

# CQC Update

October 2024

Trust

Respect

Ambition

Collaboration

Kindness



# LA CQC Assessments



## Assurance Themes

### 1: Working with People

- assessing needs
- direct payments
- charging arrangements
- supporting people to live healthier lives
- prevention
- wellbeing
- information and advice
- addressing barriers and reducing inequalities



### 2: Providing Support

- care provision, integration and continuity
- market shaping
- commissioning
- workforce capacity and capability
- integration and partnership working



### 3: Ensuring safety

- safeguarding enquiries and reviews
- Safeguarding Adult Board
- safe systems - continuity of care
- safe systems - pathways and transitions



### 4: Leadership

- culture
- strategic planning
- learning
- improvement
- innovation
- governance
- management
- Sustainability



9 [reports published](#)

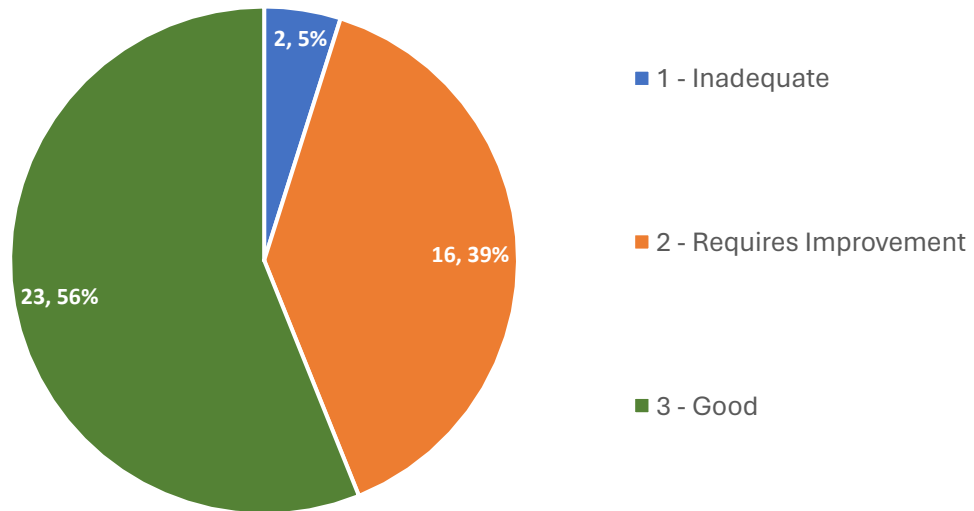
- Hertfordshire: Good
- Hounslow: Good
- West Berkshire: Good
- Bracknell Forest: Good
- Durham: Good
- Derby City: Requires Improvement
- Derbyshire: Good
- Brent: Requires Improvement
- Harrow: Requires Improvement

Themes CQC are focusing on:

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

# BwD Evidence Update

Overall Evidence Confidence Across the 41 Information Return (IR) Items



There are 41 Information Return (IR) items requested by CQC.

The pie chart to the left provides a summary of how we have rated evidence in totality across the framework.

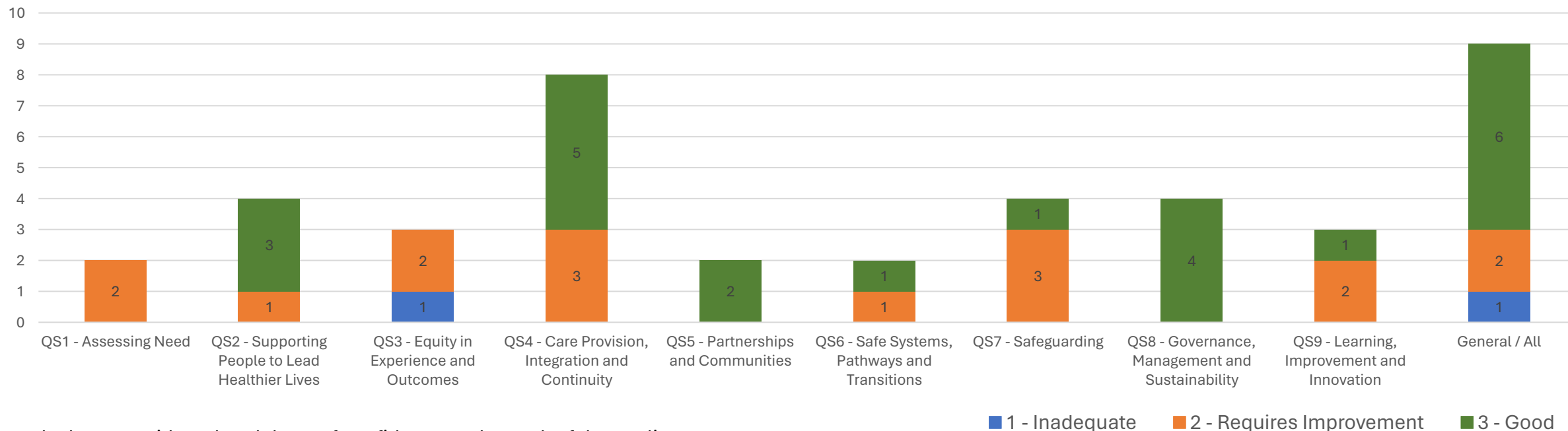
1 – Inadequate assurance in accordance with the IR definition

2 – Requires Improvement in accordance with the IR definition

3 – Good in accordance with the IR definition

4 – Outstanding assurance in accordance with the IR definition

## Evidence Rating per Quality statement



The graph above provides a breakdown of confidence under each of the quality statement areas. For example, quality statement 1 has 2 information return items – both rated requires improvement. The table below explains progress and actions taken against the 2 information return items rated inadequate.

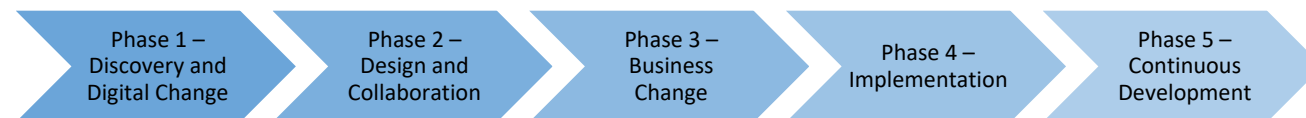
Information Return Detail	Actions Ongoing	Assigned To
<b>General -IR3 – Compliments/complaints received by the local authority in relation to Care Act duties. Include a summary of issues, trends, outcomes and actions taken.</b> 1 - Inadequate	<b>Meeting arranged with Corporate Complaints Team to discuss our feedback and ask if the report, and ways in which the Feedback Team collate information can be amended to meet our needs.</b>	<b>Katherine White / Ed Johnston / Zoe Hodgkinson</b>
<b>QS3 - IR13 – Provide details of any groups of people in your area identified as being at risk of having unmet needs or poor outcomes because of their protected characteristics. For example, members of groups who may be seldom heard due to their race (including Gypsy, Roma and Travellers), ethnicity, religion, LGBTQ+ identity.</b> 1 - Inadequate	<b>Document collated to depict the make-up of the borough and ASC, further expanded to describe the different groups of citizens, some who may be harder to reach, and how we serve those equitably. Discussions with Public Health to progress document.</b>	<b>Carly Hohn / Andy Haythornthwaite</b>

Key areas CQC are focusing on and progress/actions for us:

- **Co production in all areas of operation**
  - Pockets of good practise to learn from
  - A co-production toolkit is being completed to self-assess where we are, and develop a toolkit for implementing
  - Potential exploration of a co-production role in ASC, 2 service leads are currently managing
- **Waiting lists across social work and Occupational Therapy / Adaptations**
  - Data is captured in various Power BI dashboards
  - Closely monitored in Tracker Meetings
  - Work ongoing to improve how we evidence analysis of themes and trends
- **Reaching out to communities and hard to reach groups**
  - Document collated to depict the make-up of the borough and ASC users, further expanded to describe the different groups of residents in BwD, some of whom may be harder to reach, and how we serve those equitably. Discussions with Public Health to progress document
  - ASC reps on EDI Groups to feedback to EDI Board and SLT
- **Relationship development with our providers**
  - Conducted a provider survey and the feedback was positive
  - Providers were involved in the production of the Commissioning Strategy, they were asked questions to feed in
  - Provider forums are held regularly
- **Ease of Access and information, advice and signposting (front door)**
  - Completed an initial evaluation of our current front door offer, identifying strengths and gaps.
  - Findings have been evaluated and a workplan for improvement has been created - split into 5 phases:

The workplan runs from May 2024 to March 2025.

Our goal is to ensure that all residents have timely and accessible support.



## **Case Tracking Update**

As part of the LGA visit they will conduct an audit of case files, and when CQC are on site they will want to “case track” 6 people’s cases and their experience with Adult Social Care. We are required to provide CQC with a list of 50 case files for them to take a sample from.

Before a file is added to the list to be provided to CQC they must have been audited by all of the below sequentially:

1. A Team Manager
2. A Service Lead / PSW
3. Head of Service
4. Signed off by DASS/Deputy

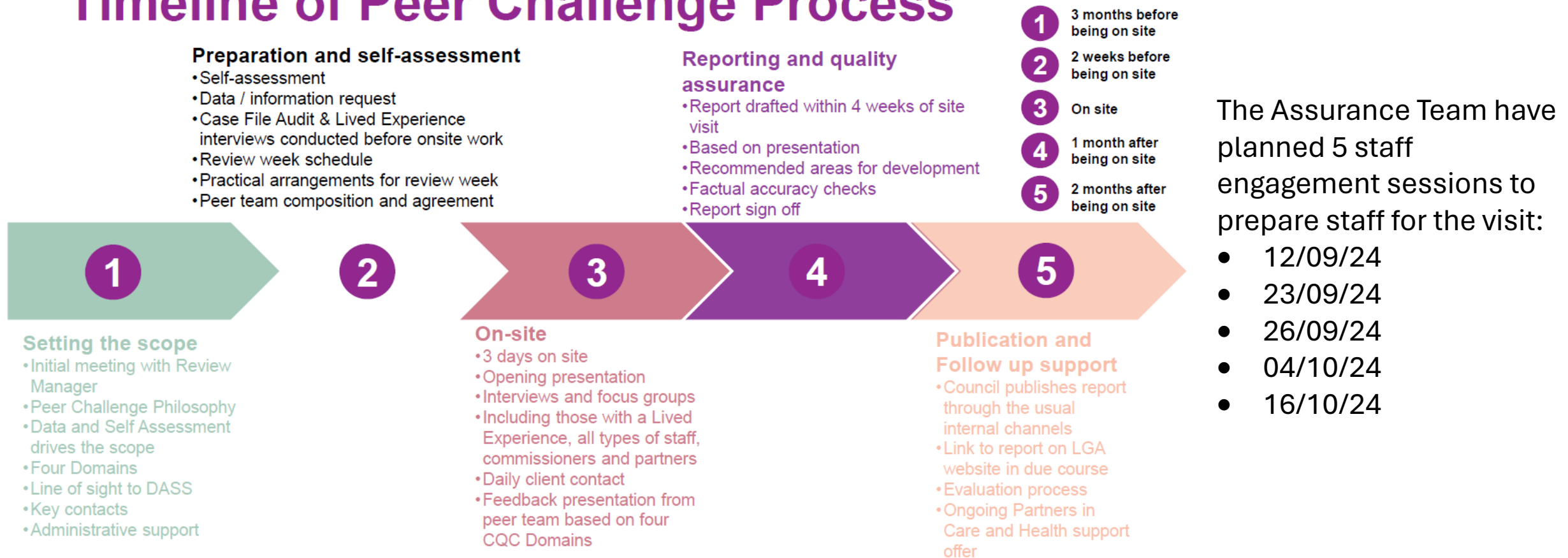
So far, we have had 41 files identified for potential case tracking. 10 are pending DASS/Deputy DASS audit, 10 are pending HoS audit and 21 are pending at Service Lead audit level.

There have been further files identified through the Team Manager audit cycle.

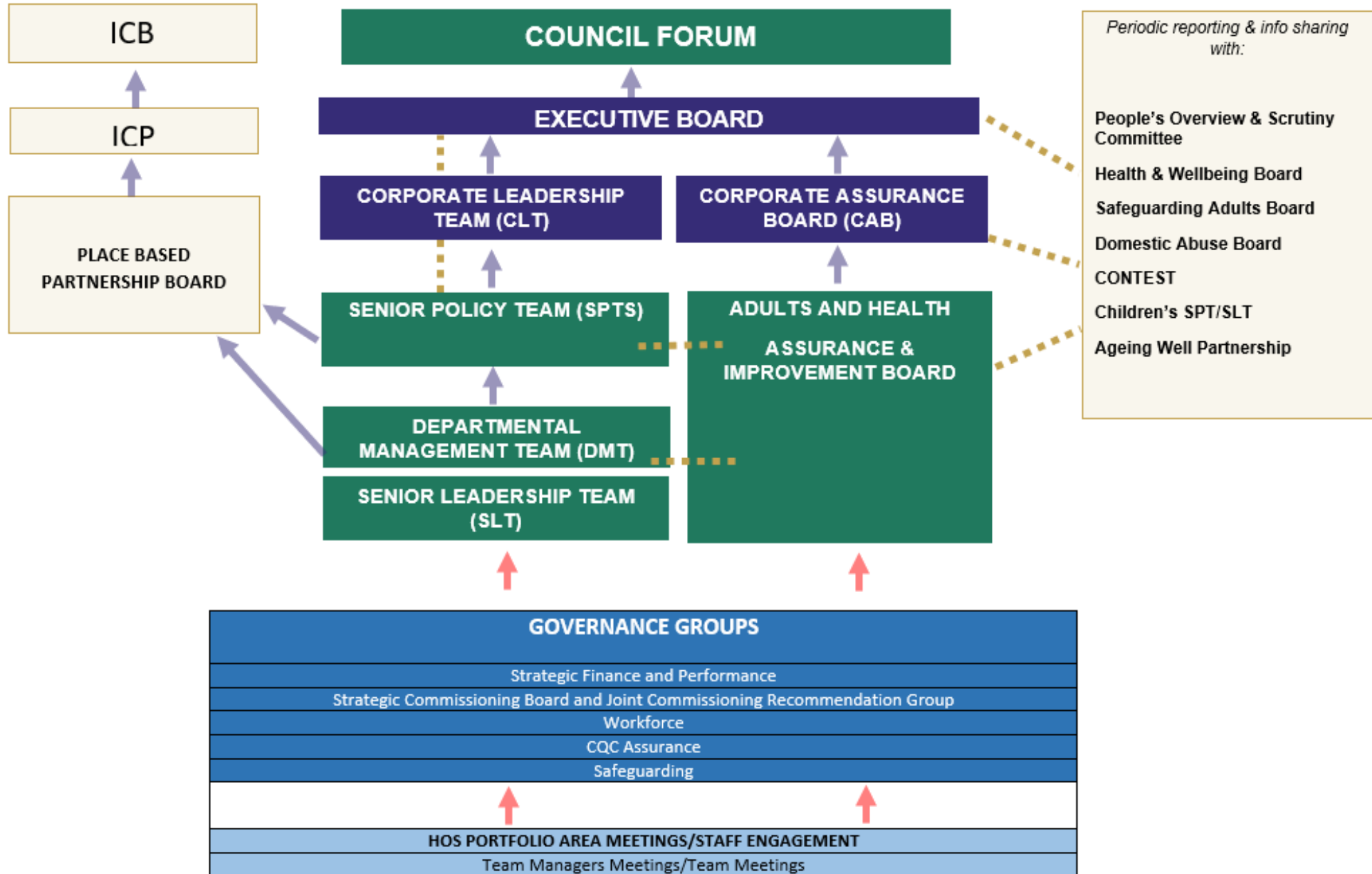
# General Updates

- 55 LAs notified of their inspection - Including 7 NW LAs – Wirral, Warrington, Sefton, St Helens, Cheshire East & West, and Blackpool
- BwD have not yet received notification - In prep for our assessments we have commissioned the LGA to undertake a peer review – site visit 22-24<sup>th</sup> October 2024

## Timeline of Peer Challenge Process



# ADULTS & HEALTH GOVERNANCE STRUCTURE





### **Senior Policy Team**

Exec Members, Strategic Director, Director, Deputy, HoS, Place Director –  
Monthly

### **Senior Leadership Meetings**

### **DMT Director and HoS (Adults & Health)**

**Membership:** Director, Deputy Director and HOS's

**Focus:** Strategic Planning, Focussed Discussion on high priority areas & risks  
across wider dept.

**Frequency:** Weekly – 3 in 4 with SLT's

### **ASC SLT**

**Membership:** DASS, Deputy DASS,  
HoS, Service Leads, PSW.

**Focus:** team development, corporate  
items, staffing, SLT team building,  
standing items finance,  
commissioning and workforce  
groups, hot topics.

**Frequency:** Monthly – 1 in 4 Weekly  
with DMT.

### **PH SLT**

**Membership:** DPH, Consultants,  
Business Manager, Planning &  
Governance Officer.

**Focus:** PH service plan priorities, PH  
finance, PH service commissioning,  
PH quality and assurance, Pop health  
at place, Prep EMB, PH SPT, HWBB,  
corporate reporting.

**Frequency:** Weekly

### **Assurance and Improvement Board**

**Membership:** Independent Chair, Chief Exec, S151, Other exec leads across  
council, DASS, DPH, Deputies, HoS (and as needed Service Leads).

**Focus:** Adults & Health Assurance and Improvement. Core purpose to ensure  
delivery of the business plan priorities and Target Operating Model. Board to  
monitor progress, identify risks and opportunities, measure performance and  
reporting against delivery of business plan and key areas of transformation  
activity.

**Agenda:** programme of standing items and action plans, monitoring reports and  
performance data aligned to the business plan priorities. Inspection and  
Assurance readiness. Performance Data, Finance, Highlight reports from key  
Governance Groups, Risk areas. Additional focused/themes discussion areas as  
identified through risk rating.

**Frequency:** Quarterly

Future Governance Groups aligned with delivery of business plan,  
transformation and TOM. Groups are aligned with delivery of 6 Business Plan  
Priorities, Plan on a Page (POaP)

Strategic Finance and Performance

Strategic Commissioning Board and Joint Commissioning Recommendations Group (JCRG)

Workforce

CQC Assurance Group

Safeguarding

# Good vs Requires Improvement

The below outlines some of the specific challenges highlighted in Derby and Brents performance across various domains in the CQC assessment that may have impacted its overall rating.

## Derby Council:

1. **Score and Feedback**: Derby received a lower overall score of 53. Some people felt that their needs were considered, but there were significant issues in timely assessments and communication, particularly affecting carers.
2. **Cultural and Language Barriers**: Derby was acknowledged for its awareness of cultural differences, but gaps in services, particularly for learning disabilities, autism, and the Deaf community, negatively impacted accessibility.
3. **Carer Support**: Carers reported a lack of support and long waiting times for assessments, which contributed to their mental health struggles. Although improvements were being worked on, there were notable deficiencies in preventive support measures.
4. **Over-reliance on Online Support**: The council's reliance on online services posed accessibility challenges for people with learning difficulties or those for whom English was a second language.

## Brent Council:

1. **Score and Feedback**: Brent scored 62, with feedback indicating mixed experiences from users and carers. Some received positive care, while others faced issues with communication and consistency.
2. **Carer Experience**: Carers in Brent reported largely negative experiences, citing delays and inadequate communication following assessments. There was also a perception that carers were not assessed holistically, leading to feelings of isolation.
3. **Access and Communication Issues**: Frequent staff changes made it difficult for people to access consistent information and advice. Advocacy support was also inconsistent, and accessing needed equipment was challenging, impacting well-being.

## Comparison to Good-Rated Councils

Councils rated as "Good" generally had better performance in areas such as:

- Timely and effective assessments.
- Stronger communication and community engagement.
- Better integration of services, leading to more positive outcomes for users.

For example, Hertfordshire received higher scores for governance, innovation, and equity of experience, with a more proactive approach to meeting diverse needs

# Theme Analysis

Theme 1, Assessing Needs and Equity in Experience have been identified as areas in which all local authorities have scored particularly low.

We want to understand the reasons for this and what our NW councils can do to ensure that this is not an area that impacts their overall rating.

NW ADASS have developed a report that focuses on Theme 1, Assessing Needs and summarises some of the factors that may have contributed to each of the local authorities low score (2). See attached.

Council	Assessment outcome	Score	Assessing needs	Supporting people to lead healthier lives	Equity in experience and outcomes	Care provision, integration and continuity	Partnerships and communities	Safe pathways, systems and transitions	Safeguarding	Governance, management and sustainability	Learning improvement and innovation
Brent	RI	62	2	2	2	2	2	3	3	3	3
Hounslow	Good	70	2	2	3	3	3	3	3	3	3
West Berkshire	Good	64	3	2	2	2	2	3	3	3	3
Derby	RI	53	2	2	2	2	3	2	2	2	2
Derbyshire	Good	67	2	3	2	3	3	3	2	3	3
County Durham	Good	67	2	3	2	3	3	3	2	3	3
Harrow	RI										
Hertfordshire	Good	78	3	3	3	3	4	3	3	3	3
Bracknell Forest	Good	64	2	2	2	3	3	2	3	3	3

# In Summary

In summary, West Berkshire and Hertfordshire excelled in providing accessible, person-centered care with effective coordination and support, leading to higher satisfaction levels and better overall performance compared to the other councils.

The likes of Durham, Derbyshire, Brent, and Bracknell Forest faced challenges such as:

- **Longer waiting times** for assessments and reviews,
- Inconsistent application of **strength-based approaches**,
- Mixed feedback from people regarding the **accessibility** and effectiveness of their services.
- Issues like high **staff turnover**,
- **Delays** in care provision,
- Less effective **coordination between teams** and services contributed to their lower ratings.