Specialist Provider Framework – Service Specification

Appendix 2 Quality Assurance Schedule

JC 003

DN667265

Contents

1. Introduction

Keeping individuals safe from harm underpins all our work in health and social care and for all the providers and agencies we work with.

South Gloucestershire Council is committed to ensuring that the services individuals receive are of the high standard that we, our partners, and the residents of South Gloucestershire expect. All Providers that are commissioned under the Specialist Provider Framework are expected to deliver services that meet or exceed quality standards and the way that we measure those standards is outlined in this document.

This Quality Assurance Schedule will apply to placements made under the Specialist Provider Framework and Service Specification (regardless of which area the service is in) and will:

- Provide a more consistent, proportionate approach to monitoring contract compliance and quality based on risk.
- Ensure we have a co-ordinated approach to contract compliance and quality assurance for providers.
- Support improved quality of services for current and future service users
- Provide a robust process to manage underperformance and performance failure.

2. What do we mean by Quality?

Quality of services starts from what matters most to the people using them. A quality service also pays close attention to areas which may be invisible to individuals, such as partnership working or workforce development. In other words, achieving quality should balance the three "core components":

- The individual's experience receiving support and their personal expectations and outcomes.
- Services which keep people safe through recognised standards, safeguards, and the adoption of good practice.
- The recognised processes that ensure the effectiveness of services including their value for money.

We believe that the best way to ensure that high quality services are delivered is to involve all stakeholders in assessing how well those services are performing. Stakeholders include (but are not limited to); individuals who use the service, relatives, carers, Providers, Support Workers/Staff delivering the service, Social Care Staff/Operational Teams, Health Practitioners (NHS), Safeguarding Professionals, Regulatory bodies e.g. Care Quality Commission (CQC), or Care Inspectorate Wales (CIW), volunteer lay assessors and Healthwatch.

Diagram: Quality assurance (central node) connected to: Data collected, Capacity tracker, Members of the public, Individuals, Police, Safeguarding, Carers/Family, Other local authorities, Commissioning/Operational Teams, Care Quality Commission, Lay assessors/service user groups, NHS, Healthwatch.

3. Quality Assurance Schedule

Any quality assurance (QA) system needs to show how individual needs are addressed, responding to the presenting need and the outcome sought, as well as being sensitive to the cultural, ethnic, and personal aspirations of individuals receiving support. The views of individuals receiving support (and where appropriate family/ carers/ their support network) are heard in all quality assessments. All valid assessments of quality should include either opportunities for co-production with those who have experience of the service or independent opportunities for their views to be heard.

The principles underlying the new QA schedule are:

- Methodology and reporting are robust.
- Making good use of intelligence about services, especially ensuring we support and enable people using services to feed back (e.g., through lay assessors or service user groups).

- Working in partnership with partner agencies and providers to support providers to improve quality for people using services.
- Supporting collaboration between providers and system leadership, driving up all quality.

4. Quality Monitoring Process

All services commissioned are underpinned by the Service Specification, Quality Assurance Schedule and the terms and conditions, including how the service should be provided and how quality and performance will be monitored. Quality Assurance is an essential part of the contract management process. This QA schedule will be the method used to monitor quality. Providers are expected to regularly report on the Key Performance Indicators (KPIs) as set out in this document. KPIs are used as indicators of contract compliance and contribute to the evidence used in the quality assurance process.

This QA schedule is part of the contractual documentation and sets out the:

- Annual QA process (annual self-assessment and quality and monitoring visit) and annual submission of performance and KPIs.
- Quarterly reporting on services.
- Quality and safeguarding standards providers are expected to meet in the delivery of their service.
- Key Performance Indicators
- Bespoke reports or audits as required by the council

5. Working Together to Uphold Standards and Improve Quality

5.1 Working Together in Partnership

We will follow these principles in our contract compliance and quality assurance work to help improve the quality of adult social care and will encourage our providers to follow similar principles:
- Promote quality through everything that we do.
- We will always champion quality as a central principle, demonstrating that it should, and can be, maintained and improved alongside financial sustainability.
- We will provide clarity and consistency by promoting a shared view of quality.
- We will listen to, involve, and act on the views of the individuals who use services, and their families and carers. We will understand and measure their views of the quality of services, being transparent about how these have shaped services.
- We will promote a person-centred approach, which includes treating all people with respect, compassion, and dignity in a caring environment.
- We will promote people's human rights and their rights to equality with others
- Support and encourage improvement.
- We will listen to the views of support workers/staff to understand how we can better support them, individually and collectively.
- We will use our combined intelligence to highlight and act on emerging problems and to guide and share best practice.

- We will identify and provide advice on the principles for improving quality and will focus our efforts where the need for improvement is greatest.
- We will promote reliability so that people who use services have confidence in the support they receive.
- To co-ordinate action.
- We will offer advice, develop guidance, and provide a forum to resolve issues.

By following these principles and encouraging others to do the same, we will promote high-quality, person-centred support services to enable individuals using services to say:

- I am safe.
- My voice is heard, and I am listened to.
- I have choice and control for the things that matter to me.
- I have access to good information, advice, and guidance.
- I have the support I need at the right time, right place and in the right way.
- I am as independent as I can be.
- I have the best health and wellbeing I can.
- I am able to access lifelong learning.
- I am able to access employment.

5.2 Communication with Providers

We recognise the importance of having positive regular communication with providers both individually and within groups/ forums to build positive relationships and mutual understanding.

Our approach to building excellent working relationships with all key stakeholders will be informed by the values of:

- Respecting our staff
- Championing equality of opportunity for all
- Leading with our partners
- Using available resources to deliver best value for local people
- Developing strong community leadership
- Helping individuals and our communities determine their own future
- Protecting the environment for future generations

The Tri-party approach to services will be pivotal to ensure the best outcomes are achieved for individuals and will involve South Gloucestershire Council Commissioning, Operational Teams and the Provider working consistently and collaboratively. (See Appendix 5 for examples of care and support plan outcomes)

To deliver this, we will continue to hold and work with provider forums and other forms of engagement such as ongoing contract management meetings. This may include taking a locality approach, bringing providers together in one area. Providers and commissioners may also find value in meeting together with similar providers to share information and good practice.

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We understand the importance for providers to have specific contacts under this contract so to enable this the South Gloucestershire Council' Specialist Commissioning Team can be contacted via email specialistteam@southglos.gov.uk and each provider will be allocated a link officer and individual details of those link officers will be given to providers on accreditation to the framework.

5.3 Joint Working and Sharing Information
We will work jointly and share information with colleagues within the council, other stakeholders and regulatory bodies when the need arises, and any feedback and information will be recorded on a quality dashboard.

5.4 Review of the Quality Assurance Schedule (QAS)
The Quality Assurance Schedule will be reviewed at least annually by the Specialist Commissioning Team and representatives from the South Gloucestershire Council Quality Huddle but may be reviewed and revised more frequently to take account of changes to legislation, regulation, and commissioning of services.

5.5 Changes to Contractual/Quality Assurance Requirements
Any changes to contracts or quality assurance would be completed through contract variations process with clear notice and timescales where South Gloucestershire Council will make best endeavours for variations to be supported with co-production.

6. Annual Quality Assurance
All providers supporting an individual to achieve outcomes will be required to submit the following annually to their allocated link officer at least one week before the arranged annual meeting:

- Quality Assurance Visits using the Provider Assessment and Market Management Solution (PAMMS) portal. This will be reviewed by the allocated link officer who will arrange an onsite quality visit to confirm the assessment and carry out the annual monitoring visit.

- KPIs on the performance of the service and delivery of outcomes. This will be discussed at the annual monitoring visit.

The question sets to be used for the annual Quality Assurance visits can all be found in Appendix 1. The annual return may in the future move to online submissions, if this happens the Council will work with Providers to ensure a smooth transition to the new system.

The purpose of these returns is to ensure that there are robust systems in place to safeguard individuals and that the service is safe and of good quality. Providers will ensure they meet the requirements of this schedule and the service specification. Where they do not meet these requirements, an action plan will be agreed to make the required improvements or if there are significant failings the escalation process set out in section 12 of this QA schedule will come in to force.

7. Quarterly Quality Assurance

All providers supporting an individual to achieve outcomes will submit the quarterly report (See Appendix 2) that will report all current placements with any placement changes identified. The Providers link officer will review and discuss the quarterly report as required. The Council will inform the Providers when a submission is due and will give prior notice to the provider as per the Quarterly Return Schedule in Appendix 3.

Personal data may also be required to be supplied to the Council for analysis purposes for Local Authorities when requested to enable them to fulfil its statutory duties and statistical reporting requirements. The supply of this information by the Provider and its staff falls within the General Data Protection Regulations (2018) and The Data Protection Act (2018).

7.1 Mentoring Services

Mentoring services (as defined in the are generally short term (up to 3 months), and it is normal process for operational teams to carry out an initial review after 6 weeks. Once this has been completed the social worker will liaise with the link officer to update them, if there are any urgent matters arising, a tri-party meeting may be arranged.

8. Safeguarding and Quality Standards

To ensure the quality standards for Safeguarding are met, South Gloucestershire Council will check that there is a named professional with lead responsibility for safeguarding adults and children along with Safeguarding policies and procedures which reflect The Care Act (2014) and South Gloucestershire Councils Safeguarding Adults policy.

The provider will evidence that its Safeguarding and Serious Incidents policy has been reviewed and updated every 3 years and that safeguarding training and awareness is a mandatory part of recruitment, induction, and ongoing training for all staff to ensure vulnerable adults and children are safe (including staff).

The provider will evidence that robust systems are understood and in place, to identify, report, monitor and action any safeguarding concerns. (Including any allegations against staff).
The provider will evidence where there has been a death or serious harm to an individual and abuse or neglect may be a factor, this will be referred into Adult or Children's Safeguarding procedures in addition to being reported as a Serious Incident.

9. Key Performance Indicators

Please see the below KPIs to be submitted on a quarterly/annual basis. See Appendix 3 for when each monitoring return is required by to the Council. More information on Annual Health Checks and Hospital Passports can be found in Appendix 6.

Note**: Disaggregated Data** is data that has been divided into detailed sub-categories. Disaggregated data for the purposes of specialist provider services is broken down into categories such as *age, gender, disability ethnicity, religion or belief, sexual orientation, gender reassignment, armed forces*. It can reveal inequalities between different sub-

categories that aggregated data cannot. We request some data in disaggregated form in line with our duties under The Equality Act 2010.

	Key Performance Indicators	Target	Reporting Frequency
1	**Number of individuals (With a learning disability and/or autism only) with completed hospital passports where relevant, reviewed in the last 12 months** *(Disaggregated according to age, gender, disability, ethnicity, religion or belief, sexual orientation, gender reassignment, armed forces).* *Expressed as a percentage against total of people in the specialist provider service*	100%	Annually
2	**Number of individuals (With a learning disability and/or autism only) who have received an annual health check in the last 12 months** *(Disaggregated according to age, gender, disability, ethnicity, religion or belief, sexual orientation, gender reassignment, armed forces).* *Expressed as a percentage against total individuals in the setting.* If the Indvidual has capacity and chooses not to have a health check please exclude them from the numbers and add a comment:	100%	Annually
3	**Number of individuals where the provider can evidence progression towards at least one of the identified Outcomes in the care and support plan** *(Disaggregated according to age, gender, disability, ethnicity, religion or belief, sexual orientation, gender reassignment, armed forces)* *Expressed as a percentage against total number of people in the specialist provider service*	80%	Quarterly
4	**Number of direct support hours delivered by employed staff as a percentage of total hours delivered**.	85%	Annually

	(If this is less than 85% then the reasons for use of agency staff will be discussed as part of the monitoring visit)		

Where KPI percentages are lower than those required above, this is an opportunity for conversation and understanding of background and context and, where necessary, actions can be identified (e.g. sharing of information around the benefits of annual health checks and hospital passports to increase uptake of these). See Appendix 2 for the Quarterly Return Template.

9.1 Service Standards

The service standards are a benchmark of staff training which all Providers should ensure are included (but not limited to) in the Mandatory Training schedule (along with any other additional specific training). These standards will not be monitored regularly, however, South Gloucestershire Council reserves the right to assure these standards on an ad-hoc basis.

9.1.1 Mandatory Training:

Data Protection/Information Governance	• 100% relevant staff to have undertaken data protection/ Information governance
Emergency Lift Support/First Aid	• 100% relevant staff to have undertaken emergency life support/first aid
Equality, Diversity and Inclusion	• 100% relevant staff to have undertaken equality, diversity and inclusion
Food Hygiene	• 100% relevant staff to have undertaken Food hygiene
Health and Safety	• 100% relevant staff to have undertaken health and safety
Infection Control	• 100% relevant staff to have undertaken infection control
Mental Capacity Act	• 100% relevant staff to have undertaken mental capacity act
Moving and Handling	• 100% relevant staff to have undertaken moving and handling of people
Oliver McGowan Mandatory Training on Learning Disability and Autism	• 100% relevant staff to have completed at least Tier 1 Training.
Safeguarding	• 100% relevant staff up to date with awareness of modern slavery / human trafficking training.

	• 100% relevant staff to have undertaken relevant child / adult protection advance training. • 100% relevant staff to have undertaken child sexual exploitation awareness training. • 100% relevant staff to have undertaken female genital mutilation awareness training. • 100% relevant staff to have undertaken PREVENT awareness training (to prevent people from being drawn into terrorism) • 100% relevant staff to have undertaken WRAP training (workshop to raise awareness of PREVENT) • 100% relevant staff to have undertaken domestic abuse awareness. • 100% relevant staff to have undertaken human rights

9.1.2 Additional Specific Training

The Council would expect providers to adapt their training plans and support for staff based on the individual being supported. The Council has complied a list of additional specific training (but not limited to) that providers may require based on the individual's needs where appropriate:

- **Autism and complex needs**
- **Behaviours that challenge.**
- **Dementia**
- **Enteral feeding**
- **Epilepsy**
- **Forced marriage**
- **Healthy eating**
- **Individuals with profound and multiple learning disabilities (PMLD)**
- **Mental/emotional wellbeing**
- **Older people**
- **Physical wellbeing**
- **Positive Behaviour Support**

It is each provider's responsibility to determine which of their staff members fall into the category of 'relevant'.

Where the percentage standards are lower than those required above, these will be discussed at the annual monitoring visit and any relevant actions can be agreed and noted.

10. Quality Assurance Monitoring

10.1 Annual Monitoring
South Gloucestershire Council uses the Provider Assurance and Market Management Solution (PAMMS) for annual service level quality assurance. PAMMS is an online assessment tool, which will be used to help us assess the quality of care delivered by providers of adult social care services. The Council reserves the right to visit more than annually based on feedback on the service and any quality or safeguarding concerns.

10.1.1 Why we are using PAMMS?
We will be using the PAMMS auditing tool for many reasons:
- Providers and the Council will work more closely to achieve better outcomes for individuals of South Gloucestershire.
- It gives providers the opportunity to sense-check their internal quality audits against our independent audit
- It provides a standardised and consistent approach to quality across the South West region. (PAMMS will be used all authorities in the South West of England and nationally)
- It enables an objective quality audit to be undertaken. This supports providers in establishing what is working really well and what areas may require improvement
- Action plan tool to support collaborative working with providers. It helps identify where we can provide additional support, signposting or referral to expert teams. For example, infection control, fire safety or diabetes management
- It can lead to improved CQC/CIW ratings for providers
- For Out of Area services, we will confirm whether a PAMMS Assessment is required from South Gloucestershire Council or we will seek copies from the host Local Authority. This will be confirmed with the providers Commissioning Link Officer.

10.1.2 What will be Assessed?
A service will be rated by PAMMS in the following areas, based on the evaluation of the Commissioning Link Officer:
- Assessment, Care Planning & Review
- Individual's Experience
- Support Worker/Staff Knowledge & Understanding
- Support Worker/Staff Training & Recruitment
- Environment, Equipment & General Safety
- Leadership, Quality Assurance & Management

10.1.3 What will the outcome of the PAMMS assessment be?
- After the assessment is complete, your service will be given a rating of either: excellent, good, requires improvement or poor.
- We will send you the assessment details for you to supply your comments. The officer will take your comments into account to reach their final decision.
- If you receive a rating of 'requires improvement' or "poor" you will need to submit a service improvement plan with timescales for actions to be completed, which will be monitored.

10.1.4 Will the final PAMMS report be a public document?

- There are no plans to publish providers full report or quality ratings at this time. Ratings will not be shared wider than between the Provider and the Council, however the Council reserves the right to share (where appropriate) ratings and reports with other local authorities and regulatory bodies.
- Should there be a change in publishing ratings for providers in the portal then the Council will work with the providers to discuss the implications and changes as need.

10.2 The Purpose of PAMMS and Reporting

The purpose of the PAMMs assessments and quarterly monitoring are set out in the below points:

- PAMMS and quarterly monitoring, records the outcome of the annual monitoring visits and quarterly monitoring.
- A member of the operational team will review and agree the individual's needs and define measurable outcomes.
- The Council's link officer visits are in addition to those that are carried out by the Care Quality Commission (CQC) or Care Inspectorate Wales (CIW), where applicable.
- Quality assurance monitoring fulfils local authority requirements to undertake monitoring visits to all placements both inside and out of county. The local authority needs to evidence that it has ensured that placements are meeting the required responsibilities under this contract as well as providing a quality service to all those accessing the service.
- To ensure that the quality standards set out in the service specification continue to be met.
- Ongoing monitoring can be an opportunity to refresh and update information as well as looking for opportunities to improve processes and continue to enhance quality in partnership with the provider.
- Continuing to build positive relationships with the Council through quality assurance visits and partnership working.
- Continuing to evidence how providers improve the services they provide and how they share good practice with others.

10.3 PAMMS Assessments

10.3.1 The Process

- Providers will be allocated a Council Link Officer from the Specialist Commissioning Team within the Partnership and Commissioning Hub.
- The contractual monitoring/quality assurance will be undertaken by the allocated link officer.
- The care and support plan review will be undertaken by the allocated operational staff for the individual/individuals.
- Best efforts will be made to ensure that a tri-party visit can take place. (i.e. Provider, link officer, social care practitioner)

- South Gloucestershire Council will make best endeavours to arrange annual monitoring visits that aligns with care and support plan reviews and no later than 12 months from the start of their contract date.
- For Supported Living Settings with 6 (or more) South Gloucestershire placements, annual reviews will be spread across the year, where more than one visit (Each visit reviewing 3 (or more) individuals) will be completed at least 3 months apart.
- The allocated link officer will contact the provider and agree a date for the monitoring visit.

At least four weeks prior to the visit, the link officer will send an e mail to the provider service manager:

- To confirm the date, time, place, attendees of visit
- To request that the PAMMS self-assessment monitoring is completed and submitted on the provider portal (at least 1 week before visit). Please see Appendix 1 for an overview of PAMMS monitoring questions.
- To Provide the quarterly monitoring form (Appendix 2) for completion to be submitted to link officer as per the monitoring schedule in Appendix 3.
- Request providers' most recent approved (and audited where appropriate) financial statements
- Request completed KPI's data.
- Request compliments/Complaints log
- Request an anonymous case study which illustrates how their support has enabled a service user to progress towards identified outcomes.

    (Note: For larger organisations, some of the quality assurance information may be held centrally or with other departments i.e. Human Resources, Health and Safety, Safeguarding. Other colleagues may need to input into quality assurance monitoring. The accountability of submitting completed quality assurance monitoring will rest with the Service Manager.)

10.3.2 Prior to the visit
- The link officer will speak to operational teams, safeguarding teams and check the provider's log (held by the Council) to gather any further intelligence about the specialist provider service,
- The link officer should gather information from social worker reviews to ascertain if the specialist provider service is meeting the individual's assessed outcomes.
- The link officer will share copies of any previous quality assurance review documents.
- The link officer will review information submitted in the quarterly returns.
- Where providers/services are outside of South Gloucestershire, the link officer will contact the host authority to gather feedback from the host authority safeguarding team asking for feedback on any individual and/or organisational safeguarding that involves the provider.
- All information gathered will be shared and discussed as part of the monitoring visit and recorded within the assessment.

- The link officer will contact allocated social workers who have completed recent reviews at the provider as well as checking the most recent care and support plans. Any concerns raised by social work teams will be discussed with the provider as part of the monitoring visit or sooner as required.

10.3.3 The Visit

A face-to-face visit is essential to establish and maintain effective relationships and understand the services being delivered, as well as offering the opportunity to assess services whilst they are being provided and speak with staff, individuals and carers where possible.

During the visit the link officer and social work practitioner (where possible if they are able to visit together) will:

- Be given the opportunity to meet staff and individuals.
- Be given the opportunity to tour the setting.
- Be given the opportunity to scrutinise relevant documentation.
- Work with the provider to complete the quarterly monitoring form (Appendix 2).
- Give the Provider feedback on the day of the visit. If any issues have been identified the link officer will work with the provider to develop an improvement action plan.
- Discuss anything they observe during the visit that may put individuals at immediate risk of harm, the link officer will immediately inform the provider duty manager on site so that the issue can be addressed.
- Be notified if there are concerns about safeguarding and the host authority safeguarding team will be informed within 24 hours of the visit.
- Observe how the specialist provider service is running on the day of the visit and observe the quality of the service in practice.
- Use this opportunity to discuss any compliments or concerns raised
- Where necessary, collate an action plan with the service manager.

10.3.4 Post Visit

- The draft/updated PAMMS assessment and updated quarterly monitoring form should be prepared and shared with the Provider within two weeks of the visit via e mail to the Provider's service manager.
- The Provider action plan with agreed actions will be shared with the provider service manager.
- The Provider should check these to make sure the information recorded on the form is accurate. The Provider will be able to make comments which should be returned within one week to the link officer.
- The comments section can be used to confirm accuracy, seek clarification, amend, or express an alternative view which may require further consultation.
- When the QA monitoring visit form has been finalised, the outcome of the visit will be recorded on the PAMMS portal and shared with the provider.

- If there is a disagreement between the Provider and Link Officer that cannot be resolved, then the outstanding issues will remain on the final document. The link officer will inform and discuss with the Commissioning Manager.
- If the Provider has not returned the monitoring form within 28 days after the form was sent, the escalation process will be followed and the provider will be suspended from taking any new work until the forms are returned.
- The link officer will keep a copy of any relevant provider documentation and any supporting documentation and add this to the PAMMS Provider Portal.

The Link Officer will identify any good practice and learning that could be shared with other providers. If permission is given this will be shared with the other specialist provider service to enable them to develop good practice.

10.4 Quarterly Monitoring

The quarterly monitoring report will be much more focussed on individuals' progression towards outcomes (see outcomes monitoring at 10.5). We also acknowledge that for some individual's 'maintenance' of an outcome/s may be the most realistic expectation. Any outcomes where 'maintenance' is the most realistic expectation will be defined by the social care practitioner. The quarterly monitoring report will also include:

- Number of individuals accessing provider services using direct payments/Individual service funds (excluding any personally identifiable data)
- Number of 'Out of area' placements (excluding any personally identifiable data nor outcomes related)
- Compliments/complaints
- A new anonymous case study which illustrates how their support has enabled an individual to progress towards identified outcomes within each reporting quarter.

10.4.1 Quarterly Monitoring Process

Within the reporting quarter the Commissioning Link Officer would contact the provider service manager to arrange a mutually beneficial date and time to meet (usually over video call) for review of the quarterly monitoring information. The Provider will complete the quarterly monitoring form (Appendix 2) in the timeframe set out in Appendix 3 and submit it back to the Commissioning Link Officer. The email would also request:

- Compliments/Complaints log for the reporting quarter
- An anonymous brief case study (no more than one page) which illustrates how their support has enabled an individual to progress towards identified outcomes within the reporting quarter.

The quarterly monitoring meeting would take place at the agreed time (Usually over a video call) and go through the quarterly monitoring (appendix 2). Any actions arising would be agreed and captured in the "action points" box within the "Individuals" tab of the monitoring form. The quarterly monitoring meetings will generally not require a face-to-face meeting however, South Gloucestershire Council reserve the right to carry out quarterly face to face meetings.

10.4.2 Post Quarterly Monitoring

Following the quarterly monitoring meeting the Commissioning Link Officer will e-mail the notes from the meeting and agreed actions and timescales to the provider service manager.

10.5   Outcomes Monitoring

South Gloucestershire Council has developed a 3-conversation model for assessing a person's needs (3-Conversations-external.pdf (southglos.gov.uk)). The Council has developed an approach that will start with working with people to make the most of their own strengths, those of the people who support them, and the wider community around them. We do not assume that the provision of long-term formal services is the only, or best, way forward for everyone with support needs. Many people can be supported to achieve the outcomes they aim for with informal support through family, community and neighbourhood, e.g. to address isolation (Conversation 1). Some people will need specific periods of intense support to achieve an outcome, such as Reablement after an illness or support for a young adult to access employment, or longer term but very low-level support to maintain independence, e.g. tenancy support (Conversation 2). Whilst some people do require longer term formal support such as home care, specialist provider service or residential support (Conversation 3). This should always focus on maximising independence, and moving people to other tiers of support, as much as possible. We require effective but efficient services which also promote equality and diversity to ensure people are treated fairly and with respect and has a stronger emphasis on outcomes.

Where the individuals support plan has identified progression goals, the Provider will work with all relevant parties to identify how the provider will support the individual to meet and maintain the goal. The method for doing this should be recorded in the provider's person-centred plan for the individual and reviewed regularly. Where a goal has been met the provider will record how it was achieved and when.

10.5.1 How Outcome Delivery will be measured

All specialist provider services provided under this contract and service specification will be assessed on how providers deliver quality standards and meet an individual's assessed outcomes.

Quality standards will be measured against the following outcomes and are reflected in the service specifications:

1. The service is always delivered in the best interests of the individual.
2. Individuals are treated with dignity and respect.
3. The service is person centred.
4. The provider has a clear method of measuring quality and acts upon any underperformance.
5. The provider has a clear method to demonstrate individual progression to achieve or maintain goals noted in the support plan and has acts upon changing requirements
6. There is a clear pathway of access and move on from the service.
7. There is management of the individual's health and wellbeing needs.
8. The service works with the local community and the individuals support network.
9. The Provider operates effectively and there is clear leadership and management of the

organisation.

10. The Provider works from an equality's perspective.
11. The Provider has an understanding of the individual's mental capacity, and any deprivation of their liberty is lawful.

10.5.2 Examples of Individuals Assessed Outcomes

Individuals' outcomes will be the basis on which support is provided and monitored to ensure progressive support is in place to assist individuals in achieving wellbeing and increased independence. Please see Appendix 5 for some examples of outcomes for care and support plans.

10.5.3 Provider Responsibilities

Providers will use their own outcome methodology to provide evidence of how they are meeting an individual's identified outcomes as part of the monitoring. This evidence will be quantified in a tiered response as set out below:

1. Fully met
2. Partially met (S.M.A.R.T.)
3. Not met (review/new outcomes required)

It is vitally important that the measuring of outcome attainment is led by individuals being supported to ensure that their voice is leading this. Providers are expected to have ongoing conversations with individuals around their thoughts, feelings and wishes for measuring outcomes and these to be captured in case notes. Where a Provider, advocate, carer or family have a differing view of an outcomes measurement this should be captured in the "Provider, link officer/social care practitioner comments" box.

10.5.4 Responsibilities to Individuals

Providers will work with individuals, groups, forums and local partnerships boards (e.g., the Learning Disabilities Partnership Board) to ensure the services they provide consider the individual's voice and the service will ensure it is person centred in its delivery.
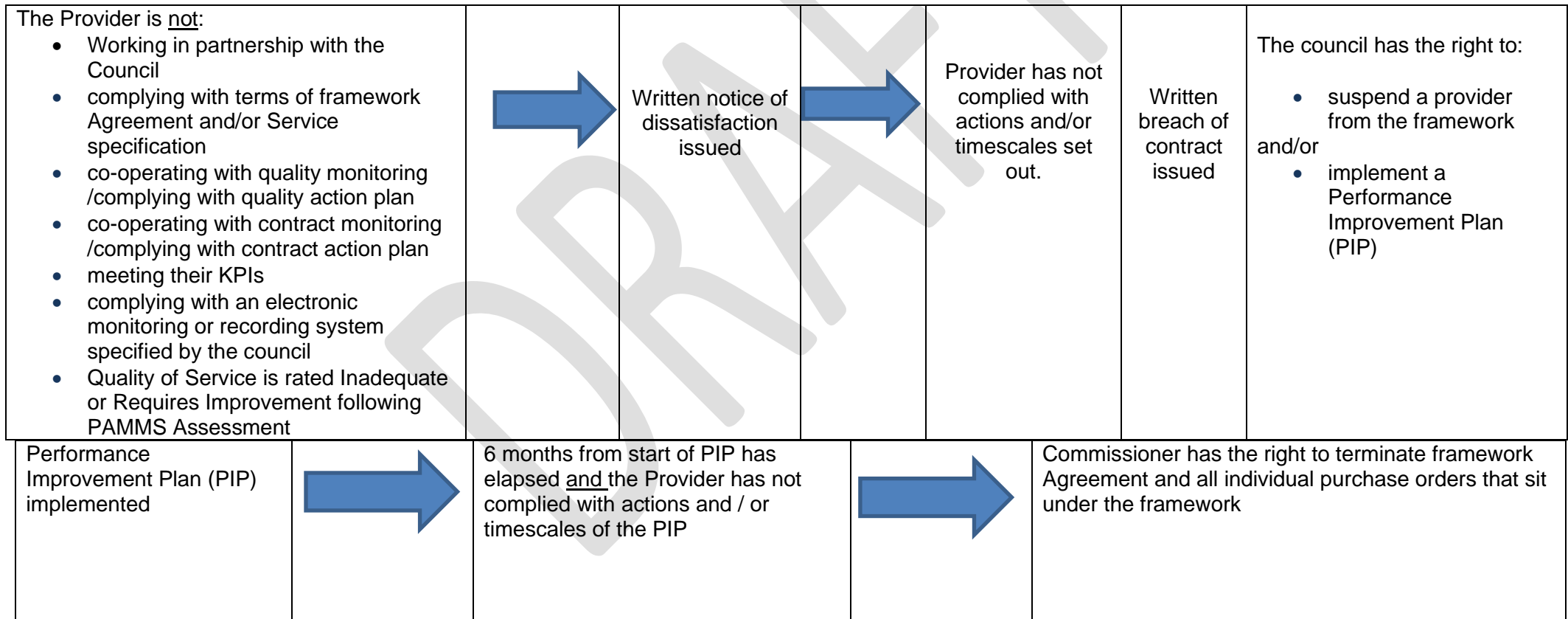
11.   Improvement Plans & Escalation Process

Recognition of high-quality services and ongoing quality improvement will underpin the QA schedule process. When a provider is meeting or exceeding quality standards, this will be clearly shown on the quality dashboard. From time to time, the intelligence gathered may raise concerns about the quality of a service. The Council would take the lead on this process and follow their policies and procedures and where appropriate involve CQC/CIW and other relevant agencies.

The process for escalation is detailed below:

11.1 Provider Escalation Process

11.1.1 Standard Escalation

The Provider is not: • Working in partnership with the Council • complying with terms of framework Agreement and/or Service specification • co-operating with quality monitoring /complying with quality action plan • co-operating with contract monitoring /complying with contract action plan • meeting their KPIs • complying with an electronic monitoring or recording system specified by the council • Quality of Service is rated Inadequate or Requires Improvement following PAMMS Assessment	→	Written notice of dissatisfaction issued	→	Provider has not complied with actions and/or timescales set out.	Written breach of contract issued	The council has the right to: • suspend a provider from the framework and/or • implement a Performance Improvement Plan (PIP)
Performance Improvement Plan (PIP) implemented	→	6 months from start of PIP has elapsed and the Provider has not complied with actions and / or timescales of the PIP	→	Commissioner has the right to terminate framework Agreement and all individual purchase orders that sit under the framework		

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11.1.2 Direct Escalation to Performance Improvement Plan (PIP)

Any of the Provider's services under this contract: • has been rated as 'Inadequate' by CQC • is subject to a safeguarding enquiry under s. 42 of the Care Act 2014 • is of significant and serious concern to the Commissioner or any other Purchaser	→	has the right to: • suspend the provider from the framework and/or • implement a Performance Improvement Plan (PIP)	Performance Improvement Plan (PIP) implemented	→	6 months from start of PIP has elapsed <u>and</u> the Provider has not complied with actions and / or timescales of the PIP	→	Commissioner has the right to terminate framework Agreement and all individual purchase orders that sit under the framework

11.1.3 Emergency Escalation

There is an '<u>Unacceptably High Risk</u>' being that: • An Individual is at immediate risk of significant harm by continued provision of the services • An immediate termination of the services is recommended by the host authority safeguarding team • There is a Material Default under the framework agreement	→	<u>Immediate</u> right to terminate framework agreement and all individual purchase orders that sit under framework

12. Underperformance and Performance Failure

Under The Care Act 2014, Local Authorities have specific responsibilities where Provider is at risk of failure (termed Provider Failure in the Care Act). Through positive relationships with Providers, close contract management and robust quality assurance we will endeavour to prevent underperformance and performance failure and support providers to improve. However, where there is evidence of likely whole service performance failure, we have to ensure the safety and continuity of support for individuals.

Underperformance and performance failure may be due to a range of reasons including contract management issues, financial viability but may also be due to quality and safeguarding issues and will be managed by the Specialist Commissioning Team or the wider Partnerships and Commissioning Team.

13. Framework for Responding to whole service performance failure

Within the local Interagency Adult Procedures prior to the Care Act 2014, there was provision for the conduct of Multi Agency Large Scale Investigations (MALSIs) in situations where there were concerns about widespread institutional abuse or a range of safeguarding issues accompanied any regulatory or other whole service performance failure. Where there is a whole service failure this will be led by the host authority and their policies and procedures will be followed.

14. Business Continuity

As set out in section 5 of the Care Act 2014, local authorities have a duty to promote the efficient and effective operation of a market in services for meeting care and support needs, with a view to ensuring services are diverse, sustainable and high quality for the local population, including those who pay for their own care.

Local authorities need to have a good understanding of the social care market to:

- Shape the quality, diversity and sufficiency of care
- Understand which providers may be experiencing trouble and are at risk of business failure
- Know which providers would be able to take the place in meeting needs if any care providers fail.

At any point during the lifetime of this framework agreement, South Gloucestershire Council reserves the right to request (and provider to submit) supporting information regarding robust and sustainable continuity of service. This may include audited accounts, budget projections, business continuity plans, contingency plans, related risk assessments, Companies House/Charity Commission registration and compliance, and any other financial information.

Open Book Contract Management (OBCM) accounting will be used to ensure value for money is achieved over the lifetime of the Service; OBCM accounting will be the mechanism applied to reviewing revenues and costs of different volumes of demand on the service.

OBCM is a structured process for the sharing and management of charges & costs and operational & performance data between the supplier and the client. The aim is to promote collaborative behaviour between client and supplier through financial transparency.

More information on Open Book Contract Management can be found here:
OBCM guidance final - Compressed.docx (publishing.service.gov.uk)

15. Social Value

The Social Value Act 2012 requires the Council to "consider, prior to undertaking the procurement/commissioning process, how any services procured might improve economic, social, and environmental well-being". The Council will have a consistent, measurable, and best practice approach to using procurement spend to deliver broader value to our residents, the local economy and the environment.

The Council will use Social Value through the procurement process to support the overall priorities of the Council as set out in the Council Plan. Social Value sits within the Council Procurement Strategy 2020 - 2023 (Theme 2). As part of this framework, we will monitor targets and outcomes relevant to specialist provider services. (See "Social Value" within the Annual reporting requirements).

SGC-Procurement-Strategy-2020-2023-Formated.pdf (southglos.gov.uk)

The social value targets and outcomes contain 5 broad themes, these are:

- Jobs: Promote local skills and employment

- Growth: Supporting growth of responsible regional business

- Social: Healthier, Safer and more resilient communities

- Environment: Decarbonising and safeguarding our world

- Innovation: Promoting social innovation

The full social value targets, outcomes and measures (TOMS) can be found here:

ITT Schedule__-
Social Value TOMs _

Note: Within the social value TOMS the word "Local" means within the West of England Combined Authority Area The West of England Combined Authority - Home (westofengland-ca.gov.uk)

Appendices

Quality Assurance Question Sets

PAMMS Question Set
- Sept 22.xlsx

Each Service area has a Self-Assessment and On-Site visit set of questions. The On-Site questions are for the Commissioning Link Officer to complete should it be required and or following completion of the Self-Assessment questions by the provider. Non-regulated services will include Day Services and Mentoring Services. Annual monitoring on the PAMMS system will be completed using the PAMMS online portal. The spreadsheet above is to provide an illustration of the questions within the PAMMS portal, should the questions change within the Portal than a new version of the Question Sets will be shared with the provider which will supersede the above.

Quarterly/annual Monitoring Return – Template

Please see below templates for quarterly and annual monitoring returns that the Provider is expected to completed as per the monitoring schedule in Appendix 3.

Quarterly
monitoring spreads|

Annual monitoring
spreadsheet.xlsx

Monitoring Schedule

The Council will request the quarterly monitoring information from the Provider by following the below schedule. By agreeing to the Specialist Provider Framework, the support service agrees to the timeframes set out below:

2023/2024			Quarter 1 (Oct – Dec)	Quarter 2 (Jan – Mar)
Monitoring reminder to be sent			02 January 2024	02 April 2024
Monitoring forms last date due back to the Council's Link Officer by.			26 January 2024	26 April 2024
2024/2025	Quarter 3 (Apr – Jun)	Quarter 4 (Jul – Sept)	Quarter 5 (Oct – Dec)	Quarter 6 (Jan – Mar)
Monitoring reminder to be sent	02 July 2024	01 October 2024	02 January 2025	02 April 2025
Monitoring forms last date due back to the Council's Link Officer by.	26 July 2024	25 October 2024	31 January 2025	25 April 2025
2025/2026	Quarter 7 (Apr – Jun)	Quarter 8 (Jul – Sept)	Quarter 9 (Oct – Dec)	Quarter 10 (Jan – Mar)
Monitoring reminder to be sent	01 July 2025	01 October 2025	02 January 2026	02 April 2026
Monitoring forms last date due back to the Council's Link Officer by.	25 July 2025	24 October 2025	30 January 2026	24 April 2026

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2026/2027	Quarter 11 (Apr – Jun)	Quarter 12 (Jul – Sept)	Quarter 13 (Oct – Dec)	Quarter 14 (Jan – Mar)
Monitoring reminder to be sent	02 July 2026	01 October 2026	04 January 2027	02 April 2027
Monitoring forms last date due back to the Council's Link Officer by.	30 July 2026	29 October 2026	01 February 2027	30 April 2027
2027/2028	Quarter 15 (Apr – Jun)	Quarter 16 (Jul – Sept)		
Monitoring reminder to be sent	02 July 2027	01 October 2027		
Monitoring forms last date due back to the Council's Link Officer by.	30 July 2027	29 October 2027		

Should the Specialist Provider Framework be extended by a further two years (to 2029) then an extension to the above monitoring schedule will be issued to Providers from the Specialist Commissioning Team to inform them of the quarterly return dates for the extension period.

Government Supported Accommodation Review

Source:

rr927-supported-ac
commodation-review

There is no common approach, particularly in England, to defining what 'quality' means in relation to supported housing; however, the following common themes were identified by providers and commissioners when asked what 'quality' means to them in this context:
- Quality of accommodation and physical surroundings;
- Services that promote safety and safeguarding;
- Providers having robust organisational processes;
- Services which enable service users (rather than encourage dependency);
- The amount and quality of support (personalised, and from appropriately skilled staff);
- Services which meet contractual requirements and have clear service objectives; and
- Services which deliver clearly defined outcomes (for example, mental, physical, and economic wellbeing).

Appendix 5

Examples of Outcomes

- To meet new people, and to engage in social activities (such as art)
- To feel clean and tidy every day
- To maintain a clean and safe environment
- To eat and drink regularly, and to maintain a healthy diet and not lose any more weight
- To learn to cook meals for tea
- To feel confident to walk to local shops independently
- To learn to use public transport
- To feel confident to spend some time in the house on my own without support
- To find college courses that I am interested in
- To learn to budget my money

Annual Health Checks and Hospital Passport – Further Information

Please see the below website links in relation to Annual Health Checks, created both nationally and local to South Gloucestershire Council. Predominantly for individuals with Learning Difficulties and or Autism:

- [Annual NHS Health Checks for people aged over 14 years with a learning disability | South Gloucestershire (southglos.gov.uk)](#)
- [Annual health checks and people with learning disabilities - GOV.UK (www.gov.uk)](#)
- [Learning disabilities - Annual health checks - NHS (www.nhs.uk)](#)
- [Your Annual Health Check - what it is and why it is important. - YouTube](#)

Please see the below website links in relation to Hospital Passports, created both nationally and local to South Gloucestershire Council. Predominantly for individuals with Learning Difficulties and or Autism:

- [Learning disabilities - Support if you are going into hospital - NHS (www.nhs.uk)](#)
- [Bristol Royal Hospital for Children | University Hospitals Bristol NHS Foundation Trust (uhbristol.nhs.uk)](#)
- [Learning Disabilities | Royal United Hospitals Bath (ruh.nhs.uk)](#)
- [Learning Disabilities (waht.nhs.uk)](#)

Autism Hospital Passport-3-3.pdf