

<b>Report title: Provider Relationships</b>	
<b>Report to:</b> People and Family Scrutiny Committee	
<b>Report author:</b> Nick Presmeg, Executive Director, Adult Social Care	
<b>Date:</b> 31 January 2019	<b>For:</b> People and Family Scrutiny Committee on 14 February
<b>Enquiries to:</b> Nick Presmeg, Executive Director, Adult Social Care	

**Suspended invoices and whether the suspension was for the full invoice amount or only the relevant part of it that was being queried**

- (i) The suspended invoices each month are for the full cost of the invoice suspended not a part of an invoice. The system does not allow us to part pay any invoice due to the current charging policy along with the complexities in trying to reconcile payments for both providers and ECC. If further information is required, I would suggest a conversation with Nicole Wood.

**The number of residents supported by ECC in care homes that were subsequently assessed by the Care Quality Commission as inadequate and how long it took to remedy the situation (i.e. re-placing the clients in other care homes) and the lessons learnt**

- (ii) the number of residents supported by ECC in care homes that were subsequently assessed by the Care Quality Commission as inadequate and how long it took to remedy the situation (i.e. re-placing the clients in other care homes) and the lessons learnt;

The number of residents in care homes that were subsequently rated inadequate by the Care Quality Commission (CQC) over the past 18 months is 318. These residents were spread across 21 different services. The Council has a strong relationship with the CQC and will be notified promptly if the CQC have serious concerns about a service that they have inspected. Therefore, the council will have taken necessary action to ensure the safety and wellbeing of residents in these services, several weeks before the CQC report is published.

The steps taken to remedy situations varies depending on the specific issues and the respective service capability to remedy the concerns. This is carefully monitored by the Council and in a small number of cases we may take a decision to terminate contracts and move people to safe, alternative accommodation of their choice. However, in the main we will work in partnership with our care home operators to support them to achieve the necessary improvements to services. A typical action plan for improvement is contained to a 3 month period.

The Council has continually developed robust procedures to manage failing care providers. Council officers from a number of functions meet weekly to discuss providers of concern and agree required actions. Where there are significant concerns we will temporarily cease to make placements to that service until the issues are rectified. We also have regular meetings in each Clinical Commissioning Group area, also attended by CQC at managerial level to share local intelligence about care home concerns and to take actions as appropriate.

Our Procurement, Safeguarding, Quality Improvement and Adult Social Care operational teams will work collaboratively to ensure that we comprehensively assess the quality of any inadequate service and develop an action plan for sustainable improvement. We have a dedicated Organisational Safeguarding team who coordinate the response to serious safeguarding concerns with care homes and ensure that a multi – Disciplinary approach including NHS colleagues is established, to ensure that people are receiving safe appropriate care of a high standard. In many cases the interventions of the Council and support to our providers help support improvement and avoid an inadequate rating by CQC.

Our Procurement team are currently leading a workstream for ADASS (Association of Directors of Adult Social Services) to develop a Risk Profiler tool. This will enable us to collect a range of data such as CQC reports, local authority quality assessment outcomes, safeguards, complaints, spend, occupancy, suspension of admissions, whether a current registered manager in place. This will enable us to have a predictive element in monitoring provider performance and anticipate problems before they arise and intervene as necessary and further strengthen our approach.

### **Whether there was particular criteria within the new framework agreement which were proving difficult for some providers to meet**

- (iii) The deadline for bids to join the new framework is the end of January so we have not yet reviewed the submissions. That said, most of our requirements are similar to the current contract so the criterion they are likely to struggle with is completing assessments over weekends. In most homes the manager likes to complete this work and typically they work Monday – Friday. We are working with the market to introduce a trusted assessor model which will help with this issue.

### **Market Strategy**

We have done a lot of communication with the market regarding actions in the CMS.

Our relationship with the Essex Care Association (ECA) – the provider voice – has allowed much more open communication. Directors attend every breakfast event and

Cllr Spence spoke at the last meeting about strategic partnerships. As well as this we have communicated our focus on framework provision.

Cllr Spence also heads an advisory forum discussing strategic issues with a small group of selected providers. This, alongside our other strategic meetings helps us to shape future activity.

The Quadrant forums help to shape the market, talking about and solving local issues (operational), integration with health, providing updates on projects, and getting provider feedback.

Last year also saw some Supported Living / LD forums around the county with a focus on LD provision of the future.

The Care Provider Information Hub is our dynamic MPS, with latest news / information, roles and responsibilities, contact details etc. All designed to keep providers informed of all activity as well as assist in their daily operations. Provider feedback continues to shape content.

Workforce is the biggest issue for providers and as well as an overall Workforce Project group we have set up a sub project team, led by procurement, to review projects to assist provider workforce issues, and look at how contractual arrangements can be amended in future.

Disability Confident survey was sent to the market and follow up work is about to take place to see if this pool is suitable for our markets.

Trusted assessor models have been discussed with the market and a TA is now in place in the mid and piloting elsewhere.

Finally, in late 2018 we sent the annual relationship management survey to the market, and officers, to get feedback on relationships with each department and each other. A report will be compiled and shared in due course with suggested actions.

I attach a hyperlink to the care market strategy. I also attach a summary of the ASC business plan.

The commitment on the market shaping strategy was to review it, rather than to refresh it.

Some good progress has been made on some areas e.g there was a commitment to speed up our payments and clear backlog of late payments. We have also invested a lot through the improved Better Care Fund in care quality initiatives

<https://www.livingwellessex.org/media/534088/care-market-strategy-2017-21.pdf>