

Adult social care Trade Associations meeting



8 November 2017

Agenda



No.	Agenda item	Lead	Time
1.	Welcome and introductions	Sue Howard	10.00
2.	Minutes and actions from last meeting	Sue Howard Gabrielle Jones	10.05
3.	Ratings and updates	Sue Howard	10.10
4.	Issues raised by Trade Associations	Sue Howard	10.20
5.	Local system reviews	Richard Brady Genevieve Cameron	10.35
6.	Provider level assessment	Rosie Wood Natalie Bostock	11.00
8.	AOB	Sue Howard	11.25

Welcome and introductions

Minutes and actions from last meeting

Ratings and updates

Current ratings published up to 31/10/2017

Ratings slides shared with trade associations in advance of the meeting, hard copies distributed with papers.

Next phase of regulation



- On 20 October we published our response to the second consultation on the next phase of our regulation.
- We have confirmed a number of changes that we began to implement from 1 November.
- We also published [updated guidance for providers and inspectors](#). This new guidance has replaced the Provider and Inspector Handbooks and is in use since 1 November.

Next phase of regulation – key changes for adult social care (1/3)



From 1 November:

- We will use a single assessment framework for adult social care – aligned to a single assessment framework for healthcare.
- Use of new, simplified guidance for both inspectors and providers.
- Providers repeatedly rated as requires improvement will be asked to complete an improvement action plan to show how and by when they will improve their overall rating to good.
- Introduction of more proportionate and targeted inspections, focused on areas of concern, risk or improvement, informed by Insight and information collection.

Next phase of regulation – key changes for adult social care (2/3)



Phased implementation from January 2018:

- Introduction of an online process for collecting information from providers (Provider Information Collection). Our aim is for full implementation by early 2018/19.
- During the transition period providers will continue to use the current system for submitting information.
- We will gradually invite providers to start using the online process. At the same time we will continue to test and improve the questions we ask and the process we use.

Next phase of regulation – key changes for adult social care (3/3)



From April 2018:

- Introduction of a maximum interval of 30 months for comprehensive inspections for services rated as good and outstanding.
- Until then, we will maintain current inspection frequencies of within 24 months, underpinned by ongoing monitoring using a broader range of information sources.

- NHS England, Public Health England, NHS Improvement and the Department of Health have [announced](#) that funding will be made available to offer free flu vaccinations to adult social care staff.
- Since the announcement, NHS England has been working to confirm the eligibility, timescales and process for accessing the free vaccines.
- CQC will communicate this information to registered providers when it has been confirmed.

- [The consultation](#) on the fees we propose to charge registered providers in 2018/19 is now open until midday on Thursday 18 January.
- In this consultation we make specific proposals for:
 - Community social care
 - NHS GPs
 - Urgent care
 - NHS trusts
- For all other sectors – including residential adult social care – the fee scheme remains unchanged, which means that your fee will remain the same as that for 2017/18, providing your registration remains unchanged.

Issues raised by trade associations

Local system reviews

Gen Cameron, Analyst Team Leader

Richard Brady, Policy / Project Manager

Background, scope and approach

Following the budget announcement of additional funding for adult social care, the Secretaries of State have asked CQC to undertake a programme of targeted reviews in local authority areas.

Each review will answer the question:

How well do people move through the health and social care system, with a particular focus on the interface, and what improvements could be made?

We want to answer:

- What is currently happening and what are the outcomes for people who move through the system?
- What is the maturity, capacity and capability of the local area to manage the interface between health and social care moving forward?
- What else needs to happen?

Approach to reviews

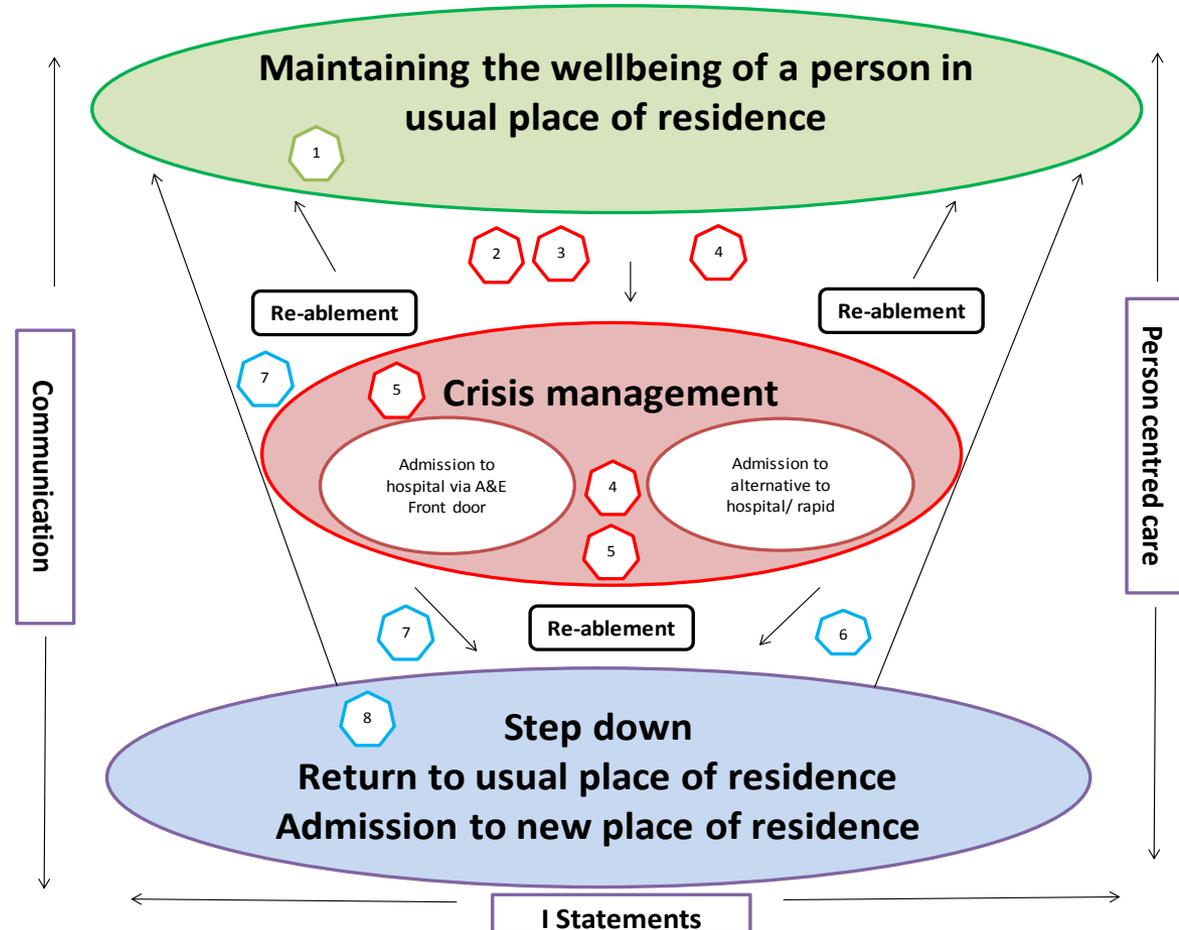


- These reviews, exercised under the Secretaries of State Section 48 powers, focus on the interface of health and social care
- The local area reviews **consider system performance** along a number of **'pressure points'** on a typical pathway of care
- The local area reviews **focus on older people aged over 65**
- We also focus on the interface between **social care and general primary care and acute and community health services**
- Each area will have a local report and the findings of the reviews will also be used to inform a **national report, making recommendations** to the Secretaries of State
- Reports do not include ratings and the reviews will not affect existing inspection ratings

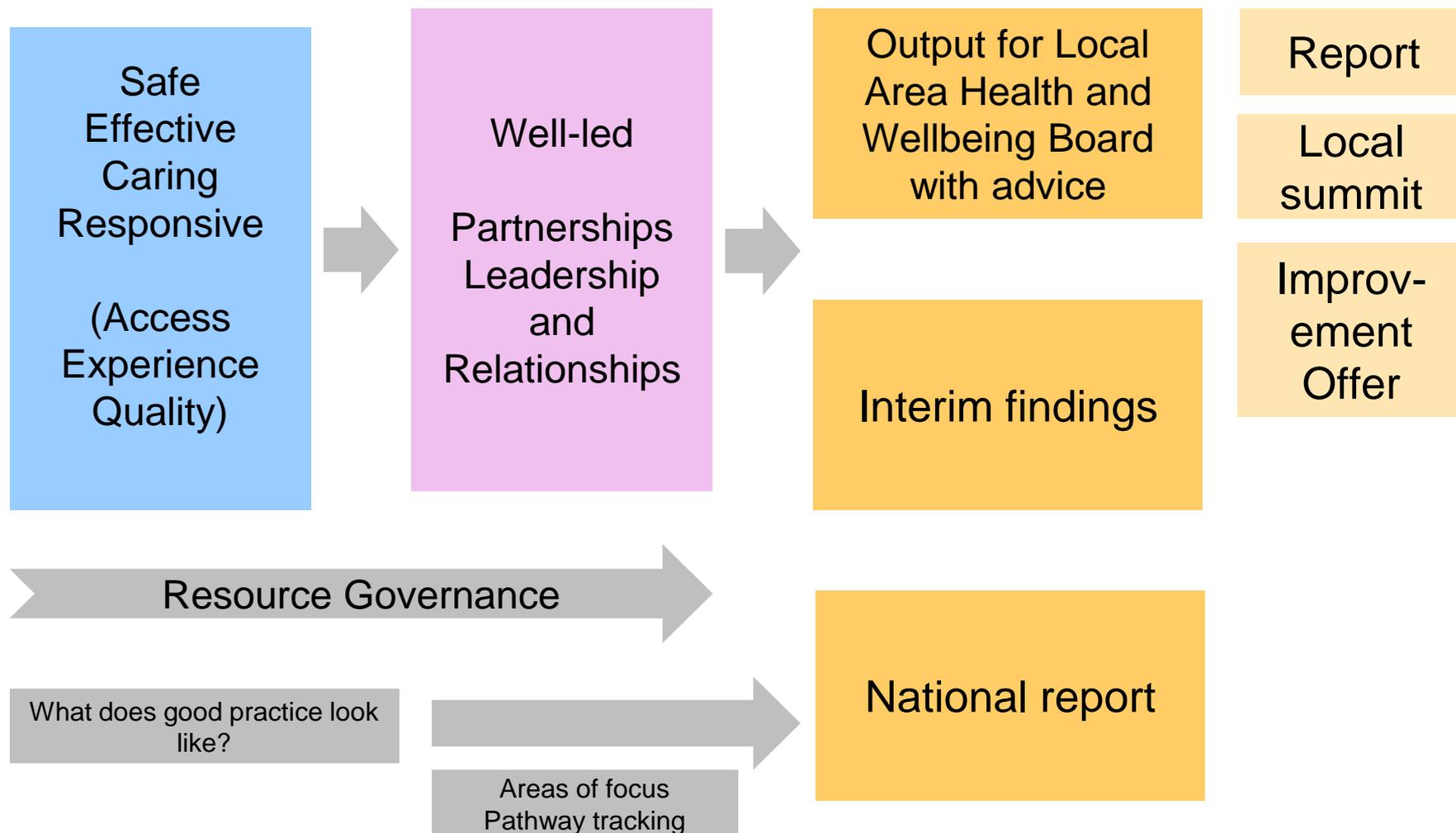
Review methodology - areas of focus and process

Areas of focus

1. Maintenance of peoples health and well being in their usual place of residence
2. Multiple confusing points to navigate in the system
3. Varied access to GP/ Urgent Care centres/ Community care/ social care
4. Varied access to alternative to hospital admission
5. Ambulance interface
6. Discharge planning delays and varied access to ongoing health and social care
7. Varied access to re-ablement
8. Transfer from re-ablement



Summary review approach



Local system review timeline



Weeks 1-2

- Letter.
- Contact request.
- System Overview Information Return (SOIR) sent out.
- Relational audit.
- Call for evidence from inspectors.
- Agree review schedules

Week 3
Review leads:

- Meet senior staff/ run through local context – case track scenario;
- Attend local events with people living in the area;
- Call for evidence from local health watch, Overview and Scrutiny Committee;
- Meeting with other local partners (e.g. Local Medical Committee, Principle Social Worker).
- Cross-directorate inspectors focus group

Weeks 4-5

- SOIR returned
- Analysis of documents.
- Analysis of qualitative and quantitative data.
- Liaison with statutory bodies and others (e.g. NHS England, NHS Improvement, Health Education England, Sustainability and Transformation Partnerships, regional leads).
- Agree escalation process if required.

People's experience, quality and access

(Days should include out-of-hours)

Day 1: Focus groups

- Commissioning staff.
- Provider staff (across broad groups).
- Social workers and occupational therapists.
- People using services, carers and families.
- Third sector.

Day 2-3: Interface pathway interviews

- Focus on individuals' journey through the interface through services (with scenarios) and case tracking/dip sampling

Day 4: Well-led interviews

- Senior leaders
- Sense check with nominated people from key partners

Day 5: Final interviews, mop up and feedback.

Single shared view of quality

Team – 2 CQC/ 2-3 SpA

- Drafting.
- Quality assurance.
- Editorial.
- Short, focused report/ letter with advice for the area Health and Wellbeing Board (cc other partners.
- Publication.
- Local summit (with improvement partners.

Programme progress and early findings

Review schedule – first 12



Area	Site visit
Halton	21 to 25 August
Bracknell Forest	4 to 8 September
Stoke-on-Trent	4 to 8 September
Hartlepool	9 to 13 October
Manchester	16 to 20 October
Trafford	16 to 20 October
York	30 October to 3 November
East Sussex	13 to 17 November
Oxfordshire	27 November to 1 December
Plymouth	4 to 8 December
Birmingham	22 to 26 January 2018
Coventry	22 to 26 January 2018

Reviews

- Scheduled first 12 reviews and allocated leads
- Reports of reviews in Halton and Bracknell Forest published
- Site visits carried out in Stoke-on-Trent, Hartlepool, Manchester, Trafford and York
- Awaiting notification of further eight sites

Interim report and national report

- National report planned for publication in 2018 following completion of all 20 system reviews
 - Will detail key findings and themes from reviews
 - Expert Advisory Group to advise on development and recommendations
 - Interim report TBC December – key themes and progress for the Department of Health & the Department for Communities and Local Government
-

Questions



Provider Level Assessment - *update*

Rosie Wood, Strategy Manager

Natalie Bostock, Policy Project and Delivery Manager

Recap: what overarching question is CQC trying to answer through a Provider Level Assessment?



How can CQC assure itself and others that providers effectively enable, support and ensure that care is good or outstanding at every location?

Consultation findings



- 72% agreed that a provider-level assessment in all sectors will encourage improvement and accountability in the quality of safety and care
 - 10% disagreed
 - Must be a consistent and proportionate approach
 - Support for the approach of Well-Led but concerns that it has too much primacy over other 4 domains
 - Lots of concerns about aggregation of service / location level ratings
-

For reference only: Defining a 'provider' – set out in Consultation 2 – recap below



1. The entity manages and delivers assurance and auditing systems or processes that assess, monitor and drive improvement in the quality and safety of the delivery of regulated activity and to which entities delivering that activity are accountable.
 2. The entity directly develops and enforces common policies on matters such as staffing levels, clinical policy, governance, health and safety, pay levels and procuring supplies that must be adhered to by entities providing regulated activity.
 3. The entity has the right to make employment decisions concerning:
 - People who work or are seeking to work in support of the delivery of regulated activity;
 - People who run or who seek to run individual care settings that deliver regulated activity;
-

Provider Level Assessment and changes to Registration



- Provider Level Assessment can only be applied to providers who are already registered at the appropriate level
 - Providers already registered at this level will not be automatically assessed, use will be intelligence led
 - When changes to Registration have been made, providers then registered at the appropriate level may become subject to assessment
 - Provider Level Assessment will not automatically replace location level assessments
-

Objective: *a standard tested approach ready for April 2018*



NEXT STEPS

October – December 2018

- Design methodology for testing across the sectors
- Develop assessment framework
- Identify organisations for testing across the sectors

January – March 2018

- Visit test sites and undertake draft assessment
 - Refine assessment framework and approach
 - Report back to ET
-

What we need now



- Volunteers for co-production work
 - Face to face
 - Virtual group
- Volunteers to become test sites

Quick questions?

Think of questions later? Our contact details:

Rosie.Wood1@cqc.org.uk

Natalie.Bostock@cqc.org.uk

AOB