

CQC Update - Health and Overview Scrutiny Committee July 2023



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Agenda

- Welcome & Introduction
- CQC Assessment of Adult Social Care
- Update on Pilot
- Group Discussion
- Overview of Self Assessment
- Next Steps
- Discussion and questions



CQC Assessment of Adult Social Care



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The Health and Care Bill 2022

- Reforms of Adult Social Care
- CQC has a new role looking at local areas and systems
 - The bill gives CQC a new duty for CQC to assess how **local authorities** are meeting their social care duties under part 1 of the Care Act
 - It also gives CQC a role in reviewing **Integrated Care Systems**
 - The assurance framework went live on 1st April 2023



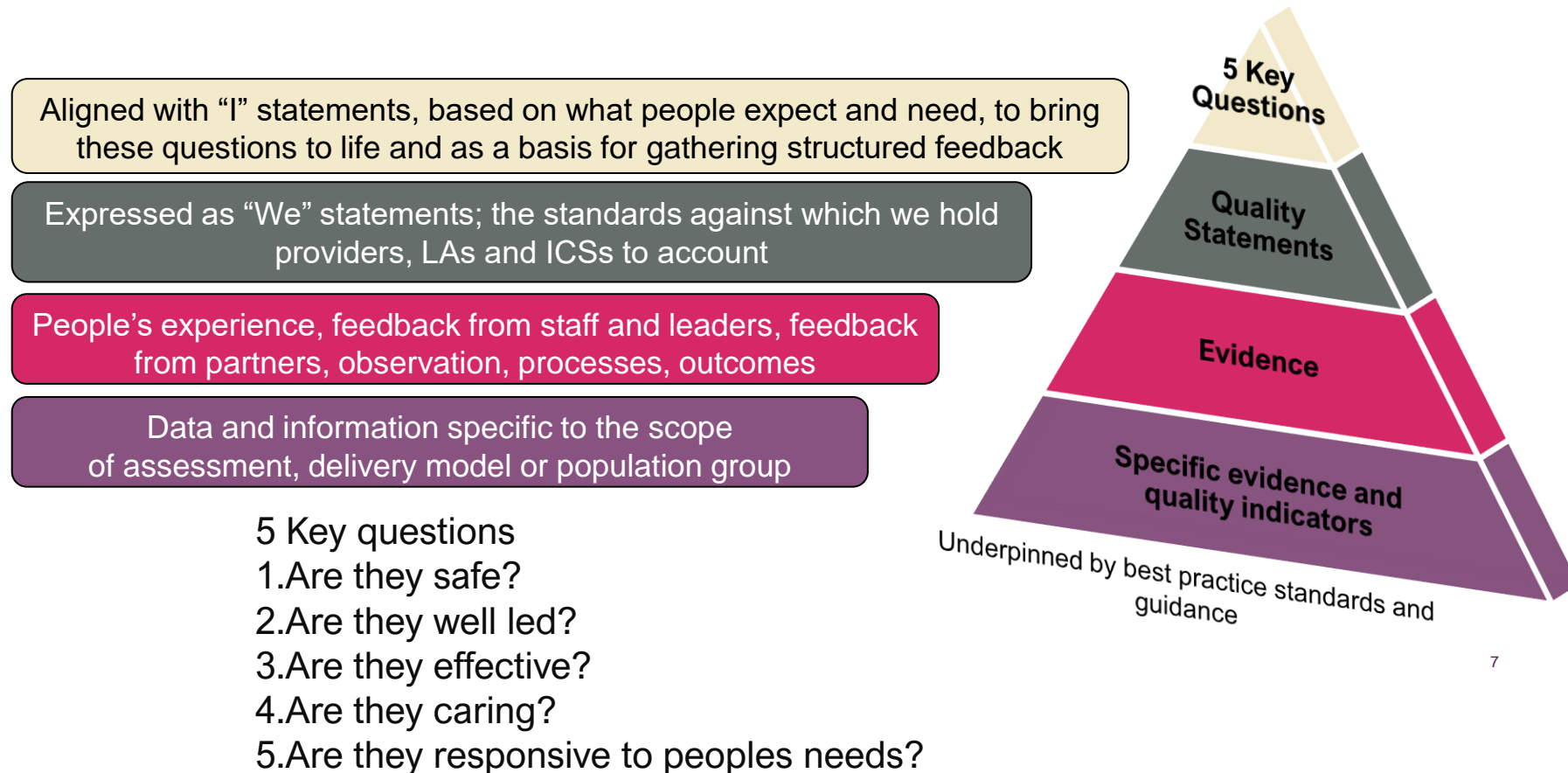
1. **Working with people (inc unpaid carers)** - assessing needs, care planning and review, direct payments, charging policy, supporting people to live healthier lives, prevention, well-being, information and advice, addressing barriers to access and reducing inequalities in experience and outcomes.
2. **Providing support** – market shaping, commissioning, workforce capacity and capability, integration and partnership working
3. **Ensuring safety** - safeguarding enquiries, reviews, Safeguarding Adult Board, safe systems and continuity of care
4. **Leadership** - culture, strategic planning, learning, improvement, innovation, governance, management and sustainability.

Each of the themes has several quality statements and 'I' statements within it

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, 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 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	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 and work with 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, and we make sure we share concerns quickly and appropriately.		We have clear responsibilities, roles, systems of accountability and good governance 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 Assessment Framework

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



Update on Pilot



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CQC Plan: April – September 2023

- The national review against 2 quality statements (Care provision, integration and continuity / Assessing needs).
- These are the first steps in developing judgements for individual authorities, and provide opportunity to benchmark data.
- CQC is piloting the new assessment regime
- Test and learn in Manchester and Hampshire
- Five pilots in Birmingham, Nottingham, Lincolnshire, North Lincolnshire and Suffolk
- Full roll-out programme from September 2023
- Our role / responsibility

Timeline and Content of Birmingham CQC Assessment

3 Elements

- Information Return – over 300 documents (reports, process maps, feedback, survey findings, Self Assessment) – submitted 9th June
- Case Tracking – 50 cases from which a group of 10 have been selected. 6 of the 10 for case tracking, 4 in reserve –submitted 9th June, follow up request for detail received 12th June; due 26th June 2023
- On-site review – 4 days on site week beginning 14th August, (interviews, focus groups and discussions)

Alongside CQC review of our published performance data

Triangulation of findings

Timing of outcome to be confirmed, but note pace

Information Return – 48 Categories of Data e.g.

Item ref No.	Evidence item	Theme	Quality statement(s)
IR 1	Local authority self-assessment – see explanatory note above	All	All
IR 2	Feedback people have sent to the local authority and feedback it has gathered itself <i>Covering the preceding 12 months from the date of completing the information return.</i>	All	All
IR 3	Compliments/complaints: summary of issues, outcomes and actions taken, for each quality statement. <i>Covering the preceding 12 months from the date of completing the information return.</i>	All	All
IR 4	Staff feedback generated by the local authority. <i>Covering the preceding 12 months from the date of completing the information return.</i>	All	All
IR 5	Feedback or reports from other regulators: Ofsted, SEND, Coroner, Local Government Social Care Ombudsman. <i>Covering the preceding 12 months before the date of completing the information return.</i>	All	All except Partnerships and communities
IR 6	Assessment, care planning and review: processes and pathways from first contact with local authority; flowcharts.	1. Working with people	Assessing needs
IR 7	Care funding decisions: monitoring, oversight, appeals. <i>Information for the public; summary and outcomes of appeals in the preceding 12 months from the date of completing the information return.</i>	1. Working with people	Assessing needs
IR 8	Direct payments: arrangements for offering, allocating and oversight; process, guidance, information for the public. <i>Trends in uptake of direct payments in the preceding 12 months from the date of completing the information return.</i>	1. Working with people	Assessing needs

Case Tracking

- Coded list of 50 people who fit the theme(s) being assessed, using a unique number.
- Originally a 2 week turn around (extended to Friday 9th June)
 - CT01- older people
 - CT02 - young people who have transitioned to adult services (in last 12 months).
 - CT03 - people who have recently come out of hospital and are receiving care (for example receiving a large care package and/or joint funded care).
 - CT04 - people with a learning disability and autistic people
 - CT05 - people with protected characteristics
 - CT06 - people with complex or long-term care and support needs
 - CT07 - unpaid carers
 - CT08 - seldom heard people

Case Tracking

- By lunchtime Monday 12th June 6 people and 4 'reserve' people selected.
- Asked to confirm citizen consent, access needs and info below by 26th June
 - Profile of the person to include their agreement to be part of the case tracking process, preferred contact details and available times they can be contacted.
 - Date of first assessment and chronology of care for previous 12 months
 - Current care plan(s) and medications (if applicable)
 - Any recent reviews or reports in last 12 months
 - Any feedback about the person's experience of the quality of their care including any complaints
 - Lists of all services involved including any referrals in the last 12 months
 - Any contact details of professionals involved
 - Copies of meeting minutes with professionals in last 12 months
 - Any investigations or learning from incidents relating to the person
 - A brief self – evaluation summary highlighting areas of good practice or areas for improvement.
- Please note – CQC may follow up on cases whilst on site which are not part of this list. They may follow a trail

On Site Visit – week beginning 14th August 2023

- Individual Interviews: e.g. Director of Public Health, Chief Executive, Portfolio Holder, Leader of the Opposition, Safeguarding Lead
- Teams: e.g. Transition Team, Commissioning Team, Out of Hrs Team, Contact Centre, Hospital Discharge Team, Assessment teams inc specialist eg for people with a learning disability, autistic people, mental health, unpaid carers
- Partners e.g. Healthwatch, Regulated ASC provider forum. 'health Partners', ICP Chair, Advocacy Provider, User Led Support groups
- Mix of face to face and Teams

Summary of Our Self Assessment



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Overview of the Council and Directorate

- Largest Local Authority in the country by population, over 1.1 million people, minority majority, fast growing younger population, but older population growing too
- Corporate Plan and Priorities
- Profile of ASC Service Users – notable differences in profile between younger and older adult client groups
- ASC Vision & Update particularly to reflect Black Lives Matter and Covid
- Strengths – improvement journey in ASC, and Integrated Care System opportunities
- Key issues / Risks – recognition there are issues for the Council, but we are aware and working hard to resolve these, + demand / pressure

Theme 1 – Working with People

Quality statement one: 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.
- I have care and support that is coordinated, and everyone works well together and with me.
- I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

Quality statement two: 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.
- I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.
- I am supported to plan ahead for important changes in my life that I can anticipate.

Quality statement three: Equity in experiences and outcomes

- 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.
- I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths, and goals.

T1 - Working with People: strengths, evidence and priorities

Strengths

- 3 conversations and strengths based practice
- NNS
- Prevention (wellbeing offer)
- D2A and Home first
- Partnership
- Equalities – staff and citizens
- Co-production

Evidence

- Comparative Data (as per Readiness Review Data pack)
- Good use / access to 'universal services' / NNS
- Low LT care and admissions to care homes
- Increase in recruitment.... But....
- Very strong data re: D2A / partner feedback
- Audits highlighting areas for improvement
- Research

Priorities for Action

- Ambitious for Citizens
- Continuing development of NNS / Prevention offer
- Information, Advice and Guidance
- Waiting Lists
- Understanding more about workforce capacity v demand
- Improving and understanding equity e.g. DP, LBGQT+, LA / A
- Ongoing recruitment and retention

Theme 2 – Providing Support

Quality statement one: Care provision, integration and continuity

- 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.
- I have care and support that is coordinated, and everyone works well together and with me.

Quality statement two: Partnerships and communities

- 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.

T2 – providing support: strengths, evidence and priorities

Strengths

- MPS and Observatory, but JSNA...
- Significant commissioned Quality Improvements
- Putting prevention first, NNW, BCF, discharge fund, early intervention
- Place committee, Fairer Futures Fund, homelessness support
- City of Sanctuary / refugees / Compassionate Communities

Evidence

- Comparative Data (as per Readiness Review Data pack)
- Internal Quality Rating system / improvements
- Joint approaches with NHS colleagues and associated data
- Market Sustainability Plan
- Commissioning data in and outside Birmingham
- Skills for Care Data
- Carers service developments

Priorities for Action

- Key support for Theme 1 priorities
- Independence at Home (DFG)
- Technology Enabled Care
- Digital Developments (PURE and Care Market)
- Day Opportunities
- Carers
- Wider Social Care Workforce
- Domestic Abuse
- Refugees and Migration

Theme 3 – Ensuring Safety

Quality statement one: Safe systems, pathways and transitions

- 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.
- When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.
- I feel safe and am supported to understand and manage any risks.

Quality statement two: Safeguarding

- We work with people to understand what being safe means to them and work with our partners to develop 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.
- I feel safe and am supported to understand and manage any risks.

T3 – Ensuring Safety: strengths, evidence and priorities

Strengths

- Corporate and Regional safeguarding arrangements
- Improvements in performance
- Making Safeguarding Personal
- Introduction of Triage function
- Commissioning approach to safeguarding
- Joint work with partners
- Emergency Planning / response
- Covid response

Evidence

- Clearance of concern backlogs
- Positive impact of triage
- Ongoing improvements in conversion rate
- Better evidence of decision making
- BSAB Dashboard Data
- Making Safeguarding Personal
- Audits
- Safeguarding Reviews and Quality Group

Priorities for Action

- Further training and development offer
- Building on audit of safeguarding practice
- Reinforcing use of Family Group Conferencing
- Improving pathways / delays' e.g. transition & CHC.
- Recruitment and retention
- Continuing development of Assessment / Commissioning safeguarding function

Theme 4 - Leadership

Quality statement one: Governance, management and sustainability

- 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.

Quality statement two: Learning, improvement and innovation

- 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

T4 – providing support: strengths, evidence and priorities

Strengths

- Clear roles, responsibility within a Corporate Framework around performance, budgets, risk.
- Strong member engagement
- Stable experienced Leadership Team
- Innovative
- Equalities, Diversity and Inclusion
- Co-production embedded
- Partnership working an everyday approach

Evidence

- Pause and Learn and Readiness Peer Reviews
- Active in Region
- Healthwatch
- Best in Class (BCC program)
- Established Performance Management Processes
- Good 'Use of Resources'
- Research – existing and planned

Priorities for Action

- Phase 2 Transformation aligned to revised vision.
- Multi-dimensional Learning
- Continue to work in partnership
- Continue to work with those most likely to experience inequity
- Continue to try and develop the best tools for the workforce
- Continue to do our best for everyone who uses our services in these difficult times.

Next Steps

- 8 week run in to on site visit
- Staff Engagement: June / July 2023 – all staff to attend
- Case Tracking Details to CQC – 26th June 2023
- Care Act Training – on line and in person by TM (arrangements to be confirmed) – July 2023
- Mock Preparation CQC Interviews and Focus Groups – mid July 2023
- On-site Assessment pre-briefs for staff and partners (early August 2023)
- Site Visit week of 14th August 2023
- Draft feedback
- Post visit – factual accuracy check mid to end August 2023?
- Draft outcome rating, once 5 pilot sites completed – Oct / Nov 2023 (tbc) ?

Thank-you and Questions



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An illustration featuring a central light blue oval with the words "Thank You" written in a dark blue, hand-drawn font. Surrounding this oval are numerous hands of various skin tones, reaching in from all directions. Each hand is wearing a sleeve of a different color, including yellow, purple, grey, blue, red, and orange. Some hands also have accessories like bracelets or watches. The background is a solid light cream color.

Thank
You