# HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE. Monday, 7 October 2024

**PRESENT –** Councillors, Councillor Suleman Khonat (Chair), Akhtar P, Humphrys, Johnson, Kapadia and Whittingham.

**OFFICERS** -

#### **RESOLUTIONS**

# 11 Welcome and Apologies

The Chair welcomed all to the meeting.

Apologies were received from Councillor Dave Smith.

## 12 Declarations of Interest

No declarations of interest were received.

# 13 <u>Minutes of Previous Meeting</u>

The Chair referred to the establishment of Task and Finish Groups and some clarification was requested to determine whether both or one of the topics, Homelessness, Landlords and HMO's (general housing standards) fell under the remit of this Committee.

## **RESOLVED**

- (1) That the Minutes of the last meeting be agreed as a correct record.
- (2) That clarification be obtained regarding which Scrutiny Committee the scrutiny of Homelessness, Landlords and HMOs (general housing standards) was the responsibility of and how best they could be scrutinised.

### 14 Care Quality Commission (CQC)

The Committee received a detailed presentation from Mark Warren which provided an update on the work to ensure compliance with Care Quality Commission (CQC) Inspection frameworks.

It was explained that the Framework had been established to identify how Council's performed around Adult Social Care responsibilities identified within the Care Act. There were four themes, and nine quality statements and evidence needed to be in place to ensure that the Inspectors could measure performance. The CQC would assess each authority and give a one-word outcome:

- Outstanding
- Good

- Requires Improvement
- Inadequate.

The CQC Assessment was split into four Assurance Themes:

- Working with People
- Providing Support
- Ensuring Safety
- Leadership

Within those themes there were nine quality statements. The evidence provided informs how each question was scored in a range of 1 to 4. Some authorities had already been inspected and officers were assessing their assessments to learn from them. The themes the CQC were focusing on included:

- Waiting Lists/Times
- Transitions
- Discharge
- Carers and Co-production
- Safeguarding

Officers had created and were continuing to formulate an evidence library based on the 41 Information Return items requested by the CQC. A summary of how the Council had rated across the framework was presented to the Committee. Within that an area which required improvement was the "front door" experience for the public and ways to improve this were being investigated.

Mark Warren also provided a breakdown of confidence under each of the quality statement areas with an explanation of progress and actions taken against the two information return items that had rated inadequate:

General – IR3 (compliments/complaints)
QS3 – IR3 (groups/individuals identified as being at risk of having unmet needs or poor outcomes because of their protected characteristics

Key areas the CQC were focusing on included:

- Co-production in all areas of operation
- Waiting lists across social work and Occupational Therapy/Adaptations
- Reaching out to communities and hard to reach groups
- Relationship development with the Council's providers
- Ease of access and information, advice and signposting (front door)

It was reported 41 files had been identified for potential case tracking, 10 were pending DASS/Deputy DASS audit, 10 were pending Head of Service audit and 21 were pending at Service Lead audit level. Further files had been identified through the Team Manager audit cycle.

Although 56 Local Authorities had been notified of their inspection the Council had not yet received any dates. Hower preparations for the assessment were underway and the LGA had been commissioned to undertake a full peer review on 22<sup>nd</sup> to 24<sup>th</sup> October 2024 which, in effect, would serve as a mock inspection.

It was reported that Nine Council's had been inspected and their scores were presented for comparison. The presentation outlined some of the specific challenges highlighted in Derby and Brents performance across various domains in the CQC assessment that may have impacted their overall rating. Both had been scored as requiring improvement with scores of 53 and 62 respectively. However, West Berkshire had received a score of 64 (a good assessment) which was only two points different with Brents score.

It was noted that Assessing Needs and Equity in Experience had been identified as areas in which all local authorities had scored particularly low. However, West Berkshire and Hertfordshire excelled in providing accessible, person-centred care with effective co-ordination and support, which lead to higher satisfaction levels and better overall performance compared to the other Councils.

Timescales were touched upon along with the process once the Inspection started. It was unclear at this stage if there would be any impact on funding if the outcome was Good, and the effectiveness of working in partnership with other NHS partners was also discussed.

The Committee were confident everything was being done to prepare for the inspection. Members were encouraged to support officers during this time, and it was anticipated there would be challenges along the way, but it was important everyone focused on what was needed to ensure a positive outcome.

#### **RESOLVED**

- (1) That the report be noted.
- (2) That the results of the CQC Inspection be report to a future meeting of this Committee.

Signed:	
Date:	
	Chair of the meeting
	at which the minutes were confirmed