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Cabinet Member for Health and Adult Services

14<sup>th</sup> December 2015

**Name of Cabinet Member:**

Cabinet Member for Health and Adult Services – Councillor Caan

**Directors Approving Submission of the report:**

Executive Director of People

**Ward(s) affected:**

All

**Ensuring the Quality of Care and Support in Adult Services.**

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**Is this a key decision?**

No. Although this matter affects all wards in the City, the impact is not expected to be significant

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**Executive Summary:**

The Council is committed to ensuring that it commissions or delivers the best quality services possible within the available resources.

In Coventry the quality assurance of organisations that provide social care funded by the City Council is led by the Council's Adult Strategic Commissioning Team but involves a significant amount of work with Coventry and Rugby Clinical Commissioning Group (CRCCG) and the Care Quality Commission (CQC). This work is co-ordinated through the Provider Escalation Panel which is led by the City Council and provides a forum for intelligence to be shared and co-ordinated between organisations so that appropriate and proportionate action is taken.

The level of input dedicated to managing quality for a specific provider is subject to an assessment of risk which helps to ensure that resources are focussed on areas where they are most needed as opposed to a standard approach to all providers.

Where issues arise, the City Council is committed to taking an approach that results in an improvement of standards and to deliver this works in close partnership with health colleagues. A small team of nurses employed by CRCCG are incorporated within the City Council's adults commissioning function to further support co-ordination of improvement activity.

Positively, a recent CRCCG internal audit in relation to the joint quality assurance system for care homes concluded that: "significant assurance can be given on the design and operation of the system's internal controls to prevent risks from impacting on achievement of the system's objectives".

A key requirement of the Care Act (2014) is a duty on local authorities to ensure safe and sustainable care and support provision through effective market shaping. In addition local authorities are required by have plans in place to be used should there be failure of either a single provider organisation or a number of organisations.

**Recommendations:**

The Cabinet Member for Health and Adult Services is recommended to:

- 1) Approve the approaches taken in Adult Social Care to manage market risk through quality assurance processes
- 2) Approve the contingency plan to be used in cases of market failure

**List of Appendices included:**

Market Failure Outline Document

**Other useful background papers:**

None

**Has it been or will it be considered by Scrutiny?**

No

**Has it been or will it be considered by any other Council Committee, Advisory Panel or other body?**

No

**Will this report go to Council?**

No

Report title: **Ensuring the Quality of Care and Support in Adult Services.**

**1. Context (or background)**

- 1.1. The Council is committed to ensuring best value in its commissioning and procurement and requires on-going assurance that the quality standards for care and support outlined in its service specifications and contracts continue to be met. This includes requirements for individual outcomes to be delivered by providers working with service users and their families with dignity and respect being central to the quality of services.
- 1.2. Quality Assurance (QA) led by the City Council through the Adults Strategic Commissioning function (Coventry City Council) with support from Coventry and Rugby Clinical Commissioning Group (CRCCG).
- 1.3. A requirement of the Care Act 2014 is that local authorities must develop their local knowledge in respect of potential provider failure, and focus, where appropriate, on supporting providers at risk of failure. Local authorities are also required to have plans in place to manage exits from the market to ensure continuity of care. The Care Quality Commission (CQC) has parallel duties in relation to larger providers where provision spans several authority areas and there is a requirement for co-operation between CQC and local authorities. The report describes the approach taken to manage this requirement through contingency planning.

**1.4 Delivering Quality Assurance**

- 1.4.1 The City Council has been actively operating a Quality Assurance Framework since 2010 across adult social care. The quality assurance framework had the following benefits:
  - Set out a clear and consistent standard for the quality assurance of services (both internally and externally provided)
  - Supports the assessment of outcomes delivery
  - Ensures that users, carers, relatives and providers themselves are actively engaged in the assessment of quality
  - Drives the delivery of personalisation
  - Provides a sound basis for evidencing that measures are being taken in relation to safeguarding
  - Provides an appropriate balance between reactive and proactive management, informed by risk
  - Requires commissioners to evidence effective use of resources and educate and work with the market to improve standards
- 1.4.2 Quality standards are defined throughout the commissioning process and set out within contracts. A key role for the Strategic Commissioning Team is monitoring contracts against these standards, including supporting providers to develop and implement action plans where improvement is required.
- 1.4.3 All contracted provision within the City has a minimum of one planned quality assurance review per year. The amount of scrutiny is based on a risk based approach to ensure appropriate focus on those contracts where risks are highest. Level of risk is determined through a number of factors including numbers of people receiving particular provision, spend, CQC ratings, safeguarding activity and intelligence from professionals and wider stakeholders.

- 1.4.4 There are a number of mechanisms that enable stakeholders to alert the Strategic Commissioning Team to issues outside of formal meetings and these are always thoroughly investigated.
- 1.4.5 For home support services Electronic Care Monitoring (ECM) is utilised which provides contract monitoring officers with evidence around components of quality including missed visits, visit times and duration and the number of different carers providing support to an individual.
- 1.4.6 A significant recent development has been the incorporation of CRCCG employed clinical quality nurses to the Strategic Commissioning Team. This has enabled a much more integrated and co-ordinated approach to quality assurance with invaluable clinical expertise supplementing the Council's staff for example in areas such as infection control, tissue viability, dementia care; falls prevention and end of life care.
- 1.4.7 Where people are placed in out of City provision the same contractual conditions as in-city provision applies. Quality is assured through liaison with the host authority commissioners, scrutiny of Care Quality Commission reports and through service user annual reviews.
- 1.4.8 In order to provide some assurance of processes in place a recent internal audit of CRCCG's quality assurance approach was conducted. The audit concluded that: "significant assurance can be given on the design and operation of the system's internal controls to prevent risks from impacting on achievement of the system's objectives". Some suggestions for improvement have been made which will be incorporated into quality assurance process going forward.
- 1.4.9 Quality Assurance is co-ordinated across agencies through the Provider Escalation Panel (PEP) which is a multi-agency process, led by the Council's Strategic Commissioning Team, the aim of which is to share intelligence relating to the quality of services and manage risks across the city. Monthly meetings take place with representatives from CRCCG, Arden and GEM Commissioning Support (who monitor care home contracts on behalf of CRCCG) safeguarding, operational staff and the CQC. The PEP formally reports on a quarterly basis to the Quality and Audit sub-group of Coventry's Adults Safeguarding Board (CSAB). There are also annual reports to CSAB from the Head of Strategic Commissioning and learning from serious case reviews is considered.
- 1.4.10 The Provider Escalation Panel makes recommendations in respect of sanctions, for example, placement stops, and coordinates quality improvement approaches and actions.
- 1.4.11 Working with Care Quality commission as key stakeholders in the Quality Assurance process. The latest available information (14th October 2015) shows the following information for published service inspections. These results relate to a mix of care home and home support services.

**Social Care Organisations with published CQC ratings as at 14<sup>th</sup> October 2015**

	<b>National</b>	<b>Coventry</b>
Outstanding	12 (1%)	0 (0%)
Good	633 (60%)	44 (68%)
Requires Improvement	326 (31%)	19 (29%)
Inadequate	78 (7%)	2(3%)
Total	1049	65

## **1.5 Market Shaping and Commissioning**

- 1.5.1 Local authorities are required to facilitate markets that have a diverse range of high quality and appropriate services having regard to ensuring continuous improvement of those services.
- 1.5.2 The City Council have responded to this requirement through the publication of a Market Position Statement which highlights how the market needs to develop in order to meet the challenges of providing a modern social care service to the residents of the city in the context of increased demand and policy and legislative changes. The document incorporates our approach to quality assurance and is used as the basis for engagement with providers including through various workshops and targeted soft market testing across care sectors with both national and local providers.
- 1.5.3 The Council's market shaping work incorporates the development of the personal assistants market to ensure an adequate workforce for those citizens opting to use direct payments to purchase their care and support.

## **1.6 Market Failure Plan**

- 1.6.1 The Care Act 2014 introduced Local Authority responsibilities for ensuring continuation of services in the event of provider failure. This responsibility applies to self-funders affected by provider as well as local authority funded.
- 1.6.2 The approach to planning for market failure has been taken with Coventry and Rugby Clinical Commissioning Group (CRCCG) who are a key partner in supporting this process and a commissioner of community health services as well as having its local NHS duties.
- 1.6.3 There are a number of scenarios which can cause a provider / market failure. Some of these are sudden (although very rare) and some are as part of national / local financial pressures which are well publicised and / or communicated to Council's through regular dialogue with organisational leads.
- 1.6.4 In order to provide a framework for managing failure the City Council has developed a market failure plan (see appendix one) which includes the following elements: -
  - Assessing the local market and potential risk
  - Developing a range of actions to be taken in different scenarios and based on various Types of provision
  - Ensuring continuity of service for people and minimising disruption to their lives
  - Having CRCCG as a key partner and ensuring relevant sign off / buy in from Stakeholders
  - Engaging the market through both contracts (as part of formal tendering arrangements) and provider forums to ensure a level of understanding and commitment is apparent in the City
- 1.6.5 The Council takes a proactive approach to working with providers that is based on investing in providers relation. This enables the Council to liaise with providers at an early stage where concerns around possible failure are emerging. The Council acts to support providers wherever practicable and works jointly to manage situations effectively.

## **2. Options considered and recommended proposal**

### **2.1. Recommended option.**

The delivery of a risk based approach to quality assurance which ensures that resources are focussed on those commissioned services where the likelihood and impact of quality and safeguarding issues is greatest, with other services being scrutinised to a degree proportionate to risk.

This option is also recommended as it targets resources to areas that have greatest impact on delivering improvement.

A legal requirement of the Care Act (2014) is to have plans to address market failure (part of market shaping) which is key to ensuring the Council's response is robust to support people receiving care and support services where a provider exits the market.

## **3. Results of consultation undertaken**

No specific consultation was undertaken in respect of the proposals within this report however, the methodology described in well communicated and developed with partner organisations and providers.

## **4. Timetable for implementing this decision**

The market contingency process will be implemented immediately and will be used in the next instance of provider failure.

## **5. Comments from the Executive Director of Resources**

### **5.1. Financial implications**

There are no direct financial implications arising from this report

Whilst action is taken to support providers and minimise the likelihood of failure, there is a risk of significant cost pressures in the event of a provider failure, where another provider may have to be paid to meet the needs of service users affected or if the local authority is required to staff a home.

### **5.2. Legal implications**

The majority of the Care Act (2014) came into force on 1 April 2015, reforming the law relating to care and support for adults and support for carers. The Act is supported by Regulations and Statutory Guidance.

This includes duties around market shaping and commissioning of adult care and support. With implications for facilitating the care and support market to offer a diverse range of high quality and appropriate services.

Where the Council and / or CCG are faced with taking responsibilities of services and / or staff where market failure occurs within a registered provider setting, there is a temporary legal duty upon the local authority to meet an adult's needs for care and support and the support of a carer within its area. This duty continues until such time as the authority considers it necessary.

**6. Other implications**

**6.1. How will this contribute to the Council's priorities?**

<http://www.coventry.gov.uk/councilplan>

This proposal would contribute to the Council's key objectives through a contribution to citizens living longer, healthier, independent lives.

**6.2. How is risk being managed?**

Quality assurance risks are managed using a number of mechanisms including People Directorate monthly commissioning meetings, Provider Escalation Panels and Quality and Audit Subgroup of Adult Safeguarding Board

**6.3. What is the impact on the organisation?**

None

**6.4. Equalities / EIA**

Not applicable

**6.5. Implications for (or impact on) the environment**

None.

**6.6. Implications for partner organisations?**

CRCCG benefits from the joint approach to quality assurance and the market shaping and market sustainability activities outlined in this report.

**Report author(s):****Name and job title:**

Jon Reading, Head of Strategic Commissioning

**Directorate:**

People

**Tel and email contact:**

024 7629 4456      jon.reading@coventry.gov.uk

Enquiries should be directed to the above person.

<b>Contributor/approver name</b>	<b>Title</b>	<b>Directorate or organisation</b>	<b>Date doc sent out</b>	<b>Date response received or approved</b>
<b>Contributors:</b>				
Pete Fahy	Director of Adult Social Services	People Directorate	25/11/15	25/11/15
Ian Bowering	Head of Older Adults and Physical Impairment (Operations)	People Directorate	25/11/15	27/11/15
Jill Ayres	Safeguarding adults co-ordinator	People Directorate	25/11/15	27/11/15
Lara Knight	Governance Services Co-ordinator	Resources Directorate	25/11/15	26/11/15
<b>Names of approvers for submission: (officers and members)</b>				
Finance: Ewan Dewar	Finance Manager – People Directorate	Resources Directorate	25/11/15	26/11/15
Legal: Julie Newman	Senior Solicitor	Finance & Legal	25/11/15	30/11/15
Director: Gail Quinton	Executive Director - People		25/11/15	25/11/15
<b>Member:</b>				
Cllr Caan	Cabinet Member (Health and Adult Services)		25/11/15	25/11/15

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