

Health and Care Overview and Scrutiny Committee - Monday 31 July 2023

Adult Social Care Enhanced Assurance

Recommendations

I recommend that the Committee:

- a. Note the introduction of Adult Social Care Enhanced Assurance from October 2023.
- b. Establish a working group to provide overview and scrutiny of the Council's self-assessment and the progression of areas of development.

Local Member Interest:

N/A

Report of Cabinet Member for Health and Care

Summary

What is the Overview and Scrutiny Committee being asked to do and why?

1. The Committee is asked to:
 - a. Note the introduction of Adult Social Care Enhanced Assurance from October 2023.
 - b. Establish a working group to provide overview and scrutiny of the Council's self-assessment and the progression of areas of development.

Report

Report Summary

2. The Health and Care Act 2022 gave the Care Quality Commission (CQC) new regulatory powers to undertake independent assessment of local authorities' delivery of the statutory duties set out in part 1 of the Care Act 2014.
3. The Council has commenced preparations for Enhanced Assurance, including a "CQC readiness review" from West Midlands Association of Directors Social Services in March 2023. Like all local authorities we have

strengths as well as some areas for development which we are seeking to address prior to CQC assessments commencing.

Main Body of the Report

Adult Social Care Enhanced Assurance assessment framework

4. The CQC has released a framework that they intend to use for assessment¹. This comprises four themes and nine quality statements summarised below with the Quality Statements detailed in Appendix A.

4 Themes	9 Quality Statements		
Working With People	Assessing Needs	Supporting people to live healthier lives	Equity in experiences and outcomes
Providing support	Care Provision, Integration & Continuity		Partnership and Communities
Ensuring safety within the system	Safe Systems, Pathways & Transitions		Safeguarding
Leadership	Governance, Management and Sustainability		Partnerships and Community

5. The CQC will use five types of evidence to assess against each of the nine quality statements:

- a. Experience from people who receive care, unpaid carers and their representatives; this feedback may be from surveys or interviews;
- b. Feedback from staff and leaders and the Council's own self-assessment;
- c. Feedback from partners including care providers, NHS organisations, Health Watch and voluntary sector;
- d. Processes including waiting times, audits, documented policies and strategies; and
- e. Outcomes achieved.

6. Local authorities will be rated as "Outstanding", "Good", "Requires Improvement" or "Inadequate". The CQC's current thinking is that assessment reports will include a short summary of the key features of the Council; information on what people have said about their

¹ [Assessment framework for local authority assurance - Care Quality Commission \(cqc.org.uk\)](http://cqc.org.uk)

experiences; narrative on strengths and areas for improvement; and a report on the direction of travel of the Council.

7. The Health and Care Act 2022 also provided new powers of intervention for the Secretary of State where the Department of Health and Social Care is not satisfied that a local authority is effectively meeting its duties under part 1 of the Care Act 2014. Further details are expected to be provided on how this intervention will operate in the future.

Implementation Timescales

8. **April 2023 - September 2023:** CQC will complete a desktop review on all local authorities using existing publicly available information around two of the quality statements: 'Care provision, integration & continuity' and 'Assessing needs'. The published report will provide a national perspective and will not identify individual local authorities.
9. **April 2023 - September 2023:** pilot assessments will be completed on five local authorities to test and develop the Assessment Framework. The five pilot local authority's ratings will be noted as "indicative" in recognition that they are volunteering to participate within the pilot. Staffordshire is not taking part in this pilot.
10. **October 2023–December 2023:** 20 full assessments will be completed and "full" ratings published.
11. **2024-2026:** full assessments will be completed on all remaining local authorities, and ratings published in batches of around 20 per quarter.
12. The CQC are indicating that assessments will take around 20 weeks. Local authorities will be given one month's notice to complete self-assessment documents and collate the required evidence. The majority of the CQC's assessment process will be completed off site, with the CQC estimating that assessors will only be on site for 2.5 days. Local authorities will have the opportunity to review and correct inaccuracies in assurance reports before they are published.
13. The new responsibilities are a significant development for the CQC. They will need to recruit and train additional staff to undertake assessments. In addition, the CQC is also reviewing its Assessment Frameworks for NHS and independent care providers and will also commence assessments of Integrated Care Systems from April 2023.

Staffordshire's Preparations and Self-Assessment

14. Recognising the limited information available on how the new Assessment Framework will operate, we have focused our preparations to date on completing our own self-assessment and gathering feedback from staff.
15. In March we invited colleagues from West Midlands Association of Directors Social Services, led by Telford & Wrekin Council, to complete a "CQC readiness review". The feedback was largely positive, with the majority of the issues recommended for improvement already being part of our current action plans.
16. Our key strengths are:
 - a. We have good **performance** for Care Act assessments and reviews, as well as management of Safeguarding referrals. We have low waiting lists for assessments and sourcing of care
 - b. We regularly audit Care Act assessments and can demonstrate that we adopt **strengths-based practice**.
 - c. The quality of our **care market** compares well both regionally and nationally and is on an improving trend. We have awarded a fee uplift of £19.5m for 2023/24, and plan a further £13.6m for 2024/25 that reflects the current high rate of inflation.
 - d. We have many examples where integration across Staffordshire is supporting real outcomes for people, particularly our unique Section 75 agreement with MPFT.
 - e. **Our staff** are committed and whilst we do have vacancies in our adult social care teams, we have low use of agency workers. We have an ongoing recruitment campaign, and our Social Work Learning Academy attracts people to want to work in Staffordshire.
17. Our most significant areas for development are:
 - a. Despite having excellent performance for the timeliness of care assessments and reviews (84% of assessments are completed in 28 days), we do have **waiting lists** for Financial Assessments, Occupational Therapy referrals, and Deprivation of Liberty Safeguarding applications. However, we have action plans to reduce these over the next year.
 - b. We need greater clarity about which **children** are likely to require care and support in adulthood as well as a more strengths-based approach during their teenage years to allow them to achieve greater

independence. Our Preparing for Adulthood project, which is led at Director level and the Integrated Care Board (ICB) is already making a difference with this. We are currently improving these pathways to enable children to be identified and engaged earlier, with just one of the outcomes being that young people will have transitional plans in place well in advance.

- c. We need to improve our focus on considering any geographical or demographic barriers to care, particularly around any need to tailor services to particular groups' needs, including those with protected characteristics. We are undertaking an analysis to explore potential inequalities and considering whether any bespoke services are required.
 - d. We could do more to **promote independence** for people with learning disabilities – for example enabling more people to live in their own homes and secure jobs; building on what they can do rather than what they cannot do.
 - e. Use of direct payments is falling across the country and in Staffordshire, and there is a **limited choice** of services available for people to purchase in the care market. We are using staff and customer feedback to revise our direct payment processes so that they are easier to set up and to use. We are also exploring the development of micro-enterprises as an alternative to more traditional care services, to give people a greater range of choice.
 - f. We have examples of where we have **co-produced** the design of services by working with people and their communities. For example, our Carers Strategy commenced through engagement with carers and resulted in a redesigned service; and we have recently implemented arrangements to regularly receive feedback from people following their assessment. However, further evidence of the "voice of the person" is limited, and we have plans to develop a consistent approach to co-production.
18. Further details of our self-assessment are included at Appendix B. We have an Assurance Improvement plan in place that sets out all of the actions required, and implementation will be monitored prior to October 2023.

Next steps

19. Our next steps are to:

- a. Continue implementing our Assurance Improvement plan actions;

- b. Update our self-assessment and socialise these within the Council and with partners;
 - c. Document evidence of our processes and strategies where these are specifically referenced in the Assessment Framework;
 - d. Continue to engage with staff and re-survey them to explore their perceptions of the impact of the Assurance Improvement plan; and
 - e. Engage with people to capture the “voice of the person” within the next iteration of the self-assessment.
20. We would welcome overview and scrutiny of our preparations to ensure that we make the progress that is required.

Risks Identified

21. There remains considerable uncertainty regarding how the Assessment Framework will be implemented. We are continuing to engage with all available webinars and consultation opportunities so that we can understand how it develops.
22. Ensuring that we are prepared for enhanced assurance will require considerable additional management and administrative capacity as well as staff time across Health and Care. Funding for this has been identified from within the Health and Care budget to avoid a pressure on the MTFS.

Link to Strategic Plan

23. This report relates to the following strategic priorities:
- a. Support Staffordshire's economy to grow, generating more and better-paid jobs.
 - b. Encourage good health and wellbeing, resilience and independence.

List of Background Documents/Appendices:

Appendix 1 - Quality Statements
Appendix 2 - Summary of our self-assessment

Contact Details

Report Author:	Amanda Stringer, Lead Commissioner ASC
SLT Lead:	Richard Harling, Director Health & Care
Cabinet Member Lead:	Cllr Julia Jessel, Cabinet Member Health & Care