Assuring Quality in Externally Provided Social Care

Adult Social Care Scrutiny Committee – 6th March 2012

1. Introduction

This paper sets out the challenge facing Oxfordshire County Council in promoting and securing good quality care from external service providers. It represents the first stage in the creation of a plan to improve the quality of provision. A significant amount of activity is currently being carried out on a day to day basis by our contracting teams to monitor and promote quality however, the current reorganisation of the Joint Commissioning Service presents an opportunity for the Council to review and improve the approach.

2. Background

The quality of care delivered to people in Oxfordshire is critically important to their wellbeing. Members, Officers and the wider public all have an interest in ensuring that people receive the very best service for a given level of funding.

Over 15,000 adults in Oxfordshire receive care and support services that are funded by the Council in some way. In addition, there are several thousand people who fund their own care independently, and are not known to the Council. Services are provided by over 300 internal and external suppliers, using a wide variety of contracts which range from a few hundred pounds to over £20m per annum. The Council also has an interest in emerging unregistered services such as Personal Assistants which are not directly contracted, but where individual citizens are vulnerable to exploitation.

Most care and support services are 'registered' by the Care Quality Commission (CQC), which has the primary duty to monitor and maintain quality standards against nationally set minimum standards. However, the CQC has been drastically cut back in recent years, and there is an increasing expectation that the Local Authority will become more involved in issues of quality, even if there is no statutory basis for intervention. Some key services are not 'registered' (e.g. Day Support, Lunch Clubs, Advice and Information, Personal Assistants), and anyone using such services does not have even the minimum protection offered by CQC. There have been a number of recent local and national cases where care standards have fallen below an acceptable minimum in both domiciliary care services and in residential/ nursing care.

Within the Council current monitoring arrangements vary according to service area and client group. Some people have relatively close monitoring of their support arrangements, while others are only monitored occasionally. Our aim should be to build on good practice which exists, and build in consistent management arrangements to ensure that quality monitoring is maintained equitably across the sector as far as possible.

The Director of Social & Community Services is fully committed to improving care standards across the sector, within available resources. Any programme of quality assurance has to be affordable and realistic.

3. **Main Risk Areas**

There are three areas of known risk where the Council should consider to what extent it should improve the monitoring and management of service quality in the short term:

Unapproved Personal Assistants (PAs)
There are around 300 unapproved PAs operating under the Direct Payments system. These staff have been directly employed by Service Users, and there is little direct monitoring of standards, apart from infrequent routine operational reviews. A further 100 PAs operate under the 'Support with Confidence' approval scheme, and are more closely checked by OCC.

Low Cost and Inexperienced Domiciliary Care Providers
Following a tendering exercise, 49 Domiciliary Care suppliers were given new spot contracts in July 2011. This process was designed firstly to reduce the price and bring it closer to national norms for domiciliary care; and secondly to release the Council from block contract commitments. A number of the suppliers were new to Oxfordshire and require close monitoring and support to enable them to deliver services at the appropriate quality.

Variability of residential care provision
As noted above there has been reduced monitoring by CQC, who in any case only uphold minimum standards. Within Oxfordshire older people paid for by the Council are in the main very frail and often suffer from dementia – so they are less able to voice concerns. Approximately 60% of older people in care homes pay for themselves so are not monitored by the Council at all. We continue to support a significant number of learning disabled people in (spot) placements out of county and can provide only very light touch monitoring of these placements (at best an annual review of their care). At the moment the majority of placements in care homes both in and out of county are spot placements so they are not routinely monitored by the contracts team – they are individually reviewed by our operational teams.

4. **Future Approach to Quality Assurance**

The responsibility for commissioning and maintaining good quality services rests with the Joint Commissioning Team. The Deputy Director for Joint Commissioning will oversee the production and implementation of a plan for improvement of Quality Assurance, which has been discussed with the Scrutiny Working Group (see Appendix 1). Broadly speaking it is proposed that our approach to raising and maintaining quality falls in to two main areas:

- Community leadership, and
- Improved monitoring arrangements.

5. **Community leadership**

1. Setting Standards

Service Providers have the primary responsibility for delivering good quality care. The Council has a key role as an influencer and community leader as well as a commissioner of care. We will work in partnership with service providers and other stakeholders to create an agreed set of standards by type of service. We will develop the existing arrangements for bringing Providers together (the Provider Forums) and support them to maintain and improve quality. We anticipate the involvement of service users and other stakeholders in this process.

2. Enhancing the Role of Members

A number of Members have expressed interest in taking an active role in quality assurance and some have existing relationships with service providers (acting as Trustees and so on). This could include developing a relationship with key care facilities in their local area, and working in partnership with Officers to improve standards. Perhaps members could 'adopt a care home' for a year? What do we have to learn from the Council's Corporate Parent role where members take an active role in visiting Children's Homes? The creation of a 'Care Home of the Year' Award has been mooted.

3. Leadership Programme

OCC has a key role in encouraging strong leadership across the Provider market. It is proposed that OCC should commission and fund a training programme for local leaders and senior managers in the sector. This is similar to an emerging development plan in CEF where a leadership programme for Head Teachers is being considered. This builds upon a recent Geriatric Society Paper "Quest for Quality" describes the variable and often poor quality of support offered by the NHS to the estimated 400,000 people in Care homes. It highlights 'the need to build joint professional leadership from the health, social and care home sectors, statutory regulators and patient advocacy groups to find the solutions that none of these can achieve alone'. GPs have an important role to play here.

6. Monitoring

4. Tendering and Proactive Monitoring

Delivery of good quality care starts with selecting the right suppliers and working closely with the appropriate number of contractors in each sector of the market. The current tendering and contract arrangements will be reviewed to ensure that only the best suppliers are delivering care for OCC (within the available funding –consideration is given to quality and cost currently), and that the right balance of spot and block contracts is achieved. Monitoring arrangements will be enhanced, including unannounced visits where appropriate. Feedback mechanisms from operational staff will be improved so

that any comments or concerns from service users are communicated directly to contract monitoring staff for action. Key contracts should be monitored via a visit at least once a year, with action plans put in place to improve services, and these plans should be monitored monthly. More work is required to determine the frequency of monitoring depending on the size and complexity of the contracted service.

5. Helping people raise concerns

Formal and proactive monitoring arrangements are an essential tool for assuring quality, but are only part of the solution. Council staff cannot cover all Providers all the time. We need to encourage 'the community' to take an active role in making services safer, by acting as the 'eyes and ears' of the Council and reporting any concerns about the delivery of care. Current ideas for this area include promoting Relatives Groups in care homes, use of active Trustee, circles of friends, and increased use of LiNK and Healthwatch. There is already a group of volunteers working with the contracts unit to visit and seek views from service users, and this function will be enhanced.

In addition to routine monitoring visits and reviews, individual service users can be assisted to raise concerns, through a well advertised phone number and exploration of new technology such as Skype and internet groups for the increasing number of people who have access to these methods of communication. This will increase their sense of connectedness and safety.

6. Organisational Restructuring

The restructure of the Commissioning and Contracting teams in adults and children is now underway. This includes arrangements for procurement. One of the elements of the new structure will be a new Tier 3 post of 'Quality, Procurements and Contracts Manager' to ensure a consistent and tightly managed approach to quality assurance across over 300 contracts valued at over £180m per annum. Currently the management of contracts in CEF is under consideration. The number of contracts is significantly higher if individual placements are included.

7. Recommendations

1. Create and implement a plan to maintain and improve the quality of externally purchased services.

2. Develop a risk based approach to contract monitoring.

3. Develop a system for incorporating informal feedback – including from service users, carers, staff, whistle blowers, Members, GPs, Health watch.

4. Prioritise establishing Relatives Associations for Care Homes.

Contact Officers

Sara Livadeas - Deputy Director - Joint Commissioning

Martin Bradshaw – Strategic Programmes – Joint Commissioning

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Appendix 1

Questions considered by the Scrutiny Working Group:

1. In an era of reduced staffing budgets, personalisation and individual choice, is it possible for the Council to assure quality across every service user and every Provider in all circumstances?

2. What are the areas of most concern/risk? Are we seeking consistency of approach or should there be a risk based approach to monitoring?

3. Should we be concerned about quality in services where OCC is not purchasing any care?

4. What do we do about unapproved PAs? Do PAs introduce more risk in to the system? Or less as the client is choosing who to let in to their home?

5. How can service users be involved in setting standards?

6. How can members be more involved in raising standards?

7. What is the role of GPs; Health watch; relatives; staff?

8. How do we help people to raise concerns? Can the role of Relatives Groups be formalised/ encouraged?

9. Should we reduce the number of contractors significantly and work more closely with a small group to improve quality? Back to blocks? Who looks after the spots?