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## **Health and Adults' Social Care Scrutiny Committee**

**26 November 2021**

### **Adults' Services Quality Assurance Update**

**Report by: Executive Director of Adults and Health (DASS)**

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#### **Summary**

The purpose of this report is to provide members of the Health and Adult Social Care Scrutiny Committee with details of Quality Assurance activity that has been delivered in Adults' Services since 1 April 2020.

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#### **Focus for Scrutiny**

Areas to consider are:

- Approach and reporting relating to Quality Assurance activity in Adults' Services
- Planned activity areas as set out in the Quality Assurance Annual Report 2020/21 (Appendix A)

The chairman will summarise the output of the debate for consideration by committee.

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#### **Proposal**

##### **1 Background and context**

- 1.1 In the past year West Sussex County Council has implemented significant changes to the governance of Quality Assurance (QA), and the process has been amended to take into account the change to the delivery of mental health services (following the end of the Section 75 agreement with Sussex Partnership Foundation Trust, the Council has become responsible for the delivery of services by Approved Mental Health Professionals) and as a result of the Covid-19 pandemic. The latter has made provision of services more complex and has, at times, impacted the availability and capacity of key officers to undertake QA activity.
- 1.2 Despite these challenges, there has been much progress in supporting Adults' Services to continue its journey to becoming a learning organisation, where continual improvement is a normal process, embedded in practice. This will be particularly important to prepare the service for the inspection framework proposed in the Health and Social Care White Paper published in February 2021 and supports the authority with its ambitions for residents, as outlined in the Our Council Plan 2021/25.

- 1.3 Since November 2020, the basic tenet of the QA approach is the 'Plan, Do, Check, Act' cycle. This quality management model is an iterative process, which encourages continual learning to be considered in the design and delivery of activity. Ultimately, this will lead to improvement in quality and supporting the service to design and commission provision which has quality embedded at its heart.

## **2 Quality Assurance Framework and Core Standards**

- 2.1 The principal document supporting this approach is the Adults' Services Quality Assurance Framework (QAF). This outlines how service will ensure a culture of performance and continuous improvement, which identifies the things done well, celebrates success and, where required, takes action to improve. It does this by:
- Describing the approach to quality assurance that the service will adopt
  - Outlining the governance arrangements that oversee performance and delivery, including the importance of external challenge and customer voice
  - Confirming the professional standards that staff will be expected to achieve and maintain
  - Describing how supervision and performance development will be provided to improve practice and to support individual learning and growth
  - Outlining how audits will be used to check the quality of service delivery and to identify themes for learning which can be used to drive guidance and practice development
  - Confirming the minimum standards for the use of Mosaic (Adults' Services' case management system) and case recording
- 2.2 Underpinning the QAFs, and as part of ongoing commitment to high quality and improvement, core standards for staff has been developed.
- 2.3 These standards reflect the minimum standard of quality expected and it is essential that all operational staff achieve them. The standards are not task-specific and should be applied to all activities. They cover the following areas of practice:
- Involvement
  - Equality and diversity
  - Communication
  - Advocacy
  - Mental capacity
  - Deprivation of Liberty Safeguards
  - Safeguarding
  - Risk
  - Proportionality
  - Working with other professionals
  - Recording
  - Accountability
- 2.4 All interventions must promote wellbeing, clearly evidenced throughout all activities and with practitioners using a person-centred and strengths-based approach in all their work. Working in partnership with customers, carers and communities, they will support service users to achieve the outcomes they have identified, to build on strengths and maximise wellbeing and protect their right to live in safety, free from abuse and neglect.

- 2.5 In addition to the Adults' Services QAF and to meet the specific needs of the individual service, a Quality Assurance Framework has also been developed for the Approved Mental Health Professionals. This version focuses much more on the particulars of the service area, including the specialist competencies required. A service specific version for the Combined Placement and Sourcing Team is also in development.

### **3 Governance policy and procedures**

- 3.1 The governance of QA has developed significantly since November 2020 and now sits as a central responsibility of four key management boards, overseen by the Adults Directorate Leadership Team.
- 3.2 The Performance Quality and Practice (PQP) Board is the strategic quality board, chaired by the Executive Director of Adults and Health (DASS) and was established in March 2021. The purpose of PQP is to scrutinise the efficacy of performance and quality assurance arrangements in place across Adults' Services and the adults' social care system in West Sussex, to inform service delivery, strategic planning, and commissioning. The board also promotes a culture of continuous improvement throughout the Adults' Services workforce and will deliver and monitor structures that continue to develop a learning service.
- 3.3 The Safeguarding Steering Group is also chaired by the Executive Director of Adults and Health (DASS) and again, was established in March 2021. The purpose of the Safeguarding Practice and Performance Steering Group is to highlight key areas of learning identified through safeguarding audits, Safeguarding Adult Reviews (SARs), Serious Incident Reviews (SIRs) and any work identified by the Safeguarding Adults' Board, and to seek assurance that the recommendations have been embedded into practice. This board will report to PQP and support the activities of that strategic board.
- 3.4 The Quality Assurance Management Board (QAMB) monitors and upholds care practice and standards in Adults' Services and is chaired by the Quality Assurance Lead. QAMB will inform and be overseen by PQP and will support PQP to achieve its strategic objectives. QAMB will also promote and celebrate good and outstanding practice, and identify, discuss and mitigate against quality assurance issues across Adults' Services. QAMB will focus on responses to action plans implemented as a result of Local Government Ombudsman (LGO) or Coroner inquiries, or from Serious Incident and Learning Reviews. It will also address data quality issues and seek to identify methods of engaging with frontline practitioners to disseminate learning quickly and effectively.
- 3.5 Attendance and participation will be extended to a representative team manager and a frontline practitioner, to help connect the realities of service delivery to learning, and to practice and guidance development. Capturing the customer voice is crucial and customer and carer participation will be co-designed with the Customer and Carer Group, supported by the Adults' Engagement and Information Team.
- 3.6 The Mental Health Quality Assurance Steering (MHQA) was established to reflect the end of the Section 75 agreement with Sussex Partnership NHS Foundation Trust and the responsibility for delivery of all adult mental health services by West Sussex County Council. MHQA was formalised from November 2020 and is chaired by the Assistant Director (Adults Operations). As with the

other boards, the purpose of the MHQA is to scrutinise the efficacy of performance and quality assurance arrangements and will promote a culture of learning, specifically in relation to mental health services.

- 3.7 An audit framework has been launched, which will require two audits, per worker, per year. These will be ethical decision-making audits, which are based on the principles of the Ethical Framework for Adult Social Care, developed by the Department of Health and Social Care. and the Ethical Decision-making checklist developed within the Council. These audits measure quality across eight domains:
- Respect: Every person, their rights, choices, safety and dignity matters
  - Reasonableness: Decisions are rational, fair, practical, compliant with current national and local guidance, are evidence based, justified and defensible.
  - Minimising Risk and Harm: Though the Council is not auditing safeguarding there are elements of risk management that must be clearly documented.
  - Inclusiveness: People are given a fair opportunity to understand situations and be involved in decisions that affect them. Aim to minimise inequality.
  - Accountability: Holding the Council and people to account for decisions made. As far as appropriate and possible, be transparent about the specific decisions or actions taken relating to individuals.
  - Flexibility: Being responsive, able and willing to adapt when faced with change or new circumstances.
  - Proportionality: Ensure all care and support, written documentation and interventions are proportionate to levels of need and identified risks.
  - Community: The person's wider community assets and community-led support solutions have been considered.
- 3.8 Where there is a service specialism, such as Deprivation of Liberty Safeguards or services provided Approved Mental Health Professionals, audit tools that focus more specifically on the requirements and standards for those services have been developed and will be used.
- 3.9 Audits will be completed with the worker to enhance opportunities for learning and to promote the culture of continuous improvement. This is in line with the Performance and Development Framework and proposed changes to the Supervision Policy.
- 3.10 A new approach has been developed for the commissioning, conduct and reporting of Serious Incident Reviews and Learning Reviews. These reviews offer the opportunity to study, in detail, the background, decisions and actions taken that lead to circumstances in which a customer may have had a poor health and wellbeing outcome. This analysis will enable an understanding of where improvements can be made to how the service works and to the processes and guidance that support it.
- 3.11 Action Planning because of Serious Incident and Learning Reviews and of LGO decisions and reviews has also been developed. This approach establishes owners and deadlines for agreed actions, and these are regularly monitored and tracked by the Quality Assurance Lead. The themes of learning are also captured in an Action Plan register and a register of LGO decisions. This will enable for data to be extracted and to identify themes for learning which can be fed back to the quality governance structures as described earlier in this section.

- 3.12 Support for practitioners is being developed in line with the wider Adults' and Health Workforce Plan and this includes but is not limited to:
- Supervision Policy and Practice Guidance
  - Working with the Learning & Development Steering Group for Adults' Services
  - Wellbeing Pathway for Staff
  - Assistant Care Manager Progression Pathway
  - Support for the progression of Newly Qualified Social Workers

#### **4 Performance framework and benchmarking**

- 4.1 Adults' Services performance data is managed via three tiers of reporting:
- Monthly Service Reports
    - By service area
    - Action plans to drive continuous improvement (Plan, Do, Check, Act)
  - Quarterly Performance Reports benchmarked against:
    - South East Association of Directors of Adults' Social Services (SEADASS)
    - Sub-set of ASCOF Measures (Adult Social Care Outcomes Framework)
  - Annual Mandatory reports
    - ASCOF Measures
    - Short and Long Term (SALT) Support Data Return
    - Safeguarding Adults Collection (SAC)
    - Adult Social Care Finance Return (ASCFR)
- 4.2 Performance data is regularly reviewed by the following governance boards (each of which is described in sections 3.2 to 3.4), the results of which inform service delivery, business planning and help to inform market commissioning intentions:
- Performance, Quality and Practice Board (PQP)
  - Quality Assurance Management Board (QAMB)
  - Safeguarding Steering Group (SSG)
  - Mental Health Quality Assurance Steering Group (MHQA)
- 4.3 Performance is also reviewed at the Adults and Health Directorate Leadership Team and at the Systems, Performance and Business Insight Steering Group.
- 4.4 Reviewing data and performance via the structures described above, enables the service to ensure that plans are strategically aligned with Our Council Plan and with the Quarterly Performance Monitor (QPM). This ensures that the service remains focused on customer outcomes and the foundation of this approach is prevention and community lead support.
- 4.5 Where the data does not demonstrate that this approach is being successfully delivered, performance reviews are held to develop service action plans and to help identify where risks are being held and what improvements can be made.
- 4.6 The governance processes are dependent on the quality of data held and systems are in place to deliver 'clean' data to inform service delivery processes and plans. As well as ensuring that are systems are suitable to achieve this, a culture of quality with respect to data entry and use of data is being fostered.
- 4.7 A Task and Finish group will review the Data Validity Strategy and feed into the governance processes set out above. County Council data quality needs to be

checked and improved and due to the enormity of the task a strategic approach is required to determine areas of greatest risk and where work will provide the best dividends. Scoping is underway to prioritise and organise that work, reflecting the service, system and legislative drivers and pressures, while delivering the identified data quality improvements needed.

- 4.8 As part of the above work and in relation to the core standards (see 2.2), analysis and review of compliance to the Council's legislative duties (including the Care Act and the Mental Health Act) will be conducted and the policies and procedures that support those activities will be further reviewed and developed as required.

## **5 Proposal Details**

- 5.1 This section is not applicable as this is an update report and does not make any proposals.

## **6 Other options considered (and reasons for not proposing)**

- 6.1 This section is not applicable as this is an update report and does not make any proposals.

## **7 Consultation, engagement and advice**

- 7.1 This section is not applicable as this is an update report and does not require any consultation, engagement or advice.

## **8 Finance**

- 8.1 This section is not applicable as this is an update report and does not have any financial implications.

## **9 Risk implications and mitigations**

- 9.1 This section is not applicable as this is an update report and does not have any risk implications.

## **10 Policy alignment and compliance**

- 10.1 The equality duty is not applicable as this report provides background information. There are no social value, crime and disorder or human rights implications

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**Appendix A - Adults' Services Quality Assurance Annual Report: 2020/21**

**Background Papers:** None.