

Adult Social Care Committee

Item No:

Report title:	Adult Social Care Annual Quality Report 2017/18
Date of meeting:	2 July 2018
Responsible Chief Officer:	James Bullion, Executive Director of Adult Social Services

Strategic impact

The Council invested approximately £318m in purchasing adult social care services from the market in 217/180. The Council has legal duties under the Care Act 2014 to promote the effective and efficient operation of a care market securing a choice of high quality services.

Executive summary

Ensuring that the social care and support services that adults in Norfolk may require to meet their needs and to help them to live as independent a life as possible is a key priority for Norfolk County Council (the Council). The Care Act placed this priority on a statutory footing through new duties requiring it to seek continuous improvements in quality and choice of services in its promotion of the market. The Adult Social Care Committee (the Committee) approved and adopted a new quality framework in January 2015 and this report updates the Committee on its implementation and includes the third annual quality report for the Committee's consideration. Overall, improvements in quality secured in both 2015/16 and 2016/17 have been maintained through our focused support programmes. Increased demand and significant price pressures, together with the nature of the market in Norfolk, is seeing the rate of progress required to meet our improvement targets slowing. At the same time, improvements have continued to be achieved in comparable local authority areas requiring a revision to the Council's target and timescales and improved support programmes. The Annual Quality Report (**Appendix 1**) sets out the detail and the strategy for further improvement.

Key Findings:

- a) The Council invests £318m annually in the care market to support more than 15,000 adults
- b) There is a formal care market of over 700 providers of which 505 were subject to Care Quality Commission (CQC) assessments and quality ratings
- c) Across the sector, CQC inspections indicate that 75% of providers have been rated as good, 21% as requires improvement and 3% rated as inadequate
- d) Some improvements in quality have been achieved in 2017/18 with 2% more providers rated as good or better, however, there has been an increase in inadequate provision
- e) Homecare has declined from 83.6% rated as good or better to 81.6% after a very strong year previously
- f) Residential care has improved from 70% rated as good or better to 73.2%, but is still the lowest of comparable local authorities
- g) The Council implemented the Requires Improvement to Good programme (RIG) of targeted interventions to support overall sector improvement in 2016 and the 2017/18 programme has helped to secure some further improvement but further concerted effort is needed to match average performance in comparable Local Authority areas
- h) The Quality Assurance (QA) and Operational teams provide crucial support to providers and individuals in the event of market or provider failure. This can result in reduced capacity to provide proactive support to providers. Note the actions being taken to improve quality in market based provision (2.3.2)

Recommendations:

The Committee is recommended to:

- a) **Consider the findings presented and agree to publish the Annual Quality Report**
- b) **Agree to resetting the (RIG) target from 80% rated as good or better to 85% rated as good or better and extending the programme to 31 March 2020 from 31 March 2019**

Appendix 1 – Annual Quality Report – page 103

1 Proposal

- 1.1 The Quality Framework provides an opportunity for the Committee to thoroughly consider the quality of adult social care in Norfolk, the actions taken by the Council to secure quality and proposals for future actions to improve quality in adult social care.

2 Evidence

2.1 Care Act 2014

- 2.1.1 The Care Act places significant duties on Local Authorities to facilitate and shape their market for adult care and support, so that it meets the needs of all people in their area who need care and support, whether arranged or funded by the state, by the individual themselves, or delivered direct by the Council.
- 2.1.2 The ambition is for Local Authorities to influence and drive the pace of change for their whole market leading to a sustainable and diverse range of care and support providers, continuously improving quality and choice and delivering better, innovative and cost-effective outcomes that promote the wellbeing of people who need care and support. This is in line with the Council's Promoting Independence strategy.
- 2.1.3 Poor quality services are not effective in supporting people to achieve their wellbeing outcomes and deliver poor value for money. It is essential, therefore, that we ensure we know that all the services we pay for are high quality and effective. This requires regular ongoing proactive monitoring of provider performance across the board and effective interventions to restore high quality services if things are beginning to go wrong. The quality framework supports this.

2.2 Annual Quality Report

- 2.2.1 The Committee originally approved and adopted the quality framework at its meeting in January 2015. Since that time, considerable progress has been made in the implementation of the framework, supported by some additional financial investment in QA staff and systems.
- 2.2.2 It is critical that the Council gains a thorough understanding of quality in the care market and a key feature of the framework lies in its governance, review and reporting arrangements that are intended to ensure that the quality of care is understood throughout the department and the Committee. To this end, the framework requires the production of an Annual Quality Report (the Report) for consideration by the Committee.
- 2.2.3 The Report is intended to be a public document and thus serves the purpose of helping the Council, key commissioning partners, stakeholders and the public understand the quality of care in Norfolk. The Report for 2017/18 is the third of its kind and is attached at **Appendix 1**. (the Report will be available through the Council's website following consideration by the Committee). This provides an opportunity to identify trends with the 2015/16 Report acting

as the baseline. Elected members also have the opportunity to track key aspects of quality through the regular performance reports provided to the Committee.

2.3 Quality improvement programme 2017/18

2.3.1 Details of the quality improvement programme undertaken in 2017/18 are set out in the Annual Quality Report itself. (**Appendix 1** section 4 and 5 outline the Improvement Programmes). In summary the work of the team and the limited proactive programme has been effective inasmuch as there was further improvement in quality overall in 2017/18 compared to the previous year. The rate of improvement, however, has slowed at the same time as the rate of improvement in comparable council areas has been maintained. This means that we need to enhance the programme for 2018/19.

2.4 Quality improvement programme 2018/19

2.4.1 Improvement in quality ratings from CQC remains the most significant indicator of care quality. The responsibility for maintaining good quality lies with the providers themselves although the Council remains accountable for quality of care in the market under the Care Act.

2.4.2 In addition to the work carried out by the QA team set out in the Annual Quality Report the Council can increase the probability of providers being rated as at least good by CQC in a number of ways and does so. These include our procurement processes when we select providers with whom we contract for services. The QA team contributes to these processes in defining pre-award quality standards and assisting in the assessment of tenders. Even this process cannot guarantee that a provider will not fall below a good rating after being awarded contracts.

2.4.3 Contract management helps to ensure that poor performance is picked up early and acted upon. The QA team are involved whenever a performance notice is issued and spent much of 2017/18 working with a major home care provider subject to such a notice.

2.4.4 The Annual Quality Report sets out the main workload of the QA team and the volume of complaints, concerns and safeguarding issues relating to providers is so great that there was very little capacity for proactively working with providers who are struggling. Whilst the team's reactive work undoubtedly prevents even poorer performance against CQC ratings it essentially operates in fire fighting mode.

2.4.5 The real lesson learned from the 2017/18 improvement programme is that we need to implement a proactive inspection regime that focuses on the 100 or so providers who are struggling to maintain good quality. The proactive inspections will need to reach the whole market in a three yearly cycle.

2.4.6 We must continue to deal with all the complaints, concerns and safeguarding issues requiring intervention by the team as in previous years. The major change will be in establishing a dedicated inspection team, initially consisting of 3.5 full time equivalent posts (from within existing resources) who will use the regional inspection, rating and improvement tool known as PAMMS to identify poor practice, formulate improvement plans and closely support and monitor the achievement of the improvements required. The team will initially focus on 40 care homes who present the highest risk of poor ratings.

2.4.7 The quality improvement programme will continue to use detailed market intelligence and ongoing risk assessment to target resources to support other providers and sectors which present the greatest challenges to securing good quality of care ratings from the CQC.

2.4.8 We will also incorporate the following initiatives in the programme for 2018/19:

- a) Workforce training – work with regional colleagues to improve and enhance training available to the existing and new members of the care workforce
- b) The Enhanced Care in Care Homes project which, in collaboration with Health colleagues, seeks to improve the quality of residential and nursing home provision
- c) Work with providers to form a formal Care Association which will provide oversight and support to providers and the care workforce
- d) Continue to invest and engage with the care market using the sector based plans and cost models
- e) A review and revision of the quality assurance offer to the market from the Council
- f) Reshaping of the market mix to ensure a solid base of trusted and quality assured providers
- g) Promoting the Harwood Charter using our revised and improved regional contract
- h) Using the customer satisfaction surveys introduced for the homecare market in 2016/17 to focus proactive activity with providers
- i) Reviewing our commissioning arrangements to free up care providers to invest in future development and expansion

3 Financial Implications

- 3.1 The costs including oncosts of all staff in the QA team including the team manager in 2016/17 was £315k and in 2017/18 was £362k. This is about 0.11% of the total spend in the market or a little under £10 per provider per week. In addition, £50k of the market development fund was used to support quality initiatives delivered by external partners.
- 3.2 Whilst there are no direct financial implications arising from the implementation of the quality framework itself, should the Council determine that further strengthening of its capacity to support proactive quality improvement is required, this would be found from within existing resources.

4 Issues, risks and innovation

- 4.1 The quality framework places the Council in a strong position to effectively discharge its duties in securing high quality adult social care and support services in Norfolk. The current quality picture, whilst showing some improvement compared to the previous year, continues to present very significant challenges to the Council and it will be important to keep the position under review taking such steps as are necessary and proportionate to secure high quality care services.

5 Background

- 5.1 The quality framework itself can be accessed via the link below

www.norfolk.gov.uk/careproviders

Officer Contact

If you have any questions about matters contained in this paper or want to see copies of any assessments, e.g. equality impact assessment, please get in touch with:

Officer Name:	Tel No:	Email address:
Sera Hall	01603 224378	sera.hall@norfolk.gov.uk
Steve Holland	01603 638353	steve.holland@norfolk.gov.uk



If you need this report in large print, audio, Braille, alternative format or in a different language please contact 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.