

ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE 4 NOVEMBER 2024

CARE QUALITY COMMISSION (CQC) ASSESSMENT OF LOCAL AUTHORITIES

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of report

- 1. This report provides the Committee with a summary of the latest position and process for the Care Quality Commission (CQC) assessment of the County Council's adult social care functions following receipt of the CQC assessment notification on 9 September 2024.
- 2. The report also refers to the latest versions of the Department's Self-Assessment and Improvement Plan, respectively attached as Appendices A and B to this report.

Policy Framework and Previous Decisions

- 3. The Committee received regular updates on the CQC assurance process during 2022, as part of broader reports on the Social Care Reform Programme (on 7 November, 5 September, 6 June, and 24 January), as a standalone report focusing on the assurance Self-Assessment and Improvement Plan in March 2023 and again in March 2024.
- 4. The Committee also reviewed and commented on the first draft of the Self-Assessment produced to support the assessment process at a standalone workshop on 13 February 2023.
- 5. A further report was produced on 4 September 2023 which provided an overview of the Annual Conversation preparation visit by Dr Carol Tozer.
- 6. In March 2024, the Committee requested that updates are provided on the Self-Assessment and delivery of the Improvement Plan every six months.

Background

- 7. The CQC piloted a programme of assessing councils' adult social care functions in 2023. A roll out of full assessments commenced December 2023 with the aim of completing initial assessments of all local authorities by the end of December 2025.
- 8. The CQC will assess and rate councils' performance across four themes: working with people; providing support; ensuring safety; and leadership. It will rate each council against a series of quality statements and publish its findings, also providing

- a single word rating using its existing ratings of: Inadequate; Requires Improvement; Good; or Outstanding.
- 9. The CQC published assessment reports and indicative ratings for each of the five councils involved in the pilot inspections in November 2023 resulting in four authorities rated as Good, and one authority rated as Requires Improvement. A further nine assessment reports have been published, resulting in six authorities rated as Good and three authorities rated as Requires Improvement.
- 10. The CQC found similar themes across the local authorities assessed to date. These included:
 - Benefits of good partnerships and integrated working on outcomes and people's experience.
 - People often had to wait for assessments or reviews due to demand or capacity within assessment teams, but reports reflect how effectively councils manage the associated risks.
 - Different practices across local authorities in how they worked with young people transitioning from children's services to adult services led to varied experiences.
 - Carers reported varied experiences in finding information and of the support available to them.
 - Awareness and understanding of the needs of diverse communities was highlighted as an area of improvement in all reports.
 - A clear strategy for commissioning and market shaping and good working relationships with providers was highlighted as a strength in many reports.
 - A positive organisational culture, with stable and supportive leadership and opportunities for the workforce is reflected in many reports.
- 11. The reports have been considered and the following learning points/considerations for Leicestershire were identified:
 - a) Self-awareness is key. The Department needs to be clear what it does well, the areas of concern and have clear plans to address concerns.
 - b) Staff communications and ensuring staff give a consistent, realistic and positive message about working for the County Council is important.
 - c) Staff must be able to articulate person-centred practice and how it is applied in assessment and support planning.
 - d) Data and feedback collection and evidencing how it is used to support service delivery and strategic planning.
 - e) Co-production; consider if there is scope to further strengthen at all levels.
- 12. The CQC published their assessment guidance in December 2023, including the Assessment Framework, which sets out how the CQC will assess local authorities, what information they will ask councils to provide and timescales for assessment. The evidence categories the CQC will use are:
 - People's experience;
 - Feedback from staff and leaders;
 - Feedback from partners;
 - Processes.

- 13. For each local authority, the CQC will gather evidence in this order:
 - Evidence that is publicly available, for example national data collections, insight from regulation of providers;
 - Evidence the CQC will request, for example specific policies and strategies, internal and external survey results, feedback from staff, self-assessment of performance;
 - Evidence the CQC will actively collect, for example from case tracking, focus groups, conversations with staff and leaders (only for information the CQC cannot get through other means).
- 14. The CQC's assessment starts when the notification is sent and ends when the final report and rating is published in line with the following timetable:
 - a) The CQC send a notification of their intent to carry out an assessment and information return request;
 - End of week three deadline to compile, check and send the Information Return including our self-assessment, relevant strategies, policies, processes, feedback and other documentary evidence, plus contact details for key local voluntary organisations, advocacy organisations and carers organisations;
 - c) The CQC will write to inform the Director of Adult Social Services of the date of their site visit. The site visit will be six to eight weeks from the date of the second letter, and a maximum of six months from the date of the first notification;
 - d) Before the site visit, the CQC Assessors will hold conversations with representatives from the voluntary sector, carers organisation our advocacy provider and survey provider organisations;
 - e) The CQC will also meet with the Adult Social Care Senior Leadership Team before the site visit to gain an understanding of the departmental structure and lines of accountability, the services strengths and areas for improvement.
 - f) The CQC are expected to lead timetabling of the meetings and will liaise with relevant departmental officers to plan the visit. Additional information may be requested in the lead up to the site visit;
 - g) The CQC site visit is expected to take place over three days to gather additional evidence through interviews, meetings, drop-in sessions with staff, leaders, partners and people who use services;
 - h) After the site visit the CQC assessors will complete their analysis of the evidence they have gathered and draft their report;
 - i) The Director of Adults and Communities will have an opportunity to review the draft report to check factual accuracy and provide feedback. The final report will be published approximately eight weeks after the site visit.
- 15. The CQC's assessment timetabling will take into account local elections, major local events and any other regulatory activity.

CQC Assessment of Leicestershire County Council

- 16. The Director of Adults and Communities received notification of the CQC Assessment of Leicestershire's adult social care functions on 9 September 2024.
- 17. The documents requested in the Information Return were compiled, checked and submitted to the CQC via the CQC's secure portal on 27 September 2024. The

- Information Return requested documents that provide evidence for each of the 38 evidence items, approximately 300 documents were submitted.
- 18. Information about the assessment has been communicated to staff in the Department and key officers and senior leaders across the Council, plus care providers, advocacy and carers service providers.
- 19. The CQC have conducted a survey of regulated providers in Leicestershire to inform the assessment.
- 20. The Authority is awaiting notification of the date the CQC inspection team will visit. The visit is expected to take place between December 2024 and March 2025. The CQC assessment timeline roadmap is attached as Appendix C to this report.
- 21. Once the date of the site visit date is known, detailed planning for the meetings will commence with the CQC's planning team liaising with the Department's Assurance Team.
- 22. A communication plan is in place to ensure staff and key Council Members and officers are kept informed and to support readiness for the site visit. It is likely that the CQC will wish to meet with front line adult social care staff, the Cabinet member with responsibility for Adult Social Care, Chair of the Health and Wellbeing Board, Chair of the Adults and Communities Overview and Scrutiny Committee, Opposition Spokespersons along with the Chief Executive, Director of Adults and Communities, and Director of Public Health.
- 23. Support will be provided to ensure Members and staff are prepared for meetings with the CQC inspection team. The support will include information sessions led by the Assurance Team, Lead Practitioners and other subject matter experts. Also, an external organisation, Partners in Care and Health, will be engaged to deliver workshop sessions for staff, bringing their experience of delivering sessions for other local authorities preparing for assessment.

Self-Assessment

- 24. The Self-Assessment, attached as Appendix A, was updated prior to submission to the CQC. The narrative reflects the areas of strong performance and areas for development, supported by the latest data. The update also reflects the progress being made towards the Improvement Plan activities.
- 25. This is the fourth update of the Self-Assessment since March 2023. The main changes made since the initial version are:
 - Changes to the layout, from a report style to the current table layout;
 - Publication of the CQC's information return requirement resulted in the removal of sections such as compliments and complaints, and Better Care Fund where the Self-Assessment narrative adds little to the documentary evidence requested;
 - Combining sections that reference similar topics, such as strengths based, person centred practice, Carers, Contract Management and provider quality;
 - Refocussed the safeguarding section, additions to our hospital discharge processes and partnership working;
 - Shift of focus from corporate governance to departmental governance;

- Additional narrative on equality, diversity and inclusion.
- 26. Key messages from the self-assessment:
 - a) People have access to services, information and advice through multiple channels. Improvements continue to be made through reviewing the website, development of video content and changes to the CSC operating model.
 - b) Waiting times for all types of assessment have been managed well compared to regional authorities utilising the current guidance. Further improvement is being made to address waiting lists and improve people's experience while waiting.
 - c) Person-centred practice is the core of our service, supported by training and a knowledgeable workforce. Introduction of the 3 Conversations model throughout the service will enhance this even further.
 - d) The Home care Assessment and Reablement Team (HART) is highly effective in delivering early intervention and preventative support to people. Increased capacity will increase the number of people who will benefit from reablement.
 - e) Quality and Contracts Team provide effective support and strong communication to improve the quality and sustainability of providers services.
 - f) Inspired to Care are effective in their support to improve the provider workforce capacity and capability and has been recognised nationally for its approach and impact.
 - g) Effective partnership working in Home First supports safe hospital discharge and delivers better outcomes for people.
 - h) Strong and well-established safeguarding governance is in place to ensure effective partnership working and shared learning to ensure people are safe from harm or neglect.
 - Delivery of the strategic vision is supported by well-established governance arrangements at all levels, with a strong focus on performance and risk management. An updated strategy will be launched in 2025.
 - j) A comprehensive professional development offer, including training and career progression opportunities is available to all staff. Uptake of training opportunities is an area of focus to ensure the workforce is knowledgeable and skilled.
- 27. A presentation focused on positive messages from the Self-Assessment and including case studies highlighting best practice is currently being updated in line with the Self-Assessment. This will be used to promote some of the Department's key achievements with staff.

Improvement Plan

28. The Improvement Plan, attached as Appendix B, was developed from the key priorities for improvement identified through the Self-Assessment and annual conversion recommendations. The majority of the improvement activities are reported through dedicated governance channels; the Improvement Plan enables overall progress to be monitored by the Department's Departmental Management Team (DMT). Improvement leads provide regular updates on progress and key achievements which is reported to DMT alongside Self-Assessment updates.

- 29. Key achievements to date include:
 - Improved Information Advice and Guidance: a new Adult Social Care website landing page and nine co-produced videos. Updated and co-produced paperbased information pack.
 - Changes implemented in Customer Service centre (Allocated worker look up tool, call routing) have improved call handling.
 - Finance Pathway improvements, introducing E-billing, and the financial assessment backlog being addressed.
 - The Engagement Panel, which is made up of people who use our services and their carers, was involved in co-producing Direct Payments factsheets, Carer webpages and the recruitment process for a new Assistant Director.
 - The HART restructure created additional capacity and flexibility to deliver urgent support and reablement.
- 30. Key priority improvement initiatives:
 - Rollout of the 3 Conversations approach to Care Pathway teams to strengthen person-centred practice.
 - Implement recommendations from the regional Waiting Well IMPACT project to improve waiting times and peoples experience while waiting for assessment or review.
 - Implementation of a new survey in multiple formats to seek the views of people who use services and learn from their experiences.
 - Improving completion rates for required adult social care training courses.
 - Implementation of staff recognition scheme
 - Improvement in understanding the needs and outcomes of people from diverse communities in Leicestershire.
 - Refresh of the Adults and Communities Strategy.
- 31. Communication with staff and preparing them for the CQC assessment visit will be a major element of the Assurance Team's work over the next few months. In addition, key findings from the published inspection reports will be analysed to identify learning which can be applied in the ongoing preparations for the County Council's visit.
- 32. Following the publication of the CQC's assessment report, recommendations contained within the report will be considered and used to further develop the delivery of adult social care services.

Consultation

33. In developing the first iteration of the Self-Assessment there was considerable engagement of internal staff across the Department, including a staff survey and workshops. These explored staff perceptions of the Council's strengths and areas for improvement in relation to the CQC themes and gathered staff views on how the Department could improve in its delivery of Care Act duties. The Department also undertook external engagement to obtain the views of service users and carers, partner agencies, and care providers. Findings from this engagement helped to shape the Self-Assessment. This latest iteration of the Self-Assessment was informed by the findings from a staff survey and survey of providers.

34. Representatives from the Department's Engagement Panel which is made up of people who use our services and their carers and the Learning Disabilities Partnership Board have been engaged in the production of the Self-Assessment and are kept informed on the progress of the Improvement Plan and our general preparations for the CQC assessment visit.

Resource Implications

- 35. There are no resource implications. There is a small Assurance Team under the Assistant Director (Strategic Commissioning) leading on the co-ordination of the assurance process work supported by the Lead Practitioners.
- 36. The Director of Corporate Resources and the Director of Law and Governance have been consulted on the content of this report.

Timetable for decisions

37. As the CQC may request a visit at any time in the future. The Self-Assessment will continue to be regularly updated to ensure it remains relevant and reflective of the way the Council carries out its statutory duties.

Circulation under the Local Issues Alert Procedure

38. None.

Equality Implications

- 39. The Self-Assessment includes an assessment of the Council's overall performance around equalities, diversity, and inclusion, with a focus on the Adults and Communities Department. It sets out some key strengths in this area along with some potential areas for development.
- 40. Any proposed changes to the Council's policies, procedures, functions, and services which may arise from delivery of its Improvement Plan will be subject to an Equality Impact Assessments.

Human Rights Implications

41. There are no human rights implications arising from this report. Any proposed changes to the Council's policies, procedures, functions, and/or services which may arise from delivery of its Assurance improvement plan will be referred immediately to the Council's Legal Services for advice and support regarding human rights implications.

Appendices

- Appendix A Self-Assessment.
- Appendix B Improvement Plan
- Appendix C CQC Assessment Timeline

Background papers

Report to the Adults and Communities Overview and Scrutiny Committee: 6 June 2022 – Update on the Social Care Reform Programme

https://democracy.leics.gov.uk/ieListDocuments.aspx?Mld=6840 - item 12

Report to the Adults and Communities Overview and Scrutiny Committee: 5 September 2022 – Adult Social Care Reform – Market Shaping and Charging Reform https://democracy.leics.gov.uk/ieListDocuments.aspx?Mld=6841 – item 25

Report to the Adults and Communities Overview and Scrutiny Committee: 7 November 2022 – Progress in Delivering the Social Care Reform Programme https://democracy.leics.gov.uk/ieListDocuments.aspx?Mld=6842 – item 39

Report to the Adults and Communities Overview and Scrutiny Committee: 6 March 2023 Adult Social Care Assurance Self-Assessment https://democracy.leics.gov.uk/ieListDocuments.aspx?Mld=7107 – item 65

Report to the Adults and Communities Overview and Scrutiny Committee: 4 September 2023 – Assurance of Adult Social Care

https://democracy.leics.gov.uk/ieListDocuments.aspx?Mld=7109 - item 29

Report to the Adults and Communities Overview and Scrutiny Committee: 6 March 2024 – Assurance of Adult Social Care

https://democracy.leics.gov.uk/ieListDocuments.aspx?Cld=1040&Mld=7107&Ver=4 - item 65

<u>Local authority assessments – implementing our new approach</u>

Local Authority assessment reports

Evaluation of CQC's local authority pilot assessments

Officers to Contact

Jon Wilson Director of Adults and Communities Tel: 0116 305 7454

Email: jon.wilson@leics.gov.uk

Santokh Dulai Assistant Director (Operational Commissioning) Adults and Communities Department Telephone: 0116 305 1039

Email: santokh.dulai@leics.gov.uk

Christine Collingwood Service Manager – Strategy and Planning Tel: 0116 305 0696

Email: christine.collingwood@leics.gov.uk