

CQC Assurance

- Workshop with partners
- November 2022
- 15 mins welcome and intro
- 25 mins CQC requirements
- 30 mins Breakout groups
- 25 mins Feedback and conclusions



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Evidence Tells a Story – today's plan

- **Welcome from Sam Newman**
- How can we tell a **positive story of difference** about how we've used Three Conversations effectively ?
- How can we link the key characteristics of Three Conversations to the questions and themes set out by CQC?
- Can we try to influence CQC thinking in a progressive and personalised direction?



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Evidence Tells a Story – today’s plan

- **Welcome from Sam Newman**
- Everybody to introduce themselves
- Our summary
- Some content from P4C (Jonathan)
- Breakout groups to codesign a Three Conversations response to each of the key questions
- Some sharing of our work
- Next Steps



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Local Authority assessments 

Key question: safe
Key question: effective
Key question: caring
Key question: responsive
Key question: well-led

- People's experience of health and care services
- Feedback from staff and leaders
- Feedback from partners
- Observation
- Processes
- Outcomes

ONE PAGE Perspective

We are all about working with people to help them to live *better* lives as *they* would like. We have open and interested conversations with people and our partners.

We use **Conversation 1** to collaborate and prevent today's problems becoming crises tomorrow, connecting people with organisations and others who can help and making sure this *has* helped.

We use **Conversation 2** to avoid crises turning into long-term dependency on services, before we think about long term services and 'eligibility'. We keep working with people who need our support *for as long as it takes* until we're sure they are safe and that their plan for a good life is working, meeting the 'prevent, reduce, delay' requirements of the Care Act.

We focus on these conversations first – maximising peoples changes to get on with their chosen lives. But where people really need longer-term support to build a good life, we use **Conversation 3** to understand what this looks like to them and help get the support organised so they can live their best life possible.

We've stopped using words that de-humanise so we no longer talk about 'service users' or 'cases', 'pathways' and 'journeys', 'allocation' and 'referrals', 'screening' and 'triage' because we've learned that focusing on processes rather than people doesn't work well for anyone.

We ensure new insights flow to staff doing commissioning and to the local market by recognising what people and families need as we connect them to their local communities and organisations and help make their lives work better.

We keep people safe by working closely with our peers and partners and refusing to simply pass people around the system for someone else to 'deal with'. We evaluate our work by making sure that our jointly developed plans with people happen quickly, and that the plans work for them. We ask people and families whether we made a difference and we keep checking with each other what we've learned. We check and support our staff to be happy and motivated in order to better support the people and families who need our help. We have learned how to work effectively, gathered evidence to demonstrate the difference we've made and reflected on our practice.

Our leadership is built from strong relationships, compelling data and stories of difference.



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What are CQC Suggesting (Sept 2022)

- CQC Website states “Framework will assess providers, local authorities and integrated care systems with a **consistent set of key questions** based on what people expect and need” <https://www.cqc.org.uk/about-us/how-we-will-regulate>
- **Quality Standards** against which providers, LAs and ICSs are held to account
- There is some uncertainty about when the common framework will be launched, and the original plans for local authority assessment considered **4** key areas, versus **5** key areas in the common framework
- It doesn't really matter for the purposes of today, as they cover the same ground with one strange exception
- As evidence, **people's experience, feedback** from staff and leaders, **partners, observation, processes, outcomes** are all being considered by CQC



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What are CQC Suggesting (cont'd)

- At a public presentation in summer 2022, CQC said;
- Good, strong effective **leadership** is key to developing a learning culture
How are LAs learning and improving ?
- **Workforce** equality, **sustainability**
- **Don't** refer to people as "patients" or "service users"
- Evidence of **people's experience** will be key
What difference are the activities and services LAs are providing/commissioning making to outcomes ?
- In areas where lots of **providers are needing improvement**, what is LA doing to support ?
- 2023 too early for ratings, will be establishing baselines for Integrated Care Systems and LAs initially.



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What are CQC Suggesting (cont'd)

In unpublished documents, CQC have confirmed the framework;

- sets out clearly what people should expect a good service or system to look like
- places people's experiences of care at the heart of our judgements
- ensures that gathering and responding to feedback is central to our expectations of providers, local authorities and integrated care systems



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CQC's Use of Evidence

- A lot of discussions are proposed to take place with colleagues, partners, independent groups (e.g. Healthwatch) through focus groups, interviews etc.
- A lot of documents will be examined
- What evidence might we be holding from our work using Three Conversations that might be useful ?

People's experience of health and care services

Feedback from staff and leaders

Feedback from partners

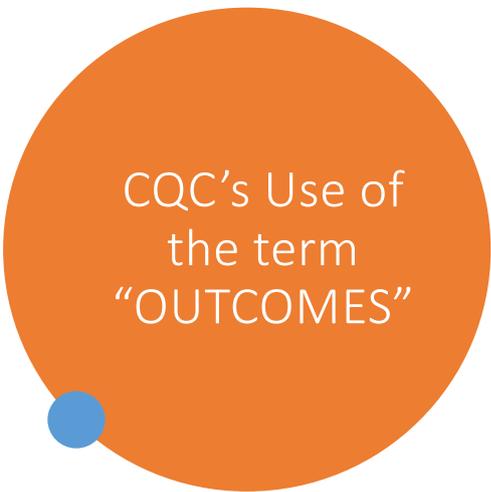
Observation

Processes

Outcomes



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CQC's Use of the term "OUTCOMES"

- The precise metrics CQC are going to want to see, hasn't been laid out by them yet
- Early suggestions have been removed from recent materials
- Some suggested were out of date, e.g. "% of assessments completed within 28 days"
- **There is a risk that 'measures' may be more about processes than people. Lets try and influence this work in the right direction.**



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What are CQC Suggesting (website)

- 1. Key question: safe**
 - Safety is a priority for everyone and leaders embed a culture of openness and collaboration.
- 2. Key question: effective**
 - People and communities have the best possible outcomes because their needs are assessed.
- 3. Key question: caring**
 - People are always treated with kindness, empathy and compassion.
- 4. Key question: responsive**
 - People and communities are always at the centre of how care is planned and delivered.
- 5. Key question: well-led**
 - There is an inclusive and positive culture of continuous learning and improvement



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What are CQC Suggesting (draft plans)

Theme 1: Working with people [Key questions: 'effective', 'responsive']

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, live healthier lives and where possible, reduce future needs for care and support.

Theme 2: Providing support [Key questions: 'responsive', 'well-led']

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.



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What are CQC Suggesting (draft plans)

Theme 3: How the local authority ensures safety within the system [Key question: 'safe']

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 and work with our partners to develop 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.

Theme 4: Leadership [Key question: 'well-led']

We have clear responsibilities, roles, systems of accountability and good governance 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.



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Was anything missing in the draft plans?

!!! Key question: caring



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'We Statements' examples

Each of the key questions has several **quality statements** with '**We**' statements embedded which exemplify good practice

- [CQC] *We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.*
- [CQC] *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 their future needs for care and support.*
- [P4C] We will be able to demonstrate **really listening and building a trusting relationship** with people, understanding what matters to them and connecting them to what they need to live a good life. We will also be able to evidence how we've intervened in a crisis and understood what needs to happen, bringing stability before planning any long-term services
- [P4C] We will be able to demonstrate people be able to live their version of a good life and being as independent as possible, reducing spend and reliance on formal services



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What should our Three Conversations based thinking be in relation to CQC's framework ?



Agree that while some of the language is different, **most** of the described examples of what 'good' looks like make sense



Work out how to express what we've done in 3Cs in terms that they will recognise as being 'good quality'



Understand how the 3Cs approach meets the requirements of the Care Act (noting how they reference specific regulations)



Be ready to offer specific hard and soft data that supports our narrative and their requirements

but help them to think about the wisdom of any questionable assumptions (e.g. if we were asked for evidence that assessments were completed within 28 days)



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Group Work

We're going to look at the requirements in more detail
Choose the group you're most interested in
 We're going to **trust our colleagues** in the other groups to do the hard work for the other topics and report back
 A written summary will be provided by P4C

- Group 1: Caring and Safe (A)
- Group 2: Caring and Effective (R)
- Group 3: Caring and Responsive (D)
- Group 4: Caring and Well-led (J)



GROUP TASK
How can Three Conversations provide a positive response to each theme ? (with examples)



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Feedback from Groups

1. How does Three Conversations provide a positive response to this theme ?
2. Describe some examples of evidence/data that could support these answers



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Wrap-Up

Thank you for attending.

Hopefully it's helped you to start thinking about how Three Conversations can help you in preparing for CQC.

We have a network of colleagues working across England, so you now have some peers to discuss these issues further with (share email addresses?)

You may also have new ideas for how to further develop or expand your 3Cs approach and be more confident in how we'll respond to any requests for data or expectations that "good" is something that breaks our golden rules.

Before you go, **please write in the chat** anything you liked about the session



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Slides for reference, follow



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CQC Evidence

People's experience

- Feedback from people who use services and unpaid carers, those close to them and their advocates. Includes existing sources (e.g. CQC Give Feedback On Care) as well as bespoke (focus groups etc)
- Carers Groups (unpaid carers)
- Compliments/complaints and feedback, Feedback from user and carer surveys
- Feedback from community groups, representative groups for people (e.g. advocacy, Healthwatch)

Feedback from staff and leaders

- Self-assessment (annual return)
- Interviews and focus groups (ongoing, and consultation as necessary), Staff surveys
- Councillors, Oversight & Scrutiny Committee
- Other local authority departments
- Principal Social Worker, Director of Adult Services / Children's Services, Chief Executive

Feedback from partners

- Healthwatch, providers, third sector. local health partners, GPs, CCGs, Health & Well-Being Board, Partnership Boards
- Provider forums, Third sector partners, ICB, ICS
- LGA Peer Review / Annual conversation
- Public Health, Police, Education, Leisure, Housing

Processes (not a complete list)

- Joint Strategic Needs Assessment, Market Position (now Sustainability) Statements
- Training for assessors including specialist assessors and assessment teams
- Staff development/training/qualification records, Occupational Health arrangements, Whistle-blowing processes and Speak Up, Equality, diversity and inclusion policies; equality impact assessments
- Employment contracts, job descriptions, recruitment processes, appraisal system, DBS checks
- Assessment and eligibility policy and process, Carers' Strategy, Transition protocols, CHC protocols
- Financial Assessment and Charging Policy, Governance arrangements for pooled budgets
- Policy and process for implementation of Care Cap
- Procurement and contracting processes
- Joint commissioning and Out of Area protocols, Evaluation of impact from integrated services
- LA Contingency Plans (for provider continuity), Business continuity plans
- Better Care Fund Plan, Evaluation of impact and outcomes from integrated services
- Health and Wellbeing plan, interface with ICS Strategy, Information Sharing Agreements with partners
- Sustainability and Transformation Plans, LA Workforce Strategy
- LA Audits, Quality monitoring processes
- Prevention Strategy, Charging Policy for Prevention Services
- Information and Advice Plan

3Cs Evidence

People's experience

We are constantly collecting feedback from people and families in a number of ways so that we can learn what works and what doesn't work so well so that we can fix it. In particular we find it valuable talking to people after their Conversation comes to an end so we can get a really good idea of what it was like working with us, and whether it helped them live the life they're wanting to live. Of course we also pay close attention to the other sources of information such as surveys.

People we supported say:

- ✓ *I only had to explain my situation once as the first person I spoke to helped me sort out what I needed*
- ✓ *The worker I spoke to, listened carefully, took time and made me feel comfortable so that I could say what I needed to say*
- ✓ *I felt confident that the worker would help me to sort out what I needed*
- ✓ *The worker did what they said they would do*

Feedback from staff and leaders

Our staff have learned how to have such good Conversations with people that they report:

- ✓ *Being more motivated and work being more satisfying*
- ✓ *Believing people being worked with are benefitting from the approach*
- ✓ *Feeling more time is spent having conversations with people than on systems*
- ✓ *Feeling more confident and trusted in their role*
- ✓ *Using the skills they were trained in and the Care Act is more embedded into their approach*
- ✓ *Feeling better able to manage workload*
- ✓ *Partnerships are working well, e.g. OTs, Safeguarding, Reablement*

Feedback from partners

Our partners recognise we have learned how to have more effective interactions with people and appreciate the improvements this has brought for them, as well.

Processes

Process never gets in the way of a good Conversation, so we don't train people in how to do "assessment", but allow innovation to occur through learning on the job and using the skills staff were originally trained in, in a safe, collaborative environment where we learn how to work more effectively. While following the Care Act closely, we have reflected the ethos of 3Cs in our approach to carers, eligibility, charging, delivery on information and advice etc. and used our enhanced awareness of what is really needed to support people and families to influence wider work such as the Joint Strategic Needs Assessment.



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Safe Quality Statements CQC will check...

- Safety is a priority for everyone and leaders embed a culture of openness and collaboration. People are always safe and protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination. Their liberty is protected where this is in their best interests and in line with legislation.
- Where people raise concerns about safety and ideas to improve, the primary response is to learn and improve continuously. There is strong awareness of the areas with the greatest safety risks. Solutions to risks are developed collaboratively. Services are planned and organised with people and communities in a way that improves their safety across their care journeys. People are supported to make choices that balance risks of harm with positive choices about their lives. Leaders ensure there are enough skilled people to deliver safe care that promotes choice, control and individual wellbeing.

We can respond...

- ✓ We keep people safe by working closely with our colleagues and partners and refusing to simply pass people around the system for someone else to 'deal with'.
- ✓ We ensure that people and families aren't left to fend for themselves when moving through the care system. We collaborate closely with our colleagues to ensure the system itself doesn't introduce risk or cause harm.
- ✓ We listen hard to people and families so that we can help them take appropriate, considered risks in order to live a good life. We bring in other professionals to support us in our conversations to consider risks from a variety of perspectives and liaise with partners such as the Police when there is suspected abuse.
- ✓ We don't rely on Panels to decide for us whether our plans are good, safe and sustainable, but take that responsibility ourselves along with colleagues to check and support our own decision making.
- ✓ We keep working with people who need our support for as long as it takes until we're sure they are safe and that their plan for a good life is working.
- ✓ Staff report feeling better able to manage their workload



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Effective Quality Statements CQC will check...

- People and communities have the best possible outcomes because their needs are assessed. Their care, support and treatment reflects these needs and any protected equality characteristics. Services work in harmony, with people at the centre of their care. Leaders instil a culture of improvement, where understanding current outcomes and exploring best practice is part of everyday work.
- Everyone is supported to see what works well and not so well based on indicators of quality. Continuous improvement is always guided by this insight.

We can respond...

- ✓ We don't rely entirely on an assessment form, but recognise people's expertise in their own lives, wellbeing and act on what we hear.
- ✓ In providing services and working with partnerships and communities we first listen really hard to what is really important to people and connect them to what will help most in their local community.
- ✓ We know the local area and build relationships. We work with partners (our "key connectors") to develop a more coordinated approach to supporting people to live a good life.
- ✓ By constantly talking to one another in our team huddles, reflection meetings etc. we learn all about which approaches (including formal care services) have worked well and which haven't.
- ✓ We ask people and families whether we made a difference and we keep checking with each other what we've learned
- ✓ We ensure new insights flow to staff doing commissioning and to the local market by recognising what people and families need as we connect them to their local communities and organisations and help make their lives work better.



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Responsive Quality Statements CQC will check...

- People and communities are always at the centre of how care is planned and delivered. Their health and care needs of people and communities are understood and they are actively involved in planning care that meets these needs. Care, support and treatment is easily accessible, including physical access. People can access care in ways that meet their personal circumstances and protected equality characteristics.
- People, those who support them, and staff can easily access information, advice and advocacy. This supports them in managing and understanding their care and treatment. There is partnership working to make sure that care and treatment meets the diverse needs of communities. People are encouraged to give feedback, which is acted on and used to deliver improvements.

We can respond...

- ✓ We don't rely entirely on an assessment form, but recognise people's expertise in their own lives, wellbeing and act on what we hear.
- ✓ We "stick like glue" to make sure people are well-supported through a crisis, plan and constantly review and revise the plans we've developed with people and are clear on who is doing what, by when.
- ✓ We evaluate our work by making sure that our jointly developed plans with people happen quickly, and that the plans work for them.
- ✓ We know a lot about the local area where people live, so can recommend and help people connect to really specific sources of local support. Where staff don't know something they bring in that expertise to the Conversation, and never 'signpost' someone elsewhere.
- ✓ We ask people and families whether we made a difference and we keep checking with each other what we've learned



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Well-led Quality Statements

CQC will check...

- There is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities, and all leaders and staff share this. Leaders proactively support staff and collaborate with partners to deliver care that is safe, integrated, person-centred and sustainable, and to reduce inequalities.
- There are effective governance and management systems. Information about risks, performance and outcomes is used effectively to improve care.

We can respond...

- ✓ In constantly talking to one another in our team huddles, reflection meetings, collaboration with colleagues and partnerships with our key connectors, we learn all about what approaches (including formal care services) have worked well and what haven't.
- ✓ We have senior management commitment to continually monitor the wellbeing of staff and build a culture of kindness and compassion
- ✓ We look at data collected independently about our own work which tells us whether our decisions are producing good results, both in terms of numerical and financial data, the views of people and families and the wellbeing of our own team.
- ✓ We ensure new insights flow to staff doing commissioning and to the local market by recognising what people and families need as we connect them to their local communities and organisations and help make their lives work better.
- ✓ We have learned how to work effectively, gathered evidence to demonstrate the difference we've made and reflected on our practice.



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Caring Quality Statements

CQC will check...

- People are always treated with kindness, empathy and compassion. They understand that they matter and that their experience of how they are treated and supported matters. Their privacy and dignity is respected. Every effort is made to take their wishes into account and respect their choices, to achieve the best possible outcomes for them. This includes supporting people to live as independently as possible.

We can respond...

- ✓ We have senior management commitment to continually monitor the wellbeing of staff and build a culture of kindness and compassion
- ✓ Our staff listen carefully, take time to make people feel comfortable and be able to say what they needed to say
- ✓ We've stopped using words that de-humanise so we no longer talk about 'service users' or 'cases', 'pathways' and 'journeys', 'allocation' and 'referrals', 'screening' and 'triage'
- ✓ We see people, not labels. We believe in the rights of all people to choose how they want to live.
- ✓ We listen hard, have honest conversations, work as equals not experts, and build relationships based on trust, kindness and respect.
- ✓ We use Conversation 1 to collaborate and prevent today's problems becoming crises tomorrow, connecting people with organisations and others who can help and making sure this has helped.
- ✓ We use Conversation 2 to avoid crises turning into long-term dependency on services, before we ever think about 'eligibility'.

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