

# Preparing for Care Quality Commission Assurance

People & Families Scrutiny Committee

8<sup>th</sup> June 2023

#### **CQC** Assurance

- Health & Care Act 2022 established a new responsibility for CQC to quality assurance local authority social care functions and Integrated Care Systems
- CQC will commence this role in April 2023
- CQC undertaking pilots from April 2023-Sept 2023
- CQC will inspect each Local Authority and Integrated Care System between Oct 2023
  Sept 2025
- CQC have developed a single assurance framework across health and social care
- Local Authority Assurance Framework covers 4 themes: Working with People, Providing Support, Ensuring Safety and Leadership



#### **Our preparations**

#### As part of our preparation for this new quality assurance we have:

- Developed and rolled our a new quality assurance framework aligned to the CQC assurance framework
- Undertaken a self-assessment
- Collated an evidence base to support our self-assessment
- Undertaken a Local Government Association peer challenge
- Engaged in regional peer sector led improvement activities
- Programme around better use of data and intelligence
- Engaged staff and partners

### **Our learning approach**

- Self-assessment completed a selfassessment aligned to the CQC assurance framework in Dec 22/ Jan 23
- LGA peer challenge, 8 peers, 5 days reviewed self-assessment and evidence, case file audit, focus groups with Members, staff, partners, providers, carers, adults with lived experience in Feb 23
- Regional sector led improvement range of improvement networks, regional review and challenge sessions against the selfassessments, buddy system review selfassessments and evidence in March 23

"ECC staff are proud and passionate about the work they do in Essex"

## **1. Working with People**

#### Innovative work including Equipment and Connect

- ✓ Satisfaction with Assisted Technology
- ✓ Good preventative services
- Person centred approach in the Disability Accommodation Hub
- Co-production in Meaningful Lives Matter
- Evidence of strength-based practice in teams

Work with carers on the delivery and outcomes of the Carers Strategy

**Considerations** 

Consistency across the County, improve the customer journey

User voice needs to be further embedded

Learning from covid regarding impact for residents

EDI needs to be further embedded to benefit residents

Backlogs on assessments, reviews, DoLS



## **2. Providing Support**

#### Considerations



✓ Provider feedback was positive

- Reconfigured day opportunities to support paid employment
- Using people's stories to create a strong narrative and push through barriers
- ✓ Training opportunities for care providers and staff

Inconsistencies regarding use of additional needs funding

Relationships with voluntary and community organisations needs to be nurtured

Further opportunities for pooling budgets between Health and Social Care

Improvements in information and advice for carers

Processes for implementing direct payments requires improvement

### **3. Ensuring Safety**

- ✓ Quality Assurance of provider services
- ✓ Home First is embedded across all Acute Hospitals
- ✓ Safeguarding Adults Board engagement with partners
- ✓ Dedicated Principal SW role
- ✓ Learning from Safeguarding Adults Reviews





Quality Assurance of practice needs to be further embedded

Feedback to providers on safeguarding to enable learning

Safeguarding triage needs further work on its processes

Safeguarding case recording does not always reflect strength-based conversations

Ensuring Safety self-assessment may benefit from review

### 4. Leadership

- ✓ Everyone's Essex, is clear on levelling up
- ✓ Mature leaders at strategic level
- ✓ Director of Public Health more engaged in Council and System working
- Principal SW and OT are visible and have positive identity
- $\checkmark~$  Strong approach to business planning
- ✓ Strong wellbeing support for staff

Consider further how to bring partners in at Alliance level

Public Health is an investible proposition

Further develop insight to understand our workforce

Health and Wellbeing Board to continue to develop common purpose and strengthen collaboration

Considerations



### What's Next...

#### **Priority** areas of focus:

#### 1. Carers

- 2. Lived experience & Coproduction
- 3. People Waiting and Operational Service Efficiency
- 4. Safeguarding
- 5. Equality, Diversity & Inclusion

- ✓ Agreed priority areas of focus
- ✓ Of key importance to our Adults and Carers
- ✓ Step change in activities in these areas
- ✓ Progress within 6 months

### What's Next....

#### **Current areas of improvement:**

#### **Quality Assurance**

Strengths based practice & Case recording system

**Disabled Facilities Grant** 

ECL & Market Shaping

Locality working & pooled budgets

**Direct Payments Support Service** 

#### **Opportunities for further consideration:**

Consistency & Local variance	ASC
Additional Needs Funding	ASC
Public Health	Corporate
Learning from covid	Corporate
Workforce data	Corporate
Health & Wellbeing Board	Corporate
Voluntary & Community Sectors	Corporate

### **Expected CQC Areas of Focus**

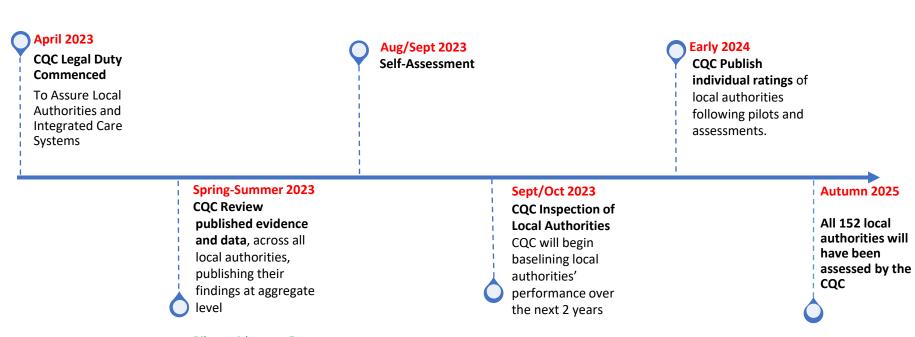
- People waiting (Assessment, Reviews, Safeguarding, DoLS)
- Quality of practice
- Provision of Care and the Market (inc Care provider ratings and People waiting for care)
- Choice and Control Adults/Carers
- Adults/Carers voice
- Safeguarding systems & process
- Hospital pathways/transfers of care

### **Key Metrics**

- 1. % of carers who receive a service in their own right
- 2. Number of working age adults (18-64) admitted to permanent residential care following an assessment or review
- 3. Number of older adults (65+) admitted to permanent residential care following an assessment or review
- 4. % of new clients who received short-term support during the past 12 months, where no further request was made for ongoing support
- 5. % of adults who use services who receive a direct payment
- 6. % of adults receiving LTS for a learning disability, who are supported in their own home or with family
- % of adults known to secondary mental health services who live independently, with or without support
- 8. % of adults receiving LTS for a Learning Disability, who are in paid employment
- 9. % of adults known to secondary mental health services who are in paid employment

- 10. % of new care act assessments which were completed within 28 days of incoming
- 11. % of adults supported for 12m+ who have received a review in the past 12 months
- 12. Number of adults waiting for a package of care per 100k population
- 13. % of adults in 'Good' or 'Outstanding' placements
- 14. Safeguarding Concerns received per 100k population
- 15. % of s42 enquiries where a risk was identified and the outcome was reported as the risk reduced or removed
- 16. Number of safeguarding enquiries not yet started
- 17. Number of adults benefitting from Care Technology
- % of older people (aged 65+) who were still at home 91 days after discharge from hospital into reablement

#### **Timeline** - Adult Social Care CQC Assurance



Pilots with up to 5 local authorities