Adult Health & Social Care

Care Governance

Care Quality Framework

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Sheffield City Council
Sheffield.gov.uk/home/social-care

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1. Introduction and Purpose of the Care Quality Framework

Our vision is that everyone in Sheffield lives in a place they can call home, in communities that care, doing things that matter to them, celebrated for who they are and, when they need it, they receive care and support that prioritises independence, choice, and recovery.

The vision for Adult Health and Social Care set out in our Strategy "Living the life you want to live", was approved by the Co-operative Executive on 16th March 2022.

It sets out the objectives for Adult Health and Social Care for the next ten years including the outcomes we want to achieve for people, our commitments on how these outcomes will be delivered, and a series of 'I statements' to help us understand what progress we are making.

The Care Quality Standards at Appendix 1 define what we expect of services, and how this relates to our vision, outcomes and commitments

- Safe and well
- Active and independent
- Connected and engaged
- Aspire and achieve
- Efficient and effective

The Care Quality Framework has been developed to support delivery on our strategy so that:

- people know the standards of the service which should be delivered no matter who the provider is

- people experience equality of access high quality services that deliver culturally appropriate care and support

- the adult social care workforce, including commissioned providers, share a clear vision of what high-quality care looks like and how they can contribute to delivering it

- the views and feedback from individual's and carers' views informs quality assurance activity and service development and improvement

It sits within our Performance Framework as part of the Adult Health and Social Care Governance Strategy

Adult Health and Social Care Governance Framework

To enable delivery on our Adult Social Care Strategy, a priority was also made on confirming our Governance arrangements, so that we set the right culture and tone for embedding a focus on our performance throughout all teams across Adult Social Care. This is set out in our Adult Health and Social Care Governance Strategy and Adult Health and Social Care Performance Framework.

The Performance and Outcomes Framework part of the Strategy sets out the arrangements for ensuring the delivery of the Adult Health and Social Care vision and Strategy.
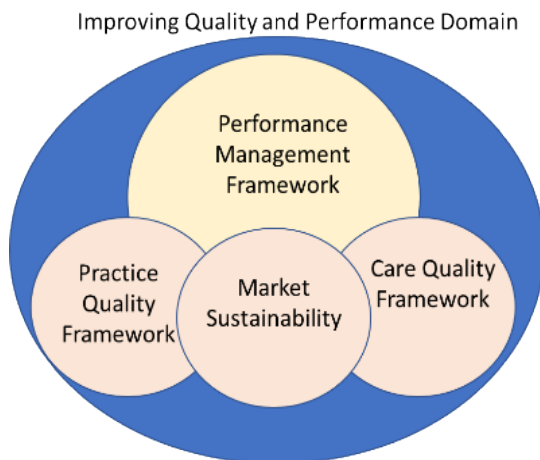
The Performance and Outcomes Framework sets out the relationship and connections between performance management (which measures the progress of the service in achieving the vision/ strategy) and the quality frameworks (which measure the progress of the service in delivering positive outcomes for people in line with our vision/ strategy) and ensures that everyone in the service from the front line to the leadership has a clear understanding of our performance and our improvement journey.

There are three parts to the Quality Matters Framework – Practice Quality, Market Sustainability and Care Quality.

Both quality frameworks have three common elements:

- What good looks like – expected standards and behaviours

- How we measure quality –persons voice, standards met and individual outcomes (captured from case file audits, observation, complaints etc)

- How we use that information to drive improvement – 1-1, peer review, etc

This Framework focuses specifically on Care Quality.

2. Care Quality Framework – approach and standards

Whole Market Approach

The Care Quality Framework is a "whole market" approach. It seeks to establish a consistent approach towards improving outcomes and driving excellent quality, safe and person led social care support and care which enables people to live the life they want to live. This will mean working with in house and commissioned services to gather data across a common set of quality standards and measures.

The Framework seeks to support reporting and assurance across three tiers of information:

- Tier 1: is a detailed list of indicators drawn from individual and carer feedback, on-site Quality Assurance 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".*

- Tier 2: is a summary of the information provided in Tier 1 by provision type basis, for example *"Homecare Provision".*

- Tier 3: is a summary of the information provided in Tier 2 for the whole care and support provider market.

Tier 3 can be shared with corporate boards and partners, Tier 2 can be shared with ASCLT and Performance Clinic. Tier 1 will be monitored regularly by commissioners and contracts and used in regular, on site, performance meetings.

The expectation is that reporting will be annual unless there are areas of concern for a specific provider i.e. poor CQC report or specific issues raised by Social Workers.

Despite the good examples of engagement work undertaken in the development of the recent services and tenders, the Voice of the Person is not fully integrated into the market management approach in Sheffield. The Care Quality Framework will seek to develop "Lived Experience Inspectors" to be involved in Quality Assurance visits and activity. In addition, the feasibility of the involvement of people with lived experience as a 'given' in tender exercises and market reviews will also be considered.

This approach is designed to improve Sheffield's ability to manage the market and provide assurance of quality and outcomes across all providers and provision. This allows Commissioners and Senior Leaders within the Council to track performance across the sector,

step in where there are issues and consider further investment or reprioritisation where there has been success.

Moreover this focus on quality and outcomes will help drive efficiencies across the market. High-cost provision can only be justified where high performance and impact can be evidenced and as needs de-escalate the cost of the service should reflect this progress.

The rich data this will provide can help inform future service provision and allow Commissioners and senior leaders to make robust outcomes-based investment decisions in the future.

Culture and Principles

All actions are focused on the provision of **high quality, safe, effective and person-centred services**.

Accountability for the delivery of the highest quality care and support is understood to be the **responsibility of all who work in social care** and quality assurance should be reflected in the outcomes, experiences and records of people who use our services and their families and carers.

Good governance of care quality is delivered through clearly defined roles and responsibilities, where all are empowered to act to improve quality.

Our Care Quality approach is also about embedding a **positive learning culture** so that we learn from and act on the feedback, continually using this to improve how we work and what we do.

Informed and transparent decisions are demonstrated.

Feedback from people with experience of care and support, carers, practitioners, our partners, and our communities, including seldom heard communities is at the core of our understanding of the quality of our support and the impact on individuals.

Provide **effective and aligned support for quality** in adult social care, built on strong partnerships and effective relationships and collaboration within teams and between partners; taking **joined – up action** to drive improvement.

Care Quality Standards

High performing, good quality services should balance three core components:

1) The individual experience of people receiving care and support and the achievement of outcomes important to them

Our Care Quality Framework will assess the extent to which services can evidence that people are receiving high quality care set around the outcomes in our Strategy:

Safe and well
- **Feel safe in a place called home, and protected from harm**
- **Physically and mentally well for as long as possible**
- **Able to manage conditions and return to normal life as much as possible**

Active and independent
- **Live independently and focus on increasing everyone's independence**
- **Have control and choice over decisions that affect their care and support**
- **Simple adult social care system including advocacy for people who need help expressing their needs and wishes**

Connected and engaged
- **Connections with communities that care and support people**
- **People engaged in their community and make a contribution to it**
- **Unpaid carers connected to a support network independently and focus on increasing everyone's independence**

Aspire and achieve and Independent
- **People have purpose and meaning in their lives**
- **People have personal ambition, aspirations and outcomes including hobbies, interests, helping others, employment, education, or learning**

Efficient and effective
- **A system that works smartly together delivering effective and quality outcome-focused services**
- **Good choice of services that meet individual needs irrespective of background, ethnicity, disability, sex, sexual orientation, religion or belief.**
- **Engaged, supported and well-trained workforce which is innovative and creative and trusted to make the right decisions**
- **Transparent decision-making which delivers best value and considers climate impacts**

Many of the measures to support quality assurance will be set within service specifications and contracts, and services' own service and improvement plans.

2) **Services which keep people safe through regulatory standards, safeguards and the adoption of good practice**

There are regulatory requirements that all providers of services require to meet in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Standards 8 to 20A provide a framework which all regulated and non-regulated provision and case management should adhere to as ultimately, they enable an assurance about the safety and wellness of individuals we support.

Due to this, our intention is to quality assurance all adult social care provision using these standards set out in the Health and Care Act 2008 so that we have a consistent approach to what good looks like across all settings. The Standards are linked here and provided in more detail at Appendix 2. These standards will be used alongside a review of compliance in relation to the Care Act 2014.

In addition, providers are regularly CQC assessed against the following 5 domains:
- Safe - people are protected from abuse and avoidable harm.
- Effective – this means we look for evidence that people's care, treatment, and support achieves good outcomes and promotes a good quality of life, based on best available evidence.
- Caring – this means we look for evidence that services involve people and treat them with compassion, kindness, dignity, and respect.
- Responsive – this means we look for evidence that services meet people's needs, preventing the need.
- Well-Led – this means we look for evidence that service leadership, management and governance assure high-quality, person-centred care; supported learning and innovation; and promote an open, fair culture.

3) **The recognised processes that ensure the effectiveness of services including their value for money.**
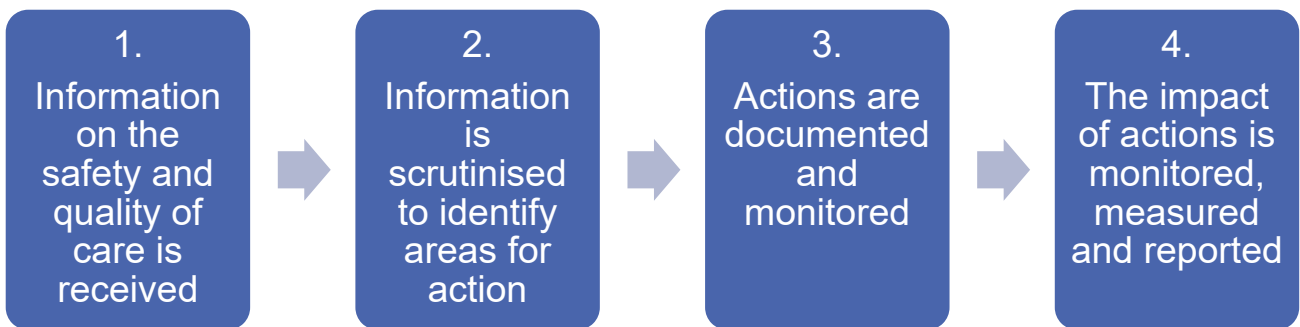
3. Oversight of Care Quality - system support, quality assurance and contract management

The Quality and Improvement Team sits within Commissioning and Partnerships in Adult Social Care. This provides a central resource to ensure all care and support provision has a consistent quality and performance approach.

The assurance process

Quality Assurance and Performance Management seeks to assess:

- What did our providers do (service activity),
- How well did they do it (quality)
- And most importantly… Did they make a difference (outcomes).

1. Information on the safety and quality of care is received	2. Information is scrutinised to identify areas for action	3. Actions are documented and monitored	4. The impact of actions is monitored, measured and reported

This is done by looking at the following Quality and Performance metrics

Quality & Performance Measures	
Demand 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. Demand measures should be disaggregated by equality group.	Services have a good understanding of demand (levels of demand, changing care and support needs), the profile of people using the service, and the driving factors behind demand. The services uses this information to assess the diversity of those with whom it comes in contact with and, where appropriate, develops its approach to broaden its reach. The service is able to produce reports that cross-tabulate - e.g. gender by ward, ethnicity by activity etc

Quality & Performance Measures	
Activity & Output Activity & Output measures are those that track how many people were provided a service, in accordance with the contract specification. The output measures provide useful information on the number of people who are able to access care and support provision. This information should be disaggregated by equality group.	Actvities and service 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.
Quality Quality measures are those that evidence how well the service is being provided, against contract delivery performance indicators, quality standards, and user feedback. This should be include measures that consider service level and individual level evidence	The service understands the experiences of people receiving help and support, and how well it meets quality standards against local and national frameworks. The service can demonstrate that it performance well, delivering effective support
Impact and Outcomes 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.	The service understand the impact of what it does on the families it works with, and the impact this is having at population level. 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.
Social Value & Value for Money Cost measures track how much the service (or each service output) costs to provide. Efficiency measures track the savings or gains achieved as a result of providing the service. For example, a reduction in the time taken to process complaints as a result of getting things right first time. Social Value measures should be included here	The service delivery costs are managed within budget. There is good evidence of timeliness in the speed of service delivery, all whilst operating within budget.

Data and information from a variety of sources support quality assurance, including:
- Themes drawn from individual conversations with people in receipt of support and the organisations and groups that support them
- Complaints
- Ombudsman reports
- Internal and external audits
- Mandatory DH customer and carer satisfaction surveys
- Performance data
- Information from internal and external providers
- Issues shared by all our sector partners

System Support for our Care Quality Standards Framework

Sheffield has recently purchased the Access Group's 'Provider Assessment and Market Management Solutions (PAMMS) tool, a local and regional commissioning solution, with 3 key modules.

- **PAMMS Quality Assurance** – Built on shared quality standards, supports local, regional and national collaborations, demonstrating the impact of interventions.

- **PAMMS Provider Returns –** Complements QA activities, tactical tool can be deployed locally, sub regionally and regionally, for example in home recruitment and retention.

- **PAMMS Social Care Landscape –** regional bench marking tool, like for like comparisons giving detailed insights across multiple LAs spots correlations and outliers.

Regionally we have identified the need to have better oversight of Social Care providers with regards to Quality of provision. Additionally, as provision of Care spans and impacts the whole region, having improved data insights to support and deliver data driven decisions supports the operational teams in terms of market management.

13 of the 15 local authorities across Yorkshire and Humber have signed up to a 3-year service proposition with PAMMS and we are working with a Cluster Group for implementation including Sheffield, Doncaster, Rotherham and North Lincolnshire.

PAMMS will be a key asset to help support the development of our new Care Quality Standards Framework, while also supporting embedding and measuring performance against our new care quality standards, with the added advantage of being able to benchmark against other authorities.

We can also consider implementing PAMMS across our in-house provider services, which would help provide a AHSC Overarching Care Quality Standard Framework, with a consistent

performance and benchmarking dashboard linked to the CQC, across all our care quality provision.

This will help us to assess and evidence continuous improvement, while enabling us to benchmark quality across the sector and with other authorities.