

Cabinet

13 December 2023

Adult Social Care update on the introduction of local authority assessment by the Care Quality Commission under the Health and Care Act (2022)



Ordinary Decision

Report of Corporate Management Team

Jane Robinson, Corporate Director of Adult & Health Services

Councillor Chris Hood, Cabinet Portfolio Holder for Adult & Health Services

Electoral division(s) affected:

None

Purpose of the Report

- 1 To provide Cabinet with an update following the report presented in July 2023, on the Care Quality Commission (CQC's) timeline to commence the assessment of the way local authorities discharge their Adult Social Care duties under Part one of The Care Act (2014); including information relating to pilot assessments and Assurance Peer Challenges.

Executive summary

- 2 The assessment of the local authority made by CQC is based on a single assessment framework which is used to assess all types of services in all health and care sectors at all levels. This is currently in draft form, awaiting finalisation and approval from government.
- 3 The Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) released some new [guidance](#) in June 2023, fundamentally the processes were unchanged apart from a new 'I' statement for quality statement two: Supporting people to live healthier lives 'I am supported to plan ahead for important changes in my life that I can anticipate.'

- 4 The guidance reinforced the best practice methodology for production of a self-assessment document which Durham County Council (DCC) has followed as local authorities are expected to produce a self-assessment.
- 5 CQC have reviewed published evidence and data from all 153 local authorities, to establish a baseline and inform the next phase of assessment activity. This review focussed on themes in two of our new quality statements: care provision, integration, and continuity; and assessing needs.
- 6 They have published it at an overall national level in the CQC Annual Statutory State of Care report to Parliament in September 2023. They have seen evidence that local authorities are aware of increasing demand for care and support and complexity of need across all population groups. Workforce capacity and capability pressures, and concern about financial pressures, are forcing some care providers out of the market or increasing the reliance on people who pay for their own care (self-funded care). Nationally, local authorities have reported:
 - (a) under-provision in some types of specialist care, such as services for autistic people, specialist dementia care, and in the availability of beds in care homes with nursing;
 - (b) traditional forms of support remain dominant, but some examples of new and innovative models of support are emerging, including highly personalised and bespoke support;
 - (c) more flexible use of beds in residential care homes to respond to local needs;
 - (d) prevention and reablement models and home first policies, including using technology to help people to remain independent;
 - (e) a strategic focus on unpaid carers, including identifying carers more proactively using co-production to understand their needs, working with employers to support carers to stay in employment, and a focus on young carers;
 - (f) an intention to promote direct payments as a way of providing more flexible and personalised care. We have not seen evidence of how local authorities will achieve this.
- 7 In total seven pilot assessments have been carried out. This includes two Test and Learn activities which were held at Manchester City Council and Hampshire County Council in 2022.

- 8 CQC found some similar themes across all 5 local authorities. These included:
- (a) outcomes for people were better where there was good partnership working, including with voluntary and community partners as well as health partners;
 - (b) integrated working around discharging people from hospital was working and had improved the flow out of hospitals;
 - (c) staff tended to stay with a local authority when they felt valued, had learning and development opportunities, and where there was a positive culture;
 - (d) there were different practices across the 5 local authorities in how they worked with young people who are transitioning from children's services to adult services, so young people's experiences were varied.
- 9 After the pilot assessments were completed, CQC have advised they intend to update their approach and model and have submitted these changes to Department of Health and Social Care and are expected to announce these on the 29 November 2023.
- 10 CQC has confirmed that the formal assessment period of all local authorities has commenced. This notification will include a request for them to complete an information return and a date for the on-site interviews. The period between receiving notification of assessment to the on-site interviews will be approximately 9 to 11 weeks.
- 11 CQC aims to complete 20 assessments initially and report these as published individual ratings from early 2024 onwards. A rating for all local authorities will be published over the next two years.
- 12 CQC will consider a number of factors when planning the schedule of assessments, see more details in point 49.
- 13 In addition to the learning from the pilot assessments, DCC continues to provide assurance regarding their Adult Social Care duties under Part one of The Care Act (2014) in several ways.
- 14 From February 2023 to June 2023, surveys were sent out to capture the views and feedback of cabinet members, service users, carers, staff, members, leaders, partners, and stakeholders to inform the content of the quality statements and self-assessment.

- 15 1500 surveys were posted in total, 500 for each theme. In total 383 completed surveys were received, giving a response rate of 25%.
- 16 All feedback received helped inform the quality statements and self-assessment document.
- 17 The formal assessment period of all local authorities is expected to commence later in 2023, CQC will be starting to issue the first notifications and information returns from early December. CQC aims to complete 20 assessments initially and report these as published individual ratings from early 2024 onwards. A rating for all local authorities will be published over the next two years.
- 18 The drafting of our self-assessment has been overseen by the Quality Assurance Board (QAB), with external support and challenge from an Association of Directors of Adult Social Services (ADASS) associate. The assessment will undergo an extensive review and refinement process and will conclude its full sign off, governance and assurance cycle in early 2024.

Recommendation(s)

- 19 Cabinet is recommended to:
 - (a) note the contents of this report;
 - (b) note the self-assessment will be presented to Cabinet in early 2024.

Background

- 20 Prior to March 2010, annual assessments of local authority Adult Social Care were undertaken by the Commission for Social Care Inspection (CSCI) on behalf of the government.
- 21 In March 2010, the powers which CSCI had to carry out this independent assessment activity were stood down by the government of that time.
- 22 Since 2010, local authority Adult Social Care has not been subject to external assessment by an independent regulatory body. Local authorities have continued to carry out their own service led assurance activity within Adult Social Care, often working regionally to share information and improvement initiatives.
- 23 In December 2021, the government delivered the white paper 'People at the Heart of Care', which announced plans for a reintroduction of external assessment by an independent, external, regulatory body, such as CQC and in April 2022, the Health and Care Act 2022 came into force.
- 24 It gave CQC regulatory powers from April 2023 to enable them to assess how local authorities and Integrated Care Systems (ICS) discharge their Adult Social Care duties under Part one of The Care Act 2014.
- 25 On 1 April 2023, CQC's regulatory powers came into effect. When assessed, local authorities will be given a rating of outstanding, good, requires improvement, or inadequate.
- 26 Previous details are available in previous report "Adult Social Care update on the introduction of local authority assessment by the Care Quality Commission under the Health and Care Act (2022)", which was presented to Cabinet on the 12 July 2023.

Introduction of CQCs interim assessment framework for local authority assurance

- 27 As previously reported, the assessment of the local authority made by CQC is based on a single assessment framework which is used to assess all types of services in all health and care sectors at all levels. This is currently in draft form, expected to be finalised by 29 November 2023, by Department of Health and Social Care.
- 28 The guidance focuses on:
- (a) themes and quality statements;

- (b) evidence categories;
 - (c) how local authorities will be assessed;
 - (d) reporting and sharing information.
- 29 The LGA ADASS released some new [guidance](#) in June 2023, fundamentally the processes were unchanged apart from a new '1' statement for quality statement two: Supporting people to live healthier lives:
- (a) 'I am supported to plan ahead for important changes in my life that I can anticipate.'
- 30 This reinforced the best practice methodology for production of a self-assessment document which DCC has followed as local authorities are expected to produce a self-assessment. More information on the development of DCC's self-assessment is set out further in the report.
- 31 The self-assessment details DCC's current position reflecting the quality statements, highlighting key successes, and identifying any mitigating actions being taken to address the most pressing risks. It will be a document that CQC will request as part of their assurance activity to enable local performance to be tested and challenged.
- 32 The self-assessment will also be required to meet the Local Authority Information Return (LAIR) needs. This was previously known as LASAIR (Local Authority Self-Assessment and Information Requirements).
- 33 As part of the June update the Unpaid Carers and Care Quality Assurance [toolkit](#) was also released. This toolkit was designed to support councils with CQC assurance as it relates to unpaid carers. It builds on published information about the CQC's approach to assessing how well councils are discharging their duties under The Care Act (2014).

CQC Monitoring

- 34 Between April and September 2023, CQC have reviewed published evidence and data from 153 local authorities to establish a baseline and inform the next phase of assessment activity. CQC focused on two quality statements only during this period:
- (a) care provision, integration, and continuity;
 - (b) assessing needs.

- 35 They looked mainly at evidence data which was already published, such as Market Position Statements, Joint Strategic Needs and Assets Assessment (JSNAA) and Statutory Returns.
- 36 They have drawn out themes and insight on:
- (a) access;
 - (b) commissioning;
 - (c) market shaping;
 - (d) workforce;
 - (e) personalisation.
- 37 CQC will not publish this data and evidence at individual local authority level. Instead, they have published it at an overall national level as a collection of evidence in the CQC Annual Statutory State of Care Report to Parliament in September 2023. Work is underway to review this report locally and regionally.
- 38 This national review is the first element towards full assessment of these two quality statements. It constitutes CQC's initial steps in developing judgements for individual authorities. It will also provide context and an opportunity to benchmark data.

Local Authority Pilots

- 39 On 15 May 2023, CQC announced three local authority pilot sites, this was later followed by a further two local authorities on the 08 June 2023.
- 40 During the pilots, they looked at 9 of their quality statements to assess how well each local authority is meeting its responsibilities. This enabled CQC to give an indicative rating.
- (a) [Birmingham City Council](#) – indicative rating of good;
 - (b) [Lincolnshire County Council](#) – indicative rating of good;
 - (c) [North Lincolnshire Council](#) – indicative rating of good;
 - (d) [Nottingham City Council](#) – indicative rating of requires improvement;
 - (e) [Suffolk County Council](#) – indicative rating of good.

- 41 In total seven pilot assessments have been carried out. This includes two Test and Learn activities which were held at Manchester City Council and Hampshire County Council in 2022. The pilot assessments across five pilot local authorities finished in September 2023 and ratings are as given above. The Department of Health and Social Care (DHSC) has also requested that CQC provide an overall indicative rating. These findings have been published on their website.
- 42 CQC found some similar themes across all 5 local authorities. These included:
- (a) outcomes for people were better where there was good partnership working, including with voluntary and community partners as well as health partners;
 - (b) integrated working around discharging people from hospital was working and had improved the flow out of hospitals;
 - (c) staff tended to stay with a local authority when they felt valued, had learning and development opportunities, and where there was a positive culture;
 - (d) there were different practices across the 5 local authorities in how they worked with young people who are transitioning from children's services to adult services, so young people's experiences were varied.
- 43 Following the pilot assessments, CQC have identified areas that they need to improve to ensure their assessment approach is as efficient and effective as possible. These include:
- (a) Simplifying the information return – this is used this to collect the evidence that is needed to understand how a local authority is delivering its adult social care functions;
 - (b) Reviewing their case tracking process to make this more efficient when looking at how individual people access and receive care through a local authority;
 - (c) Further developing how they engage with the public through community and voluntary groups.

- 44 Key highlights from the pilots are as follows:
- (a) the local authority will be asked to provide information on 50 service user cases, CQC will provide a criterion for these cases of which a small sample will be reviewed;
 - (b) CQC will question the local authority about the status of any waiting lists they may have linked to front facing service delivery;
 - (c) CQC will interview a range of staff and key stakeholders including the PSW, front line staff, Portfolio Holder, and partners;
 - (d) CQC will contact local authorities nine weeks in advance of fieldwork taking place.
- 45 The formal assessment period of all local authorities is expected to commence later in 2023, with announcements with next assessments to be issued early December 2023. CQC aims to complete 20 assessments initially and report these as published individual ratings from early 2024 onwards. A rating for all local authorities will be published over the next two years.
- 46 After the pilot assessments were completed, CQC have advised they intend to update their approach and model and have submitted these changes to Department of Health and Social Care and are expected to announce these on the 29 November 2023.

Starting Local Authority Assessments

- 47 CQC has confirmed that the formal assessment period of all local authorities has commenced. This notification will include a request for them to complete an information return and a date for the on-site interviews. The period between receiving notification of assessment to the on-site interviews will be approximately 9 to 11 weeks.
- 48 CQC aims to complete 20 assessments initially and report these as published individual ratings from early 2024 onwards. A rating for all local authorities will be published over the next two years.
- 49 They will take into consideration the following factors when planning the schedule of assessments:
- (a) the different types, structures, location, and political make-up of local authorities;
 - (b) timing of CQC assessments of integrated care systems;

- (c) practical factors that could affect their ability to carry out an assessment, for example transport and accommodation pressures due to major events in an area;
- (d) other regulatory activity taking place at a local authority;
- (e) existing knowledge of local authorities, for example prioritising local authorities where there is innovation or new models of care that CQC wish to understand more about, or where there are concerns that may require an earlier assessment;
- (f) local and national pre-election restrictions.

50 CQC have updated their guidance on 'how they assess local authorities'. This will be published following government approval, as required by the Health and Care Act 2022. Until this is published, see [interim guidance for local authorities](#).

51 Related document: <https://www.cqc.org.uk/news/local-authority-assessments-implementing-our-new-approach>

DCC's preparation for the commencement of assessment of local authority delivery of adult social care

52 In addition to the learning from the pilot assessments, DCC continues to provide assurance regarding their Adult Social Care duties under Part 1 of The Care Act (2014) in several ways. These include but are not exclusive to:

NE ADASS Regional Meeting

53 To provide further assurance and develop relationships, the AHS Service Manager for Operational Support attends the NE ADASS Regional Meeting on a regular basis. This meeting includes other local authorities.

54 The monthly NE ADASS Regional meeting was formed to:

- (a) help prepare for assessment / the new assurance framework;
- (b) prepare for the DASS challenge annual conversation;
- (c) to discuss and understand the CQC guidance as it emerges;
- (d) share areas of good practice / improvement;
- (e) lead and participate in document and policy development where appropriate.

Waiting lists

- 55 An impact statement, a short document that explains the significance and importance of the project, was developed which highlighted key areas to help understand the current position around waiting lists. As a result, a new RAG tool was developed.
- 56 There is currently a small waiting list for Care Act Assessments across the 5 locality teams for Older Persons Physical disability (approximately 5-10 assessments waiting to be complete).
- 57 Those awaiting assessments generally tend to be:
- (a) existing settled self-funding residents in care homes whose savings have fallen to the threshold where they now require financial subsidy towards the cost of their care from the council, and are therefore awaiting financial assessment;
 - (b) people who have asked us to hold off assessment until a particular family member can be present or until after a specific medical appointment;
 - (c) people who have been admitted to hospital before we were able to arrange assessment.
- 58 Screening of these cases by managers or duty officers assures us that these people are either in a place of safety and having their care needs met, or they have made a capacitated decision that they can manage until the assessment takes place and are able to contact us should their needs change.
- 59 Whilst these numbers are currently low, we recognise that an increase in demand or capacity issues within the service could affect performance. Therefore - based on some regional ADASS work - we have recently implemented a risk tool to support managers' decision-making about 'stacking' work, which can be used to determine the required frequency of contact between the person and the service whilst they are awaiting assessment. This will further ensure that service user and carer safety is prioritised.
- 60 Currently there is no waiting list for Domiciliary Care and this has been the case now for several months.
- 61 Following a ruling by the Supreme Court in 2014 (Cheshire West), which increased the number of people who required an authorisation to be deprived of their liberty in a care home or hospital, DCC tolerated a number of applications awaiting authorisation which was managed according to risk by a dedicated DoLS team. A project board was

formed in January 2022, and additional resources allocated, to reduce outstanding applications. The result has been that the number of referrals awaiting completion has been reduced from 2006 in December 2021 to 699 end of August 2023 (of which 230 are allocated with work in progress). The project board is now planning for the move to a business-as-usual approach for managing current and future demand and the renewal of authorisations as and when required.

- 62 In the Older Persons (OP) service, the Review Team was re-established to restore annual reviews performance to pre-pandemic levels.
- 63 The Review Team has experienced recruitment difficulties during the initial six months. The team have embedded new practices to increase the volume of reviews it is completing including the light touch review and a change in Duty Model. The Review Team are steadily improving in the volume of completed annual reviews and it is predicted the position will continue to improve as new staff's productivity increases. We monitor the annual reviews on a monthly basis and continue to have a practice development officer aligned to developing the team to ensure its effectiveness.
- 64 The Learning Disabilities/Mental Health (LD/MH) service have also developed a separate Review Team which will solely concentrate on LD/MH reviews; In May 2023, the LD/MH Review Team went live and has four full time members of staff for approximately 880 cases. The team is now fully staffed, and it is anticipated by mid-2024 the outstanding reviews will have been completed. The LD review function to ensure that the service meets the statutory obligations, the team also review care and support that people receive has an emphasis on health in equalities and access to employment opportunities, health inequalities and will liaise with Health Colleagues in relation to Stopping Over Medication of People with a learning disability, autism, or both (STOMP), Hospital Passports and cancer screening.
- 65 There are two dedicated MH reviewers who will undertake annual reviews for approximately 350 cases with active provisions. They will also focus on improving outcomes for these long-term service users, including deducing dependency levels and access to employment and community resources where feasible to do so.

Case file audit process

- 66 Practice Development Officers and appropriate adult care managers will review a number of cases (approximately 140, of which 100 to be audits and 40 to be tracking), in an annual rolling programme.

- 67 The PSW leads a team that undertakes a case file audit on a quarterly basis, which is reported into the Adult Care Management Team (ACMT) which is then escalated into the QAB chaired by the Director of Adult and Health Services (AHS).
- 68 This case file audit process is providing reassurance that standards are being met.
- 69 In the Q1 2023/24 update, the top three most commonly observed positive areas of practice are:
- (a) ample evidence of joined up, multi-disciplinary working;
 - (b) good quality of recording;
 - (c) regular monitoring of the case – proportionate to the level of complexity.
- 70 In the Q1 2023/24 update, the top three most commonly observed negative areas of practice are:
- (a) no evidence of assessment having been shared with the service user;
 - (b) lack of contingency planning (especially in Learning Disabilities);
 - (c) no DoLS referral received from care home (and not followed up by worker). All relevant staff are reminded in monthly internal comms updates of good practice around DOLS referrals and their responsibilities in supporting care providers to meet their obligations, and links to related Tri.x documents (an online platform housing adult social care policies and procedures) shared as a knowledge refresh.

Status of self-assessment writing

Engagement

- 71 AHS reviewed the content of the surveys based on the checklists provided in the LGA and ADASS publication “Getting Ready for Assurance: A guide to support the development of your Adult Social Care Self-Assessment” (October 2022).
- 72 From February 2023 to June 2023, surveys were sent out to capture the views and feedback of cabinet members, service users, carers, staff, members, leaders, partners, and stakeholders to inform the content of the quality statements and self-assessment. Further detail is provided in appendix 2.

- 73 Direct Data Analysis, an independent research organisation, were commissioned by DCC Adult Social Care Services to undertake a postal survey of Adult Care service users.
- 74 Direct Data Analysis designed a questionnaire and covering letter which covered the three quality themes which was sent to service users:
- (a) ensuring Safety;
 - (b) working with people;
 - (c) providing Support.
- 75 1500 surveys were posted in total, 500 for each theme. In total 383 completed surveys were received, giving a response rate of 25%. The report from Direct Data Analysis is attached at appendix 3.
- 76 Additionally, in March 2023, officers attended a Health Care Engagement forum, to gather service users' views and share with them information about the CQC assurance activity. The CQC "We" and "I" statements (please see appendix 4) and the self-assessment tool were shared with the forum to gather feedback which was used as evidence in the self-assessment.
- 77 In June 2023, officers attended the Health and Wellbeing Board Development Day to capture additional evidence to include in the self-assessment. Subsequently the Corporate Director of AHS, has provided a verbal update on the results to the Health and Wellbeing Board.
- 78 All feedback received helped inform the quality statements and self-assessment document.
- 79 Areas for improvement were identified and an action plan has been put into place.

Quality Statements

- 80 The nine Quality Statements provide an initial view about current performance, drawing out areas of strength as well as areas for improvement supported by evidence.
- 81 Suitable leads completed themed areas of Quality Statements. Leads highlighted key areas to include in the self-assessment. These were replayed internally and externally by an ADASS associate.

Self-Assessment

- 82 The Self-Assessment is written by the Principal Social Worker. All referenced evidence is linked within the self-assessment library, which is quality checked by senior leads.
- 83 A formalised methodology for sign off for the self-assessment and refresh process has been approved by the Corporate Director of Adult and Health Services.
- 84 The drafting of the self-assessment has been overseen by the QAB and reviewed by the independent ADASS associate. The assessment will undergo a process of review and approval by the Head of Service, Corporate Director, Cabinet Portfolio Holder, Oversight and Assurance Group, Adult Well-Being and Health Overview and Scrutiny Committee, Cabinet, Chief Officers Meeting and County Durham Care Partnership Executive. The assurance process is scheduled to conclude in early 2024.

Communication plans

- 85 A robust communication plan is in place and is being regularly monitored in the Inspection Preparation Group and QAB. This focuses on internal and external communications.
- 86 Internal communication included a 16-week campaign which recently ended focussing on the four CQC themes:
- (a) theme 1 – Working with People;
 - (b) theme 2 – Providing Support;
 - (c) theme 3 – Ensuring Safety;
 - (d) theme 4 – Leadership.
- 87 The aim of this campaign was to encourage conversation between staff and managers, and to create discussion around the CQC themes whilst raising confidence and collecting evidence for the inspection.
- 88 This campaign was shared with staff through email communications, intranet pages, presentations, focus on practice forums and team meetings, such as Adult Care Management Team (ACMT) and EMT (Extended Management Team).
- 89 Next steps include continuing to prepare staff for the upcoming assessment, strengthening their knowledge of the CQC framework, and sharing the actions from the survey findings, whilst communicating regular updates about the CQC assessment.

- 90 The external communication includes refreshing public facing web pages and keeping key partner organisations and the general public updated.

Conclusion

- 91 The methodology and refresh process for the self-assessment was formalised and approved by the Corporate Director of Adult and Health Services.
- 92 As outlined in this report, significant work continues to be undertaken in preparation for this assessment process. This includes working in conjunction with the other local authorities across the North-East ADASS footprint, developing thought processes, sharing learning, and providing mutual support.
- 93 DCC's AHS is continuing to undertake ongoing service improvements which contribute to the preparation for CQC assessment of the local authority's delivery of its duties under part 1 of the Care Act 2014.

Background papers

- 12 July 2023 Cabinet Report
[Adult Social Care update on the introduction of local authority assessment by the Care Quality Commission under the Health and Care Act \(2022\)](#)

Other useful documents

- February 2021: NHS Reform White Paper
[Integration and Innovation: working together to improve health and social care for all \(publishing.service.gov.uk\)](#)
- December 2021: People at the Heart of Care: adult social care reform white paper
[People at the Heart of Care: adult social care reform white paper](#)
- December 2022: Update from CQC
[Our new single assessment framework - Care Quality Commission \(cqc.org.uk\)](#)
- March 2023: Draft guidance from CQC
[Assessment framework for local authority assurance - Care Quality Commission \(cqc.org.uk\)](#)
- April 2023: Adult social care system reform: next steps to put People at the Heart of Care.
[Next steps to Put People at the Heart of Care](#)
- 06 June 2023
[Adult Social Care Assurance: a guide to support the development of your adult social care self-assessment, Local Government Association](#)

- June 2023 Unpaid carers and Care Quality Commission assurance
<https://www.local.gov.uk/our-support/partners-care-and-health/cqcs-new-assurance-framework/unpaid-carers-and-care-quality>
- Communication Examples
[16 week Comms Campaign - Quality Assurance Intranet Home Page](#)

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Appendix 1: Implications

Legal Implications

N/A

Finance

N/A

Consultation & Engagement

Where appropriate, consultation has taken place with internal and external colleagues and stakeholders and partners. Further consultation will be undertaken as required.

Equality and Diversity / Public Sector Equality Duty

The principles of equality and diversity have been considered.

Climate Change

N/A

Human Rights

The principles of human rights have been considered.

Crime and Disorder

N/A

Staffing

Staff will be involved in any assurance activity and are required to adhere to relevant legislation and any professional regulatory or statutory requirements relating to their roles.

Accommodation

N/A

Risk

Assurance activity carried out by the organisation and the service, and assessment of the local authority by an external independent organisation mitigates against risk by ensuring that the local authority adheres to relevant legislation and any professional regulatory or statutory requirements. Risk registers also held in the Adult and Health services, as well as for programmes of work.

Procurement

N/A

Appendix 2: Adult care checklist findings (see attached document)

Appendix 3: Durham Care Survey (see attached document)

Appendix 4: CQC ‘We’ & ‘I’ Statements

CQC Themes & Quality “We” Statements

Working with People: assessing needs, care planning and review, direct payments, charging, supporting people to live healthier lives, prevention, wellbeing, information and advice			Providing Support: shaping, commissioning, workforce capacity and capability, integration and partnership working	
Assessing Needs	Supporting people to live healthier lives	Equity in experiences and outcomes	Care provision, integration and continuity	Partnerships and communities
We maximise the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.	We support people to manage their health and wellbeing so they can maximise their independence, choice and control. We support them to live healthier lives and where possible, reduce future needs for care and support.	We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this	We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.	We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement
Ensuring Safety: safeguarding enquiries, reviews, Safeguarding Adults Board, safe systems, pathways and continuity of care			Leadership: culture, strategic planning, learning, improvement, innovation, governance, management and sustainability	
Safe systems, pathways and transitions		Safeguarding	Governance	Learning, improvement and innovation
We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.		We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people’s lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.	We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.	We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research

CQC Themes & Quality “I” Statements

Working with People: assessing needs, care planning and review, direct payments, charging, supporting people to live healthier lives, prevention, wellbeing, information and advice			Providing Support: shaping, commissioning, workforce capacity and capability, integration and partnership working	
Assessing Needs	Supporting people to live healthier lives	Equity in experiences and outcomes	Care provision, integration and continuity	Partnerships and communities
I have care and support that is co-ordinated, and everyone works well together and with me. I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.	I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally. I am supported to plan ahead for important changes in my life that I can anticipate.	I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals	I have care and support that is co-ordinated, and everyone works well together and with me.	Leaders work proactively to support staff and collaborate with partners to deliver safe, integrated, person-centred and sustainable care and to reduce inequalities.
Ensuring Safety: safeguarding enquiries, reviews, Safeguarding Adults Board, safe systems, pathways and continuity of care			Leadership: culture, strategic planning, learning, improvement, innovation, governance, management and sustainability	
Safe systems, pathways and transitions		Safeguarding	Governance	Learning, improvement and innovation
When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.		I feel safe and am supported to understand and manage any risks.	There are no “I” statements for the Leadership theme.	