

ASSURANCE OF LOCAL AUTHORITY DELIVERY OF ITS DUTIES DEFINED BY PART ONE OF THE CARE ACT (2014) BY THE CARE QUALITY COMMISSION AND ITS CONTRIBUTION TO IMPROVING SERVICES AND OUTCOMES FOR PEOPLE IN RECEIPT OF ADULT SOCIAL CARE.

Report of the Chief Officer for Integrated Adult Social Care for Devon County Council.

1. Recommendation

- 1.1 Members of the Health and Adult Care Scrutiny Committee are asked to recognise the requirements placed on Integrated Adult Social Care through the CQC assurance framework, and support the service in its preparedness
- 1.2 Members of the Health and Adult Care Scrutiny Committee should be supported in their roles regarding assurance of local authority delivery of its duties defined by part one of the Care Act (2014) by:
 - Being offered further Masterclasses on this and related topics by request.
 - Being offered succinct briefing notes on related matters such as the Care Quality Commission Assurance Framework, Care Act (2014) duties, Annual Report summary, Vision/Strategies summary.
 - Being offered group or individual briefing sessions ahead of any inspection visit by the Care Quality Commission.

2. Purpose

- 2.1 To present to Health and Adult Care Scrutiny Committee a summary of the update shared at the Masterclass of 5th January 2023 on forthcoming assurance by the Care Quality Commission of local authority delivery of its duties defined by part one of the Care Act (2014).
- 2.2 In particular, to highlight the roles of members of the council in this process and to recommend how members, including those on the Health and Adult Care Scrutiny Committee, remain briefed and appropriately involved.

3. Background

- 3.1 In December 2021, the government launched its White Paper 'People at the Heart of Care, its 10-year vision for Adult Social Care.



People have choice, control, and support to live independent lives

- Champion **early health and wellbeing interventions** through community support to **delay and prevent care needs** and **reduce the number of people with preventable diseases**
- Technology is fully utilised to enable **proactive and preventative care**, and to **support people's independence**
- Give people more **control** over their care and support, and give people the **choice to live independently and healthily** in their own homes for longer



People can access outstanding quality and tailored care and support

- Care and support is co-ordinated, and everyone works well together to **plan an individual's care**, bringing together services to achieve the outcomes that are important to that individual
- Health, social care and other services – such as housing, homelessness and community support – are joined-up to provide a **seamless care experience of person-led support**, which also recognises and **supports unpaid carers**



People find adult social care fair and accessible

- Care and support is accessible to ensure that **needs are met without delay**
- Information and advice is user-friendly and accessible, so that people can make **informed and empowered decisions about their lives – now and in the future**

3.2 In laying out that vision, the government reflected on the approach to Sector Led Improvement it had pursued with the adult social care sector since 2010 and announced it would introduce formal assessment of local authorities' delivery of their adult social care duties by the Care Quality Commission.

“ As social care affects a greater number of people at some point during their lives, accountability for services becomes increasingly important for both national and local government.

It is therefore only reasonable for government to want to ensure the ASC system is delivering the right kind of care, and the best outcomes, with the resources available. We also want to be able to readily identify best practice across the system, building on existing sector-led support and improvement programmes.

To achieve this, we want to work with local authorities and the sector to enhance existing assurance frameworks that will support our drive to improve the outcomes and experience of people and their families in accessing high quality care and support, regardless of where they live.

To support these goals, **we propose to introduce through the Health and Care Bill, a new duty for the Care Quality Commission to assess local authorities' delivery of their adult social care duties.** ”

3.3 When the Health and Care Act (2022) received Royal Assent in April 2022, primary legislation directed the Care Quality Commission to assure the local authority delivery of its statutory adult social care duties and to assess the effectiveness and impact of Integrated Care Systems from April 2023. Secondary legislation to define regulations is expected in early 2023 and further announcements are expected imminently.

3.4 The Care Act (2014) duties of local authorities include:

- Market shaping: *quality, choice, diversity, affordability, sufficiency; provider failure contingencies*
- Provision of social care: *assessment, support planning, financial assessment, arranging support, review*
- Provision of preventative services and information/advice: *reducing, preventing, delaying the need for care and support*
- Promotion of individual wellbeing
- Promotion of integration between health and social care services: *including integrated commissioning*

- Safeguarding: *safeguarding of adults at risk and system governance*

Other statutory duties of local authorities related to adult social care include:

- Mental Capacity Act (2005): *Deprivation of Liberties Standards / Liberty Protection Safeguards*
- Mental Health Act (1983): *Assessment and treatment of people with a mental health disorder*
- Health and Care Act (2022): *Integration with NHS through Integrated Care Systems*

In Devon some duties are delivered by partners (Devon Carers, Devon Partnership Trust) and others by other parts of the council (Customer Service Centre, Public Health Prevention, Customer Relations etc.)

- 3.4 The Care Quality Commission is implementing a new Single Assessment Framework across all of its regulation activity although in December 2022 announced that its implementation for health and social care providers would be delayed from January 2023 to later in the year.

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

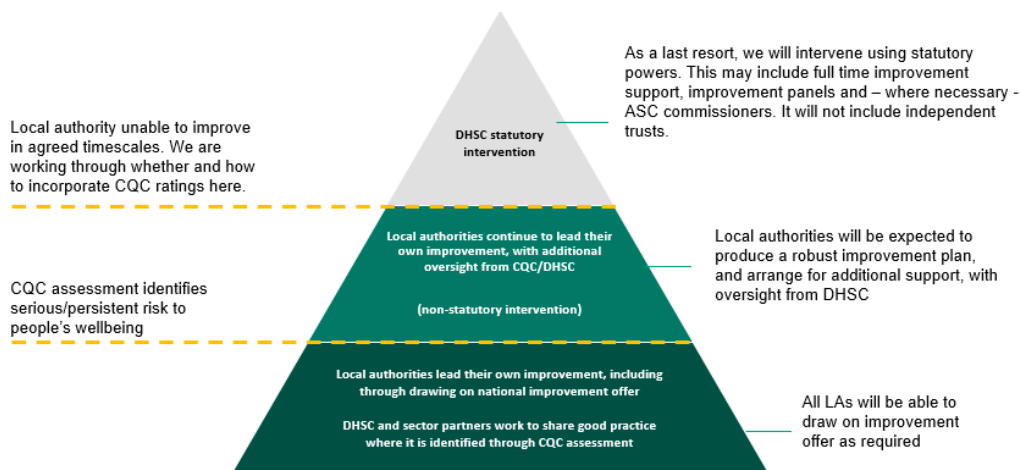


- 3.5 The framework comprises four domains with 'I' and 'we' statements. These are then detailed as best practice standards pitched at 'Good'. These are referenced against best practice guidance. Evidence includes people's experience; feedback from people, partners, providers, leaders and staff; processes and documents; and outcomes and performance data. The data is mainly drawn from statutory annual returns and surveys.

Theme 1: Working with people	Theme 2: Providing support	Theme 3: Ensuring safety	Theme 4: Leadership and workforce
<ul style="list-style-type: none"> • Assessing needs • Supporting people to live healthier lives • Equity in experience and outcomes 	<ul style="list-style-type: none"> • Care provision, integration and continuity • Partnerships and communities 	<ul style="list-style-type: none"> • Safe systems, pathways and transitions • Safeguarding 	<ul style="list-style-type: none"> • Governance, management and sustainability • Learning, improvement and innovation

- 3.6 During a 2-year baselining period all LAs will do a self-assessment and facilitate an inspection visit. The Care Quality Commission are indicating they will likely not publish judgements until after then, but not confirmed. Judgements will be similar to those used

by Ofsted i.e., Outstanding, Good, Requires Improvement, Inadequate. Judgements will include a rating against each theme and may also indicate a direction of travel. It is unclear what the distribution of judgements might be. Councils are concerned the bar will be set high during a period of financial challenge and recovery from the pandemic. The government has also outlined its intentions regarding an approach to support and intervention for those local authorities judged to be less than 'Good'.



3.7 Devon County Council has been preparing for assurance reform since Spring 2022, through a managed project with workstreams concerning:

- Assurance governance
- Assurance framework
- Inspection facilitation
- Statutory returns
- Statutory surveys
- Baseline self-assessment
- Communication and engagement
- Practice improvement
- Improvement and evidence plan
- Vision and strategy updates
- Sector-led improvement

3.8 In the period to April 2023, we are working internally, with our partners and our colleagues in SW ADASS to ensure we are prepared for self-assessment and/or an inspection visit as early as April 2023. The Health and Care Scrutiny Committee is receiving our Annual Report as (a prelude to that self-assessment) and drafts of our update division and strategies at this meeting of January 20th 2023.

4. The role of members of the council in CQC assurance.

At the Health and Care Scrutiny Committee Masterclass of 5th January 2023, the following expectations of members and potential actions were discussed to inform the recommendations of this paper.

Ref	Expectation	Proposed action for discussion
4.1	CQC assurance is of whether the council fulfils its statutory duties as defined in Part One of the Care Act	Members of the council should be acquainted with the provisions of the Care Act (2014), especially those who might be interviewed in an inspection

Ref	Expectation	Proposed action for discussion
	(2014).	visit.
4.2	CQC will seek feedback from members of the council, in particular the Leader of the council, the Cabinet portfolio holder for adult social care, and members of the Scrutiny Committee that oversees adult social care.	Members of the council who might be interviewed should understand the CQC Assurance Framework; its domains, quality statements and best practice standards; and the required evidence summarised in the self-assessment or annual report.
4.3	CQC may seek feedback from officers and members in leadership roles responsible for wider council responsibilities e.g., relating to financial sustainability, wellbeing, prevention...	All officers and members in leadership roles should have a high-level understanding of the CQC Assurance Framework and Care Act (2014) Part One.
4.4	The Health and Wellbeing Board is focussed on population health and wellbeing including measures to prevent, delay and reduce the need for adult social care.	All those on the Health and Wellbeing Board (including members) should have a high-level understanding of the CQC Assurance Framework and Care Act (2014) Part One.
4.5	The Safeguarding Adults Board is focussed on promoting safeguarding awareness, ensuring safeguarding response, and addressing the underlying causes of safeguarding concerns.	All those on the Safeguarding Adults Board (including members) should have a high-level understanding of the CQC Assurance Framework and Care Act (2014) Part One including the specific safeguarding duties of the Local Authority.
4.6	Cabinet and Scrutiny have a role in the effective governance of performance and risk management arrangements in adult social care including of quality, sufficiency, and sustainability.	Members to consider whether current reporting arrangements, including the Annual Report, are adequate to enable them to fulfil these expectations.
4.7	This role includes ensuring that insights from this evidence inform strategy and policy at partnership, corporate, and service levels.	Members to consider whether current approaches to strategy and policy development, including the Strategic Plan, are adequately mindful of Care Act duties and this evidence base.
4.8	And also that corporate and service level risks including those relating to changes in political and officer leadership, financial sustainability, and organisational change are assessed for their impact on Care Act Duties and mitigated.	Members to consider whether current risk management arrangements are adequately mindful of Care Act duties.
4.9	Members listen to the voices of people with lived experience of adult social care services (including service users and unpaid carers) and take feedback into account in their oversight and decision making.	Members to consider whether they are sufficiently sighted on the range of feedback available including through complaints, from Healthwatch, and via our engagement groups

Ref	Expectation	Proposed action for discussion
4.10	The council invites external challenge to challenge its own performance and learn from best practice elsewhere.	Members to consider whether they and officers have been sufficiently involved in peer review and other sector-led improvement activity.

Electoral Divisions: All

Cabinet Member for Integrated Adult Social Care and Health: James McInnes

Director of Integrated Adult Social Care: Tandra Forster

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

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BACKGROUND PAPER DATE FILE REFERENCE

Nil