

1 December 2014

Agenda Item:10

## **REPORT OF THE SERVICE DIRECTOR FOR ACCESS AND PUBLIC PROTECTION**

### **MANAGEMENT ARRANGEMENTS FOR MARKET DEVELOPMENT AND QUALITY**

#### **Purpose of the Report**

1. The purpose of the report is to seek the approval of Adult Social Care & Health (ASCH) Committee to:
  - a. the extension of the secondment to the authority of the Care Quality Commission (CQC) Inspection Manager, from 23 January 2015 to 31 March 2015, at a cost of £11,923
  - b. redefined management arrangements for the two teams responsible for Market Development and Community Partnerships, including care quality and risk
  - c. a changed job description for the Team Manager for the Home Based Services team, resulting in a changed grading from Hay Band D (£35,784-£40,254) to Hay Band E (£40,254-£44,719).

#### **Information and Advice**

2. The Quality & Market Management group was created in spring 2014 to reflect the importance that the authority places on monitoring and improving the quality of adult care in Nottinghamshire.
3. In addition to other functions, the group comprises the following resources:
  - a. a CQC Inspection Manager secondee, leading on the strategic review of the care home sector, development of a risk register, and refinement of the risk escalation procedure, quality audit tool and methodology
  - b. The Market Development & Care Standards team, headed by a Team Manager at Hay Band E (£40,254-£44,719)
  - c. a new and currently unpopulated Community Partnerships team (created at ASCH Committee on 7 July 2014), to be headed by a Team Manager at Hay Band D (£35,784-£40,254).

#### *Proposed short-term extension of the CQC Inspection Manager's secondment*

4. In January 2013, the secondment of one of the CQC's Compliance Managers (now Inspection Managers) to the County Council for a 12 month period was agreed. The purpose

of the secondment was to complete a strategic review of the care home sector, share knowledge and expertise about care standards, further support the development of the care market, and improve partnership working across the local health and social care landscape. The initiative has been one of a range of measures to improve the quality of care services across Nottinghamshire. One of Nottinghamshire County Council's Market Development Officers was simultaneously seconded to the local CQC office to undertake the role of a Compliance Inspector. The opportunity enabled a better understanding of how the role of the Council's Market Development Team can complement the regulatory responsibilities of the CQC.

5. The Compliance Manager commenced her secondment with the Council on 23 January 2013. Since that time she has been leading or contributing to a number of activities including the following:
  - reviewing and revising the annual audit framework to make the annual audits outcomes based
  - developing a risk tool which collates and holds qualitative intelligence about care providers, and which is used as the basis of information sharing with partner agencies and to focus on service improvements
  - reviewing and updating the multi-agency escalation process to enable the effective oversight of failing providers
  - implementing the Dementia Quality Mark Award scheme
  - co-ordinating the multi-agency 'Strategic Review of the Care Home Sector', to look at the existing mechanisms to inform future ways of working to promote and support a diverse and robust care home sector.
6. The Inspection Manager's secondment was renewed in January 2014 to drive the achievement of the recommendations of the strategic review and take a more targeted approach in relation to the few homes that persistently fail to provide good quality care services. She has periodically reported her work back to ASCH Committee.
7. The secondee and the CQC Head of Adult Social Care Inspections for Central Region have considered learning for CQC resulting from the secondment, and the Strategic Review has been shared with CQC's Chief Inspector and Deputy Chief Inspector for Adult Social Care.
8. The secondee participates in the internal co-production group – this develops adult social methodology in partnership with stakeholder agencies, including report writing, carrying out inspections, the ratings system measurements and preparation for the changing roles of both organisations in relation to the market oversight at national and local level. These opportunities will further enhance the mutual understanding of the remit of each agency and therefore how to work most effectively in the future.
9. Information sharing processes have been refined and are now much more effective and inclusive of relevant agencies including Healthwatch.
10. Through the development of an outcome focussed audit tool, the Council quality monitoring staff now provide more relevant information to CQC to support both inspection and enforcement action.

11. The secondment has enhanced partnership working in relation to accountability to families of people in receipt of care and support.
12. The secondee's work at Nottinghamshire County Council and in being a coordinator for the promotion of better care quality with a range of stakeholder agencies has been invaluable. However, it is felt that an exit strategy would be more effectively executed for all parties if the secondee could remain with the authority until the end of this financial year, i.e. until 31 March 2015. This allows the following benefits to be realised:
- developing a support and mentoring package for providers by 31 March 2015, as proposed to Policy Committee on 12 November 2014 as an 'Option for Change', to improve care quality and outcomes for service users
  - mainstreaming and ensuring the sustainability of partnership working arrangements developed during the secondment
  - establishing a response to quality and risk regarding the authority's new Care Act responsibilities from 1 April 2015
  - developing further and handing over work to make consistent and publicise quality auditing, to increase service users' and relatives' knowledge of care quality, thereby enabling them to make better informed choices about care
  - pursuing to conclusion the recommendations of the multi-agency Strategic Review of the Care Homes sector
  - working with Optimum Workforce Leadership, which is due to cease on 31 March 2015, on their exit strategy
  - refining the external and internal risk escalation procedures.
13. It is therefore proposed that the secondment be extended for 10 weeks from 23 January 2015 to 31 March 2015, at a cost of £11,923 (including on-costs). Tentative exploration of this possibility with CQC indicates that they would be minded to agree to this short-term secondment extension, in view of the shared benefits.

*Proposed double-headed team management arrangement*

14. The rationale for the creation of a new Community Partnerships team can be viewed in the July 2014 ASCH Committee report entitled 'Internal Staffing Structure for Management of the New Home Based Support Services'. Preparations have been made for the disestablishment of the two current Service Organiser teams (one covering Broxtowe, Rushcliffe and Gedling and the other Ashfield, Mansfield, Newark and Bassetlaw), followed by the population of the new Community Partnerships team structure, which represents a saving in staff costs from the existing model. The current Service Organiser teams are managed within operational groups of the Adult Social Care, Health & Public Protection (ASCH&PP) departmental structure.
15. However, experience from the recent transition from the previous home care contracts to the new 'core provider' model suggests that a less 'siloed' approach to the management of the complementary parts of the group given in paragraph 3 is necessary.
16. The departure of the CQC secondee will leave a significant capacity gap in the group overall, which indicates the need to build capacity in the agreed establishment through alternative ways of deploying existing numbers of staff.

17. It is therefore proposed that Team Managers for both the existing Market Development & Care Standards team, and the new Community Partnerships team, work to the same job description and manage flexibly across the services. This is critical for resilience, with management expertise built up across the services; allowing for personal development for those managers; and the ability to deploy resource across the service to maximise the benefits of new developments and deal with spikes in workload. Both managers would therefore have joint responsibility for the two teams, which would remain otherwise unchanged in structure as a result of this proposal.
18. This flexible Team Manager capacity is crucial to permit development work in the monitoring of contracts and arrangements related to day services, direct payments, care support and enablement services, and supported living, all of which require a robust review of quality monitoring arrangements, and new methodology.
19. The Team Managers would collectively be responsible for the following services, which are in summary:
- Completing approximately 400 yearly quality audits of care and support services delivered through a range of direct contracts with the Council, to ensure services are safe and meet the needs of customers. The audits can lead to advice and action planning improvements with providers, further monitoring, contract suspension and/or termination.
  - Following up quality referrals where concerns have been identified by operational staff, partners and members of the public. Communicating appropriately with a range of stakeholders, including service users and relatives, about progress with investigating concerns.
  - Undertaking partnership working in order to improve quality, using a multi-agency risk tool to pro-actively and collectively identify services that commissioners share concerns about.
  - Coordinating the implementation of the Care Home Strategic Review and Task Force, including co-ordination of support and training available from partners, progressing time limited improvement plans with persistently poor performing providers, if necessary followed by exit strategies.
  - Supporting and facilitating the development of the new home based service providers through the newly established Commissioning/Operational Board; analysing quality audits for all associated home based services and, identifying and managing any areas for improvement. Managing the contracts and oversight and decision-making in relation to contractual sanctions. Supporting recruitment campaigns.
  - Overseeing the requirements of health commissioners in relation to clinical governance.
  - Developing close working arrangements with hospitals to enable timely discharges and prevent patients having to wait for care packages.
  - Involving the Lay group in service development and quality assurance.
  - Developing and testing payments based on outcomes.

- Overseeing the electronic home care monitoring system CM2000.
  - Day to day operational activities, such as resolving customer queries and management of human resources matters.
20. The line management of all staff within the two teams would be split between both Team Managers. Staff would be allocated to a named Team Manager. An indicative structure, showing the number of posts within the team at 1 April 2015, is given in appendix A. Please note that another Community Partnerships Officer post may be established on request from and funded by health bodies to monitor the complex care home based services contracts, which would add a further 1 FTE to the structure.
21. To have a jointly-headed team, it is necessary to have the two posts at the same grade, and therefore to use the Hay Band E (spinal column points 47-52, £40,254-£44,719) job description which is identical to the existing team manager's post, rather than the generic ASCH Team Manager Hay Band D (spinal column points 42-47, £35,784-£40,254) job description. This would result in a maximum additional salary cost of £5,845 including on-costs. The job description used would be subject to job evaluation to confirm the correct salary.
22. It should be noted that the current staffing budget of the Service Organiser teams is £735,500. The cost of the new team, as agreed by ASCH Committee in July, is £349,000. The additional salary cost of £5,845 would still permit a staffing saving of approximately £380,655 based on the existing model of service.
23. There are a range of risks which would arise or fail to be mitigated if this approach is not adopted, which can be summarised as inability to monitor a range of care services effectively due to inflexible arrangements; failure to respond and adapt to changing circumstances in the market due to rigid staffing structures; and inability to engage with partners, either providers, health bodies, or regulators.

### **Other Options Considered**

24. With regard to the proposed joint team management arrangement, the text above outlines how a different model has already been agreed but is felt not to fully reflect the requirements of the teams in the future. A further option would be to disestablish the new and unfilled Community Partnerships team manager post to save staffing budget, but this cannot be considered due to the excessive demands which would be placed on the one team manager. This would be a very inadvisable option which would prevent appropriate evaluation of and action upon risk, and an inability to manage care contracts effectively, particularly in areas where quality development work is planned, such as day services, direct payments, and care support and enablement services.
25. Longer secondment durations have been considered, and although highly desirable from the perspective of service development, longer periods would not have been affordable and were not likely to be acceptable to CQC, who need to integrate the secondee back into their management structure.

## **Reason/s for Recommendation/s**

26. The reasons for the recommendations are given in the paragraphs above.

## **Statutory and Policy Implications**

27. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **Financial Implications**

28. The change to the job description used for the new Community Partnerships Team Manager would incur an additional salary cost of £5,845.

29. The 10-week secondment extension would incur an additional cost of £11,923.

30. It is proposed that the cost of the enhanced Community Partnerships Team Manager is funded from the existing budget and the extension of the CQC secondment is funded from the departmental transformation reserve.

## **Human Resources Implications**

31. The Human Resource implications are given in the paragraphs above.

## **Implications for Service Users**

32. The proposals in this report seek to reduce and wherever possible eliminate poor quality care provision whilst at the same time supporting the development of further high quality care services.

## **Ways of Working Implications**

33. The Community Partnerships Team Manager would be accommodated in office space identified at Lawn View House, Sutton-in-Ashfield.

34. As the CQC Inspection Manager is currently on secondment to Nottinghamshire County Council they are already accommodated within existing offices.

## **RECOMMENDATION/S**

1) It is recommended that Committee:

- approves the suggested management arrangements for the two teams responsible for Market Development and Community Partnerships.

- approves the additional salary cost of £5,845 associated with the changed job description for the Team Manager for Community Partnerships.
- approves the additional 10-week secondment to Nottinghamshire County Council of the CQC Inspection Manager, at a cost of £11,923.

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**For any enquiries about this report please contact:**

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### **Constitutional Comments (LM 21/12/14)**

35. The Adult Social Care and Health Committee has delegated authority within the Constitution to approve the recommendations in the report

### **Financial Comments (KAS 24/11/14)**

36. The financial implications are contained within paragraphs 28 to 30 of the report.

### **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None.

### **Electoral Division(s) and Member(s) Affected**

- All.

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