



LOCAL AUTHORITY ASSURANCE

NEW CQC DUTY

INTRODUCTION AND STRATEGIC CONTEXT FOR ASSURANCE

Provide independent assurance to the public of the quality of care in their area

How local care provided is improving outcomes for people, improving their experience of care, and reducing inequalities in their access to care.

This means looking at how services work together within an integrated system and how well systems are performing overall.

We should be aware that CQC will have looked at 6-12 months of our accessible data before arriving.

ADASS has been working with the LGA and Partners in Health & Care to support councils in preparing for assurance.

Support provided includes top tips for preparation, tools, logistics, and guidance on the final report.

STATUTORY CONTEXT

The new duty falls under the Health & Care Act 2022.

The CQC have an independent duty to assess and review councils' delivery of their adult social care duties.

The Secretary of State for Health and Social Care has legal powers for statutory intervention. This could be where a council is failing or failed to deliver its duties.

For councils' assurance will focus on their discharge of duties under Part 1 of the care Act 2014

Interim Guidance was produced in February 2023, to support Local Authorities in preparation for the assurance process. The Guidance was approved by the Secretary of State for Health and Social Care as required by the Health and Care Act 2022.

The Guidance sets out high level framework and will be expanded and updated in collaboration with stakeholders as the CQC develop the model and process.

WHAT DO WE ALREADY KNOW?

The Care Quality Commission (CQC) is an independent regulator for health and social care in England established in 2009.

They are an executive non-departmental public body of the Department of Health and Social Care United Kingdom.

Their role is to regulate and inspect health and social care providers in England.

Following an inspection, they produce a report that is published on their website along with ratings for that organisation.

Their rating system identifies 5 standards which the CQC form in to 5 key questions they look to answer for all organisations they inspect. Called Key Lines of Enquiry abbreviated as KLOE's.

Are they **safe**? Are they **effective**? Are they **caring**? Are they **responsive** to peoples needs?
Are they **well-led**?

The CQC work within a context of *fundamentals of care*, the principles are; person centred care, complaints, safeguarding from abuse, consent, dignity, safety, food and drink, premises and equipment, complaints.

A context of *quality care* they call the 6 'C's of care; commitment, care, compassion, courage, competence, communication, and the 3 'C's' of *high-quality care* including; consistency continuity, and coordination.

A context of Core care values of which there are 8 including; individuality, independence, privacy, partnership, choice, dignity, respect and rights

THE APPROACH – KEY COMPONENTS

The CQC will use their new single assessment framework to assess local authorities.

The framework is based on a set of quality statements based on people's experiences and the standards of care they expect.

A subset of the quality statements from the overall assessment framework will be used in assessments of local authorities, because local authorities are being assessed against a different set of statutory duties to that of registered providers.

The framework focuses on what matters to people who use local health and social care services and their families.

The term 'people's experiences' is used throughout the framework and is defined as *"a person's needs, expectations, lived experience and satisfaction with their care, support and treatment, including equity of experience, access to and transfers between services"*.

THE FRAMEWORK



There are 9 quality statements across the four themes for local authorities, that begin with 'we'.



'We'...statements are what local authorities must commit to



There are a number of 'I' statements to help the understanding of what a good experience of care looks and feels like.



'I'...statements are what people expect of services and will be used to support the gathering and assessing of evidence under the People's Experience evidence category.



The 'I' and 'We' statements are taken from, making it real. A co-produced work by think local act personal, a guide on how to do personalised care.

THE ASSESSMENT PROCESS

With the new duty, The CQC are looking to establish a starting point, a 'baseline' of completed initial assessments for all local authorities, this will inform the new assessment model as well as what the ongoing model will look like. This has been divided into 2 phases.

The first phase April 2023 to September 2023 - a pilot of 5 authorities. Ratings will be indicative. The 5 will be assessed against all 9 quality statements. The results will be published in the autumn. Opportunities for themed reporting at national level will be explored during this first 6 months.

The second phase September 2023 onwards - will aim to award ratings in this phase within 2 years for all authorities - involves formal assessment and will start in the autumn. There are approximately 152 LA to be assessed.



ASC RESPONSE TO THE ASSURANCE

- Preparing for the CQC's visit can feel daunting, but it is an opportunity that all of us can grasp to drive change. Not only is it an opportunity for us to recognise and celebrate the things we do well, but it's a chance to take a clear-eyed view at the things that need to be improved - and work out how to improve them.

THE FOUR THEMES IDENTIFIED FOR LOCAL AUTHORITIES

Information gathered under these themes will provide the evidence for the 5 CQC standards that will produce the ratings.

1. How Local Authorities work with people – *Assessing Needs. Supporting people to live healthier lives. Equity in experience and outcomes.*

2. How Local Authorities provide support – *Market Shaping. Commissioning. Workforce capacity and capability. Integration. Partnership working.*

3. How Local Authorities ensure safety within the system – *S42 Safeguarding enquiries. Reviews. Safe systems. Continuity of care.*

4. Leadership – *Governance, management and sustainability. Learning, improvement and innovation.*

What will the CQC focus on? 'I' Statements

Working with People: assessing needs, care planning and review, arrangements for direct payments and charging, supporting people to live healthier lives, prevention, well-being, information and advice, understanding and removing inequalities in care and support, people's experiences and outcomes from care			Providing Support: market shaping, commissioning, workforce capacity and capability, integration and partnership working		Area of focus
Assessing needs	Supporting people to live healthier lives	Equity in experience and outcomes	Care provision, integration and continuity	Partnerships and communities	
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.	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 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 have care and support that is coordinated, 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
Ensuring Safety: section 42 safeguarding enquiries, reviews, safe systems, continuity of care.			Leadership: strategic planning, learning, improvement, innovation, governance, management, sustainability		
Safe systems, pathways and transitions	Safeguarding		Governance, management and sustainability	Learning, improvement and innovation	
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.	I feel safe and am supported to understand and manage any risks.		No 'I' Statements	No 'I' statements	Quality statements

What will the CQC focus on? 'We' Statements

Working with People: assessing needs, care planning and review, arrangements for direct payments and charging, supporting people to live healthier lives, prevention, well-being, information and advice, understanding and removing inequalities in care and support, people's experiences and outcomes from care			Providing Support: market shaping, commissioning, workforce capacity and capability, integration and partnership working		} Area of focus
Assessing needs	Supporting people to live healthier lives	Equity in experience and outcomes	Care provision, integration and continuity	Partnerships and communities	
<p>We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p>	<p>We support people to manage their health & wellbeing so they can maximise their independence, choice and control. We support them to live healthier lives & where possible, reduce future needs for care & support.</p>	<p>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 & treatment in response to this.</p>	<p>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.</p>	<p>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</p>	} Quality statements
Ensuring Safety: section 42 safeguarding enquiries, reviews, safe systems, continuity of care.			Leadership: strategic planning, learning, improvement, innovation, governance, management, sustainability		
Safe systems, pathways and transitions	Safeguarding		Governance, management and sustainability	Learning, improvement and innovation	
<p>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.</p>	<p>We work with people to understand what being safe means to them as well as with 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. We make sure we share concerns quickly and appropriately.</p>		<p>We have clear responsibilities, roles, systems of accountability and good governance. We use these 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.</p>	<p>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</p>	} Quality statements

EVIDENCE GATHERING

The aim will be to set up portals for local authorities to provide evidence to the CQC. Evidence will fall into three main categories, evidence the CQC **have**, evidence they **request** and evidence they **collect**. This could be on site or off site as is appropriate.

Evidence they have - e.g. returns/outcomes evidence available for all local authorities.

Evidence they request - e.g. specific policies, strategies, surveys, self assessment, peer reviews

Evidence they collect - e.g. peoples experiences through case tracking, focus groups, engagement with partners, conversations with staff and leaders.

CQC will work with national and local partners in gathering evidence e.g. Social Work England and other professional regulators, Healthwatch, Local Govt and Social Care Ombudsman, health and care providers, community groups

RATING AND REPORTING

Once enough evidence for the quality statements are gathered assessment reports will be published.

There will be a short period between assessment and publication for organisations to undertake a factual accuracy check

Reports will be published on the CQC website, detailing the overall rating and the score for each statement

The narrative will include areas that require improvement, areas of strength and will report on the direction of travel of the local authority

The approach to scoring will be consistent with that of the assessments with providers CQC currently undertaken.

The evidence provided for each quality statement in the framework will be assigned a score as follows:

1 -Evidence shows significant shortfalls in the standard of care

2 -Evidence shows some shortfalls in the standard of care

3 -Evidence shows a good standard of care

4 -Evidence shows exceptional standard of care

The overall rating uses a four point scale of either; Outstanding. Good. Requires Improvement or Inadequate.

WHAT HAS HAPPENED SO FAR?

- Linked in with ADASS London wide group, which provides support for inspection readiness teams, tools and guidance around inspection process and readiness that LA's can use.
- Linked in with CQC website for updates and information webinars around the new framework and LA assurance.
- Tested the workforce regarding readiness, 60% felt in mid-range regarding preparedness for the coming assurance.
- Working with quality assurance team with on the ground staff sessions around 'What Good Looks Like'.
- Sessions with team managers in ASC to inform of the process, coach around role in the inspection and support of staff in their teams and service.
- Set up system to start recording good practice and challenges from services that can be used as evidence and support the report for inspectors
- Set up system to capture relevant documents for the assurance process
- ASC response to staff around the assurance



KEY ACTIONS OVER NEXT 6 MONTHS



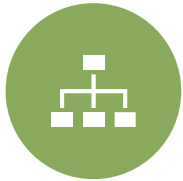
Brief key parties e.g. members, partners, service users, residents etc and establish feedback mechanisms



Contact internal partners finance, performance, HR so they are aware of their role



Ongoing sessions with ASC teams, information giving, coaching and response to questions raised



Set up ASC Inspection Readiness Group - role to oversee preparation of, responding too and delivery of assurance process.



Draw together ASC Self-Assessment - using information gathered from service Self-Assessments



Service areas to develop improvement plans following service Self-Assessment



Identify areas of good practice, areas for development or improvement areas in line with CQC LA themes and the framework



Undertake case audits to test quality of case files against the CQC framework

KEY ACTIONS OVER NEXT 6-8 MONTHS



Start developing information/introductory pack /slide for CQC inspectors



Start developing Haringey report for inspection visit.



Confirm logistics for any CQC visit, rooms, IT, contacts, access to systems, key staff



Clear plans around areas for development in line with CQC LA themes and the framework

FURTHER READING

- Care Quality Commission – Interim guidance on our approach to local authority assessments – available on CQC website
- CQC Connect – latest podcasts – <https://linktr.ee/cqcconnect>
- Sector bulletins – need to sign up – <https://www.cqc.org.uk/news/newsletters-alerts/email-newsletter.cqc>
- think local act personal (tlap) – <https://www.thinklocalactpersonal.org.uk/makingitreal/about/>
- Know Our Community – <https://intranet/about-council/knowning-our-communities>