



## Adult Care and Wellbeing Quality Assurance and Contract Management: Governance & Oversight

### 1. Introduction:

Effective contract management supports the Adult Care and Wellbeing vision as set out in our Strategy: [Living the life you want to live](#), and is delivered as part of our overarching [Care Governance Strategy](#) and [Performance Management Framework](#)

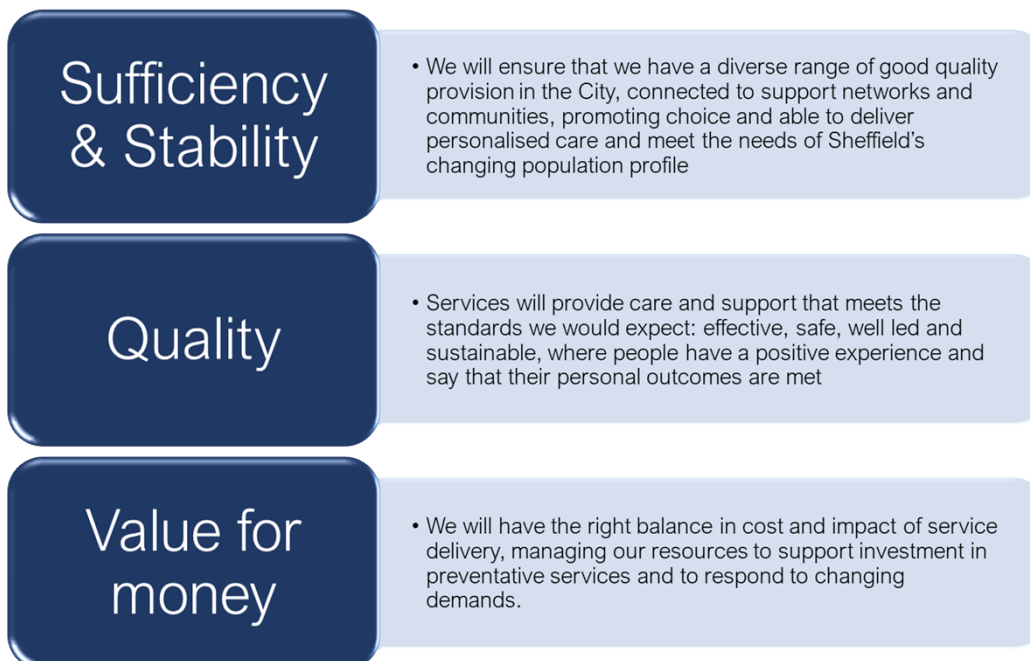
Quality Assurance and Contract Management is overseen by Adult Care and Wellbeing Commissioning and Partnerships Service as a 'whole market approach', i.e. both internal and external provision is measured against the same standards in our [Care Quality Framework](#)

The purpose of our performance monitoring and quality assurance arrangements is to ensure that people in Sheffield are receiving consistently high-quality care across a diverse choice of provisions in a stable and sufficient market.

This document describes the governance and oversight arrangements for Quality Assurance and Contract Management, including reporting requirements for Boards/groups responsible for Market Oversight and Assurance.

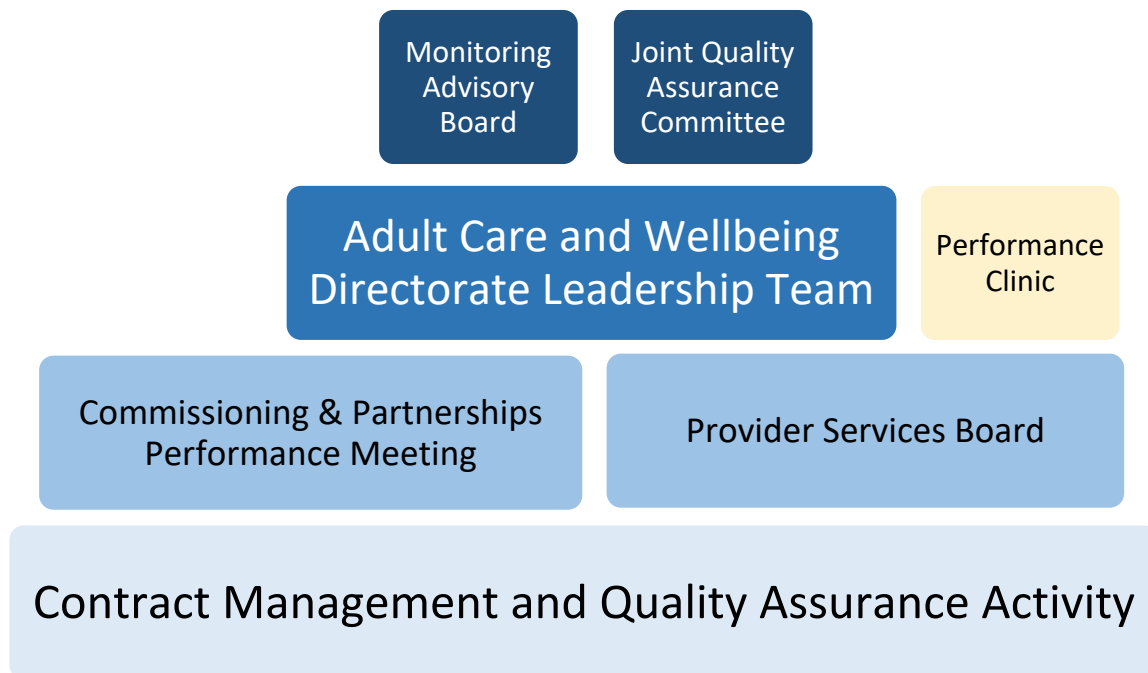
### 2. Objective of Contract Monitoring

The objective of contract monitoring is to provide assurance on the sufficiency and stability of the market, improve the quality of services commissioned, deliver improved outcomes & experiences for people using services, and ensure value for money and effectiveness. In Sheffield, we deliver this through our [Market Sustainability Delivery Plan](#), which provides assurance across three performance areas:



### 3. Governance & Oversight Process

The diagram below shows the meetings structure, hierarchy, and escalation processes at different levels by Adult Care and Wellbeing Commissioning & Partnerships Service for the monitoring of quality and performance of services – a whole market approach.



Adult Care and Wellbeing Contracts & Quality Team lead on the contract management and quality assurance of the market, working with Adult Care and Wellbeing, and external partners to ensure effective oversight of care provision in the City.

In order to provide assurance on the stability and quality of our markets, the team undertake regular quality assurance visits, and together with evidence and information gathered from people with lived experience, complaints & compliments, provider feedback, CQC and partners, and contract and performance data, use these to inform regular market oversight reporting. Arrangements have been made as follows:

- The **Commissioning & Partnership Performance Meeting** meets monthly to review quality and performance information. The role of this meeting is to review Quality Assurance activity and priorities, identify early signs of concern for providers, consider themes and learning from Quality Assurance activity and wider information the Council collates on the quality and effectiveness of provision in the City. The meeting will identify key improvement, risks and decisions that need to be escalated to Directorate Leadership Team (DLT).
- The **Provider Services Board** oversees the quality assurance of Sheffield City Council delivered provision against the same quality standards as provision procured from the independent sector.
- **Adult Care and Wellbeing DLT** will receive regular dashboards providing assurance on the sufficiency, stability, quality and value for money of the market(s) in Sheffield. It will monitor progress against our vision and priorities as set out in [Living the life you want to live, Sheffield's adult social care vision and strategy 2022-2030](#)
- The role of **Monitoring Advisory Board** is to review quality, activity & financial performance at provider level, provision type, and whole market level against the Adult Care Strategy and delivery plan / directorate plan including:
  - Ensuring progress against action plans
  - Reviewing quality and performance

- Recommending deep-dives / further action points / themed reviews.

- **Joint Quality Assurance Committee** oversees Quality Assurance for SCC and the ICB and ensures collaborative assurance and contract management of all provision in the City.

#### 4. Timetable of annual contract round - key responsibilities and areas for completion and agreement between Commissioning / Providers

For most contracted provision, the contracting round is set and operationalised locally by Commissioning & Partnerships Teams.

Contract Activities	Leading responsibilities	Agreed at:
Service Specification(s), KPIS, and Quality Assurance measures <i>(see Appendix A for framework)</i>	Commissioning & Partnerships	C&P Partnerships Board
Indicative Annual Activity Plan	Commissioning & ADs	DLT / Monitoring Advisory Board
Local Fees and Contract Values	Commissioning, Governance, Finance	Committee
ACW Care Quality Standards	Quality & Improvement	Committee
Reporting Requirements	Quality & Improvement	Monitoring Advisory Board
Contract Variations	Commissioning, Commercial Services	DLT

#### 5. Information, Audit and Reporting requirements

Good information is essential to enable providers and commissioners to monitor their performance under the contract. It is recommended that reporting includes:

TIER	REPORTING	BOARD/ GOVERNANCE
<ul style="list-style-type: none"> <li>➤ Tier 1: a detailed list of indicators drawn from individual and carer feedback, on-site QA visits, recent CQC reports, performance information and any measures specific to the service. This information will be gathered per setting, for example “The Sheffield Homecare Company”.</li> </ul>	<ul style="list-style-type: none"> <li>• Individual, detailed reports and information for each provider, produced and held by Quality &amp; Improvement</li> <li>• Provider actions plans, as appropriate.</li> <li>• Provider specific briefings, as appropriate</li> </ul>	<ul style="list-style-type: none"> <li>• Commissioning and Partnership Board</li> <li>• DLT by request</li> <li>• Monitoring Advisory Board and Joint Quality Assurance Committee by request</li> </ul>
<ul style="list-style-type: none"> <li>➤ Tier 2: a summary of the information provided in Tier 1 by provision type basis, for example “Homecare Provision”.</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly Dashboard covering sufficiency measures, quality measures and VfM measures for different markets, produced by Quality &amp; Improvement and held in ACS Manual</li> <li>• Monthly report including themes, escalations, case studies, produced by Quality &amp; Improvement, and held in ACS Manual</li> </ul>	<ul style="list-style-type: none"> <li>• DLT – with cycle of assurance</li> <li>• Joint Quality Assurance Committee</li> </ul>

TIER	REPORTING	BOARD/ GOVERNANCE
<p>➤ Tier 3: a summary of the information provided in Tier 2 for the whole care and support provider market.</p>	<ul style="list-style-type: none"> <li>• Quarterly report to AHSC Committee, produced by Quality &amp; improvement and publicly available - provides overview of Sufficiency, Quality and Value for Money</li> <li>• Quarterly Commissioning Update, produced by Commissioning and publicly available – provides oversight of activity and impact</li> <li>• Quarterly review of Contracts Register, produced by Quality &amp; Improvement</li> </ul>	<ul style="list-style-type: none"> <li>• Monitoring Advisory Board</li> <li>• AHSC Policy Committee (for publication)</li> </ul>

The quality and activity reporting requirements of services might include the following:

- *Quality Schedule* – provision specific tools and methodology for assessing against care quality standards, will be accompanied (as appropriate) by action plans for improvement informed by QA visits and wider intelligence informing a local quality judgement
- *Activity Schedule* – measures to improve understanding of demand and sufficiency of provision
- *Service Audits* – deep dives, and themed audits to provide in depth understanding of key issues and further improvement
- *Service Improvement Plans* - these plans allow commissioners and providers to record actions which the provider will take, or which the parties will take jointly, to deliver specific improvements to the services commissioned. These are generally about developing an aspect of the services beyond the currently agreed standard and may, for instance, include:
  - productivity and efficiency plans agreed as part of the provider’s contribution to local commissioner plans; or
  - any agreed service redesign programmes; or
  - any priority areas for quality improvement (where this is not covered by a Quality Schedule Action Plan).
- *Data Improvement Plans* - allow the commissioner and the provider to agree a plan to improve the capture, quality, and flow of data to support both the commissioning and contract management processes.

**Appendix A: ASC Commissioning Performance Management and Quality Assurance Framework**

Demand	Activity & Output	Quality	Impact / Outcome	Social Value & Value for Money
<p>Demand measures are those that track volume eg: numbers of children/ young people / families being referred or accessing the service, at what stage and why. Activity measures provide useful information regarding the effective reach and or accessibility of the service, and the needs profile of the target cohort.</p> <p>Demand measures should be disaggregated by equality group.</p>	<p>Activity &amp; Output measures are those that track how many people were actually provided a service, in accordance with the contract specification. The output measures provide useful information on the number of project beneficiaries. This information should be disaggregated by equality group.</p>	<p>Quality measures are those that evidence how well the service is being provided, against contract delivery performance indicators, quality standards, and user feedback.</p> <p>This should include measures that consider service level and individual level evidence</p>	<p>Outcome measures track the actual impact of the service on the beneficiaries and customers. There are many good examples of outcome measures including: satisfaction of users, number of users who do not return to drug treatment, sustainable employment or sustainable housing. Outcomes measures should also be disaggregated by equality group to provide more detailed information of the impact of the service.</p>	<p>Cost measures track how much the service (or each service output) costs to provide.</p> <p>Efficiency measures track the savings or gains achieved because of providing the service. For example, a reduction in the time taken to process complaints because of getting things right first time.</p> <p>Social Value measures should be included here</p>
<p>The service has a good understanding of the demand for services, the profile of people using the service, and the driving factors behind demand.</p> <p>The services uses this information to assess the diversity of those with whom it comes in contact with and, where appropriate, nuances its approach to broaden its reach.</p> <p>The service is able to produce reports that cross-tabulate - e.g. gender by ward, ethnicity by activity etc</p>	<p>Project outputs meet the specification for timeliness and are tailored to the needs of beneficiaries. The service has a low attrition rate as most of those with whom it comes in contact, go on to receive a service. The service is effective at providing services to those most in need.</p>	<p>The service understands the experiences of people receiving help and support, and how well it meets quality standards against local and national frameworks.</p> <p>The service can demonstrate that it performs well, delivering effective support</p>	<p>The service understands the impact of what it does on the families it works with, and the impact this is having at population level.</p> <p>Outcomes are effective and wide ranging and reflect sustained impact on recipients as well as high levels of satisfaction. There is also strong evidence that outcomes are impacting a wide range of target cohorts, further demonstrating the accessibility and impact of the service.</p>	<p>The service delivery costs are managed within budget.</p> <p>There is good evidence of timeliness in the speed of service delivery, all whilst operating within budget.</p>

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