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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

1 DECEMBER 2022

CARE QUALITY COMMISSION – LOCAL AUTHORITY ASSESSMENT FRAMEWORK

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Summary

This report is for information and outlines the introduction of a new assurance regime for Local Authority Adult Social Care Services which is due to be introduced from April 2023. This will expand the remit of the Care Quality Commission (CQC) to oversee the quality and performance of both Local Authorities and Integrated Care Systems (ICS) alongside the existing inspection responsibilities they hold for providers of regulated activity.

1. Budget and policy framework

1.1 The Health and Care Bill published in July 2021, provides a new legislative framework to facilitate greater collaboration within the NHS and between the NHS, local government, and other partners, and to support the recovery from the pandemic.

1.2 The Health and Care Act 2022 gave the Care Quality Commission (CQC) new regulatory powers to undertake independent assessment of local authorities' delivery of regulated care functions set out in Part 1 of the Care Act 2014

1.3 The Care Act contains five Parts and eight Schedules. Part 1 – Care and Support, sets out the legal framework for the provision of adult social care in England.

2. Background

2.1 In February 2021, the Government published the White Paper 'Integration and Innovation: working together to improve health and social care for all' and announced it would be followed by a Health and Care Bill.

2.2 The White Paper had the following key themes: working together to integrate care; reducing bureaucracy; and improving accountability and public confidence.

2.3 The Health and Care Act 2022 (the Act) received Royal Assent on 28th April 2022.

2.4 From April 2023, the CQC will review, assess and report its assessment on local authority adult social care. These reviews will specifically focus on how well the local authority is meeting its duties under Part One of the Care Act 2014. The functions to be assessed will be specified in new regulations which are anticipated to be laid before parliament in early 2023.

2.5 Part One of the Care Act's duties include:

- Wellbeing principle
- Assessment of an adult or carers needs for care and support, eligibility criteria
- Charging and financial assessment
- Duty to meet needs
- Next steps after assessment
- Direct Payments
- Deferred Payments (tbc)
- Independent advocacy support

2.6 The assessment framework will draw on the CQC's new single assessment framework for providers, local authorities and integrated care systems.

2.7 The single assessment framework is based on a set of quality statements that are arranged under topic areas and describe what good care looks like. The framework sets out clearly what people should expect a good service or system to look like; places people's experiences of care at the heart of their judgements; ensures that gathering and responding to feedback is central to our expectations of providers, local authorities and integrated care systems

2.8 For local authorities, the CQC will not be using the full set of quality statements, but a subset. This is because local authorities are being assessed against part one of the Care Act 2014, which has a different set of statutory duties than the Health and Social Care Act, which the CQC use to assess care providers and integrated care systems.

2.9 The Health and Care Act 2022, introduces a new power for the Secretary of State to intervene when it is considered that a Local Authority is failing to meet its duties.

2.10 Ministerial steer is for a single overall rating at a Local Authority level with narrative and sub-ratings. It is anticipated the CQC will use four rating levels for the overall rating: outstanding, good, requires improvement, inadequate.

3 CQC Single Assessment Framework

3.1 The new CQC Single Assessment Framework will continue to use five key questions:

- Safe
- Effective
- Caring
- Responsive
- Well-led

3.2 Under each key question there will be a set of topic areas and quality statements. The statements describe what good care looks like and will link to the regulations.

3.3 To make the judgements more structured and consistent, the CQC have also developed six categories for the evidence they collect. The evidence collected will depend on the service type (for example, a GP practice) and the level at which they are assessing (for example, registration).

3.4 The CQC calls the evidence categories required to assess each quality statement 'required evidence'. How many evidence categories they will need to consider and the sources of evidence they will collect varies according to:

- the service type/ or model
- the level of assessment (service, provider, local authority or integrated care system)
- whether the assessment is for an existing service or at registration

3.5 The CQC will be clear about the evidence required as part of these assessments. To date we await this information.

4. Planning and Preparation

4.1 Preparation is taking place in the following ways:

4.2 A Health and Social Care Oversight Board is in place, chaired by the Portfolio Holder with Senior Members of CMT in attendance.

4.3 A Quality Assurance & Performance Information Board is in place, chaired by the Director of People.

4.4 The Adult Social Care Project Officer is leading on a number of improvements, including Induction, Quality Assurance Framework, Recruitment and Retention and an experienced Project Manager is in post who will oversee all activity that will be required in the preparation for Assurance.

4.5 An away day for all Team Managers, Operations Managers, HoS has taken place to gather information in order to complete the self-assessment across all areas of commissioning and delivery to identify key areas of priority.

4.6 Engagement events will follow with all staff and stakeholders.

4.7 Strong engagement with regional and national events continues to keep abreast of developments and new information as it emerges.

4.8 A complete review of pathways and procedures will be carried out, including any necessary amendments to Mosaic.

4.9 Tri.x, the online Procedures, Practice Guidance and Tools application has been procured. This will provide practical support to teams across ASC through a range of exclusive tools and guidance.

4.10 An Improvement Plan, incorporating all necessary changes in Adult Social Care is under development.

4.11 Working with our 'buddies' Portsmouth Council and Reading Council, to share knowledge, learn from each other and act as critical friends.

4.12 We are working towards re-introducing an allocated case model and will be reviewing the current structure.

4.13 A review of all training available to ASC is underway and a directory of training will be created. Back to basics training is being developed by the Principal Social Worker and all staff will be required to attend.

5. Risk

5.1 The table below provides the Committee with an overview of current risks**.**

Risk	**Description**	**Action to avoid or mitigate risk**	**Risk Rating**
Demand and Resource	Adult Social Care is already facing significant challenges & while the ASC Transformation & Improvement programme is resulting in positive change, the ongoing increase in demand along with the recruitment difficulties create challenge in maintaining the positive changes ASC does not have an allocated caseload model as Social Workers and	A recruitment campaign with the Guardian is underway Improved induction programme to support recruitment and retention Continue to increase prevention Continue review of pathways and procedures to reduce inefficient processes.	B2

	Social Care Officers would be holding unmanageable caseloads (between 42 and 60), the average for Adult Social Workers should be 25.	Review structure of ASC.	
Care Reforms	Adult Social Care are also preparing for the Care Reforms (Fair Cost of Care and Charging Cap). The introduction of Section 18(3) of the Care Act will require additional resource to support people who previously have or would have self-funded.	Ensure that the amount of funding for implementation of the Care Reforms is used to improve capacity and implement tools that enable self-assessment.	B2
Transition from Deprivation of Liberty Safeguards (DoLS) to Liberty Protection Safeguards (LPS)	Adult Social Care preparing for the transition from DoLS to LPS while preparing for the CQC Assurance Review, with no new burdens funding	Plans to implement the transition are underway. This is a risk nationally.	C2
Care Sector	Instability of the Care Sector is a significant risk. Funded needed for cost of living increases and recruitment is causing significant difficulties	Work closely with providers, signposting for financial support and continue to work with the LGA and ADASS to lobby for funding	B2
Hospital Discharge	Expectations from NHSE leads to a disproportionate amount of time spent on hospital discharge, reducing the amount of time needed to be spent on preparation for the CQC Assurance Review	We cannot reduce the time needed to support MFT with hospital discharge, it is vital that patients are discharged as soon as they are medically fit. The Project Manager will need to manage the CQC Assurance programme carefully to ensure there are no delays	C2

Likelihood	**Impact:**
A Very high B High C Significant D Low E Very low F Almost impossible	1 Catastrophic (Showstopper) 2 Critical 3 Marginal 4 Negligible

6. Legal Implications

6.1 The cornerstone of the new assurance system will be the assessment of compliance with legal duties and responsibilities. It is therefore implicit that there may be legal implications should any compliance issues be identified through the CQC Assurance process.

7. Financial Implications

7.1 The implementation of the CQC Local Authority Framework Assessment will require a significant investment for additional resources in Adult Social Care. At present it is unclear how this will be funded; however, it is unlikely that we will be able to meet the requirements from within existing revenue budgets.

8. Recommendation

8.1 The Committee is asked to note the content of this report.

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Appendices:

None

Background papers:

None