

GREEN PAPER FOR A REVOLUTION IN CARE QUALITY





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Green Paper for a Revolution in Care Quality



Foreword by County Councillor Matthew Ellis Cabinet Member for Adults Wellbeing

This Green Paper will drive step change improvement to the quality of care services in Staffordshire. It will bring a new focus on not just quality, but also the experience for individuals receiving services. It is about forging a powerful link between service quality and the level of financial reward to service providers.

Above all, this Green Paper will establish a culture of 'zero tolerance' of poor quality services and a tough but fair approach to dealing with failure or standards which fall short.

Those who use our services are often the most vulnerable and least likely to raise concerns. That's why providers must become arbiters of high quality services in the future.

'A Revolution in Care Quality' seeks the views of patients and anyone using care services, their families and carers, professionals, voluntary sector bodies and providers of services. Critical to our aspirations is being able to clearly understand what quality means to people and how we can use their experiences to improve quality.

The challenges in these difficult financial times are undeniable but passive acceptance of poor quality care is unacceptable. Expecting more in the current climate brings its own challenges for providers of services. We need to understand how we can help raise standards together while stabilising some difficult aspects of service delivery and underpinning greater sustainability overall.

This Green Paper opens a debate about what quality actually means to people that use services and sets out our emerging thinking on how we want to improve quality. It seeks to begin to build consensus on what we are doing in Staffordshire and how we need to ensure we bring about 'A Revolution in Care Quality'.

The overarching vision will be embedded into our planning, commissioning and delivery of services which will provide support to improve people's choice and independence. Understanding what common themes make up good services and what is important to individuals will help us to eradicate existing and emerging poor quality.

I am confident and determined that the questions raised, and proposals made, in this Green Paper will raise quality standards, improve the status and conditions for care workers and build a fairer merit-based environment for service providers, which is more sustainable.

We need to do this in a transparent and coherent way based on firm evidence and sound foundations. This Green Paper is the beginning of a journey and I ask you to join us on that journey by responding to the important questions and proposals contained within it.

Thank you.



County Councillor Matthew Ellis
Cabinet Member for Adults Wellbeing

Executive Summary

This Green Paper sets out our future vision for a revolution in care quality to benefit the people of Staffordshire.

It explores the key issues of embedding a culture of quality and sets out the positive developments that we believe need to be in place to make sure quality is checked at every step.

We have based our revolution in quality on five themes that we believe will help us to provide a robust framework for quality. They are: Leadership and Planning; Commissioning based on evidence; Measurable Standards; Feedback and Insight and Review and Monitoring.

Within each theme we set out our recommendations to bring about a step change in care quality.

These recommendations include:

- Working with providers towards an accepted and transparent working wage for those working in the sector as well as further 'professionalising' working in the care sector to drive up care quality.

- Taking steps to reward excellent quality, via financial and other means; with a proactive 'zero tolerance' to poor quality.
- Introducing a raft of measures for more transparent information sharing with the wider community, for example, publishing the details of the minority of providers who aren't achieving the expected quality standards.
- Investing in more front-line quality monitoring and more targeted training and development for providers to drive up quality standards.

We want to engender debate about care quality and hear people's views on the contents of the Green Paper, our recommendations and how we should take the agenda forward with our partners to make 'A Revolution in Care Quality' a reality in Staffordshire.



Why do we need a Green Paper for Quality?

All too often we hear personal stories where the quality of care for people has fallen down. In Staffordshire, we are all too aware that local people have experienced these issues first hand. This is not acceptable and we want to take an innovative approach to improving care quality across the county for the benefit of local people.

This Green Paper outlines and reaffirms our aspiration to unify and develop the drive for quality so that the people in Staffordshire feel valued and able to influence the services they receive. This is about moving towards an approach that fundamentally measures the quality of services through people's experiences.



Our vision is one where real life experiences truly shape our services so that we offer appropriate services in the right way, to the right people, in the right place and at the right time. It is about banishing poor practice, holding people to account and ensuring local people experience excellent quality services, regardless of what that service is.

This is about using our leadership role and working to improve key issues like an acceptable working wage for those working in care and the professional 'status' of caring staff across the county.

This Green Paper is a first step in engaging with the people of Staffordshire on a journey to really revolutionise quality of care for people.

Our aim is to put in place a two year programme to improve quality. This plan will deliver improved quality where good performance is rewarded, there are clear quality expectations and people know what to do if they don't receive the level of quality that they expect.

This programme of action is essential to make sure we don't just 'tinker at the edges' but place quality at the heart of all that we do, working with our partners and providers.

Why now?

This Green Paper has been in development for many months. It responds to a number of drivers calling for the need for real action to improve service quality both in Staffordshire and more widely. It seems that a month doesn't go by without a report being published highlighting issues within the care system – of which the majority have poor quality at their core.

While we broadly welcome the proposals set out in the White Paper, 'Caring for our future: reforming care and support' and the draft Care and Support Bill, we have been doing much of this for some time. In Staffordshire we want to go significantly further.

This Green Paper takes the key issues and directly responds to the concerns raised by Staffordshire people about the quality of care and support services. We believe this fundamental step change is needed now to tackle head on the areas of concern we know can be improved for some of the most vulnerable people in our communities.

The Staffordshire Story

In Staffordshire the drive for quality is not something new. We've always strived to provide excellent quality services for local people in a marketplace where people have real choice and control over the services they use.

Major improvements in the last two years include:

- The UK's largest integration of health and social care. We've transferred 1000 social care staff and a budget of £153 million to the Staffordshire and Stoke-on-Trent Partnership NHS Trust. This has been hailed nationally as one of the most ambitious projects to improve health and social care in the UK. This is a major driver of providing faster, more efficient and personalised health and social care.
- Engaging Communities Staffordshire – we've developed this Community Interest Company which brings public engagement and research, information, advocacy and feedback services for people who use services in the health and social care sector



in Staffordshire together in one place. This is a model that is being held up nationally.

- The launch of Staffordshire Cares, which provides information, advice and guidance on lifestyle choices, in one place. This approach will reduce cost pressures by £1 million.
- Other examples include the introduction of the innovative CareMatch, the award-winning 'Me, Myself and I' game, as well as investment in a county-wide Staffordshire Quality and Market Assurance team to drive up quality and improvement in commissioned services.

Case Study 1 CareMatch



The award winning CareMatch service plays a huge role in driving up the quality of services in Staffordshire by working with services and the wider social care sector to make sure services have a capable, confident and skilled work force.

The CareMatch recruitment service has been running for over three years and offers employers an online facility to advertise their vacancies and recruit to vacant posts. This includes employers in receipt of self supporting funding. CareMatch offers sector specific recruitment information and advice and guidance for individuals wishing to seek work in the sector and managers wishing to recruit.



Other improvements

We've put in place a variety of specific improvements including:

Workforce development, training and support for providers

Dedicated and specialist advisers work with a range of commissioner service providers to help drive up service quality by advising on service standards and workforce planning and training. This includes one-to-one support for service managers.

We regularly provide service specific training and by analysing training needs, we have been able to establish key priority areas for training. We have then targeted our funding to plug these gaps, offering much needed free training to the independent sector. This has helped providers to improve service delivery and overall quality and ultimately has meant better outcomes for people that use services.



Care home activity co-ordinator support groups

The support network was set up in 2006 and has continued to evolve with eight geographically located groups now operating throughout the county. The aim of the support network is to share good practice and develop ideas. Targeted funding has allowed us to offer free training to co-ordinators to improve their skills and better understand how to meet the social needs of those with dementia and to improve activities for people in homes overall.

Due to their success, we have been approached by a regional organisation that wants to work with us to replicate what we do in Staffordshire on a much wider scale.

Innovative use of assistive technology

As part of regular quality monitoring we undertake with commissioned providers, we found that a number of issues including repeated falls, could be addressed in part, by the use of assistive technology solutions. As assistive technology can be costly to buy and install, we have introduced a highly successful 'try before you buy scheme' for commissioned providers.

We invested in various solutions that could be tested by providers, which can be purchased at the end of the trial period. Feedback has been very positive about both the scheme itself and how being able to trial technology has helped providers deliver a better quality service for individuals. An example of this is where we worked with a care home to fit equipment to support two residents with a history of repeated falls. Since the equipment has been fitted, neither of the residents have experienced a fall, which has improved their quality of life considerably.



Free safeguarding training

Staffordshire County Council safeguarding training opportunities are offered to the independent sector free of charge. Services can also have their own in-house safeguarding package approved free of charge by the safeguarding team. This approach ensures all services work consistently to safeguarding practices. Free e-learning licences will soon be offered to the independent sector so that they can undertake the Staffordshire course on-line.

Quality and Market Assurance of Commissioned Services

We undertake 'on site' monitoring visits to commissioned services within a framework that clearly sets out what quality and safety standards we require services to meet. When a service is found not to be meeting the required quality standards, we draw up clear action plans with clear timescales for delivery. We then undertake further visits, at appropriate intervals, to assess if quality improvements are being made as required.

As part of our monitoring, we undertake a series of activities to gain insight about people's experiences. This helps to shape services and prioritise areas for investigation. This includes regular surveys, focus groups and a 'Quality User and Carer Forum' which happen alongside regular front-line quality spot checks.

Specifically for domiciliary care services, we have recently commissioned a research project to look at people's experiences of homecare. This will help us to identify the service delivery areas valued most by users of services. This insight will be used to develop a new quality measurement tool that is personalised according to what is most important to each individual, taking into account their specific needs.

Multi-Agency Safeguarding Hub

Where potential abuse indicates a crime may have been committed, there is always close liaison with colleagues from the Multi-Agency Safeguarding Hub in Staffordshire, the nationally ground-breaking specialist team where investigations are jointly undertaken with a range of partner colleagues, including the Police, Health Service and others for the best possible outcomes for victims.

We believe solutions need to be far reaching and tackle the issues head on. We have seen improvements in many areas but we can do far more. This is about inherently changing the system, taking a firm stand in Staffordshire and using our collective leadership powers to say no-more to poor quality standards.

Definition

People have different perceptions of ‘quality’ – our view will differ from partners, individuals and others so it is useful to set out our definition of quality here.

We consider the following core values essential when we talk about quality:

- Effective, efficient, equitable, accessible and responsive
- Helps to achieve individuals’ outcomes
- Safe and provides protection from abuse
- Promoting personal dignity
- Offers choice and value for money

For the purposes of this Green Paper we have used this working definition as a starting point:



“A quality service is one which is rated highly by the people that use it. It meets these people’s needs fully, promotes choice and control and listens to them. Their views are central to driving quality improvement.”

A Revolution in Care Quality

“Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skilful execution. It represents the wise choice of many alternatives.”

William A. Foster

We know quality won’t ‘just happen.’ We need to work hard to achieve it, understand what quality means to people and consider a number of different factors to help us achieve it.

In Staffordshire we have identified five key themes that we believe will help us to provide a robust framework for quality. These themes are:

1. Leadership and Planning
2. Commissioning based on evidence
3. Measurable Standards
4. Feedback and Insight
5. Review and Monitoring



Leadership and Planning



In a recent inquiry undertaken by the Equality and Human Rights Commission into Older People and Human Rights in Homecare, it was concluded that there is a clear need for supportive senior leadership on the central importance of quality.

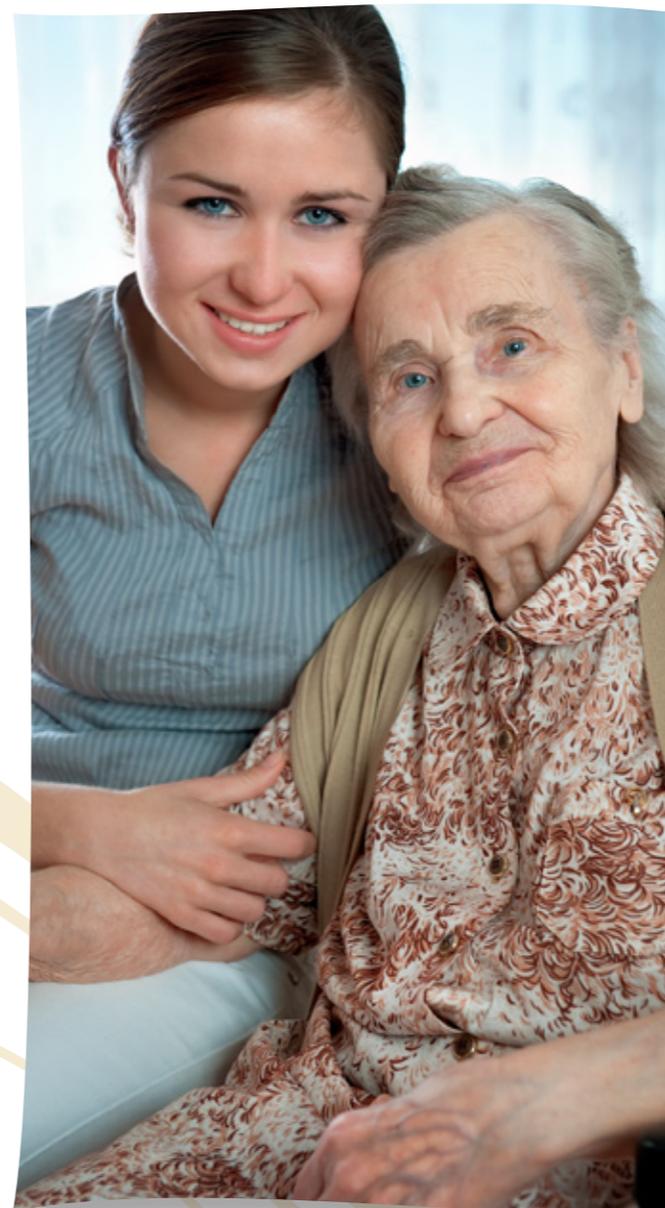
In Staffordshire, our aim is to link senior leadership exclusively to quality. We believe that this approach, combined with quality planning at all levels, will provide the right environment to support staff to focus on delivering high quality

improved outcomes for all, provided in the right place at the right time.

Key issues

The view that poor leadership and planning has a negative impact on the quality of a service is nothing new. Strong leadership is needed to allow effective planning to take place and to make sure the strategic vision of what needs to be achieved is clear and communicated effectively to those within the county council and the wider community. It is also about moving beyond good intentions and building plans that are going to work. The lack of sound planning is one thing that will stop us from delivering our goals.

The need for strong leadership and planning linked to evidenced-based commissioning and partnership working is key. This is particularly vital as we work ever increasingly with the private, independent and voluntary sector in a more competitive market place where working arrangements and roles and responsibilities shift. This issue is not just crucial for the county council but for the partners we work with and the services we commission.



What can we do differently?

These are our recommendations for future initiatives:

1. Work with the independent sector towards an accepted transparent working wage for those working in the care sector.
2. Work with care sector across the county towards the 'professionalisation' of caring as a career choice to drive-up care quality.
3. CareMatch – make the extensive programme of free professional development training support available for Personal Assistants county wide.
4. Develop a Care Ambassador education programme to raise awareness of Dignity in Care with cross sector organisations such as schools, colleges, banks, shops, etc, across the county.
5. Broaden our 'Activity Co-ordinator Group model' to other adult care services.
6. Further investment in our apprenticeship scheme as a key way to recruit more young people into the sector. Find out more at www.staffordshireapprentices.org.uk.

Case Study 2 Identifying gaps in staff development

Service Development Advisors – part of the Quality and Market Assurance Team – analysed a cross section of commissioned care homes to identify gaps in staff training and development. The aim was to identify areas of training that will support care homes to improve quality standards and better meet the needs of residents.

The findings directly informed the Joint Commissioning Unit's (JCU) approach to funding and support of training for the sector, allowing us to better meet commissioning priorities and plug training gaps. As a result, we have been able to commission training either free of charge or at a significantly reduced cost to the benefit of the county's care homes.

We are currently undertaking the same exercise with commissioned domiciliary care services.



Evidence-Based Commissioning



Evidence-Based Commissioning is our second critical theme for improving care quality. Commissioning is a step-by-step process that helps identify priorities using the resources available with the aim of securing the best outcomes for the whole community.



Social care and NHS commissioning strategies are already partly informed by and based on the analysis arising from the Joint Strategic Needs Assessment (JSNA). Real evidenced-based commissioning goes further by using information about local needs and the market to match need to provision when services are commissioned.

In Staffordshire, our vision is to improve quality by better using evidence to inform our commissioning approach. This means having consistency in our evidence base and ensuring the views and experiences of people who use our services are explicitly considered when we make our commissioning decisions.

Key Issues

Making sure commissioning decisions are informed by the available evidence, they clearly reflect the needs of Staffordshire people and are focused on prevention and early intervention.

Currently there is not one agreed set of standards for commissioning decisions and activity at all levels across the county council, partners and Clinical Commissioning Groups. Standards also need to be consistent with national policy and local expectations.

Commissioning should be defined broadly as the way we act to secure the best use of resources to improve outcomes. All partners are subject to financial pressures and priorities, accountabilities, timescales and budgeting processes. This complex landscape will continue and we need to work effectively within it. Across all our partnership working, we need to continue to develop and improve longer term planning mechanisms which offer more stability than has been the case in the past.

Public sector organisations are often criticised for undertaking numerous consultation exercises and failing to take any real learning or insight from these to inform service design and delivery. Sometimes, it can be as basic as failing to engage with people in an appropriate way or simply just not asking the right questions in the right way. We need to learn from people's experiences of services and their views and insight.



What can we do differently?

These are our recommendations for future initiatives:

- 1. **Commissioning decisions to be informed by insight** and clearly reflect the needs of Staffordshire people.
- 2. **Develop an agreed set of quality standards** for commissioning decisions and activity at all levels across the county council, with partners and Clinical Commissioning Groups, which provides a robust care quality charter for Staffordshire.



Measurable Standards



service to exceed the satisfactory level of service delivery and empower them to strive for continuous improvement.

Performance has to be realistically monitored against the standards to ascertain whether the measurable standard has been met. This monitoring should be based on measurable outcomes capturing people's experience of the service and other quality measures e.g. quantity, timeliness, and cost-effectiveness.

The involvement of people who use our services to define, develop and monitor standards is the most important factor to making sure services are delivering the outcomes people want, to a level of quality they expect. If people's desired outcomes and expectations of a service do not form this, it is impossible to determine if the service is of a good quality.

Measurable standards are key to monitoring the quality of services and making sure they are delivering the outcomes they were commissioned to. Standards need to be specific and objective, clearly written and contain measures that make clear the line between satisfactory delivery and sub standard delivery. A measurable standard should also allow room for a



Key Issues

Evidence-based standards of service and associated benchmarks need to be agreed between all relevant stakeholders in Staffordshire.

Standards need to be identified before specific indicators can be defined, and appropriate methods of measurement sought.

A small number of core valid indicators may contribute to the national quality agenda, but local specific indicators will drive quality improvement in practice and service development locally.

Good indicators are those suited to their intended purpose, and are relevant, valid, reliable, feasible and useful in supporting change.

Standards will be based on agreed outcomes of the services and measured with indicators that use feedback and people’s experiences of the service as the key source of information to assess whether standards are being met.

Reporting on processes and output tells us very little about the quality of a service. For example, reporting how many people accessed a service over a given period of time tells us nothing about the quality of the experience of people assessing the service.



What can we do differently?

Our recommendations for future initiatives include:

1. Develop ways to **reward quality**. This means rewarding excellent quality, financial or otherwise, and banishing poor quality for good.
2. Develop systems so we can assess the quality of a service **based on people’s experiences** and insight into those services. Move away from ‘care by the clock’ towards measuring quality of experience.
3. **More transparent information sharing** with the wider community. We will introduce a public declaration of the organisations that the county council has suspended contracts with. This will allow us to exercise our duty of care to keep the vulnerable people of Staffordshire safe and will give people more information to inform their choices when purchasing care directly. It will also act as a red light for service providers to react quickly to concerns raised to make their services safe and fit for purpose.

4. **Regularly publish breakdown of compliments, complaints and feedback** received about the services we commission and the action we have taken to resolve issues.
5. Consistently and **regularly make clear the quality standards** people should expect when they access services and make sure those standards are measurable. We will then report on how well we, and our commissioned services, are meeting quality standards through a ‘Quality Charter’.



Case Study 3 'Me, Myself & I'

Developed by the county council, 'Me, Myself & I' is an innovative game that can be used for support planning, consultation and signposting to help individuals say what they want. It can be used on-line, as an app or in a board game format to support individuals to identify and articulate what they really want and need to live an independent, fulfilling and enjoyable life.

The award winning game puts the individual at the centre of the support planning process, and helps them to understand the choices available to them by signposting to information, advice and support that matches their need. It takes a fresh look at the person's life as a whole: their health, home, safety, lifestyle and money.

The data collected from the game helps us to find out what is important to the people of

Staffordshire. The roots of 'Me, Myself & I' are from a board game that has already been running successfully

countywide in Staffordshire for over two years and has already helped to inform service strategies. It has been recognised at a national level and users of the game have fed back that they find it a really easy way to get across what they want.



Feedback and Insight



Gaining insight and listening to people's experiences will, we believe, also help our services to be more cost effective as we can more effectively target our resources and 'get it right first time'. In turn this leads to people being more satisfied with their services and lower costs as resources are better targeted according to needs.

Key issues

To be effective we need to have clear understanding of our insight and make sure consistent standards are in place for how, when and what we need to do to capture the views of the people of Staffordshire.

We need to be aware of blockers to effective engagement with older people and be aware of engaging in the right way, at the right time².

We have to ask the right questions and clearly evidence how feedback is influencing every aspect of our work in relation to quality; from service development right through to how we reward excellent quality.

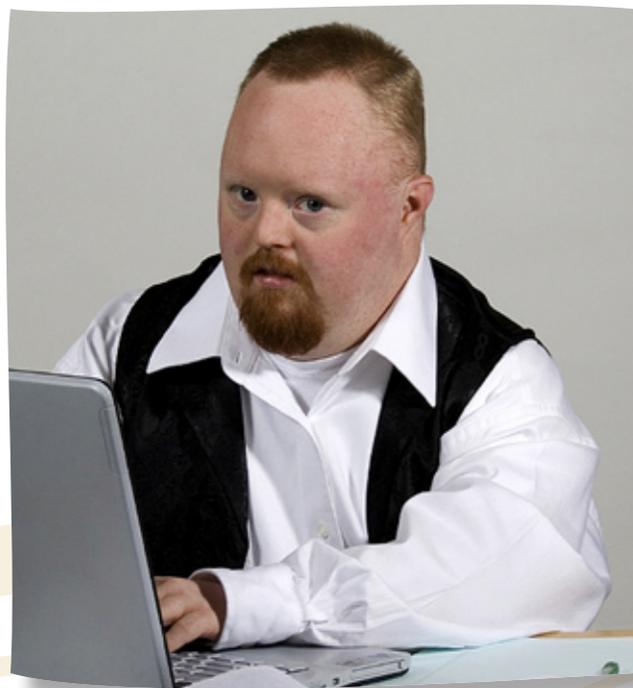
The fourth theme of achieving excellent quality, gaining feedback and insight from the people that use services, is a fundamental part of our campaign to revolutionise quality. This is about putting the people who use services first and recognising that people don't experience life as separate events.

² Joseph Rowntree Foundation in 2011 entitled "Involving Older People in Commissioning: More power to their elbow?"

What can we do differently?

Our recommendations for future initiatives include:

1. Use insight from people who use our services **to inform our approach** by developing a detailed understanding of the wider community needs, so that we offer appropriate services in the right ways, to the right people, in the right places and at the right time.

**2. Enhance social worker review process**

to make sure quality and safety are a key part of the process so that people feel supported to feed back any concerns to our Joint Commissioning Unit and to the Multi-Agency Safeguarding Hub, ensuring that people's experiences are captured and used to shape services in all sectors.

3. Make sure service providers are required

to include details of the county council's complaints services as part of their complaints procedure. This will be reviewed as a key part of contract monitoring.

4. Expand our 'User and Carer Quality

Forum' and service performance feedback system **so members of the public can use it to report quality issues in confidence.** We will then act accordingly on behalf of individuals to tackle quality concerns.

5. Introduce a countywide digital forum

for people to raise issues, concerns and compliments. This feedback would inform our commissioning strategies.

Case Study 4: Engaging Communities Staffordshire (ECS)

ECS is a Community Interest Company (social enterprise), launched in April 2012. It brings public engagement and research, information provision, advocacy and feedback services for people who use services in the health and social care sector in Staffordshire together into an independent, people-led organisation. ECS is supported by Staffordshire County Council and also the statutory NHS organisations in the county. It is highly innovative and has a significant national profile.

A public consultation was undertaken in 2011 with over 2,300 local people. It highlighted a clear interest for one independent organisation to be established to provide an easy route for people to give feedback on healthcare services.

ECS makes it easier for people to share their views on all healthcare services by creating a more holistic picture of health and social care in Staffordshire. This informs service development and quality and helps provide an early warning of systemic failure.

Through ECS, Staffordshire County Council will have access to a shared resource of comprehensive qualitative information on people's views and perceptions of healthcare in Staffordshire. The county council will also commission ECS to undertake community research and engagement activities in a joined-up approach on their behalf.

Review and Monitoring



We believe review and monitoring is essential to improving the quality of services and that any processes to undertake this are closely linked to insight and feedback mechanisms. This allows services to be developed that are of a good quality, that take account of changing circumstances and reflect the needs and aspirations of the community.

It is also important to make sure methods to undertake monitoring and review are continually scrutinised as to their effectiveness and are kept as up-to-date and relevant as possible.

Key issues

Whether services are directly provided, delivered in partnership or through commissioned services, consistently applied monitoring and review processes is essential. This will check how well commissioning arrangements are working, the standards of quality and cost, and how happy people are with the service.

The experience and insight of people that use services needs to form the basis of our review and monitoring processes, governing services we deliver, those delivered in partnership and via commissioned services.

When people are using a range of health and social care services they don't experience services as separate, isolated occurrences, but as one journey.



That's why it is important to be certain that the processes, frameworks and standards we use to review and monitor services can be consistently applied across different services for different groups of people so we know the quality being delivered at every step of the journey is consistent.

This is about getting the balance right so that we have sufficient consistency in approach but at the same time have enough flexibility and scope to apply service specific methods if required.

What can we do differently?

Our recommendations for future initiatives include:

1. Invest in more dedicated quality monitoring officers to undertake more front-line quality monitoring, address issues and action plan to improve quality.
2. Increase the number and type of on site quality review visits so it covers other types of care services.
3. Make safeguarding training mandatory across the sector by building it into all our contracts for services for vulnerable adults, including unregulated services.
4. Research the training needs of providers that we commission services from. Commit money to commission training to fill training gaps which in turn will drive up quality standards and increase professional development.

Join the debate

We are committed to improving the quality of care and support services in Staffordshire and want to hear your views on the contents of this Green Paper 'A Revolution in Care Quality'.

We would like to hear your views on what quality actually means to individuals and families of people who use services and how we can improve the quality in Staffordshire.

All feedback received will inform a two year programme that is the main action plan for ensuring quality services across the county.

You can access the survey on-line along with further information at:
www.staffordshire.gov.uk/greenpaper

The survey will take approximately 10 minutes to complete and the deadline for all responses is Sunday 16th September 2012.

If you would like the survey in another language or format including large text or Braille, please contact (01785) 887843 or email: healthandsocialcareconsultation@staffordshire.gov.uk. If you would like to contact us about this consultation or a related issue please telephone (01785) 887843.

The consultation will begin on 24 July 2012 and will last for eight weeks. The closing date for all responses is Sunday 16th September 2012.

When the consultation is complete we will consider all feedback received which will inform the development of a two year programme that is the main action plan for improving the quality of services across the county.

A summary of the findings and our response to this will be made available online at www.staffordshire.gov.uk/greenpaper from November 2012.



References

1. Health and Social Care Act 2008, published by Department of Health in July 2008.
2. Health and Social Care Bill 2011 - now the Health and Social Care Act 2012, published by Department of Health in March 2012.
3. 2010 White Paper “Equity and Excellence: Liberating the NHS”, published by Department of Health in July 2010.
4. Equality and Human Rights Commission Inquiry in to “Older People and Human Rights in Homecare” published November 2011.
5. “Putting People First”, published by Department of Health December 2007.
6. “Working for personalised Care”, a guidance document published by Department of Health in July 2011.
7. “Adult Social Care Workforce Strategy”, a guidance document published by the Department of Health in April 2009.
8. “Capable, Confident and Skilled” workforce development strategy published by Skills for Care in May 2011.
9. Staffordshire and Stoke on Trent Adult Safeguarding Procedures 2011 published by Staffordshire County Council in August 2011.
10. “Involving Older people in Commissioning: More Power to Their Elbow”, Joseph Rowntree Foundation, December 2011.
11. Dignity in Care Standards published by Department of Health in February 2003 (forms part of the Care Standards Act 2000).

Glossary of terms

CareMatch - A section of the Quality and Market Assurance Team that supports the market development and planning of quality social care services in Staffordshire.

Carer - Any relative, friend or neighbour who, without payment, provides help and support to an individual who uses services.

Care Worker - Any member of staff who is deployed to provide care.

CCG - Clinical Commissioning Groups, also known as GP Commissioning Groups, will be taking over responsibility for commissioning of healthcare services from Primary Care Trusts from 1st April 2013.

Joint Commissioning Unit - A partnership between Staffordshire County Council, South Staffordshire Primary Care Trust and NHS North Staffordshire for the commissioning of health and social care services in Staffordshire.

Provider - The company, person, or other legal entity who is contracted to provide services.

Safeguarding - The identification, investigation and protection of vulnerable adults from abuse by others in line with agreed inter-agency procedures and protocols.

Service Outcomes - The required impacts or end results of the provision of care and support on the life of a person who is receiving services.

Staffordshire & Stoke-on-Trent Partnership NHS Trust - A new integrated body that came in to being on 1 April 2012 with responsibility for adult social trust and community healthcare within Staffordshire and all community healthcare in Stoke-on-Trent.

Suspension Notice - Any notice which is served by the Council on the Provider to suspend the provision of services to Service Users.

Vulnerable Adult - Any person who is aged eighteen (18) years or over who is in receipt of, or may be in need of, community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation or abuse.

Contributors

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- Kerry McCormick – Principal Information and Support Manager
- Emma Rodgers – Senior Campaigns Officer



