![Care Quality Commission logo]

Dr Sarah Wollaston MP
House of Commons
London
SW1A 0AA

23 January 2019

Dear Dr Wollaston,

Re: CQC update on Local System Reviews

Following your meeting with Ian Trenholm on Tuesday 22 January 2019, I have been asked to write to you, on behalf of Ian, with background and an overview of our findings from our Local System Reviews set out in the 'Beyond Barriers'[1] report published in July 2018.

Background

In July 2017 the Secretaries of State for Health and Social Care and for Communities and Local Government asked us to carry out 20 targeted reviews of local health and social care systems under section 48 of the Health and Social Care Act 2008. These were to focus on how services meet people's needs, how care providers work together and to investigate how all parts of the system work together to support people aged 65 and over. The review examined questions such as:

- Are older people supported to stay well and to continue to live in their home?
- What happens when someone needs more care?
- Are they supported either to return home safely, or to move somewhere new that meets their needs?

Our Local System Reviews (LSRs) found many examples of good and poor practice, and reinforced the crucial role that good cooperation within a local area plays in driving the quality of care that people experience.

In September 2018 we were asked by the Government to undertake further reviews in three new areas and to return to three of the original review areas to assess what progress had been made. These progress reviews included Oxfordshire[2], Stoke-on-Trent[3] and York[4] which have all recently reported.

'Beyond Barriers' findings and recommendations:

In July 2018 we published our 'Beyond Barriers' report which drew together the findings from our first 20 LSRs. We found there were 5 key factors that affected people's overall experience of care:

- the workforce available to deliver that care;

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[1] Beyond Barriers
[2] Oxfordshire LSR
[3] Stoke-on-Trent LSR
[4] York LSR

- the capacity of providers to meet demand;
- funding and commissioning of the right services;
- access to the right care at the right time;
- the quality of care services.

There were examples of good practice in every local system we reviewed, with dedicated staff regularly going beyond the call of duty and people experiencing the best care when people and organisations worked together to overcome a fragmented system. Where local leaders share a clear vision, it provides a shared purpose for people and organisations across the local health and care system. From our reviews we concluded that removal of barriers to collaboration at a local and national level would create an environment that drives people and organisations to work together.

We found that if people don't have access to the right services in the community, this will increase the pressures on secondary care. The reviews also established that local systems successfully working together put the person at the centre of care. Strong vision, governance, culture and leadership of organisations underpinned by sustainable funding is crucial.

'Beyond Barriers' set out a number of recommendations for local systems to consider. These included:

- **A move to joint workforce planning:** National health and social care leaders should make it easier for individuals to move between health and care settings – providing career paths that enable people to work and gain skills in a variety of different settings so that services can remain responsive to the needs of local populations.

- **A new approach to performance management:** A new approach to system performance management, setting a single framework for measuring the performance of how agencies collectively deliver improved outcomes for older people.

- **Encouraging and enabling commissioners to bring about effective joined-up planning and commissioning at a system level:** Agreeing joint plans that set out how older people are to be supported and helped which in turn, guides joint commissioning decisions over a multi-year period. An agreed joint plan, funded in the right way, should support older people in their own homes, help them in an emergency, and then to return home safely.

- **Better regulation and oversight of local systems:** New legislation to allow us to undertake system reviews under our own instigation, providing better oversight of performance to hold them to account for how they work together to support and care for older people.

Case study: Stoke-on-Trent[5]: An example of progress following CQC review findings
In September 2017 CQC found Stoke-on-Trent to be one of the least effective systems we examined. We found that organisations and individuals designing and delivering services in Stoke-on-Trent were not working to an agreed, shared vision and there was a lack of whole system strategic planning and commissioning with little collaboration, at that time. These findings were shared back and discussed in detail with the partners in the local system, alongside where improvements should be made.

On our recent return in November 2018, we found:
- the situation was much improved for people in the city;
- the culture had shifted and system leaders, including elected members, shared the same vision and were supportive of each other;
- there was greater transparency between leaders meaning they could address issues together and this had helped them to make progress and improve people's experience of care;

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[5] Stoke-on-Trent

- the quality of care in independent social care and how those commissioning care worked with providers of care had also improved. There were no care homes, nursing homes or domiciliary care services rated as Inadequate and the percentage of nursing homes rated as Good had increased from 26 to 42%;
- there had been some good joint strategic work to develop plans for the coming winter of 2018/19 and patient flow through the Royal Stoke Hospital had improved considerably.

While there are still some improvements to be made, CQC's return review found a system that was working together more effectively and improving care for people across Stoke-on-Trent.

The future
Throughout 2018, we received strong indications from the Department of Health and Social Care (DHSC) that further reviews would be commissioned given the benefits we have seen coming out of the programme, both nationally and locally. These future reviews could focus on different areas and topics where effective collaboration between providers and local partners is critical to good outcomes for people using services such as cancer, maternity, mental health, learning disability services and respiratory conditions, in order to have the greatest impact on quality of care.

Ron Kerr's recent review, 'Empowering NHS leaders to lead'[6], published in November last year, also called on the Department to commission CQC to continue to undertake local system reviews to include the full range of health and care needs, to assess how well system partners are working together.

In early November, Ian wrote to the Secretary of State to ask for clarity on the focus and scale of the next review programme by mid-December to enable us to maintain the momentum of the work. At this point, we have not received a formal response to that request, though we understand that there is no scope for further funding in this financial year and the Department wishes to make decisions about the future of the programme after the Adult Social Care Green Paper is finalised. We have as a result been forced to disband our dedicated LSR team due to a lack of funding from the DHSC to continue the programme.

The overall cost of the programme of work for the 23 LSRs and 3 progress updates was £2.08m. Those costs included ensuring that the voices of stakeholders (including commissioners, providers and people who use services) were heard and informed the development of this report, we established an Expert Advisory Group, where members contributed expertise and insight. Experts by Experience were present at each Expert Advisory Group to represent the voices of people who use services, their families and carers.

As I understand you discussed with Ian when you met, this is disappointing outcome given the benefits the LSR programme has demonstrated and given how such reviews could help ensure the NHS Long-Term Plan and any future adult social care reforms have a demonstrable impact for people who use services.

There is no need for legislative change in this area. Ministers can ask CQC to carry out reviews at system level, under section 48. If ministers committed to continuing with this activity, giving CQC the flexibility to select the topics and areas that will have the greatest impact, no legislative change would be required.

The Government could also consider a change to section 48 to allow CQC to use its powers more flexibly, without the need for ministerial approval. However, ongoing funding would need to be identified, as CQC's current funding is established through provider registration fees, and it would not be appropriate or lawful to charge providers for this.

Adult Social Care
When you met with Ian you also spoke at length regarding the state of the adult social care sector. I thought it could therefore be helpful to remind the Committee of some of the Adult Social Care findings from our State of Care[7] 2017/18 report.

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[6] Empowering NHS leaders to lead
[7] State of Care 2017-18

- Ratings in the sector remained stable over 2017/18 (81% rated as good or outstanding). However, there was a lot of volatility in quality and the adult social care market remains fragile.

- In 2016, we warned that social care was 'approaching a tipping point' – as unmet need continued to rise, this tipping point has already been reached for some people who are not getting the care they need.

- While the Government made a welcome NHS funding announcement in June 2018, the impact of this funding, along with the recent short-term funding announced for adult social care, risks being undermined by the lack of a similar long-term funding solution for social care.

- People's experience of and access to care varies depending on where they live and the services they use, and are often determined by how well different parts of local systems work together. The challenge for all local health and social care services is to recognise the needs of their local populations and find sustainable solutions that ensure people's needs are central.

- There is a limited improvement infrastructure to support individual providers to improve. In 2017 the adult social care sector (providers, commissioners, regulators, government and national bodies working with people who use services, their families and carers) made a collective agreement to *Quality Matters*[8] to ensure that there is a shared view of quality and a joint commitment to support improvement. It is essential that any proposals for the long-term funding of adult social care support the delivery and sustainability of high-quality care in the future.

Conclusion

We welcome the publication of the 'Long-term NHS Plan' which highlights the value of improved out-of-hospital care and support for older people through more personalised care and stronger community and primary care services. Our continued role in reviewing, monitoring and regulating local systems, would help to monitor progress and ensure a positive impact for people who use services.

I hope this letter is of some assistance to yourself and the Committee. We would be happy to meet with yourself and the committee to discuss the outcomes of any future LSR programme and the next CQC 'State of Care' report (due in October 2019) as we move towards publication. If you have any queries, please do not hesitate to get in contact with myself or CQC's parliamentary team via Mat Hughes (Senior Parliamentary and Stakeholder Engagement Adviser), matthew.hughes@cqc.org.uk.

Your sincerely,

Chris Day
Director of Engagement
Care Quality Commission

Cc Lee McDonough, Director General, Acute Care and Workforce, Department for Health and Social Care

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[8] Quality Matters