

**HASC Scrutiny Report**

**28<sup>th</sup> of November 2023**

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**Subject: Update report on Care Quality Commission Inspections of Local Authorities**

**Cabinet Member: Cllr Alev Cazimoglu**  
**Executive Director: Tony Theodoulou**

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**Purpose of Report**

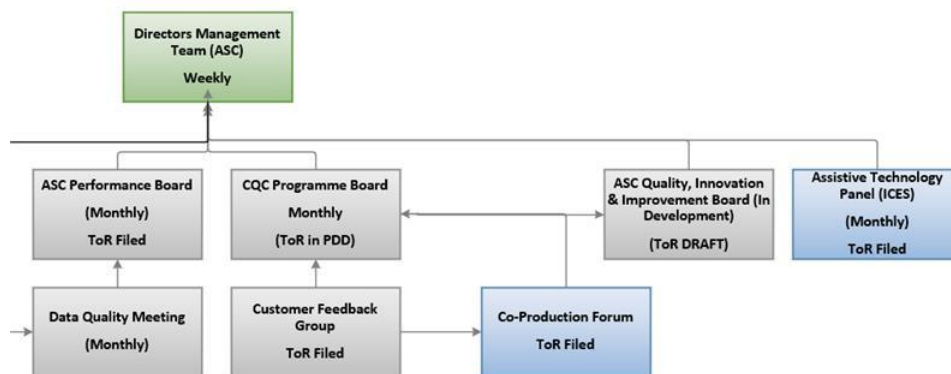
To report on the progress of the development of the Self-Assessment document and supporting evidence for Adult Social Care. This work is in preparation for the new duty for the Care Quality Commission to assess how Local Authorities are meeting their Adult Social Care duties.

**Background**

0. On 11 February 2021, the Department of Health and Social Care (DHSC) published the White Paper, **Integration and innovation: working together to improve health and social care for all**, which sets out legislative proposals for a health and care Bill. The White Paper brings together proposals that build on the recommendations made by NHS England and NHS Improvement in **Integrating Care: next steps to building strong and effective integrated care systems across England** with additional recommendations relating to the Secretary of State's powers over the system and targeted changes to public health, social care, and quality and safety matters. In recognition of the increasing numbers of people who need adult social care and the consequent need for greater oversight of the provision and commissioning of services, the White Paper proposes introducing a new duty for the Care Quality Commission (CQC) to assess how local authorities are meeting their adult social care duties, and a new power for the Secretary of State to intervene where CQC considers a local authority to be failing to meet these duties.
1. CQC's new responsibilities under the Health and Care Act 2022 are twofold. Firstly, there will be a role in reviewing Integrated care Systems and secondly a new duty is placed on CQC to assess how local authorities are meeting their social care duties under part 1 of the Care Act.
2. Under the Care Act, local authorities have duties to make sure that people who live in their areas:

- Receive services that prevent their care needs from becoming more serious, or delay the impact of their needs
  - Can get the information and advice they need to make good decisions about care and support
  - Have a range of high quality, appropriate services to choose from
3. Emerging CQC scope for reviews of Adult Social Care has started to be shared. It is apparent that the initial focus on Local Authorities Adult Social Care functions will be across the following four key themes.
- **Working with People**
    - Assessing Needs
    - Supporting People to live healthier lives
    - Equity in Experience and Outcomes
  - **Providing support**
    - Care Provision, Integration and continuity
    - Partnerships and communities
  - **Ensuring Safety**
    - Safe systems, pathways and transitions
    - Safeguarding
  - **Leadership and Workforces**
    - Learning, improvement and innovation
    - Workforce equality, diversity and inclusion
4. CQC will use a variety of methods to evidence a Council's Adult Social Care functions as follows:
- People Experience
  - Feedback from Partners
  - Feedback from staff and leaders
  - Observations
  - Process
  - Outcomes and performance data
5. Adult Social Care (excluding regulated service provision) has not been subject to regulation of this kind for over ten years. The timetable for reviews to begin is April 2023. Enfield, as in other Councils, have had a period of austerity and resultant cuts in funding have forced Councils to prioritise front line service delivery, often to the detriment of other vital types of services seen as nice to have. Engagement with our local population, strategy and communications are included in these to name but a few.
6. The Programme Board continues to meet, but now at more regular intervals (every 4 weeks). The Programme Board is chaired by the ASC Director and, since the 2<sup>nd</sup> October, our Service Directors, Jon Newton and Vicky Main are leading on inspection preparation.

7. The 2 workstreams now in place are 'CQC Inspection Readiness' and 'CQC Inspection Stakeholder Engagement'. These workstreams meet every 2 – 3 weeks in order to track the progress of tangible outcomes. They submit a highlight report in time for the Programme Board and report directly to the board on progress, risks and issues and any mitigating actions, as well as planned progress next reporting period.
8. The CQC Inspection Readiness workstream is focussing on developing the self-assessment document and supporting evidence. The CQC Stakeholder Engagement workstream monitors an engagement plan for various stakeholders.
9. New Board and groups that we have set –up:



Customer feedback working group - has been looking at ways that teams are currently collecting feedback. A text messaging solution, notify.gov, is being implemented to not only collect feedback, but also to keep in touch with those on waiting lists.

Co-production forum - has been established to develop our Co-production framework and co-ordinate training across the department.

Quality Improvement, Innovation Board – this Board has been established to make sure that improvements identified through our self-assessment process are being addressed. These improvements include areas such as the development of a universal policy around managing backlogs / waiting lists. This group will also be overseeing the work to identify the 50 cases that will be forwarded to the CQC. The QIIB is also overseeing the implementation of a digital solution designed to improve presentation and (access for health colleagues) of social care policies and procedures. It is called Tri.X and goes live in January 2024 and will ensure that our processes, procedures and guidance for staff is easily accessible and available to all.

10. We are engaging extensively with our staff. We held an event for staff, partners and service users in July 23 to further raise awareness of the pending inspection and to gather input for our self-assessment document. We have held multiple workshops with staff to get their additional input; the ASC seminar in September was particularly well received. There have been regular newsletters, and our intranet page provides up-to-date information around CQC inspection. Managers have been asked to carry out a 'CQC inspection quiz' in team meetings to inform discussions. We have a communications plan in place that includes our internal and external partners, including VCS organisations.

**11. Areas of Strength** (Some examples where we are proud of services)

- Responsive and pro-active front door services
- Meeting increasing demand with static staffing levels requiring innovative and creative ways of working
- Unique OT led hospital 'discharge to assess' service in LBE
- LBE has the lowest OPEL Discharge trend within North Central London
- Safeguarding

12. Overall numbers contacting Adult Social Care are increasing and have been since March 2020, following a dip, no doubt due to the Covid pandemic. As can be seen from the figures below.

Period	Monthly Average
2020-21	361
2021-22	520
2022-23	607
2023-24 (Apr-Sep)	692

13. We are proud of the processes we have in place that support people to be safely discharged from hospital and have successfully integrated with our health colleagues to ensure that a person is discharged as soon as it is appropriate to do so, on the right pathway and assessed outside of an acute setting. Our Discharge to Assess team working in collaboration with the Enablement Team is successful, receiving positive feedback and compliments on the service it delivers both from people receiving their support and partners from across health and social care. This supports the system whilst ensuring people are receiving the right support in the right place and in their own homes where possible.

14. We have worked hard over the past few years to ensure Safeguarding is everyone's responsibility. We have a comprehensive training offer in place, accessed by staff, managers, providers, etc. Staff are well supported by processes and procedures, with a strategic Safeguarding Team leading and directing our approach. Our independent audit of safeguarding work by RedQuadrant, highlighted good practice, particularly around Making Safeguarding Personal (the way we involve clients in the safeguarding process and work with them to keep them safe and achieve their outcomes).

**15. Example of compliments:**

*'It was such a pleasure to meet you and I know you said you gave me nothing, but honestly you gave me a lot of hope and put into place things that I really feel will slowly get me back to living a more "normal" life.'*

*Everything you have done and the care you have shown are so appreciated. You came into my home like a ray of sunshine and left us both with positivity and it's been a while since either of us have felt that to be honest.*

*Please know that I meant it when I said if you're around and want to pop in for a cup of tea, you are more than welcome.'*

**(Service User feedback for D2A OT)**

*'L is doing very well and thinks he can manage to have a shower and dress himself without the help... I can't thank you enough for the efficient and kind way you have dealt with his needs. It has made everything so much easier.'*

**(Service User's carer feedback for D2A OT)**

16. **Integrated Learning Disabilities Team (ILDS)** - Our vision is to be the best integrated learning disabilities service (ILDS) in the country, where people are healthy, independent, experience positive wellbeing and lead fulfilling lives.

17. The ILDS service serves approximately 900 clients in Enfield. To ensure service users and their families receive the best possible service available we decided to integrate over ten years ago. This means that a range of health specialists have been seconded into the team from the local Trust.

18. **Compliment:**

*'Thank you very much for translating this email into Turkish. You informed me a lot about this matter. You did your job meticulously and very well. I am very glad to have met you. Thank you very much for everything.'*

**(Compliment from a carer of a service user regarding the Speech and Language Therapy service they received.)**

19. **Areas of Improvement and what we are doing to improve** (a couple of highlighted examples)

Consistency in interpretation of strengths-based approach: Our data suggests that the strengths-based approach is delivering better outcomes, however our discussions with staff have highlighted that interpretation of strengths-based practice is different for different officers (from QA event on 11<sup>th</sup> July 2023). Work is underway (see improvement actions) to improve consistency of understanding and further improve outcomes through a new strengths-based framework, and training for staff (which includes officers show casing their good practice examples of strength-based practice).

Waiting lists: As with most other local authorities, we have waiting lists for those people who may require an assessment. Most are waiting for an assessment of care or provision of equipment. Local processes ensure that we assess people most at risk. Currently, individual teams have their own processes with managers prioritising cases rather than a consistent approach with a written process that all services in ASC follow. We are aware of this and are working with managers to develop and have this in place by Winter 2023.

20. The timeline below shows activity and progress, including the dates, of key events in the development of our self-assessment (CQC engagement event of 11<sup>th</sup> July 23 and ASC Staff Seminar 21<sup>st</sup> September 23):

RAG	Progress:	Timeline	Leads
	<b>Completed Actions:</b>		
G	Programme Team assembled and development work split among 7 x workstreams, sponsors are Sharon & Doug	Summer 2021	Doug, Sharon & Programme Team
G	Workstreams condensed from 7 into 3: <ul style="list-style-type: none"> <li>- Culture &amp; Change led by Trevor and Debbie</li> <li>- Comms &amp; Partnership Working, led by Matt &amp; Anna</li> <li>- Data, Performance, Reporting &amp; Quality, led by Bharat &amp; Sabine</li> </ul>	December 2021	Paul
G	Development work carried out by the 3 x workstreams; outcomes included: <ul style="list-style-type: none"> <li>- Power BI reporting development in Eclipse</li> <li>- MyLife and intranet pages brought up to date</li> <li>- ASC policies updated including on-going monitoring</li> <li>- Strengths-Based approach outcomes report, including significant cost-avoidance</li> <li>- Development of various frameworks, including co-production</li> <li>- Comms strategy development</li> <li>- ASC newsletter development</li> <li>- EDI policy to be adopted Council-wide</li> </ul>	Jan 22 – Jan 23	Leads, SME's from ASC / LBE / Partners, Paul

	Quality Assurance Programme Away-Day to focus on work completed and next steps	October 22	Programme Team
	ADASS evidence checklist work; identifying evidence available for CQC inspection	June 22 – Jan 23	Paul, Leads, SME's
	Workstream reconfiguration from 3 x development workstream to 2 x inspection preparation workstreams: <ul style="list-style-type: none"> <li>- CQC Preparation – Readiness Workstream led by Bharat and Anna</li> <li>- CQC Preparation – Stakeholder Engagement &amp; Improvement Workstream led by Trevor &amp; Matt</li> </ul>	Feb 23	Paul
	CQC Preparation – Readiness Workstream remit: <ul style="list-style-type: none"> <li>- Lead on ASC self-assessment development</li> <li>- Lead on evidence gathering for self-assessment</li> <li>- Lead on self-assessment narrative drafting</li> </ul>	Mar 23 - <b>Ongoing</b>	Leads, Paul
	CQC Preparation – Stakeholder Engagement & Improvement Workstream remit: <ul style="list-style-type: none"> <li>- Develop engagement strategy with all stakeholders</li> <li>- Develop &amp; circulate CQC Prep information to staff and partners inc. newsletters, briefings, factsheets</li> <li>- Lead on briefing staff and partners at meetings etc.</li> </ul>	Mar 23 - <b>Ongoing</b>	Leads, Paul
	Self-Assessment checklists (ADASS Stage 1)) for all domains draft 1	End of May 2023	Anna, Bharat, Mandy, Paul
	Identify and arrange required focus groups to review self-assessment	End May 2023	Anna, Bharat, Matt, Trevor, Paul
	Hold 4 x staff focus groups to feed-back on self-assessment	June 23	Leads
	Hold Self-Evaluation Consultation Event with staff and partners	11 <sup>th</sup> July 23	All
	Write-up feedback from Consultation Event and first draft of action-plan for improvements	End July 23	Mandy, Caroline, Paul
	Pull in all feedback from self-assessment checklists (Stage 1),	04 <sup>th</sup> August 23	Bharat, Paul, Mandy

	including away-day and arrange into all themes and sub-themes in preparation for organisational statements with ADASS guidance		
	Complete draft 1 of 'T3 Ensuring Safety' quality statement and circulate	04 <sup>th</sup> August 23	Bharat, Paul
	Send theme 1, 2 & 4 templates to leads to draft quality statements	04 <sup>th</sup> August 23	Bharat, Paul
	Hold workshops with Directors & Heads of Service to gather information on services and evidence for draft statements	September – October 23	Paul, Bharat, Doug, Vicky, Jon
	Build on draft quality statements for Themes 1, 2, 3 & 4 (ADASS Stage 2)	September – October 23	Bharat, Paul, Anna, Matt, Trevor
	Presentation on CQC inspection preparation at ASC staff seminar	21 <sup>st</sup> September 23	Bharat, Anna
	Service Directors became leads of inspection preparation, focus has been on self-assessment	02 <sup>nd</sup> October 23	Jon, Vicky
	Weekly meetings in place with ASC Director, Service Directors and inspection leads	02 <sup>nd</sup> October 23 – onwards	Jon, Vicky, Bharat, Paul, Sharon
	Further engagement with staff groups re. self-assessment to Team Manager level <ul style="list-style-type: none"> <li>- T1 - Bharat, Paul visited Forensic MH team / Mirella on 5<sup>th</sup> September</li> <li>- T1 - Vicky, Paul, Bharat with MH colleagues on 11<sup>th</sup> October</li> <li>- T1 - Vicky, Paul, Bharat with ILDS colleagues on 12<sup>th</sup> October</li> <li>- T1 - Paul with Sabine, Luciana, Anna on 26<sup>th</sup> October</li> <li>- T3 - Vicky, Jon, Paul, Bharat with colleagues working on Transition on 28<sup>th</sup> November</li> <li>- More sessions will be booked with colleagues by Theme</li> </ul>	02 <sup>nd</sup> October - onwards	Jon, Vicky, Bharat, Paul and leads
	Review & finalise draft quality statements for Theme 1 with Service Directors	03 <sup>rd</sup> November 23	Bharat, Paul, Service Directors



	Present draft of Theme 1 to ASC Director	07 <sup>th</sup> November 23	Service Directors, Bharat, Paul
	Bring Theme 2, 3 & 4 quality statements up to the quality of Theme 1, following guidance of ASC Director	November – December 23	Service Directors, Bharat, Paul, Heads of Service
	ADASS process Stage 3 Narrative – decide which services we wish to highlight and which areas of improvement we want to focus on in the narrative document	November – December 23	ASC Director, Service Directors
	ADASS process Stage 3 - Narrative to be drafted, using organisational statements	December 23	Service Directors, Bharat, Paul
	Narrative to be matched with specific evidence	December 23	Leads, Rod, Adam, SME's, Paul
	Narrative to go through sign-off process	December 23 – January 24	Senior Management

Report Author

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Date of report 15/11/2023