Interim guidance on our approach to local authority assessments

Assessing how local authorities discharge their duties under Part 1 of The Care Act (2014)

Note: We will expand and update this interim guidance in collaboration with stakeholders as we develop our model and transition to ongoing assessment.

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Context and overview

1. Introduction and strategic context

Assessing local systems is a core ambition in our current strategy. It will enable us to provide independent assurance to the public of the quality of care in their area. Our aim is to understand how the care provided in a local area is improving outcomes for people and reducing inequalities in their access to care, their experiences and outcomes from care. This means looking at how services are working together within an integrated system, as well as how systems are performing overall.

We are also committed to protecting human rights through our regulation. The Health and Care Act 2022 gives us new regulatory powers that allow us to offer a meaningful and independent assessment of care at a local authority level.

Our assessments will be based on our new single assessment framework. We will use this to assess all types of services in all health and care sectors at all levels. It will apply when registering new providers through to how we look at local authorities.

Providing assurance at local authority level:

Our assessments will focus on how local authorities discharge their duties under Part 1 of The Care Act (2014). This will focus on 4 themes:

1. How local authorities work with people
2. How local authorities provide support
3. How local authorities ensure safety within the system
4. Leadership

This interim guidance has been approved by the Secretary of State for Health and Social Care as required by the Health and Care Act 2022. Its aim is to help local authorities understand more about our approach during the pilot phase.

We will expand and update this interim guidance in collaboration with stakeholders as we develop our model over the coming months and transition to ongoing assessment. It will form the basis for the more detailed guidance about the process later in the year.

2. Key points

Applying our single assessment framework to local authority assessments

- We will use our new regulatory model and single assessment framework across all our work. This includes our new role in providing meaningful and independent assessment of care in a local authority area.
- The single assessment framework applies to all types of services in all health and care sectors and at all levels, including local authority level.
- The quality statements in the single assessment framework are based on people's experiences and the standards of care they expect. We will be using a subset of the quality statements in assessments of local authorities.
- These assessments will build on what we already know from regulating health and care providers and other existing sources of evidence. We will use the information we receive from a range of sources to make assessments flexibly, without being tied to set dates. This ensures we have an up-to-date view of quality.
- Continued collaboration with our strategic partners nationally and at local level is an essential part of our approach.
- We are introducing 6 evidence categories to make our judgements structured and consistent.
- We will carry out initial assessments for all local authorities to achieve a baseline understanding of quality before starting our longer-term approach for ongoing assessment.
- We will award ratings for all local authorities after the initial baselining period. Ratings will be produced on a similar basis to providers – based on building up scores from quality statements to a rating.
- Rather than rate all 5 key questions, we will structure the assessment and rating approach specifically around the context, aims and roles of local authorities.
- Our teams can see all the data and insight they need on one digital platform, helping them to make better decisions about what they need to focus on, both in terms of risks and areas of improvement.
- Reports and outputs will have a shorter and simpler format making them easier to read. They will be clear about when we last assessed evidence and when ratings were updated.

People's experiences of health and care

Our new single assessment framework focuses on what matters to people who use local health and social care services and their families. We want to encourage people who use services, and organisations who represent them or act on their behalf, to share their experiences at any time.

We are using the term ‘people’s experiences’ throughout our assessment framework and the associated guidance about our methods for this approach. We define people’s experiences as “a person’s needs, expectations, lived experience and satisfaction with their care, support and treatment, including equity of experience, access to and transfers between services”. Our key principles for using people’s experiences are:

- People using services, their families, friends and advocates are the best sources of evidence about lived experiences of care and their perspective of how good it is.
- People’s experiences is a required evidence category for all quality statements when assessing local authorities.
- We value people’s experiences as highly as other sources of evidence and weight them equally with other required evidence categories. We also consider the context, impact and equity of people’s experiences in our analysis.
- If we receive feedback that people have poor experiences of care, this is always identified as a concern, even if other evidence sources have not indicated any issues. In these cases, we will need to review further and gather more evidence.
- We increase our scrutiny of, and support for, how providers, local authorities and integrated care systems encourage, enable and act on feedback, including from people who face communication barriers, and how they work with them to improve services.

We recognise that people’s experiences are a diverse and complex source of evidence – ranging from a rating on a review website to a complex narrative. So, we are developing an effective approach to analysing these sources to inform our decision making. We will use a range of data characteristics such as data on demographics, inequalities and frequency of use for care services. We are committed to ensuring we consider the experiences of people most likely to have poor access, experiences or outcomes from care.

We are also thinking innovatively about the relationship between our assessment activity at both the provider and system level (both local authority and integrated care system) and how we can use this to maximise improvement and reflect people’s lived experience of care in a way that people can understand.

To achieve this, the assessment framework:

- sets out clearly what people should expect a good service 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 acre systems.

The way we record and analyse people’s feedback is changing so that we can make better use of the evidence. This includes quickly identifying changes in the quality of care and analysing qualitative information to better understand a picture over time, as well as responding to urgent individual incidents separately.

The key components of our regulatory approach

3. Our new assessment frameworks

Single assessment framework

Our new single assessment framework is based on a set of quality statements. They are arranged under topic areas and describe what good care looks like.

To develop the quality statements, we reviewed our existing assessment frameworks as well as using aspects of the Making It Real framework. Making It Real was co-produced by Think Local Act Personal (TLAP) with a range of partners and people with lived experience of using health and care services. It is a framework for how to provide personalised care and support aimed at people working in health, care, housing, and people who use services. It contains a jargon-free set of personalised principles that focus on what matters to people.

Quality statements are written in the style of ‘We’ statements from a provider, local authority and integrated care system perspective, to help them understand what we expect of them. They are the commitments that providers, commissioners and system leaders should live up to in order to deliver truly person-centred care and support. They also help to provide a benchmark of what good care looks like by linking to the relevant best practice standards and guidance.

Our assessment framework will also help people understand what a good experience of care looks and feels like by linking it with ‘I statements’ from TLAP’s Making It Real framework. We will use these statements to support us in gathering and assessing evidence under the People’s Experience evidence category.

Making people’s voices prominent in our single assessment framework helps to focus the whole health and social care system on people as we increasingly work across the boundaries of health and care, at local authority, integrated care system and national system levels.

Safety through learning is a key theme in our strategy so we have reflected this in the quality statements to set our expectations for how services and providers need to work together, and within systems, to plan and deliver safe, person-centred care. We will assess the extent to which people can influence the planning and prioritisation of safe care and be truly involved as equal partners to transform safety and to ensure that human rights are upheld. We will also assess how leaders foster a culture of openness and learning to improve safety for people.

Driving improvement is also a key theme in our strategy. Our assessments of systems will transform how we bring together a view of quality across a local area, putting people at the centre and helping to drive improvement in health and care.

Assessment framework for local authorities

We will use a subset of the quality statements from the overall assessment framework. This is because local authorities are being assessed against a different set of statutory duties to registered providers.

The Secretary of State for Health and Social Care will publish objectives and priorities for our assessments. These priorities are likely to change and evolve over time. They will be addressed as part of a wider assessment of the quality statements in the assessment framework.

To assess how well local authorities are performing against their duties under Part 1 of the Care Act 2014 we will assess the following 9 quality statements across the 4 themes.

- **Quality statements are what local authorities must commit to.**
- **I statements are what people expect.**

Theme 1: How local authorities work with people

I statements:

- 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

Quality statements:

- **Assessing needs:** We maximise the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.
- **Supporting people to lead healthier lives:** 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.

- **Equity in experience and outcomes:** 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.

Theme 2: How local authorities provide support

I statements:

- 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.

Quality statements:

- **Care provision, integration and continuity:** 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.
- **Partnerships and communities:** 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.

Theme 3: How local authorities ensure safety within the system

I statements

- 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.

Quality statements:

- **Safe systems, pathways and transitions:** 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.
- **Safeguarding:** 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

Quality statements

- **Governance, management and sustainability:** 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.
- **Learning, improvement and innovation:** 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.

Types of evidence we will use

Six evidence categories signal the types of evidence we use to understand the quality of care being delivered against each quality statement. The evidence categories required to assess each quality statement vary according to what is being assessed.

The following are the 6 evidence categories and some illustrative examples:

1. **People's experience** as set out in our experience principles and framework. This category covers all types of evidence where the source is from people who have experience relating to a specific health or care service, or a pathway across services. It also includes evidence from families, carers and advocates for people who use services. Examples include interviews with people, Give Feedback on care forms, survey results, feedback from representative groups and case tracking.
2. **Feedback from staff and leaders** including for example, from direct interviews, compliments and concerns raised with us, and surveys. Evidence from self-assessments.
3. **Feedback from partners** including for example, commissioners, providers, professional regulators, accreditation bodies, royal colleges, multi-agency bodies. This will include partners involved in the wider determinants of health and wellbeing such as housing, licensing, or environment services.
4. **Observation.** This category will not be used as part of our assessments of local authorities as it does not apply to the specific context of a local authority.
5. **Processes** are the series of steps, or activities that are carried out to deliver care and support that is safe and meets people's needs. We will focus on the effectiveness of the processes rather than simply the fact they exist. This category includes metrics such as waiting times, audits, policies and strategies.
6. **Outcomes** are focused on the impact of processes on individuals and communities, and cover how care has affected people's physical, functional or psychological status. Evidence includes information on the quality of a provider, clinically relevant measures, quality of life assessments and population data.

The quality statements and evidence categories remain relatively static, but the specific evidence sources we will look at to assess quality will change more frequently, in line with the most up-to-date best practice standards, guidance and information.

4. The assessment process

Initial baseline assessments of local authorities

Assessing local authorities is a new duty for CQC. Before we can move to our new assessment model of ongoing assessment, we need to establish a 'baseline' of completed initial assessments for all local authorities.

The baselining period will take a phased approach to these initial assessments. In the first phase, our work will focus on:

- further developing and embedding our assessment approach through a series of pilot assessments
- gathering evidence
- developing our understanding of relative performance across local authorities
- building relationships within each of the areas.

We will explore opportunities for themed reporting at national level, during this first 6 months.

The second phase involves formal assessment. We will gather all required evidence for each local authority, report on our findings and award ratings. The aim of the second phase is to complete the initial assessments and award ratings for all local authorities. We aim to award ratings in this phase within 2 years.

For the initial assessment, we will start by assessing evidence that we **have**, followed by evidence we need to **request** and finally evidence that we need to actively **collect**. We will only actively collect information that we can't get through other means.

Examples of evidence that we **have** include:

- Outcomes evidence for all local authorities. We will begin to benchmark and assess this against each quality statement for each local authority. In some cases, we will also have partial evidence from some of our other evidence categories. For example, we will have insight from our regulation of providers (Feedback from partners evidence category) and data on the effectiveness of some processes (Processes evidence category).

Examples of evidence that we will **request** include:

- specific policies and strategies (Processes evidence category)
- any survey information that local authorities hold (People's experience, and Feedback from staff and leaders evidence categories)
- the self-assessment from local authorities on their current performance (Feedback from staff and leaders evidence category).
- information from peer reviews (Feedback from partners evidence category)

Evidence that we actively **collect** includes:

- people's experiences (for example, through case tracking and focus groups), more focused engagement with partners and conversations with staff and leaders.

In this way, we will be gathering evidence across all local authorities throughout the baseline period. This will enable us to provide or publish national insights on progress and share information that supports improvement. This approach will also help us develop our longer-term regulatory intention of ongoing assessment.

We will continue to learn and evolve our approach during piloting, initial baselining assessments and once we move to the third phase of our ongoing assessment model.

Collecting evidence on site and off site

We will use the best options to collect evidence, which may be either on site or off site. This will depend on the type of required evidence for a quality statement.

Other types of evidence can be collected either on site or off site or a combination of the two, for example people's experiences or feedback from staff and leaders. There are circumstances where face-to-face contact is the most effective and appropriate way to communicate and understand experiences, for example:

- where people have communication needs that would make telephone or video conversations challenging (or not suitable at all)
- where the nature of inquiry is sensitive, such as following a death or serious incident
- in establishing a rapport with a new lead contact
- where there are concerns around confidentiality (for example, if other people are in the same room, or potentially trying to influence the person we're talking to)
- when we want to corroborate what we see and what we hear in real time.

We will use the expertise of our Experts by Experience and specialist advisors to inform our assessment activity. This ensures that our judgements maintain credibility. Assessment teams can get quick access to specialists for support in:

- understanding which evidence to collect
- corroborating and analysing evidence
- interviewing key staff

Experts by Experience support us to understand people's experiences, both on and off site. They can reach out to people, families and carers using telephone and video calls and engage continuously with communities whose voices are seldom heard. This means that we may not always need to cross the threshold to gather this evidence and update our ratings.

5. Working with national and local partners

We will work with key national and local partners to share data and to gather evidence. Examples of partners include:

- health and care providers
- professional regulators (for example, Social Work England)
- national and local Healthwatch
- community groups, especially those involving people more likely to have poorer access, experiences or outcomes from care
- the Local Government and Social Care Ombudsman.

6. How we will determine ratings

A scoring framework to support consistent judgements

To support the transparency and consistency of our judgements, we intend to introduce scoring into our assessment process for local authorities. This approach will be consistent with our assessments of registered providers.

For each quality statement in the assessment framework, we will assess the 'required evidence' in the evidence categories and assign a score to the quality statement.

The scoring framework to support decisions is:

1 = Evidence shows significant shortfalls in the standard of care.

2 = Evidence shows some shortfalls in the standard of care.

3 = Evidence shows a good standard of care.

4 = Evidence shows an exceptional standard of care

Developing scores and ratings

When we assess evidence, we assign a score to the relevant quality statement. The scores for the quality statements aggregate to ultimately produce the ratings, and an overall score. All evidence categories and quality statements are weighted equally.

The overall rating will use our four-point rating scale. The score will indicate a more detailed position within the rating scale. For example, if a local authority was rated as good, the score will tell us if this is in the upper threshold of good, nearing outstanding. Similarly, if a local authority was rated as requires improvement, the score would tell us if it was at the lower or higher threshold, so nearer to inadequate or good.

We will work with the local authorities, the Department of Health and Social Care, Local Government Association and the Association of Directors of Adult Social Services on the best way to publish our findings.

7. Reporting and sharing information

What our reporting will look like

When we have gathered enough required evidence across the quality statements, we will start to publish assessment reports for local authorities.

There will be a short period between assessment and publication to provide an opportunity for the organisations to carry out a factual accuracy check.

We will publish our reports on our website. Our current thinking is that our reports will include a short summary of the key features of the local authority and will focus on people's experiences of care. We will publish our most up-to-date findings against the themes and for each quality statement. We will include information on what people have said about their experience and how we used it in our assessments.

We will provide narrative on areas that require improvement, areas of strength and report on the direction of travel of the local authority.

We will carry out engagement to clearly understand what different audiences need from our reports and this will influence their design.

Publishing ratings under the assessment process

We will begin publishing scores and ratings for local authorities once we have sufficient evidence. We will be gathering evidence and building relationships overtime rather than on a single inspection.

When we publish ratings, we will publish the following information:

- the overall rating
- the score for each quality statement.

The scores will indicate where a local authority sits within a rating, showing whether it is nearer the upper or lower threshold.

We quality assure our processes and reports to check that our view of quality is reliable. If we identify anomalies, we will update our approach accordingly.

A rating may not be changed on our website every time we review and update a score at quality statement level. But we will indicate that we have reviewed the quality statement score and make clear when this has happened. We will always update our website when a rating moves from one level to another (for example, from requires improvement to good at either quality statement or overall rating level).