



## Advantages

### Quality & Standards

- Accreditation
- Assumption of quality
- Drives up quality
- Standard setting
- Baseline set
- Set of standards
- Quality monitoring - all providing to the same standard
- Keeps providers on target
- Support from quality control
- Should be monitoring quality
- Regulated
- Monitored
- Kite-mark
- Framework to follow
- Consistent information that we all provide
- CQC registered

### Market

- Regulation of the market outside CQC
- Ability to manage market
- Say on provision of services provided by non-preferred provider
- Governance and management of marketplace
- Choice
- Social workers will recommend if you're on the list

### Customer confidence

- 'preferred provider' - the title/name provides a positive image to customers
- People can buy with confidence
- Information available about providers
- Quality mark (when reviewed)

### Cooperation

- Learning Disability provider forum
- Encourages collaborative working / best practice
- Working in partnership with commissioners
- Linking into training
- Networking of different providers
- Information sharing
- Luxury of shared information
- Provider led - part of the group putting the system together
- Cascading of information
- Strength of a voice as a preferred provider
- Networking - best practice / quality
- Networking

## Disadvantages

### Monitoring

- Monitoring process
- Providers limited to carry out required administration
- Providers do not have the time to produce the required information
- No LCC resource to monitor the scheme
- Duplication of information
- Evaluators need to be skilled in the area (accountants assessing?)
- Paper-based exercise
- How are services able to quantify what is said?
- No support from quality control
- Requires active management to have true monitoring
- Quality mark (when not reviewed)

### Market

- Inconsistent with valuing people - choice
- Closed list (for amount of time)
- Virtual budgets (stifled the market - can't sell different range of services)
- Long period since it has been reviewed for new providers to register their interest and apply
- Fixed price (transition)
- Excludes good quality non-preferred providers
- Lack of differentiation
- Small versus large organisations
- Lose control of market
- Selective choice

### Content

- Too rigid
- Extra work not recognised - 'specialism'

### Financial

- Cost to providers
- Commissioning resources to make it work
- Cost to LCC (of administering the scheme)
- Varied funding streams

### Information/communication

- At times there has been disjointed communication
- Being on preferred providers scheme - people don't always go through web portal
- People not knowing who (listed) is on the preferred providers scheme

### Operation/PSC

- PSC relationships
- Being on preferred providers scheme has not been used as a way of choice (social worker led)
- Resource Allocation Questionnaire (RAQ) - fitting people into boxes
- Social workers not going to know all services - know we meet standards but, how well?

## Alternatives

### Provider led

- Providers working together:
- Lancashire Care Association (LCA)
- Lancashire Learning Disability Consortium (LLDC)
- Peer quality control
- Create own benchmark - provider takes ownership
- Business plan

### Existing frameworks

- CQC inspections
- Safe Trader Scheme
- CQC - but they only pick a theme / certain outcomes / do inspectors look deep enough?
- Driving up quality
- CQC / Investors in People
- Investors in People
- Utilise other regulatory schemes (CQC, Social Care Commitment, Skills for Care)
- Kite-marks
- CQC
- Already monitored by CQC for quality
- There are lots of monitoring systems already out there that could be pulled together to measure quality

### Peer/stakeholder monitoring

- Feedback from stakeholders:
- Contacting stakeholders for feedback
- Peer monitoring / self advocates
- Welcome values
- Peer reviews
- Visiting services and checking quality
- Ensure preferred providers support people to attend forums where their opinions can be heard
- Customer controls showing clear provision
- Self advocacy groups could take a larger role in conducting quality checks
- Self advocates
- People who receive support assessing others
- Networks

### LCC/provider working

- Regular contract involvement - working in real partnership
- Having a Learning Disability specific social worker
- Smart monitoring system - clear
- Evidencing outcomes - external, independent
- Clearly established list of what preferred providers have to monitor
- External audits
- Social worker feedback
- Service level agreement (SLA)
- Returns
- What do other authorities do?
- Monitoring quality of service - how does the preferred provider scheme work within personal budgets
- Close loopholes in provision

### Monitoring

- Ratings against set standards
- Outcomes and evidence based monitoring
- Open review process - 'trip advisor' (internet based review of hotels by actual holidaymakers)
- Social media
- Simple framework to follow

