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Report of the Corporate Improvement Scrutiny Committee's Task and Finish Group:

Preparedness of Adult Social Care for CQC Inspection.

November 2023

Contents

Foreword

In August 2023 the Corporate Improvement Scrutiny Committee agreed to convene a Task and Finish group to understand and investigate the preparations for the Care Quality Commission's inspection of Adult Social Care Services.

The inspection will be the first of any Adult Social Care department by a regulator in approximately twelve years. The Care Quality Commission (CQC), the independent regulator of health and adult social care in England, is reintroducing these in every Council, with a two-year programme starting in Autumn 2023.

The scope (Appendix A) of the Task and Finish group is to consider whether recommendations are needed to improve the accuracy of Slough Borough Council's CQC self-assessment and/or suggest further preparatory work which may improve the chances of a more favourable assessment by CQC inspectors, along with its costs and benefits.

I am very grateful to the members of the Task and Finish group for their input and contribution to our work. I would also like to thank the Scrutiny officer and the support provided by the Director of Adult Social Care.

Our review highlighted several themes concerning data, people and learning from the pilots which have informed the recommendations of the Task and Finish group. I hope the recommendations are endorsed by the Scrutiny Committee and approved by Cabinet, as these will support an improvement in the Council's preparedness as well as services and outcomes for Slough residents.

Councillor Christine Hulme
Chair
CQC Preparedness Task and Finish Group

Executive summary and recommendations

A Scrutiny Task and Finish group on preparedness for inspection of SBC's Adult Social Care (ASC) by the Care Quality Commission (CQC) was convened in September 2023.

Its task was to review the internal programme of activity to date and consider whether recommendations were needed to improve the accuracy of Slough Borough Council's CQC self-assessment and/or suggest additional preparatory work which could improve the chances of a more favourable assessment by CQC inspectors.

An accurate self-assessment leads to increased understanding, not only of what may need to improve, but also of what inspectors expect. This can support improvements in the quality of services by Adult Social Care and mitigation of risks, in turn improving the experiences and outcomes of service users, carers and others.

The Task and Finish Group have made the following recommendations to improve the ASC's preparedness for CQC inspection. Cabinet is recommended to:

a. Focus resources on those areas where self-assessment has identified the most opportunity for improvement. Consideration should be given to whether some areas could be safely deprioritised in order to deliver more impactful improvements in another areas.

b. Carry out an audit of officers' data analysis skills to identify the analytical skills and capabilities of officers in different departments across the organisation. Staff with data skills should be used to help mitigate those risks identified by the self-assessment that are dependent on data collection, analysis and interpretation (recognising that not all risks are addressed by this skillset).

c. Prepare an 'inspection visit action plan' that will be used to guide the council upon receipt of notification of a pending inspection.

d. Ensure that the Integrated care systems/Board continues to be engaged with and that it understands its role and relevance in an inspection of Adult Social Care (noting that they will be subject to their own CQC inspection too).

e. Document the Slough Story and a Vision for ASCs ambition as soon as possible and circulate it to stakeholders as the first phase in the Council's engagement on the pending CQC assessment.

In addition, the task and finish group was instrumental in highlighting an issue which was dealt with during the life of the T&F group. As per section 3.2.1, Members expressed concern that a considerable body of work was underway which was outside of "business as usual". They also recognised the considerable financial pressures being faced by the Council and that additional resource in support of this work would be unlikely. Nevertheless, their discussions threw this issue into focus and the Portfolio Holder and Executive Director took action during the life of this task and finish group to ensure that CQC preparedness support continued to the end of the Calendar Year. This is a good example of how the process of carrying out a T&F can be as valuable as the recommendations themselves.

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1. Introduction

Effective overview and scrutiny provides constructive 'critical friend' challenge and ensures the voice of the public is heard. It should be led by objectivity and evidence by people who take responsibility for their role and drive improvement in public services.

This report sets out the work and conclusions of a task group of the Corporate Improvement Scrutiny Committee (CISC) that was convened at the beginning of September 2023. The Task Group met on 4 occasions, the fourth meeting taking place on the 28th September 2023.

The benefits of this independent review are that:

- Slough Borough Council's Cabinet can be more assured that the CQC self-assessment of July 2023 represents a fair account of Adult Social Care at that point in time; and

- Recommendations for further preparatory work may improve the chances of making service improvements which would amount to a more favourable assessment by CQC.

1.1 Membership

Councillors:

- Christine Hulme (Chair)
- Siobhan Dauti
- Andrea Escott;
- Fiza Matloob;
- Frank Mark O Kelly;
- Subhash Mohindra.

Supported by:

- Amanda Halliwell, Interim CQC Assessment Lead
- Marc Gadsby, Executive Director of Adult Social Care
- Michael Edley, Governance and Scrutiny Officer

1.2 Terms of Reference

At the July 2023 meeting of CISC, it was agreed that a task and finish group would be convened during four meetings in September to carry out a rapid review of ASC's self-assessment and associated documents and data. The relatively short period of investigation was predicated on availability of officers and the need to report any findings to Cabinet before the end of the year on the assumption that the likelihood of CQC carrying

out their assessment increasing significantly in the New Year 2024. From a pragmatic point of view, the approach to this investigation was one of selected data forming the basis of question-and-answer sessions with officers and conversations about the key issues that emerged.

The group agreed to:

- Meet with relevant officers for the self-assessment to discuss and agree the key lines of enquiry; and
- Bring a report back to a future meeting of Scrutiny for consideration.

The objectives of the group set out in the terms of reference were to:

- consider whether recommendations are needed to improve the accuracy of Slough Borough Council's CQC self-assessment
- suggest further preparatory work which may improve the chances of a more favourable assessment by CQC inspectors, along with its costs and benefits.

The group agreed the scope of the work in its first meeting, along with the key issues that would be addressed at each of the three meetings that followed. (See Appendix A).

2.   Background

The Health and Care Act 2022 established a new duty for Care Quality Commission (CQC) to independently review and assess the performance of local authorities in delivering their adult social care functions, as set out under Part One of the Care Act 2014 (Care and support).   As well as identifying local authorities that are not able to demonstrate an acceptable level of service to their residents, the assessments will provide a greater understanding of practice and provision at local level, making it easier to see what is working well, and make good practice, positive outcomes and outstanding quality easier to spot and share nationally.

The performance of Adult Social Services has been measured, mainly, through the Adult Social Care Outcomes Framework (ASCOF) and by nationally co-ordinated surveys. The introduction of CQC Inspections for core functions is a new requirement that will bring greater transparency to this sector. It is reasonable to expect that this will incentivise many authorities to seek to drive up standards in ASC performance.

The ethos behind the CQC assessment is summarised in Figure 1 below. A summary of the assessment framework adopted by the CQC can be found in Appendix B.

Figure 1: The ethos behind the CQC assessment

Evidencing what we do

3. Preparations in Slough: Evidence and related Discussions

Task Group Members were provided with an overview of**;**

- Timeline of preparations for CQC Assessment that started in September 2022 (Appendix C)
- Results of the August Self-assessment (Appendix D)
- A 'CQC KPI scorecard'
- An 'ASC DLT Balanced Scorecard'

The Information in Appendices C and D were the main focus of discussions in relation to the work undertaken to predict the likely outcome of the CQC Assessment and the key areas of risk in terms of significant gaps in or unreliability of data.

Appendix C is self-explanatory, providing a detailed view of activity taken by the service so far to assure itself of its readiness and identify areas for improvement.

Appendix D is a summary document provided by SBC officers which provides a high-level self-assessment of the council's performance against its duties under Part 1 of the Care Act 2014. The methodology used, including the RAG-rating provided, is informed by the draft version of the assessment framework which the CQC has published online, but it is a locally-created system in order to assist the council to model the potential outcome of an assessment. It is important to note that this is an internal document showing progress at a point in time, at the beginning of August 2023. It is included so as to give an indication of areas which were covered in more detail by the 'CQC KPI scorecard' and 'ASC DLT Balanced Scorecard' reviewed by task and finish group members.

The KPI scorecard and DLT balanced scorecard were detailed operational documents which were shared with the T&F group members in confidence while still in draft. They

provided a useful insight into the operational situation, which assisted the group in their enquiries.

Implicit in the CQC framework was that weaknesses in any aspects of the assessment would be compounded if there were also gaps in data and documents that directly impacted on the council's ability to carry out and evidence a self-assessment with any degree of certainty. Such gaps would also presumably undermine the ability of the council to explain what it does (See Fig 1 above).

It was clear that a large amount of work was underway to collect and analyse data and other forms of evidence such as documents, evidence of arrangements, documents providing internal guidance for staff in order to best understand the council's position and any gaps which needed to be filled. This report does not attempt to reproduce or summarise the full breadth or depth of this information, as this was out of scope for the task and finish group.

3.1 The self-assessment

Prior to the work of the task and finish group, three self-assessments had been undertaken by the council's CQC lead officer, most recently in August 2023.   Each iteration concluded that SBC would struggle to avoid a poor assessment. This was due, in part, to the unavailability of some items of evidence that would be needed to support the Slough response to the quality statements identified by the CQC.

Members' questions and discussions explored the issues identified by the self-assessments (such as gaps in data and documentary evidence, or evidence of unfavourable performance) and the work that was being undertaken to address these issues. Each self-assessment suggested improvement over the previous one, shown by the RAG rating of the assessment framework's themes and related quality statements (Appendix D) although the process also brought to light new issues that needed to be addressed.

Members also discussed with officers the degree to which they had confidence in the quality of the information being drawn together. Whilst it was clear that officers had put in place actions to cross-check and reconcile information, gaps in responses from officers in relation to QA of information is an area of improvement. Nonetheless, members were of the view that the approach to establishing the status of ASC (in relation to the self-assessment) was structured and rigorous and that, based on the available information (and all that this implies), the self-assessment was probably a fair reflection of ASC at that point in time.

Members then moved to the forward-looking action plan continuing the preparations for CQC inspection and to determine whether there was the potential for Slough to achieve a rating of "Requires Improvement" and thereby to avoid the lowest rating of "Inadequate".

3.2 Additional measures to prepare for assessment.

3.2.1 Actions related to people.

Members discussed at some length the work underway to continue preparing for a pending inspection. It was made clear to members that much of the work to date had been undertaken by the CQC Lead based upon information provided by officers in the directorate. A significant challenge facing the preparations was that the data collection, collation and evaluation activities would need to be owned by officers and managers within the 'business as usual' capacity of the service going forwards.

Members learned that an inspection would expect all officers to be broadly familiar with the 'Slough story' and to demonstrate a broad understanding of the borough's socio-demographics, and other drivers that contributed to the needs of Slough in relation to ASC and the performance of services as a consequence.

The CQC assessment would also include interviews with Slough BC members and a potentially wide range of stakeholders, including VCS organisations, service users, and colleagues in other public service organisations. The work to provide these stakeholders with relevant information about the pending inspection and the "Slough Story" had barely begun, due to the prioritisation of other crucial aspects of the preparedness work, such as collection and analysis of evidence to complete the full self-assessment and project management of that, along with the production of an internal guidance manual for staff.

Members expressed concern that the embedding of activities and the need to support officers and key stakeholders leading up to an inspection, coupled with the existing challenges in information collection and collation, represented a considerable body of work that would require ongoing monitoring and activity that was outside of "business as usual". They also recognised the considerable financial pressures being faced by the Council and that additional resource in support of this work would be unlikely. Their discussions did, however, bring into harsh focus the significant pressures officers were facing and the risks of not sustaining the focus and support on the CQC preparedness work that had been in place to date. This was acknowledged by the Portfolio Holder and Executive Director who took action during the life of this task and finish group to ensure that CQC preparedness support continued to the end of the Calendar Year. This is a good example of how the process of carrying out a T&F can be as valuable as the recommendations themselves.

3.2.2 Action related to data and optimising the outcome of a CQC assessment.

Members were interested in whether there was the opportunity to interrogate the RAG ratings in the self-assessment framework (Appendix D) to determine, for each Red or Amber Quality Statement whether additional work to move the RAG from Red to Amber or from Amber to Green might make a material difference to the overall assessment. Members understood that activity on some other Quality Statements may have to effectively

cease as a trade-off, and that there would be a risk that the RAG status of those other areas might drop.

Members favoured a pragmatic approach to focus resources where their impact might have the biggest potential to improve the assessment, albeit at the expense of other areas where further work would have little chance of changing the RAG rating. These discussions led to **Recommendation a** in Section 4.

Members discussed the view that the culture and practice nationally of service level data collection and analysis had become increasingly light touch over a number of recent years. Over the same period resources had become increasingly limited so that they had been directed to service provision, almost certainly at the expense of measurement, analysis, monitoring and reporting.

Preparations for the CQC and other interventions seemed to suggest that officers with the right numerate and analytical skills to support departments are now spread more thinly than before. Members were of the view that, whilst not proposing additional resources in this respect, there may be opportunities to maximise the relevant skills that exist across the whole organisation to develop a more flexible and effective resource that would focus on corporate priorities in a more focused, time managed way. This is expressed in **Recommendation b** in Section 4.

3.3 Learning from Pilot authorities

The committee chair attended an online seminar, where feedback was provided by two authorities (Lincolnshire and Suffolk) that had volunteered to be subject to a CQC assessment as pilot authorities prior to the full roll out of the new programme.

The Chair's notes on key points of learning are provided in Appendix E. There are several points that serve as confirmation on process rather than requiring specific action. The learning has however led to a further three **Recommendations c, d and e**, in Section 4.

It is understood that the matters addressed by recommendations c and e are already planned by the council, with the intention that they will proceed when resource constraints allow. These matters are the creation of an 'inspection visit action plan' and creating and disseminating a 'Slough Story' and a 'Vision for ASCs'.

4. Conclusion: Recommendations

The Task and Finish Group have made the following recommendations to improve the ASC's preparedness for CQC inspection. Cabinet is recommended to:

a. Focus resources on those areas where self-assessment has identified the most opportunity for improvement. Consideration should be given to whether some areas could be safely deprioritised in order to deliver more impactful improvements in another areas.

b. Carry out a data analysis skills audit to identify the analytical skills and capabilities of officers in different departments across the organisation, so that those staff with data skills can be redeployed to help mitigate risks identified by the self-assessment that are highly dependent on data collection, analysis and interpretation (recognising that not all risks are addressed by this skillset).

c. Prepare an 'inspection visit action plan' that will be used to guide the council upon receipt of notification of a pending inspection.

d. Ensure that the Integrated care systems/Board continues to be engaged with and that it understands its role and relevance in an inspection of Adult Social Care (noting that they will be subject to their own CQC inspection too).

e. Document the Slough Story and a Vision for ASCs ambition as soon as possible and circulate it to stakeholders as the first phase in the Council's engagement on the pending CQC assessment.

In addition, the task and finish group was instrumental in highlighting an issue which was dealt with during the life of the T&F group. As per section 3.2.1, Members expressed concern that a considerable body of work was underway which was outside of "business as usual". They also recognised the considerable financial pressures being faced by the Council and that additional resource in support of this work would be unlikely. Nevertheless their discussions threw this issue into focus and the Portfolio Holder and Executive Director took action during the life of this task and finish group to ensure that CQC preparedness support continued to the end of the Calendar Year. This is a good example of how the process of carrying out a T&F can be as valuable as the recommendations themselves.

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Appendix A: Scope of Scrutiny.

SUMMARY: Slough can expect to be an early candidate for CQC assessment of Local Authority Assurance in relation to its Adult Social Care (ASC) services. In preparation for this the Director has commissioned an independent Self-Assessment and some initial work in readiness for the CQC. This Scrutiny Task Group will seek assurance that the self-assessment is a true reflection of ASC services and explore further options to improve preparedness and any practicable options to improve aspects of the self assessment.				
Scrutiny Officer	Michael Edley	**Steering Group**		Cllrs: Christine Hulme (Chair) Andrea Escott, Siobhan Dauti, Fiza Matloob, Subhash Mohindra, and Frank Mark. O Kelly.
Project Lead	Amanda Halliwell			
Strategic Lead	Marc Gadsby (Director)	**Other stakeholders**		

Outcomes	Objectives	Outputs
The Cabinet is assured that, on the basis of the work undertaken, the CQC Self-assessment represents a true account of ASC as of July 2023	T&F Group to evaluate work in completing the self-assessment	• Interim Report to OSC relating to scrutiny of the approach to self-assessment and any related recommendations.
The Cabinet is able to make an informed decision including an assessment of the costs and benefits regarding possible options for further preparative work going forward that might improve the chances of a more favourable CQC assessment.	T&F Group to identify further options to improve preparedness as well as propose any practicable actions that may improve elements of the self-assessment	• Report to OSC and Cabinet regarding options and possible recommendations
In Scope	**Out of Scope**	**Critical Success Factors**
Those aspects of the CQC assessment framework for which data is available and has been collated.	Aspects of the assessment framework where data is unavailable/uncollated	Focus of inquiry and best use of members time

Work streams	Objectives	Outputs/milestones	*Target Date / Completed*
Meeting 1 (1 hour) 6th September	• Agree scope, timetable and key lines of enquiry. • Discussion regarding the self-assessment (slide 13) and members' direct experiences (personal or of constituents) provided after the meeting	• Agreed scope (this doc) • Members' experiences will be collected and collated as part of the evidence base.	*6 September* *7 September*
Meeting 2 (1 Hour) 14th September **Outcome 1**	• Understand the work undertaken and the broad evidence base, quality assurance etc leading to the Self-Assessment. • Q&A with members focussed on the approach and degree to which the SA is fair	• AH – approach timeline and feedback • Summary of main findings + any recommendation	*7th Sept* *18th Sept*
Meeting 3 (2 Hours) 20th September **Outcome 2**	Members in two groups (2 members + 3 members) to focus on different Quality statements and what further preparation is needed/add value going forward and if any practicable service improvements might have impact	• AH to supply 2 Info packs in terms of direction of travel and what is still planned and what else could be done in preparing the assessment, possibly in categories (information, people and communication) 1 pack relating to QS1 and QS2, the other relevant to QS4, QS6 &QS7[1] • Interim summary of main findings & recommendations	*Friday 15th*
Meeting 4 (1 Hour) 28th September	Members to agree overall findings and recommendations as basis for final report	• Initial draft report comprising findings and recommendations in 2 interims. • Final Draft	*October* *10th November*

Appendix B: Summary of CQC inspectionframework

CQC Assessment

Amanda Halliwell
Interim CQC support lead

Adult Social Care, Slough Borough Council
October 2022
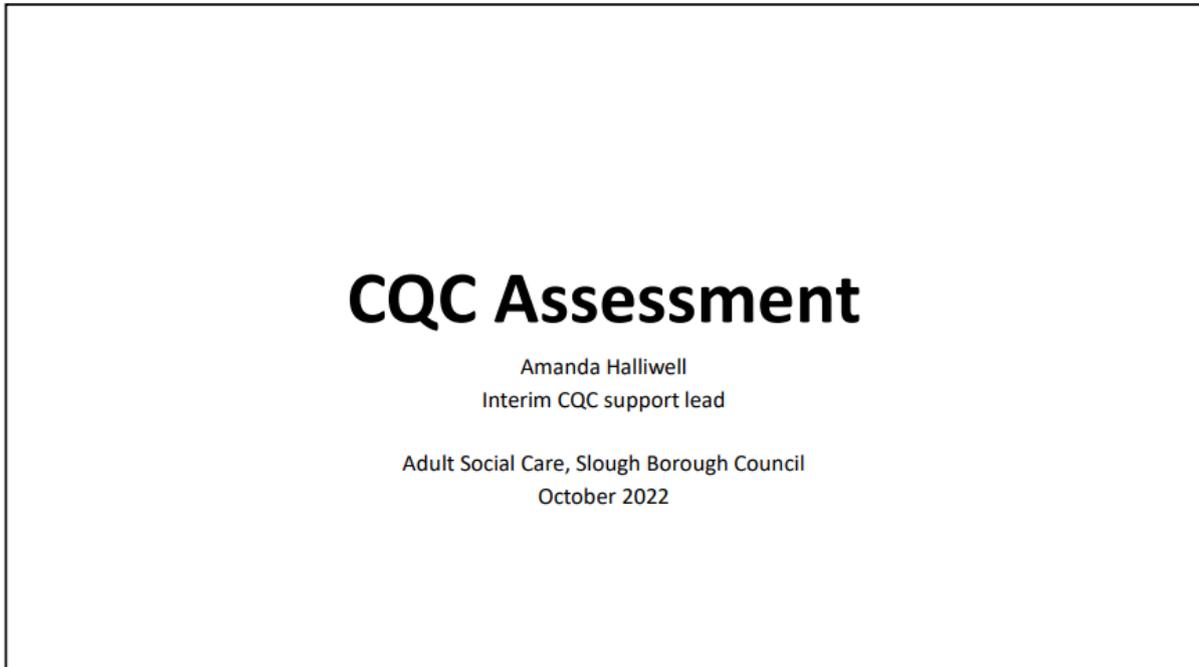
1

CQC Assessment Framework

Current	From January 2023
3 inspection frameworks	1 framework for all providers, LAs and ICSs
5 key questions: Safe, Effective, Caring, Responsive, Well led	5 key questions and 4 levels of rating are unchanged
4 levels of rating: Outstanding, Good, Requires Improvement, Inadequate	KLOES replaced by 34 Quality Statements
ASC has 24 KLOEs	8 will apply to local authorities and ICSs

Evidence for CQC

6 evidence categories (5 for LA)	**Evidence is specified**
Feedback from:	• Specific data indicators
• Service users	• Specific documents
• Staff (interviews & focus groups)	• Evidencing processes which CQC lists
• Partner organisations	
	Evidence will be *scored*
Processes	
	Evidence will be evenly weighted
Outcomes	

3

Evidence for CQC

Self-assessment	**Case notes – 'tracking'**
Data indicators	**Documents**
• Statutory returns	• strategic plans, commissioning strategies
• CQC ratings profile of local regulated services	• evidencing that learning has been implemented and embedded
• National capacity tracker metrics	• the effectiveness of policies and procedures

Quality statements

4 themes for LAs and ICSs

8 Quality statements

How Local Authorities:

• work with people

• provide support

• ensure safety within the system

Leadership

5

Quality statements

Theme 1: How Local Authorities work with people

Assessing needs

Supporting People to live healthier lives

Care planning & review
Direct payments
Charging arrangements

Prevention
Information & advice
Wellbeing

Quality statements

Theme 1: How Local Authorities work with people

Assessing needs

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

Supporting people to live healthier lives

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support

7

Quality statements

Theme 2: How Local Authorities provide support

- ***Care provision, integration and continuity***

- ***Partnerships and communities***

Focus includes: market shaping, commissioning, workforce capacity and capability

Quality statements

Theme 3: How the local authority ensures safety within the system

- *Safe systems, pathways and transitions*

- *Safeguarding*

Focus includes: continuity of care, Safeguarding Adults Board

9

Quality statements

Theme 4: Leadership

- *Governance, management and sustainability*

- *Learning, improvement and innovation*

Focus includes: culture and strategic planning

10

Appendix C: Self-assessment activity timeline

Date	Activity	Method	Outputs	QA	
Sept to early Nov 2022	AH starts as Interim CQC Lead **Self-assessment 1** AH creates reporting format to mirror CQC's draft Assessment Framework	• Weekly meetings with ASC CQC team • AH one to one interviews of key ASC staff, small no of partners & wider council staff. See Interviewee list (F) • AH gathers, reviews & logs evidence (data & documents)	• AH creates a findings report template to mirror CQC's Assessment Framework • Detailed self-assessment report of findings & recommendations per Quality Statement • Summary report 04 11 22 (E) • 62 point action plan 04 11 22 consolidating basics • Evidence bank on X folders • DLT report 12 10 22 (C) • CLT report 19 10 22 (D) • CQC Awayday intro 10 10 22 (B)	26 10 22	Discuss findings & recommendations with ASC CQC team per Quality Statement
				End Oct	AH makes any adjustments needed, gained from feedback
				12 & 19 Oct 22	Feed back to DLT & CLT
				28 10 22	Feed back summary points to People Too (Consultants assisting SBC)
Nov to Jan 23	ASC CQC team progresses the action plan (AH away)		Some meetings held but little progress made		
Early Jan to end Mar 2023	AH resumes work **Monitor & support progression of action plan** **Self-assessment 2** – at summary	• Weekly meetings with ASC CQC team up to 22 03 23 – monitoring, fact finding, updating team / AH • ASC CQC team progresses action plan & AH liaises continuously • AH gathers, reviews & logs progress & further evidence • AH manages programme of policy development including editing & some drafting	• Action plan & meeting slides kept up to date • Summary self-assessment report updated 23 03 23 • Evidence bank on X folders - additions • DLT report 30 03 23 (G) • CLT report of 30 03 23 (H) at meeting of 10 05 23 • CQC brief coverage at Awayday Jan 2022	End Mar 2023	Discuss / email findings & recommendations with ASC CQC team per Quality Statement
				End Mar 2023	AH makes any adjustments needed, gained from feedback

Date	Activity	Method	Outputs	QA	
	level only (end Mar)	• AH lists & prioritises further CQC prep work (not connected to evidence for Quality Statements) which needs resourcing (eg engagement, CQC visit logistics etc)		30 03 23	Reviews effectiveness of weekly team meetings & proposes change of approach to DLT, to weekly one to ones - accepted
				Mar & May Oct	Feed back to DLT & CLT
April to early July 2023	**Monitor & support progression of action plan**	• Change weekly meetings to (largely) weekly one to ones with individual members of ASC CQC team • ASC CQC team progresses action plan • AH gathers, reviews & logs further evidence • AH manages programme of policy development including editing & some drafting, and version control	• Evidence bank on X folders - additions		
July to early Aug 2023	**Self-assessment 3** Responsibility for subsequent updates of self-assessments moves over to named staff on 02 08 23	• Weekly one to ones on hold while AH updates detailed findings & action plan • AH meets with Project Manager of inspection improvement work at SBC's Children First. As a result, puts the updated CQC action plan into same format as theirs, to include related text from CQC framework. This shows <u>why</u> each action is needed	• AH creates a RAG-rated one page table of ASC's performance against CQC's full Assessment framework (I) • (No Summary report as used RAG rated table instead) • Detailed self-assessment report of findings & recommendations per Quality Statement • New 145 point action plan 03 08 23 (J) in new format	July and 02 08 23	Share draft self-assessment per Quality Statement, and action plan, by email and meeting (K) with ASC CQC team 02 08 23
				July and 02 08 23	Sign sheet to log which staff confirm have read and agree findings – incomplete responses

Date	Activity	Method	Outputs	QA	
			• Evidence bank on X folders - additions • Evidence spreadsheet logging all evidence • Email confirming ASC CQC team's nomination of individuals to update each Quality Statement from here 02 08 23 (L)	End July / early Aug	AH makes any adjustments needed, gained from feedback
Aug 2023	ASC CQC team progresses the action plan (AH away)				
Sept 2023	ASC CQC team progresses the action plan (AH away) **AH - Scrutiny project**	*Intentions:* • *Catch up on progress of action plan inc full team meeting end Sept* • *Focus on Scrutiny work* • *If time – AH to progress preparing staff for CQC visit / engagement*	*Intentions:* • *Scrutiny final report 09 11 23*		
Oct 2023+	**Self-assessment 4 – due Dec 2023**	*Aiming for 6 monthly update so that the document needs little adjustment at point of its request from CQC*			

Appendix D: Internal Self-assessment as of August 2023

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CQC SINGLE ASSESSMENT FRAMEWORK – Slough self-assessment 03 08 23 v16   D R A F T   *Themes, Quality statements, Evidence: feedback, processes, outcomes*

Theme 1: Working with people

QS1: Assessing needs
- Feedback: people; staff & leaders; partners — [amber]
- Assessment, care planning & review processes & pathways from first contact w LA
- Arrgments for ensuring timely assessment, care planning & care reviews — [red]
- Arrgments for offering, allocating & overseeing DP — [green]
- Arrgments for making Care Act eligibility & care funding decisions, inc appeals
- % of carers: self-dir'd support — [?]
- % of SU: self-dir'd support — [?]
- % of long-term support clients reviewed (planned & unplanned) — [red]
- % of carers: direct payments — [green]
- % of SU: direct payments — [green]

QS2: Supptg ppl healthier lives
- Feedback: people; staff & leaders; partners — [amber]
- Prevention strategy & assoc plans
- Preventative svces profile & other measures to prevent, delay & reduce need — [red]
- Arrgments for access to equipment /adaptations — [red]
- Arrgments for providing accessible info/advice — [red]
- % of ppl 65+ received reablemt or rehab after hosp discharge
- % SU 65+ at home 91 days after discharge from hosp to reablement / rehab — [?]
- % ppl w LD who live in own home / w family
- % SU who received short term support who no longer need support — [green]

QS3: Equity in experience & outcomes
- Feedback: people; staff & leaders; partners
- Arrgments for identifying & reducing inequality of experience & outcomes re Care Act, inc strategies, action plans, EIAs, evidence of impact & outcomes
- Equality objectives & delivery plans
- Annual reporting for Public Sector Equality Duty
- Arrgments for engaging w people to understand their experience re Care Act duties
- Inclusion & accessibility arrgments eg BSL, Health Inequalities Dashboard
- No outcomes specified

CQC to assess via publicly available documents

Theme 2: Providing support

QS5: Ptnerships & communities
- Feedback: people; staff & leaders; partners — [?]
- Use of BCF — [green]
- Ptnership wrkng & arrgments to deliver shared local & national objectives, eg: — [green]
  - hospital discharge — [green]
  - inequalities
  - Transforming Care — [amber]
- Enabling mechanisms eg
  - information-sharing
  - roles & responsibilities — [amber]
  - accountabilities — [amber]
- No outcomes specified

QS4: Care prov, integ & continuity
- Feedback: people; staff & leaders; partners — [?]
- JSNA — [green]
- MPS & Market shaping plans — [amber]
- Mkt sustainability plan — [green]
- Cost of Care ex outputs — [green]
- Commg strategies inc joint & specialist, & arrgments for monitoring impact — [red]
- Use of Out of Area placements & trends last 3 years — [red]
- Arrgments for quality monitoring & improving commissioned services, inc OOA — [amber]
- Workforce strategy to support LA wrkforce capacity & capability — [red]
- ASC workforce pressure
- Bed occupancy (residential) & spare hours (community)
- CQC ratings profile: prov in LA — [amber]
- Contracts handed back & why
- Embargoes in last 12 months — [amber]
- Profile of Carers' services commissioned & other — [green]
- No of regulated providers exiting the market last 12 mth — [amber]
- CQC safe & effective staffing QS scores of providers in LA

Theme 3: How the LA ensures safety within the system

QS6: Safe systems, pathwys, transns
- Feedback: people; staff & leaders; partners — [amber]
- Pathways when move between services & agencies: design, evaluation, review
- Contingency planning & emergency preparedness for provider failure & service continuity — [red]
- Information sharing protocols — [amber]
- No outcomes specified

QS7: Safeguarding
- Feedback: people; staff & leaders; partners — [amber]
- SAB annual strategic plan & report — [green]
- SAR reviews, learning & actions — [amber]
- Processes & pathways for mg'g safeg alerts, enqs & investigs — [amber]
- Tracking, oversight & QA of safeg — [red]
- Strategic governance of safeg themes, trends & outcomes — [amber]
- Processes for responding to repts/ reviews inc Coroner's Reg 28, domestic homicide, MH & serious incidents — [red]
- NHS Digital trends & no of safeg refs made & proportion meet S42 — [amber]
- % of people lacking capacity supported by advocate, family member or friend — [green]

Theme : Leadership

QS8: Gov, mgt & sustainability
- Feedback: people; staff & leaders; partners — [amber]
- ASC vision & strategic plan(s)
- Governance arrgments for deliv Care Act duties inc QA, risks to delivery, impact on people's experience & outcomes — [red]
- ASC risk register & arrangements for internal & external escalation — [amber]
- Arrgments for LA's compliance w UK data prot'n legislation — [green]
- Carers' strategy
- No outcomes specified

QS9: Learning, impr & innovation
- Feedback: people; staff & leaders; partners — [amber]
- Learning from feedback eg people's experience, WB info, serious incidents & serious case reviews
- Coroner Reg 28 reports — [0]
- Accreditations with external organisations
- Co-production processes — [amber]
- Innovation policy or strategy — [amber]
- No outcomes specified

This summarises CQC's document: https://www.cqc.org.uk/local-systems/local-authorities/assessment-framework

Amanda Halliwell 2023

Appendix E: Update from Pilots in Lincolnshire and Suffolk.

Selection of LAs and Timings

The next set of LA s to be inspected will be balanced in terms of geography and types of councils.

In terms of timescales, they suggest about 9 weeks' notice, but there is some fluidity around this.

The actual inspection on site 2 to 3 days and online about a week.

People

The CQC will meet with the Lead Member and Shadow Lead Member. A lot of questions about how they see things locally.

The CQC will want to see staff without their line manager present.

Members will need to understand the 'story' and explain different performance indicators. Understand the vision for ASC in the Council. What residents are saying. Governance, understanding oversight, outcomes and performance. Line Managers getting out and about talking to staff and providers. Relationships with the DASC. Developing must knows.

They will also speak to the Director of Public Health, Senior Social Worker, Chair of Wellbeing Board.

Adult Safeguarding Board – They will talk to the Chair.

The CQC will seek added views from the Vol Sector in addition to the written evidence. They went through the evidence submitted and decided what they wanted and what they did not want to use.

In terms of the Vol groups, they looked at how easy it was to engage with them, and they looked at wider groups that were not engaged with the LA.

Service users - they will also want to meet groups involved in co-production. Look at case tracking and want to speak to carers. They place importance on getting peoples view on how the LA capture peoples views.

The biggest learning curve is the onsite element to the assessment. I.e. meeting people and getting a sense of place and a sense of systems. Rich information on this should be provided prior to the visit.

Resources and systems

They will look at staffing and the size of teams.

They will assess systems ensuring that they meet the Care Act requirements.

They will avoid looking too much at the money/finances.

Integrated Care

They will look at the Integrated Care Systems locally. They will also look at other regulatory activity going on in councils? LA s will receive a letter with request for info.

Integrated Care System – They will look at leadership and what is means for a Line Manager. They will look at the LA s relationship with the Integrated Care Board, though not really a priority for the CQC. But will examine hospital discharges and moves into social care.