

Managing the quality of provider services

The Oxfordshire County Council - Joint Commissioning & Health Services integrated approach

Introduction

The Joint Commissioning Team recently developed a Contracts and Quality Monitoring Policy and this is attached as Appendix 1. This includes some aspects of Health related provision and we are keen to develop an even more integrated approach

A major component of our plan to improve the quality of service provision in externally purchased social care is the proactive monitoring of services provided under a contract with the council. This paper provides an update of progress in improving our approach to contract monitoring for adults in particular and a similar approach is also being undertaken for Children's Services.

The work already being undertaken, as we seek even greater integration, includes the participation in the National Health England - Local Area Team - Quality Surveillance Group, and also developments with the Clinical Commissioning Group (CCG). The latter encompassing the Quality sub-Board and Committee of the CCG main Board and the joint work on Care Homes with CCG and the Care Home Support Service from the acute trust. We have of course also set Quality targets within the Health and Well Being Strategy.

Within the county council we feel our work in regard to Quality related management is best developed in the context of an over-arching Quality Management Framework and an early draft is shown at Appendix 2. We now seek ways of building in much greater levels of integration with the Health Service under such a framework, so that all providers are treated with a consistent approach and outcomes are therefore more likely to be delivered.

Therefore Health colleagues are invited to nominate representatives to work with us so that we can achieve greater success across all aspects of Health & Social Care Services.

Sara Livadeas
10th. June 2013

Appendix 1.

Joint Commissioning Contracts & Quality Monitoring Policy

Introduction and background

A major component of our plan to improve the quality of service provision in externally purchased social care is the proactive monitoring of services provided under a contract with the council. This policy sets out how we approach this key area of our work.

1. Over 15,000 adults in Oxfordshire receive support services that are funded by this council in some way. These services are provided by over 300 external suppliers, using a wide variety of contracts which range from a few hundred pounds to over £20m a year in value.
2. The Care Quality Commission (CQC) has the primary duty to monitor and maintain quality standards against nationally set minimum standards in both health and social care settings. In addition, for care received by Oxfordshire citizens where funding is made in part or whole by the County we have a statutory responsibility for their care.
3. This Policy also covers some key services that are not 'registered' with CQC (Day Support, Lunch Clubs, Advice and Information, Personal Assistants) as anyone using such services does not have the minimum protection or quality assurance that is offered by CQC for registered services.

Approach

4. We will adopt a risk based approach due to the range and complexity of social services commissioned by the Council, ensuring a proportionate level of resources are utilised for both our team and that of third parties. This review activity complements what we are undertaking with service providers in Oxfordshire to co-produce an approach to quality monitoring for the future.
5. The frequency of monitoring shall be reviewed systematically having due regard to the size and complexity of the contracted service and with robust action plans put in place to improve services.
6. Review shall be based on a) the identification of the size of contracts we have in place and b) profiling the risks associated with each contract. There are more details of this approach below. We will also take into account those situations where no contract exists between the County Council and the provider.
7. All contracts will be red/amber/green (RAG) rated according to the level of risk.
8. All contracts will be allocated to a quality and contracts monitoring officer.
9. Performance measures will be developed that will ensure all contracts are reviewed annually and all significant follow up actions closed within 3 months. Performance is reported to SCS Leadership Team.
10. The RAG rating system will be based on CQC reviews of Essential Standards of Care together with an overview of all other information and will be endorsed by Oxfordshire Safeguarding Adults Board.

11. We will specifically consider the risk assessment process undertaken by our Safeguarding Team.
12. Information about the RAG status of a provider will be shared with health colleagues and the Care Quality Commission.
13. We will work with all providers registered in Oxfordshire, including those with no or few placements funded by the County Council. This is because the safeguarding responsibility for each County Council area rests with the host local authority, and the Council considers ensuring the quality of services as a priority. Occasionally we work with providers situated outside Oxfordshire, where Oxfordshire funded residents may be placed.
14. In preparation for a monitoring visit the contracts team will compile information regarding the service provision. We will consult health colleagues as part of this process. This includes:
 - Date and outcome of latest CQC report
 - Complaints
 - Safeguarding referrals
 - Feedback from social work teams
 - Feedback from Continuing Care
 - GP, district nurse and health professional feedback
 - Outcome of latest fire inspection (Fire & Rescue Service)
 - Collation of this information before the monitoring visit ensures that the monitoring officer can focus on any known areas of concern.
15. A template Quality Monitoring Framework will be used for each visit. This detailed framework covers the following areas:
 - Staffing levels and recruitment
 - Staff supervision
 - Staff training
 - Resident care
 - Safeguarding
 - Management & finances
 - Staff feedback
 - Medicine management

Feedback from residents or service users is an essential and critical part of the process. This may involve spending time in a care home, sitting eating a meal for example, or arranging for people who use services themselves (experts by experience) interviewing people and their carers'.

These factors are used when we assess and decide upon the red/amber/green traffic light status for either relative confidence to place new business or conformity with expected standards for existing business.

16. Work is prioritised on a risk basis with homes or services considered to be providing a poorer service visited more frequently and often at short notice. The level of risk is determined by all the information sources referred to above from which the contracts team proactively seek information. Information from S&CS Safeguarding colleagues

plays a key role in our work planning and how we target our activities regarding providers and their quality of service.

17. Links to other professionals

- Regular link to CQC (formal and informal)
- Medicine management
- Referral to dieticians
- Joint work promoting flu vaccination take up in care homes
- Care Home Support Service (Health)
- Pressure care meetings
- Updates from Health Protection Agency

18. Provider organisations will be identified for action, using the matrix designed process and against agreed criteria of risk and vulnerability, in order to establish the level of quality monitoring they will require.

19. We will use 5 levels of Quality monitoring

- a. Levels 1 & 2 are the lowest levels of quality monitoring and will be applied to the preventative contracts e.g. advice centres, advocacy, Tier 2 day services. These services do not normally provide personal care to people and are usually direct access (a referral by SCS is not required). At this level a desk based annual review of all available evidence, plus some sample visits will be relied on for the contract review process. We intend for this to be proactively supported through the introduction of provider self-assessment during 2013/14 and onwards, to help with early warning of potential problem areas.
- b. Levels 3-5 are the more intensive levels of quality monitoring and will apply to contracts where people are eligible for social care or children's services or for Specialist Health Services we commission on behalf of the Oxfordshire Clinical Commissioning Group. Examples include Children's Centres; Supported Living; Residential & Nursing Care; Learning Disabilities In-Patient Services
- c. Contracts will be monitored by a combination of:
 - At least a formal annual review, for very high risk areas more frequent e.g. quarterly reviews.
 - Regular, pre-arranged contract meetings.
 - More detailed provider returns (e.g. numbers using services, complaints, incidents, accidents, safeguarding).
 - Self-assessment in more detail when the self-assessment system is implemented.

20. We will work with providers to develop and co-produce a common toolkit for quality monitoring whose core elements can be applied to every service area, and to complement not duplicate any tools a provider may have in use that meet our needs.

21. Each different client group area will need to have specific standards related to national guidance e.g. Valuing People, Supporting People, Dignity in Care.

22. The review and monitoring approach will be complemented by our escalation procedure. This is needed to deal with situations where certain action events have occurred e.g. significant incident or failed CQC inspection.

Quality Standards

23. Quality is everyone's responsibility and we will adopt a joint approach with our service providers. This joint work to co-develop quality standards will be based on the seven principles set out in the Social Care White Paper 2012 which are
- Based on a sound reference point – e.g. Making it Real
 - Co-produced in some way
 - Assesses the quality of the workforce
 - Starts with the individual and work out
 - Upholds transparency
 - Assesses the impact of commissioning
 - Demonstrates value for money and proportionate

Summary

24. Our approach will seek to ensure that monitoring is appropriate and proportionate to the levels of risk and vulnerability of the service users supported.
25. Whilst there may well be reviews at a **services** level on at least an annual basis being undertaken by Commissioners of such services as part of the full commissioning cycle, these will be to ensure that the overall approach they have designed is working in terms of generic outcomes. Therefore our monitoring activities will be geared to the identified levels of risk and contract and quality performance and will be reported to the Directorate Leadership Team.
26. This Policy runs alongside the on-going development of quality standards in partnership with service providers. Our underpinning value is that relationships are based on trust and that regulation and checking is the last line of defence.

Appendix 2.

DRAFT Quality Management Framework

Terms of Reference

To produce a management tool that provides assurance that services delivered on behalf of OCC / Joint Commissioning / Adult Social Care are high quality and ensure the dignity of the individual is respected at all times, and to highlight areas / issues of concern to inform appropriate action can be taken

Key questions

- What systems / processes / mechanisms do we have already?
- What examples of good practice are there from elsewhere?
- What are other parts of the council doing (e.g. public health)?
- What are our partners doing (e.g. Clinical Commissioning Group, providers, Healthwatch)?
- How are quality, dignity, respect defined, and who by (Council, providers, individual clients)?
- What are the sources of formal / hard (e.g. contract monitoring) and informal / soft (e.g. patient voice) intelligence we can utilise?
- Are there any gaps and if so how could we fill them?
- How do we feed in information and receive intelligence from the Quality Surveillance Group?

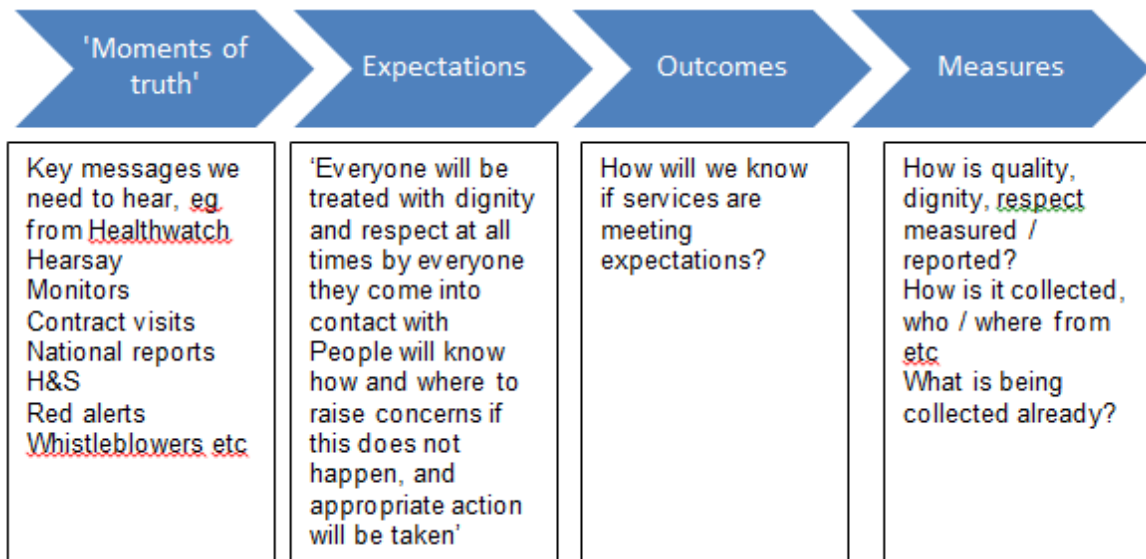
Potential Sources of Information



Plus key things already happening:

- Health and Safety reports and review
- Safeguarding mechanisms
- User survey, Hearsay, regular performance reporting
- Contract monitoring
- Quality Network / Care Association and Regional Quality Surveillance Group –
- Public Involvement Network and Healthwatch, and Equalities and Human Rights Commission Close to Home report
- Dignity sub group of Adult Safeguarding Board, Quality indicators in Joint Health and Wellbeing Strategy
- Feedback from service users
- Engagement Team
- Complaints Team

Possible framework



Initial Timescales - 2013

Initial scoping and research, including engagement of key contacts	June / July
Workshop to develop / test expectations, way forward	July
Further development of proposals	July / August
Agreement with senior managers	September
First reporting	October