

Beyond barriers

How older people
move between
health and
social care in
England



Charles Rendell, Strategy Manager CQC

Our purpose



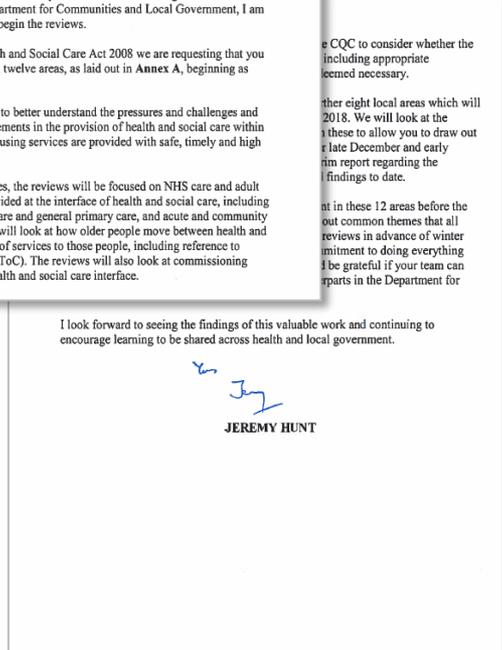
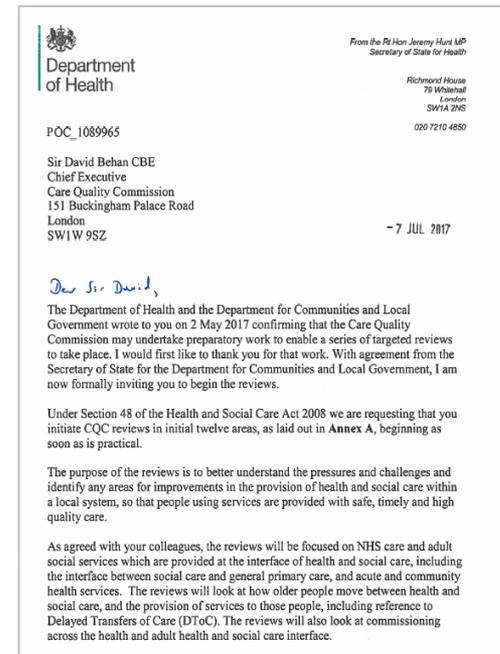
We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve



Why did we carry out these reviews?



- Secretaries of State asked CQC to undertake a programme of **targeted reviews in local authority areas**
- Reviews sat **outside CQC's usual legal powers** (under Section 48 of the Health and Social Care Act)



How did this fit with our usual work?



Reviewing local systems reflected key findings of recent reports including:

- State of Care 2016 & 2017
- Integrated care for older people

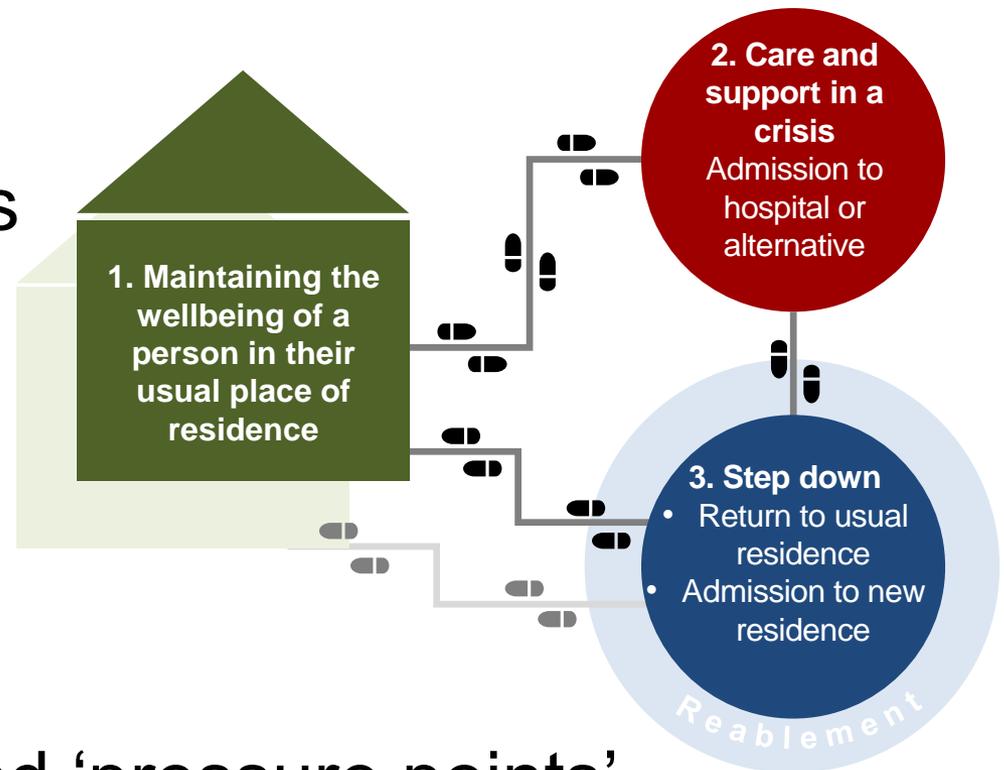
Also built on our previous programme of 'place reviews':

- 2015/16 – North Lincolnshire, Tameside, Salford
- 2016/17 – Cornwall, London Borough of Sutton



Scope and approach of the reviews

- People aged 65+
- Focused on health and care interfaces
- Consider system performance
- No ratings
- Three 'spheres' and 'pressure points'



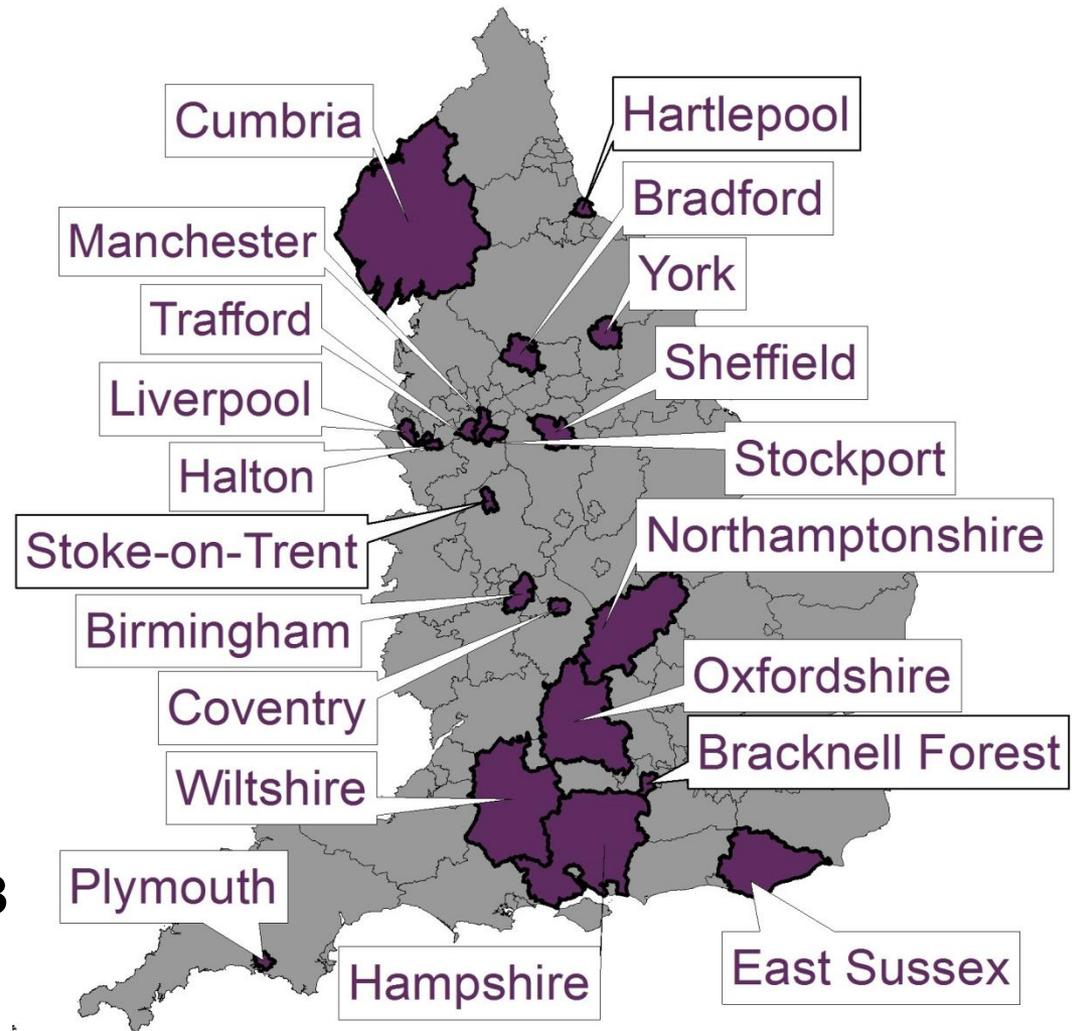
Where have we been and what have we delivered?

20 site visits

20 local
system
reports

Interim
report
December
2017

Beyond Barriers
report – July 2018



England system designed in 1948 can no longer effectively meet 2018 needs



- Living longer – but with more complex health problems
- Increasingly, our care must be delivered by more than one person or organisation
- In 2018, we expect care to be personalised to people's individual circumstances
- A fragmented health and care system designed in 1948 can not meet the needs of today's population or operating environment
- We must remove the barriers to collaboration at a local and national level and create an environment that drives people and organisations to work together

- People experience the best care when people and organisations **work 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 social care system
- Dedicated staff regularly going **beyond the call of duty**
- There were **examples of good practice** in every local system we looked at
- But in a fragmented health and social care system **there are barriers to collaboration at a local and national level**

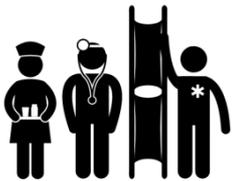
What we found 2/2



Funding: Health and social care organisations are limited in how far they can pool resources and use their budgets flexibly across prevention, social care and healthcare



Managing performance: Organisations are held to account for their own performance, not the performance of the system as a whole



Workforce: Services do not always have the right staff, in the right place, at the right time – the health workforce and social care workforce are seen as separate entities



Oversight: Regulation usually looks at quality of care in individual providers, rather than across a system as a whole

Recommendations to local and national leaders, and government



1. An agreed joint plan that sets out how older people are to be supported and helped which in turn, guides joint commissioning decisions over a multi-year period
2. A single framework for measuring the performance of how agencies collectively deliver improved outcomes for older people
3. The development of joint workforce plans with more flexible and collaborative approaches to staff recruitment, retention and development
4. Allow CQC to regulate systems and hold them to account for how they work together to support and care for older people

Thank you



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