

# Implementing a Quality Monitoring Framework in an English Local Authority: a case study using Normalization Process Theory

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# The LTC market in England

- 152 Local Authorities with responsibility for social care (LTC)
  - Needs + means assessments
  - Commissioning of services
  - Monitoring of contract compliance/quality
- The market is dominated by privately produced services (for profit, non-for-profit) – little in-house provision
- Regulated through the CQC and contracts are monitored by Local Authorities
  - Different, overlapping and complementary roles in the monitoring and assurance of quality
- Care Act 2014: local authorities (LAs) have to make sure that high quality care services are available in their area

# The study and method

- ELSCQua case study: a LA intervention designed to improve contract compliance and support quality improvement
- Process evaluation - qualitative analysis to understand the design, implementation and mechanisms for change in this intervention.
- 17 semi-structured interviews with LA staff (commissioning team – strategy/leadership) and providers.
- Finding: significant implementation issues
  - Normalisation process theory (see May et al. 2018) as a lens with the aim to better understand implementation challenges.

# Key context

- Constrained resources – commissioning service shrinking
  - Financial constraints – reductions in spending
  - Ongoing monitoring through previous system was very resource intensive
- Difficulties in dealing with reactive work
- Services never being visited (however low risk)
- Providers are ‘good’ but quality improvement stagnant
- Organisational: substantial proportion new hires in the commissioning team

# The quality assurance intervention

- Project group designed the intervention (incl. partially funded project lead role) – drawing heavily on the Supporting People approach
- Purpose of the intervention is to monitor contract compliance, in terms of quality, among LA contracted providers across all service types
- Key component is a yearly self-assessment done by providers which feeds into yearly risk assessments supported by improved intelligence-sharing with partners
  - Determines the frequency of more in-depth reviews and site visits

# Normalisation Process Theory constructs

<b>Construct</b>	<b>Description</b>	<b>Question</b>
Coherence	making sense of the intervention	Do commissioners individually and collectively agree about the purpose of the self-assessed quality monitoring program, their role in it, and the value of it?
Cognitive Participation	investing in the intervention	Do commissioners buy into the self-assessed quality monitoring program, drive it forward, and support it?
Collective Action	the practical work of implementation	Do commissioners perform the tasks required to implement the self-assessed quality monitoring program, trust each other's work and expertise with it and have adequate support for it?
Reflexive Monitoring	modifying and embedding the intervention	Do commissioners have a means of assessing the value of the self-assessed quality monitoring program and are able to modify their work in response?

# The links between case study the constructs (I)

*“on a personal level, we’ve done many years in evidence-based monitoring, this is different to evidence-based monitoring and it’s took a while to get my head round it and to sort of... it’s the reliance on the providers to self-assess and not being able to see stuff.”*

Construct	Theme	
<b>Coherence</b>	Setting it apart from previous practice, establishing a shared understanding of the aims and objectives.	Design, conversion, commissioning team members.
	Individual sense making - thinking around how to support providers in doing the self-assessment.	Old and new commission team members
<b>Cognitive Participation</b>	Considerable work on establishing processes and protocols	Design project team
	Lack of action to establish structure around fitting in the new programme around previous workload	Leadership, design team
	Lack of understanding of the benefit of the new programme	Old and new commissioning team members

# The links between case study themes and the constructs (II)

Construct	Theme	Group
<b>Collective action</b>	Lack of understanding (knowledge work) – and lack of confidence in that the program works so risk of duplicating efforts.	Old and new members
	Individual work to learn to manage the self-assessment system	Old and new members
	Budget and time not available to do the work (I.e. lack of resourcing of the ways that others enact a new set of practice)	Leadership
	Learning to manage the system – little instruction so had to make sense of it themselves at great resource	Providers
<b>Reflexive monitoring</b>	Reflecting and revising the process, taking part in the research project	Leadership, old and new members

“There was three of us in our little team, so what we did we sat down together [...] we looked at one and thought “Actually, this is what I would do” and bounced ideas off each other. But there was no specific training.”

We did go to the project worker but [...] I found it difficult because I don't think she was wanting to make any changes to the process.



# Findings

- Context (budgets, resources, ongoing dispute with provider segment) was a significant barrier to implementation (*coherence, collective action*)
- Disconnect between different groups, i.e. project team, old/new commissioning officers.
  - Failure to transfer ideas, knowledge and practical activities from the design team to the staff that would implement in practice (*coherence, collective action*)
- Open culture (i.e. open doors for questions/discussion) but lack of organised, detailed training (*cognitive participation, collective action*)
- Intervention was not piloted and there was a lack of openness to change and to revise the framework (*reflexive monitoring*)

# What does this mean? Where next?

- Using NPT to re-analyse the data helped make sense of where the implementation struggled
- Applying NPT to social care – how do we understand the constructs?
  - Call for more research taking this approach – build body of research to establish common understanding
- Implications for how councils plan and implement change given their particular environment and constraints – also new funding structure
- How we reflect around the role of research – when and how? (feasibility, interventions, evaluations – see McNaughton et al. 2020).

# Thank you!

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