Adults and Communities Overview and Scrutiny Committee: 6 June 2022

Social Care Reform Programme and update on the Care Quality Commission Local Authority Assurance Process

Jon Wilson, Director of Adults and Communities

Purpose of this presentation

- Update the Committee on the Social Care Reform Programme;
- Seek comment on our Social Care Reform work programme, its governance and work to date;
- Provide the Committee with a more detailed look at one of the key areas of the reforms - the proposed Assurance by the Care Quality Commission of Local Authority Adult Social Care Provision.

Social Care Reform

There has been a number of recent Government White Papers that set out a 10 year vision to transform social care across the country. Broadly speaking the Government proposals can be summarised as follows:

• Charging reform

- > Introduction of a cap on personal care costs;
- > Provide financial assistance to those without substantial assets;
- Ensure that self-funders can ask their Local Authority to arrange their care for them.

• Social care system reform, particularly

- The social care workforce;
- Accommodation;
- Technology and digital;
- Carer Support;
- Care navigation and prevention.

Health and Care Act

- Improve the integration of health and social care systems;
- Introduce Assurance of Adult Social Care.

• Integration White Paper

- Strengthen the health and care services in places that feel familiar to the people living in them
- Expectation for a single person to be accountable at place level, across health and social care

Leicestershire's Social Care Reform Programme

- The Departmental programme has been established to implement the requirements summarised previously.
- The programme of work is complex and challenging, within tight timescales set out by central government.
- The programme aims to achieve the following outcomes:
 - Implements the required reforms to policy, practice and process by the required timeframes set out by the Department of Health and Social Care;
 - Ensure sustainability of the Council finances;
 - Improve Outcomes for people who draw on our services and carers.

Programme objectives

Over-arching objectives for the Social Care Reform Programme are:

- Ensure a robust plan is in place to deliver required reforms, including sufficient resource to implement and embed change.
- Mitigate against financial, reputational and legal risks to the County Council by delivering required Social Care Reforms by dates set out by the Department of Health and Social Care.
- Costs of implementing the Social Care Reforms are understood at an early stage, to support budget development and management, and to bid for any additional funding that may be available.
- Supporting processes are streamlined and digitised where possible to reduce the burden of additional demands on staff and budgets within both the department and the wider organisation.
- Outcomes being met in line with both national policy and individual need for those in receipt of social care.

Governance and key deliverables



Progress So Far

- Programme governance is in place and Board meetings take place monthly;
- Programme Manager has been appointed to coordinate the workstreams;
- Programme risk register has been produced to manage and start to mitigate risk;
- Each of the programme workstreams have met to agree their terms of reference, their key deliverables, and the timescales for achieving them;
- A Communications plan is being developed to keep all key stakeholders informed of the planned changes and our progress in meeting them;
- The full resource requirements for delivering the programme is being collated so we can ensure that we have sufficient capacity to deliver this challenging work programme over the next 18 months.

Focus on the Care Quality Commission Assurance **Proposals for Adult Social** Care

- Health and Care Act introduces a new legal duty for Care Quality Commission to review and make an assessment of the performance of local authorities in discharging their regulated care functions under the Care Act 2014.
- The exact functions in scope for review will be set out in the secondary legislation.
- Care Quality Commission will be required to publish quality indicators determined by them and approved by Government.
- Care Quality Commission methodology for assessing and evaluating local authorities, including frequency by which it undertakes reviews which it must set out in a statement approved by the Secretary of State.

Assurance of ASC

- CQC will determine if good performance results in less frequent inspections
- If CQC considers that LA is failing to discharge any of its adult social care service functions to an acceptable standard, government will be informed. CQC will be able to recommend special measures
- If failings are not substantial it may choose to give notice to the LA, the actions CQC thinks should be taken. CQC must notify govt
- Intervention could include peer support, improvement panels or direct commissioner appointment

Key themes covered by the Assurance Process

- 1. Working with people to assess needs, provide support, wellbeing, choice and control.
- 2. Provide Support including markets, commissioning, integration and partnership working.
- 3. Ensuring safety safeguarding, systems continuity of care focussing on areas of risk, i.e. moving between health and social care or transitions between adults and children.
- **4.** Leadership capable, compassionate leaders , learning opportunities, improvements and innovation.

Each theme will include 'I' statements, choice, control and personalisation will be threaded through the entire framework and approach plus 'we' statements.

Other standards might include examples such as 'professional standards for social work'.

Care Quality Commission's initial proposals for the process The following slides are taken from a presentation made by the Care Quality Commission which provides detail on the proposals for the Assurance process.

They set out how they propose to gather evidence and the type of intelligence they will be looking for under each of the four themes of enquiry.

Single Assessment Framework





Reporting and rating



- Early Ministerial is interest in a rating
- If asked to rate, we would use the four rating levels for the overall rating: outstanding, good, requires improvement, inadequate.
- Each of the Quality Statements would be scored, 1-4
- Evidence categories within the Quality Statements will also be scored, 1-4. Scores
 will be aggregated to Quality Statement level. We currently don't plan to publish this
 level of detail.
- The overall rating and scores for the quality statements will be published alongside a narrative report.

1. How Local Authorities work with people



This includes: assessing needs (including unpaid carers), supporting people to live healthier lives, prevention, well-being, information and advice

- 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.
 - ✓ I have care and support that is coordinated, 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.
- Supporting people to live 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 their future
 needs for care and support.
 - 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.

1. How Local Authorities work with people Quality statement – Assessing need



 People's experience 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 bespoke (focus groups etc) Carers Groups (unpaid carers) Compliments/complaints and feedback Feedback from user and carer surveys Feedback from community groups, representative groups for people (e.g. advocacy, Healthwatch) 	 Feedback from staff and leaders Self-assessment (annual return) Interviews and focus groups (ongoing, and consultation as necessary) Staff surveys Focus groups/interviews Councillors, Oversight & Scrutiny Committee Other local authority departments Principal Social Worker Director of Adult Services / Children's Services Chief Executive 	Feedback from partners • Healthwatch, providers, third sector • Local health partners, Gps • Health & Well-Being Board • Partnership Boards • Healthwatch, • Provider forums • Third sector partners • Local NHS partners, CCGs • ICB, ICS • LGA Peer Review / Annual conversation • Public Health, Police, Education, Leisure, Housing
 Processes Joint Strategic Needs Assessment Training for assessors including specialist assessors and assessment teams Assessment and eligibility policy and process Financial Assessment and Charging Policy Better Care Fund Plan Health and Wellbeing plan Carers' Strategy LA Audits 	Outcomes • Adult Social Care Outcomes Framework • Data and evidence from professional regulators e.g. NHSE/I, Health Education England • CQC held data • Self assessment • Skills for Care • Annual Survey of Adult Carers in England (SACE) Eg: • Per 1000 population over 65 years, how many have LA funded care • > Social worker caseloads (number of people receiving support from registered social workers) • Waiting time for assessment for (i) adults with care needs, (ii) unpaid carers • % of assessments meeting eligibility criteria for (i) adults with care needs, (ii) unpaid carers • No of assessments relative to demographics of local population (looking at equality of access) • Assessments and reviews (quantitative) – numbers overdue; timeliness of assessment completion; • Assessments and reviews: number of unallocated people; size of caseloads • Number of needs assessments undertaken, number of agreement and refusals. • Number of urgent needs requests. NHS England, annual Survey of Adult Carers in England (SACE)	

1. How Local Authorities work with people Quality statement – Supporting people to live healthier lives



People's experience 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 bespoke (focus groups etc) Carers Groups (unpaid carers) Compliments/complaints and feedback Feedback from user and carer surveys Feedback from community groups, representative groups for people (e.g. advocacy, Healthwatch)	 Feedback from staff and leaders Self-assessment (annual return) Interviews and focus groups (ongoing, and consultation as necessary) Staff surveys Focus groups/interviews Councillors, Oversight & Scrutiny Committee Principal Social Worker Director of Adult Services / Children's Services Chief Executive 	 Feedback from partners Healthwatch, providers, third sector Local health partners, Gps Health & Well-Being Board Partnership Boards Healthwatch, Provider forums Third sector partners Local NHS partners, CCGs ICB, ICS LGA Peer Review / Annual conversation Public Health, Police, Education, Leisure, Housing
Processes • Prevention Strategy • Charging Policy for Prevention Services • Information and Advice Plan • Better Care Fund Plan	Outcomes • % spend on primary, secondary and tertiary prevention measures (NHSE/I yearly prevention spend); • Quality of preventative services • Person-centred outcomes : % people adopting healthier lifestyles, involved in prevention activity • Demographics and inequalities data over 5 years • Numbers of elders in reablement from hosp and still at home 91 days later • % of people leaving hospital who return to their ordinary place of residence • Rate of perm admissions into care homes (ASCOF) • % spend on third sector / grants. Range of preventative services provided by VCOs – strategy documents and engagements with providers. • Aids and Adaptations – Care and Repair services, Vitaline • Any LA data on levels of use of info & advice services • Waiting times for Care & Repair services (home repairs and adaptations)	



This includes: market shaping, commissioning, workforce equality, integration and partnership working

- Care Provision, integration and continuity We understand the diverse health and care needs of people and local communities, so care is joined-up, flexible and supports choice and continuity.
 - ✓ I have care and support that is coordinated, and everyone works well together and with me.
- 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.
 - Leaders work proactively to support staff and collaborate with partners to deliver safe, integrated, person-centred and sustainable care and to reduce inequalities.
- Workforce equality, diversity and inclusion We value diversity in our workforce. We work towards an inclusive and fair
 culture by improving equality and equity for people who work for us.

2. How Local Authorities **provide support Quality statement – Partnerships and communities**



People's experience 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 bespoke (focus groups etc) Carers Groups (unpaid carers) Compliments/complaints and feedback Feedback from user and carer surveys Feedback from community groups, representative groups for people (e.g. advocacy, Healthwatch)	 Feedback from staff and leaders Self-assessment (annual return) Interviews and focus groups (ongoing, and consultation as necessary) Staff surveys Focus groups/interviews Councillors, Oversight & Scrutiny Committee Other local authority departments Principal Social Worker Director of Adult Services / Children's Services Chief Executive 	 Feedback from partners Healthwatch, providers, third sector Local health partners, Gps Health & Well-Being Board Partnership Boards Healthwatch, Provider forums Third sector partners Local NHS partners, CCGs ICB, ICS LGA Peer Review / Annual conversation Public Health, Police, Education, Leisure, Housing
 Processes Information Sharing Agreements with partner agencies Local strategy for Better Care Plan Local Health and Wellbeing plan Sustainability and Transformation Plans Joint Commissioning Strategies Transition protocols Continuing Health Care protocols Governance arrangements for pooled budgets Evaluation of impact and outcomes from integrated services 	Outcomes • Delayed Transfers of Care: numbers and cost to LA • % budget allocation on pooled budgets / partnerships • Spend on Better Care Fund	

2. How Local Authorities provide support Quality statement – Workforce equality, diversity and inclusion



People's experience 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 bespoke (focus groups etc) Carers Groups (unpaid carers) Compliments/complaints and feedback Feedback from user and carer surveys Feedback from community groups, representative groups for people (e.g. advocacy, Healthwatch)	 Feedback from staff and leaders Self-assessment (annual retum) Interviews and focus groups (ongoing, and consultation as necessary) Staff surveys Focus groups/interviews Councillors, Oversight & Scrutiny Committee Other local authority departments Principal Social Worker Director of Adult Services / Children's Services Chief Executive 	 Feedback from partners Healthwatch, providers, third sector Local health partners, Gps Health & Well-Being Board Partnership Boards Healthwatch, Provider forums Third sector partners Local NHS partners, CCGs ICB, ICS LGA Peer Review / Annual conversation Public Health, Police, Education, Leisure, Housing Training providers - accessibility of training for all.
 Processes LA Workforce Strategy (development and well-being) Staff development/training/qualification records (Values, leadership, equality and human rights, duty of candour, GDPR). Occupational Health arrangements/offer Whistle-blowing processes and Speak Up Capacity and contingency planning Equality, diversity and inclusion policies; equality impact assessments Staff training programmes Employment contracts: terms and conditions Contract monitoring arrangements for commissioned services Job descriptions, recruitment processes, appraisal system Staff recruitment/employment records/DBS check/ fit and proper persons test Staff support, supervision qualifications and disciplinary records 	for all. Outcomes • Staff absence levels across staff groups (Capacity Tracker) • Workforce Race Equality Standards (WRES) data • Care certificate • SfC workforce data (vacancies, turnover, ethnicity, demographics of workforce - sector wide and counce specific) • Gender pay gap • No of Registered Providers are without a permanent RM across the LA • Use of agency staff and spend and duration	

3. How Local Authorities ensure safety within the system



This includes: safeguarding, safe systems and continuity of care

- 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.
 - ✓ 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.
- Safeguarding We work with people to understand what being safe means to them and work with them as well as
 our partners on 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, and we
 make sure we share concerns quickly and appropriately.
 - ✓ I feel safe and am supported to understand and manage any risks.

3. How Local Authorities ensure safety within the system CareQuality Quality Statement: Safe systems, pathways and transitions Commission

People's experience 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 bespoke (focus groups etc) Carers Groups (unpaid carers) Compliments/complaints and feedback Feedback from user and carer surveys Feedback from community groups, representative groups for people (e.g. advocacy, Healthwatch)	 Feedback from staff and leaders Self-assessment (annual return) Interviews and focus groups (ongoing, and consultation as necessary) Staff surveys Focus groups/interviews Councillors, Oversight & Scrutiny Committee Other local authority departments Principal Social Worker Director of Adult Services / Children's Services Chief Executive 	 Feedback from partners Healthwatch, providers, third sector Local health partners, Gps Health & Well-Being Board Partnership Boards Healthwatch, Provider forums Third sector partners Local NHS partners, CCGs ICB, ICS LGA Peer Review / Annual conversation Public Health, Police, Education, Leisure, Housing 	129
 Processes Risk management plans Prioritising of high-risk cases MARAC processes Referral pathways to other professionals/services Correspondence/contact with other professionals/services Information sharing protocols Pathway design, evaluation, reviews 	Outcome s ASCOF data - satisfaction surveys CQC held data Delayed transfers of care data (quant) / urgent emergency care data Access data (quant) People whose care is not in place on the day they move LA areas Waiting times for services / support arrangements 		

3. How Local Authorities ensure safety within the system Quality statement – Safeguarding



People's experience 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 bespoke (focus groups etc) Carers Groups (unpaid carers) Compliments/complaints and feedback Feedback from user and carer surveys Feedback from community groups, representative groups for people (e.g. advocacy, Healthwatch)	 Feedback from staff and leaders Self-assessment (annual return) Interviews and focus groups (ongoing, and consultation as necessary) Staff surveys Focus groups/interviews Councillors, Oversight & Scrutiny Committee Other local authority departments Principal Social Worker and Safeguarding Leads Director of Adult Services / Children's Services Chief Executive LADO/Designated Safeguarding Officer) Safeguarding Adults Board chair 	 Feedback from partners Healthwatch, providers, third sector Local health partners, Gps Health & Well-Being Board Partnership Boards Healthwatch, Provider forums Third sector partners Local NHS partners, CCGs ICB, ICS LGA Peer Review / Annual conversation Public Health, Police, Education, Leisure, Housing Safeguarding Adults Board (SAB) members
 Processes Staff Training: Safeguarding, mental health, closed cultures, LPS/DoLS, EDHR Local safeguarding plans, policies and procedures, including interagency policies Safeguarding Adults Review process, Annual Plan and Annual Report; learning from reviews Incident reports relating to safeguarding, SAB minutes Staff training levels achieved Record Keeping: S42 reviews, Court of Protection Orders, MCA Information Sharing protocols Monitoring of high-risk cases MARAC SUI / Serious Case Reviews – numbers and issues Risk management and Safety audit / governance processes and outcomes 	 Outcomes No of Safeguarding Adult Reviews and themes NHSD Safeguarding Adults Collection – data on LAs the person e.g. whether individual's desired outcome outcomes were achieved LA data on safeguarding notifications e.g. response to the set of the s	s were considered, and whether they felt those

4. Leadership



Scope of assessment includes: capable and compassionate leaders, learning, improvement, innovation and governance

- **Proposed Quality Statements:**
- Governance 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.
- Capable, compassionate and inclusive leaders We have inclusive leaders at all levels who
 understand the context in which we deliver care, treatment and support and, embody the culture and
 values of their workforce and organisation. They have the skills, knowledge, experience and
 credibility to lead effectively and do so with

4. Leadership Quality statement - Governance



People's experience 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 bespoke (focus groups etc) Carers Groups (unpaid carers) Compliments/complaints and feedback Feedback from user and carer surveys Feedback from community groups, representative groups for people (e.g. advocacy, Healthwatch)	 Feedback from staff and leaders Self-assessment (annual return) Interviews and focus groups (ongoing, and consultation as necessary) Staff surveys Focus groups/interviews Councillors, Oversight & Scrutiny Committee Other local authority departments Principal Social Worker Director of Adult Services / Children's Services Chief Executive 	 Feedback from partners Healthwatch, providers, third sector Local health partners, Gps Health & Well-Being Board Partnership Boards Healthwatch, Provider forums Third sector partners Local NHS partners, CCGs ICB, ICS LGA Peer Review / Annual conversation Public Health, Police, Education, Leisure, Housing
 Processes Quality and workforce strategies Quality Assurance Framework ToR and recent minutes for quality / performance / workforce assurance sub committees, with associated annual work plans. Corporate and ASC Risk Registers Information sharing protocols and data security arrangements Governance and audit records 	Outcomes QA feedback loop and continuous improvement 	

4. Leadership Quality statement - Learning, improvement and innovation QCareQuality



T		
People's experience 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 bespoke (focus groups etc) Carers Groups (unpaid carers) Compliments/complaints and feedback Feedback from user and carer surveys Feedback from communitygroups, representative groups for people (e.g. advocacy, Healthwatch)	 Feedback from staff and leaders Self-assessment (annual retum) Interviews and focus groups (ongoing, and consultation as necessary) Staff surveys Focus groups/interviews Councillors, Oversight & Scrutiny Committee Other local authority departments Principal Social Worker Director of Adult Services / Children's Services Chief Executive 	 Feedback from partners Healthwatch, providers, third sector Local health partners, Gps Health & Well-Being Board Partnership Boards Healthwatch, Provider forums Third sector partners Local NHS partners, CCGs ICB, ICS LGA Peer Review / Annual conversation Public Health, Police, Education, Leisure, Housing Local Government Social Care Ombudsman
 Processes Quality Assurance processes and records (internal and independent) Quality Framework Records relating to the management of incidents and improvement plans Learning from complaints and feedback Arrangements for sharing learning and best practice internally and externally. Accreditation with external best practice schemes System incident reporting, investigation, action and shared learning (including LeDeR, whole home /S42 safeguarding reviews, coroners' inquests 	Outcomes/performance data No of complaints, concerns, whistle-blowing, Dutyof Candor ev LGA Annual social work healthcheck Adult Social Care Outcomes Framework Self assessment Annual Survey of Adult Carers in England (SACE) 	ents

4. Leadership Quality statement – Capable and compassionate leadership

People's experience 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 bespoke (focus groups etc) Carers Groups (unpaid carers) Compliments/complaints and feedback Feedback from user and carer surveys Feedback from communitygroups, representative groups for people (e.g. advocacy, Healthwatch)	 Feedback from staff and leaders Self-assessment (annual retum) Interviews and focus groups (ongoing, and consultation as necessary) Staff surveys Focus groups/interviews Councillors, Oversight & Scrutiny Committee Director of Adult Services / Children's Services Chief Executive 	 Feedback from partners Healthwatch, providers, third sector Local health partners, Gps Health & Well-Being Board Partnership Boards
 Processes Staff development/training/qualification records (Values, leadership, equality and human rights, duty of candour, GDPR). Strategy/Vision document and implementation strategy Job descriptions, recruitment processes, appraisal system, workforce strategy. Communications and Engagement plan Leadership structure 	Outcomes/performance data • No of complaints, concems, whistle-blowing, Duty of Candor events • Workforce equality data (WRES) • Leadership and management vacancy levels • Skills for Care, National Data Set • CQC Held data • Adult Social Care Outcomes Framework • Data and evidence from professional regulators e.g. NHSE/I, Health Education England	

Our preparations to meet the CQC Assurance requirements

- We are using the information provided by CQC to start to pull together the evidence base for Leicestershire.
- We are also working with our colleagues across the East Midlands to share best practice and look at where we can work collaboratively.
- We hope to have a draft self-assessment against the four themes by the end of September so that we can identify ang gaps/areas of development which we can address before any assurance visit is scheduled with us during 2023/2024.

This page is intentionally left blank