

Divisions Affected - All

People Overview and Scrutiny Committee

22nd April 2024

Adult Social Care Assurance Update

**Report by Karen Fuller, Interim Corporate Director of
Adult Social Care**

RECOMMENDATION

1. **The Committee is RECOMMENDED to**
 - Note the update provided on preparations for CQC Assurance and the development of a self-assessment of Adult Social Care
 - Note the update provided on the recent Local Government Association (LGA) Peer Challenge

Executive Summary

2. This report provides an update on preparation for CQC Assurance, and the development of a self-assessment narrative which will form a key part of the evidence that will be submitted during an Assurance assessment visit. It updates the committee on the recent LGA Peer Challenge undertaken in Adult Social Care and initial feedback received from the challenge team.

Background

- 3.1 The Health and Care Act 2022 introduced a new duty for the CQC to independently review and assess how Local Authorities are delivering their Care Act functions. From 1st April 2023 CQC has had powers to assess local authorities in England, looking at how well they meet their duties under the Care Act (2014).
- 3.2 CQC has published guidance on their approach to Local Authority Assessment ([here](#)) and published their assessment framework ([here](#)). Between April and September 2023, CQC undertook an initial assessment of all local authorities in England, reviewing published data and documentation with a focus on two quality statements:

- Care provision, integration and continuity
- Assessing needs

Findings from this work were incorporated into CQC's annual report 'The state of health care and adult social care in England 2022/23' ([here](#)).

- 3.3 In summer 2023 CQC initiated pilot assessments in five local authorities to test their new approach. This supplemented two early test and learn activities undertaken in 2022 with Manchester City Council and Hampshire County Council. The five pilot sites were:
- Birmingham City Council
 - Lincolnshire County Council
 - North Lincolnshire Council
 - Nottingham City Council
 - Suffolk County Council
- 3.4 CQC has published the reports from these five pilot assessments ([here](#)). Nottingham City Council received an indicative rating of 'requires improvement', and the other four authorities received an indicative rating of 'good'.
- 3.5 During the pilot period CQC also undertook an evaluation in order to understand the effectiveness of their assurance approach and gather early indications of outcomes from the pilots. Following this period, they made refinements to the assessment process and notification of local authority assessments commenced in December 2023.
- 3.6 Between December 2023 and February 2024 CQC notified 15 local authorities of forthcoming assessment.
- 3.7 The timescales around local authority assessment have changed over time, and at present a local authority is required to submit a wide range of evidence including their self-assessment within three weeks of notification. A site visit will then follow within six months of the notification of assessment.
- 3.8 The evidence that will be required for submission is set out in the Local Authority Information Return which enables CQC to review key documents, information and data ahead of on-site activity. The requirements of the information return can be found [here](#).

Approach to Self-Assessment

- 4.1 A key element of the evidence required is a self-assessment, which should provide an authentic narrative describing adult social care in a local authority and should be supported by data and personal experience. It is an iterative document which should be kept continuously updated in order to support continuous improvement. A quarterly process of formal refresh and review has been

implemented in Oxfordshire and will ensure that there is robust oversight of implementation of improvement and delivery of key priorities.

- 4.2 The self-assessment is an opportunity for a local authority to reflect on its key strengths and areas for development, setting out its assessment of its performance against the key themes and quality statements within the assurance framework, which are:

Theme 1: Working with people

- Assessing needs
- Supporting people to live healthier lives
- Equity in experiences and outcomes

Theme 2: Providing support

- Care provision, integration and continuity
- Partnership and communities

Theme 3: How the local authority ensures safety within the system

- Safe systems, pathways and transitions
- Safeguarding

Theme 4: Leadership

- Governance, management and sustainability
- Learning, improvement and innovation

- 4.3 Our most recent self-assessment updated in February 2024 is provided at Appendix 1 and provides a comprehensive reflection on these key areas. The self-assessment was shared with key stakeholders and partners during its development, and their feedback has been incorporated into it. Our staff have been involved throughout the development of the self-assessment and it has been shared with them through its various iterations. It has also been shared with Council leaders including Informal Cabinet.

- 4.5 An executive summary of the self-assessment has also been produced which provides an accessible four-page insight into our strengths and areas for development against the nine quality statement areas. This can be found at Appendix 2.

- 4.5 The voices of those who use our services and unpaid carers have been incorporated into the self-assessment through existing channels of feedback including our Adult Social Care User Survey, listening events, Healthwatch reports, national surveys, and reports on complaints, comments and concerns.

- 4.6 Our self-assessment emphasises the [Oxfordshire Way](#) as our guiding vision to support the people of Oxfordshire to live well in their community and remain fit and healthy for as a long as possible. The Oxfordshire Way priorities set the context for our self-assessment, demonstrating our ambition to promote resilience and independence.
- 4.7 The report to People Overview and Scrutiny committee on 14th September 2023 ([here](#)) set out the key strengths and areas for development identified, and our partners and stakeholders broadly agreed with this assessment.
- 4.8 Since this time we have been delivering against action plans in key areas identified including reducing waiting times, improving safeguarding timeliness and addressing backlogs in Deprivation of Liberty Safeguards (DoLS) applications. Progress achieved to date is set out in the self-assessment at Appendix 1.

LGA Peer Challenge

- 5.1 In order to support our preparation for Assurance and provide external challenge to our self-assessment, the Corporate Director of Adult Social Care invited the Local Government Association (LGA) to undertake a Peer Challenge for Adult Social Care in Oxfordshire.
- 5.2 An LGA Peer Challenge brings together a group of peer reviewers from other councils with experience in key roles such as Directors of Adult Social Care, Directors of Operations, Principal Social Workers, Transformation leads and experts by experience.
- 5.3 Peer challenge gives councils a robust and effective improvement tool owned and delivered by the sector, and peers act as a 'critical friend' for the council. It is a constructive and supportive process with the central aim of supporting improvement. It is not an inspection and does not award a rating or score. However, the challenge process is aligned to reflect the approach taken by the CQC, reviewing against the four key themes of the assurance framework: working with people, providing support, ensuring safety and leadership.
- 5.3 The peer challenge took place between 5th and 7th March and provided a valuable opportunity to triangulate our self-assessment ahead of a formal CQC assurance process, as well as to drive our continued focus on improvement and development.
- 5.4 The peer team was made up of eight reviewers, including a leading expert in co-production, a Member peer, a representative from the LGA, and leaders with expertise in operations, commissioning and transformation. The challenge team was led by a Director of Adult Care and Health.
- 5.5 Adult Social Care submitted a wide range of evidence in advance for the team to review, using the model of the Local Authority Information Return provided by CQC. This included our self-assessment narrative.

- 5.6 The peer challenge team reviewed this evidence and undertook a series of preparatory one to one interviews in the weeks leading up to the review, including with the Corporate Director for Adult Social Care, the Lead Member for Adult Social Care, the Deputy Director of Adult Social Care and the Deputy Director of Commissioning.
- 5.7 This preparation was followed by a three-day visit on-site in Oxfordshire with a series of interviews and focus groups taking place on 5th and 6th March. During this time on site the peer reviewers met with around 250 people taking part in 37 meetings over 252 person-hours. They met with people with lived experience, unpaid carers, frontline staff, team managers, heads of service, partners and leaders including the Chairs of the People Overview and Scrutiny and Joint Health Overview and Scrutiny Committees.
- 5.8 On the final day of the peer challenge on 7th March the peer team met with senior leaders including the Council Leader and Chief Executive, the Corporate Director for Adult Social Care and the extended leadership team for Adult Social Care and gave their initial feedback. This will be followed within four to six weeks by a full report.

Initial Feedback from the Peer Review

- 6.1 Whilst the formal report from the peer challenge will provide us with full feedback, initial indications suggest that our self-assessment is broadly accurate and reflective of our key strengths and areas for development.
- 6.2 Early feedback highlighted the following strengths:
- Staff are committed to delivering good services with passion and pride
 - Good initiatives driven by staff to make a difference, and genuine desire to learn and improve
 - Evident senior political and officer support for adult social care with DASS as a visible presence leading the Directorate
 - Waiting lists are well-managed
 - Good grip of safeguarding with a mature outcomes-focused Safeguarding Adults Board
 - Strong joint working across children's and adults' services in Moving into Adulthood
 - Recent stability in senior management posts, and a key senior role in housing that will aid in solving complex housing issues
 - Strong integrated commissioning arrangements that afford an opportunity to provide a cohesive service
 - Discharge to Assess model a solid foundation for home first
 - Live Well at Home Framework has given strong framework to manage the market and increase capacity
 - Some areas of strength identified in specific teams, .e.g. Occupational Therapy

6.3 Initial feedback also identified the following areas of focus for further development:

- Further embedding the Oxfordshire Way with our staff
- Green shoots of good practice in co-production need to be further developed as well as incorporating the voice of the person in operational and strategic decisions
- Improvements to data and intelligence with dynamic live trend analysis
- Stronger focus in records on people's wishes and outcomes to better evidence strengths-based practice
- Further embedding Making Safeguarding Personal
- Further embedding Joint Carers Strategy
- Further development of commissioning strategies and plans
- Embedding our approach to equality, diversity and inclusion
- Recommendation to undertake a transformation of current pathways to provide end to end strengths-based model

6.4 The peer team also recommended that we continue to build on work already undertaken with staff to build their confidence in telling stories of good co-produced outcome-based service delivery. We will continue to work with staff to enable them to talk confidently about the work that they do that impacts on people's lives as we deliver the Oxfordshire Way.

Next Steps

7 Once the full Peer Challenge Report has been received this will be used to develop a detailed outcomes-focused action plan to build on our existing strengths and address areas for development. This will have measurable meaningful milestones and targets to ensure that we are able to monitor, evaluate and celebrate progress.

Corporate Policies and Priorities

8. Adult Social Care's priorities are shaped by our corporate vision and priorities, with particular focus on:

- Tackling inequalities: working with partners to address inequalities focussing supporting on those in greatest need, embedding and implementing our digital inclusion strategy
- Prioritising the health and wellbeing of our residents: working with partners to implement our health and wellbeing strategy prioritising preventative initiatives.
- Supporting carers and the social care system: deliver seamless services, explore new ways to provide services promoting self-directed support and

increasing choice, focus on preventative services, invest in creative options to support carers.

Financial Implications

9. There are no direct financial implications arising from this report.

Legal Implications

10. This report provides an update only.

Staff Implications

11. The Senior Responsible Officer for assurance preparation is Deputy Director of Adult Social Care . Our preparation for assurance is supported by an Assurance Lead (post currently being recruited to) and has programme management support.

Equality and Inclusion Implications

12.1 Equity in experiences and outcomes is a key theme in CQC's framework for assessing local authorities.

12.2 Equality and inclusion is identified as a key priority within this report and our self-assessment considers the way in which we are meeting our duties and responsibilities in this area.

Risk Management

13 The Quality and Assurance Project Board has oversight of the development of our self-assessment and improvement plan and maintains a risk register. The Board reports to Adult Social Care Directorate Leadership team, Senior Leadership Team and Informal Cabinet through monthly updates. There is an established process for the escalation of risk.

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