

Preparing for CQC Assessment in Trafford

Nathan Atkinson, Corporate Director Adults and Wellbeing
Health Scrutiny Committee
25 July 2024

Overview of CQC Assessment Framework

- The Care Quality Commission (CQC) have a new responsibility to independently assess how local authorities are delivering their Care Act functions
- CQC assessment approach has been designed in partnership with a range of stakeholders and people who use health and social care services
- CQC use a single assessment framework to assess local authorities, using a subset of 9 quality statements focused across four themes:
 - Working with people
 - Providing support
 - Ensuring safety
 - Leadership

CQC Assessment Framework: Four Themes

Working with People: assessing needs, care planning and review, direct payments, charging, supporting people to live healthier lives, prevention, wellbeing, information and advice			Providing Support: shaping, commissioning, workforce capacity and capability, integration and partnership working	
Assessing Needs	Supporting people to live healthier lives	Equity in experiences 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 and wellbeing so they can maximise their independence, choice and control. We support them to live healthier lives, and where possible reduce their future needs for care and 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 and 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>
Ensuring Safety: safeguarding enquiries, reviews, Safeguarding Adults Board, safe systems, pathways and continuity of care			Leadership: culture, strategic planning, learning, improvement, innovation, governance, management and 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 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>

Single CQC Assurance Framework

- Integration & Innovation Policy Paper, February 2021: introduction of a new assurance framework for ASC & ICS, confirmed in Health & Care Act 2022
- CQC acquire a new duty to independently review and assess how Local Authorities are delivering their Care Act Part 1 duties
- Focus on legislative framework; meeting statutory responsibilities as per the Care Act 2014
- Single assessment framework, with ratings
- All Local Authorities to be assessed in an initial formal assessment period of 24 months
- 5 pilots run over summer 2023
- On-site work commenced in February 2024
- Ongoing assessment throughout year, themes reported in State of Care report

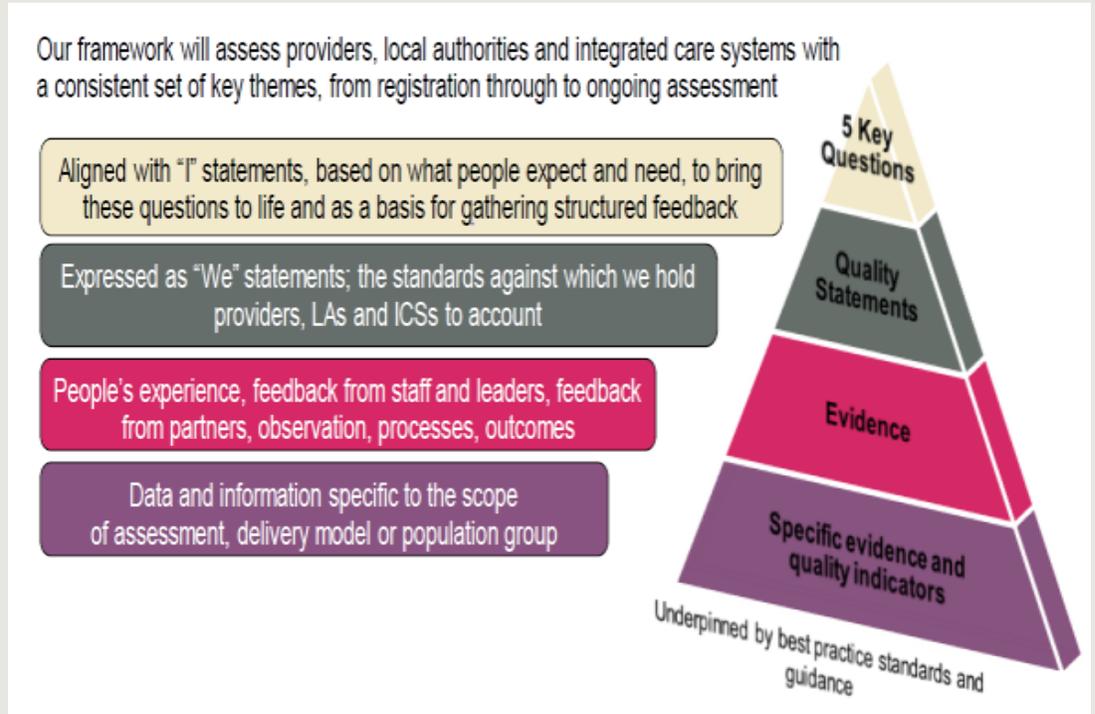


Diagram taken from CQC. For more information on the single assessment framework see [Single assessment framework - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

CQC Inspection Process

Notification of inspection and initial submission of evidence

- CQC notifies DASS by letter that the council is being assessed
- CQC will come and inspect within 6 months of notification
- Council has 3 weeks to submit their evidence
- The council is under inspection from the point of submitting the evidence via CQC portal
- CQC will send out proformas to partners, vol sector to get feedback

On-site inspection

- CQC will give 4 – 6 weeks notice
- CQC provides templates with visits and meetings required for council to populate/arrange

Evidence submission via CQC portal (3 weeks after notification)

- Self-assessment (no CQC template yet)
- IR evidence base
 - 38 IR's different to LGA Peer review
 - BI developing a CQC dashboard to provide data for 5 IR's that require data that is no more than 12 months old - regular reports required

Evidence requirements for feedback from people with lived experience and vol sector

50 Care records for case tracking (within last 12 months)

Contact info of partners and vol sector

CQC Assurance Process

Process

Preparation

- Self-Assessment
- Improvement Planning
- Staff Engagement

Getting 'the call'

- 8-10 week in advance of on-site arrival
- PCH support
- Internal communications

Local Authority Information Return

- Required between 1 and 3 weeks
- Set of approx. 50 documents
- Self-assessment
- Case list for case tracking (list of 50 from which they will choose 6 + 4)

Visit

- Around 3 days onsite
- Speaking to: PSW, DASS, Lead Member, CEx, frontline staff
- The level of contact the CQC chooses to have with senior managers is at their discretion!

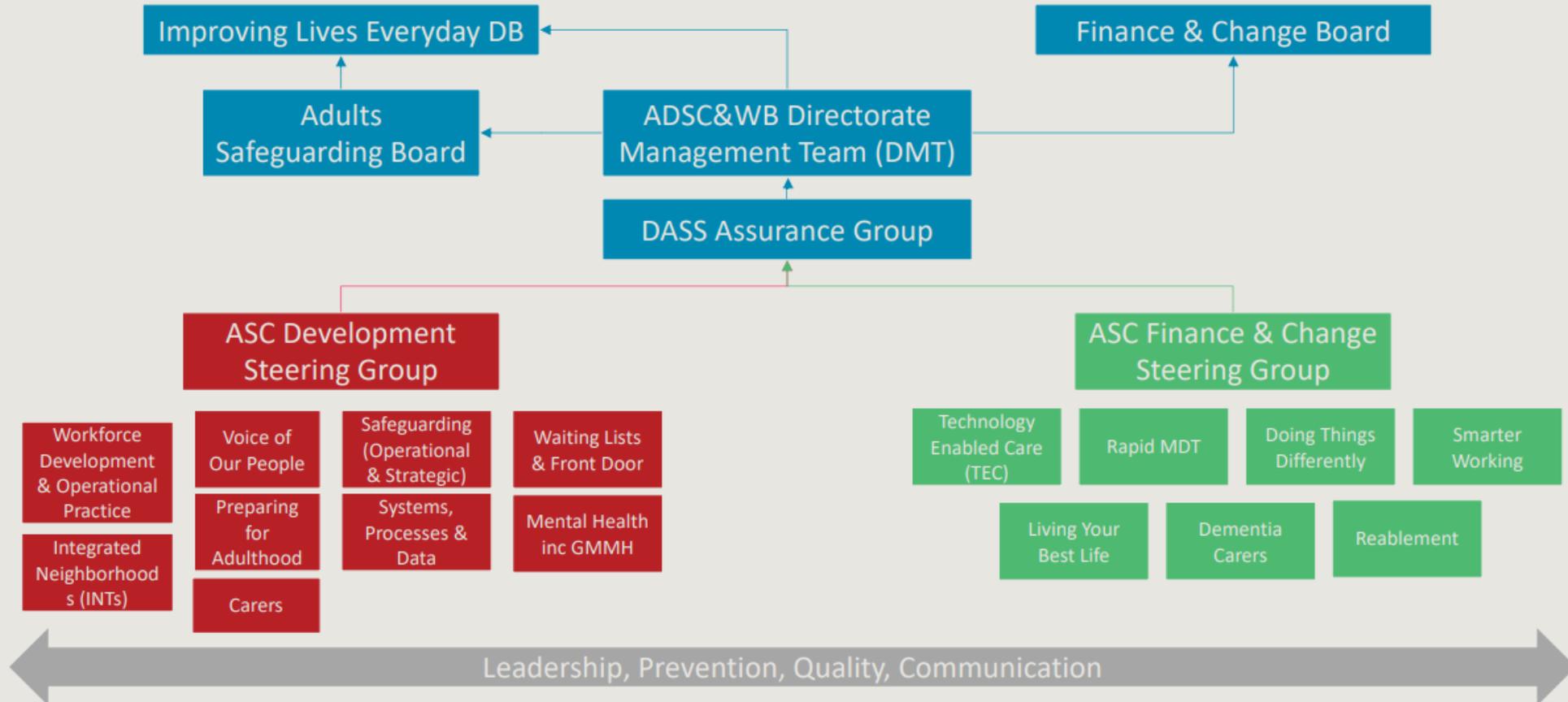
Recap of Key Messages from the LGA Feedback Trafford Peer Challenge 26-28 September 2023

- **Developing the Neighbourhood Model**
- **Getting it right at the Front Door**
- **Safeguarding**
- **Strategic direction and commissioning strategies**
- **Mental Health**

Themes from early inspections

- The CQC has commenced the inspection of 44 local authorities as of the end of June 2024.
- To date no local authorities in Greater Manchester have been contacted by CQC to inform as to impending inspection, though Wirral, Warrington, Sefton and St Helens have been within the North West region.
- All three of the published reports for Hertfordshire, Hounslow and West Berkshire Councils have received a 'Good' rating.
- The intention is that CQC will have concluded inspection of all local authorities with adult social functions by March 2025.
- Key Themes so far:
 - Waiting Lists / times for assessments
 - Transitions – Preparing for Adulthood
 - Hospital Discharge processes
 - Support for Unpaid Carers
 - Co-production and engagement with people with lived experience in shaping service delivery
 - Safeguarding including s.42 enquiries, Making Safeguarding Personal, effectiveness of Safeguarding Adults Boards, Learning from Safeguarding Adults Reviews (SARS) and Deprivation of Liberty Safeguards (DoLS)

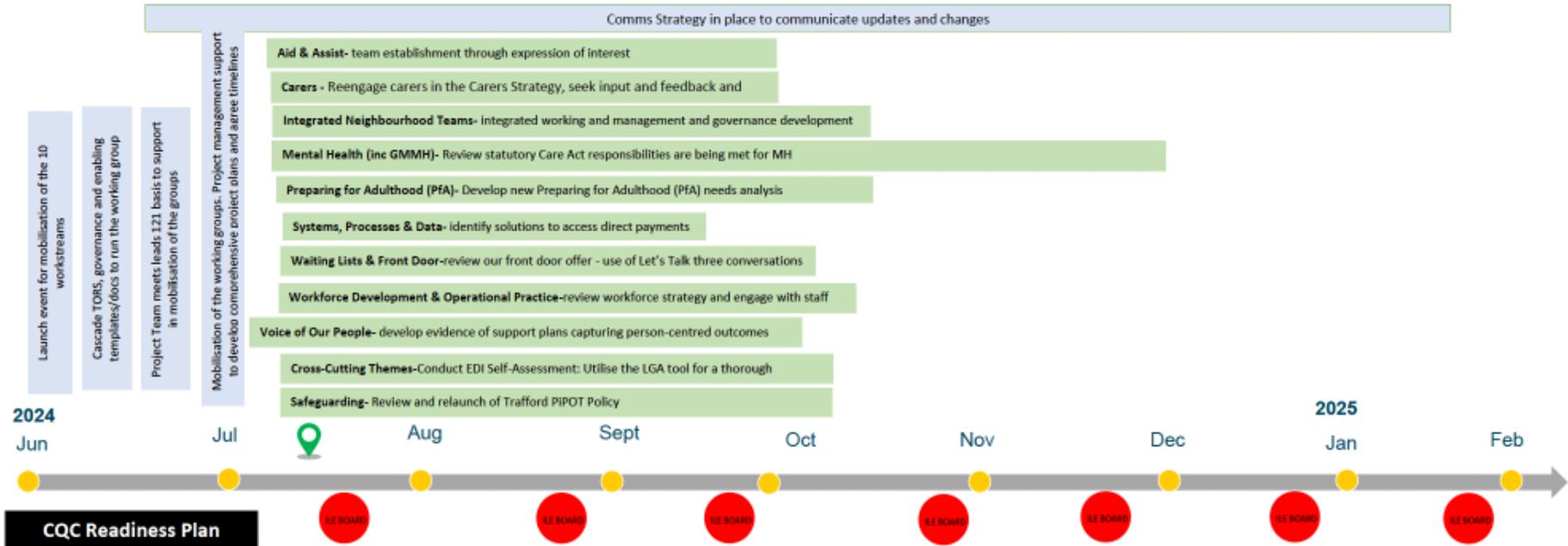
Improving Lives Every Day Development Board Governance



Improving Lives Every Day Milestone Plan

Project Workstreams

Improving Lives Everyday Programme Plan



Update on Preparations

CQC requirement	Trafford's Position- Key points	RAG
<p>50 Care records for case tracking</p>	<ul style="list-style-type: none"> Requirement to submit 50 care records to CQC for case tracking. The requirement is that 7 themes need to be covered by these 62 care records identified that have scored 4/5 Spreadsheet on MS Team channel with overview of possible care records to submit also includes contacts for the people. The next step would be to make the contact with the individuals to conduct the voice of our people element <p>Approach</p> <ul style="list-style-type: none"> Trafford has implemented a process to identify 50 care resource through the audit process All audits that score 4/5 or higher are added to spreadsheet which will flag up the ones that needs to be removed 	<p>Amber</p>

Update on Preparations

CQC requirement	Trafford's Position- Key points	RAG
CQC IR Evidence (38)	<ul style="list-style-type: none"> • Changed requirements from Peer review - Evidence owners identified for each (need confirming) • Egress has new primary and secondary evidence folders for CQC • Spreadsheet in MS Teams channel gives overview of gaps • Current status of 38 IR Evidence based on September 2023 return completed • Appraisal of evidence not yet logged in Egress taking place to ensure that evidence is updated, and that any gaps have actions plans to resolve. 	Amber
Key contact information	<ul style="list-style-type: none"> • Carers organisations, Vol sector, Advocacy organisations. CQC provide template for this. This is to be submitted in phase 1 along with the rest of the evidence. 	Amber
Self-assessment	<ul style="list-style-type: none"> • Self-assessment of peer review revised – initial draft produced but requires further revisions incorporating recent data returns 	Amber

Update on Preparations

CQC requirement	Trafford's Position- Key points
Response Plan Implementation Plan Comms Plan	<ul style="list-style-type: none"><li data-bbox="598 364 2331 464">• Draft prepared and shared for consideration. Identifies the 6 phases of the process from first notification to receiving the outcomes of the inspection with comms plan integrated.
Quality Assurance	<ul style="list-style-type: none"><li data-bbox="598 635 2331 778">• Trafford has a QA Framework – will need further refresh of revised vision. Proposal to formally launch to raise awareness across the Directorate and develop an action plan for full implementation of all processes

Progress against commitments made to Health Scrutiny in January 2024

July 2024 Status Update

Programme Management support providing extra capacity and dedicated focus on *Improving Lives Everyday* commenced January 2024 to develop:

- Full Programme Plan underpinned by a new governance framework with phased activity – **now in place**
- Terms of Reference for the *Improving Lives Everyday* Development Board - **completed**
- Governance flow chart - **completed**
- Templates for flash reports, detailed business reports and presentations for the Board - **completed**
- Risk register linked to the Programme Plan - **completed**

July 2024 Status Update

- Monthly Development Board to be chaired by an independent person (currently under recruitment for February 2023) – **completed**
- Self-assessment and evidence base to be refreshed on a quarterly cycle – **next iteration in progress, to be completed Sept 24**
- Alignment of activity with GMMH Trafford improvement plan to ensure social work elements are incorporated – **mapping activity in progress for Sept 24**
- Further face to face engagement with Adult Social Care staff planned for February 2024 - **completed**
- Full communications strategy for engagement with all stakeholders drafted for sign-off at monthly board – **in progress**

Planned activity

- Development of the Adults & Wellbeing Directorate Vision, Target Operating Model (TOM) and Outcomes Framework - activity has commenced on this, but this needs to ultimately sit above the Programme Plan for CQC Assurance – Vision agreed, and Strategy being developed for Oct 24
- Focus must be on improving the outcomes of Trafford residents through more effective service delivery, not solely on passing inspection. If we get the offer right, then the inspection outcome should reflect this – in progress

Further Successes

- Completion of 10 front-line staff engagement sessions (March to June) outlining CQC Assurance process, LGA findings and the Development Plan.
- Rolled out Care Act, Legal Literacy and Safeguarding training from a highly regarded independent trainer Ali Gardner to c100 staff – training in May/June.
- Launched the Multi-agency Risk management (MARM) Framework on 17 May. This aims to complement existing safeguarding arrangements by providing a practitioner toolkit for when people who have capacity and fall out of the Care Act arrangements for safeguarding but are at risk of harm.
- Published the Commissioning Strategy and Market Position Statements
- Started the Test & Learn for the Integrated Neighbourhood Teams following the 100-day sprint to design this multi-agency model of working with the top 5% risk cases identified by GPs in the four localities.
- Planned the Emergency Duty Team (EDT) review to explore both the CYP and Adults/Mental Health elements of the Model.

Further Successes

- Plans in place for quarterly “you said, we did” themed staff engagement sessions and a recap of the previous quarter’s activity/future priorities x3 sessions (TTH/Waterside)
- Concluded work on the Adults & Wellbeing vision statement.
- BCF/MSIF/SALT/SAC (safeguarding) returns submitted on time for the June 2024 deadlines.
- Making Connections have completed the independent review of operational safeguarding.
- Safeguarding Adults Reviews (SARS) now all on track for anticipated timescales.
- Partnership Boards for Cares, Autism and Learning Disabilities to be relaunched in September. Revised membership, new terms of reference (TORs) and sufficient strategic support to be more effective and representative. Boards to be co-chaired by the DASS and a nominated person with lived experience representative.