

Health and Adult Social Care Overview and Scrutiny Committee

BRIEFING NOTE – No. 2/23

Date: 21 April 2023

Briefing paper to: All Members of the Health and Adult Social Care Overview and Scrutiny Committee

Purpose: At the March 2023 meeting of the Committee, it was agreed that a briefing note on the Care Quality Commission (CQC) assessment of adult social care (ASC) would be provided.

Care Quality Commission - Assessment of Adult Social Care

1. The New Assurance Framework

1.1 The Health and Care Act 2022 puts CQC assessment of Local Authorities and Integrated Care Systems on a statutory footing. The new assurance process commenced in April 2023. It aims to:

- Provide clarity about what we are doing well
- Offer constructive suggestions about where we could improve
- Be informed by what matters to people who draw on care and support
- Provide an independent view of our capacity to improve
- Rate local authorities against a set of standards as inadequate, requires improvement, good or outstanding

1.2 The assurance process covers the Local Authority's responsibilities under the Care Act 2014, which impacts adult social care, partnership commissioning and some aspects of Public Health, as well as support across HR, performance and intelligence, ICT and digital and communications, and NHS organisations to whom we delegate some of these responsibilities.

1.3 The Councils' delivery of its duties as set out in the Part 1 of the Care Act 2014 are:

- pursuit of wellbeing;
- preventing needs for care and support;
- promoting integration of care and support with health services;
- providing information and advice;

- promoting diversity and quality in provision of services (an efficient/effective market);
- meeting the duty of co-operation;
- meeting needs;
- safeguarding adults;
- effective transition from children's services;
- ensuring continuity of care and support when an adult moves;
- managing provider failure;
- and providing independent advocacy support.

1.4 As the Care Act links across to the Mental Health Act and the Mental Capacity Act, the CQC will also assess ASC's performance in these areas.

2. Assessment framework for local authorities

2.1 To assess how well local authorities are performing against their duties under Part 1 of the Care Act 2014, CQC will assess 9 quality statements across 4 themes.

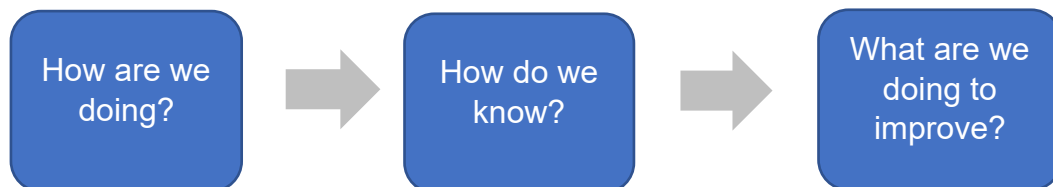
2.2 Appendix 1 provides detail of the 4 themes, the associated 'I statements' and the quality statements.

2.3 Appendix 2 – provides detail of the evidence categories and context specific items CQC will be reviewing for theme 1. These types of evidence and items will be required across the 4 themes.

3. Self-Assessment

3.1 The ASC self-assessment process should provide a systematic framework to consider three key questions that enable an organisation to arrive at evidence-based judgements that can enable it to focus efforts to support improvement.

3.2 The Council will be required to provide evidence of:



3.3 The CQC have indicated that they will not be providing a self-assessment template.

3.4 Adult Social Care will learn from Children's Services in the development of the self-assessment.

4. Interim Guidance on the CQC's Approach to Local Authority Assessments

- 4.1 The interim guidance on the CQC's Approach to Local Authority Assessments has been approved by the Secretary of State for Health and Social Care as required by the Health and Care Act 2022.
- 4.2 Its aim is to help local authorities understand more about CQC's approach during the pilot phase. The CQC will expand and update this interim guidance in collaboration with stakeholders as they develop the model over the coming months and transition to ongoing assessment. It will form the basis for the more detailed guidance about the process later in the year.
- 4.3 Initial assessments will be carried out for all local authorities to achieve a baseline understanding of quality before starting the longer-term approach for ongoing assessment.

5. Initial Baseline Assessments of Local Authorities

- 5.1 Assessing local authorities is a new duty for CQC. Before they can move to their new assessment model of ongoing assessment, they need to establish a 'baseline' of completed initial assessments for all local authorities.
- 5.2 The baselining period will take a phased approach to these initial assessments. In the first phase, CQC's work will focus on:
 - further developing and embedding their assessment approach through a series of pilot assessments
 - gathering evidence
 - developing their understanding of relative performance across local authorities
 - building relationships within each of the areas.
- 5.3 CQC will explore opportunities for themed reporting at national level, during this first 6 months.
- 5.4 The second phase involves formal assessment. They will gather all required evidence for each local authority, report on our findings and award ratings. The aim of the second phase is to complete the initial assessments and award ratings for all local authorities. They aim to award ratings in this phase within 2 years.
- 5.5 For the initial assessment, the CQC will start by assessing evidence that they have, followed by evidence they need to request and finally evidence that they need to actively collect. They will only actively collect information that we can't get through other means.

5.5.1 Examples of evidence that the CQC have included:

- Outcomes evidence for all local authorities. They will begin to benchmark and assess this against each quality statement for each local authority. In some cases, they will also have partial evidence from some of their other evidence categories. For example, they will have insight from our regulation of providers (Feedback from partners evidence category) and data on the effectiveness of some processes (Processes evidence category).

5.5.2 Examples of evidence that the CQC will request include:

- specific policies and strategies (processes evidence category)
- any survey information that local authorities hold (people's experience, and feedback from staff and leaders evidence categories)
- the self-assessment from local authorities on their current performance (feedback from staff and leaders evidence category).
- information from peer reviews (feedback from partners evidence category)

5.5.3 Evidence that the CQC will actively collect includes:

- people's experiences (for example, through case tracking and focus groups), more focused engagement with partners and conversations with staff and leaders.

5.6 In this way, the CQC will be gathering evidence across all local authorities throughout the baseline period. This will enable the CQC to provide or publish national insights on progress and share information that supports improvement.

5.7 This approach will also help them develop their longer-term regulatory intention of ongoing assessment. The CQC will continue to learn and evolve their approach during piloting, initial baselining assessments and once they move to the third phase of their ongoing assessment model.

5.8 CQC will work with key national and local partners to share data and to gather evidence. Examples of partners include:

- health and care providers
- professional regulators (for example, Social Work England)
- national and local Healthwatch
- community groups, especially those involving people more likely to have poorer access, experiences or outcomes from care
- the Local Government and Social Care Ombudsman.

5.9 When the CQC have gathered enough required evidence across the quality statements, they will start to publish assessment reports for local authorities.

- 5.10 There will be a short period between assessment and publication to provide an opportunity for the organisations to carry out a factual accuracy check.
- 5.11 CQC will publish reports on their website. Current thinking is that the reports will include a short summary of the key features of the local authority and will focus on people's experiences of care.
- 5.12 They will publish their most up-to-date findings against the themes and for each quality statement. They will include information on what people have said about their experience and how CQC used it in their assessments.
- 5.13 They will provide narrative on areas that require improvement, areas of strength and report on the direction of travel of the local authority.
- 5.14 CQC will begin publishing scores and ratings for local authorities once they have sufficient evidence. They will be gathering evidence and building relationships over time rather than on a single inspection.
- 5.15 When the CQC publish ratings, they will publish the following information:
- the overall rating
 - the score for each quality statement.
- 5.16 The scores will indicate where a local authority sits within a rating, showing whether it is nearer the upper or lower threshold.

6. Early indications

- 6.1 Feedback from the LGA on early CQC style peer reviews has told us that across local authorities:
- CQC Inspection will change the culture of adult social care
 - Capacity and capability will need to be developed to meet data requirements
 - Ongoing creation of the self-assessment framework will be needed
 - Case file audit and lived experience interviews are a valuable focus
 - Councils need a consistent and authentic narrative for their adult social care service driven by data and personal experience. This narrative needs to be shared with those with a lived experience, carers, frontline staff, team leaders, middle managers, senior adult social care staff, corporate centre, politicians, partners in health, and the voluntary and community sector.

Appendices:

Appendix 1 – Four Themes

Appendix 2 – Evidence categories and context specific items CQC will be reviewing for Theme 1.

Contact Details:

Jackie Brown, Assistant Director Adult Social Care
jackie.brown@medway.gov.uk 01634 331212

Appendix 1 - CQC Assessment of Adult Social Care

Theme 1: How local authorities work with people

I statements:

- I have care and support that is co-ordinated, and everyone works well together and with me.
- I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.
- I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.
- I am supported to plan ahead for important changes in my life that I can anticipate
- I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals

Quality statements:

- **Assessing needs:** We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.
- **Supporting people to lead healthier lives:** We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.
- **Equity in experience and outcomes:** We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response.

Theme 2: How local authorities provide support

I statements:

- I have care and support that is co-ordinated, and everyone works well together and with me
- Leaders work proactively to support staff and collaborate with partners to deliver safe, integrated, person-centred and sustainable care and to reduce inequalities.

Quality statements:

- **Care provision, integration and continuity:** We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.
- **Partnerships and communities:** We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Appendix 1 - CQC Assessment of Adult Social Care

Theme 3: How local authorities ensure safety within the system

I statements:

- When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.
- I feel safe and am supported to understand and manage any risks.

Quality statements:

- **Safe systems, pathways and transitions:** We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.
- **Safeguarding:** We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Theme 4: Leadership

Quality statements

- **Governance, management and sustainability:** We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.
- **Learning, improvement and innovation:** We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Appendix 2 – CQC - Local Authority Assessments

Theme 1: How the LA works with People – Assessing Needs

| Key question | Effective |
|---|--|
| Care Act duty | <p>Section 1: Wellbeing principle</p> <p>Sections 9-13: Assessment of an adult or <u>carers</u> needs for care and support; eligibility criteria</p> <p>Section 14-17: Charging and financial assessment</p> <p>Section 18-20: Duty to meet needs</p> <p>Section 24-30: Next steps after assessment</p> <p>Section 31-33: Direct Payments</p> <p>Section 34-36: Deferred Payments (tbc)</p> <p>Sections 67-68 Independent advocacy support</p> |
| Quality Statement | <p>Assessing needs:</p> <ul style="list-style-type: none"> ✓ I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals. ✓ We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them. |
| Evidence categories and context specific items | |
| <p>People's experience</p> <ul style="list-style-type: none"> • Feedback from people who use services and unpaid carers, those close to them and their advocates. Includes existing sources (e.g., CQC Give Feedback On Care) as well as <u>bespoke</u> (focus groups etc) • Carers Groups – unpaid carers • Compliments/complaints • Feedback from user and carer surveys • Feedback from community groups, representative groups for people (e.g., advocacy, Healthwatch) | <p>Feedback from staff and leaders</p> <ul style="list-style-type: none"> • Self-assessment • Interviews and focus groups • Staff surveys • Staff <u>Carers'</u> Network <p>Feedback from partners</p> <ul style="list-style-type: none"> • Healthwatch, providers, third sector • Local health partners, GPs • Health & Well-Being Board |
| <p>Processes</p> <ul style="list-style-type: none"> • Joint Strategic Needs Assessment • Training for assessors including specialist assessors • Assessment and eligibility policy and process • Financial Assessment and Charging Policy • Better Care Fund Plan • Health and Wellbeing plan • <u>Carers'</u> Strategy • LA Audits • LGA Peer Review / Annual conversation | <p>Outcomes/performance data</p> <ul style="list-style-type: none"> • Waiting time for assessment for (i) adults with care needs, (ii) unpaid <u>carers</u> • % of assessments meeting eligibility criteria for (i) adults with care needs, (ii) unpaid <u>carers</u> • Demographics and forecasts • No of assessments relative to demographics of local population (looking at equality of access) • Assessments and Reviews (quantitative) – numbers overdue by PSR; timeliness of assessment completion; • Assessments and reviews: number of unallocated people; size of caseloads • Number of needs assessments undertaken, number of refusals. • Number of urgent needs requests. Timescales (possibly ASCOF) • NHS England, annual Survey of Adult <u>Carers</u> in England (SACE) • Adult Social Care Outcomes Framework: |

Appendix 2 – CQC - Local Authority Assessments

Theme 1: How the LA works with people – Assessing Needs

- ✓ I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.
- ✓ We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Best practice, standards and guidance

- Local authorities clearly promote wellbeing when carrying out any of their care and support functions in respect of individuals at any stage of considering health and care needs.
- The wellbeing principle is embedded throughout the local authority care and support system and is clearly promoted when carrying out all care and support functions.
- Local Authority has an eligibility framework to ensure that there is clarity and consistency around local authority determinations on eligibility.
- Local Authority has a Charging Policy which is transparent, equitable, sustainable, and promotes wellbeing, social inclusion, independence, choice and control.
- Assessment and care planning arrangements are person-centred, timely and accessible, and focus on achieving the best outcomes for people.
- Local Authority has assessors who are appropriately trained and with the experience and knowledge necessary to carry out assessments, including specialist assessments.
- Local Authority works with partner agencies to provide a holistic and integrated approach to assessment and care planning.
- People are supported to access direct payments to maximise their choice and control about how to meet their support needs.
- LA ensures a sufficient provision of high quality, accessible independent advocacy services are available and offered to facilitate the involvement of an adult or carer who is the subject of an assessment, care or support planning or review.
- LA has a clear strategic ambition and objectives in respect of improving outcomes for unpaid carers and a coherent and adequately resourced delivery plan.
- The needs of unpaid carers are equally recognized; they have access to the support required to enable them to maintain their family life and to access social, leisure, employment and education opportunities.
- Unpaid carers have access to high quality, person-centred assessments tailored to their individual current and potential future support needs including rapid access to high quality replacement care for short breaks and unplanned situations.
- Unpaid carers are provided with the information, training, support and equipment required to undertake their caring role safely and effectively.

Guidance

- [Care Act Statutory Guidance](#), Chapters 6-13
- [Supporting Adult Carers](#), NICE Guidance, 2021
- [End of Life Care for Adults](#), NICE Guidance, 2019
- [Decision Making and Mental Capacity](#), NICE Guidance, 2018
- [Transition from Inpatient Mental Health Hospital to Care Home](#), NICE Guidance
- [Older People with Care Needs and Long Term Conditions](#), NICE Guidance, 2015
- [Learning Disabilities and Behaviours that Challenge](#), NICE Guidelines,
- [Improving the Experience of Care and Support for people with Care and Support Needs](#), NICE Guidelines, 2018
- [Personalisation](#) SCIE Guidance
- [Personal Budgets, Minimum Process Framework](#), Think Local Act Personal
- [Individual Service Funds and Contracting for Flexible Support](#), Think Local Act Personal
- [Making it Real: How to do Personalised Care and Support](#), Think Local Act Personal
- [Personal Social Services Survey of Carers in England](#), NHS England