

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

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ENSURING QUALITY AND VALUE FOR MONEY IN ADULT SOCIAL CARE

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Summary

This report provides Overview and Scrutiny Committee Members with

1. An overview of current arrangements for ensuring the quality of adult social care services commissioned by Medway Council
2. An overview of how care management and review functions ensure that the services that people are using are of a good quality
3. An overview of the current arrangements for ensuring that adult social care services commissioned by Medway Council are good value for money
4. Information about outline plans for further strengthening the quality assurance function within the Council and embedding quality within the wider health and social care system

1. Budget and Policy Framework

- 1.1 This report supports the implementation of the Council's agreed budget by providing information about the ways that the Council works together to secure value for money.
- 1.2 The report supports the Council's aim to ensure that the people it provides services for experience a high quality service that meets their needs and enables them to live independently and safely.

2. Background

- 2.1 A report was taken to the previous meeting of the Health and Adult Social Care Overview and Scrutiny Committee containing information about services delivered for vulnerable adults in Medway, and about arrangements for assessments and care planning that lead to services being put in place to support vulnerable people to live independently at home, or in a residential setting if living at home is no longer safe for them or their families.

- 2.2 The Committee asked for a further report to enable them to understand how officers ensured that these services were of a high quality and how value for money was obtained. Ensuring the quality of services is everybody's business, and this report will demonstrate the breadth of staff working across the health and social care system who play a part in driving up quality.

3. Current Arrangements for Ensuring the Quality of Adult Social Care Services

Currently, there are three main strands to this: System-wide surveillance, regular contract monitoring and quality improvement work with providers.

3.1 System-wide surveillance:

- 3.1.1 Medway Council participates in the intelligence sharing work of the Kent-wide Quality Surveillance Group. This Group is comprised of all commissioning organisations in Kent and Medway who commission health and social care. This includes both Kent and Medway Local Authorities who have social services responsibilities and public health commissioning responsibilities. All of the Clinical Commissioning Groups take part, as does NHS England in its role of commissioner of specialist health services. Regulators and inspectors take part too, Medway, the Care Quality Commission (inspectors of primary care and social care) and organisations such as Monitor and the Trust Development Authority. Information about all providers where there is a quality concern is shared confidentially so that everyone is aware of issues that affect all of Kent and Medway, or services where there are cross border issues or more than one commissioning organisation for example the Ambulance service, Medway Maritime Hospital or care homes that are near to border areas. The interests of patients and the public are represented by both the Kent and Medway Healthwatch. Healthwatch is able to feed in information to the Quality Surveillance Group from patients about their experiences of the quality of care.

3.2 Regular Contract Monitoring:

- 3.2.1 Partnership Commissioning Officers have met existing providers, ensuring that current service specifications and contracts are in place and contract monitoring processes are in place with providers.
- 3.2.2 Partnership Commissioning has developed a Contract Register which contains information about all the contracts across Children and Adults Social Care, including the cost of each contract and how long the contract has been in place, as well as a brief summary of the services delivered by the contract. Partnership Commissioning is risk assessing all of the contracts and will be implementing a risk based timetable of contract monitoring so that the regularity and intensity of contract monitoring will be proportionate to the size of expenditure and the risk the contract poses to Medway Council.

3.3 Improvement Work

- 3.3.1 For those providers that are not delivering to the contract, commissioners have a number of options available. If it looks as if the service delivered is poor quality or does not represent good value for money, but the service supports Medway Council's strategic aims and has capacity to improve during its contract term,

commissioners will put in place an agreed performance improvement action plan with the provider and will meet with the provider regularly to ensure that the plan is being adhered to and that performance is improving. If the service is not performing, does not meet Medway Council's strategic aims and the original contract term has passed or is shortly to end, Partnership Commissioning would undertake an in-depth service review and a diversity impact assessment. These documents would provide the evidence upon which the commissioners can determine whether to decommission the service and terminate the contract.

3.4 Care Quality Commission (CQC)

- 3.4.1 Medway Council works closely with CQC if a service is not delivering to the required standard, particularly if the service is a registered service such as a residential care home or a domiciliary care agency. Within Partnership Commissioning there is a Quality Assurance officer whose job it is to work with registered services to make sure that they meet Medway Council's standards, and to support them to improve so that they can meet the CQC's standards when they are inspected. Care Managers also work closely with providers to drive quality standards
- 3.4.2 The role of the CQC is to assess whether a provider meets standards or not. It regulates and inspects health and social care services. The Care Quality Commission is able to close services. Medway Council cannot close regulated services. Medway Council can choose whether it wishes to purchase services from care providers, or not. Naturally, as a major purchaser of care the decision not to purchase care from a provider could impact on the financial viability of the provider if it was unable to attract sufficient private customers. However, Medway Council does exercise this right where it has serious concerns about the safety and wellbeing of Service Users.
- 3.4.3 Medway Council's role is to support providers to improve the quality of the services they deliver, and to use contractual levers to ensure that we only hold contracts with providers that meet our quality standards.

3.5 Healthwatch Medway

- 3.5.1 Healthwatch Medway has an important role in supporting improvements to the quality of services. A key tool is the proposed Enter and View programme. Enter and View is a power that Healthwatch has to be able to use trained and checked volunteers to visit health and social care settings, observe, talk to staff and patients/service users and report back to commissioners and recommend changes to services. The Enter and View visits need to be pre-planned and agreed with the services being visited, but they provide an independent, lay person's perspective of the quality of the service being delivered. Enter and View visits can take place in any health or social care setting, such as hospitals, care homes (with the service users consent), GP practices, pharmacies and opticians, day centres and dentists. In some areas commissioners and their local Healthwatches jointly plan a programme of Enter and View visits to address areas of concern so that commissioners are provided with the evidence they need to be able to make changes to the services they commission. This will be taken forward in Medway over the forthcoming year.

3.5.2 It is also expected that a well-performing local Healthwatch, through its Consumer Champion role, will help drive up the quality of services

3.6 Care Management and Review Functions

3.6.1 Staff in Adult Social Care work closely with commissioners to ensure effective quality services are provided. A key focus for social care staff is the impact of service provision on individuals. This means they must have the skills and capacity to develop and build a trusting relationship with Service Users, working for positive change and intervening appropriately and at the right time, preferably before a crisis occurs but, if that has happened, with the right skills to respond.

3.6.2 A single point of entry for all referrals of adults who appear likely to have eligible social care needs is managed by the Intake Team. Assessment of needs is undertaken by the appropriately qualified professionals. Everyone referred is considered for a period of enablement to achieve the maximum independence possible through a tailored rehabilitation period of up to six weeks. This represents good value for money as the majority of people will have no further ongoing social care needs and of those that do, the level of support is reduced, thus improving their quality of life. Service Users with no enablement potential and those with ongoing care needs at the end of the enablement period are transferred to one of the community teams and will be allocated a social worker. A support plan will be developed with the Service User, others (family, carers) and this will ensure that Council provision is used only where there is no other way of meeting need. Increasingly, use is made of an operational budget via a direct payment to ensure people have greater choice and control. The support plan is reviewed approximately four weeks later and annually thereafter to ensure that the care package still meets need and that there is no drift. The reviews also enables the Care Manager to assure the quality of the support provided, eg timing and duration of care calls, consistency of carers etc. With the agreement of the Service User, if they are able to provide it, Carers and family members will be involved in the review visit and their views will be taken into account. If friends, neighbours or family members are providing support to the Service User, their ability and willingness to continue to provide this support is taken into account. All Service Users are entitled to an assessment of their own needs to ensure they have the support to ensure they are able to continue to support the person(s) they care for.

3.6.3 Every Service User and carer has a named worker and they are encouraged to make contact if they have any concerns, difficulties or queries. Many do this. All social care staff recognise it may be difficult for Service Users, their families and carers to report concerns as they are dependent on the care being provided and may be anxious about perceived consequences of complaining. Social workers are skilled in managing anxiety and providing reassurance that concerns will be dealt with sensitively and with discretion, with the main focus to achieve putting things right and achieving the desired outcome. Social work staff work tirelessly to ensure that everybody involved in the welfare of vulnerable adults understands that it is everybody's business to report concerns.

3.6.4 Every residential and nursing home has an allocated worker which ensures that the worker is well known to staff and residents. This has proved to be particularly effective in improving "informal" information sharing as staff have become familiar with the named worker. Any reported concerns about care provision are robustly

followed up and, if deemed to be appropriate, visits to the home will be made without prior arrangement or warning. Concerns related to the delivery of outcomes for the individual will be addressed by the social worker. Wider concerns will be raised with CQC and Commissioners to take action. If the concern indicates that the wellbeing of the Service User is at risk, a safeguarding alert will be raised and a multi-agency investigation led by Adult Social Care initiated, again working closely with CQC and Commissioners. On the rare occasions that providers do not make the necessary improvements, an embargo on new residents can be placed on a home. During this time, the wellbeing of current Service Users is closely monitored to ensure their safety and wellbeing.

4. Current Arrangements for Ensuring Value for Money.

4.1 Tender Processes

4.1.1 Partnership Commissioning works closely with Category Management to ensure that services delivered provide value for money. By and large, value for money is achieved by the use of tendering processes. At the beginning of a tender process, a maximum price will be advertised and bidders will compete on a combination of quality and price. The desire to win business means that bidders will submit their bids under the maximum price. A move to move outcomes based commissioning ensures that the quality and impact of services are closer linked to price.

4.2 Price Negotiations

4.2.1 Category Management will also support price negotiations within the contract period so that better value can be achieved. They will help produce the evidence that a contract is not delivering best value. This evidence will be used in contract negotiations. The incentive to the provider is to retain the business and the positive working relationship with Medway Council.

4.3 Tender Plan

4.3.1 EU Procurement Directives require public bodies to regularly expose their contracts to competition to ensure continued value for money. This ensures that the market remains competitive and price controls are in place. Ultimately, contracts will all be exposed to competition, so providers need to ensure that they co-operate to ensure value for money through the lifetime of a contract. A Tender Plan is being developed to make sure that in future all contracts are exposed to competition when they are due to expire. Medway Council has in place a Member-led Procurement Board that meets monthly and authorises the commencement of tender processes and the award of contracts. This ensures high level oversight of the Council's procurement and supports the ability of Members to contribute to the achievement of value for money.

5. Outline Plans for Further Strengthening the Quality Assurance

5.1 Medway Council continues to strengthen its quality assurance function and its leadership role in the local health and social care economy to embed quality improvement.

- 5.2 Officers are currently developing a Market Position Statement. This is a market facing document that will tell providers about business opportunities in Medway to deliver health and social care services. It will set out clear expectations around price and quality and the services we want to meet the needs of the residents. Medway Council will pay a fair price that will allow providers to pay care workers a decent wage and deliver a quality service, and will be affordable, in other words, fair to the local taxpayers.
- 5.3 The Kent and Medway Safeguarding Board has agreed a Kent and Medway Quality Framework, which has been produced in conjunction with the Institute of Public Care, part of Oxford Brookes University. Sitting underneath is a Framework that sets out how it will embed local structures to support quality, including operational arrangements for sharing concerns about providers. Officers are working with the Institute of Public Care (IPC) to develop the framework to be Medway specific
- 5.4 A workshop involving stakeholders to agree a Medway Quality Framework and to agree the operational structures that will be put in place to make sure that quality is embedded across the local health and social care system.

6. Advice and analysis

- 6.1 Members are advised that quality assurance arrangements are in place to check that services are meeting minimum standards of quality, and that arrangements are also in place to ensure that services provide value for money. Members are also advised the current arrangements require further strengthening internally and externally. Partnership Commissioning is working with its partners in the local NHS and in regulatory services to improve and embed those structures.

7. Risk management

- 7.1 In social care there is always a risk that things can go drastically wrong, sometimes with little warning. Sharing intelligence helps to alert commissioning organisations to potential quality and safeguarding issues.
- 7.2 Often quality issues are accompanied by financial issues, so being aware of the financial viability of providers can alert commissioners to the possibility of issues of quality. During the summer period, commissioners will be undertaking a financial viability exercise with providers which will identify those providers at risk of failure, and on the market scale will help commissioners understand how stable particular care markets are.
- 7.3 There is an issue around staffing capacity in that there is currently one jointly funded quality assurance officer to support contract monitoring and quality systems for the contracts that Partnership Commissioning holds (as well as adult social care this includes children and families contracts and contracts that the clinical commissioning group pays for) one jointly funded quality assurance officer that works with CQC registered service providers and one part time quality assurance officer that works with children's care homes and fostering agencies. Given the financial constraints the public sector is working in, Partnership Commissioning reduces the risk by adopting a proportionate risk based approach to quality assurance and contract monitoring.

8. Consultation

- 8.1 Stakeholders will be consulted about the Medway Quality Framework.
- 8.2 Service users will be at the centre of Partnership Commissioning's contract monitoring arrangements.
- 8.3 As a routine part of quality assurance work with care homes, service users and their families are asked about their experience of the quality of the service.

9. Financial implications

- 9.1 There are no financial implications arising from this report.

10. Legal implications

- 10.1 There are no legal implications arising from this report.

11. Recommendations

- 11.1 That the report and the outline plans for the further strengthening of the quality assurance function be noted.

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Appendices

None

Background papers

None