

Adults Commissioning Update – Quality Issues and the Provider Markets

Report completed by Head of Integrated Commissioning

1. Purpose of Report

- 1.1 To provide Scrutiny Committee with information relating to the work undertaken by the Commissioning Team (Sunderland City Council) and partners with regards to working with and developing a diverse market for care and support for the people in Sunderland. This report will also provide some insight into some of the current and on-going issues the market presents to Commissioners and some of the mechanisms implemented to try and resolve any concerns identified.

2. Background

- 2.1 The Commissioning Team is responsible for facilitating market development and ensuring the quality of services provided by the market are of a high standard, appropriate and flexible to the needs of the individuals being supported.
- 2.2 The Commissioning Team work with partners to ensure the market and the services commissioned are fit for purpose and maintain close links with Sunderland Clinical Commissioning Group (SCCG), the Care Quality Commission (CQC), Social Workers and colleagues in the Safeguarding Team. Information demonstrating these good working relationships will be included in the detail of this report.

3. Provider Markets

- 3.1 Within Sunderland there are different provider markets which support the health and social care agenda. These can be broken down into the following:
- I. **Accommodation based services for older people** – Residential and Nursing Care; Extra Care Accommodation; Housing Related Support Services.
 - II. **Accommodation based services for people with disabilities** – Residential Care; Independent Supported Schemes; Core and Cluster Schemes.
 - III. **Accommodation based services for people with mental health needs** – Residential Care; Independent Supported Living Schemes; Core and Cluster Schemes; Housing Related Support Services.
 - IV. **Community services** – Care and Support into people's homes; Day Care/Opportunities; Preventative Services.

- 3.2 The main types of provider that exist in the market are:
- Independent sector
 - Voluntary and Community Sector
 - Local Authority Trading Company (set up in December 2013; this consists of a number of services previously provided by the Council)
- 3.3 There are a number of different commissioning arrangements with the different markets. The Council's preferred method of securing services is via a formal procurement route. Other effective methods of commissioning include grant arrangements (via a competitive grants process) and partnership arrangements. Individuals are also able to commission services directly with providers via a direct payment.

4. Partnership Working Arrangements

- 4.1 As previously referenced, the Council works with a number of key partners to share information about providers and to establish if there are any quality issues that need to be addressed. Examples of the planned meetings include:
- a. Information sharing with CQC and the SCCG every 6 weeks, focusing on the care homes and regulated community services such as home care.
 - b. An informal discussion with the SCCG, NTW, STFT and internal colleagues which occurs every 6 weeks to discuss issues and concerns, identified within older person's care homes.
 - c. Information from audit and validation visits undertaken by the quality assurance function of the Commissioning Team in partnership with the SCCG Clinical Quality Officer is shared with Commissioners and management within the LA and SCCG.
 - d. Meetings held by the Commissioning Lead and members of the Commissioning Team with providers to address known concerns and continuously develop and manage the relationship with the markets.
- 4.2 A joint approach from the Commissioners (Council and SCCG Quality Monitoring Officer) is the usual way of working when responding to quality concerns and issues, mainly in the care homes and this has proved to be a successful partnership, which continues to develop.

5. Issues and Concerns identified within the Provider Markets

5.1 Care Homes

- 5.1.1 Information gathered from the Council, SCCG and partners suggests there are a number of issues that currently exist within the care home sector. These concerns have been raised directly with professionals, via formal governance processes within the Council, SCCG and CQC or through formal safeguarding arrangements.
- 5.1.2 The **main issues presented by providers** include the completion and evaluation of care plans. There are ongoing issues regarding the recruitment and retention of both, care and nursing staff, retention of managers and a continued reliance on agency staff. There are still a high number of requests for 1:1 support (as agreed via a multi-disciplinary process) and these are being reviewed by SCCG and the Council with a view of determining if something different to what the market currently offers is required.
- 5.1.3 The majority of care homes in the city are consistent in making safeguarding referrals to the Safeguarding Team and the continued increase in referrals could be as a positive result of the training commissioned by the Strategic Safeguarding Adults Board that is delivered by an independent provider. The Threshold Tool is under review by the Safeguarding Team and any changes will be communicated out to the market and partners when appropriate.
- 5.1.4 There are a number of homes that have/require regular intervention by the Commissioning Team and that is as a result of issues raised through the Council's monitoring processes, concerns raised by partner agencies or problems identified following an inspection by CQC.

5.2 Extra Care

- 5.2.1 There are 10 extra care schemes in the city that are provided by several landlords, who commission the care, independently from the Council and the Council's commissioning processes. Gentoo commission Sunderland Home Care Associates to deliver the care into the schemes they own; Housing and Care 21 commission the care and support from their home care provision.
- 5.2.2 The Quality Assurance Officer is completing a schedule of on-site audits of all the Extra Care Schemes to review the organisational standards and practices and gain assurance that the care being delivered is meeting the requirements of the Council and CCG. Where there are areas of improvement identified as part of the audit, the provider will be asked to develop a service improvement plan and support can be provided if needed to implement the necessary improvements

5.3 Community and Supported Living

5.3.1 From a community perspective, the main issues for home care services continue to be retention of staff, staff recruitment, staff sickness that results in capacity issues and completion of care plan documentation. Staff turnover can be high with difficulty in back filling posts and general recruitment, which prevents users of the services receiving a consistent service although this is not the case for all home care providers.

5.3.2 The Council currently contracts with a number of home care providers and these providers are expected to attend formal quarterly contract management meetings, which are chaired by members of the Commissioning Team.

5.3.3 Update: Care and Support at Home for Adults – New Framework

The outcome of the recent Care and Support at Home tender has been shared with both successful and unsuccessful providers and the Council awarded the contract on 1st March 2016.

5.4 Housing Related Support

5.4.1 The LA has a contract in place with 3 providers to deliver housing related support to the following groups of people:

- People at Risk Of or Experiencing Domestic Violence – **Wearside Women In Need**
- People With Multiple Needs and Exclusions and Families – **The Salvation Army**
- Young People (Including Young People and Pregnant Young People) – **Centrepont**

5.4.2 No service related issues have been identified with these providers or their sub-contractors.

5.5 The Voluntary and Community Sector

5.5.1 The People Directorate grant funds 21 voluntary and community sector organisations via it's grant assistance process and each organisation is subject to a formal grant monitoring process, which is co-ordinated by the Commissioning Team. Monitoring of the grant funded organisations takes place on a quarterly basis and the annual organisational visit and customer feedback visits took place at the beginning of the new year.

- 5.5.2 There have not been any service related issues that have required input from the Commissioning Team and organisations have continued to be compliant with the terms of their grant conditions.

6. Working with Providers

- 6.1 There are a number of forums where issues and concerns are addressed, some are formal meetings and others are arranged to deal with a specific issue.
- 6.2 Commissioners have regular planned meetings with a number of care home providers and there are formal quarterly contract management meetings arranged with the contracted home care providers.
- 6.3 Grant funded services are monitored on a quarterly basis, which includes onsite discussions and validation visits with the provider.
- 6.4 The Council's Commissioning Team in partnership with the SCCG have planned monitoring visits within the care home, extra care and home care markets. They also provide a responsive monitoring service if a concern is received that requires urgent attention.

7. Implementation of a New Quality Improvement Framework for Providers

7.1 Background

- 7.1.1 Currently, the quality monitoring of adult social care in Sunderland differs depending on the service areas. In registered homes for older people commissioned by the council the Quality Standards Model has been used, this was introduced in 2009, updated in 2010 and then was subject to a more detailed update following a review in 2011. This model was initially developed so that service quality could be linked to fee levels. It was originally the intention to roll out this model of quality monitoring in other service areas but this was not progressed.
- 7.1.2 In 2013 the Social Care Governance (SCG) model was revised and redeveloped to work alongside the Quality Standards Model in operation in the registered homes for older people. This model had four strands, three linked to monitoring and one linked to the advice guidance and support function which is important both for existing provision and for newly developing services. All of the individual strands could be used together or separately to monitor services in accordance with the need identified or as requested in a changing situation focussed on personalised services.

7.2 Current Position

- 7.2.1 In 2015 the Social Care Governance (SCG) function was relocated to the Strategic Commissioning Team, and renamed as the Quality Assurance function. The core work of the new function continues to be service monitoring, service improvement and quality including taking relevant action when standards fall below what would be expected for contracted services. Having the Quality Assurance function in the Strategic Commissioning Team has ensured a clear and joint approach is taken when service issues identify the need to ensure that relevant contractual considerations can be reviewed.
- 7.2.2 Following the transition from Social Care Governance to a Quality Assurance function and the increased joint working arrangements between the Strategic Commissioning Team and Sunderland Clinical Commissioning Group a project has been undertaken to develop a joint assessment framework (Sunderland Quality Improvement Framework) including a joint integrated tool, which can be used to monitor quality in all service areas of adult social care, including services for older people which provide nursing care (**Appendix 1**).
- 7.2.3 The development and introduction of this framework reduces duplication of work and provides shared data to both the Council and SCCG on the quality of care commissioned across the city. As well as identifying areas for improvement this assessment process ensures that each service has an action plan and enables Strategic Commissioning and the SCCG to give advice, support and guidance to Providers on achieving and maintaining the expected outcomes and standards of care.
- 7.2.3 Within the framework an assessment visit will be undertaken to a service or number of services within a specific identified service area. The joint integrated tool will be used which contains a series of questions, all of which have been specifically linked to standards to determine whether evidence would indicate that a standard has been met, not met, or not applicable. The joint integrated tool has been cross referenced with the key lines of enquiry used by The Care Quality Commission, who regulate adult social care nationally.
- 7.2.4 The following criteria will be used for making a judgement:
Met – The evidence is all clearly available and can be considered on the day of the visit. The evidence produced is clearly related to what is being considered as evidence of compliance with an outcome.
Not met – The evidence is unavailable and cannot be considered on the day of the visit or only some of the evidence needed is available. The content or quality of evidence is considered to be lacking in many areas.
Not applicable – The only circumstances where this will be used will be when the above categories do not apply. It is anticipated it will be rare for an assessment of not applicable to be made.

- 7.2.5 It is the decision and professional judgement of the officers undertaking the visit to determine what outcome should be recorded. Whenever possible met or not met will be used. Managers will receive feedback throughout the visit or at the end of the visit and there will be opportunity to clarify any areas. Recommendations will be made and a percentage score given to the service. This percentage score will be rated Red, Amber or Green. Red will mean that the score is below 60%, Amber will mean that the score is between 61-79% and Green means that the score is between 81-100%.
- 7.2.6 Following the assessment visit an action plan will be produced and forwarded to the manager/owner.
- 7.2.7 If the assessment score is 80-100% then the service will receive no further follow up.
- 7.2.8 If the assessment score is between 61-79% then a self-assessment document will be provided to monitor for progress against the action plan three months from the date of the assessment and a follow up visit to assess progress will be made one month after the self-assessment.
- 7.2.9 If the service scores below 60% then a self-assessment document will be sent monthly to the service with a follow up assessment will be carried out three months from the original date.

7.3 Next Steps

- 7.3.1 It is proposed that following the approval of the Sunderland Quality Improvement Framework a number of pilot assessment visits will be carried out in a variety of service areas and any necessary revisions to the joint integrated tool made, with the aim of the Framework being fully operational after April 2016.

8. Recommendations

- 8.1 Scrutiny Committee is requested to receive this report for information and agree the next steps proposed for the implementation of the Quality Improvement Framework.