Committee	Cabinet
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Social Care Market Quality Assurance Framework

Cabinet Member:	Councillor Ruth Houghton – Portfolio Holder for Adult Social Care and Health
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Service Area:	All Age social care commissioning
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Electoral Divisions Affected	All Divisions
Key Decision?	Not Key Decision
Cabinet Forward Plan	Not Applicable
Report considered by	

1. Purpose of Report

1.1. The Council under the Care Act 2014, has a duty to support and develop a diverse high-quality market and respond in case of market failure. For children's services, the Children Act 1989 places separate duties on the Council, including securing sufficient suitable accommodation for the looked-after children covered by the sufficiency duty.

1.2. This Framework sets out how the Council will check the quality and safety of commissioned care and support services in a consistent and managed approach.

1.3. It explains how concerns will be identified, managed and followed up, and how learning will be used to improve services for people who use them.

1.4. Good quality care and support is paramount. This Framework sets out how the Social Care Contracts and Quality Assurance Team will work with key stakeholders to support its delivery.

1.5. This framework supports delivery of the priorities set out within the Shropshire Council Corporate Plan 2026-2030, ensuring commissioned services contribute to safe, inclusive communities; improved health and wellbeing outcomes; a thriving economy; environmental sustainability; and a financially sustainable council with a high-performing workforce. It supports collaborative system working with NHS partners through the Integrated Care System and the Staffordshire, Shropshire, Telford and Wrekin Integrated Care Board (ICB), among other integral partner agencies and Local Authority Peers.

1.6 Formal approval will establish a shared Council-wide approach to setting quality expectations, gathering and assessing intelligence, identifying and responding to concerns, supporting provider improvement and escalating risks. It will provide a clear basis for accountability and partnership working.

2. Recommendations

Cabinet is recommended to:

2.1. Approve the Quality Assurance Framework in Appendix A.

2.2. Agree that the Framework is used across commissioned care and support services to provide a consistent approach to quality assurance, monitoring, escalation and improvement.

2.3. Note that the Framework will be reviewed annually so that it remains up to date, reflects learning, and supports continuous improvement.

3. Background

3.1. The Care Act 2014 sets out the law around market development in adult social care. It details legislative duties and responsibilities for market-related issues for the Department of Health and Social Care, the Care Quality Commission (CQC) and local authorities.

- Section 5 - sets out duties on local authorities to facilitate a diverse, sustainable high-quality market for their whole local population, including those who pay for their own care and to promote efficient and effective operation of the adult care and support market.
- section 48 to 56 - ensures that no one goes without care if their provider's business fails and their services cease. It covers:
  - CQC market oversight

- local authority duties for ensuring continuity of care in the event of provider failure and service cessation

3.2. Previously, the Council has not had a single standardised approach to quality assurance across commissioned social care. The Council has therefore drawn on learning from existing quality assurance activity and worked with Partners in Care (PIC), our local care association, to develop a more consistent framework. This provides greater clarity and transparency for providers about how the Council monitors quality, responds to concerns and supports improvement.

3.3 Shropshire has a large and diverse social care market. Within Shropshire, the Council currently contracts with 74 older people's residential and nursing homes, 81 domiciliary care agencies, 38 Live Well residential homes supporting people with learning disabilities and/or mental health needs, 67 supported living providers operating more than 197 individual services or schemes, 26 Live Well day services and 29 Age Well day services. The Council also commissions placements and services outside Shropshire where this is required to meet individual needs, or personal choice; relevant quality assurance arrangements extend to these commissioned out-of-county services

3.4. For children's services, the local market includes 89 registered children's homes operated by 25 providers, five registered supported accommodation providers and one locally based independent fostering agency, alongside a significant volume of out-of-county provision.

3.5. These services are delivered by external providers and play an important role in helping people to live safely, independently and with dignity.

3.6. Intelligence is drawn from a range of sources including safeguarding and Organisational Quality Concerns, complaints and compliments, feedback from people using services and their families, information from operational and commissioning teams, contract monitoring, provider self-assessments, quality assurance visits, regulatory information from CQC and Ofsted, incident information and notifications, workforce and leadership information, and wider market intelligence. Historically, much of this intelligence has been recorded in isolation. Drawing on lessons learned, this Framework aims to bring intelligence together to strengthen oversight of the market.

3.7. The Council has a statutory duty to make sure that commissioned services are safe, effective, well led and focused on the people who use them. This includes checking that providers meet contract requirements, legal duties, safeguarding responsibilities and expected standards of care.

3.8. This Framework primarily concerns externally commissioned care and support services. Council directly delivered services are subject to separate operational management, quality assurance, safeguarding and governance arrangements and,

where the activity is regulated, the relevant regulatory requirements. The Council's wider statutory responsibilities remain applicable across its care and support functions.

3.9. Quality assurance is the way the Council checks how well services are performing. It includes looking at information from different sources, such as contract monitoring, safeguarding concerns, complaints, compliments, provider conversations, visits, audits, feedback from people who use services and information from partner organisations.

3.10. The Quality Assurance Framework brings this work together into one clear approach. It helps staff, providers, partners and decision-makers understand what will be checked, how concerns will be managed, and how improvement will be supported.

3.11. The Social Care Contracts and Quality Assurance Team carried out around 350 provider reviews last year. This consisted of a mix of provider contract reviews, reactive quality assurance visits and planned quality assurance visits. New procurement routes under development are expected to expand the market and increase demand for quality assurance, making a dedicated, consistent approach to market oversight more important than ever.

3.12. Shropshire has generally maintained a stable and good-quality market; however, an increase in quality concerns has been identified over the last six months. These have included concerns relating to medication management, safeguarding, staffing levels, leadership and management, care planning, clinical practice and compliance with contractual or regulatory requirements. This reinforces the importance of a consistent approach to identifying concerns early, supporting improvement and taking proportionate action where standards are not met.

3.13. For children's services, section 22G of the Children Act 1989 requires the Council to take steps, so far as reasonably practicable, to secure sufficient accommodation within its area that meets the needs of the looked-after children covered by the duty, where a local placement is consistent with their welfare. The statutory sufficiency guidance supports strategic planning and commissioning of an appropriate range of provision.

3.14. Ofsted inspects children's homes, independent fostering agencies and supported accommodation for looked-after children and care leavers aged 16 and 17. This does not replace the placing local authority's responsibilities for assessing needs, selecting suitable placements, care planning, visits and reviews. The Framework brings regulatory information together with contract monitoring, safeguarding intelligence and feedback from children to support oversight of commissioned services.

4. Summary of Main Proposals

4.1. The Framework provides a clear and consistent way to monitor the quality of commissioned services. It supports early identification of concerns and helps ensure that action is taken in a timely and proportionate way.

4.2. The Framework is based on the following principles: people who use services should be safe and treated with dignity and respect; quality assurance should be fair, consistent and based on evidence; concerns should be identified early and acted upon quickly; providers should be supported to improve where this is appropriate; serious or repeated concerns should be escalated through clear routes; and learning should be used to improve services and reduce future risk.

4.3. The Framework will help the Council monitor commissioned services in a consistent way, use information from different sources to understand quality and risk, identify good practice and areas for improvement, take action where services fall below expected standards, and provide clearer reporting to senior managers and Members.

4.4. The Framework will support stronger links between commissioning, contract management, safeguarding, operational teams, finance, legal services and partner agencies. This will help ensure that concerns are not looked at in isolation and that decisions are based on a full understanding of risk and impact.

4.5. The Framework will use a proportionate approach. This means that services with higher levels of concern, higher risk, or greater impact on people will receive closer monitoring and more structured improvement oversight.

4.6. Monthly operational meetings will bring together safeguarding, contract monitoring and other quality intelligence to identify concerns, agree actions and review progress. A quarterly Quality and Performance meeting, chaired by the Service Director for All Age Commissioning, will review themes, oversee implementation of the Framework and inform commissioning priorities. These arrangements will support coordinated use of resources and expertise across teams and partners.

Quality assurance and escalation pathway



4.7. Where concerns are not resolved, are repeated or increase the risk to people, the Council will escalate its response proportionately. This may include enhanced monitoring, formal improvement plans, contractual action, multi-agency oversight, restrictions on new placements, partial or full suspension of commissioning and, where necessary, ceasing to commission a service or terminating contractual arrangements. Decisions will be based on the level of risk, the evidence available, the impact on people and the need to maintain continuity of care.

4.8. The Council supports workforce development through Joint Training, working with Partners in Care and other partners. Jointly delivered adult safeguarding training is one example of support for quality care. Providers remain responsible for ensuring staff have the skills, training and supervision needed for their roles. For CQC-regulated services, these responsibilities are set out in Regulation 18; Council support does not replace them.

5. Alternative Options

5.1. One option would be to continue with current quality assurance arrangements without adopting a single Framework. This is not recommended because it may lead to different approaches being used across services. This could make it harder to identify risk, compare information, escalate concerns and evidence improvement.

5.2. The Council could develop separate quality assurance approaches for each part of the service. This is not recommended because it could create duplication and reduce consistency.

5.3. The Council could rely on the Care Quality Commission (CQC) and Ofsted, the national independent regulators of quality across social care. This is not recommended because regulatory oversight complements, rather than replaces, the Council's commissioning and contract-monitoring responsibilities. Local teams and partners also gather intelligence through their ongoing contact with providers.

5.4. The preferred option is to approve and use one Quality Assurance Framework, giving a clearer and simpler approach while still allowing flexibility for different service types and working to best practice expectations not just minimum standards.

6. Key risks and Opportunities

6.1. Without a single Framework, the Council's approach to supporting the market may be applied inconsistently and quality concerns may not be identified early enough. This increases the risk that providers do not make the required improvements, with

potential consequences for staff, market capacity and people receiving care and support.

6.2. Through adopting the new framework, these risks will be managed through clear guidance, staff briefings, risk-based prioritisation, improvement plans, regular monitoring and escalation routes.

6.3. The Framework also creates opportunities. These include earlier action on concerns, better use of evidence, stronger provider relationships, clearer reporting, improved learning and better outcomes for people who use services.

Risk	Mitigation	Link to Strategic Risk
The Framework is not applied consistently across services.	Clear guidance, staff briefings and management oversight will support consistent use.	Governance and performance; Effective internal control framework
Concerns about provider quality are not identified early enough.	The Framework brings together information from a range of sources so that concerns can be spotted earlier.	Governance and performance; Breakdown of critical contracts, providers or strategic partnerships
Providers do not make required improvements.	Improvement plans, regular monitoring and escalation routes will be used where progress is not made.	Breakdown of critical contracts, providers or strategic partnerships
Staff capacity affects the ability to carry out quality assurance activity.	Activity will be prioritised using risk, with higher-risk services receiving closer oversight.	Workforce capacity and capability
Information is not shared effectively between teams.	The Framework supports joint working between commissioning, contracts, safeguarding, operational teams and partners.	Governance and performance; Effective internal control framework
Poor quality services affect people who use care and support.	The Framework focuses on safety, experience, outcomes and timely action where standards are not met.	Breakdown of critical contracts, providers or strategic partnerships; Governance and performance

7. Council Priorities

7.1. The Framework supports the Council's priorities by helping people to remain safe, well and supported in their communities.

7.2. It supports good quality care, better use of resources, stronger provider oversight and improved confidence in commissioned services. It also supports prevention by

helping the Council identify concerns earlier, before they become more serious or harder to resolve.

8. Financial Implications

8.1. The Framework is intended to support better use of existing resources by helping the Council identify quality issues early and manage risk more effectively.

8.2. There may be financial implications where poor quality services lead to increased monitoring, service disruption, provider failure, alternative care arrangements or contract action.

8.3. Poor quality services can contribute to service failure and increase costs where concerns remain unresolved. Additional expenditure may arise from enhanced monitoring, safeguarding interventions, urgent alternative care arrangements and disruption to existing services. Inconsistent information-sharing and limited capacity can delay the identification of concerns, increasing the risk that more intensive and costly intervention is needed. The Framework is intended to support earlier identification, coordinated improvement action and proportionate escalation, helping to reduce these risks and protect continuity of care. Any financial benefits will need to be evidenced rather than assumed.

Separately, the SPOT monitoring growth report records a 4.34% increase in the average rate paid for spot-purchased care in 2025–26, excluding the annual uplift. The gross budget for SPOT expenditure in 2026–27 is £164,888,600. These figures provide context for existing financial pressures; they do not demonstrate costs attributable to quality concerns or savings expected from the Framework.

9. Legal and HR implications

9.1. The Framework supports the Council in meeting its legal duties in relation to commissioning, safeguarding, contract management, equality and care quality.

9.2. It supports good governance by setting out clear processes for monitoring, recording, escalation and decision-making. Legal advice may be needed where there are serious provider concerns, contract breaches, safeguarding issues, enforcement action or decisions that may affect service continuity. HR implications are expected to be limited unless changes to roles, responsibilities or capacity are required to implement the Framework.

9.3. Section 5 of the Care Act 2014 requires the Council to promote the efficient and effective operation of the adult care and support market, with a view to ensuring access to a choice of high-quality services. In carrying out this duty, the Council must have regard to the importance of market sustainability so that services remain available to meet care and support needs, including for people who fund their own care. The Framework supports these responsibilities through coordinated market

intelligence, early identification of quality concerns and proportionate action to support improvement and continuity of care.

9.4. For children's services, section 22G of the Children Act 1989 and the statutory sufficiency guidance provide the basis for planning sufficient suitable local accommodation for the looked-after children covered by the duty. Ofsted inspection complements, rather than replaces, the Council's placement, safeguarding and commissioning responsibilities.

10. Electoral Division Implications

10.1. The Framework applies to all Council-commissioned care and support services across Shropshire and, where relevant, to the Council's oversight of care and support commissioned outside the county on behalf of Shropshire residents.

10.2. People who arrange their own support through a direct payment, including those who directly employ a Personal Assistant, are not subject to contract monitoring in the same way as Council-commissioned providers. However, the Council continues to have responsibilities around Care Act assessment and review, safeguarding, information and advice, and supporting people to use direct payments safely and effectively. Intelligence from the experiences of people arranging their own care also contributes to the Council's wider understanding of quality, sufficiency and the social care market.

10.3. The experience and voice of people receiving care, their families and carers form an important part of quality assurance and are used alongside monitoring, safeguarding, complaints, regulatory information and provider data to understand the quality and impact of services. The Council will continue to develop opportunities for people with lived experience to contribute directly to quality assurance activity and the ongoing development of the Framework.

10.4. Some quality concerns may relate to services in a specific local area. Where this happens, local impacts and any need to brief local Members will be considered in line with Council protocols.

11. Health, Social (including "Child Friendly Shropshire") and Economic Implications

11.1. The Framework is expected to have a positive impact on health and wellbeing because it supports safe and good quality care and support.

11.2. Good quality care can help people remain independent, reduce harm, support families and carers, and improve people's experience of services. Where services support children, young people or care leavers, the Framework will support consideration of their needs, rights, voice and outcomes.

12. Equality and Diversity Implications

12.1. The Framework supports equality by helping the Council check whether commissioned services are accessible, fair and responsive to different needs of both residents and providers.

12.2. Quality assurance activity will consider whether people with protected characteristics may be affected differently by service quality, access, communication, location or outcomes. Where equality impacts are identified, the teams will respond to these and take appropriate action.

13. Climate Change, Biodiversity and Environmental Implications

13.1. The Framework itself is not expected to have direct negative climate, biodiversity or environmental impacts.

13.2. Where relevant, quality assurance and contract monitoring officers will support consideration of environmental responsibilities, such as efficient travel, sustainable service delivery, waste reduction and responsible use of resources.

14. Background Papers

None

15. Appendices

Appendix A - Quality Assurance Framework.