



Health and Adults Social Care Scrutiny Panel

28th February 2024



We're
Kirklees



CQC Update



CQC Assurance

The Health and Care Act 2022 put CQC assessment of local authorities on a statutory footing including:

- Implementing an adult social care data framework to improve the quality and availability of data nationally, regionally and locally.
- A duty for the Care Quality Commission (CQC) to independently review and assess local authority performance in delivering their adult social care duties.
- New legal powers for the Secretary of State to intervene in local authorities to secure improvement.



Themes & Quality Statements

- The focus of local authority assessments will be across four themes and nine quality statements:

Themes	Theme 1: Working with people	Theme 2: Providing support	Theme 3: Ensuring safety	Theme 4: Leadership and workforce
Quality Statements	Assessing needs	Care provision, integration and continuity	Safe systems, pathways and transitions	Governance, management and sustainability
	Supporting people to live healthier lives	Partnerships and communities	Safeguarding (including the Board)	Learning, improvement and innovation
	Equity in experience and outcomes			



Inspection outcome determined by:



CQC Approach

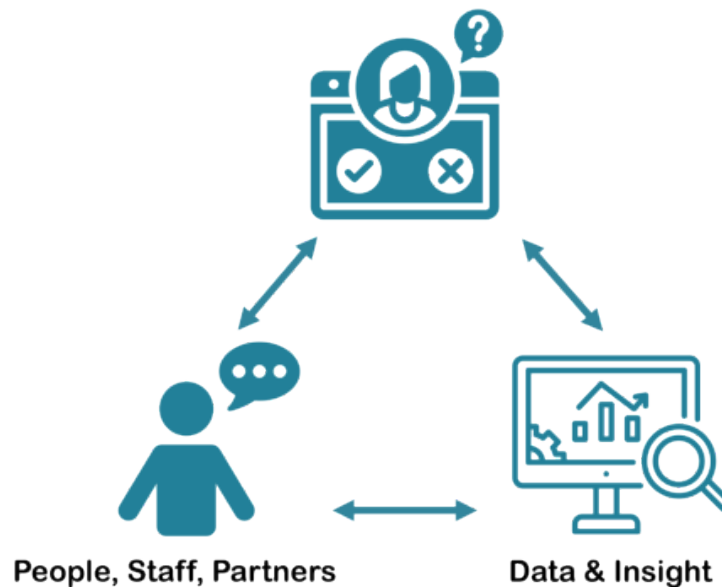
PREPARATION WORK

- Go plan - 8 weeks
- Comms and engagement
- Inspection support
- Submission of documents
- Case file selection
- Onsite timetable

EVIDENCE AND IMPROVEMENT

- Local Account
- Self-Assessment / Evidence Library
- Vision
- Vision Delivery Plan
- Audit Programme & Learning
- Quality Assurance Framework

What we know about ourselves



VOICE OF LIVED EXPERIENCE, SHAPING AND FEEDBACK

- Storyboards
- Co-Production
- Service User Voice
- Provider Voice
- Staff Voice
- High fives
- Case Studies

POLICY, PROCEDURE AND PERFORMANCE

- Client Level Data
- ASCOF
- CQC Info Return
- Performance Reports
- Policy
- Procedures
- IT Systems



Timetable

April – September 2023

- Five volunteer pilot sites inspected: Birmingham, Lincolnshire, North Lincolnshire, Nottingham, Suffolk

September – December 2023

- Feedback from the pilots
- CQC reflection on approach and review of statements if required

January 2024– April 2024

- To inspect another 20 Local Authorities - rolling out notification to three LAs per week with 3 x pre-Christmas being Hounslow, W. Berkshire, and Hertfordshire. W/C 31/01/24, another 7 LAs notified (Durham, Derbyshire, Derby, Harrow, Bracknell Forest, Windsor & Maidenhead and Brent)
- Kirklees Adults and Health Services could receive notification of inspection anytime from January 2024 (approx. 8 week notice period of inspection).
- Not clear yet how frequently the CQC will be scheduling inspections, nor whether times such as the election period and school holidays will be taken into account.



How did the pilots score?

		Birmingham	Lincolnshire	North Lincolnshire	Nottingham	Suffolk
Overall		Good	Good	Good	Requires Improvement	Good
Theme 1 - Working with People	Assessing needs	Some shortfalls	Good	Good	Some shortfalls	Some shortfalls
	Supporting people to live healthier lives	Good	Good	Good	Some shortfalls	Good
	Equity in experiences and outcomes	Good	Good	Some shortfalls	Some shortfalls	Some shortfalls
Theme 2 - Providing Support	Care provision, integration and continuity	Good	Good	Good	Good	Good
	Partnerships and communities	Good	Good	Good	Some shortfalls	Good
Theme 3 - Ensuring Safety	Safe systems, pathways and transitions	Some shortfalls	Good	Good	Some shortfalls	Some shortfalls
	Safeguarding	Some shortfalls	Good	Good	Good	Good
Theme 4 - Leadership	Governance, management and sustainability	Good	Good	Good	Some shortfalls	Good
	Learning, improvement and innovation	Good	Good	Good	Good	Good



Inspection visit - Who they might want to see:

- Chief Executive
- DASS
- Portfolio Holder
- Health and Wellbeing Board Chair
- Chair of KSAB
- Consultant Public Health
- Principal Social Worker
- Place ICB Chair
- Shadow Cabinet Member

- Service users
- Carers
- Staff networks
- Children & Families services
- NHS Partners
- Care Providers
- Care Association
- Police

- Multiple focus groups with staff teams (expected to be 6-8 per group)



Focus of inspection in the pilots:

- AMHP Team
- Assessment Teams
- Brokerage/ Support Options
- Carer's Services
- Commissioning & Provider development
- Contact Centre/ Front Door
- Early Help & Prevention
- Independent Living Team
- Integrated Discharge
- Learning Disability Hub
- Out of Hours
- Quality & Contracting
- Safeguarding
- Transitions/ SAPT



Overall, what did the inspectors find in the pilots?

Positive Findings

- ✓ Prevention approaches
- ✓ Developing people's own skills to prevent or delay services
- ✓ Good use of community assets
- ✓ Open cultures
- ✓ Effective performance management
- ✓ Fully embedded strength-based working
- ✓ Focusses on partnership working
- ✓ Effective integrated teams and work
- ✓ Passion about supporting people to deliver outcomes
- ✓ Good range of support
- ✓ Research informed practice
- ✓ Sharing of learning from cases

Areas of Concern

- ✗ Stories during inspection and the data didn't match
- ✗ The impact of delays and waiting lists, and lack of communication, was affecting people
- ✗ Co-production effectively involved people, but it was inconsistent.
- ✗ Poor access to information and people - navigating council websites was not easy for people.
- ✗ Gaps around seldom heard voices
- ✗ Understanding of inequalities
- ✗ Pressures around high case loads
- ✗ Gaps in pathways
- ✗ Inconsistent ways of working
- ✗ Recruitment challenges



Our progress –

Work so far and next steps



Work so far: Governance, Support & Self-Assessment

- Governance structures developed for CQC Assurance work, including establishing a CQC Assurance Board chaired by Service Directors for escalation and decisions, and a CQC Project Group to oversee the required tasks.
- Go plan developed – first iteration to prepare from the day that the inspection is announced to the de-briefing after inspection.
- Linked in with regional and national networks e.g. ADASS to conduct peer reviews and case file audits, and to receive feedback from pilot sites.
- Self-assessment checklist used against the 94 ADASS statements to decide where we score ourselves (ranging from strongly agree to strongly disagree).
- Evidence for each statement collated and CQC document library introduced.
- Self-assessment working draft prepared for ongoing amendment as work progresses, including complementing the new Change Programme as far as possible. Plans being made to share the self-assessment.



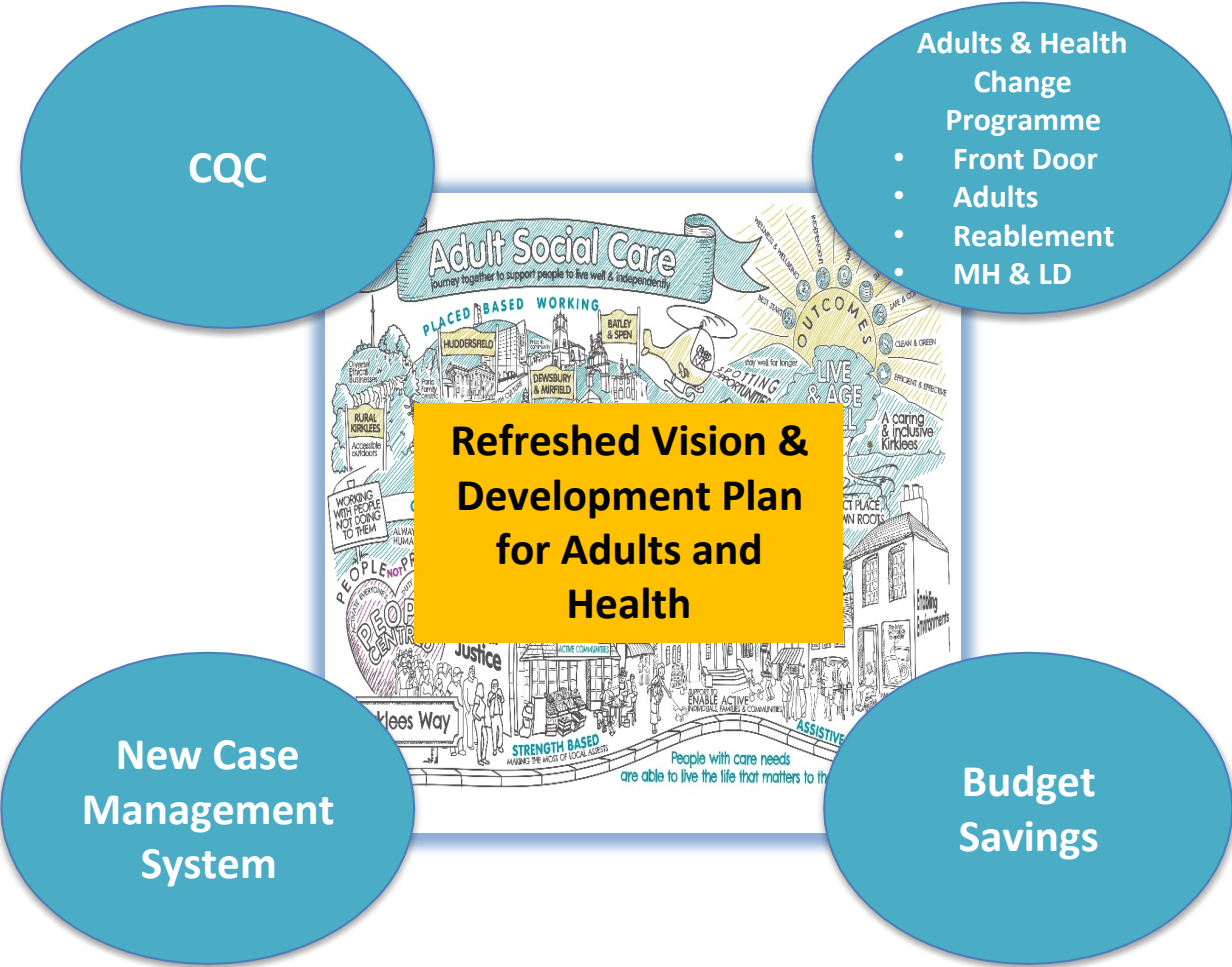
Work so far: Building messaging and communications

- Linking the CQC statements to the current Adult Social Care Vision for Kirklees (see next slide).
- Dataset for CQC developed with Data and Intelligence team and potential outliers identified.
- Case studies gathered from teams, building the evidence log and supporting staff engagement.
- Team profiles and structures collated to show governance arrangements, purpose, priorities, challenges, and what they are most proud of.
- Communications plan in place as part of the Directorate Communications Plan. Monthly checklists being used to monitor communications. This includes communications with all stakeholders, including a weekly newsletter for all Adults and Health staff, and attendance of stakeholder forum meetings.



Linking everything together:

Vision	CQC		
Working with people to meet their care needs	Quality statement 1: Assessing needs		
Creating resilient and caring communities	Quality statement 2: Supporting people to live healthier lives		
Co-Producing support to maximise independence	Quality statement 3: Equity in experiences and outcomes		
Minimising the effects of people's needs getting worse	Quality statement 4: Care provision, integration and continuity		
Supporting people to stay safe	Quality statement 6: Safe systems, pathways and transitions	Quality statement 7: Safeguarding	
Working the Kirklees Way	Quality statement 5: Partnerships and communities	Quality statement 8: Governance, management and sustainability	Quality statement 9: Learning, improvement and innovation



Next steps: Identifying the opportunities, building momentum

- Draft and prioritise the elements of a development plan including all the feedback from self-assessment, stakeholders, and staff. Ensure that this is in line with the proposed Adults and Health change programme.
- Include intelligence from pilots in the development plan and preparation.
- Undertake further analysis with Data and Insight colleagues to understand any outliers in data and make sure that work is in place to tackle any data/practice issues or to explain the reasoning behind the Kirklees picture.
- Continued communications, including sharing the draft self-assessment with partners.
- Planning for further sessions with Directors and Service Directors in preparation for inspection.

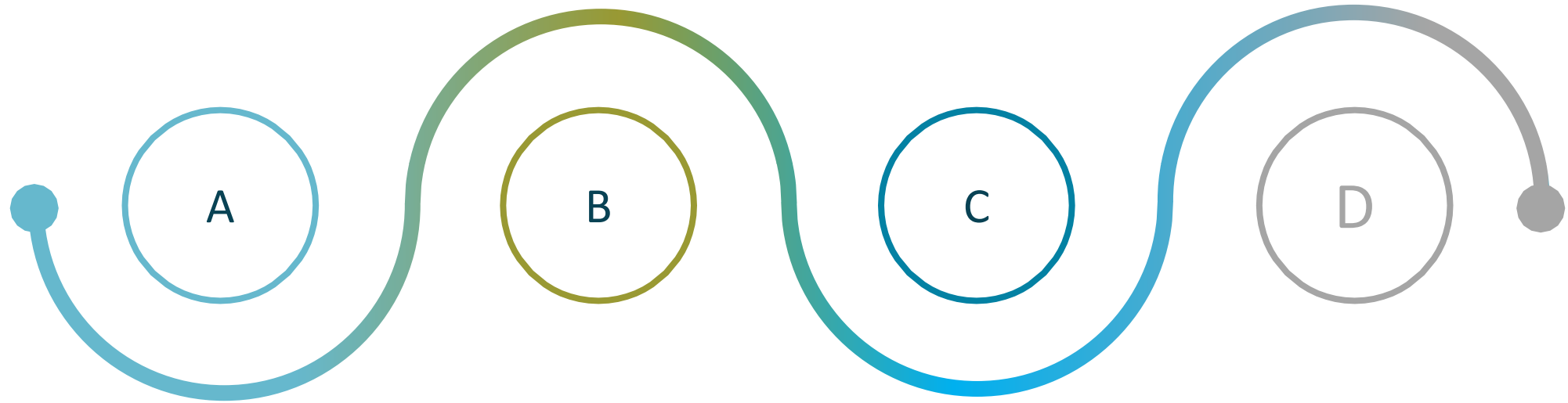


Next steps: Keeping the activity live

- Further prepare staff further for inspection – team meeting briefings, mock interviews, continued population of shared Directorate Teams site with relevant guidance and information.
- Support those who may be interviewed i.e. partners, carers, and people needing care and support services for inspection – briefing notes and meetings.
- Put arrangements in place to keep all case studies, evidence, and self-assessment/ development plans current for inspection at any time both before and after our first inspection.
- Consideration of case selection methods for submission for the external audit.



Emerging - Development Plan Themes:



Development and Innovation

How we work with people, service users, partners and providers to deliver the best for Kirklees

Ways of working

Having the skilled workforce, recognition, approaches, development opportunities, systems, and leadership across our work.

Communicating

How we tell people about our approaches and plan, how we tell people about Kirklees and its services in a way that suits them, how we share our learning and practice.

Knowing its working

How we understand and acknowledge if we are supported our whole population and making the difference to people's lives.



Challenges:

- Introduction of new Integrated Case Management System (Mosaic) – due to go live 26 February 2024. High numbers of staff currently involved in testing and training in readiness. We need data transfer to be smooth and to go to plan.
- Current financial position and staffing capacity required in further preparation for inspection.
- Scale of delivering the development plan alongside the new Adults and Health Change Programme – alignment of workstreams and priorities.
- Winter pressures – it would add additional pressure if the call was to come over this period.
- Keeping the momentum of interest and understanding of CQC in partners, staff, and leaders, bearing in mind that inspection may not take place for 12 months.
- External influences such as an impending general election which could lead to a revised focus on social care reform (including implementing the charging elements which were deferred)





Adults and Health Change Programme



Vision led practice change – pre COVID19

- Pre-pandemic the directorate had adopted a strength-based approach to care and support planning, review and assessment.
- Utilising local expertise around community-based solutions.
- Plans were underway to develop more assets in local areas that were more accessible to those with a care or support need.
- Our Front Door and Community Plus offer was focussed on prevention, wellbeing and more creative thinking around problems that people presented to the service.
- In acute settings discharges were periodically under pressure but there was capacity in health and social care to find the right out of hospital support for people.
- People were involved in co-production and shaping services with those accessing them.
- The Council had identified the need for a substantial expansion in Extra Care Housing to reduce reliance on residential care.



Pandemic Impact & Reset

- Once the pandemic hit the pace of hospital discharge grew rapidly as did the use of discharge beds in care homes.
- The pandemic deconditioned a cohort of people, in Kirklees it is estimated:
 - 13,600 older people are less steady on their feet since the start of the pandemic.
 - An additional 3,600 older people are no longer able to manage basic daily living or personal care tasks in the way that they previously could.
 - 16,000 older carers were less confident letting paid professionals into their home since the start of the pandemic.
 - 12,000 carers cannot walk as far or are feeling more pain since the pandemic.
- We shifted to a problem fixing mode rather than a more co-productive strength-based conversation, which has led to some overprovision.
- The community opportunities available to people ceased to operate or operated in a very different way which meant accessibility issues for some.
- The impact was compounded by other pressures such as the uncertainty around social care reform, delays in housing development and work with the provider market.
- Many councils are needing to undertake significant change programmes as they have been affected by similar changes, alongside other pressures.



External view of us - Diagnostic

- The primary objective of the diagnostic was to understand how we can improve outcomes for residents within Kirklees.
- The scope and activity of the diagnostic was based around the Council's Vision for Adult Social Care with our residents at the heart.
- It has been triangulated with initial feedback from the Peer Challenge that had to be cancelled and conversations with other councils.
- We are facing several challenges as a directorate including the prospect of reform, demographic pressure, the cost-of-living impact and the national workforce challenges.
- The diagnostic provides an objective analysis of the greatest opportunities to support better outcomes for our residents and safeguard the Council's limited financial resources.
- It also developed a set of implementation plans, including the capacity and resource needed across the Council to successfully deliver and embed change.



Our approach to change to 2024/25

Our diagnostic led implementation approach will focus on the vision including maximising independence, keeping people living well in their own homes and communities in order that we can live within our financial means, based on four interdependent workstreams:

The Front Door	Adults	Reablement	LD & MH
Drive more strength-based decision making, collaborating effectively with our community services and reduce internal demand on the team	Fully utilising our existing capacity, refocus on community referrals as well as discharge pathways to support more people and aligning our processes to best practice	Strengthening our decision-making, collaborating with community services and streamlining our own systems to deliver more independent outcomes to our older residents	Challenging our mindset and model around progression, enabling creative and strengths-focussed decision making, utilising enabling services and ensuring we have an effective transitions pathway

- Providing as much information and process as possible in self-serve format.
- Strengths based practice is robustly deployed.
- Effective resolution at the front door.
- A more diverse community asset, care and housing offer.
- Increasing the numbers of people benefitting from wellbeing and preventative services.
- Increasing reablement access particularly more widely than hospital charge.
- Maximise the use of technology, adaptations to people's homes and equipment.
- Through new data intelligence products and systems staff, have effective data and tools that support performance and productivity increases.
- Re-invigorating work around Transitions from Children's Services and specific transformation in Mental Health and Learning Disability services.



Programme Design Principles

- 1. Designed by staff. Led by managers. Enabled by leaders.** All with a shared understanding of and commitment to the goal.
- 2. Data and evidence led.** Well-defined KPIs guide the process of designing and trialling solutions. Avoid the temptation to measure success by inputs.
- 3. Effective governance** that holds people to account, actively drives progress and keeps us focus on the ambition, without emergent work interfering with it.
- 4. Best in class & innovative.** We'll utilise sector best practice and innovate beyond where appropriate. Use digital tools when it enables services to accelerate our improvement.
- 5. Pragmatic.** Balancing ambition and transformation with the reality of the day-to-day pressures that we face operationally.
- 6. Future focussed.** Solutions should look at not just the challenges faced by the system now, but the future to ensure that our services are sustainable.
- 7. Person led; outcome focussed.** Understanding what residents want and working with them to respectfully work towards outcomes that maximise their independence and quality of life – never leading with statutory services.
- 8. Partnership working.** Working closely and collaboratively with all our stakeholders to ensure that the Council's Change Programme impacts positively and enhances other wider system changes
- 9. Winning & Losing Together.** Being willing to fail, testing until we get it right and not jumping to solutions or a single-minded focus on proving a theory.
- 10. Challenge conventions:** approaches, processes, structures, ways of working.
- 11. Community co-production.** Working with communities and our services users, carers and community leaders to help develop the communities our people live in.
- 12. Pace.** We work and deliver at pace to have the biggest impact we can in the shortest timescales possible.
- 13. One change.** We have multiple programmes of change happening including CQC assurance and ICMS; we will align these into one coherent package of change for people.

