Adult social care external co-production meeting

25 January 2018
Welcome and who is here

Andrea Sutcliffe
Chief Inspector for Adult Social Care
Objectives for today

To update you about:
• The progress of our local system reviews
• Our upcoming adult social care campaign

To hear your views on:
• How CQC uses its Independent Voice
• What work the adult social care policy team should prioritise in 2018/19
• The workforce challenges facing the adult social care workforce and what can be done about them
Outline of the day

Andrea Sutcliffe
Chief Inspector for Adult Social Care
<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Item</th>
<th>Lead</th>
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</thead>
<tbody>
<tr>
<td>11.00am</td>
<td>Welcome and introductions</td>
<td>Andrea Sutcliffe</td>
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<tr>
<td>11.05am</td>
<td>Outline of the day</td>
<td>Andrea Sutcliffe</td>
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<tr>
<td>11.10am</td>
<td><strong>Updates and Q&amp;A:</strong></td>
<td>Andrea Sutcliffe</td>
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<tr>
<td></td>
<td>• Local system reviews</td>
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<td></td>
<td>• Adult social care campaign</td>
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<tr>
<td>11.30am</td>
<td><strong>Session one:</strong></td>
<td>Nigel Watts</td>
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<td></td>
<td>Using CQC’s Independent Voice</td>
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<tr>
<td>12.30pm</td>
<td><strong>Lunch</strong></td>
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<td>1.20pm</td>
<td><strong>Session two:</strong></td>
<td>Dave James</td>
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<td></td>
<td>Adult social care policy forward plan</td>
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<td>2.20pm</td>
<td><strong>Break (refreshments)</strong></td>
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<td>2.40pm</td>
<td><strong>Session three:</strong></td>
<td>Andrea Sutcliffe</td>
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<td>Health Education England workforce strategy consultation</td>
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<td>3.50pm</td>
<td><strong>Wrap up</strong></td>
<td>Andrea Sutcliffe</td>
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<td>4.00pm</td>
<td><strong>Close</strong></td>
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Working together today

Use #CQCcoproduction to talk about today’s meeting on Twitter
Feedback from the last co-production group meeting (1/2)

I was happy with the facilitation on my table

- Strongly agree: 78%
- Agree: 18%
- Neutral: 4%

I was given any information I needed before the event to allow me to contribute my views

- Strongly agree: 43%
- Agree: 50%
- Neutral: 3%
- Disagree: 4%
Feedback from the last co-production group meeting (2/2)

I think that co-production influences how CQC develops its approach to regulation

- Strongly agree: 59%
- Agree: 41%

I felt able to contribute my views on the topics discussed today

- Strongly agree: 75%
- Agree: 25%
In response to your feedback (1/2)

You told us you would like more involvement from people using services, their families and carers in developing and delivering co-production sessions.

• We will consider how we can do this more regularly as part of the strategy we are developing for co-production.

You told us that we should consider how to engage with people who aren’t able to attend meetings.

• We are exploring the option of organising ‘virtual table discussions’, possibly via webinar.

• We have asked for your views on your evaluation forms.
You told us people aren’t always using the microphone properly, including presenters.

- We have planned more thorough briefings for presenters and other CQC staff involved in today’s meeting. We ask that when feeding back you always use the microphone.

You told us that attendees should be rotated to ensure different groups can participate.

- We know that capacity at these meetings is a barrier to some people attending. We are exploring how people may be able to attend virtually.
- New groups are involved in each meeting via the Speak Out network.
- We will look at rotating attendance across the core groups (providers, people who use services, their families and carers, and national partners) to ensure all groups are equally represented and new people have the opportunity to attend.
Updates and Q&A

Andrea Sutcliffe, Chief Inspector of Adult Social Care

Jay Harman, Senior Public Engagement Officer
CQC is reviewing health and social care systems in 20 local areas to find out how services are working together to care for people aged 65 and older at different places within the system.
## Local system reviews – progress to date

<table>
<thead>
<tr>
<th>Area</th>
<th>Site visit</th>
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<tbody>
<tr>
<td>Halton</td>
<td>21 to 25 August</td>
</tr>
<tr>
<td>Bracknell Forest</td>
<td>4 to 8 September</td>
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<tr>
<td>Stoke-on-Trent</td>
<td>4 to 8 September</td>
</tr>
<tr>
<td>Hartlepool</td>
<td>9 to 13 October</td>
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<tr>
<td>Manchester</td>
<td>16 to 20 October</td>
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<tr>
<td>Trafford</td>
<td>16 to 20 October</td>
</tr>
<tr>
<td>York</td>
<td>30 October to 3 November</td>
</tr>
<tr>
<td>East Sussex</td>
<td>13 to 17 November</td>
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<tr>
<td>Oxfordshire</td>
<td>27 November to 1 December</td>
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<tr>
<td>Plymouth</td>
<td>4 to 8 December</td>
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<tr>
<td>Birmingham</td>
<td>22 to 26 January 2018</td>
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<tr>
<td>Coventry</td>
<td>22 to 26 January 2018</td>
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Engaged with first 12 systems

Undertaken 10 site visits

published 7 reports

Interim report (based on first 6 reviews)
Key findings

- How systems work together
- Managing capacity, market supply and workforce
- Moving beyond delayed transfers of care
Local system reviews - areas for priority focus

We encourage national leaders to:

Enable and encourage health and social care partners to establish aligned objectives, processes and accountabilities.

Address the risks in the social care market as a matter of priority and ensure that there is a national focus on joint health and social care workforce strategies.

Enable local systems to invest in out of hospital services to keep populations well through preventative support.
## Local system reviews – remaining review programme

<table>
<thead>
<tr>
<th>Area</th>
<th>Site visit</th>
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<tbody>
<tr>
<td>Bradford</td>
<td>12 to 16 February</td>
</tr>
<tr>
<td>Cumbria</td>
<td>12 to 16 February</td>
</tr>
<tr>
<td>Liverpool</td>
<td>19 to 23 February</td>
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<tr>
<td>Sheffield</td>
<td>5 to 9 March</td>
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<tr>
<td>Wiltshire</td>
<td>12 to 16 March</td>
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<tr>
<td>Hampshire</td>
<td>12 to 16 March</td>
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<tr>
<td>Northamptonshire</td>
<td>9 to 13 April 2018</td>
</tr>
<tr>
<td>Stockport</td>
<td>16 to 20 April 2018</td>
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</table>
Any questions?
• CQC delivers a programme of public-facing campaigns targeting specific population groups.

• On Monday 26 February we will launch our next campaign.

• The four week campaign will focus on reaching people who have never heard of CQC, who are or will be choosing care for themselves or a loved one.
How will we reach these people?

- We use a variety of owned, earned and paid channels driven by research and insight into what will be most effective.

- Activity through:
  - ‘Earned’ channels – partnerships with the voluntary and community sector who have trusted reach to key audiences.
  - National and local media (generally with a consumer-focus)
  - Social media
  - Radio day
Campaign focus

• Using CQC inspection reports and ratings to help people make informed decisions about care and better understand what good looks like.

• Links to *Quality matters* – the shared vision for high-quality adult social care.
How can I get involved?

• We will produce a stakeholder toolkit including information and content to help you support the campaign.

• Please email Jay.Harman@cqc.org.uk if you have any questions or want to find out more.
Any questions?
Using CQC’s Independent Voice

Nigel Watts, Editorial and Planning Manager
We want to work with you to plan the content for CQC’s future programme of work. **We call this using our ‘independent voice’**.

We want to produce the right things that support our priorities. Today we would like your ideas about where our focus could be.

**We will cover:**

- What we mean by ‘using our independent voice’
- When and how we use our independent voice
- Examples
- Planning
- Your ideas
What do we mean by independent voice?

Independent voice is a core part of CQC’s role and operating model.

• **We speak independently**

• **We publish regional and national views** of the major quality issues in health and social care

• **We encourage improvement** by highlighting good practice

We need to be thoughtful about what we talk about and when, and prioritise where we put our emphasis and our resources.
When and how we use our independent voice

When

• Every time we speak externally or publish content about our findings. Usually this is on major quality issues, improvement or recommendations for change.

How

• Speeches, case studies, reports, press releases, social media, blogs, website, etc.

We need to consider

• Our evidence base, and what type of analysis and detail is required.
• How we plan our engagement: timing, what type of products and channels achieve the best impact and influence on our audience(s).
Our independent voice activity is not limited to publishing a report. For example:
Independent voice year

• We think about the independent voice year as beginning and ending with our State of Care report to Parliament.

• There is a finite number of reports or other independent voice products we can do each year. We plan carefully so we can meet statutory requirements (for example, *State of Care*, *Mental Health Act annual report*) and also achieve the most effective impact within the resources available.

Your ideas

• We want to work with you to find out the issues that matter, and what is important for CQC to talk about during the independent voice year.
These are our draft themes into which our work will probably fit:

<table>
<thead>
<tr>
<th>Themes</th>
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<tbody>
<tr>
<td>Future of care (including the influence of technology)</td>
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<tr>
<td>Encouraging improvement - helping providers and telling the public what they have a right to expect</td>
</tr>
<tr>
<td>Keeping people safe</td>
</tr>
<tr>
<td>Supporting innovative change and sustainability in the care system</td>
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<tr>
<td>Improving how we work and reviewing our own impact and value for money</td>
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</tbody>
</table>
Examples of current thoughts about possible subjects to cover:

<table>
<thead>
<tr>
<th>Topic</th>
</tr>
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<tbody>
<tr>
<td>Medicines use in health and social care</td>
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<tr>
<td>Use of technology in care settings</td>
</tr>
<tr>
<td>Recruitment and retention (including the impact of fewer nurses on quality of care)</td>
</tr>
<tr>
<td>Regional variation in quality of services</td>
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<tr>
<td>Hydration and nutrition in care homes</td>
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<tr>
<td>Safeguarding - what does good look like?</td>
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</tbody>
</table>
What should we consider?

Over to you…

1. What do you think of our ideas?

2. We want to gather many ideas. What issues affecting adult social care do you think CQC should use its independent voice to talk about?
Feedback: session one

Feedback gems

3 key points from each table
Lunch

Session two will start at 1.20pm
Adult social care policy team
forward plan

Dave James, Head of Adult Social Care Policy
In this session we will outline:

• The purpose of CQC’s adult social care policy team
• What ‘good’ policy looks like
• What we have achieved in 2017/18 and what we’re still working on this financial year
• Our priorities for 2018/19

We then want to hear your views on whether we have the right priorities and what else we should look at.
The purpose of the adult social care policy team

Ensure CQC can realise its strategic objectives and deliver its legal duties

The adult social care policy team is responsible for ensuring we achieve this for the adult social care sector, working with:

• Adult social care inspectors and leadership team
• Providers
• Groups that represent people who use services, their families and carers
• System partners
• Other teams across CQC
What does ‘good’ policy look like?

✓ Our approach is **co-produced, proportionate and robust**

✓ Providers and other stakeholders understand **how we regulate and why**

✓ Inspectors have a **clear framework** in which to exercise their **professional judgement** and act with **confidence**

✓ Only essential guidance is produced and it is drafted to be as **clear** and as **helpful** as possible – “less is more”
Some key achievements from 2017/18…

- A revised **assessment framework**
- Improved regulation of **care at home** services
- More robust, consistent approach to **repeat requires improvement ratings**
- Revised approach to **focused inspections**
- **One set of guidance** for providers, inspectors and the public
- **Changes to registration** that will have significant positive impact on how we register services; how we monitor, inspect and rate them; and how we take enforcement action
Work we still have to do this financial year…

• Continuing our work following last year’s consultation:
  • who is required to register with CQC
  • how we will move from a location-based approach
  • how we ensure regulatory history is not “lost” when ownership changes

• Improving consistency between registration and inspection

• Further work on ‘Registering the Right Support’

• Review of Market Oversight guidance and policy

• Further work on how technology is used to support high-quality care

• Support for the development and testing of provider-level assessments
Our priorities for 2018/19

Registration
- Transformation programme
- Registering the Right Support
- Implications for inspection and enforcement

Quality matters
- Reducing duplication for providers

Inspection and rating
- Supporting relationships in residential care
- What ‘good’ looks like in nutrition and mealtimes
- Provider-level assessment

Cross-cutting work
- Green Paper and other reports
- Innovation and technology
- Address inconsistencies and improve our approach
Questions for discussion

1. Are we focusing on the right issues?
   • If not, what would you like to see?

2. If you agree we are looking at the right areas, are there particular aspects you think we should focus on?
Feedback: session two

Feedback gems

3 key points from each table
Break

Session three will start at 2.40pm
Draft health and care workforce strategy consultation – adult social care workforce

Andrea Sutcliffe, Chief Inspector of Adult Social Care
Charles Rendell, Strategy Manager
Dave Griffiths, Skills for Care
Giles Denham, Health Education England
In this session we will outline:

• Who Health Education England (HEE) are and what their system-wide workforce strategy consultation is.

• What the workforce challenges facing the adult social care sector are.

We will then ask for your views on what action could effectively address the current and future workforce challenges in adult social care. This will inform our response to the consultation.
Who are Health Education England?

• Health Education England is the national organisation for education, training and workforce development in the health sector.

• They work to ensure the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.
What is the Health Education England workforce strategy consultation?

• Health Education England have co-ordinated a draft system-wide health and care workforce strategy for England to 2027. This document:
  • describes the nature and scales of the workforce challenges faced by the health and care system;
  • sets out proposals for the management of workforce issues;
  • includes a chapter on the challenges facing the adult social care workforce and a specific question on how to address these.
What is Health Education England asking?

What policy options could most effectively address the current and future challenges for the adult social care workforce?
What do we know about the workforce challenges facing the adult social care sector now and in future?
Workforce Intelligence

David Griffiths
Programme Head – Workforce Intelligence
Adult social care jobs in England: 1.58 million

Projected number of additional adult social care jobs required by 2030

- **Current rate**: 350,000 (21% increase)
- **65+ model**: 500,000 (31% increase)
- **75+ model**: 700,000 (44% increase)

**Current rate** assumes the workforce will continue to grow at the same rate as it has between 2012 and 2016. **65+ model** assumes the workforce will grow proportionally to the number of people aged 65 and over in the population. **75+ model** assumes the workforce will grow proportionally to the number of people aged 75 and over in the population.

There are around 20,300 organisations and 40,400 locations delivering or offering adult social care. The workforce has increased by 19% since 2009. This rate of growth has slowed in recent years.

**Selected job roles**

- 820,000 care worker jobs
- 145,000 jobs for direct payment recipients
- 115,000 managerial roles
- 85,000 senior care worker jobs
- 43,000 registered nurse jobs
- 19,000 social worker jobs
The data below is based on **1.34 million jobs** in the local authority and independent sectors as at 2016/17. Jobs for people using direct payments to employ their own care and support staff, and those working in the NHS are not included.

**Male 18%**
**Female 82%**

**Nationality of our workers**
- 83% British
- 7% EU
- 9% non-EU

- **350,000 (27.8%)** left their role in the past 12 months
- **Vacancy rate 6.6%** 90,000 at any one time

**325,000** Zero-hours contract jobs (**24%** of the workforce)

Since the introduction of the mandatory National Living Wage on April 1 2016, care worker’s pay in the independent sector has increased at a higher rate than previous years.

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Pay Rate</th>
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<tbody>
<tr>
<td>Oct 11 - Sep 12</td>
<td>£6.98</td>
</tr>
<tr>
<td>Oct 12 - Sep 13</td>
<td>£7.05</td>
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<tr>
<td>Oct 13 - Sep 14</td>
<td>£7.14</td>
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<tr>
<td>Oct 14 - Sep 15</td>
<td>£7.31</td>
</tr>
<tr>
<td>Oct 15 - Mar 16</td>
<td>£7.48</td>
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<tr>
<td>Apr 16 - Mar 17</td>
<td>£7.76</td>
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</tbody>
</table>
Key findings from the ‘State Of’ report

- 1.58 million jobs across 40,000 plus care locations
- 1.45 million people, a FTE workforce of 1.11 million
- A rise of 19% (255,000 jobs) since 2009
- 350,000 leaving their role per annum (turnover = 27.8%)
- 90,000 vacancies at any one time
- 20% of workers aged 55 or over (305,000)
- 7% (95,000) workers from the EU
- Care worker (independent sector) median pay = £7.76 per hour
- Projection growth of an additional 500,000 jobs by 2030
Questions for discussion

1. What action should be taken to address the workforce challenges facing the adult social care sector, and wider health and social care sector?

2. How do workforce challenges impact people who use services, their families and carers and what are the key messages from this that must be considered when developing a workforce strategy?
Feedback gems

3 key points from each table
Wrap up and close

Andrea Sutcliffe

Chief Inspector of Adult Social Care
Thank you and feedback

Please complete the feedback forms on your tables

Additional comments and feedback: coproductionevents@cqc.org.uk