

Division(s): N/A

Performance Scrutiny Committee – 14 March 2019

Adult Social Care Contract and Quality Management

Report by Director of Adult Services

RECOMMENDATION:

1. The Committee is RECOMMENDED to note the report.

Executive Summary

2. The attached report has been requested by the Chair of Performance Scrutiny Committee.
3. The report describes the way that contracted services are managed and monitored in an Adults Services setting. The key areas covered include the key tasks and assurances undertaken; how we assure and maintain high quality services on an ongoing basis; reference to Oxfordshire's standing when compared to Care Quality Commission national metrics; the areas we address when we monitor contracts; how intelligence from our monitoring influences our Safeguarding and Care Governance work; key external links together with current developments.
4. It concludes with a commentary about Oxfordshire Clinical Commissioning Group's Outcomes Based Contract for Mental Health Services.

Context

5. Over 6,000 people receive care and support services from the County Council. These services are provided by over 300 external providers. They range from large national organisations working with certain age groups or disabilities, to smaller local organisations aimed at supporting people with very specific needs, many of which are home-grown, developing within Oxfordshire.
6. The county council has a strong commitment to work with its providers to ensure that good quality services are available for people who reside in Oxfordshire and need support to help meet their assessed needs.
7. From 1st April 2017 to 1st January 2019 the local increase in CQC ratings of care providers in Oxfordshire who are good or outstanding has been from 83% to 90% compared to a national movement of from 78% to 83%. This means that the vast majority of people in Oxfordshire receive support from providers that are good or outstanding.
8. The wider Commissioning team is responsible for the design, evaluation, and purchasing of social care and support for people living in Oxfordshire. It

discharges this function through the provision of leadership, contract management and contract monitoring of services.

9. The Quality & Contracts Team (within Commissioning) is responsible managing the contracts in place and for monitoring the quality of contracted services. Some contracts that deliver services for Oxfordshire County Council are funded through the section 75 pooled budgets and managed by Oxfordshire Clinical Commissioning Group. Where this is the case contract and quality management is overseen by the relevant Joint Management Group.

Managing our Contracted Services

10. The 'landscape' of contracts is constantly changing; new services are commissioned, contracts cease or are de-commissioned.
11. To help manage this the Quality & Contracts Team maintains a register of all contracts and sets out plans to monitor these on an annual basis. The Contract Register is the corporate e-Contracts Management System used across the Council.
12. All Quality & Contracts Officers have a portfolio of contracts allocated to them to ensure that contracts are managed and reviewed

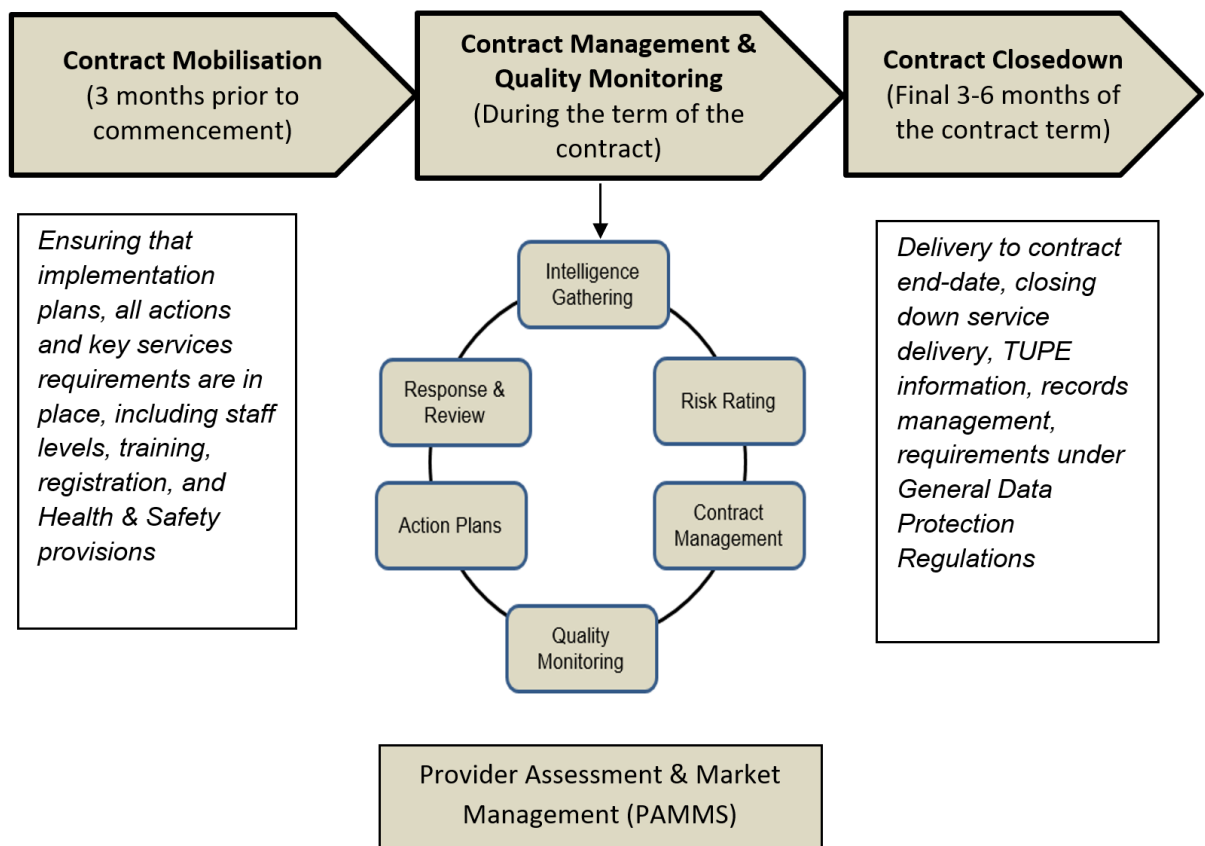
Key Tasks & Assurances

- **Mobilising services** once procurement decisions have been made
- **Maximising use** of contracted services including block contracts,
- **Verifying the quality** of services delivered through quality assurance activity and monitoring systems
- **Supporting providers** to deliver the best services possible
- Having **strong payment, checking and audit procedures**
- Responsible for **commercial management/price reviews** and cost-control
- Helping to deliver **added-value** through the coordination of strategic relationships and initiatives

Assuring the Quality of Services

13. Our starting position with any service is that responsibility for the quality of the service provided rests with the organisation that delivers that service. This is something that we believe is fundamental to our relationship with providers and this is made known to them at an early stage.
14. The key role of our contract management process is then to judge, respond to and manage provider performance against our expected service standards and key performance indicators.
15. To ensure that our contracted services receive an appropriate and proportionate management response (and to allocate staff resources effectively) we adopt a **risk-based approach** to our quality assurance work.

16. Our approach is **informed by market intelligence gathering**. The intelligence we receive helps determine the type of contract management activity that is required and the frequency of quality assurance visits.



17. **Intelligence gathering** is ongoing throughout the life of a contract, and considers

- Our previous monitoring reports
- Information from any regulatory body
- Views from safeguarding teams (Council and health services)
- The footprint and exposure (number placements) we have with the supplier
- The providers financial resilience
- The number of safeguarding alerts and complaints received
- Feedback from Adult Social Care reviews in respect of service user outcomes

18. This helps to determine the team's **assessment of risk** and the way that we manage the social care contracts in place.

- Oversight and Overview
- Proactive Management & Monitoring
- Self-Certification

19. We aim to formally review all contracts on an annual basis. We also have a workplan to review and meet our key suppliers and those rated as higher-risk

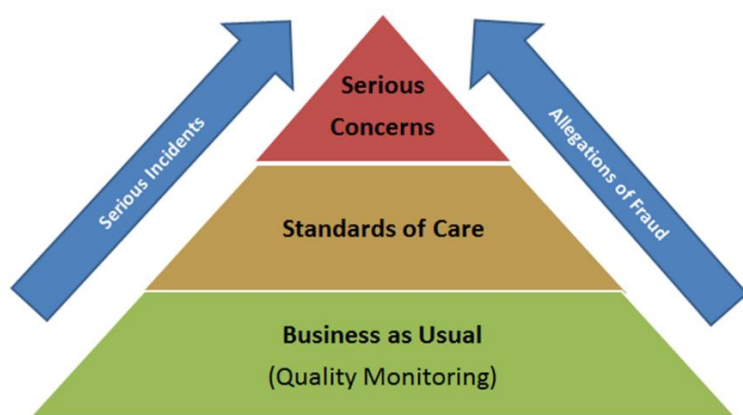
on at least a quarterly basis, with monthly performance reports being received and reviewed.

20. **Business sustainability** is a key component of our discussions to support our market facilitation and sustainability responsibilities under The Care Act.
21. Where risks and incidents are identified there is a review of the team's planned quality assurance activity being undertaken, and an appropriate allocation of staff resources for more frequent on-going contract assurance.
22. The **Action Plans** that result from the monitoring activity then feedback into the information cycle.

Our Quality Monitoring Visits

23. The processes we use to monitor our contracts were developed four years ago and they have proved to be successful in providing a robust approach to quality assurance.
24. This approach has supported a quality drive that has helped to place Oxfordshire's registered suppliers above the national trend in terms of quality. Adult Social Care aims to increase the number of care providers that are rated as good or outstanding. From 1st April 2017 – 1st January 2019 the local increase has been from 83% to 90% compared to a national movement of from 78% to 83%. This means that the vast majority of people in Oxfordshire receive support from providers that are good or outstanding. (Appendix 1)
25. The visits the Council undertakes to services look at a range of issues and include discussion with managers, staff and service users. This is so we can establish a triangulated view of service delivery from several perspectives i.e. from people who use the service, people who provide the service, and people who commission/contract for the service.
26. The key areas we look at during a quality monitoring exercise include
 - Leadership & management
 - Staff levels & Recruitment
 - Staff Skills & Training
 - Personalisation
 - Care Plans & Risk Assessments
 - Health & Safety
 - Safeguarding
 - Managing Complaints
 - User Views
 - Partnership Working
27. Other methods that support this work include customer surveys, and phone-in days for services such as home support to help inform the provider risk rating. In doing so, we reference the Customer Standards that have been jointly written by people who receive care in their home and home care support agencies (see Appendix 2).

28. Alongside this we have co-produced support from a Quality Checkers service; this is in the area of Learning Disability services. Quality Checkers are Experts by Experience – people who have previously received services – who are independent of the Council and supported and organised by My Life My Choice.
29. The aim in the coming year is to explore how we can co-produce and expand this type of arrangement for it to be delivered by older people in Older Persons services.
30. When undertaking reviews, we gather information that can be used to assess how our contracted services are supporting the Social Value principles we expect providers to adhere to; and to hear first-hand of the benefits to businesses, employees, service users and the wider community within which care and support is delivered.
31. The outcome of the quality monitoring activity informs an **internal risk-rating** based on a Traffic Light system (**Red Amber Green**) that determines future placements. This system is also invoked if we are notified of a significant event between monitoring visits.
32. Changes in rating are notified to Adult Social Care and healthcare staff (Oxfordshire Clinical Commissioning Group) involved in the purchase of care services so they are aware of any concerns with service delivery. Senior Managers across social care and health receive regular updates about the status of services. The ratings we use are
 - **Amber:** Indicates that although placements can continue, there may be a specific issue or a piece of information that may affect a decision to make a placement.
 - **Red:** Indicates that no new placements should be made with the provider (unless senior managers authorise it in exceptional circumstances following a risk assessment) as there is a major unresolved issue.
33. These ratings also feed into the Directorate's Care Governance Framework arrangements; this process focuses on safe services, safeguarding matters and the standards of care that are being provided to individuals. This system provides an escalation route and additional support where there may be safeguarding concerns



Considerations include

- Serious Concerns process
- Standards of Care process
- Quality Monitoring and Traffic Light system
- Need to Know - Serious Incidents process
- Adult Social Care Fraud Procedures

34. As well as the in-county services we also support annual desktop monitoring of out-of-county services. This involves us contacting the host authority (Commissioners and Safeguarding Teams) to hear about their experiences of the service and any concerns they may have. This feedback is then cross-referenced to the most recent feedback from, and the most recent reports published by the Care Quality Commission.

Key External Links

35. At a more strategic level our market intelligence comes through a variety of external groups and links. In the following forums we may discuss and share information about services that operate regionally, nationally or where the council may have multiple out-of-county placements
36. **Care Quality Commission:** We receive a weekly update on published CQC reports. Alongside this we have regular contact with the Lead Care Quality Commission Inspector for Oxfordshire. This is also supplemented by regular communication between the Quality & Contracts Team and individual CQC Inspectors that occur at least weekly.
37. **South East Region ADASS (Association of Directors of Adult Social Services) Contracts and Market Development Sub-Group** (meets quarterly). This meeting discusses strategic contract and market development issues in the south-east region, and where there are cross-cutting or cross boundary provider/supplier issues.
38. **Thames Valley Quality Surveillance Group:** this is a multi-agency meeting which is primarily health focused, involving Clinical Commissioning Groups, Local Authorities, Care Quality Commission representatives, and Healthwatch. This meets every two months and shares information about providers across the Thames Valley area.

Current Developments

39. **Provider Assessment & Market Management System (PAMMS).** This system is currently being rolled out across the Quality & Contracts Team. Its use will transform the way we carry out our quality monitoring of services in Oxfordshire.

40. Originally developed by the Eastern Region Association of Directors of Adult Social Services (ADASS) and CM2000 the system allows broader oversight of services both in-county and out-county, and across different ADASS regions. The system also provides the framework and infrastructure for two-way communication with providers and submission of quality information and quality returns, together with responses to quality monitoring activity which are fully auditable.
41. Our general response to **Supplier Sustainability/Resilience** includes
- Enhancing our financial scrutiny of suppliers alongside our S151 Finance Business Partner.
 - This work has also contributed to regional ADASS work around Strengthening Market Oversight where the ADASS regional group has adopted escalation procedures, the development of which were facilitated and led by this Council on behalf of the South-East Region. (Appendix 3)
 - Assessing how providers are responding to the forthcoming EU Exit
42. Contract Support to Oxford Health with placements for Adults with Mental Health issues, that fall outside Oxfordshire Clinical Commissioning Group's Outcomes Based Commissioning arrangement.

The Mental Health Outcomes Based Contract

43. Oxfordshire Clinical Commissioning Group are the lead commissioner for the Mental Health Outcomes Based Contract (OBC) on behalf of Oxfordshire County Council, with funding in the s75 NHS Act 2006 Pooled Budget between OCCG and the Council. The overall contract value is approximately £35m per annum, with the Council's contribution currently £6.2m pa, and it supports just under 4,000 people with mental illness at any one time.
44. The OBC is designed to deliver recovery and well-being for adults who live with severe mental illness through the achievement of specified outcomes. It brings together in one contract a range of services that were previously commissioned across a range of different contracts:
- In-patient and community mental health services, including crisis response
 - Housing and support services
 - Employment and recovery services
 - Social care personal budgets and individual packages
 - Well-being services and specialist psychology
45. The contract is delivered by the Oxfordshire Mental Health Partnership, which brings together six local mental health providers from the NHS and the charity sector: Connection Floating Support, Elmore Community Services, Oxford Health NHS Foundation Trust, Oxfordshire Mind, Response and Restore. Oxford Health are the lead partner, with services sub-contracted to its partner organisations.

46. The contract is built around the delivery of the outcomes:
- 80% of the contract value is paid as a block. It is evaluated against the performance of quality indicators and balancing measures that have been built into the contract (to provide assurance that the delivery of the outcomes does not drive unintended consequences elsewhere).
 - 20% of the contract value is paid on delivery of outcomes. The different outcome measures have been assigned a number of points out of a hundred to reflect the relative importance of the outcome. Each point is worth about £70,000.
47. As lead commissioner, Oxfordshire Clinical Commissioning Group manage the contract. They bring performance reports to the Adults of Working Age Joint Management Group, which includes details of the numbers of people receiving services, and the outcomes achieved.
48. The current contract ends on 30 September 2020, with an option to extend for a further two years. A detailed review of the OBC, is being carried out between March and August 2019.
49. The Terms of Reference and membership for the Review are currently being finalised including a planned program of monthly meetings to meet the proposed deadline.
50. The outcome will inform commissioners whether the contract is still meeting the needs of the population and whether to take up the option to extend, as well as informing future mental health commissioning. In particular, the review will consider the social care elements of the OBC to ensure they are fit for purpose, meeting the right needs, and that the voluntary sector is fairly funded.

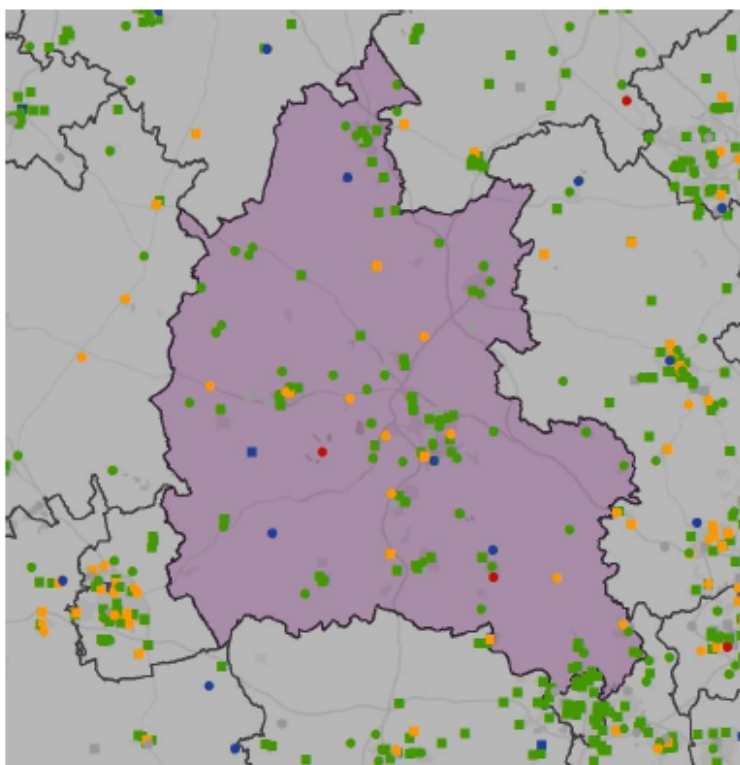
Equalities Implications

51. N/A

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March 2019

Ratings – CQC ratings of ASC services in surrounding area



This map shows the rating of active ASC locations in Oxfordshire LA. Residential locations are represented with a square while the nursing homes are represented by a circle. The colour of the marker refers to the rating.



Residential summary table

	Inadequate	Requires Improvement	Good	Outstanding
Oxfordshire	0 (0%)	5 (10%)	45 (87%)	2 (4%)
Comparators	29 (1%)	351 (13%)	2236 (83%)	66 (2%)
England	141 (1%)	1810 (17%)	8741 (80%)	188 (2%)



Nursing summary table

	Inadequate	Requires Improvement	Good	Outstanding
Oxfordshire	2 (3%)	9 (14%)	51 (77%)	4 (6%)
Comparators	19 (2%)	229 (22%)	776 (74%)	25 (2%)
England	120 (3%)	1115 (27%)	2757 (68%)	76 (2%)

DCA summary table

	Inadequate	Requires Improvement	Good	Outstanding
Oxfordshire	1 (1%)	7 (7%)	81 (86%)	5 (5%)
Comparators	2 (0%)	162 (11%)	1212 (85%)	48 (3%)
England	54 (1%)	987 (16%)	5119 (81%)	124 (2%)

Standards for Home Support Services

If you receive support at home from a care agency, these standards are for you, they set out what you can expect.

If you are a care agency, these are the standards that are expected from your staff and the standards that Oxfordshire County Council will use to monitor the quality of your services.

Home care staff will:

- introduce themselves when they arrive;
- know you and your support plan;
- be trained to deliver the support you need;
- always deliver support to a good standard.

When your home care worker visits you, they will:

- focus their attention on you;
- be pleasant and treat you with dignity and respect;
- do their very best to arrive on time and let you know by telephone if they are going to be late;
- tell you when they are leaving;
- check to see how they can best support you at the start of each visit;
- not rush you - they will help you at a pace that suits you;
- carry out all agreed tasks;
- make sure that you are comfortable at all times;
- communicate and discuss topics that interest you;
- check that you are happy with the support you are given and encourage you to tell us how they can improve;
- show you your care record if you ask for it;
- be aware that their visit may affect other household members.

These standards have been jointly written by people who receive care in their home and home care support agencies.

If you have any compliments, comments and complaints about the home support you receive please contact your care agency; usually talking to someone in the service can put it right. But if not, please contact Oxfordshire County Council by calling 01865 815906, emailing complaints@oxfordshire.gov.uk or writing to: Complaints Team, Oxfordshire County Council, County Hall, New Road, Oxford OX1 1ND.

Strengthening Market Oversight Managing the Risk of Provider (Financial) Failure

CONTEXT

This note describes the work undertaken by Adult Social Care to help manage the risk of service provider failure and particularly that relating to Home Care Agencies.

MAIN LESSONS LEARNED

- Provider failure is not just about poor financial performance
- We need to know more about providers operations
- Credit Rating scores on their own cannot be relied upon
- We need to know more about a provider's finances
- Regular face-to-face contact needs to be maintained with key providers

WHAT WE HAVE DONE

At a Local Level

1. **Procedure Review:** "Responding to Sudden Market Failure" documentation. Post Charterville Care (March 2017) we reviewed actions to be undertaken at time of provider failure adopting a 'Major Incident' response involving a Gold/Silver Command approach. Revision of documentation as part of lessons learnt. Procedure reviewed and signed-off by Directorate Leadership Team. The Cherwell Care failure (August 2018) demonstrated that these procedures are effective.
2. **Risk Rating of Providers:** January 2018 - All contracted providers on our e-Contract Management System have a risk rating allocated to them. Home Care suppliers including our key Help to Live at Home providers are highest risk rating due to vulnerability of sector and difficulty in replacing
3. **Key Provider Meetings:** New arrangements for reviewing strategically important provider performance including our key Help to Live at Home providers on a quarterly basis. Contract performance meetings in place with effect from April 2018. Key questions about Finance and Business sustainability included.
4. **Enhanced Financial Scrutiny:** Worked with OCC Financial colleagues (s151 Business Partner) to develop key financial questions for our Key Provider Quarterly Meetings. These questions are currently being tested as part of our Q2 round of strategic meetings.
5. **Implementation of PAMMS (Provider Assessment and Market Management System):** Originally development by ADASS and CM2000 to provide market oversight, this system is now part of our Fit For the Future agenda. It is currently being mobilised with a target date for implementation of 1st January 2019.

Oxfordshire has asked CM2000 to create a SE Regional System Infrastructure as part of its development so that other councils can join as and when they decide.

At a Regional Level

6. ***In response to Allied Healthcare*** : Regional ADASS discussion and sharing of documentation relating to Oxfordshire's approach to Supplier & Market Resilience.
7. ***Strengthening Market Oversight at a Regional Level***: In response to a request by SE Regional DASS' Oxfordshire has taken a lead role in developing new arrangements for strengthening a regional approach to sharing provider information at a time of risk/concern.

This involved an analysis of similar procedures to those adopted in Yorkshire and North Humberside and adapting the same for the SE Region ADASS area. Subsequent procedures were agreed at the SE Regional Commissioning & Market Development Network meeting on 30 October 2018.

The procedures will now be considered by the next regional DASS' Meeting and if approved will be implemented from 1st January 2019.

8. ***Enhancing Financial Scrutiny***: On 30 October 2018 the situation with Allied Healthcare was discussed by the SE Region Commissioning & Market Development Network, with presentations given by two Councils affected by the company's demise.

It was clear that often similar questions are being asked of providers by Council's around financial vetting.

Oxfordshire has offered to lead a small Task&Finish Group to review financial questions we ask of providers. The aim is to develop and agree a standard set of questions that can be used by individual councils across the South-East Region.

This Task&Finish Group will report prior to the next Commissioning & Market Development Network meeting.