

Report to: **Adult Social Care and Community Safety Scrutiny Committee**

Date: **8 September 2011**

By: **Director of Adult Social Care**

Title of report:: **Procurement of Adult Social Care Services from the independent sector**

Purpose of report: **To demonstrate that the procurement of Adult Social Care Services offer value for money and provide quality services that meet the needs of service users.**

RECOMMENDATION:

The Committee is recommended to:

1. Consider and comment on the information given in this report

1. Financial Appraisal

1.1 The Adult Social Care (ASC) Contracts and Purchasing Unit (CPU) is responsible for the procurement and contract management of services to meet the needs of people who receive support from the Department. The total annual cost of the CPU is approximately £1.2m. The gross value of services that are purchased is £148m.

2. Background and Supporting Information

2.1 In line with the Putting People First Concordat and our Commissioning Strategies, there has been an increasing focus on personalisation and choice to ensure that individuals are central to the commissioning process and that care services work in an enabling way which results in greater independence, choice and quality of life. We are developing new models of care that reflect national best practice, local need and people's expressed views in the context of rising expectations and reducing public funds.

2.2 The ASC Department is a commissioning organisation. Commissioners are responsible for commissioning services at a strategic level that will meet the needs of service users, efficiently and cost-effectively, now and for the future. Based on population needs assessment, identification of service gaps and evaluation of the effectiveness of service models, commissioners work in conjunction with service users, carers and partner agencies, to develop quality service provision, increasingly across integrated "care pathways". The CPU work closely with commissioners, leading the procurement and contract management of services developed with a specific focus on cost and quality. CPU also work closely with operational staff responsible for the assessment and care management of service users to ensure service users are enabled to access services, that they are provided as intended and that service users needs are met and outcomes achieved as a result.

3. Current Position

3.1 The CPU has three distinct teams. All staff receive regular training that is relevant to their roles, including negotiation training for buyers, and in the requirements of social care:

Social Care Procurement Team (SCPT) – responsible for providing procurement advice and lead on all social care tender activity. The team are qualified procurement professionals;

Service Placement Team (SPT) – responsible for purchasing individual packages of care and support services for individuals against the contracts that have been agreed and as referred by operational staff.

Quality Monitoring Team (QM Team) – is responsible for monitoring the contract compliance of current care managed contracts and acting as a key interface for Safeguarding and Complaints activity.

3.2 The department works with providers of care to ensure and develop quality standards in a number of ways.

- Through contractual arrangements and service specifications that set out the standards and outcomes that are expected and key performance indicators that will be measured.
- The Quality Monitoring Team of the CPU work with care providers, undertaking quality audits and reviews with service providers based upon risk.
- A Care Governance Framework to monitor and assess the quality of care services provided by the Independent Sector. It also supports the introduction of the Adult Social Care Outcomes Toolkit (ASCOT) methodology to capture information about an individual's social care-related quality of life.
- For Home Care and Care Home providers, there are quarterly forums, which are well attended and this develops a professional collaborative relationship.
- Feedback from service users through questionnaires and complaints.
- Information from CQC, health services and social work teams.

3.3 The Care Governance Framework is overseen by a panel which meets monthly and consists of representatives from the Contracts and Purchasing Unit, the Performance and Engagement Team, Commissioners and Operational Teams. The panel consider information from a variety of sources on the performance of contracted social care providers and this is analysed and identifies any key themes in relation to the quality of the delivery of social care.

3.4 With the abolition of the Care Quality Commissions (CQC) rating process, the framework has assisted in the development of new preferred/approved provider schemes. The goal is to have a complementary process to the new CQC's function and to avoid any duplication. The framework takes into account national and local drivers and links into the commissioning cycle to promote quality, better outcomes, improved customer care and cost effectiveness.

3.5 Taking Home Care contracts as an example: there is a robust framework and contract management system that is designed to encourage good quality services. Please see, **Appendix 1** for the: Care Governance Framework, Quality Ratings of the Home Care Provider's framework. This framework allows certain home care providers to be rated as GOLD, SILVER or BRONZE quarterly and this is placed on the East Sussex website to enable service users make an informed choice about the quality of the Home Care Provider.

3.6 The Service Placement Team negotiate the fees to be paid for individual care services, including for the NHS in some cases, and where possible, standardised care is purchased against set fees. These are benchmarked against other authorities to ensure they represent value for money. The specialist placement team uses benchmarking tools such as the Care Funding Calculator to ensure that specialist individual placements take account of individual needs and represent best value. **Appendix 2** shows how East Sussex compares to similar Councils by benchmarked costs of care.

4 Conclusions

4.1 The way that care services are commissioned and procured, and the monitoring of services provides for the views of service users to be taken into account and the outcomes are measured in line with the more personalised, outcome focused specifications.

4.2 There has been an increased focus on joint purchasing with the PCTs, which is establishing a more consistent approach to ensuring the quality of care provision in the community. This offers savings through consolidating purchasing functions across ASC and PCTs.

4.3 We are working to ensure better partnership with providers with good performance and outcome measures.

4.4 Procurement staff are professionally trained to ensure that services are purchased through the legal and regulatory frameworks at the best price possible.

KEITH HINKLEY

Director of Adult Social Services

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Adult Social Care

Care Governance Framework

Quality Ratings of home care providers framework



Adult Social Care are in the process of developing a Care Governance Framework to monitor and assess the quality of care services provided by the Independent Sector. The provision of good quality social care is a key outcome for users, service providers and the Council/Commissioners and this process offers a consistent approach across service areas. It also supports the introduction of the Adult Social Care Outcomes Toolkit (ASCOT) methodology. The ASCOT measure is designed to capture information about an individual's social care-related quality of life.

The Care Governance Framework is overseen by a panel meets monthly and consists of representatives from the Contracts and Purchasing Unit, the Performance and Engagement Team, Commissioners and Operational Teams. The panel consider information from a variety of sources on the performance of contracted social care providers and this is analysed and will identify any key themes in relation to the quality of the delivery of social care. This information will also inform the work of the Quality Monitoring Team and will be shared with Commissioners to assist in their commissioning plans.

With the abolition of the Care Quality Commissions (CQC) rating process, the framework has assisted in the development of a new preferred/approved provider scheme. The goal is to have a complementary process that includes the new CQC's function and to avoid any duplication. The framework will take into account National and Local drivers and link into the commissioning cycle to promote quality, better outcomes, improved customer care and cost effectiveness.

Care Governance Framework for East Sussex

The Care Governance panel have been reviewing the system of rating the Framework Home Care providers through which they are awarded a gold, silver or bronze rating and is then placed on the internet ;

- this provides a better level of information for potential service users and their families to make informed choices about providers when arranging home care
- provides a stimulus to competition between providers to improve services over the 4-year course of the contract

The framework fits in with the key themes in the *Transparency in outcomes: a framework for adult social care*, which underpin the proposed quality rating framework. The questions in the Service User Questionnaire that the Quality Monitoring Team use have been mapped to the outcomes in the framework and to the Adult Social Care Toolkit (ASCOT) domains, (Appendix 1).

The three interdependent themes in the framework for adult social care are: the **outcomes** which services achieve for people, the **quality** of services which underpins those outcomes, and the **transparency** of the system which allows for public accountability as the safeguard.

The quality of services is a marker for the outcomes that can be achieved. It is also about effectiveness and efficiency of the service, and the way services are commissioned.

The principles of Quality within the adult social care framework are described as:

- **Effectiveness**- getting it right the first time.
- **Experience**- a positive experience of care and support.
- **Safety**- protecting vulnerable people.
- **Efficiency**- ensuring value for money.

The principles of equality and diversity are integral to the outcomes which services achieve for people:

- **Equality** – everyone having fair access to opportunities and services.
- **Diversity** – recognising and valuing the contribution of every individual.

The proposed framework below pulls together a selection of questions from the quarterly survey of home care service users, and key contract requirements.

As well as the mapping to the Adult Social Care Outcome Domains and Statements and ASCOT domains as set out in Appendix 1 of this report, the questions selected from the survey of home care service users to form part of the quality rating framework have been mapped to the essential standards set out by the Care Quality Commission (CQC)

Each measure will be given a weighting to inform the overall Quality score. These weightings are to be developed following consultation with users and carers.

CQC essential Standards	Measure	Source
You can expect to be involved and told what's happening at every stage of your care	My care workers treat me with the dignity and respect that I want (strongly agree or agree)	Council Survey
	I have as much control over my home care service as I want, for example, when the care workers come, how long for and how they support me (strongly agree or agree)	Council Survey
	My home care service supports me to have as much independence as I want (strongly agree or agree)	Council Survey
You can expect care, treatment and support that meets your needs	Outcomes and satisfaction with service as reported by service users (satisfied or very satisfied)	Council Survey
	My home care service understands and is sensitive to my cultural, religious, ethnic and relationship needs (strongly agree or agree)	Council Survey
	My home care service supports me to do the activities I want, inside and outside the home (strongly agree or agree)	Council Survey
	My home care service has made a positive difference to the quality of my life (strongly agree or agree)	Council Survey
	My home care service has helped to improve my confidence and helps me to feel better about myself (strongly agree or agree)	Council Survey
You can expect to be safe	My homecare service helps me to feel safe & secure in my own home (strongly agree or agree)	Council Survey
	<i>Look at availability of SVA data by provider (to be developed)</i>	AVA data
You can expect to be cared for	Levels of NVQ/CQF training	Service Provider quarterly report

by qualified staff	Care Worker continuity	RTTM
	Care Worker turnover	RTTM
You can expect your care provider to constantly check the quality of it's service	Compliance with Real Time Telephone Monitoring (RTTM) data submission requirements	RTTM
	<i>Number of service users who made a complaint about home care service in year as a percentage of all service users supported by each provider (to be developed)</i>	CRM

The framework above will be used to provide an overall score for each provider. A threshold will be determined to set the minimum overall score that a provider must achieve to gain a rating of gold, silver and bronze.

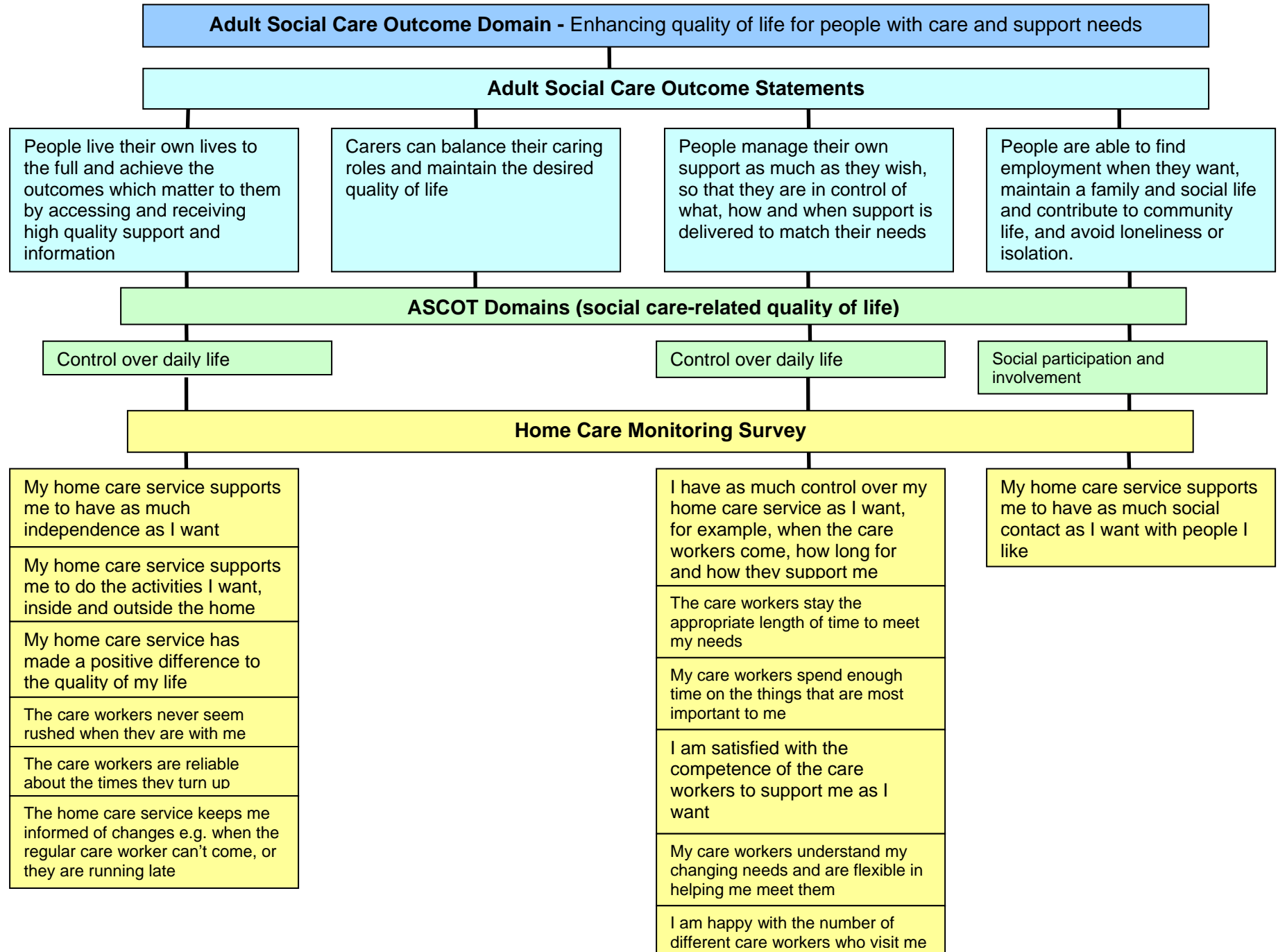
These thresholds will be reviewed periodically and raised as appropriate, for example if the initial threshold for a gold rating is set at achieving 80% or more of the overall score available, and only a small number of providers initially achieve that level but as time progresses the majority of providers are consistently meeting that level, the threshold for achieving gold could be raised to 85%. This ensures a continuous drive for improving services.

This approach outlined above will ensure there is a transparent framework which enables providers to have a clear understanding of the required performance to achieve a gold rating, and provides a transparent quality rating for service users to enable choice of home care provider.

CQC have announced plans to develop a new scheme to recognise excellence in adult social care. The scheme – set to be launched in April 2012 – will be CQC-owned, but delivered by other organisations under licence. A consultation on how to define excellence in adult social care will launch in May, building on work carried out for CQC by the Social Care Institute for Excellence. The scheme will be voluntary (social care providers can choose to apply for the award) and will involve a proportionate charge.

Once more detailed information is available on the proposed excellence scheme the quality rating framework for homecare providers will be reviewed to explore how the East Sussex quality rating framework will fit alongside the CQC excellence framework.

Mapping to Adult Social Care Outcome Domains and Statements, and ASCOT Domains



Adult Social Care Outcome Domain
Delaying and reducing the need for care and support

Adult Social Care Outcome Statements

Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.

Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services

When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence

ASCOT Domains (social care-related quality of life)

Dignity

Home Care Monitoring Survey

My home care service has helped to improve my confidence and helps me to feel better about myself

Adult Social Care Outcome Domain
Ensuring that people have a positive experience of care and support

Adult Social Care Outcome Statements

People who use social care and their carers are satisfied with their experience of care and support services

Carers feel they are respected as equal partners throughout the care process

People know what choices are available to them locally, what they are entitled to, and who to contact when they need help

People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual

ASCOT Domains (social care-related quality of life)

Control over daily life

Dignity

Home Care Monitoring Survey

Please tell us how satisfied you are overall with the home care service you receive

Have you raised a concern or made a complaint in the last year about your home care service or your care worker

Did the home care service deal with your concern or complaint to your satisfaction

I had a choice over which organization provided my home care service

My care workers treat me with the dignity and respect that I want

My home care service understands and is sensitive to my cultural, religious, ethnic and relationship needs

My care workers are always careful not to discuss other people who use the service or other care workers

Adult Social Care Outcome Domain
Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm

Adult Social Care Outcome Statements

Everyone enjoys physical safety and feels secure

People are free from physical and emotional abuse, harassment, neglect and self-harm

People are protected as far as possible from avoidable harm, disease and injuries

People are supported to plan ahead and have the freedom to manage risks the way that they wish.

ASCOT Domains (social care-related quality of life)

Safety

Home Care Monitoring Survey

My homecare service helps me to feel safe and secure in my own home

Home Care – service user questionnaires

The information presented below are outcomes as measured by service user comments made in a survey of home care service users conducted in February and March 2011. 450 questionnaires were sent out, and 153 were returned, giving a return rate of 34%

This survey will be repeated quarterly, covering a different cohort of service users each time, so that over a full year, all home care service users will have had the opportunity to complete a survey.

Adult Social Care Outcome Domain – Enhancing quality of life for people with care and support needs	
Adult Social Care Outcome Statement : People live their own lives to the full and achieve the outcomes which matter to them by accessing and receiving high quality support and information	ASCOT Domain : Control over daily life –The service user can choose what to do and when to do it, having control over his / her daily life and activities

	Strongly agree	agree	neither	disagree	strongly disagree
My home care service supports me to have as much independence as I want	43 (31.4%)	72 (52.6%)	17 (12.4%)	5 (3.6%)	0 (0.0%)
My home care service supports me to do the activities I want, inside and outside the home	21 (16.9%)	49 (39.5%)	43 (34.7%)	8 (6.5%)	3 (2.4%)
My home care service has made a positive difference to the quality of my life	44 (31.9%)	69 (50.0%)	21 (15.2%)	3 (2.2%)	1 (0.7%)
The care workers never seem rushed when they are with me	37 (25.2%)	64 (43.5%)	26 (17.7%)	14 (9.5%)	6 (4.1%)
The care workers are reliable about the times they turn up	30 (20.4%)	61 (41.5%)	28 (19.0%)	20 (13.6%)	8 (5.4%)
The home care service keeps me informed of changes e.g. when the regular care worker can't come, or they are running late	25 (17.1%)	43 (29.5%)	22 (15.1%)	36 (24.7%)	20 (13.7%)

Adult Social Care Outcome Statement : People manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match needs	ASCOT Domain : Control over daily life –The service user can choose what to do and when to do it, having control over his / her daily life and activities
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	Strongly agree	agree	neither	disagree	strongly disagree
I have as much control over my home care service as I want, for example, when the care workers come, how long for and how they support me	25 (17.5%)	53 (37.1%)	38 (26.6%)	19 (13.3%)	8 (5.6%)

The care workers stay the appropriate length of time to meet my needs	48 (32.0%)	81 (54.0%)	14 (9.3%)	4 (2.7%)	3 (2.0%)
My care workers spend enough time on the things that are most important to me	49 (34.5%)	76 (53.5%)	10 (7.0%)	7 (4.9%)	0 (0.0%)
I am satisfied with the competence of the care workers to support me as I want	52 (35.1%)	80 (54.1%)	10 (6.8%)	5 (3.4%)	1 (0.7%)
My care workers understand my changing needs and are flexible in helping me meet them	60 (41.4%)	70 (48.3%)	11 (7.6%)	4 (2.8%)	0 (0.0%)
I am happy with the number of different care workers who visit me	32 (22.7%)	68 (48.2%)	18 (12.8%)	13 (9.2%)	10 (7.1%)

Adult Social Care Outcome Statement : People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.	ASCOT Domain : Social participation and involvement – The service user is content with their social situation, where social situation is taken to mean the sustenance of meaningful relationships with friends, family and feeling involved or part of a community should this be important to the service user
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	Strongly agree	agree	neither	disagree	strongly disagree
My home care service supports me to have as much social contact as I want with people I like	25 (19.4%)	43 (33.3%)	51 (39.5%)	9 (7.0%)	1 (0.8%)

Adult Social Care Outcome Domain – Delaying and reducing the need for care and support	
Adult Social Care Outcome Statement : Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.	ASCOT Domain : Dignity –The negative and positive psychological impact of support and care on the service user's personal sense of significance

	Strongly agree	agree	neither	disagree	strongly disagree
My home care service has helped to improve my confidence and helps me to feel better about myself	32 (25.2%)	62 (48.8%)	29 (22.8%)	4 (3.1%)	0 (0.0%)

Adult Social Care Outcome Domain – Ensuring people have a positive experience of care and support

Adult Social Care Outcome Statement : People who use social care and their carers are satisfied with their experience of care and support services

	<i>Very satisfied</i>	<i>Satisfied</i>	<i>Neither</i>	<i>Dissatisfied</i>	<i>Very dissatisfied</i>
Please tell us how satisfied you are overall with the home care service you receive	62 (41.9%)	60 (40.5%)	18 (12.2%)	4 (2.7%)	4 (2.7%)

	Yes	No
Have you raised a concern or made a complaint in the last year about your home care service or your care worker?	46 (32.9%)	94 (67.1%)
If yes, did the home care service deal with your concern or complaint to your satisfaction?	28 (63.6%)	16 (36.4%)

Adult Social Care Outcome Statement : People know what choices are available to them locally, what they are entitled to, and who to contact when they need help

ASCOT Domain : Control over daily life –The service user can choose what to do and when to do it, having control over his / her daily life and activities

	<i>Strongly agree</i>	<i>agree</i>	<i>neither</i>	<i>disagree</i>	<i>strongly disagree</i>
I had a choice over which organization provided my home care service	16 (11.5%)	22 (15.8%)	27 (19.4%)	49 (35.3%)	25 (18.0%)

Adult Social Care Outcome Statement : People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual

ASCOT Domain : Dignity –The negative and positive psychological impact of support and care on the service user’s personal sense of significance

	<i>Strongly agree</i>	<i>agree</i>	<i>neither</i>	<i>disagree</i>	<i>strongly disagree</i>
My care workers treat me with the dignity and respect that I want	66 (44.9%)	78 (53.1%)	1 (0.7%)	2 (1.4%)	0 (0.0%)
My home care service understands and is sensitive to my cultural, religious, ethnic and relationship needs	39 (29.3%)	63 (47.4%)	30 (22.6%)	0 (0.0%)	1 (0.8%)

My care workers are always careful not to discuss other people who use the service or other care workers	52 (35.1%)	81 (54.7%)	9 (6.1%)	5 (3.4%)	1 (0.7%)
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Adult Social Care Outcome Domain – Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm	
Adult Social Care Outcome Statement : Everyone enjoys physical safety and feels secure	ASCOT Domain : Safety – The service user feels safe and secure. This means being free from fear of abuse, falling or other physical harm and fear of being attacked or robbed

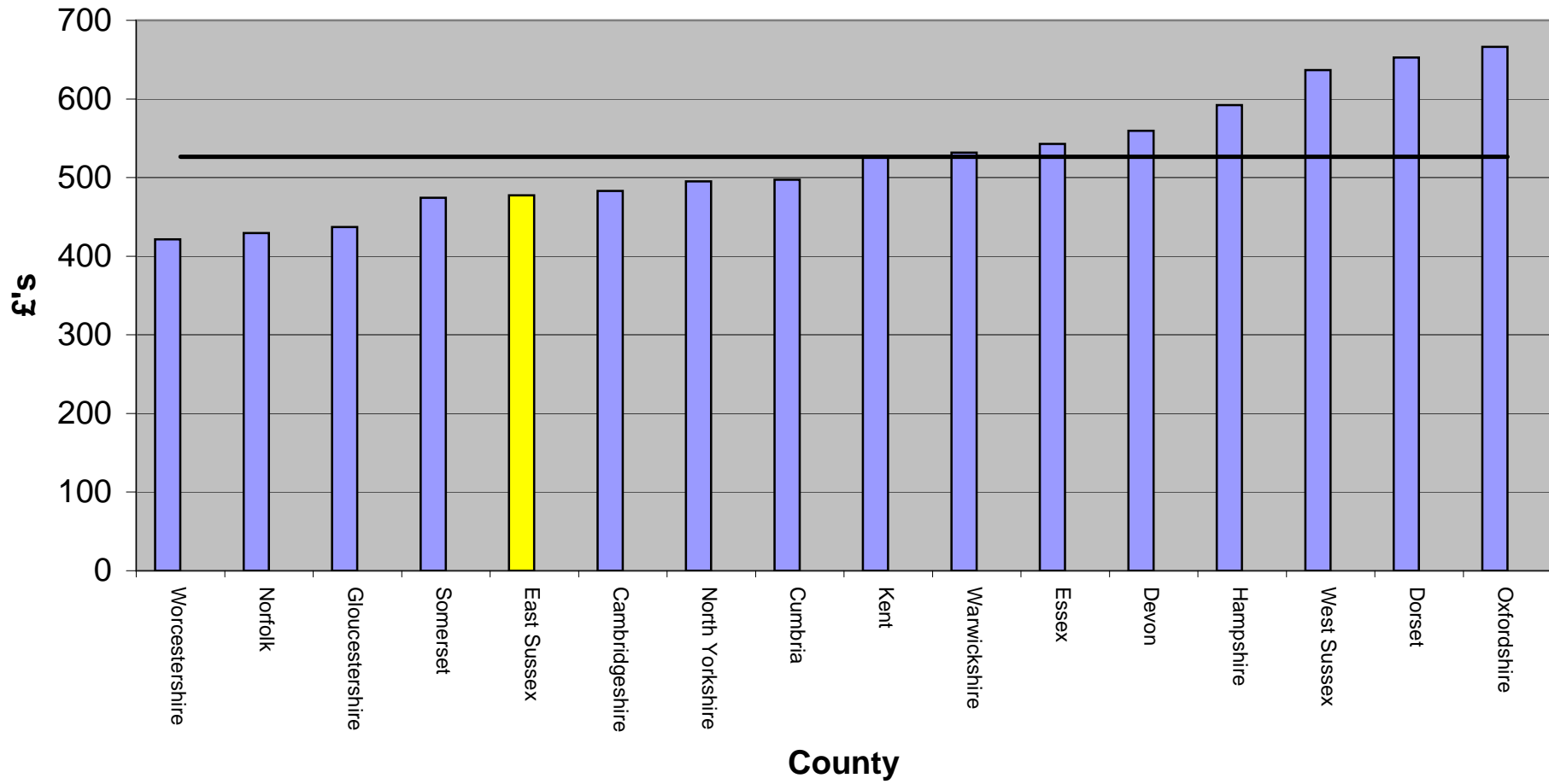
	<i>Strongly agree</i>	<i>agree</i>	<i>neither</i>	<i>disagree</i>	<i>strongly disagree</i>
My homecare service helps me to feel safe & secure in my own home	49 (35.5%)	65 (47.1%)	21 (15.2%)	3 (2.2%)	0 (0.0%)

As shown above 82.4% of service users were satisfied or very satisfied with the home care service they received. 81.9% agreed or strongly agreed that the service had made a positive difference to their quality of life.

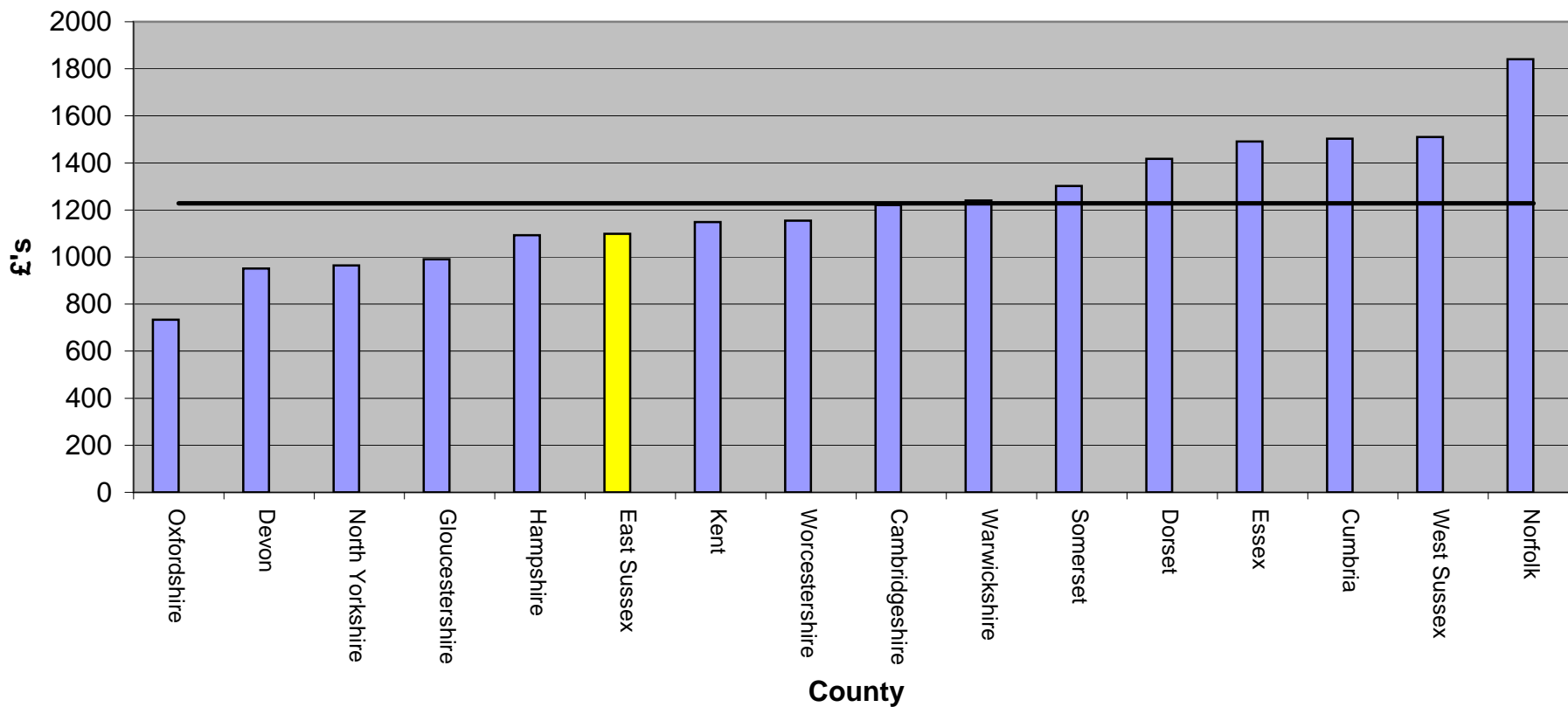
The results presented above are also available by provider, but interpretation of results on the small numbers of returns (and client base) for some providers need to be done carefully. Broadly, a minimum of 10 returns for a provider would be a reasonable base to make tentative judgements on.

Appendix 2

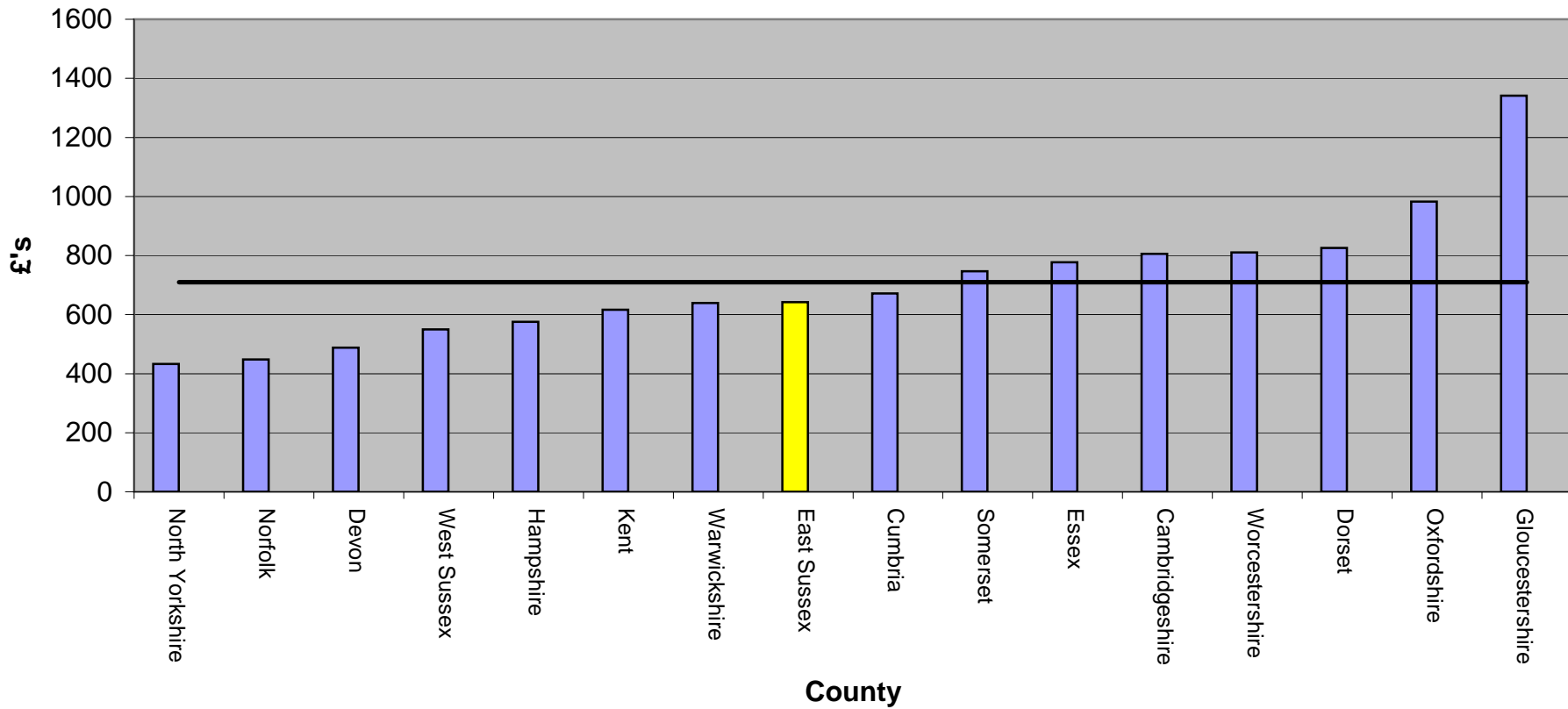
Average gross weekly expenditure per person on supporting older people in residential and nursing care
(including full cost paying and preserved rights residents)



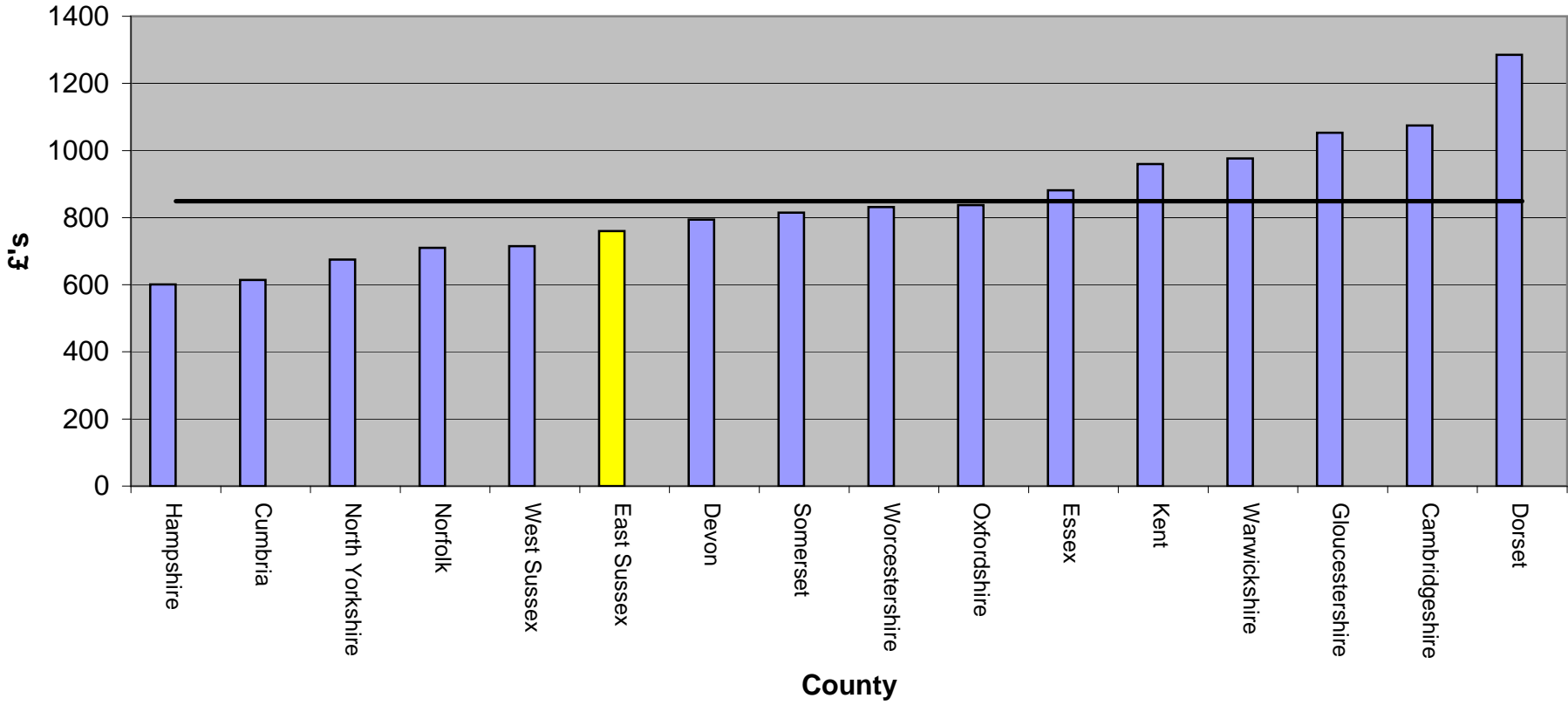
Average gross weekly expenditure on supporting adults with a Learning disability in residential and nursing care (including full cost paying and preserved rights residents)



Average gross weekly expenditure on supporting adults with mental illness in residential and nursing care
(including full cost paying and preserved rights residents)



Average gross weekly expenditure per person on supporting adults with a Physical disability in residential and nursing care (including full cost paying and preserved rights residents)



Average gross hourly cost for home help/care

