'What Good Looks Like' Assurance Preparation Resource Pack

Northern ADASS Regions Collaborative

December 2022

directors of
adass
adult social services
North West

directors of
adass
adult social services
North East

Yorkshire and Humber
directors of
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Local Government Association

Contents

1. Introduction to this resource

- The three Northern ADASS regions have collaborated to produce this CQC assessment preparation resource, which may lead to further joint working on issues of collective interest

- The content, in particular the indicative characteristics of 'what good looks like' and current challenges, have been generated by 4 working groups made up of operational, strategic and senior leaders from across the 3 northern ADASS regions

- The resource therefore recognises and highlights issues common to the c.50 northern LA Adult Social Care services, which they may experience now and in the future. Colleagues are invited to draw on this context to frame their own local analysis and assessment preparation

- The resource can also add value to other support

materials and processes that will facilitate assessment readiness e.g. the emerging CQC guidance, the LGA self-assessment tool, any local self-assessment and analytical processes

- However, it is distinct in that it focuses on the northern context and supports LAs in the north to frame their ASC improvement journey across the 4 CQC themes, within this specific context and their local experience. This may include an understanding of strengths, priorities for development and improvement, ambitions and potential – but also the constraints within the external operating environment and internally within the service environment

- *Please be aware that the CQC assessment framework is still emerging (as at Autumn 2022) and there remain some uncertainties, but any changes to the framework are expected to be relatively minimal*

1. CQC National Assurance Framework

- Integration & Innovation Policy Paper, February 2021: new assurance framework to ASC & ICS

- CQC acquire a new duty to independently review and assess how Local Authorities are delivering their Care Act functions

- Focus on legislative framework; meeting statutory responsibilities

- Single assessment framework

- Go-live 2023/2024

- All LAs 'assessed' within 2 years

- Ministerial interest in ratings: outstanding, good, requires improvement, inadequate

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

Aligned with "I" statements, based on what people expect and need, to bring these questions to life and as a basis for gathering structured feedback

Expressed as "We" statements; the standards against which we hold providers, LAs and ICSs to account

People's experience, feedback from staff and leaders, feedback from partners, observation, processes, outcomes

Data and information specific to the scope of assessment, delivery model or population group

5 Key Questions

Quality Statements

Evidence

Specific evidence and quality indicators
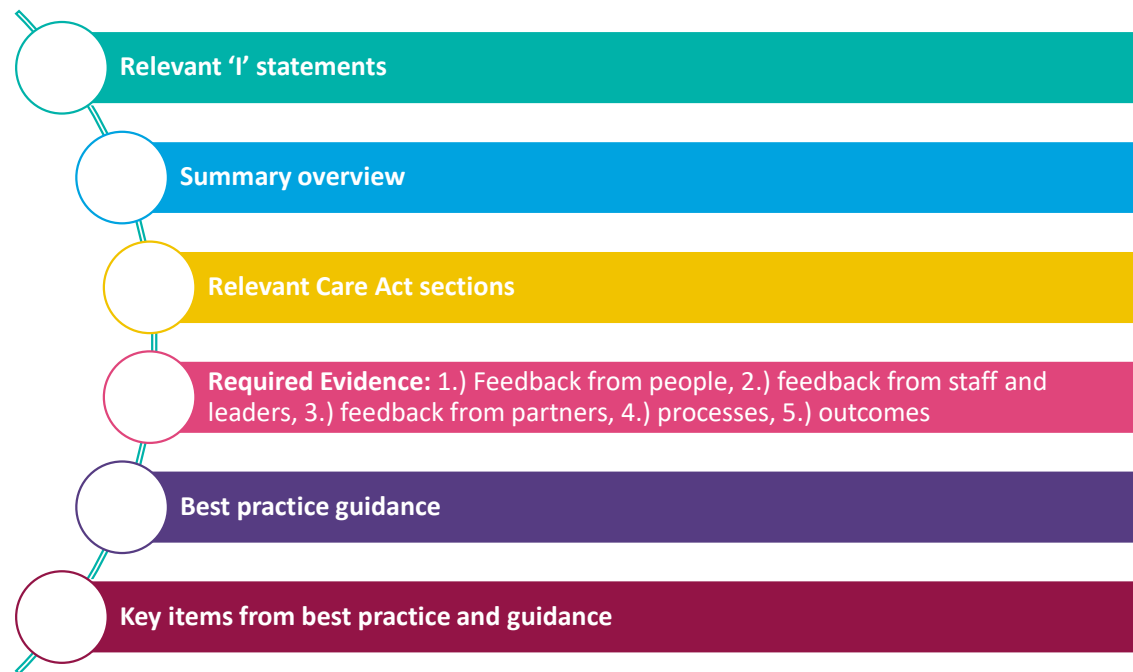
Underpinned by best practice standards and guidance

Diagram taken from CQC. For more information on the single assessment framework see Single assessment framework - Care Quality Commission (cqc.org.uk)

1. (DRAFT) Information CQC have shared on the assessment methodology (Sept 2022)

4 Themes, covering
8 Quality Statements

For each Quality Statement:

Relevant 'I' statements

Summary overview

Relevant Care Act sections

Required Evidence: 1.) Feedback from people, 2.) feedback from staff and leaders, 3.) feedback from partners, 4.) processes, 5.) outcomes

Best practice guidance

Key items from best practice and guidance

1. CQC focus: Themes & Quality Statements

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	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 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

1. CQC focus: "I" Statements

Working with People		Providing Support	
Assessing Needs	**Supporting people to live healthier lives**	**Care provision, integration and continuity**	**Partnerships and communities**
"I have care and support that is co-ordinated 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"*	*"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 have care and support that is co-ordinated and everyone works well together and with me" (repeat)*	*"Leaders work proactively to support staff and collaborate with partners to deliver safe, integrated, person-centred and sustainable care and to reduce inequalities"*
Ensuring Safety		**Leadership**	
Safe systems, pathways and transitions	**Safeguarding**	**Governance**	**Learning, improvement and innovation**
"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"*	*"I feel safe and am supported to understand and manage any risks" (repeat)"*	There are currently no CQC 'I' statements for this theme but the quality statements emphasise accountability, risk management and good governance to manage and deliver good quality, sustainable care, treatment and support. Continuous learning and innovation are also important for effective and safe practice, and delivering equality and quality of life for people using services	

2. How to use this resource

The resource is designed to support LAs to consider the main *strategic* issues which are influential in delivering the spirit and expectations of the Care Act 2014

It can support preparation for CQC assessment by:

- providing tips for assessment preparation and governance/oversight

- offering analytical and reflective questions that LAs can use to support local assurance planning and deliberation which span *performance, impact* and *improvement planning*

- showing different stages of development across the CQC themes, with indicative characteristics for:

  o Minimum standards – often statutory Care Act or DHSC requirements

  o Emerging

  o Aspiring

- These characteristics have been developed through discussions

involving northern LAs across the 3 ADASS regions and reflect what colleagues believe are realistic based on their shared experiences, and some of the main challenges associated with each theme

- enabling each LA to compare and contrast its own performance and stage of development, and judge progress towards Care Act expectations, CQC themes and its own priorities and ambitions

- facilitating a process of targeted reflection and discussion which can help each LA to develop a clear, synthesised understanding of their current position and context, including the distance they have already travelled, the impact they are having in their community and the potential for improvement - and a realistic timeframe to achieve it

- increasing colleagues' confidence to articulate a consistent local narrative within a CQC assessment, across front-line practitioners, managers, senior leaders, Elected Members and partners

3. What does good assessment preparation look like?

Balance your preparation and analysis so that you are able to demonstrate awareness of your:

- PERFORMANCE **and**
- IMPACT **and**
- IMPROVEMENT POTENTIAL and PLANNING

primarily across the topics and themes that CQC will be assessing

The hexagon diagram contains:
- Assessment readiness plan
- Internal or external self-assessment
- Establish governance, leadership and project management capacity
- Assemble key docs and evidence in a shared file
- Know your strengths and areas for development
- Review key policies/ strategies in line with the Care Act
- Prepare & share your local improvement story

4. The socio-economic and political context in the Northern ADASS regions

One of the key features that contributes to the context of northern LAs and ASC functions is the socio-economic profile of the North.

The levelling up agenda recognises that there are gaps in educational, employment and economic outcomes for communities living in the north of England and there are *'significant gaps between productivity, earnings and access to good jobs when we compare the North to other parts of England'* (IPPR North State of the North 2021/22 Powering Northern Excellence, January 2022 p.3)

Whilst there are also many positives and opportunities for northern LAs, this backdrop has a direct impact on ASC delivery. Some of these effects are described here. Taken together, they imply a higher demand for Adult Social Care and increased complexity in the types and levels of care that may be required by residents and their families, often from earlier in their lives compared to affluent communities.

- Socio-economic inequality, and in some communities deep inter-generational disadvantage, is seen widely across communities in the Northern regions. Middlesbrough, Liverpool, Knowsley, Kingston upon Hull and Manchester are the local authorities with the highest proportions of neighbourhoods amongst the most deprived in England. (IMD 2019)

- Disadvantaged communities in the north are likely to be disproportionately affected by the current economic crisis, leading to more insecurity in getting the essentials that underpin good physical health and mental wellbeing, including food, housing and a warm home, which may also lead more people into debt

- Paying for care as a self-funder or contributing to the cost of Adult Social Care packages may be unaffordable or unrealistic for many disadvantaged families living in the North of England, leading to high levels of unmet care need - which may also place increased expectations and demands on unpaid and family carers

- Despite the challenges of the pandemic, care quality in the independent adult care sector has reduced only slightly (CQC 2022). In some Northern regions, significant improvements had already been achieved in care quality and CQC provider ratings, following quality improvement work before 2020

4. The socio-economic and political context in the Northern ADASS regions

- In the period 2009-10 to 2017-18 the percentage reduction in Adult Social Care spending per person fell most heavily on the most deprived communities (Marmot 10 years on Review, Feb 2020)

- The direct impact of Covid-19, and the indirect effects of the control measures, have been especially hard-felt in many northern Local Authorities and communities, with restrictions typically more prolonged than in other parts of the country. The effects on Adult Social Care service users and carers are still emerging but generalised impacts on mental health, and for adults with learning disabilities and/or autism, people with pre-existing physical or mental health issues, older-old adults and family carers have been acute in some cases

- Keeping people safe during the pandemic posed unprecedented challenges, but poverty and disadvantage also provide a context for adult safeguarding, with an increased likelihood of chronic illness, disability, trauma and self-neglect affecting adults' wellbeing and safety

- The percentage of the population aged 65+ in the North East (19.9%), Yorkshire and the Humber (18.8%) and North West (18.7%) exceeds the England average of 18.5%

- Healthy Life Expectancy (HLE) and Disability Free Life Expectancy (DFLE) are very relevant population health measures for local Adult Social Care and health services as they give an average indication of how much of their lives residents are likely to experience poor health or greater care needs or levels of dependency. There is a long-standing North-South difference in the number of years people can expect to live in good health without a disability, from birth, and from the age of 65, for men and women. People living in the North East, North West and the Yorkshire and Humber unfortunately live more of their life in ill health and/or with a disability

- The Adult Social Care sector workforce vacancy rate in the northern regions is 8.7 – 8.8% at 2021/22 (Skills For Care)

4. North East ADASS region focus

Current branch assurance support for NE Councils:

- Assurance Preparation / Annual Conversation session by Dr Carol Tozer (ADASS Associate)

- Assurance Leads Group held monthly for all LAs

- Participation in the Northern Collaboration Work with Yorkshire and Humber and North West ADASS

- Programme of Online Learning (webinars) on regional priorities from January 2023

Specific challenges in this region:

- **Increased acuity**: People are in need of a higher level of care when they first receive services because of increased need. This is attributed to higher levels of poverty, and Covid-related delays to elective care

- **Poverty and lower healthy life expectancy**: Levels of deprivation are higher in the north east than in other regions with healthy life expectancy markedly lower

- **Workforce**: Recruitment and retention of workers is an issue across the region, in particular domiciliary care staff, care home workers and nurses for care homes

4. North West ADASS region focus

The Preparation Support Offer Available to NW Councils	
Generic Support	• Regular updates via email and drop-in sessions • LGA/ADASS self-assessment and guidance • A series of 1-hour webinar sessions, focused on topics such as Manchester's Test & Learn Lessons, Learning from Children's Services, Completing your Self-Assessment, etc • Range of tools and resources, such as the Northern Collaborative 'What Good Likes' resource pack, briefing packs, and templates
Targeted Support	• An initial discussion with the DASS, or presentation to the Senior Leadership Team • Challenge Activity, such as Case File Review, Strategy & Policy Audit or Performance & Narrative Workshop • A Challenge Session day, based on local requirements • A 3-day LGA Peer Review

Specific challenges in this region

Workforce: Significant workforce pressures right across the sector in the region, particularly homecare, social work and OT. These are all impacting the time people are waiting for assessment and for services

Diversity: As a region we're proud of the diversity of our geography and our communities. This can also bring challenges when working across coastal, rural, industrial and urban areas, sparsely and densely populated areas, and with a wide range of ethnicities, languages and protected characteristics.

Deprivation: The region has above average levels of social deprivation and overall the population experience worse than national average outcomes, such as lower life expectancy, higher levels of poverty and deprivation. However, there is significant variation, with pockets of wealth also

Accuity: People in the region requiring services are presenting with increasing acuity and complexity of need, across all groups

Financial sustainability: As austerity has seen the greatest cuts in budgets in deprived areas, the North West has seen significant budget reductions across Adult Social Care. With demand also increasing the ability of councils to meet their existing statutory duties alongside the delivery of the reform agenda represents a significant challenge and risk

4. Yorkshire and Humber ADASS region focus

Yorkshire and Humber

Our vision is for a sustainable social care and health system that provides excellent care and support, promotes wellbeing and social justice, strengthens local communities and economies and is equipped to face new challenges.

Our priorities To deliver on social care reforms
To ensure readiness for a new assurance model
To support a sustainable care market and workforce

Our support, learning and improvement offer

Universal	Targeted
• Symposiums, workshops, masterclasses and best practice events	• Annual regional risk self assessment & challenge
• Buddying	• Regional peer challenge
• Mystery shopping	• Peer to peer spot challenge
• Action learning	• Peer to peer case file audit
• Peer support in networks	• Benchmarking
• Preparing for assurance tools & resources	

Our challenges

Workforce
Confidence that risk can be mitigated by local or regional action. Key skills in commissioning, data analysis/statistical literacy. First line manager & LPS capacity.

Market Fragility
Market shaping, capacity with supply side issues contributing to waiting lists/delays and sustainability of commissioned services

Performance
Higher than national average use of residential care for Under 65's and over 65's
Low use of reablement and lower effectiveness – both at home after 90 days and reduced support
Effective use of personal budgets
Increase in safeguarding

4. Benefitting from regional support

- Are you accessing the support available from your ADASS regional branch?

- Which local colleagues are involved in regional ADASS networks and may understand your performance and outcomes compared to other LA ASC services in your region, for example?

- How could the regional opportunities for independent / peer review or challenge help you with assessment readiness?

- Can your ADASS branch help you identify and connect to other colleagues in specific roles or 'communities of practice'?

- How do your local challenges compare with the regional summary – what is different about your place and community?

- How can you learn from other LAs in your region about the way they are successfully addressing some of the challenges you are experiencing?

- What informal learning and support could you offer to other LAs on issues you have made good progress?

5. Cross-cutting themes

This section explores issues that are relevant to strategic and operational effectiveness in Adult Social Care and which support the delivery of the 4 CQC themes. They may also form part of the evidence required during assessment. They cover:

- Understanding needs, communities and places
- Performance and outcomes
- Co-production
- Partner engagement and feedback
- Provider relationships
- Employee feedback
- Workforce and skills strategy

Analytical / reflective question prompts:

Do we understand our strengths and weaknesses in this area?

Can we evidence the positive impact on service users, carers, staff, services or partners when we do this well?

Are we systematic and consistent in the way we approach this?

Is our strategy or approach transparent e.g. is it published or stated anywhere?

Do we understand how others perceive or are affected by the way we do this?

Do we have the expertise and/or capacity we need in this area?

What are the main barriers or constraints to doing this better?

Where is the *evidence* for the conclusions we have reached?

5. Understanding needs, communities and places

Minimum standard

- A joint strategic needs assessment (JSNA) has been completed/updated within the past 3-4 years
- The JSNA analysis helps to inform local adult social care and healthcare priorities and delivery

Emerging

- The Joint Strategic Needs Assessment uses relevant ward-level population data and service data
- The JSNA highlights demographic changes in the characteristics of people presenting with care and support needs
- Intelligence is routinely gathered from providers on changing demand and service user needs
- There are robust information management systems and sufficient, skilled analytical / business intelligence capacity
- Community asset mapping and roles are in place
- There is evidence of work to promote self-care, wellbeing and living well for longer

Aspiring

- The Joint Strategic Needs Assessments is a dynamic process, using data and intelligence from multiple sources, that promotes a broad understanding of need, including self-funder and informal carer needs
- Robust housing strategies that reflect local housing needs for adult social care population groups
- Quantitative and qualitative information on outcomes is triangulated with feedback from people who use social care and their carers
- Gap analysis at a neighbourhood level which reflects local characteristics
- There are 'heat maps' of potential areas of unmet need
- The Health and Wellbeing Strategy is co-produced

5. Performance and outcomes

Minimum standard

- Statutory returns and surveys are completed in line with DHSC guidance and expectations
- DHSC User and Carer Surveys are completed
- Senior leaders and managers have access to comparative data and trends e.g. local year-to-year and region, national and nearest neighbours averages
- Local 'outlier' performance is understood and analysed
- ASC can tell the story behind their data

Emerging

- Adult Social Care Outcomes Framework (ASCOF) data is readily available and local analysis has been completed
- There are robust citizen, service user and carer engagement strategies that capture the views and outcomes of local people
- Data is reliable and accurate
- Individual managers understand the data most relevant to them
- There is evidence of local self-assessment processes

Aspiring

- There is a strong performance and outcomes culture across ASC/ the LA
- A local ASC Outcomes Framework is in place and regular, effective monitoring can be evidenced, which includes action taken to improve poor performance
- Performance data shows the impact of services and outcomes for people using them
- Data comparison leads to learning and best practice development

5. Co-production

to understand the experience of people who draw on care and support and carers

Minimum standard

- The Council recognises it has more to do to ensure it works together co-productively with people
- Workers understand what working co-productively looks and feels like and have some experience of this. It is not yet the normal way of doing things
- The Council is doing things to ensure all its workers gain the skills and expertise to consistently work co-productively with people, designing and delivering learning and development with them
- A policy to underpin and enable consistent co-productive working at all levels is being developed

Emerging

- The Council can point to areas of good practice locally that demonstrate a good understanding of co-production
- People describe a building of trust between them and the Council. This is not yet fully matured but progress is being made
- Tools like the ladder of co-production and top tips for co-production in policy and practice guides are used to promote good practice by workers to improve their working together with people
- There is work to do to ensure co-production is embedded as a way of working at all levels

Aspiring

- Co-production is embedded as a way of working consistently with people at all levels, strategically, operationally and individually
- The Council shares power in an equal and reciprocal way with people wherever they can
- The Council and people tell stories about the difference co-production is making to the way Adult Social Care and wider council services are provided and work locally
- Co-produced policies that underpin and enable co-production are in place, well understood and used

5. Partner engagement and feedback

Minimum standard

- There is a visible senior management commitment to stakeholder and partner engagement and establishing productive working relationships that prioritise the needs of service users and carers

- Joint funding arrangements/pooled budgets have been developed which reflect shared priorities

- There is a shared local commitment to addressing inequalities

- Healthwatch have been commissioned locally

Emerging

- VCSFE Leaders and organisations are engaged in regular dialogue with ASC

- There is an explicit shared commitment across partners to promoting prevention and wellbeing

- The added/social value delivered though the VCFSE sector is recognised

Aspiring

- Shared roles, responsibilities and accountabilities across statutory partners are clear and enable effective decision-making and practice at front-line service delivery

- Partnerships and shared goals extend beyond health partners, to housing, employment, transport and leisure provision, with an emphasis on meeting local needs and demands

5. Provider relationships

Minimum standard

- ASC senior leaders and managers have developed productive working relationships with the independent social care/VCFSE sector providers

- ASC has demonstrably built on the flexible and responsive relationships developed with providers in response to the Covid-19 pandemic

Emerging

- There is routine dialogue and meaningful market engagement with social care providers e.g. provider forums, networks, working groups, workshops
- The local Fair Cost of Care exercise has good engagement from providers
- Fee meetings are held with providers
- Providers collaborate to support demand management e.g. % of providers completing capacity tracker
- Providers under contract are working to clear and comprehensive service specifications
- Contract Performance Management Frameworks are co-produced with providers

Aspiring

- LAs develop/use dynamic data and intelligence tools to understand the market

5. Feedback from employees

Minimum standard

- There are informal processes for gathering and acting on ASC employee feedback, usually through line management arrangements

Emerging

- There are structured and regular opportunities for employee feedback e.g. annual/biennial employee survey which seek staff views about job satisfaction, working conditions, training and development needs, workplace wellbeing and ideas for workplace improvements

- Employee surveys are considered by senior management and used to inform organisational and workplace development

- Efforts to gain the views of employees from EDI staff groups are evident, including employees with family caring responsibilities

Aspiring

- Informal and formal employee feedback mechanisms are embedded in routine activities

- There is capacity within the LA to collate and analyse employee feedback on at least an annual basis and evidence that this leads to change

5. Workforce and skills strategy

Minimum standard

- The local authority can demonstrate that it understands the relationship between the training and development of the care and support workforce and quality improvement

- It has assessed its current and future workforce needs

- It works in partnership to develop a capable and effective workforce

Emerging

- An ASC Workforce Strategy is in place, including equality, diversity and inclusion dimensions

- There is a safeguarding training needs analysis and development plan which includes legal literacy, mental health, closed cultures, LPS/DoLS, DHR

- There is broad understanding of relevant adult legislation training needs & adequate investment in staff training to support this

- There is evidence of local collaboration with health to enhance training in the provider sector e.g. health & wellbeing in care homes, infection control etc

Aspiring

- An ASC Learning and Development Strategy is in place with an active implementation plan

- Quality assurance processes, including learning from SARs and complaints, inform workforce training needs and priorities

- Evidence of collaboration with local schools and colleges to promote social care careers and joint recruitment with Health

The 4 CQC themes

Sections 6-9 explore the delivery of the 4 CQC assessment themes. They cover:

6.   Leadership

7.   Working with people

8.   Providing support

9.   Ensuring safety

Some themes give specific, additional detail on topics e.g. market shaping, commissioning and safeguarding.

Following each theme there is a short analysis of the common challenges and constraints associated with the theme as a whole, based on experiences and learning from colleagues in the northern ADASS regions.

Analytical / reflective question prompts:

Do we understand our operational strengths and weaknesses in this area?

How confident are we that the 'I' statements are consistently met for the majority of service users and carers we support?

Do we routinely operate with a person-centred, strengths-led ethos?

How do we support people to express their needs and understand their rights?

Can we evidence the positive impact on service users, carers, staff, services or partners when we do this well?

How do we communicate and co-operate at a multi-agency level around individual care and support needs?

What do service users, carers and partners tell us about how we do this and whether it meets their needs?

When things go wrong, how do we assess what happened?

Do we have the expertise and/or capacity we need to consistently do this well, in line with best practice?

Can we confidently articulate the challenges or constraints we experience in this area of delivery – and our plans to address this?

Where is the *evidence* for the conclusions we have reached?

6. Leadership

Governance and learning, improvement and innovation

Minimum standard

- ASC Political leaders, senior leaders and managers show a strong understanding of their community, their data and their local narrative
- There is a clear local vision for ASC supported by clear priorities and developing plans
- Senior leaders understand how and why they are different from other areas
- They can articulate the current risks and challenges faced by ASC and its partners
- Provider compliance with the market capacity tracker is encouraged
- There is a senior management commitment to coproduction

Emerging

- Governance - there are coherent strategic / and or transformation plans in place which are owned by council members and recognised by staff and partners
- A Quality Assurance Framework is in place
- Corporate and ASC Risk Registers are in place
- Information sharing protocols and data security arrangements are evidenced
- An innovation approach/ strategy is in place with actions to improve outcomes and experience and reduce inequalities
- Record management is good e.g. incidents, audits, complaints, concerns etc
- There are local arrangements for sharing learning and best practice, internally and externally

Aspiring

- There is a clear Risk Management Framework in place for ASC with mitigating actions to reduce risk
- The wider Council context, and Corporate and Political support for ASC, is understood and evidenced
- Information Sharing Agreements (ISA) are in place with partners and signed-off
- Use of Resoruces (UoR) and Council financial position are understood and ASC is aligned to corporate position
- Leaders are learning from market shaping exercises and Market Sustainability Plans are being overseen and implemented

6. Leadership: Common challenges

Issue	Example
Health and Social Care integration	• Challenges surrounding the creation of Integrated Care Systems under the White Paper • Clarity of roles and accountability - especially in new Integrated Care Board arrangements • Ensuring new arrangements and roles are understood across the workforce
Information sharing	• Ensuring adequate and efficient recording and reporting of information across partner agencies • Systems and data are not yet integrated, creating barriers to effective sharing of relevant patient/service user/carer data and a common understanding of system performance
Shared values and behaviours	• Navigating different values and behaviours across partner agencies
Inclusive leadership	• Keeping up-to-date with the diversity and inclusion agenda, including but also looking beyond the protected characteristics in the Equality Act • Getting inclusive leadership right in practice

7. Working with people

Minimum standard

- ASC Political leaders, senior leaders and managers show a strong understanding of their community, their data and their local narrative
- There is a clear local vision for ASC supported by clear priorities and developing plans
- Senior leaders understand how and why they are different from other areas
- They can articulate the current risks and challenges faced by ASC and its partners
- Provider compliance with the market capacity tracker is encouraged
- There is a senior management commitment to coproduction

Emerging

- Service user and carer groups and forums are in place which capture representative views and feedback
- Carers' needs are understood and there are attempts to identify hidden carers and unmet carer need
- Embedding trauma informed practice within all assessment teams to respond to complex individuals and the shifting demographic of people requiring ASC
- Adult and Children's Teams are linked at the front door through a Multi Agency Safeguarding Hub (MASH) which explores multi-generational / family risks upon an adult presenting to adult social care
- Local authorities recognise the needs of younger adults who are at risk of exploitation

Aspiring

- Making Every Adult Matter: evidence of multi-agency teams (including housing) working together to reduce risk
- Considering the use of Making Safeguarding Personal and embedding this within staff development and systems to ensure citizens voices are heard
- A co-produced carers strategy is in place
- Completing service evaluations with citizens in a variety of ways and using this to inform service delivery and development
- Continue to evaluate the success of the SAB arrangements and the role they play in the system as a whole

7. Working with People: Common challenges

Issue	Example
Assessing individual need	▪ Demand for assessments outstrips capacity to undertake assessments leading to long waiting lists ▪ Identifying unpaid carers continues to be a challenge ▪ Delays in elective surgery (covid related) is leading to increased demands on social care as citizens are often in frailer health and less able to benefit from the surgery
Providing support	▪ Availability of domiciliary care provision and community services can prove challenging to provide services in a way that people have identified that they want
Domiciliary Care availability and provision	▪ Efforts to increase the number of care packages have been frustrated and unsuccessful over several years - credible alternatives needed ▪ Potential under-utilisation of TECS, small aids and home adaptations, and community provision to delay and/or meet assessed care and support needs
Increased fragility in citizens due to delays in elective surgery	▪ Hospitals are under increasing pressure to discharge patients quickly ▪ Covid-related elective care delays are leading to increasing demand due to deterioration in health, wellbeing and mobility – leading to higher incidence of people losing their independence and experiencing longer, slower recovery times. ▪ Lack of GP capacity means increasing presentation at emergency departments due to worsening conditions ▪ The preventative role of the NHS in admission avoidance needs to be clearer - local authority / regional leaders can begin to broker this discussion ▪ Local authorities receive different funding in different areas around support for discharge – methodology/funding formula unclear

8. Providing support

Minimum standard

- There is evidence that local care and support needs at a population and community level are understood
- These needs inform local commissioning, contracting and care provision
- The experience of and quality of care and support is a high priority for ASC
- Integration plans to meet short-term care needs e.g. reablement, intermediate care and end of life care, reflect local and national priorities and good practice
- There is evidence that ASC, and the wider local health and care system, prioritise continuity of care for citizens

Emerging

- There is strong capacity, knowledge and experience around contract management and Quality Assurance, underpinned by a commitment to achieve VFM within a person centred approach
- Provision is made for meeting complex or specialist needs e.g. innovation Lot in Complex DPS, Care at Home Incentive Fund, strong links with VCFSE sector
- Evidence of an open and collaborative culture to find different solutions to care and support challenges
- Tender processes seek and appropriately support innovative ideas from providers
- There is evidence of joint care processes, pathways and transfer of care arrangements
- There are well-established governance processes with the ICB

Aspiring

- There is a consistent organisational focus on the quality of care and support provision
- There is a commitment to Quality Mark development
- ASC and health work to a Joint Outcomes Framework
- There is a regular fee setting process which is aligned to the medium-term financial strategy (MTFS) process
- Surveys of providers request regular updates and support ASC responsiveness to changing market circumstances
- There is engagement with sector representative organisations or Alliances, as well as individual providers
- ASC talks to and learns from neighbouring councils about successes and failures

8. Planning and market shaping

Minimum standard

- The Market Position Statements is in place - it clearly and comprehensively explains what care and support is needed in the area and why
- Evidence is routinely gathered from providers in relation to market pressures / sufficiency
- Work is ongoing to refresh the LA's understanding of gaps and sufficiency in the ASC market

Emerging

- Market Position Statement is aligned to the JSNA
- Market Position Statements have been developed for all ASC cohorts, setting a clear direction of travel
- There is ongoing activity to support a diversity of care models in the market, including innovation
- ASC has established internal governance to ensure routine market oversight
- There is evidence of collaboration between strategic housing, social landlords and ASC to plan towards meeting housing with support needs
- The Council can respond to immediate crises in the Adult Social Care market
- There is a comprehensive market sufficiency plan(s)

Aspiring

- Market Position Statements and Sufficiency Plans are coproduced with providers and partners
- Market sufficiency plans include analysis of needs of people receiving Direct Payments
- ASC uses cohort-specific population projections to inform current and future demand
- There is a local Market Sustainability Plan
- There is evidence that ASC and the Council are learning from their commissioning and market engagement/shaping experiences, leading to changes in thinking and practice
- There are specific housing strategies/plans to support ASC e.g. extra-care housing

8. Commissioning & contracting

Minimum standard

- Care Act principles and duties are being enacted:
  - Promoting wellbeing
  - information and advice
  - independent advocacy
  - integration cooperation and partnership
  - prevent, reduce, delay principle
- Commissioning practices and services delivered by or on behalf of ASC proactively address the needs of people with protected equality characteristics
- Commissioning is outcome-focussed

Emerging

- The JSNA informs commissioning priorities and activities
- Procurement and contracting arrangements are robust, fair, equitable and accessible and attract/retain a diverse range of providers
- A Fair Cost of Care exercise is ongoing
- Contracts are accessible to local SMEs e.g. through tiered framework agreements
- Micro-commissioning is used to meet specialist and complex care and support needs
- There is evidence of ongoing strategic and operational dialogue with ASC providers and partner organisations

Aspiring

- ASC has cohort-specific population projections to inform current and future demand
- EDI and capacity to meet diverse needs is embedded & assessed in all contracts
- New models of care at home are being implemented
- There is evidence of successful joint commissioning with Health
- The LA collaborates with service providers to agree/negotiate a fair cost of care
- Social value is increasingly embedded in pre-procurement activity, as well as evaluation of tenders
- There is evidence of co-production in commissioning

8. Providing Support: Common challenges

Issue	Example
Assessment	▪ Identification and understanding of needs - and unmet needs - especially relating to self-funders and all informal carers ▪ Medium- and longer-term impact of Covid pandemic remains unclear ▪ Neighbourhood-level place and community needs are diverse – one size does not fit all – socio-economic, place and cultural differences/barriers ▪ Home Office resettlement work is absorbing capacity
Planning & Market Shaping	▪ Limited resources to plan and market shape – emphasis on safe and effective delivery over data/monitoring due to staffing and funding pressures ▪ Providers are often fire-fighting due to competing pressures and demands ▪ Image / perception of Social Care as a career option, alongside recruitment and retention issues and often uncompetitive pay and conditions i.e. in comparison to health, retail, hospitality etc ▪ Culture change within the workforce to promote prevention and use of existing community assets and support
Commissioning & Contracting	▪ There are aspects of current commissioning arrangements e.g. short-term contracts/funding rounds and a strong emphasis on social value in contracts that can exclude small, local SMEs ▪ Very challenging market capacity issues and gaps in some specialist provision ▪ The real cost of care vastly outstrips what LAs are in a position to pay providers ▪ Innovation in the current financial and operating climate is very challenging
Long Term Care Delivery	▪ Market facilitation/development with care providers e.g. to support understanding of procurement processes and basic requirements, contract performance management, capturing outcomes etc ▪ Sharing risk with providers
Integrated Care Delivery	▪ Integration across local partners and across LA boundaries can be challenging due the Political make up of different LAs, different commissioning timelines, true shared commitment and adequate capacity

9. Ensuring safety

Safe systems, pathways and transitions

Minimum standard

- There are clear and safe pathways and transfers of care when people move between services and agencies, which are well designed, evaluated and reviewed

- Continuity of care and complex care co-ordination are a shared system priority and ASC monitors its contribution and effectiveness towards this

- Contingency plans are in place and the local authority is prepared for emergencies

- There is an adult risk register and risk mitigation plans in place

Emerging

- Keeping people safe is embedded in corporate vision, ASC Strategy, Local Account etc
- Whistleblowing policies are in place and there is good awareness amongst staff at all levels and evidence that the policy is used to good effect
- High-risk cases are prioritised effectively
- Positive & productive working relationships with a range of partners are evident.
- Mechanisms are in place for the early identification of young people who are likely to have care and support needs including e.g. transition forums & early co working
- There are sufficient workers with relevant knowledge & experience of transitions who work across children's & adult's services
- Each young person has a key worker who is accountable to them
- Transition plans are co-produced with young people and families
- Care Act assessments & Carers assessments are in place for the majority of young people and parent carers before age 18

Aspiring

- There are specialist transitions teams consisting of workers from children, adults, health and SEND team with the capacity to engage all young people at year 9
- Most young people who are likely to have care and support needs are identified early, including those who are more difficult to identify
- All young people at year 9 are allocated a key worker
- Reviews take place annually as a minimum to review plan for transition and EHCP
- Co-produced transition plans are high quality and include a wide range of need including education and employment, good health, community engagement and options for accommodation

9. Ensuring safety

Minimum standard

- The Safeguarding Adults Board has developed, shared and implemented a joint safeguarding strategy and reports annually
- The multi-agency adult safeguarding system has created a shared process for undertaking S42 enquiries when an adult with care and support needs may be at risk of abuse or neglect
- There is strategic governance of safeguarding learning, themes, trends and outcomes
- Independent advocacy is available to someone who is the subject of a safeguarding enquiry or review

Emerging

- System incident reporting, investigation, action and shared learning can be evidenced e.g. case file audits, LeDeR, whole home / S42 safeguarding reviews, DHRs, coroners' inquests
- Routine auditing of case files and formal recording of Best Interest Decisions
- Making Safeguarding Personal 7 questions are asked following most s.42 enquiries
- Majority of strategy discussions take place within 5 days & enquiries within 28 days
- Appropriate use of advocacy
- Structures are in place that help to 'make safeguarding everybody's business' a reality

Aspiring

- Safeguarding activity is highly visible and well integrated across teams
- There is evidence that preventing, detecting and reporting neglect and abuse is continually developing at a system and community level
- Improvement planning from audits, reviews, research and practice learning events have led to changes in practice
- There is active management of safe workloads, case allocation and supervision
- Staff training targets on topics relevant to safeguarding are achieved

9. Ensuring Safety: Common challenges

Issue	Example
Understanding demand	Work with key stakeholders to ensure safeguarding referrals to LA are appropriate
	Safeguarding issues that sit outside well-understood S42 enquiries – e.g. complex trauma informed work, transitional safeguarding around young adults with complex needs
Transitions	Connectivity and communication between adults and children and young people services
	Transitions & links between LA & external partners e.g. health & criminal justice
	Capacity to engage with young people and families at year 9 around Transitions and needs in adulthood
	Worker knowledge of both children's and adults' legislation, including Children and Families Act 2014
Discharge from hospital	Implementing mental capacity legislation, maximising human rights & choice, market capacity
	Social Care voice in NHS arena
Partnerships	LA voice in partnerships & partnership boards e.g. mental health Strength of leadership within the Safeguarding Adults Board
Data & Intelligence	Ownership and interpretation within service areas of safeguarding data and intelligence

10. Additional support and resources

- Thanks go to the North East, North West and Yorkshire and Humber ADASS branch and regional colleagues that participated in the content development of this Resource

- We hope it supports Adult Social Care Elected Member Portfolio Leads, Senior Leaders, managers, social workers, social care practitioners and wider health and care professionals such as OTs working within ASC to frame and gauge your collective development and progress

- There are many other national and regional support offers and tools that local ASC teams can use to support readiness for CQC assessment from April 2023 onwards

- The CQC assessment framework includes links to a wide range of good practice resources and guidance

- CQC has also given an indication of the evidence they will look for during assessment, which will include first-hand observation

- If ASC in your area is performing well overall or you are especially proud of some of your activities and the progress you have made - even if they are not a focus of the CQC themes - do still talk about it and promote your strengths

Good luck!