report** CQC Feedback and Report on the Thematic Review of Integrated Care of Older People in Central Bedfordshire

**Meeting Date:** 19 October 2016

**Responsible Officer(s)** Julie Ogley, Director of Social Care, Health & Housing  
Central Bedfordshire Council

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**Recommendation(s)** The Health and Wellbeing Board is asked to:

1. **note the publication of the CQC Report on the Thematic Review of Integrated Care of Older People; and**
2. **note the work that is going on locally to secure better and more integrated care for older people.**

<b>Purpose of Report</b>	
1.	To inform the Health and Wellbeing Board of the key outcomes of the Integrated Care for Older People thematic review undertaken by the Care Quality Commission (CQC).

<b>Background</b>	
2.	As part of a programme of thematic work, the Care Quality Commission undertook a project to explore how well care is organised and coordinated for older people, and how this affects their experience of care. The review involved a number of different systems across England, with Central Bedfordshire being one of these systems.
3.	The review ultimately aims to improve older people's experience of integrated care and support. It will add value by: <ul style="list-style-type: none"><li>• Making recommendations for providers and commissioners about improving the delivery of high quality integrated care for older people, at a local and national level.</li><li>• Improving CQC's understanding of how well different care services work together across systems, pathways and sectors with a view to improving our 'business as usual' regulatory approach.</li></ul>

4.	A review team of three carried out fieldwork activity in Central Bedfordshire from 4 December to 10 December 2015. The review investigated services for older people over the age of 75 who had suffered a stroke or fractured neck of femur (commonly associated with a fall) in the past 12 months.
5.	<p>The Review sought to examine how effectively health and social care providers are coordinating care for older people and whether providers are communicating and sharing information effectively to support good integration. It did this by:</p> <ul style="list-style-type: none"> <li>• Looking for examples of good and outstanding care, identifying barriers which prevent older people receiving integrated care and propose actions that national and local providers can take to address poor integrated care for older people.</li> <li>• Requesting information from commissioners which will help to understand the wider context to older people's experience of health and social care at the local level.</li> </ul>
6.	The review team comprised two CQC regulatory inspectors and a specialist advisor from community care. They were supported on a number of days by the CQC specialist clinical advisor for older people. They facilitated the focus groups and interviewed and case tracked people at the Luton and Dunstable Hospital. The CQC engagement team made some initial contact with support agencies and hosted a workshop.
7.	<p>During the onsite review CQC inspectors and advisors undertook:</p> <ul style="list-style-type: none"> <li>• case tracking of 4 people with fractured neck of femur;</li> <li>• case-tracked 20 sets of notes across different care settings including domiciliary care, mental health services, residential care, GP practices and hospitals;</li> <li>• interviewed two GPs, one practice manager and one receptionist. and also spoke with the lead geriatrician at Luton and Dunstable Hospital;</li> <li>• held two focus groups with health care professionals and social care staff to discuss a hypothetical case study;</li> <li>• interviewed staff from the commissioning services within the CCG;</li> <li>• interviewed staff working in health care, residential services, domiciliary care, and staff from the Community Mental Health;</li> <li>• held a separate meeting with strategy leads from all sectors and gave a presentation and heard their feedback about integrated care;</li> </ul>

	<ul style="list-style-type: none"> <li>• made contact with Carers in Bedfordshire and attended the AGM of Age UK Bedfordshire; and</li> <li>• gave a high-level feedback to the key members of the Health and Wellbeing Board.</li> </ul>
<b>Patient Feedback</b>	
8.	<p>At the high level feedback, the Inspectors reported that on the whole people were positive about their experience of the different services they encountered following their event. "People told us they were given a choice of hospitals and the treatment they had received had been very good. No concerns were raised about the care people received whilst in hospital.</p>
<b>Building Bridges, Breaking Barriers – National Report</b>	
9.	<p>A national report on the findings of the thematic review across the eight sites was published on 13 July 2016.</p>
	<p>Looking at how services were working together for older people, the national review found that:</p> <ul style="list-style-type: none"> <li>• There was widespread commitment to delivering integrated care.</li> <li>• There were still many organisational barriers that made it difficult for services to identify older people who were at risk of deterioration or an unplanned emergency admission to hospital.</li> <li>• There were examples of joint working in delivering health and social care, but these were often inconsistent, short-term and reliant on partial or temporary funding and goodwill between different providers. They were not a mainstream part of the way in which services were planned or delivered around older people.</li> <li>• Monitoring and evaluation was often not carried out locally or was insufficient.</li> <li>• The lack of connection between services often resulted in older people and their families or carers needing to take responsibility for navigating complex local services. This could result in people 'falling through the gaps' and only being identified in response to a crisis.</li> <li>• Older people often had multiple care plans because professionals did not routinely link together and share information.</li> <li>• Older people were not routinely involved in decision making about their needs and preferences.</li> </ul>

	<ul style="list-style-type: none"> <li>• Older people and their families or carers did not routinely receive clear information about how their health and social care would be coordinated, in particular if there were changes in their circumstances or if there was an unplanned or emergency admission to hospital.</li> <li>• Local leaders achieved integrated person-centred care by working closely across health and social care services to share information, reduce duplicated efforts and use resources more effectively.</li> </ul>
10.	The report summarised that the thematic review reflected the challenge that delivering integrated care represents. That there were still many organisational barriers that it difficult for services to identify older people who were at risk of deterioration or unplanned admission to hospital in a timely manner. This included a lack of consistency in the use of assessments and in the sharing of information.
11.	There were also examples of joint working in the delivery of health and social care. Successful initiatives were set up by local practitioners to encourage and enable joint working. While some were more substantial, many were often short-term or reliant on partial or temporary funding and goodwill between providers. They were not a mainstream part of the way in which services ere planned or delivered around older people.
12.	The CQC review recognised and highlighted as good practice, the valuable contribution of volunteers in the Village Care Schemes, who support more than 720 people through 40 independent 'Good Neighbour' and 'Village Care' Schemes.

### **Report Recommendations**

13.	<p>The Report recommended that:</p> <ul style="list-style-type: none"> <li>• Health and social care leaders should develop and agree a shared understanding and definition of what integrated care means for the population in their local area, and then work towards delivering this shared aim.</li> <li>• NHS England and Association of Directors of Adult Social Services (ADASS) should lead on developing an agreed methodology and data set for identifying people at risk of admission to secondary care or deterioration.</li> <li>• Older people should be meaningfully involved in making informed decisions about their care needs and care planning – in particular about the outcomes that are important to them – based on the existing national and local guidance.</li> <li>• Commissioners and providers in an area should ensure that information and support for older people and their families or carers is available, and this sets out connections between services, and how the people's accessibility needs will be met.</li> </ul>
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	<ul style="list-style-type: none"> <li>The National Quality Board, in partnership with the National Information Board, develop and share a set of validated data metrics and outcomes measures for integrated care with person-centred outcomes at the heart of decision making about service provision and based on a consistent, shared view and definition of integration.</li> </ul>
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<b>Reasons for the Action Proposed</b>	
14.	The Care Quality Commission (CQC) is the independent regulator of health and social care services in England. Its role is to make sure that health and social care services provide people with safe, effective, compassionate and high-quality care, and we encourage them to make improvements.
15.	Central Bedfordshire Health and Wellbeing Board area is one of eight areas selected based on a review of data about geographic areas, demographic characteristics, and areas where integrated care for older people appears to be good and poor.
16.	The Thematic Review is consistent with the priorities of Joint Health and Wellbeing Strategy for Central Bedfordshire for improving health, wellbeing and reducing health inequalities.
	<b>Conclusion and next steps</b>
17.	The local review highlighted some concerns around hospital discharge arrangements. As Central Bedfordshire does not have a district general hospital within its boundaries, local people use up to eight surrounding hospitals. This requires better care coordination, both for discharge coordination and ensuring timely and good quality community based care. This is one of the key areas of the Better Care Fund (BCF) Plan for Central Bedfordshire and work is going as part of the BCF and the Sustainability and Transformation Plan to put more robust systems in place.
18.	The focus locally is to ensure greater integration of health and care services through more joined up working across the various care professionals. A multidisciplinary approach is being developed. This includes identifying those people who may need care and support early and ensuring that they are supported.
19.	An LGA Peer Review of reablement and rehabilitation services has been commissioned and will take place in October. This should help to improve the joined up offer for residents of Central Bedfordshire.

<b>Issues</b>	
Governance & Delivery	
20.	The Health and Wellbeing Board oversees the delivery of the Joint Health and Wellbeing Strategy.
Financial	
21.	None identified as part of this report.
Public Sector Equality Duty (PSED)	
22.	The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between and in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
23.	Are there any risks issues relating Public Sector Equality Duty <b>No</b>
24.	If yes – outline the risks and how these would be mitigated

<b>Source Documents</b>	<b>Location (including url where possible)</b>
Building Bridges Breaking Barriers	<a href="http://www.cqc.org.uk/buildingbridges">http://www.cqc.org.uk/buildingbridges</a>

Presented by Julie Ogle, Director of Social Care, Health & Housing

## **Appendix**

Appendix one: Building Bridges, Breaking Barriers – National Report