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**TRAFFORD
COUNCIL**

AGENDA PAPERS FOR HEALTH SCRUTINY COMMITTEE

Date: Tuesday, 30 January 2024

Time: 6.30 pm

**Place: Committee Room 2 and 3, Trafford Town Hall, Talbot Road, Stretford, M32
0TH**

A G E N D A	PART I	Pages
7.	ADULT SOCIAL CARE - CQC PREPAREDNESS	1 - 36
To consider the attached report submitted by the Corporate Director, Adults and Wellbeing.		
8.	GM ICP UPDATE	37 - 44
To consider the attached report submitted by the Deputy Place Lead for Health and Care Integration, NHS GM (Trafford).		

SARA TODD
Chief Executive

Membership of the Committee

Councillors S. Taylor (Vice-Chair), J.M. Axford, K. Chakraborty, D. Butt (Chair), S.J. Gilbert, B. Hartley, J. Leicester, S.E. Lepori, J. Lloyd, S. Maitland, T. O'Brien, D. Acton (ex-Officio) and D. Western (ex-Officio).

Further Information

For help, advice and information about this meeting please contact:

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Health Scrutiny Committee - Tuesday, 30 January 2024

This agenda was issued on **Monday, 22 January 2024** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH

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TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 30 January 2023
Report for: Information
Report of: Nathan Atkinson, Corporate Director, Adults & Wellbeing

Preparing for CQC Assessment in Trafford

Following conclusion of initial pilot activity, local authorities will now be subject to mandatory inspections of their Adult Social Care functions by the Care Quality Commission (CQC) under the Health and Care Act 2022. It is imperative that the Council is prepared for inspection and has plans in place to meet the requirements of the national CQC Assurance framework. CQC have commenced the pre-work for mandatory on-site inspections starting in February 2024 with three local authorities in the south of England. There is an expectation that all local authorities with adult social functions will be inspected by March 2025.

Summary

This report should be read in conjunction with the accompanying PowerPoint presentation.

The report briefly outlines the CQC Assurance process, learning from other local authority pilot sites and how the Council has conducted an LGA Peer Challenge against the CQC Assurance framework in September 2023. This will inform the next steps in preparing for any future inspection in Trafford.

Recommendation(s)

Health Scrutiny are asked to note the content of this report and progress to date.

Contact person for access to background papers and further information:

Name: Nathan Atkinson, Corporate Director, Adults & Wellbeing

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1.0 The CQC Assurance Process

1.1 The Care Quality Commission (CQC) have a new responsibility to independently assess how local authorities are delivering their Care Act functions under the Health and Care Act 2022.

1.2 The CQC assessment approach has been designed in partnership with a range of stakeholders and people who use health and adult social care services.

1.3 CQC will use a new single assessment framework to assess local authorities, using a subset of 9 quality statements focused across four themes:

Care Quality Commission Assurance themes	
<p>Theme 1: Working with people.</p> <p>This theme covers:</p> <ul style="list-style-type: none"> • Assessing needs • Planning and reviewing care • Arrangements for direct payments and charging • Supporting people to live healthier lives • Prevention • Wellbeing • Information and advice • Understanding and removing inequalities in care and support • People's experiences and outcomes from care. 	<p>Theme 2: Providing support.</p> <p>This theme covers:</p> <ul style="list-style-type: none"> • Market shaping • Commissioning • Workforce capacity and capability • Integration • Partnership working.
<p>Theme 3: How the local authority ensures safety within the system.</p> <p>This theme covers:</p> <ul style="list-style-type: none"> • Section 42 safeguarding enquiries • Reviews • Safe systems • Continuity of care. 	<p>Theme 4: Leadership</p> <p>This theme covers:</p> <ul style="list-style-type: none"> • Strategic planning • Learning • Improvement • Innovation • Governance • Management • Sustainability.

1.4 Local authorities will receive a CQC rating consistent with previous approaches to health and care services:

- Outstanding
- Good
- Requires Improvement
- Inadequate

2.0 CQC Assurance Framework Pilots

2.1 The CQC have conducted a series of pilots to test the application of the framework. The initial two conducted in 2022 were against a forerunner of the CQC assurance framework with Hampshire County Council and Manchester City Council. The results were not formally published.

2.2 This was followed by a further five pilots using the current framework to test the model. The pilots covered Birmingham City Council, Nottingham City Council, Lincolnshire County Council, North Lincolnshire Council and Suffolk County Council. The pilots were held in the summer/autumn of 2023 with results published on 8 December 2023. Four of the five local authorities received a Good rating, after moderation within CQC, with Nottingham receiving a Requires Improvement rating.

2.3 The CQC ascertained from the pilots that the quality statements at the centre of the assessments were broadly right and what local authorities expected. They also determined that the methods for assessment were broadly effective to provide the evidence to make a judgement on how well local authorities are discharging their duties against the Care Act 2014.

2.4 Following publication of the initial findings from the pilot sites, CQC announced that there would be a programme of selected inspections taking place with local authorities being identified in batches of twenty. Three local authorities were selected for inspection in February, all in the south of England, though at the date of production of this report, other sites had not been formally notified.

2.5 The intention is that CQC will have concluded inspection of all local authorities with adult social functions by March 2025.

3.0 LGA Peer Challenge: CQC Assurance Framework

3.1 The Council has an existing, self-managed, programme of improvement for Adult Social Care based on the concept of *Improving Lives Everyday*. This approach was launched to improve outcomes for people supported by Adult Social Care and to promote strength-based working, with a focus on prevention and early intervention. Progress against activity within this programme has helped inform the Councils self-assessment for the LGA Peer Challenge.

- 3.2 There has been a long-standing programme of Peer Challenge within the North West region facilitated through the Association of Directors of Adult Social Services (ADASS) with options for short one or three day challenges session to focus on elements of Adult Social Care. However, Adult Social Care has not been subject to an inspection framework for over a decade. To prepare for inspection, obtain an objective view and to experience something as close as possible to the inspection process, the Council asked the Local Government Association to undertake an Adult Social Care Preparation for Assurance Peer Challenge for Trafford. This was conducted in September 2023. The Council was seeking an independent perspective on how prepared adult social services are for a Care Quality Commission (CQC) inspection. The £30,000 cost of the Peer Challenge was primarily funded through a government grant of £26,720 awarded in September 2023.
- 3.2 A peer challenge is designed to help a local authority and its partners assess current achievements, areas for development and capacity to change. Peer challenges are improvement focused and are not an inspection. The peer team used their experience and knowledge of local government and Adult Social Care to reflect on the information presented to them by people they met, and material that they read.
- 3.3 Preparation for Assurance Peer Challenge teams typically spend three days onsite conducting the challenge, this process should be seen as a snapshot of the local authorities work rather than being totally comprehensive. All information was collected on a non-attributable basis to promote an open and honest dialogue and findings were arrived at after triangulating the evidence presented.
- 3.4 The members of the LGA Peer Challenge team were:
- Victoria Collins - Director of Adult Services Milton Keynes City Council, Lead Peer
 - Councillor Chris McEwan - Deputy Leader and Economy Portfolio Holder, Darlington Borough Council.
 - Phil Hornsby - Interim Corporate Director of Wellbeing, Bournemouth, Christchurch and Poole Council.
 - Gavin Butler and Alex Pitcher - Principal Social Worker and Practice improvement lead, Cheshire West and Chester Council.
 - Charlotte Hammond - Head of Service Adult Social Care Learning Disabilities and Autism Lancashire County Council.
 - Sally McGrail - Transformation and Improvement Lead Warrington Borough Council.
 - Kathy Clark - Challenge Manager, LGA Associate.
- 3.5 The LGA Peer Challenge team were in Trafford for three days between 26th – 28th September. Two of the team spent 12th – 13th September in Trafford to undertake a case file audit and to meet with stakeholders including people using services.

3.6 The LGA Peer Challenge team were given access to at least 150 documents including a self-assessment. Throughout the peer challenge the team had more than 31 meetings with at least 100 different people. The peer challenge team spent over 200 hours with Trafford Council the equivalent of 26 working days.

3.7 In arriving at their findings, the peer team:

- Held interviews and discussions with councillors, officers, partners, and carers.
- Held meetings with managers, practitioners, team leaders and frontline staff.
- Read a range of documents provided by Trafford Council, including a self-assessment, and completed a case file audit of 12 cases.

4.0 Key Messages from the LGA Feedback

4.1 Partners from GM ICB Trafford, Trafford Local Care Organisation, GMMH and the VCSFE such as the Community Collective and Trafford Carers Centre were involved in the pre-planning and implementation of the Peer Challenge, demonstrating genuine deep-rooted collaboration across the health and care system in the borough. The outcome of the Peer Challenge broadly mirrored the content of the Councils self-assessment document, though there were observations and recommendations from the LGA that helpfully identified additional areas of potential improvement. The more detailed feedback from the Peer Challenge findings is contained within the accompanying PowerPoint presentation to this report. The LGA Peer Challenge team's key messages to the Council were:

4.2 Developing the Neighbourhood Model

4.2.1 The Council has a strong focus on integrated work with health and health outcomes, particularly around hospital discharge and admission avoidance. The development of a Neighbourhood model should offer opportunities to co-produce with communities and develop a broader Adult Social Care focus in integrated teams, supporting people to live the life they want and fully embedding an early intervention and prevention approach.

4.3 Getting it right at the Front Door

4.3.1 The Council has a range of preventive and early intervention offers, but access relies heavily on social workers to undertake the initial conversations, which may not be the best use of resources and skills. More could be done to develop information advice and guidance, make access easier through a variety of channels, and provide self-serve options.

4.4 Safeguarding

4.4.1 There is work to do to ensure that the Council consistently applies thresholds for concerns and that safeguarding enquiries are working well. The Council should consider the right balance in skills and resources across all adult teams

to ensure concerns and enquiries can be responded to in a timely and person-centred way.

4.5 Strategic direction and commissioning strategies

4.5.1 The golden thread from corporate strategy and vision needs to be developed to support a simple clear vision for Adult Social Care, which can shape plans and strategies. These need to be supported by SMART plans for delivery and improvement for the next 3-5 years.

4.6 Mental Health

4.6.1 There is a need to increase assurance regarding mental health services provided under the existing s.75 agreement with Greater Manchester Mental Health NHS Foundation Trust (GMMH). Evidence of the need to improve mental health services was presented in the self-assessment and there was a dedicated session with managers focussing on this provision. However, the Council did not request mental health as a focus for the peer challenge and no people with lived experience or frontline practitioners were interviewed as part of the peer review. As a result, the review findings were not detailed in relation to mental health services.

5.0 Immediate Response to the LGA Peer Challenge Feedback

5.1 Following conclusion of the LGA Peer Challenge at the end of September, activity immediately commenced to address some of key findings from the feedback provided at the end of the session and from the final report received in December 2023.

5.2 Priority areas of improvement have been identified in a high-level plan based on the LGA feedback. There has been agreement to establish an Improving Lives Everyday Development Board with independent chair to oversee delivery of the plan and to track progress against areas requiring improvement.

5.3 A working group for performance data has been established and three temporary business analysts employed, using external grant funding, to support the development of dashboards to ensure better use of data to inform decision making.

5.4 A new Trafford Strategic Safeguarding Partnership (TSSP) Board Manager was appointed in October 2023 and has made significant inroads into improving the functions of the Board. For example, a TSSP Effectiveness sub-group is being established to give assurance on safeguarding multi-agency activity.

5.5 Support from the LGA consultancy for adult social care through Partners in Care and Health has been secured to provide independent support for commissioning and safeguarding activity. This is at no additional cost to the Council.

- 5.6 A review of the Principal Social Worker and supporting functions has commenced reflecting the importance of the role in the CQC Assurance process.
- 5.7 A working sub-group of DASS Assurance - a long established monthly meeting chaired by the Corporate Director, Adults & Wellbeing to oversee Directorate performance has been agreed for priority activity on workforce, linking into the wider system work across Trafford and into Greater Manchester.
- 5.8 Partners in Care and Health have been tasked with conducting briefing sessions to support staff preparation for inspection, applying learning from the pilot sites. These commenced 16 January 2024.
- 6.0 Next Steps - Planned activity for CQC readiness**
- 6.1 Given the complexity of the preparations for the framework aligned to existing activity to support the recent SEND area inspection and transformation projects to support delivery of savings all interfacing with the CQC Assurance work, a Programme Management approach is required to bring activity together, considering risks, interdependencies and to reduce duplication. Programme management support has been secured from 2 January 2024. This will increase capacity and provide dedicated focus when building the governance framework and programme plan to support delivery of the required improvements.
- 6.2 A monthly Improving Lives Everyday Development Board is to be chaired by an independent person (currently under recruitment for February 2024). This Board will oversee delivery of the programme plan for CQC Assurance. A key element of this will be ensuring that the Councils self-assessment and evidence base is refreshed on a quarterly cycle so that the Council is ready when CQC make contact to conduct an inspection of Adult Social Care.
- 6.3 The Programme plan will be aligned to the activity contained within the existing GMMH Trafford improvement plan, which is hosted by the organisation with a focus on GMMH group priorities and local mental health related issues. It is important that 6.4 the plan is expanded to ensure social work elements outlined in the s.75 agreement with the Council are incorporated to provide additional assurance and to engender positive change.
- 6.4 The Health and Care Act 2022 also introduced mandatory CQC inspections for Integrated Care Boards (ICBs). It is anticipated that there will be an inspection of the Greater Manchester ICB in due course. There is of course significant crossover into the Adult Social Care CQC Assurance Framework and therefore the involvement of partners from GM ICB Trafford in the LGA Peer Challenge has been critical in assisting in their preparation, but also raising awareness of the Adult Social Care offer.
- 6.5 Activity has commenced on the development of the Adults & Wellbeing Directorate Vision, Target Operating Model (TOM) and Outcomes Framework.

This needs to ultimately sit above the Programme Plan for CQC Assurance. The focus must be on improving the outcomes of Trafford residents through more effective service delivery, not solely on passing inspection. If the Council gets the offer right, then the inspection outcome should reflect this.

Preparing for CQC Assessment in Trafford

Nathan Atkinson Corporate Director of Adults and Wellbeing

Health Scrutiny Committee

10 January 2024

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Overview of presentation

1. Overview of CQC Assurance Framework
2. Update on CQC pilots and roll out of inspections
3. Trafford LGA Peer Challenge process and findings
4. Post Peer Challenge activity – immediate actions and activity
5. Further planned activity for *Improving Lives Everyday* through a revised approach for Adult Social Care including CQC Assurance readiness

Part 1

Overview of CQC Assurance Framework

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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 will use a new 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

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

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.

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

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.

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

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

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.

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.

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.

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

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, now rolling out to first formal assessments
- On-site work due to commence February 2024 in 3 announced areas (all in the South of England)
- Ongoing assessment throughout year, themes reported in State of Care report

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Our framework will assess providers, local authorities and integrated care systems with a consistent set of key themes, from registration through to ongoing assessment

Aligned with "I" statements, based on what people expect and need, to bring these questions to life and as a basis for gathering structured feedback

Expressed as "We" statements; the standards against which we hold providers, LAs and ICSs to account

People's experience, feedback from staff and leaders, feedback from partners, observation, processes, outcomes

Data and information specific to the scope of assessment, delivery model or population group

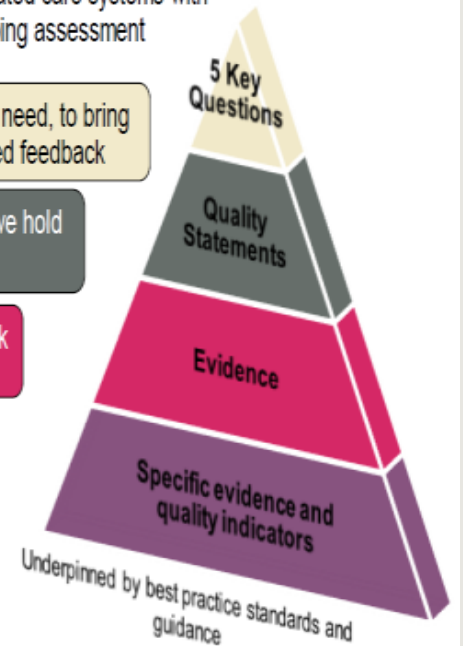


Diagram taken from CQC. For more information on the single assessment framework see [Single assessment framework - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

CQC Assurance Process

Process

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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!

Part 2

Update on CQC pilots and roll out of inspections

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Development of the CQC assessment approach

CQC took a phased approach to introducing the assessments to give an opportunity to:

- Test & Learn – Manchester and Hampshire in summer 2022
- Pilots – Lincolnshire, Nottingham City, Birmingham City, North Lincolnshire, and Suffolk in summer/autumn 2023
- Pilot Evaluation
- State of Care 2022/23 published October 2023

CQC Pilots

The 5 pilot assessments conducted over the summer of 2023 offered the opportunity to:

- Test, refine and further develop their approach through pilot assessments
- Gather information to help develop their understanding of performance across local authorities
- Establish a starting point to use as the basis for future assessments
- Build relationships within each of the areas

Pilot evaluation

CQC have advised that headline findings from their evaluation indicate that their core approach is right as they found that:

- The quality statements at the centre of the assessments were broadly right and what Local Authorities expected
- Methods for assessment were broadly effective to provide the evidence to make a judgement on how well Local Authorities are discharging their duties against the Care Act

The evaluation helped to identify key areas where CQC can refine and define their operational tools and processes to ensure that the approach is efficient for both CQC assessment teams and Local Authorities. These include:

1. How to prepare Local Authorities for the assessments and what they can expect
2. The Local Authority Information Return and accompanying guidance
3. The role of self-assessment in baselining Local Authorities
4. The use of different roles in the assessment teams, including the contribution of experts by experience, specialist advisors and executive reviewers
5. The methods for collecting and understanding people's experiences and their health and care journeys

Themes from the pilots

CQC identified the following themes from the pilots:

- Integrated working has enabled pilot Local Authorities to address challenges in hospital discharge
- Waiting lists for assessments existed mainly due to lack of capacity in the social work assessment workforce, but LAs were managing this by prioritising risk
- Partnership working was key for improving outcomes for people
- Transition pathways from children to adult services did not always work well
- More work is needed for Local Authorities to understand how to reach people whose voices are seldom heard
- Social care workforce capacity issues persist, and Local Authorities are using a range of incentives to address recruitment and retention issues, as well as supporting the professional development of the workforce to meet local needs
- Overall, Local Authorities had developed learning cultures to help them identify where things were not working well and take steps to improve

Part 3

Trafford LGA Peer Challenge process and findings

Trafford Peer Challenge 26-28 September 2023

- Opportunity for mock inspection/dry run
- Facilitated by the Local Government Association (LGA)
- Review team of 7 people from outside the Greater Manchester area
- Engagement sessions with people with lived experience and case file audits conducted 12 & 13 September 2023
- Self-assessment and associated documents completed as evidence
- Series of focussed sessions with staff and partners
- Focus on specific areas of Care Act 2014 duties
- Final report agreed 13 December 2023

LGA Peer Challenge Summary

- The Peer Challenge was helpful in terms of ratifying the content of the self-assessment document and outlining required future tasks
- The objective approach has helped shape priorities and provided focus on where improvements can be made, including in some areas that are performing reasonably well
- The learning experience from a near inspection process was helpful in preparing for the actual event
- Embedding the *Improving Lives Everyday* programme will strengthen the prevention offer and improve the outcomes for people receiving care and support in Trafford

Peer Challenge findings

Theme 1: Working with People

Strengths

- There is confidence that the borough wide teams can deliver the Let's Talk model, though as referenced in the self-assessment this needs to be consistently applied to the neighbourhood teams
- The Business Unit is highly valued as a support to allow social work staff to focus on working with people, rather than administrative matters
- There were many references to good working partnerships with the voluntary sector, including the Carers' Centre, though the LGA felt more examples could have been provided in the self-assessment to evidence this

Work relating to EDI is progressing with corporate staff EDI networks, champions, training offer and an ASC working group. There is an awareness of the need to do more to understand the data, the issues and barriers to equity of access and experience for people needing support

Data is available demonstrating waiting lists and good inroads have been made in reducing waits for assessments. There is awareness that there is still more to do

- The Direct Payments support service is offering positive support to Direct Payment recipients, is focussed on meeting outcomes, and has clear links with the Social Care teams
- Community Link workers are valued by social work teams to support the offer of strength-based practice
- The self-assessment gives some helpful evidence of the impact on the sensory digital offer for people
- Good case stories including outcomes over hospital discharges
- Data shows that Ascot House is successful in helping people return to their own homes after a hospital stay
- Staff feel pride about the work they do and welcome the good integrated working to support hospital discharge

Considerations

- There were some areas identified as strengths where only limited evidence was provided in the self-assessment or in sessions to showcase what this means for Trafford residents. For example, feedback and evaluation systems about the quality of processes to work with people and the impact of VCFSE support on peoples' lives
- Some of the strengths identified in the self-assessment may be better linked to other themes. For example, the Trafford Learning Academy and Staff Wellbeing might fit better under the Leadership theme
- There could be a stronger and more effective pathway at the front door. For example, it may make sense to triage more of the requests for support with a Let's Talk conversation one at earlier stage before they are passed to a social worker
- There are a range of prevention offers though that would benefit from a coherent whole system approach
 - Community Link workers do not always have capacity to take new work
 - The equipment and adaptations offer has long wait times except for hospital discharge, and assessments are needed for simple services
 - There is no local authority Occupational Therapy capacity which may limit efforts to support independence
- To develop strong practice so that front line practitioners feel connected and supported
 - As identified in the self-assessment, the Principal Social Worker needs more clarity around the identity of the role and to dedicate more time to be visible in the role rather than providing operational support
 - Increase the level of practice audits
- The self-assessment identified the need to increase assurance regarding mental health services provided under the existing s.75 agreement with Greater Manchester Mental Health NHS Foundation Trust (GMMH).

Peer Challenge findings

Theme 2: Providing Support

Strengths

- Providers were positive about relationships with the Council. Providers were not raising issues over fees in interviews, possibly because of investment in the Real Living Wage
- Positive working relationships between commissioners and assessors to address immediate tactical requirements for support. This included:
 - Hospital discharges
 - Use of providers as trusted assessors in supported living
 - Commissioning specialist provision for people with complex needs
 - Responding to emerging pressures
- Day to day working relationships with providers is well resourced with contract officer quality visits and opportunities for direct support which providers welcome
- Data from Greater Manchester and the North-West region is used to complement the understanding of quality
- Trafford has a high percentage of Good and Outstanding CQC rated provision
- There are innovative providers, for example in Learning Disability provision, developing solutions such as Good Neighbours, and the Council works collaboratively with providers on change/improvement
- The Trafford care market can respond to requests for support, and there are relatively low numbers waiting for support, except for nursing care. The Council is working on how to address this shortage
- There is good evidence regarding provision of integrated support, particularly with the NHS and the Trafford Local Care Organisation. This includes a housing offer, for example extra care step down units
- Provider Forums have been restarted, after pausing during the Covid pandemic

Considerations

- Commissioning feels more tactical than strategic, though it is noted that there is activity to address this including development of a Market Position Statement though:
 - Providers were not aware of the Adult Social Care vision
 - Ambitions around autism support may need to look more broadly than accommodation needs
 - The articulation of needs requires development
 - Setting out the direction for alternatives to traditional support models would help to shape the Trafford market
- The impact that the Health and Wellbeing Strategy through partnership working has on the support available to residents could have been better evidenced
- The Carers offer could be much more robust. It relies heavily on the Carers Centre to provide support and to deliver the strategy. Current support appears to be limited
- Direct Payments could be more useful if there was more flexibility given

Peer Challenge findings

Theme 3: Ensuring Safety

Strengths

- The focus on safeguarding with providers is significant, with the specialist offer from the Safeguarding Hub
- The Safeguarding Hub supports multi-agency working, including Police
- Trafford benchmarks above average in the North-West for resolution of risks
- Hospital Discharge arrangements are strong on multi-disciplinary and co-ordinated working, with motivated and committed staff. There were good stories about the experience for people and their families, including when discharges were not initially successful
- The numbers on Pathway 3 for discharge (considered by hospitals to be likely to need long term residential care) seem high at over 30%. Based on the pilot, the new Rapid MDT assessment in care homes will hopefully reduce the numbers remaining in long term after a period of Discharge to Assess
- Domestic Abuse response is strong. There is a determination to listen to the voice of victims with a good focus on prevention

Considerations

- There is work to do to ensure that the Council consistently applies thresholds for concerns and that safeguarding enquiries are working well.
- The Council should consider the right balance in skills and resources across all adult teams to ensure concerns and enquiries can be responded to in a timely and person-centred way.
- Ensure that Making Safeguarding Personal is embedded into practice
- There are ambitions to improve transitions and Preparing for Adulthood, with encouraging plans. Progress and impact need to be tracked and measured. Future needs analysis and service development will be essential
- The self-assessment would benefit from clearer articulation of the high risk, escalation and complex case decision-making processes
- There is a need to complete the actions referenced in the self-assessment around the Emergency Duty Team offer and the areas of improvement

Peer Challenge findings

Theme 4: Leadership

Strengths

- Within Trafford there are a range of governance boards and groups to oversee integrated working, with senior level engagement and commitment
- Political and corporate leadership seems strong
- There is a vision at corporate level (EPIC) and directorate level (Improving Lives Every Day)
- There is a strong sense of work on partnerships, neighbourhoods and provider relationships
- Where issues have been identified, then action has been taken, for example to address retention and recruitment issues for social workers with a market supplement being offered
- The Trafford Learning Academy has offered career development and apprenticeship opportunities
- The SWAY communications are good developments
- Adult Social Care in Trafford is relatively financially stable, with pressures managed to date
- Examples of innovation in the evidence library, which came from staff, for example the Business Unit and the Control Room

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Considerations

- No golden thread of the vision and strategy, with clear understanding evident throughout the teams
- Examples of tangible differences that the integrated governance is making and arrangements for risk sharing would strengthen the self-assessment
- Whilst there is strong governance for the integration for health and social care more broadly, the mental health integration governance needs to be strengthened
- There has been a reliance on initiatives using short term government funding which makes longer-term planning and staff retention more difficult
- There is self-awareness of the need and plans are in place to improve the use of data and intelligence
 - More can be done to enable operational teams to understand and use their own data and performance
 - Data and intelligence could be used more to inform longer-term strategic commissioning plans
- Professional leadership of social care practitioners could be strengthened
- Written strategies in the evidence file need to be backed up with delivery plans determining changes that will be incremental and transformational

Case File Audit Findings – Strengths and Considerations

- There was evidence of some good practice, but it was variable
- Access to support was timely
- There were some files where it was clear that outcomes had been agreed with the person, but this was not consistently applied
- Mental Capacity Act considerations were inconsistent
- Least restrictive approaches were not easily apparent
- Neighbourhood team safeguarding could be stronger on Making Safeguarding Personal

Part 4

Post Peer Challenge activity: immediate actions and activity

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Immediate response to Peer Review findings

- Partner engagement and feedback provided on the LGA Peer Challenge findings to further strengthen *Improving Lives Everyday* activity to improve outcomes and to ensure alignment with partner's strategic objectives
- Support for the wider workforce, further developments of the workforce strategy and a review of Principal Social Worker role has commenced
- Partners in Care and Health briefing sessions to support front-line staff preparation for CQC inspection conducted mid-January 2024
- The LGA has funded Partners in Care and Health to provide independent support for strategic commissioning activity and to further strengthen the safeguarding offer
- Trafford Strategic Safeguarding Partnership (TSSP) Board Manager appointed
- Priority areas of improvement identified in a plan (inter-dependencies identified)
- Development of key data dashboards
- Agreement to establish an *Improving Lives Everyday* Development Board with independent chair

Part 5

Further planned activity for *Improving Lives Everyday* through a revised approach for Adult Social Care including CQC Assurance readiness

Planned activity

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
- Terms of Reference for the *Improving Lives Everyday* Development Board
- Governance flow chart
- Templates for flash reports, detailed business reports and presentations for the Board
- Risk register linked to the Programme Plan

Planned activity

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

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
- 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

Resources

1. CQC [evaluation report](#) of the pilot assessment process
2. CQC [local authority information return](#)
3. CQC [Local authority assessment framework](#)
4. LGA Top Tips for CQC Assurance
[Top tips for CQC assurance preparation | Local Government Association](#)
5. SCIE's website webinar, [Skills for Care: New CQC Inspection Process](#)

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TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 17th January 2024
Report for: Information
Report of: Gareth James, Deputy Place Lead for Health and Care Integration, NHS GM (Trafford)

Report Title

GM Integrated Care Partnership Update

Summary

The purpose of this report is to provide an update to Health Scrutiny Committee on recent developments across the Greater Manchester Integrated Care system that affect the Trafford Locality. The report covers the following areas:

1. NHS GM Transformation Programme
2. NHS GM Operating Model
3. The Contribution of Locality Plans to the 2024-25 GM System Delivery Plan
4. GM People and Communities Participation Strategy & Trafford Integrated Care Partnership Participation Framework
5. Winter Capacity Funding
6. Establishment of Locality Quality Group
7. NHS GM CQC assessment readiness

Recommendation(s)

Health Scrutiny are asked to:

- Note the content of this report and progress to date

Contact person for access to background papers and further information:

Name: Gareth James, Deputy Place Lead for Health and Care Integration, NHS GM (Trafford)

1. NHS GM - Transformation Programme

1.1 The GM transition programme officially launched in August 2022. The overarching aim of the programme was to transform GM functions to deliver efficient and effective services and to provide clarity to our staff on new permanent roles within revised structures.

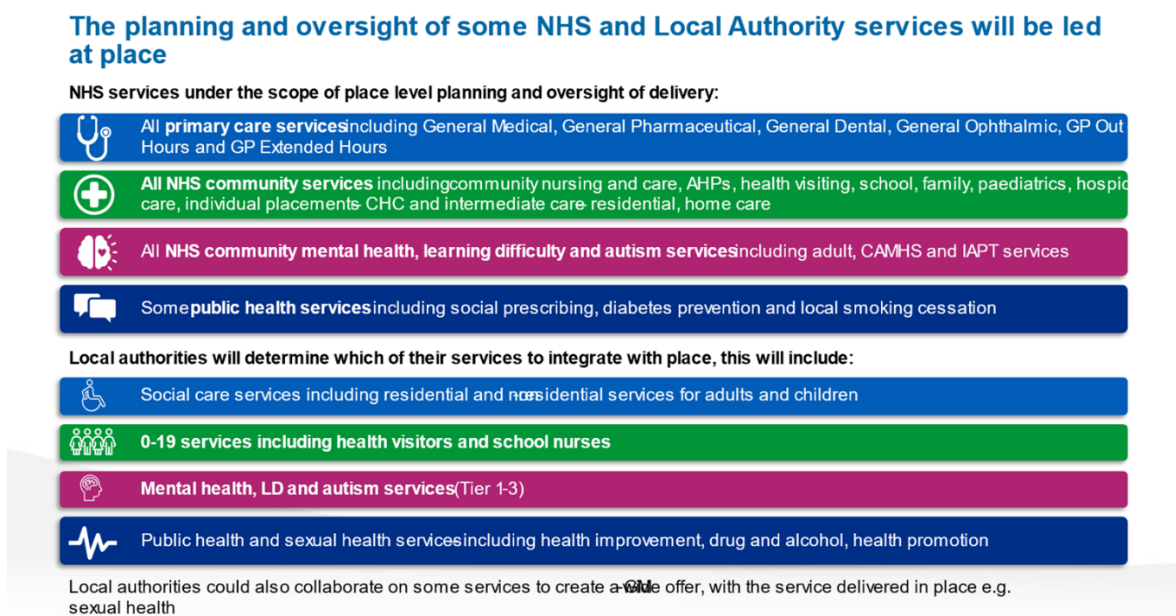
1.2 Originally the target programme closure was April 2023. Due to the complexity of the programme the timeframe slipped to September 2023 with the formal closure on 31 October 2023. The process to find suitable alternative employment for displaced staff will continue until December 2023.

1.3 Following a lengthy and complex process more than 1600 colleagues have moved into new permanent positions. There remains a small number of staff who are potentially displaced and, therefore, working with GM colleagues to find suitable alternative roles within the new structures. There are currently no Trafford colleagues in this position.

2. NHS GM – Operating Model

2.1 The GM operating model has been agreed by the GM Integrated Care Board and work continues to agree how this will be implemented (proposed full implementation by 01/04/24). To recap, the model confirms the NHS services under the scope of place level planning and oversight of delivery as follows:

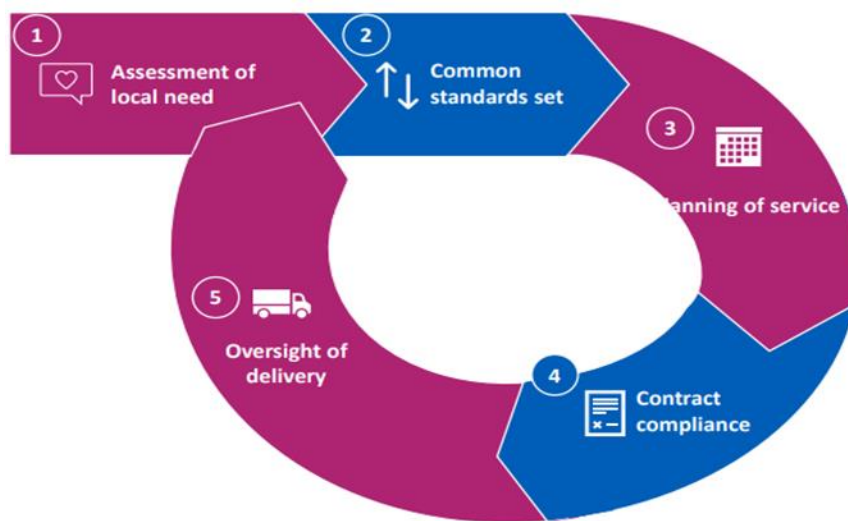
Figure 1:



2.2 A series of workshops are being held to further understand the implications of the agreed operating model and, in particular, further understanding of the responsibilities across localities and at a GM level. Workshops in October and December have concentrated on the following key areas:

- GM approach to commissioning for improved outcomes; aims to provide a joined-up approach to commissioning for health and care, including identifying areas for decommissioning. Also, to describe a methodology to assess services against and describe the governance route for decision.
- Impact of financial recovery on the commissioning process
- Locality commissioning approach; aims to set out developing thinking around place-led commissioning and agree proposed approach for each stage of the agreed commissioning cycle contained in the published operating model:

Figure 2:



- Service line review – assessment of ‘what gets done where’
- Commissioning of community services; as above but specific to the planning and oversight of community services at place.

2.3 These areas are being further refined throughout January – February 24 to shape the role of Locality Plans in contributing to GM’s overall delivery plans for 2024/25 (See section 3. Below for more detail) but is important to note the ICS Operating Model confirms the core role of localities in driving population health improvement and delivering preventative, proactive integrated models of neighbourhood care. Although localities are delivering across all six of the missions in the ICP Strategy, our key areas of responsibility principally relate to the missions on stronger communities and helping people stay well and detecting illness earlier.

3. The Contribution of Locality Plans to the 2024-25 GM System Delivery Plan

3.1 The Locality Board and Trafford Health and Wellbeing Board have previously committed to refresh the Trafford locality plan with an aspiration to create one plan for health and care in Trafford by integrating the aims and aspirations of the current health and wellbeing strategy and refreshing the detail of the current

Locality Plan. This is consistent with the expectation from GM and the work of the majority of localities.

3.2 A time limited strategy group has been formed to strategically steer the development of this work, with the group having its inaugural meeting on the 29 November 2023. Attendance from partners was excellent which led to an insightful and thought-provoking discussion which centered on several key themes:

- It is imperative we build the plan acknowledging the needs of our population
- Our collective priorities should build from previous commitments in our existing Locality Plan and HWBB Strategy, as we generally understand our areas for improvement
- Be guided by relevant planning guidance and existing strategy, and associated action plans
- Be cognisant of the outputs of the Strategic Financial Framework and roles and responsibilities of the newly agreed GM Operating Model
- Maximize the population health and prevention opportunities in GM, already a key component of our existing Health and Wellbeing Strategy
- The financial restraints in which we are individually and collectively operating, both in the short, medium and long term

3.3 The collation of existing intelligence and people insight from across our partnership has been mobilised with a wealth of intelligence already submitted from partners. This intelligence will be critical in ensuring the voice of Trafford people is taken into account and the commitment remains that, where we have gaps in our knowledge, we will engage with the public using our excellent VCFSE networks as the conduit. As part of the overall programme plan it is envisaged a task and finish group will be formed to lead on the required public engagement and manage its work programme, reporting to the strategy group and upwards appropriately through our governance structures.

3.4 Greater Manchester's approach to planning for 2024/25 is different to that of previous annual operational plans - We will develop a broad, System Delivery Plan for GM rather than solely a response to the NHS guidance. There are three elements to the planning approach:

- The role of localities in driving population health improvement and prevention at scale. Upgrading our approach to prevention will need to be a major part of GM's overarching plan for 2024/5.
- The role of providers in planning for activity, workforce, and finance to improve productivity through the NHS operational planning process.
- The role of GM commissioning to drive the changes needed.

3.5 A proposal has been constructed that suggests we develop a Locality Delivery Portfolio for 2024/5 comprising of:

- The outputs from the commissioning intentions process. These will be consolidated to a GM level but we will need to describe what delivery looks like in localities.
- A set of priorities for 2024/5 identified by each individual locality – drawing on existing locality plans, the GM ICP Strategy and Joint Forward Plan, the Prevention Framework, Strategic Financial Framework and other GM plans.
- A small number of priorities that all 10 localities agree to focus on in 2024/25.

3.6 The Locality Delivery Portfolio would then be built into the 2024/5 GM System Delivery Plan and updated Joint Forward Plan. Localities have been asked to complete a first draft set of 2024/25 priorities by 16th February 2024.

3.7 In summary Trafford is engaged in the outlined process to achieve a set of agreed Trafford system priorities that contribute to the GM System Delivery Plan 24/25 but in parallel will continue the work to refresh the Locality Plan which would provide a longer term, multi-year plan that will improve the health, care and wellbeing for Trafford people and its communities.

4. GM People and Communities Participation Strategy & Trafford Integrated Care Partnership Participation Framework

4.1 NHS GM have recently issued a draft People and Communities Participation Strategy via locality communications and engagement link officers and locality groups, where they exist. The draft strategy has been discussed at our Trafford Locality Communications and Engagement Working Group (Nov 23) and feedback from the group has been shared with the GM team to inform future versions of the document. The revised version of the GM Strategy is being brought to the February Locality Board for further discussion.

4.2 The strategy aims to strengthen communities by building systematic participation in health and care which fully aligns with the draft Trafford Engagement Framework previously supported by the Locality Board (October 23). A piece of work to 'retrofit' the Trafford Framework and associated actions plans to the content and language of the GM strategy will occur through January – March 24 once a final version of the GM strategy has been supported by the GM Executive, which is anticipated to be March 24. This work has already commenced and will be fine tuned where required once formal adoption of the strategy is communicated.

5. Winter Capacity Funding

5.1 Partners agreed the utilisation of the additional capacity funding of £1.7 million in accordance with an agreed set of principles. The locality team received support from GM to mobilise the schemes relating to primary care. As reported to the Locality Board in November, we also received a weighted share of an additional £2 million to mobilise surge hubs to provide additional capacity to relieve pressures on the health and care systems.

5.2 The following schemes were mobilised from 4th December 2023:

- Additional Same Day Appointment capacity across all 26 practices. This will provide additional 15,000 appointments to support urgent admission avoidance.
- Acute Surge hub; the hub will deliver from Trafford General Hospital by Mastercall operating for 7 days per week, 8 hours per day. This service will offer face to face appointments and is anticipated to provide up to 5,750 appointments.
- Acute Visiting Service (AVS); again delivered by Mastercall this service will operate for 8 hours per day supporting all of Trafford with up to 350 additional appointments.

5.3 The Trafford locality team have been working with general practice partners to agree robust reporting to ensure we can measure the impact on the agreed key metrics. This will include qualitative data in addition to the raw numbers so that we can demonstrate the impact on other parts of the health and care system. For example, data will be captured indicating the treatment that patients would have received had the additional primary care appointments not been available.

6. Establishment of Locality Quality Group

6.1 NHS GM governance arrangements require each locality to have a locality quality group to fulfil the requirements of the National Quality Board.

6.2 A scoping session with Trafford partners took place on the 11th December to explore in detail the introduction of the Trafford Locality Quality Group (TLQG). The inaugural meeting of the group will take place on 8th January 2024. This group is intended to establish a space for key partners to:

- Construct a shared narrative around quality and safety
- Jointly identify priorities
- Discuss and evaluate quality in terms of pathways
- Establish system focussed learning and improvement plans that where needed, will have positive change impacting directly on patient experience
- Addressing health inequalities, patient experience and co-production will be key drivers in establishing shared objectives

6.3 Localities are also required to provide a bi-monthly quality update to the NHS GM System Quality Group (known as a flash report). Within the report localities provide details of key and emerging risk areas as well as areas of good news and sharing of learning.

6.4 Partners fully supported the implementation of the Trafford Locality Quality Group and the subsequent development of quality assurance reporting to the Locality Board in 2024.

7. NHS GM CQC Assessment – Trafford Locality Readiness

7.1 The Health and Social Care Act 2022 gives the Care Quality Commission (CQC) new regulatory powers that allow them to offer meaningful and independent assessments of Integrated Care Systems. This is a core ambition in the CQC's current strategy and will enable them to provide independent assurance to the public of the quality of care in their area.

7.2 The CQC aim is to understand how integrated systems are working to tackle health inequalities and improve outcomes for people. This means them looking at how services are working together within an integrated system, as well as how the systems are performing overall.

7.3 The reviews will take into consideration the core purpose in integrated care systems, as referenced in NHS England's Design Framework and the requirements of the legislation. They will focus on 3 themes:

- Quality and Safety
- Integration
- Leadership

7.4 We are advised that the NHS GM's initial CQC Assessment will take place around April 2024. In readiness for the assessment, localities have been asked to undertake a self-assessment to help us establish, prior to assessment what evidence there is for each evidence category and where there may be gaps.

7.6 Evidence categories will be RAG rated and should any gaps be identified; action plans will need to be developed to demonstrate actions to improve. To support this, a self-assessment exercise has been piloted in Stockport Locality and has been shared with all Associate Directors for Nursing & Quality for them to produce the same for their own localities.

7.7 Information and evidence will need to be obtained locally from various internal and external areas/organisations/sectors such as Primary Care, Commissioning, Safeguarding, MFT, GMMH and our VCFSE partners. The timeframe for the locality self-assessments to be completed, signed off in locality and shared with NHS GM central quality team is 31 January 2024.

7.8 A Trafford task and finish group has been established and will meet weekly. The group will be focused on gathering contributions from ICB colleagues, and other key stakeholders will be invited to contribute where needed.

7.9 Trafford Locality Quality Group (TLQG) will steer the self-assessment and is the forum that corrals partner contributions where appropriate and the task and finish group will provide updates into TLQG. Initial briefings have already taken place verbally at Trafford Provider Collaborative Board on 30 November 2023, as well as at the Health and Social Care Steering Group on 6 December 2023. Following a further discussion at the first meeting of LQG regular updates will be provided throughout locality governance prior to submission to GM Quality Team on 31 January 2024.

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