Is the region ready?

Preparedness for CQC Assurance in the West Midlands

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Executive Summary and Recommendations

1. Introduction and context

In 2022 central government announced the introduction of a CQC 'assurance' process into local government as part of the Health and Care Act, focused on corporate implementation of the Care Act 2014. During 2023, CQC has undertaken pilot inspections, including one in the region – Birmingham City Council. Full inspections are expected to begin in early 2024.

WM-ADASS has developed a range of preparedness activities, including readiness review visits, datapacks, webinars and assurance lead meetings. WM-ADASS commissioned the University of Birmingham to review the preparedness process within the region. We did this through interviewing key actors including Directors of Adult Social Services, assurance leads, lead members for adult social care and the WM-ADASS team. In considering preparedness, it is important to note that the CQC's plans for assurance continue to evolve.

2. Perceptions of the new assurance process

Whilst some interviewees saw it as 'a stick to beat local government' most welcomed the return of inspection to adult social care teams. It was already having an **'anticipatory effect'**. focusing corporate attention on adult social care, and emphasising **quality** rather than only financial efficiency. For many it was giving them **tools and insights** to better understand their performance and identify ways to improve it.

There were **risks to the new process**. Some could be mitigated such as lack of staff familiarity with inspection and lack of corporate leadership of the process. Others – such as reputational risk and the potential strain on resources – are integral to the process.

3. Preparedness

All local authorities in the region were undertaking **internal preparations**, focused on staff training, developing self-assessment documents, and briefing corporate leadership and partners.

The **regional offer from WM-ADASS** was welcomed. The **readiness review visits** were felt to be challenging, but most interviewees saw this positively. Where there were issues – e.g. staff not knowing how to talk about their practice, it was felt to be useful for this to come out in a mock rather than in front of the CQC. Arranging the visit helped to anticipate key logistical challenges (e.g. room bookings, meeting invitations).

A few interviewees felt the review visits were **too challenging** and not in line with what staff were expecting, or focused on the wrong things.

People felt they had learned a lot from being part of readiness teams **going into other local authorities**, seeing how other local authorities were using their data and presenting their strengths and weaknesses.

The **datapacks** produced by WM-ADASS were felt to be very helpful as a comprehensive set of data, enabling comparison with other localities, and also triangulation with internal self-assessment and readiness review feedback.

The **three-weekly assurance team meetings** were appreciated for their up-to-date content and sharing of learning, but also for the sense of solidarity and community that they created.

People also appreciated the **webinars** and the **light touch reviews** that some areas had experienced, but these were not mentioned by as many interviewees.

4. The future/next steps

Interviewees reflected on the need to **keep up the focus and momentum** ahead of the start of the formal assurance process. There is a need to pay attention to what will happen **during and after the CQC visits** once they start. A key element in sustained support is **keeping the three-weekly meetings**, and providing ongoing opportunities to meet face to face. Some interviewees felt that more work could be done around **developing the role of assurance leads**, which are currently profiled very differently across the region. Interviewees also wanted a stronger sense of how the CQC process is linked to improving **performance across the whole system**. Next steps also included thinking about how regional initiatives such as the **peer challenge** should be adapted for the new context.

The King's Fund developed a framework on how inspection could support providers in health and social care. This was done in 2018 and pre-dates the new assurance regime in local authorities but the same criteria could be helpful going forward in **assessing whether the region is benefitting as much as possible from CQC assurance** (see page 14). [i]

Recommendations to WM-ADASS

- Clarify how the regional offer will develop as CQC assurance visits begin. Whilst it is not appropriate for WM-ADASS to be involved in the visits themselves, there needs to be clarity on how the regional offer will continue to evolve and what sort of sector-led improvement will sit alongside the CQC process.

- Maintain the networks and collegiality across the region as assurance visits begin, recognising the existing good relationships and networks and the pressure these will be under once individual councils are picked out by the CQC process.

- Identify and share opportunities to shape the assurance process rather than being too fatalistic about being shaped by it. The CQC itself continues to develop its ideas on how assurance will work and there is likely to be some plasticity in the process as learning from the pilots is shared and the first assurance visits take place. Inspectors need to be directed towards well-evidenced good practice that improves the lives of people using care and support, in line with the spirit of the Care Act.

- Develop a regional approach to thinking about performance across the whole system, which links into the ICS assurance process and broader system effectiveness.

- Use the 'Eight measures of impact' as a way of ensuring that individual local authorities and the region as a whole are getting the most effective learning from the assurance process.

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Acknowledgements

Methods

WM-ADASS drew on their networks to facilitate contact with a sample of interviewees from local authorities in the region, including Directors of Adult Social Services, local authority assurance leads, elected councillors and members of the WM-ADASS team. This range allowed us to capture diverse perspectives on preparedness for CQC assurance. The discussion guide asked interviewees to reflect on their preparedness for CQC assurance, with a particular focus on support provided by WM-ADASS. Overall, 19 individual interviews were completed via video call between June and September 2023, encompassing almost all of the local authorities in the region. Interviewees gave written consent and interviews were recorded and transcribed. Ethical approval was given by the University of Birmingham Research Ethics Committee. Thematic analysis was carried out on the transcripts. Interviewees names and organisations have been anonymised in the reporting of the findings.

1. Introduction: the return of inspection to local government adult social care teams

The abolition of the Commission for Social Care Inspection in 2009 ended the national inspection of local authority social care teams. The Care Quality Commission (CQC) was created in 2009 and had responsibility for inspecting care providers – along with health providers – but did not have any jurisdiction to inspect local authorities. This put adult care services out of line with children's services which are inspected by Ofsted.

Since 2009, the focus has been on 'sector-led improvement', overseen by the Local Government Association. Within the West Midlands, WM-ADASS developed a peer challenge process. An evaluation of this found it to be a good use of resources and effective in improving

the quality of adult social care.[ii]

In 2022 central government announced the introduction of an 'assurance' process into local government under the Health and Care Act. This was part of a suite of reforms including a cap on care costs and a new offer to purchase care on behalf of self-funders. It is notable that very little of that original reform agenda is still standing, apart from the CQC assurance element.

CQC also indicated their intention to inspect Integrated Care Systems (ICS). This builds on work they had been doing since 2017 on local system reviews. Guidance on the assessment of ICS is awaiting government approval and more detail will be added as the CQC develop their approach. It's not yet clear how the ICS assurance process will interlink with the other parts of the CQC portfolio.

The CQC assurance process in local authorities will focus on implementation of the Care Act 2014. It takes a corporate lens rather than just focusing on social work teams or commissioning processes. The focus on the Care Act may reflect a sense that implementation of the legislation has been disappointing. A review of implementation found that the austerity context within local government had undermined local authority capacity to focus on elements such as prevention and wellbeing.[iii]

During 2023, CQC has undertaken pilot inspections, including one in the region – Birmingham City Council. The current timetable is for the full inspection process to begin in early 2024. In anticipation of this, WM-ADASS has developed a range of preparedness activities, including readiness review visits, datapacks, webinars and assurance lead meetings. WM-ADASS commissioned the University of Birmingham to review the preparedness process within the region. We did this through interviewing key actors including Directors of Adult Social Services, assurance leads, lead members for adult social care and the WM-ADASS team.

In considering preparedness, it is important to note that the CQC's plans for assurance have been gradually evolving over the past two years and continue to change. In assessing the preparedness of local authorities in the region, many interviewees commented on how their plans had to keep pace with a process which itself was shifting. It is also not yet clear what forms of national intervention will be triggered if local authorities are found – through assurance or other channels - to be failing to discharge their duties. This shifting landscape, and its associated uncertainties, is a key contextual element throughout this report.

2. Perceptions of the new assurance process

The return of inspection (under the gentler name of assurance) is an indication that central government is keen to have more oversight of local authority adult social care teams. Interviewees felt that the Department of Health and Social Care (DHSC) wanted a clearer picture of performance in the sector. Some linked this to the pandemic period when central government had to give more attention to social care than had been the case previously:

> *'…during Covid it suddenly became absolutely apparent to government, which it hadn't been before, that it didn't really have an understanding of not necessarily just local government's actions, but also how the consumer part of adult social care, which is the biggest part of it, is really working.'*

Some felt that inspections should never have been stopped:

'They [inspections] were a pain in the arse, don't get me wrong. I mean, nobody really liked being inspected, let's be honest. But, on the other hand, there were enough authorities failing and in a mess, which made me think, "Well, what would they have done if there hadn't been an inspection?" So I did see it as a necessary evil.'

The reintroduction of inspection was seen by some as 'a stick to beat local government', but nonetheless as something that could be helpful:

'I don't think the step change that will happen from a CQC regulatory process would happen as swiftly in any other way... I think it will result in, on balance, a bigger shift in quality and outcomes and improvement than if it had not been implemented.'

Interviewees also noted that it made sense for adult services to be inspected to bring them into line with children's services in local authorities. It also brings them into line with social care providers who are inspected by CQC and have been critical about the lack of equivalent oversight of local authorities.

Looking forward, most interviewees were broadly welcoming of the assurance process. For many it was a useful opportunity to take stock and 'showcase some of the stuff that we're doing'. The CQC framework was felt to be helpful in being driven by values and by a focus on the frontline:

'And I think the fact it's got a large focus on the customer care experience will bring out things that national data and things don't. And some of our measures nationally are quite blunt instruments, really. Some of them have huge variability, even though we are doing similar things.'

The peer challenge process in the region was felt to be helpful: ('ADASS WM actually took sector-led improvement seriously'.) However, peer challenge wasn't felt to be as rigorous as inspection with the potential to tell a more positive story than was really the case: 'It's terribly easy to believe your own propaganda.'

The new approach offered the potential to shift attention from financial efficiency onto performance and quality:

'[Adult social care] has always been very good at managing demand...And what's interesting now is that by almost just looking at money, it does feel as though we've taken an eye off performance.'

Assurance was seen as being able to pick up differences between local authorities beyond the financial:

'Ultimately there is a difference between a poorly run social care directorate and one that does the best it can within the considerable constraints that are there.'

Some noted that the effects of assurance were already being felt and that it had already helped to shift the focus back onto quality:

'But it's obvious from what we're doing and colleagues across the region but also nationally... the CQC are seeing what they call the anticipatory effects of assurance.'

In particular it was seen as shifting corporate attention towards adults: 'I think it's put adult social care back up there as a corporate priority'. The Ofsted regime had led to children's

services being given a higher priority in the past:

> *'Children's services had Ofsted as a handbrake that enabled them to have a level of accountability and a minimum level of standard necessary in order to satisfy the regulator. That hasn't been there for adult social care since 2008…and what most councils have ended up doing by dint of economic necessity is trying to align availability of resource with meeting demand accordingly.'*

However, there were some concerns and perceived risks in the assurance process. One is that **staff are not used to facing inspectors**, and will require support to get them ready for the process:

> *'Because there's been such a gap in terms of inspection taking place, you've got a whole new generation of people working in social care who haven't experienced that previous regime. So not familiar with talking to people from outside. Not necessarily prepared to answer questions or probing questions.'*

This was recognised to be a broader organisational challenge rather than an issue for individual staff (*'it's about culture and change management.'*)

A second risk is that there isn't yet enough **corporate ownership and leadership** of the process.

> *'I don't yet fully believe that the council fully understand what it is to have a CQC inspection for adults, and that it's not just in adults. I've actually used the term, "This is a CQC inspection for the council," trying to lift it out just from being adult-specific, and therefore look at the corporate response to that.'*

Some assurance leads felt that they would like more engagement from leaders within the directorate, as well as in the council more broadly.

A third risk was that the **financial context** meant that local authorities were being set up to fail.

> *'I think the risks are, because we know we've got demand outstripping our ability to respond to it, that we get a harsh judgement on that.'*

A linked concern was that preparing for and responding to assurance will be too much of a **drain on already scarce resources**:

> *'It'll cost, won't it? It's going to cost and you think, "Could that money be better spent on provision of services?"'*

The fifth risk, which combines the others, is of the **reputational risk**: Ofsted was seen as a cautionary tale here:

> *'... we then get into that vitriol being applied to adult social care if the inspection…is not done in a way that recognises that we will never be able to meet demand.'*

> *'I can guarantee that the [local newspaper] aren't really going to take on board the nuance. They're just going to look at "good", "bad", or "failing" and away you go, and that'll be the headline.'*

The high stakes here were seen as potentially driving a focus on the wrong things:

'I think there's a risk that we start chasing ratings and thinking about reputational damage rather than focusing on, I suppose, delivery of our statutory duties.'

Overall, interviewees were supportive of the way that the assurance process was improving the profile of social care, enhancing the focus on quality and the experience of people using services, and allowing them to showcase good practice. However there are clear risks here for the sector, some of which can be managed (e.g. preparing staff, improving corporate ownership of the process) and others, such as reputational risk, which are inherent in the process.

3. Preparedness for CQC Assurance

All of the local authorities had internal processes in place to prepare for CQC assurance, in addition to the regional support activities discussed later in the report. Internal processes included **training and supporting staff** to be ready for the CQC visit:

'We've done workshops with frontline staff because there's a lot of anxiety… people are worried it's about extra work but it's not. It's about if you say you're working in a strengths-based way then do your case files evidence that?'

'We're going to be using some of the managers in children's services to do role play with workers in the adults' sector, because most of our workforce has never sat in front of an inspector before.'

Some talked about examples where people were quite prescriptive with staff, e.g. giving summaries of key messages, whereas others were more cautious about this:

'I don't want them to feel they've got to tell a story…We have encouraged them to practice their examples… That's probably more the skill of how to handle an interview, rather than telling them what to say.'

A lot of time had been spent on **preparing the self-assessment report** and other internal documents.

'I developed the self-assessment which was our first. We don't know ourselves as well as we think we do. It was helpful to have the overarching strategic improvement plan.'

Whilst this process had been helpful, assurance leads and wider teams had worked on several iterations of the self-assessment plan and were looking forward to more clarity from CQC on what was expected from this. They were also preparing for the CQC case file audit through undertaking internal file auditing as it became clear through the pilot process the scale of the CQC expectation of this.

Many assurance leads were giving regular presentations on preparedness to their leadership teams, scrutiny panels and partnership boards.

The WM-ADASS offer

Interviewees were very appreciative of the support offered by WM-ADASS. There was a strong sense that the offer in this region exceeds that of other regions, and builds on a longer-term legacy of working well together.

Readiness visits (incoming)

Interviewees spoke at length about the experience of having a readiness review. For most of them it had been a positive process: 'It has been the most valuable thing we've done in the last 12 months.'

It had drawn the attention of lead members and the broader leadership to the need for preparedness. It had helped to refocus attention on the Care Act and particular issues such as waiting lists.

Some felt it wasn't close enough to 'the real thing', although others noted that it would be too time consuming to make it more like that:

> *'The amount of time and prep and people it would take to run a whole mock inspection is at least four to five times the team and work and the sort of offer that we're able to make through ADASS. It's more of a taster than a mock.'*

Visiting teams were felt to be well briefed and thorough, with advance information being sent about what was expected from the visit.

Many people received challenge through the process and found this helpful. As one said: 'It was quite a challenging few days, but rightly so. I'd rather that challenging few days within a peer-to-peer environment than having that in front of a CQC inspection.'

The thoroughness of the approach was commended:

> *'It was incredibly thorough. They behaved as if they were inspectors. They really put us through our paces for the first time in years and what it told us was that our self-assessment wasn't as sharp as it needed to be.'*

> *'It was excellent in getting the right balance between something that challenged us, gave us constructive feedback, enabled us to practice, and that was one of the things that we said we wanted from it.'*

Interviewees felt that it offered useful practice for staff:

> *'We just want to practise exposing ourselves, our managers, our staff to the experience of being interviewed as you would in an inspection.'*

> *'One of the things that came out of it was that, probably, staff were not as well sighted and briefed as we need them to be…Some staff were just naturally really prepared and really confident…But others, obviously, are lacking confidence and, perhaps, don't understand as much the ask of them.'*

It was also useful in understanding how an external audience viewed them:

> *'it did help us to better understand how an external viewer would see us and our services and hear all of the people that they might speak to, and it made us think about how we articulate our story and demonstrate in our evidence in a clearer way than, I think, we would have done if we hadn't had the experience.'*

Interviewees noted that it was helpful in understanding the logistics of an inspection, in terms of room bookings and getting the right people briefed and in place for a series of meetings:

'It also helped us just work out some really practical things like actually what's the best way to set up a room and how do you coordinate staff coming in and out when you've got multiple sessions running at once and you just don't want people walking into the middle of an ongoing CQC focus group or something.'

In some localities the challenging nature of the readiness review process was greater than expected, and certainly greater than in the peer challenge process.

'I think where I struggled a bit with the readiness review is, is it a peer review? We kept being told it's not a peer review, but it's peers coming in. And actually what was the status of it as a readiness review? So some of my corporate colleagues who were interviewed, for example, "oh, that wasn't quite what I was expecting, I was expecting to be more of a peer review and they asked me about specifics".'

The focus wasn't always felt to be on the right thing ('there was too much focus on finances'). Some interviewees felt that the incoming team didn't always distinguish between their own way of doing things and what was required for assurance: 'The assurance process should be about what needs to be done as opposed to how it is done. I think that's for local implementation.'

Areas acknowledged that they weren't necessarily as well prepared as they should have been, and didn't necessarily have the right people in the room:

'There was a bit of a scrabble at the last minute, to get some of the right people in there, which meant that there'd been insufficient preparation with them.'

'….And it was very much focused on sort of senior managers and their views, really, and not so much around frontline practitioners or even people with lived experience, they were very sort of absent really.'

This was particularly the case with some of the early visits where it was less clear from CQC who they might be likely to speak to. The Birmingham pilot was helpful in clarifying who ought to attend meetings.

Readiness visits (outgoing)

People who were on visiting teams found the insight into other people's data and narrative enormously helpful:

'I got a lot out of being the reviewer…You get a feel for how a council comes across when it's trying to articulate its story to you, its evidence to demonstrate its connectedness of plans or not.'

'I learnt so much by going to another authority. Just going through their readiness documents, actually seeing the breadth of roles and staff that we managed to talk to as well. Looking at how they do things quite differently in some respects to us…You can bring all that experience back.'

However, in some areas there was a feeling that the receiving local authority weren't as receptive as they should have been, or did not tell the most effective story with their data:

'Well, people haven't really looked at their self-assessment and owned it and done that reflective piece. So there's no point saying, "strongly agree" around safeguarding if all your data says the opposite.'

'Often the story and the self-assessment still never changes. Even though if you spent even 30 minutes looking at the data pack, you'd think well why on earth would you say that's a strength? Or why on earth would you say that's a weakness when it's really clear that's a strength?'

Assurance lead meetings

There was universal appreciation for the three-weekly meetings for assurance leads. People welcomed the willingness of attendees to talk openly about their approach, and their challenges. This offered useful practical insights and also a sense of solidarity ('You start to realise you're all in the same boat'). It was a way to provide people with key information: 'there is this desperate appetite for information, and the regional network's a big help to feel that that is quenched.' People also valued the immediacy of the learning ('it all feels quite fresh') rather than being expected to catch up on things later by email or via the Teams portal.

The tone of the meeting was commended ('it feels like it's a safe and supported environment'). The opportunity to meet face to face was welcomed by many ('You leave that room and feel, "Yes, we can do this. I know someone who I can ask for help"').

Due to the evolving nature of the CQC plans, the regularity of the meetings was really useful, giving a sense to assurance leads that they were up-to-date on the CQC's latest thinking. Learning from the pilot process in Birmingham City Council was particularly welcomed, with a commendation to that team for the generosity of their time and insights.

Data packs

All interviewees were appreciative of the data pack provided by WM-ADASS. The breadth of the data was welcomed, as well as the opportunity to compare across standardised indicators which had been lacking: 'the sector hasn't been able to really compare apples with apples...' One interviewee noted:

'Getting the data pack in advance was really helpful. That pulled together the public information that the CQC would look at in advance of their visit. That's been enormously helpful. We've been looking at our own data narrative and how it matches the data pack.'

Interviewees talked about triangulating between the data pack and other elements of the readiness process:

'Having that pack was really useful in terms of the correlation between the pack, our self-assessment document, as well, and the readiness review. I think what we've learned from this is what's the data telling us, what have we written in our self-assessment documents and does that tally up with the story that we're presenting and saying?'

Webinars

People reported having found the webinars helpful. The one on the legal elements of the Care Act was particularly commended. The breadth of speakers and audience was also welcomed:

'These have been open to all levels, all staff, including cabinet members, senior managers, frontline staff...Through the West Midlands Associates, they've also been able to bring people in from outside of the areas as well, which has been really, really useful.'

Light touch reviews

Some interviewees also noted that the WM-ADASS team had provided light touch reviews, either in advance of or to supplement a full readiness review. These were welcomed by interviewees where they had taken place: *'It assured me somewhat in terms of where we are, in terms of starting that process and also made me feel I'm not scared of this, I'm ready to do this.'* It was also an opportunity to try out case file auditing which was helpful.

4. The future/next steps

After an intense year of preparedness, interviewees reflected on the need to keep up the focus and momentum ahead of the start of the formal assurance process:

> *'But I think it's easy to get distracted with other things; i.e. nobody's got any money, and we've got massive saving targets. And there's lots of political pressure and yeah, there's a risk that we kind of take our eye off it, really, and then suddenly, we get a phone call and we're not quite as ready as we need to be. So it does need to be kept on the agenda.'*

One immediate risk included a sense that local authority staff might tire of the process:

> *'I think there was a bit of, I suppose, fatigue with anything to do with CQC and readiness related.'*

There was also awareness of the need to pay attention to what will happen during and after the CQC visits:

> *'We need to keep developing what we're doing, not rest on our laurels and support each other when those calls actually start coming through. Having some learning from each one of those as they take place. Offering each other support but in a programmed way, not an ad hoc way.'*

Sustaining collegiality was important through this phase:

> *'That's the risk when the ratings start coming out…it starts to be competitive in a negative way…It's about Team West Midlands not Team individual local authority.'*

A key element in sustained support was keeping the three-weekly meetings, and providing ongoing opportunities to meet face to face. Some interviewees felt that more work could be done around developing the role of assurance leads, which is currently profiled very differently in different local authorities. Partly this was about who should take on the role and what sort of team they would have, and also about giving more thought to the skill set:

> *'One of the things that we need to be thinking about is there almost some sort of standardised role? And what sort of person should that be? And is it more about their communication skill, styles of leadership influence, rather than technical skills?'*

Interviewees also wanted a stronger sense of how the CQC process might link more broadly to partners and the wider region to start to think about performance across the whole system, for example through assurance of the ICS. Once a whole picture emerged across the region there was felt to be a value in looking regionally at the outcomes across all fourteen local authorities:

> *'…it will be interesting to see when everybody has completed, if we can get some general themes and overall learning and if there's anything we can do as a region rather than continue to do it*

independently.'

Next steps also included thinking how regional initiatives such as the peer challenge should be adapted for the new context. There was felt to be scope here to learn from how this is done in children's services, with the regional ADCS network.

Maximising the learning from assurance

The King's Fund developed a framework for how inspection could improve providers in health and social care. This was done in 2018 and pre-dates the new assurance regime focused on local authorities but the same criteria could helpful going forward in assessing whether the region is benefitting as much as possible from CQC assurance.[iv]

Eight ways regulation has an impact

Impact mechanism	Description	CQC Preparedness in the WM region
Anticipatory	*Making changes in advance of inspection*	Yes
Directive	*Making changes following direct guidance from inspectors*	Too soon to assess
Organisational	*Broader team changes prompted by reflections following inspection*	Too soon to assess
Relational	*New relationships developing as a result of the inspection process*	Yes
Informational	*New intelligence developing which can be used beyond the inspection process*	Yes
Stakeholder	*Inspection leading to engagement with broader partners locally*	Too soon to assess
Lateral	*More peer learning across organisations to share insights*	Yes
Systemic	*Aggregated findings from regulation are used across organisations to build more effective systems*	Too soon to assess

Source: Adapted from The King's Fund, 2018

The criteria here highlight that much of this has been achieved already. This table could be used in the region to consider whether all of the potential impacts of regulation are being realised, and whether some ought to be prioritised over others.

5. Conclusions and Recommendations

At the time of writing (November 2023) the CQC assurance process has not yet started. We won't fully know if the 'readiness' process has been effective until after the CQC start to rate local authorities. Even then it will be very difficult to disaggregate the impact of the elements discussed here from other contextual factors. Many interviewees commented on how much of it remains a guessing game, in which the CQC themselves haven't finalised how elements of the process will work.

Assurance is a daunting process, given the reputational risks and the resource commitment. Within the region, there may be scope for ensuring that the process is not just something 'done to' local authorities but also something that they can shape. Inspectors will be new to the role and need to be directed towards well-evidenced good practice that improves the lives of people using care and support. This is the route away from compliance and towards the aspiration of wellbeing at the heart of the Care Act.

Recommendations to WM-ADASS and to the fourteen local authorities

- Clarify how the regional offer will develop as CQC assurance visits begin. Whilst it is not appropriate for WM-ADASS to be involved in the visits themselves, there needs to be clarity on how the regional offer will continue to be evolve and what sort of sector-led improvement will sit alongside the CQC process

- Maintain the networks and collegiality across the region as assurance visits begin, recognising the existing good relationships and networks and the pressures these will be under once individual councils are picked out by the CQC process.

- Identify and share opportunities to shape the assurance process rather than being too fatalistic about being shaped by it. The CQC itself continues to develop its ideas on how assurance will work and there is likely to be some plasticity in the process as learning from the pilots is shared and the first assurance visits take place. Inspectors need to be directed towards well-evidenced good practice that improves the lives of people using care and support, in line with the spirit of the Care Act.

- Develop a regional approach to thinking about performance across the whole system, which links into the ICS assurance process and broader system effectiveness.

- Use the 'Eight measures of impact' as a way of ensuring that individual local authorities and the region as a whole are getting the most effective learning from the assurance process.

[i] Impact of the Care Quality Commission on provider performance | The King's Fund (kingsfund.org.uk)

[ii] Miller, R., Mahesh, S. and Lowther, J. (2021) *Improving Together: The Evaluation of the Peer Challenge Programme for Adult Social Care in the West* Midlands. Available at: https://www.wm-adass.org.uk/media/yygejzm5/evaluation_report_peer_challenge_final_version.pdf (Accessed: 13th November 2023).

[iii] Burn, E., Redgate, S., Needham, C., and Peckham, S. (2023). Implementing England's Care Act 2014: was the Act a success and when will we know?. *International Journal of Care and Caring* (published online ahead of print 2023). DOI: 10.1332/239788221X16916503736939

[iv] Impact of the Care Quality Commission on provider performance | The King's Fund (kingsfund.org.uk)