

Appendix One
Torbay Council CQC Assurance Readiness Report
(February 2023)

1; Introduction

As part of the Health and Care Act 2022 the Care Quality Commission (CQC) has been given additional responsibilities and powers to review, assess and report on council regulated adult social care functions under Part One of the 2014 Care Act, such as prevention, information and advice, market shaping and support services. The new The Local Authority assessment framework will go live in 2023/24 and will be the first time since 2010 that Adult Social Care functions are assessed.

2; Preparing for Assurance-Assessment Overview

As noted previously Local Authorities Adult Social Care functions have not been subject to external review and assessment since 2010. As such there is considerable amount of work to prepare and be “assurance ready”. Much progress has already been made in this work including:

- Appointment of a Local Authority Lead for Assurance
- Review of Performance and Financial Benchmarking data
- Participating in Peer Support work across the Southwest ADASS Region
- Engagement activities, with a range of partners
- Completion of the initial self-assessment
- Development of a Draft Assurance Improvement Plan

To gauge progress in being Assurance Ready South-West ADASS have prepared a stocktake position for each Local Authority to complete with Torbay's assessment set out below:

Table One: SWADASS Assurance Progress Report

Heading	RAG	Comments
Self-Assessment	Green	New safeguarding elements to be completed on 14 February
Self-assessment risks	Amber	See separate slides
Adult Social Care Strategy	Green	Draft strategy has been completed and going to Council in March to approve consultation and engagement
Preparing staff – ‘Getting to Good’	Amber	Initial conversations held with senior social workers plan to progress through the workforce and comms in development.
Briefing Corporate Services and Members	Amber	Scrutiny subgroup booked for February and ASCCIB workshop planned
Support Materials, data	Green	Data requirements in place and have informed the self-assessment. 2 workshops held
Evidence	Green	Evidence folders set up in teams with access granted to all members of the CQC Assurance subgroup
Governance	Green	First CQC Assurance subgroup held in February
Audits	Amber	Social work audits have been underway since Autumn 2021 and further work is ongoing to add to the current structure.
Improvement action plans	Green	Adult social care improvement plan being drafted and will include areas of weakness that come through the self-assessment
Service user views	Amber	Met with the LD Ambassadors to engage with them in relation to CQC. Attending the autism partnership board in February. Going to the Over 50's Assembly. Ongoing discussion with Healthwatch
Gaps and assessment	Amber	Steering group is being convened to work on improving digital access to information and advice. Microsite hosted by the council will be used.

3; Self-Assessment

The new CQC assessment framework is based around four domains and nine quality statements:

<p>Theme One: Working with People Quality Statements: Assessing Needs, Supporting people to live healthier lives, Equity in experiences and outcomes</p>
<p>Theme Two: Providing Support Quality Statements: Care Provision, integration, and continuity, Partnerships and communities</p>
<p>Theme Three: Ensuring Safety Quality Statements: Safe systems, pathways and transitions, Safeguarding</p>
<p>Theme Four: Leadership Quality Statements: Governance, management and sustainability, Learning, improvement, and innovation</p>

A self-assessment tool has been developed by ADASS and the LGA covering the CQC themes and quality standards. To complete our baseline assessment, stakeholder groups have been brought together to review the statements and describe our current position against each one. In addition, we have utilised performance and financial information to inform judgement making. Assessment of each statement includes strongly agree, tend to agree, neither agree or disagree, tend to disagree, strongly disagree, or don't know. The overall aim is to understand our strengths and weaknesses, building our "Self-Awareness" and our initial assessment is set out in the tables below:

Table Two: Overall Assessment

Theme		Assessment
Working with People	Assessing needs	10 strongly agree, 4 tend to agree (14)
	Supporting people to live healthier lives	9 tend to agree, 1 neither agree nor disagree, 2 tend to disagree, 1 strongly disagree (13)
	Equity in experiences and outcomes	2 neither agree nor disagree, 1 tend to disagree, 2 strongly disagree, (5)
Providing Support	Care provision, integration and continuity	2 strongly agree, 3 tend to agree, 3 neither agree nor disagree ,2 tend to disagree, 1 strongly disagree (11)
	Partnerships and communities	4 Strongly agree, 3 tend to agree (7)

Ensuring Safety	Safe systems, pathways and transitions	2 strongly agree, 4 tend to agree, 3 neither agree nor disagree (9)
	Safeguarding	6 strongly agree, 1 tend to agree (7)
Leadership	Governance, management, and sustainability	1 strongly agree, 8 tend to agree, 1 neither agree nor disagree (10)
	Learning, improvement, and innovation	5 tend to agree, 2 neither agree nor disagree, 3 tend to disagree (10)

Table Three: Assessment Summary- Working with People

Theme One; Working with People			
	Assessing Needs	Supporting People to live healthier lives	Equity in experiences and outcomes
Performance Indicators	Performance Improvement: "Impact of ASC services" and % clients who receive DPs Performance Strengths- Perform well on provision of Information and advice. Carers DPs and Self-Directed Support	Strengths- LD adults who live in their own home. Carer reported quality of life and carers. Improvement; Admissions to Residential/Nursing both older people and working age. Users wanting more social contact	
Key strengths	Strengths Based Approach, Carers Health and Wellbeing Checks Integrated Approach, Long Standing and Embedded Arrangements for Complex Clients (weekly MDTs) Some Examples of Positive Diversity Working Advocacy Support Services in Place Transition Process- Strength and Weakness	Long established history of work with Health Good work with the VCS and developing Community Offer (Community Helpline/Community Builders) Partnership working evidenced on cross cutting issues such as Carers, DA etc Good range of Telecare offered and piloted. Drop-in centres available	LD Autism and Partnership Boards in place with good user representation Example of user involvement in Supported Living Framework Good examples of Carers involvement "Carers Ambassadors"
Key areas for improvement	Front Door including Community Front Door Pathway 2 Direct Payments low take up Growing Waiting Lists	Overarching Strategy in Development, linked to draft Transformation and Sustainability Plan Information and Advice Offer needs development Improve Reablement/Intermediate Care Offer as too many people in bedded care	Systematic Use of EIAs Accessible Information and Advice

Table Four: Assessment Summary- Providing Support

Theme Two; Providing Support		
	Care provision, integration, and continuity	Partnership and Communities
Key Performance Indicators	Care homes good/outstanding above England Average Nursing homes slightly below England Average Care Homes slightly above England Average Community based services above England Average	Overall Satisfaction of people who use services above England Average Overall satisfaction of carers with social services above England Average
Key strengths	QAIT-Works with sector to improve provision Market Blueprint & Commissioning decisions can be linked back to JSNA Good engagement with market including forums and newsletters Supported Living Framework example of good commissioning/service spec, based on outcomes and personalisation Joint commissioning with Neighbouring Authorities and Health	Integration with Health. Section 75 and Strategic Agreement Good Partnership working with VCS. Treated as equal partner and key delivery partner Joint working with Devon (Safeguarding Adults Board) Key partnership Boards in place
Key areas for improvement	Lack of Contracts/Contract Monitoring Not all strategies are co-produced No workforce plan for the Independent Sector - however the ICB has undertaken to produce an integrated workforce strategy for health and social care into which Torbay participates. Lack of carers short breaks	Costs of ASC Growing Intermediate Care/ Reablement Performance

Table Five: Assessment Summary- Ensuring Safety

Theme Three: Ensuring Safety		
	Safe Systems	Safeguarding
Key Performance Indicators	% of users who feel safe 21/22 below National Average Proportion of Social Care Service users aged 65plus say the services they use make them feel safe and secure 21/22 below national average	Individuals involved in Safeguarding enquiries per 100,00 21/22 below National Averages % of section 42 safeguarding enquiries where desired outcomes asked 21/22 above National Average % of section 42 safeguarding enquiries where desired outcomes were asked for and expressed where outcomes fully achieved 21/22 below national average

Key strengths	Integrated Health and Care Teams with Integrated Budgets Joint SAB with Devon Provider of Concern Meetings and Dedicated QAIT team Strengths Based Practice Disabled Children Transition Pathways	Torbay and Devon Safeguarding Board; Key strengths across LA Boundaries, Wide Membership of all key partners including users, Clear Business Plan Clear Policies and Procedures, including Modern Slavery Protocol SPOC in place to triage calls MSP embedded
Key areas for improvement	Sufficiency of appropriate Care Provision Growing Waiting Lists CAMHS Transition Process Hospital Discharge Pathway means people end up on wrong pathway/care setting	Provider of concern protocol needs updating

Table Six: Assessment Summary-Leadership

Theme Four: Leadership		
	Governance and Management	Improvement and Innovation
Key strengths	Clear Governance Arrangements in Place including multi agency. ASCCIB. Independent Chair Strategic Agreement in place Clear Carers Strategic and Improvement Plan in place EQIAs regularly used	LA and Trust open to external reviews and challenges. Utilisation of Independent Chair. Examples of working with communities in planning and delivery of services Appointed and utilised academic research in residence in ICO and tied in with social workers. Work with Research in Practice Good range of training and development opportunities in place Good examples of using Tech including bespoke posts to support roll out. Examples of learning from SARs
Key areas for improvement	No exec rep for ASC at Trust Trust arrangements have split ASC Leadership Functions HW highlighted access for Deaf Community difficult	More Systematic Use of people and communities in designing and delivering services Learning from peoples feedback needs further work, embedding complaints and learning from incidents Online self assessments paused Not always evidence that learning from external reviews are carried forward into action plans

4; Next Steps in Preparing for Assurance

In order to continue the assurance preparation a CQC Assurance Subgroup has been established to:

- Oversee the development of the Councils approach to CQC Assurance
- Oversee the process for assurance and engagement with the Integrated Care Organisation
- Oversee the process for stakeholder engagement and consultation.
- Ensure that all ASC staff, clients and service users, stakeholders, partners and providers have an opportunity to contribute and influence the programme and coproduction runs through the programme

An initial focus of the work programme will be to develop a further version of our self-assessment, establish and maintain our evidence library and develop our CQC Assurance Improvement Plan. An initial outline of the improvement plan is outlined below:

Table Seven: Draft CQC Assurance Improvement Plan

Improvement Area	Rationale for Judgement	Recommended Response
Waiting Lists both for ASC and OTS	Regular Trust Performance Data highlights that waiting lists remain high	Risk Stratification and Monitoring Process in place. Transformation Plan (Front Door Redesign)
DOLS Waiting List	Benchmarking higher than Comparators	Ongoing Scrutiny and Oversight. No further actions proposed
Outstanding Packages of Care	Monthly Trust Performance Data indicates numbers of O/S POCs circa 130plus	Ongoing scrutiny and oversight. Transformation Plan (Front Door Redesign) to consider
Low take-up/ Performance of Direct Payments	Benchmarking Data indicates below England Average	Will form part of Transformation Plan. Year Two priority with initial market development initiatives in Year One
Workforce Development Plan for the Independent Sector	No current plan in place or clear strategy	Stocktake of existing initiatives to be completed and greater visibility on workforce data
Lack of easily available Information and Advice Guidance (including online self-assessments)	Performance Benchmarks well in this area but feedback from Assurance Group highlights this to be an issue	Information Advice and Guidance to be a service development priority in 23/24
Quality assurance processes need embedding, including strengthening the service user voice	Highlighted during self-assessment	Stocktake of progress against existing QAF to be undertaken and reported to ASCCIB
Lack of replacement/respite care to support carers	Feedback from Self-Assessment Process and Carers Groups	TBC
Transitions pathway via CAMHS is poor often referrals are late or non-existent	Feedback from self-assessment process	TBC

Contracts and contract management weak in some areas	LGA Review Findings & Feedback from Self-Assessment Process	Part of Transformation Plan (Additional Resource Agreed)
Reablement/Intermediate Care	91 day performance indicator below England Average Too many people on Pathway 2 & too many people being admitted to Long Term Residential Care	Stocktake of progress presently in process. Will form part of Transformation Plan (Delivery Partner Priority)
Long term support needs (18-64) met by admissions to res/nursing per 100k above England Average	Benchmarking Data	Transformation Plan (Supported Living/LD Strategy/Day services)
Long term support needs (65 plus) met by admissions to res/nursing per 100k above England Average	Benchmarking Data	Transformation Plan (Extra Care Strategies/Reablement Plans)
Trust ASC Leadership Arrangements (Split Responsibilities/Exec Level Presence)	Deloitte Report & Self-Assessment Feedback	TSDFT to review recommendations and produce response
DASS Line of Sight to Delivery in Trust	Self-assessment Feedback	Being built into Strategic Agreement
Access Arrangements for Hard-to-Reach Groups (including Deaf Community)	Healthwatch and Service User Feedback	Will form part of Information, Advice and Guidance Review
Increased service user involvement in planning and delivery of services.	Self-Assessment feedback	Work with Healthwatch to develop enhanced programme

Cathy Williams/Craig McArdle- February 2023