

## **ADULT CARE AND WELL BEING OVERVIEW AND SCRUTINY PANEL 15 MARCH 2022**

### **CARE QUALITY COMMISSION (CQC) ASSURANCE FRAMEWORK FOR ADULT SOCIAL CARE**

---

#### **Summary**

1. The Panel will consider the following briefing paper which provides an overview of the new Care Quality Commission (CQC) assurance framework for adult social care and a summary of the integration white paper, 'Health and social care integration: joining up care for people, places and populations' published 9 February 2022.
2. The Cabinet Member with Responsibility for Adult Social Care and the Strategic Director of People have been invited to attend the meeting to respond to any queries from Panel Members.

#### **Health and Care Bill**

3. On 6 July 2021, the Health and Care Bill was published, setting out key legislative proposals to reform the delivery and organisation of health and care services in England, to promote more joined-up services and to ensure more of a focus on improving health rather than simply providing health care services. The bill builds on existing non-statutory Integrated Care Systems (ICSs) through the creation of Integrated Care Boards (ICBs) and the creation of Integrated Care Partnerships (ICPs) in each local area. The bill is currently at report stage in the House of Lords with the first sitting planned for the 1 March 2022.

#### **New Assurance Framework**

4. The Care Act 2014 removed the duty under section 46 of the Health and Social Care Act 2008 on the CQC to conduct periodic reviews of adult social services provided or commissioned by local authorities, assess the local authorities' performance following each review and publish a report of its assessment. In addition, the Health and Social Care Act 2012 had limited the power of the CQC, under section 48 of the 2008 Act, to carry out 'special reviews' of local authority adult social services to cases where this had the approval of the secretary of state.
5. Since 2010 councils have worked together to support their own performance through "sector-led improvement", typically on a regional basis and involving sharing information and data, and teams of council practitioners and managers conducting peer reviews of other authorities.
6. However, the Health and Care Bill will introduce a new legal duty for the CQC to

review and assess the performance of local authorities in discharging their 'regulated care functions' under Part 1 of the Care Act 2014 and a duty for CQC to review how partners are working together within the areas of ICBs.

7. Running alongside the CQC assurance proposals are plans to introduce a new power for the health and social care secretary to intervene where it's considered that a local authority is failing to meet its duties and new provisions to mandate information standards and new powers to collect information from providers.

8. The aim of these proposals is to increase transparency and accountability within social care. The reforms will allow the CQC to highlight shortfalls of local authority delivered services in a way that is more closely aligned with how it regulates other providers in the sector.

9. On 27 May 2021, the CQC launched its new strategy, outlining how it plans to deliver more effective regulation. The aim of the new strategic direction is for CQC to move away from inspection as being the only means of making judgements and to develop an approach of ongoing assessment of both quality and risk. The aim is to make use of all relevant data sources, only using physical visits when that is the best means of gathering evidence.

10. The new 'single assessment framework' will build on the approach currently used to assess providers and will also draw upon 'I' statements used in Think Local Act Personal's Making It Real framework, which seek to reflect important aspects of personalised, culturally appropriate care. 'We' statements will also be used to clarify what standards CQC expects. For example, *"We understand the health and care needs of individuals and local communities, so care provision is planned and delivered to ensure flexibility, choice and continuity of care"*.

11. Unlike provider regulation where the CQC have an established and comprehensive Baseline, the baseline for assessing local authority duties under Part 1 of the Care Act and ICBs needs to be established. As such the CQC through February and March 2022 are holding several co-production engagement workshops with local authorities and ICS stakeholder groups and are working closely with Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA). It is planned that CQC inspection of local authority adult social care will commence from April 2023.

12. The emerging scope for local authority assurance focuses on four key themes (however, this is a changing landscape):

1. **Working with people:** How local authorities work with people (this includes: assessing needs (including unpaid carers, supporting people to live healthier lives, prevention, well-being, information, and advice).
2. **Providing support:** How local authorities provide support (this includes: market shaping, commissioning, workforce equality, integration and partnership working).
3. **Ensuring safety:** How Local Authorities ensure safety within the system (safeguarding, safe systems, and continuity of care).

4. **Leadership and workforce:** Leadership capability within Local Authorities (capable and compassionate leaders, learning, improvement, and innovation)

13. Each of the themes will have several quality statements, i.e., 'we' statements and also 'I' statements within it. Each theme will link into the relevant sections of Part 1 of the Care Act 2014 and have relevant 'key questions' attached. CQCs five key lines of enquiry questions (KLOE) remain unchanged:

1. Are they safe?
2. Are they effective?
3. Are they caring?
4. Are they responsive to people's needs?
5. Are they well led?

14. An example of how the proposed themes will link into the Care Act sections, KLOEs and proposed quality statements can be found in appendix 1.

## **Implications**

15. The new assurance system would put adults' services on a similar basis to children's services, in which local authorities are subject to regular inspection by Ofsted and government intervention if they are deemed 'inadequate'. The CQC will be required to publish its findings of inspections.

16. Where the CQC considers that the local authority is failing to discharge any of its adult social services functions to an acceptable standard, the bill will require the CQC to inform the government of this and recommend any 'special measures' that it considers should be undertaken by the government.

17. However, where the CQC considers that the failings are not substantial, it may instead choose to give notice to the local authority about what it considers the local authority is failing to do, the action that the CQC thinks should be taken to remedy failings and a timeframe within which the CQC thinks the action should be taken. The CQC must notify the government that it has taken this action. The CQC will also be given powers to conduct inspections for the purposes of its reviews.

## **Assurance Preparation**

18. To prepare for CQC assurance, the People Directorate Leadership Team (PDLT) has developed several self-assessment assurance tools that will provide an 'as is' picture of the current level of assurance in relation to Part 1 of the Care Act 2014 and will assist PDLT in improving areas identified as having lower assurance. These tools were shared with regional ADASS on 9 February 2022 during a CQC preparation session. ADASS has provided extremely positive feedback on the assurance preparation of the council to date, and the assurance tools have since been shared with DASSs throughout the region at ADASS's suggestion.

19. The tools cover the main areas of assurance that CQC inspection will consider:

- To what extent are we confident that budgets over the next three years will be sufficient to meet statutory duties (Care Act, Mental Health Act, Mental Capacity Act etc)
- What is our progress to date in meeting national priorities?
- As part of being accountable to local citizens do, we publish the local account, health and wellbeing strategy, joint needs strategic assessment, market position statement, carers strategy etc
- How is adult social care perceived by corporate and elected members, people who use services and their carers and the general public?
- Have there been any unplanned adverse events or pressures this year which have affected how adult social care is perceived?
- Have we participated in sector led improvement through the process of peer challenge?
- What is the environment which the council operates? Are there any significant politics, funding or organisational issues/changes that impact on the delivery of adult social care?
- Do we use performance data to challenge ourselves?
- How effectively have we embedded personalisation?
- Do we seek regular feedback from people who use services and their carers to ensure the outcomes they have identified have been met? Do we regularly consult with people who use services and their carers when reviewing services? Do we design services in coproduction with those who use services and their carers?
- How effectively do we keep adults safe?
- What is the quality of our relationships with local partners? How effective our integrated arrangements?
- What is the state of our local care market including the availability, quality, diversity and sustainability of care and support services?
- How have we shaped our local care market in line with Care Act requirements?

## **Integration White Paper**

20. On 9 February, the government published the Integration White Paper (Health and social care integration: joining up care for people, places, and populations) which focuses on integration at place level and aligns with the direction of travel already set out in the health and social care bill. The white paper aims to accelerate better integration across primary care, community health, adult social care, mental health, public health, and housing services which relate to health and social care. This paper largely reinforces existing policy and could be considered a green paper as there are several areas that will require further exploration and clarification.

21. The white paper focuses on the following areas:

### **Governance**

22. By the spring of 2023 each ICS must adopt a governance model which must include a clear, shared plan against which delivery can be tracked and underpinned by pooled and aligned resources.

## Leadership

23. There will be a single person accountable for the delivery of a shared plan and outcomes in each place or local area. This may be for example an individual with a dual role across health and social care or an individual who leads a place-based governance arrangement. The single person will be agreed by the relevant local authority or authorities and the ICB.

## Budget and Pooling

24. NHS and local government organisations will be supported and encouraged to do more to align and pool budgets. The government will review existing pooling arrangements with a view to simplifying the regulations for commissioners and providers. The paper states that this will continue to be subject to both NHS and local authority partners agreeing locally. There is an expectation that financial arrangements and pooled budgets will become wider spread and grow to support more integrated models of service delivery, eventually covering much of funding for health and social care services at place level.

25. However, the biggest barrier to further pooling of budgets remains long term under investment in local government which is not addressed in this paper.

## Oversight

26. Following further work with NHS and local government, the government plans to set out a framework of focused and set national priorities and an approach from which places can develop additional priorities. Shared outcomes across the ICS will need to be designed by partners and citizens across the system to ensure a shared understanding of the needs of the local population. This will come into force in April 2023. Local leaders will be responsible for working with partners to develop their priorities and should focus on outcomes rather than outputs. Local partners and ICSs will be responsible for identifying and addressing issues and barriers to delivery.

27. The CQC will play a key role in overseeing the planning and delivery of these outcomes as part of its assessment of ICSs.

## Digital

28. ICSs will be required to develop digital investment plans for bringing all organisations to the same level of maturity. The Department of Health and Social Care (DHSC) will take an 'ICS first' approach to supporting integration, encouraging organisations within the ICS to use the same digital systems, and providing care teams working across the same individual's pathway with accurate and timely data.

29. Every ICS will need to ensure that all constituent organisations have a base level of digital capabilities and connected to a shared record by 2024 which should also have the capability that each individual, their approved carer, and care team can view and contribute to the record.

## Workforce

30. ICSs will be required to support joint health and care workforce planning at place level, working with both national and local organisations. The paper outlines the intention to introduce integrated skills passports. This will enable health and social care staff to transfer their skills and knowledge between the NHS, public health, and social care settings; and focus on roles which can support care coordinators across boundaries, for example link workers.

31. DHSC will increase the number of healthcare interventions that social care workers can carry out by developing a national delegation framework of nursing interventions and regulatory and statutory requirements that prevent flexible redeployment of health and social care staff across both sectors will be reviewed. Funding will be provided to deliver care certificates, alongside significant work to create a delivery standard that will be recognised across the social care sector.

## **Implications**

32. **Shared Outcomes:** The paper states the shared outcomes framework will be published by spring 2023 and go live from April 2023. This leaves very little time for systems to develop and align their own local priorities and prepare for delivery of the framework.

33. **Single accountable person:** Of notable concern is the expectation of a single person accountable for the delivery of a shared plan and outcomes at place level. This proposal will not change the formal accountable officer duties within local authorities or those of the ICB chief executive. But it does have potential to create a confusing landscape of individuals with overlapping responsibilities for the same populations. It is also not clear how the new accountable individuals at place will be held to account, including by the public.

34. **Children's care services:** It is disappointing that children's care services are not included in the white paper and considered outside the scope of the paper. Given, the importance of early years development, health, and wellbeing to wider population health this is a glaring omission from its scope.

## **White Paper Key Dates:**

- **By June 2022:** digital investment plans should be finalised which include steps being taken locally to support digital inclusion.
- **Spring 2023:** places are expected to adopt model of accountability, either the one developed by DHSC or an equivalent, with a clearly identified person responsible for delivering outcomes, working to ensure agreement between partners and providing clarity over decision making.
- **By 2024:** Every ICS will need to ensure that all constituent organisations are connected to a shared care record, enabling individuals, their approved carers and care team to view and contribute to that record.
- **March 2024:** Achieve eighty percent adoption of digital social care records among CQC registered social care providers.
- **By 2025:** Each ICS will implement a population health platform with care coordination functionality that uses joined up data to support planning, proactive population health management and precision public health.

- **By 2026:** All local areas should work towards inclusion of services and spend.

### **Purpose of the Meeting**

35. Following discussion of the information provided, the Scrutiny Panel is asked to:

- determine any comments for the Cabinet Member with Responsibility for Adult Social Care
- agree whether any further scrutiny is required at this stage.

### **Supporting Information**

Appendix 1- Linking Proposed Themes to Care Act sections, KLOEs and Proposed Quality Statements

### **Specific Contact Points for this Report**

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965  
Email: [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)

### **Background Papers**

In the opinion of the proper officer (in this case the Assistant Director Legal and Governance) the following are the background papers relating to the subject matter of this report:

[All agendas and minutes are available on the Council's website here](#)