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STAFFORDSHIRE CARE QUALITY COMPACT

Setting out our collective commitment for ensuring excellent quality care services for the people of Staffordshire

DRAFT

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THE STAFFORDSHIRE CARE QUALITY COMPACT

'Setting out our collective commitment for ensuring excellent quality care services for the people of Staffordshire'

The County Council, the five NHS Clinical Commissioning Groups and the Commissioning Support Unit have agreed it is important that a Care Quality Compact be developed in partnership that sets out our collective commitment to improving the quality of care in Staffordshire. It sets out our shared vision and aspirations for improving quality of care for all and states our commitment to a set of overarching principles to achieve excellent quality.

The compact supports the realisation of the **Staffordshire-wide Joint Health and Wellbeing Strategy 'Living Well in Staffordshire'** and its vision to ensure; *Staffordshire will be a place where improved health and wellbeing is experienced by all. It will be a good place to live. People will be healthy, safe and prosperous and will have the opportunity to grow up, raise a family and grow old, as part of strong, safe and supportive communities.*

Vision:

'Staffordshire will be a place where care services are: rated highly by the people that use them, meet peoples needs fully, promote choice and control, and provide services which focus on listening to the people that use them, making their views central to driving quality improvement.'

Principles

All partner organisations adopt 5 Principles of Quality for the compact:

- ***Actively work together to ensure quality improvements are delivered and information and intelligence is joined up and acted on***
- ***Base quality improvement initiatives on the features agreed by all partners as constituting high quality***
- ***Ensure that the views of people receiving care and support and their family/carers are always heard and drive better quality in services, embedding the principle "nothing about me, without me"***
- ***Ensure that the quality of all care and support services is transparent to everyone***
- ***Actively challenge poor quality and make it easy for others to do so, both internally and externally to the organisation***

Background to development of the Compact

We develop this compact to support the realisation of the Staffordshire Health and Wellbeing Board's **Joint Health and Wellbeing Strategy for Staffordshire – 'Living Well in Staffordshire'**. The Health and Wellbeing Board brings together the main public service organisations that have responsibility for improving the health and wellbeing of people who live in Staffordshire, including representatives from Staffordshire County Council, District Councils, Staffordshire Police, NHS Clinical Commissioning Groups, and Engaging Communities Staffordshire.

It is therefore crucial that the Vision, Principles and Values set out in the Health and Wellbeing Strategy have directly shaped the development of our Care Quality Compact to ensure that in achieving excellent quality in care we are supporting our overall vision of achieving improved health and wellbeing for all people in Staffordshire.

'Living Well in Staffordshire' set out the following:

Vision

Staffordshire will be a place where improved health and wellbeing is experienced by all. It will be a good place to live. People will be healthy, safe and prosperous and will have the opportunity to grow up, raise a family and grow old, as part of strong, safe and supportive communities.

The principle

Working together to lead transformational change - "Through leadership, influence, pooling of our collective resources and joint working where it matters most, we will make a real difference to the lives of Staffordshire's people."

Values

- *Living safe and well in my own home*
- *Living my life my way, with help when I need it*
- *Treating me as an individual with fairness and respect*
- *Making best use of taxpayers' money*

Under the compact, organisations will work together to ensure people are healthy and safe, receive excellent services when they need them, and are treated as individuals with fairness and respect, whilst ensuring we make the best use of taxpayers money.

However, it is not just the Joint Health and Wellbeing Strategy that has created a need to develop this compact. There have been a number of other developments in legislation and significant events both nationally and locally which have put the spotlight on quality and make quality a priority for all partners. This has required us to refocus our thinking about our understanding of what quality is and how we improve it. All these factors have shaped our approach to how we work together to improve the quality of care together

The Report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry

The report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry, published in February 2013, follows on from two previous inquiries into events at the Trust, which uncovered a lack of basic care quality. The latest report considers why these serious problems were not identified and acted on sooner, and what should be done to prevent them happening again. Its findings are highly critical of the Trust's Board at the time, highlighting "an insidious negative culture involving a tolerance of poor standards and a disengagement from managerial and leadership responsibilities". However, the report ultimately concludes that responsibility is not confined to the Trust, but runs right through the health service, local authority, commissioners and regulators of care. The report calls for a "fundamental change" in culture, whereby patients are put first. It makes 290 recommendations covering a broad range of issues relating to patient care and safety in the NHS.

Universal issues that stand out are:

- The service user must be at the heart of everything we do and this should be built into our contracts with third parties, with explicit quality standards
- Our systems must allow us to take early action where there are concerns about service quality without having to wait for investigations to reach a firm view
- Information about providers must be shared across the system (including with Overview & Scrutiny Committees and Healthwatch), especially information about complaints and that the process of making complaints is clear and understood
- We need to do more than just rely on providers' self-declarations of quality
- It is vital that we actively involve service users in quality arrangements
- We should ensure that all Directors of providers are 'fit and proper persons' for that role
- Commissioners should have the ultimate responsibility for deciding what services should be provided and for ensuring alternative provision is available
- The need for commissioners to undertake ongoing monitoring of performance for every contract, intervening in individual complaints where these are not being resolved effectively or where services are substandard
- Performance management should be based on service quality, with clear escalation routes
- Workforce development should have increased focus on practical delivery of compassionate care

Transforming care: a national response to Winterbourne View Hospital

This was commissioned by the Department of Health in England. The report is a response to a BBC Panorama television documentary that aired in May 2011 and raised alarm over the care of patients at a private hospital in Bristol. The

documentary showed people with challenging behaviour being bullied and physically and emotionally abused by staff at the Winterbourne View Hospital.

The report into the events at Winterbourne View Hospital states that “staff routinely mistreated and abused patients” and that “management allowed a culture of abuse to flourish”.

According to the report:

- concerns raised by a whistleblower went unheeded
- patients' reports of abuse were ignored
- warning signs were not picked up by the relevant authorities

Some of the missed warning signs cited by the report included:

- there was a high number of recorded physical interventions
- there was a high rate of admission of patients to Accident & Emergency services with no follow-up investigations to assess why this was the case
- the Serious Case Review found evidence of a general poor level of healthcare with many patients being affected by conditions that are often preventable with good quality care, such as constipation and dental problems
- there was evidence suggesting an inappropriate prescribing of anti-psychotic drugs

The Health and Social Care Act 2012

The Health and Social Care Act brings in the most wide-ranging reforms of the NHS since it was founded in 1948. On 1 April 2013 the main changes set out in the Act came into force, and most parts of the NHS will be affected in some way (Kings Fund 2013). The changes focus predominantly on five key areas: clinical commissioning groups, public health, health and wellbeing boards, economic regulation and providers.

The act also sets out a duty under the Secretary of State to improve quality with a view to securing continuous improvement in service delivery and outcomes achieved for individuals.

There must also be regard to the quality standards prepared by NICE under section 234 of the Act.

NICE Social Care Quality Standards

NICE social care quality standards are concise sets of statements designed to drive priority quality improvements within a particular area of care. They are central to supporting the Government's vision for an integrated health and social care system focussed on delivering the best possible outcomes for people who deliver and receive social care services.

The enquiry carried out by the Equality and Human Rights Commission (EHRC) into 'Older People and Human Rights in Homecare

The inquiry was launched in November 2010 to inquire into the extent to which the human rights of older people who require or receive home-based care and support, however funded, are promoted and protected by public authorities, working singly or with others, and the adequacy of the legal and regulatory framework within which they are required and empowered to do so.

The inquiry found that although many older people receive care at home which respects and enhances their human rights, this is by no means a universal experience. It uncovered areas of real concern in the treatment of some older people and significant shortcomings in the way that care is commissioned by local authorities

Adult Protection referrals in Staffordshire

There has been an ongoing increase in Adult Protection referrals in Staffordshire. In 2012/13, 3962 referrals were received regarding 3055 unique people. This is an increase of 20% on the previous financial year. 73% of those referrals met the threshold for investigation.

64% of those referrals were about people over the age of 65 years. The most commonly reported form of abuse in Staffordshire is physical abuse. This form of abuse has reduced (in percentage terms) over the last two years. Neglect is the second most commonly reported form of abuse and for the second year running has increased. Understanding Neglect is of particular relevance to this compact due to the undeniable links between care quality, service safety and the protection of the most vulnerable people receiving care and support.

We know from our data over the last two years, those working in a professional capacity (36%) with vulnerable adults are more likely to be named as alleged perpetrators of abuse than family and partners (24%). 19% of those named as alleged abusers are other vulnerable adults which is also an issue that links to service quality and safety. This information should be of concern to both providers and commissioners alike.

A recent report produced by The Observatory suggests (using The UK Study of Abuse and Neglect of Older People) that we are only aware of 37% of abuse where that occurs in people's own homes. That does not include care homes or hospital settings.

The report also projects forward to 2021/22 and says we may receive up to 9,500 adult protection referrals by the end of that financial year.

All of this information contributes to the rationale for working together to improve the quality of care that people receive now and that we may receive in the future.

Staffordshire County Council's '*Green Paper for a Revolution in Care Quality*'

In 2012 Staffordshire County Council published the '*Green Paper for a Revolution in Care Quality*'. The paper set out a vision for a revolution in care quality to build on the previous strategy and demonstrate our commitment to strive for continuous improvement. Above all, the Green Paper aimed to establish a culture of 'zero tolerance' of poor quality. Over 1000 people across Staffordshire responded to the consultation.

The Green Paper consultation helped us to begin to better understand how we can continue to improve quality. It asked those taking part to give their views on a number of areas including:

- Defining what quality means
- How we should reward excellent quality and tackle poor quality
- Whether a set of clear quality standards should be developed so everyone is clear on the level of quality they should expect and be clear what they can do if they are not happy and
- A number of specific proposals put forward to drive a step change in care quality

Analysis of the findings from the consultation highlighted the following key recommendations:

- There is a need to raise expectations of the quality of social care. This 'standard' needs to be clearly communicated to Staffordshire residents.
- The proposed definition of quality is adopted along with all proposals put forward in the Green Paper to improve the quality of care.
- Four key areas were highlighted as specifically needing improvement:
 - *Listen to people who services* — this should be regular, systematic and used to inform commissioning and decision making. There is a need to review current mechanisms for service users to give feedback
 - Improvements in the *Health and Social Care Workforce* — this included staffing levels, training, professionalism and ensuring that wherever possible caring staff remain consistent
 - *Personalisation* — service users must be at the centre of their care plan and feel they have control over the support they receive
 - *Better information* — about what services and support are available and how people can access them

Some dimensions of quality that can be considered important to what we are trying to achieve are:

- Being effective
- Being efficient
- Providing equity
- Being accessible and responsive to individuals needs
- Being outcome focused
- Being safe and providing protection from abuse including ensuring dignity
- Providing real choice
- Providing value for money

Overall (86%), respondents to the Green paper consultation were supportive of the definition of quality which was put forward:

'A quality service is one which people who use it rate highly, meets peoples needs fully and promotes choice and control; one which focuses on listening to the people that use it, and makes their views central to driving quality improvement.'

The Compact has embedded this definition of quality and has adopted it as its vision.

Partner commitment to the Compact

All Commissioning partners will be required to implement measures determined at a national and local level to address the issue of quality specific to their own organisation. Organisations will also make their own individual responses to the Francis report and develop action plans to address the reports recommendations.

For the Compact to be implemented effectively, all partners need to be fully committed to it's vision and principles and reference them in the development of their local strategies and implementation plans. Commissioning partners should be clear about their definition of "excellent services" and how they will assure the quality of those services to ensure excellence is being delivered.

Section 6 – Implementation, Monitoring and Governance

Implementation of the Compact will be through the existing Care Quality Strategy Working Group. This group brings together representatives from the County Council and all of the CCGs in Staffordshire. The group will report progress on a regular basis, through the Cross Economy Quality Governance Committee, linking closely to the existing operational arrangements of the Quality & Information Sharing Forum and also to the Quality Surveillance Group, which is chaired by the Staffordshire & Shropshire Area Team of NHS England. Through these routes, reporting will be undertaken to the Health & Wellbeing Board, which will thereby undertake a monitoring and governance role.