

Integrated Quality Assurance Framework

1. INTRODUCTION

With the introduction of ICSs (ICSs) and sustainability and transformation partnerships (STPs), there is increasing emphasis on the role of systems in supporting improvement across local systems of care. As systems mature there is an expectation for greater shared responsibility for the overall quality of care and use of resources between partners in an integrated way.

The vision set out in the NHS Long Term Plan, and the White Paper on Integration and Innovation all have a central theme of working together to improve health and social care. However, it is clear the NHS nor local government can address the challenges we are facing in isolation. The ambition to reduce inequalities, prevent ill health and support people to live longer, healthier and more independent lives demands cohesive efforts. As well as closer working at a local place and system level, the Care Act 2014 also require that citizens are able to choose from a diverse range of high quality care and support Services; to drive up the overall quality of care in the market; and put citizen needs and outcomes centre stage. The importance and the mandate for working together across our local health and social care system to improve care and support services has never been stronger.

This Integrated Quality Assurance Framework (IQAF) is designed to maintain the highest standards in care and support and is based upon the key principles of the National Quality Board Shared Commitment to Quality (2021):

Delivering quality care in systems: key principles

Based on learning from systems to date, there are six key principles that should underpin decisions around quality in health and care systems:



2. OUTCOMES

The IQAF is focussed on the delivery of outcomes to both citizens and providing assurance to the Integrated Care System (ICS) for Health and Social Care. In order to ensure that the IQAF is consistent with the key priorities of national and local government, it has been aligned to the outcome domains detailed within the Department of Health's Adult Social Care Outcomes Framework (ASCOF) and the NICE National Standards and Indicators.

3. SCOPE OF THE INTEGRATED QUALITY ASSURANCE FRAMEWORK

This IQAF will apply to all CQC-regulated Services who are commissioned by either Birmingham City Council, Birmingham and Solihull Integrated Care Board (ICB) or both as part of the Integrated Care System to provide:

- Residential care for adults (Accommodation for persons who require nursing or personal care)
- Nursing care for adults (Accommodation for persons who require nursing or personal care)
- Home Support (Personal Care)
- Home Support (Treatment of Disease, Disorder & Injury)
- Supported Living (Personal Care)
- Extra Care (Personal Care)
- Accommodation for persons who require treatment for substance misuse

For details about how the IQAF will apply to Services outside of the Birmingham Council Tax boundary – please see section 19.

For details about how the IQAF will apply to Services within the Birmingham Council Tax Boundary but are not commissioned by either party – please see section 20.

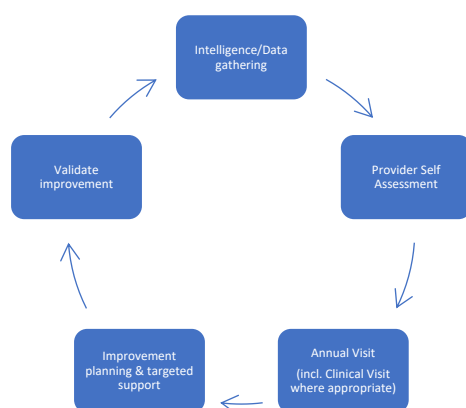
For details about the IQAF will apply to Services in Wales, Scotland and Northern Ireland – please see section 19.

This IQAF does not replace or duplicate the Regulatory role of the Care Quality Commission or obligations relating to Safeguarding under the Care Act. However, it is designed to provide assurance to the ICS and to support providers proactively to implement quality improvements - for the benefit of citizens. The IQAF will ensure local partners work closely with the Care Quality Commission to share information and work in line with the agreed Joint Working Protocol between CQC and ADASS.

4. OVERVIEW OF THE QUALITY CYCLE

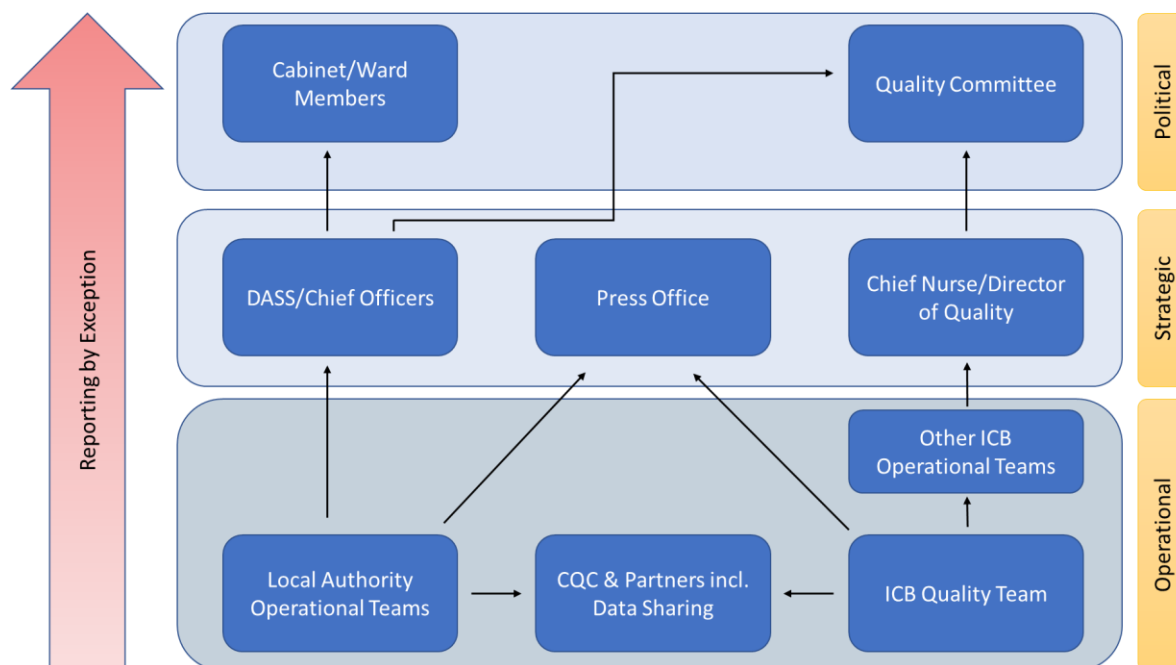
The quality cycle below shows the key components of the process and that the Framework will be a continuous process of triangulating intelligence and supporting service improvement:

Diagram 1



The continuous triangulation approach will be used operationally to manage provision and allow operational teams to provide assurance to the wider ICS. This will take place within the governance framework set out in Diagram 2:

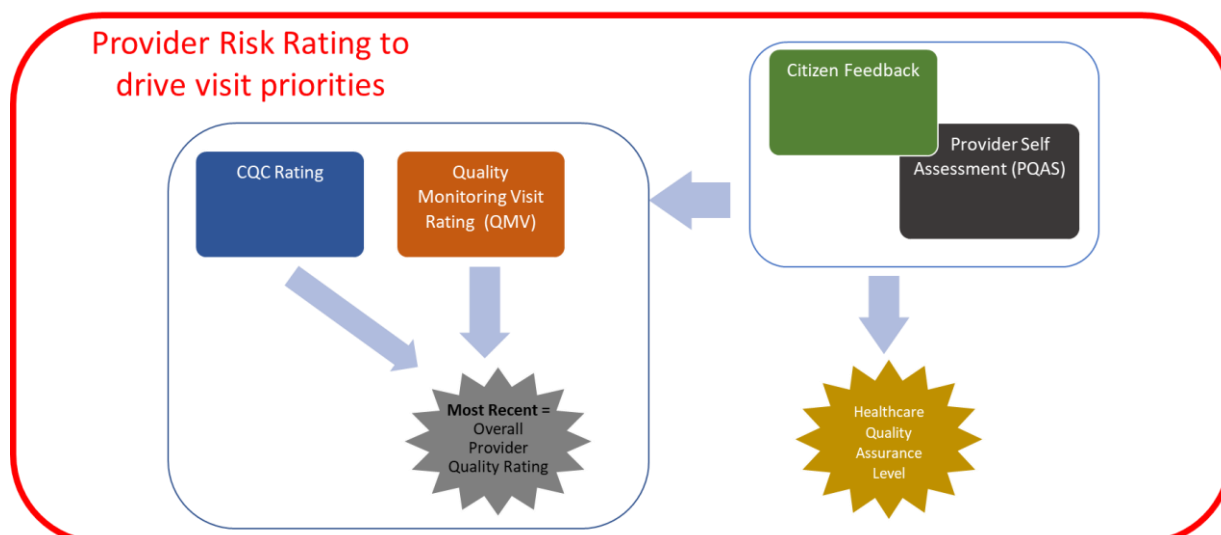
Diagram 2



5. THE OVERALL PROVIDER QUALITY RATING SYSTEM

The IQAF is part of a wider system of assurance but aims to capture a range of views on the quality of services and use them to produce an Overall Provider Quality Rating for all Services and a Healthcare Quality Assurance Level for those services providing FNC/CHC/S117 health care and support. These will be used to inform care commissioning processes and will help people to make informed choices about their care and support. The Overall Provider Quality Rating and the Healthcare Quality Assurance Level will therefore draw upon a range of data sources as summarised in Diagram 3 below:

Diagram 3



The Overall Provider Quality Rating will be based on whichever is the most recent of the following, between them, these will act as a baseline of quality assurance for all commissioned services:

- The view of the regulator: the CQC Rating
- A baseline of all quality standards; the Quality Monitoring Visit Rating

In addition, the following elements will be considered as set out below:

- An assessment of health care quality: the Healthcare Quality Assurance Level (For Services providing Funded Nursing Care, Continuing Health Care or Section 117 Aftercare)
- The view of the Provider: Provider Quality Assurance Statement (PQAS)
- The views of the Citizen: Citizen Feedback

Where a Provider has been rated as Gold, Outstanding or Very Good Assurance, the Service will receive an visit on a bi-annual frequency.

Where the Quality Monitoring Visit Rating and Healthcare Quality Assurance Level don't align, a joint visit will be undertaken and both quality tools updated. Where scores remain different for clinical and non-clinical elements the following will apply:





- A peer review of both toolkits and scores to include social care and clinical staff
- If following peer review, the scores remain different, both scores will be published and a joint statement agreed
- the revised Quality Monitoring Visit Rating score will be used in the Council's micro-procurement process.

The table below sets out how the outcome of the quality assessments align:

Quality Monitoring Visit Rating (Overall Provider Quality Rating if most recent)	Gold	Silver	Bronze	Inadequate
CQC Rating (Overall Provider Quality Rating if most recent)	Outstanding	Good	Requires Improvement	Inadequate
Healthcare Quality Assurance Level	Very Good Assurance	Good Assurance	Moderate Assurance	Inadequate Assurance

In addition to the quality ratings above, providers will be risk assessed regularly under the IQAF so there is a coordinated focus on areas of risk and to allow targeted and proportionate support to be provided. The risk assessment process is set out in section 12 below.

Quality of provision will be assessed regularly, and each Service given an Overall Provider Quality Rating of 'Gold', 'Silver', 'Bronze' or 'Inadequate'. For services that provide Funded Nursing Care (FNC), Continuing Health Care (CHC) and/or S117 Aftercare (S117), an additional Healthcare Quality Assurance Level will be issued in line with the following descriptors:

Quality Monitoring Visit Rating	Healthcare Quality Assurance Level (based on NHSE)
 GOLD <ul style="list-style-type: none"> • People describe the Service as exceptional and distinctive, with staff going out of their way to meet personal preferences and individual outcomes. • The Provider is striving to be a leader in their field. • The Provider exceeds the standards set down by the Care Quality Commission (CQC), and contractual terms and core standards. • The exceptional level of Service is delivered consistently over time. 	<p>Very good assurance</p> <ul style="list-style-type: none"> • with practice that could be replicated as exemplar
 Silver <ul style="list-style-type: none"> • People describe the Service as good and that it meets their needs and delivers good outcomes. • The Provider meets the standards set down by CQC, and contractual terms and core standards. • The good level of Service is delivered consistently over time. 	<p>Good assurance</p> <ul style="list-style-type: none"> • Good practice identified, • no immediate concerns / minor low risk issues or areas for improvement identified
 Bronze <ul style="list-style-type: none"> • People describe the Service as not always good and that it does not always meet their needs or deliver good outcomes. • The Provider is not fully meeting all of the standards set down by CQC and contractual terms and core standards. Improvement is required. • A good level of Service is not consistent over time. 	<p>Moderate assurance</p> <ul style="list-style-type: none"> • weaknesses have been identified • limited good practice identified • Moderate areas for improvement identified.
 Inadequate <ul style="list-style-type: none"> • The Provider does not meet key standards set by CQC and contractual terms and core standards. • People using the Service are not safe and they are at risk of harm. • Significant improvement is required, the Service will be at risk of losing its Registration. • Failure to implement the required level of improvements in line with the agreed Improvement Action Plan • Where it is not possible to validate a significant body of evidence or the Provider is judged to have significantly falsified its PQAS 	<p>Inadequate assurance</p> <ul style="list-style-type: none"> • immediate concerns raised and many areas for improvement identified. • There is significant failure to meet the requirements

6. THE CQC RATING (PART OF THE OVERALL PROVIDER QUALITY RATING)

The CQC carries out inspections under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Care Quality Commission (Registration) Regulations 2009. They are the legal Regulator of the services within scope of this IQAF and rate Services against a defined framework which asks whether the Service is safe, effective, caring, responsive and well-led.

The CQC rates Providers as 'Outstanding', 'Good', 'Requires Improvement', or 'Inadequate' – however these may be subject to change by the CQC under the above or subsequent Regulations.

From Summer 2021, the CQC will be taking a more flexible approach to inspection, but always with a focus on ensuring services provide people with safe, effective, compassionate and high-quality care. These changes include:

- There no longer being a maximum interval between inspections
- Using a wider range of regulatory approaches to assess quality and rate
- Updating some ratings without a site visit
- Undertaking more focussed assessments on specific areas

Where a service has received a CQC Rating, this will provide sufficient assurances regarding contractual compliance and overall quality of services and the service will not receive an annual IQAF assessment for 12 months (unless there are quality concerns in the interim that result in a reactive quality assurance visit).

7. QUALITY MONITORING VISIT RATING (PART OF THE OVERALL PROVIDER QUALITY RATING)

There will be a Quality Monitoring Visit (QMV) for all providers in scope which will rate Providers against 5 care domains covering 16 core care standards on an annual basis (except where a CQC Rating has been published within the last 12 months).

The core standards are split between 5 domains and the detailed requirements against each will be published via a PQAS and QMV Toolkit:

1. Involvement and information;
2. Personalised care and support;
3. Safeguarding and safety;
4. Suitability of staffing;
5. Quality of management;

The Provider Quality Rating will be based upon validation of the Provider PQAS response and will use a QMV Toolkit which sets out the core standards and the range of criteria by which delivery of these standards is measured. Any changes to the toolkit will be made in accordance with section 18.

The Quality Monitoring Visit Rating will be determined following an assessment and will rate Providers as 'Gold', 'Silver', 'Bronze', or 'Inadequate' and;

- an overall Gold rating will be awarded if a minimum of 2 care domains are rated Gold and all other care domains are rated Silver;
- an overall Silver rating will be awarded if a minimum of 4 care domains are rated Silver or above, no more than 1 care domain is rated Bronze, and no care domains are rated Inadequate;

- an overall Bronze rating will be awarded if 2 or more care domains are rated Bronze and no more than 1 care domain is rated Inadequate; and
- an overall Inadequate rating will be awarded if 2 or more care domains are rated Inadequate.

8. PROVIDER QUALITY ASSURANCE STATEMENT (PQAS)

Providers will be required to submit a Provider Quality Assurance Statement (PQAS) annually (usually in advance of any planned quality visits). The PQAS will represent the Provider's view of their Service delivery and this will assist their improvement planning ahead of a quality visit.

All Providers will use the PQAS to identify openly and transparently and on an evidenced basis, those core standards they are not fully meeting and what action is being taken to address this, as well as areas of good practice.

The PQAS will assign the Provider a provisional rating of 'Gold', 'Silver', 'Bronze' or 'Inadequate', so support service improvement, although this will not be used as a formal part of any quality score. ICS quality visits will be used to validate evidence submitted by the Provider through the PQAS at its next quality assessment of the Service.

The following may result in contractual action against the provider:

- Falsification of a PQAS
- Failure to provide evidence to support a PQAS submission
- Failure to return the PQAS and/or consistent failure to submit the PQAS within the timescales requested

9. HEALTHCARE QUALITY ASSURANCE LEVEL

For Services that provide Funded Nursing Care (FNC), Continuing Health Care (CHC) or Section 117 Aftercare (S117) an annual assessment of the quality of clinical care will take place and each service given a Healthcare Quality Assurance Level.

An annual assessment will be carried out using a Healthcare Quality Toolkit which will give all Providers of healthcare under FNC/CHC/S117 a Healthcare Quality Assurance Level which will cover the 6 clinical quality domains of:

1. Patient Safety
2. Care Planning
3. Environment
4. Patient Experience
5. Workforce
6. Management

This assessment will consider the PQAS response from the provider and will use a Healthcare Quality Toolkit which sets out the core standards and the range of criteria by which delivery of these standards is measured. Any changes to the toolkit will be made in accordance with section 18.

A joint schedule of quality and clinical assessment monitoring visits will be planned throughout the year and coordinated to avoid duplication with inspection activity from the Care Quality Commission

where possible. The schedule will be based upon the Provider Risk Rating and reviewed regularly in accordance with Diagram 3 and Diagram 4.

10. CITIZEN FEEDBACK

Citizen feedback will be used to evaluate what Citizens think about the Service they use, how the Service involves and consults with Citizens and how responsive the Service is. The ICS will take into account customer feedback using a range of methods including (but not limited to):

- The ICS will assess the Service delivery against the 'Involvement and information' and 'Personalised care and support' domain core standards of the Quality Toolkit.
- The ICS will use data gathered through the social work and clinical Assessment and Review process about how well the Provider delivers outcomes for Citizens using the Friends and Family Test.
- All care providers will be required under the terms of their contract, to use and promote the Healthwatch feedback tools and to use data collected to improve services.
- The ICS will work with Healthwatch to further develop their tools and usage of these to support quality improvements in adult social care services.
- The ICS will continue to work with partners including the Care Quality Commission to obtain feedback on commissioned services and ensure coordinated action to support service improvement.
- The ICS will use feedback from compliments and complaints to prioritise providers for review and also to identify and share good practice.
- The ICS will work with citizen groups and partners to ensure our quality standards reflect professional, contractual and regulatory compliance but also those issues that are important indicators of quality for citizens and potential citizens.
- The ICS will work with citizen groups to ensure feedback can be obtained from everyone who receives service in a way that meets their individual communication needs.
- Customer feedback will be used in the Commissioning of home support by Birmingham City Council in line with our published guidance.

11. DATA SHARING

All information required to operate this IQAF will be shared in line with the Joint Working Protocol between CQC and ADASS and that any decision to share information must be compliant with data protection requirements: principles, codes of practice, guidance and information sharing agreements. We will work together to reduce duplication and the burden on providers wherever possible. Information will be shared regularly but as a minimum in line with the schedule set out in Diagram 3 and Diagram 4. This includes regular system-wider data sharing meetings.

ICS partners will share intelligence to identify any emerging issues, patterns and themes across Birmingham and/or with wider commissioned services to drive improvements in the quality of care and to stimulate market development. This will include identifying good practice to encourage improvement and market development, ensuring appropriate sharing throughout our organisations and with partners at local, regional and national level.

12. PROVIDER RISK RATING

Key partners will share data and intelligence across the system in a transparent and timely way as set out above.

A quality dashboard will be developed to contain key metrics/indicators and appropriate data. to ensure its management of quality risks.

A Provider Risk Rating for each will be developed and used to determine the priority for Quality Monitoring Visits and support. The exact measures and methodology used to determine the risk rating will be agreed jointly at place level across the ICS.

Provider Risk Ratings will be reviewed regularly in line with the below weekly review cycle (Diagram 4) and quality calendar (Diagram 5):

Diagram 4

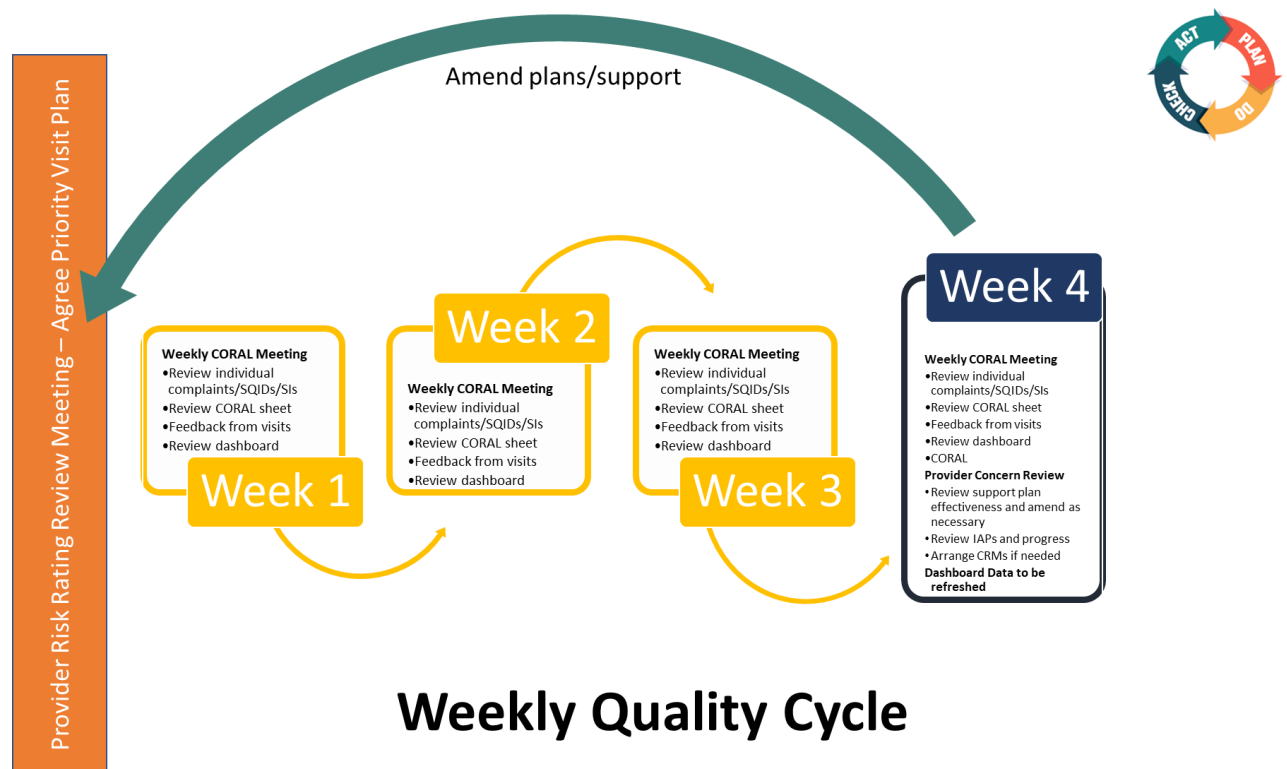
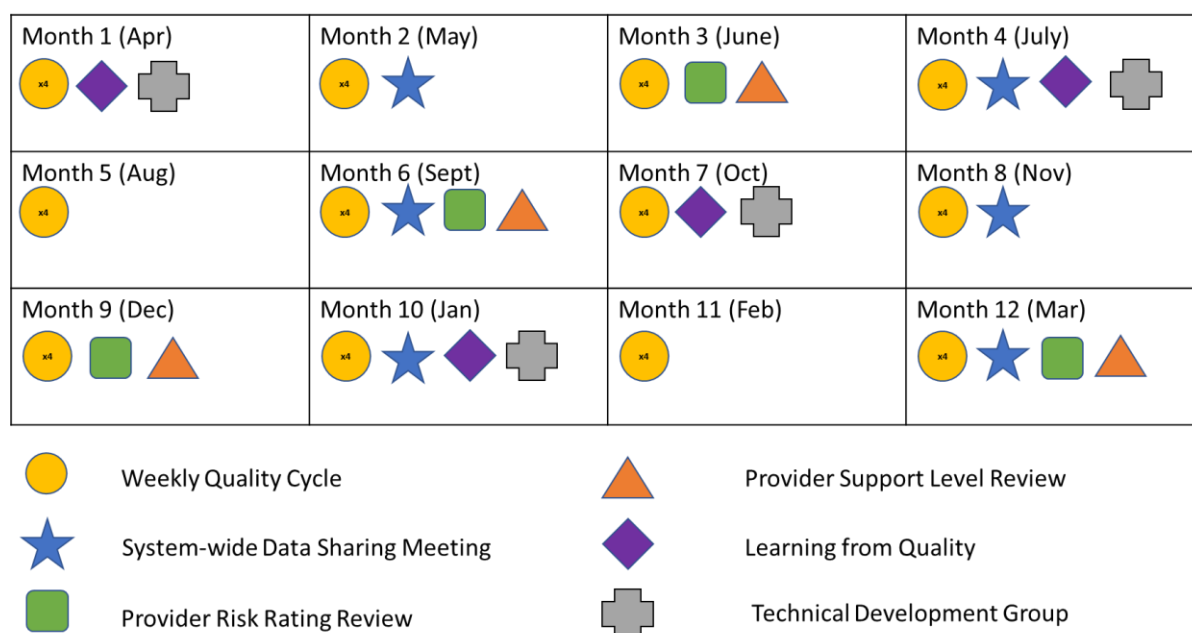


Diagram 5



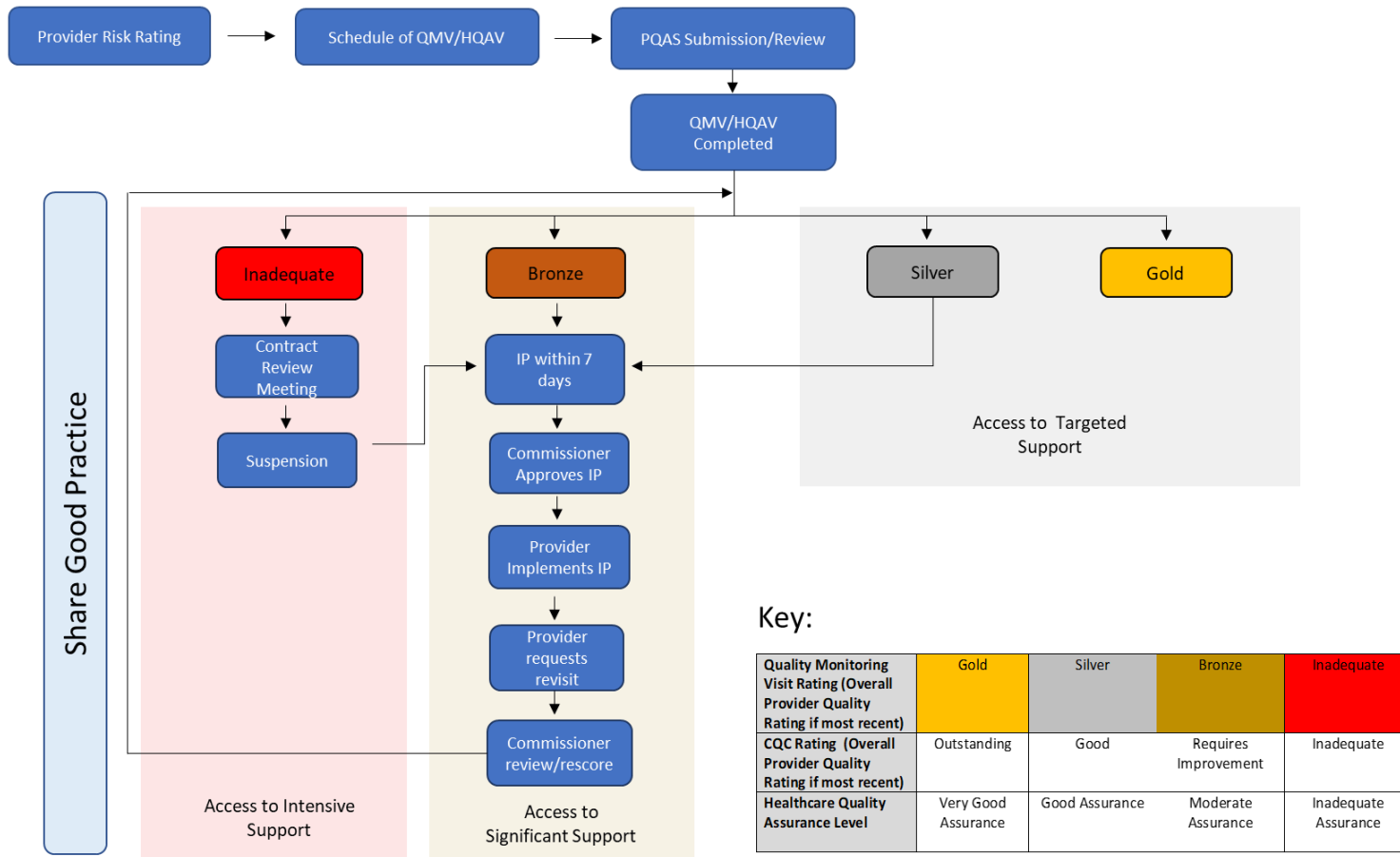
Below are examples of the purpose of each of the above groups and forums. However each group will develop and maintain a Terms of Reference:

- **Weekly Quality Cycle** – as set out in Diagram 4
- **System-wide Data Sharing Meeting** – in accordance with section 22.
- **Provider Risk Rating Review** – to review new high-risk providers and emerging risks based on data from the dashboard and to prioritise quality visits and agree operational actions.
- **Provider Support Level Review** - to identify providers needing support; to review progress of those providers currently receiving support; and agree operational actions to ensure quality improvements are made.
- **Learning from Quality** - to give Commissioners the opportunity to focus on key quality improvement topics/trends; to identify and share best practice; and to identify improvements/changes/feedback regarding the IQAF and associated processes.
- **Technical Development Group** – to agree additions to the dashboard, to agree and implement changes to risk weightings and assumptions; review and improve data quality; and maintain overall access to the dashboard.

13. PROCESS FOR MANAGING PROVISION

The following process summarises how provision will be managed and supported depending on their quality rating, risk rating and support level to continuously improve quality, reduce risk and/or recognise or share good practice.

Diagram 6



The ICS may undertake a review of the Provider's performance of the Service (in whole or in part) at any time, but the approach will be evidence and risk-based at all times.

The ICS will arrange a Contract Review Meeting to review and discuss the Provider's performance in the following (but not limited to) circumstances:

- Where a Service has been rated Inadequate
- Where a suspension or termination of contract are being considered due to quality concerns
- Where a breach of contract or Regulations have been identified
- Where significant complaints or safeguarding concerns have been raised
- Any other reason where partners feel it is important to discuss their concerns either with or without provider representation

As part of the Contract Management Review Meeting, one or more courses of action may be taken:-

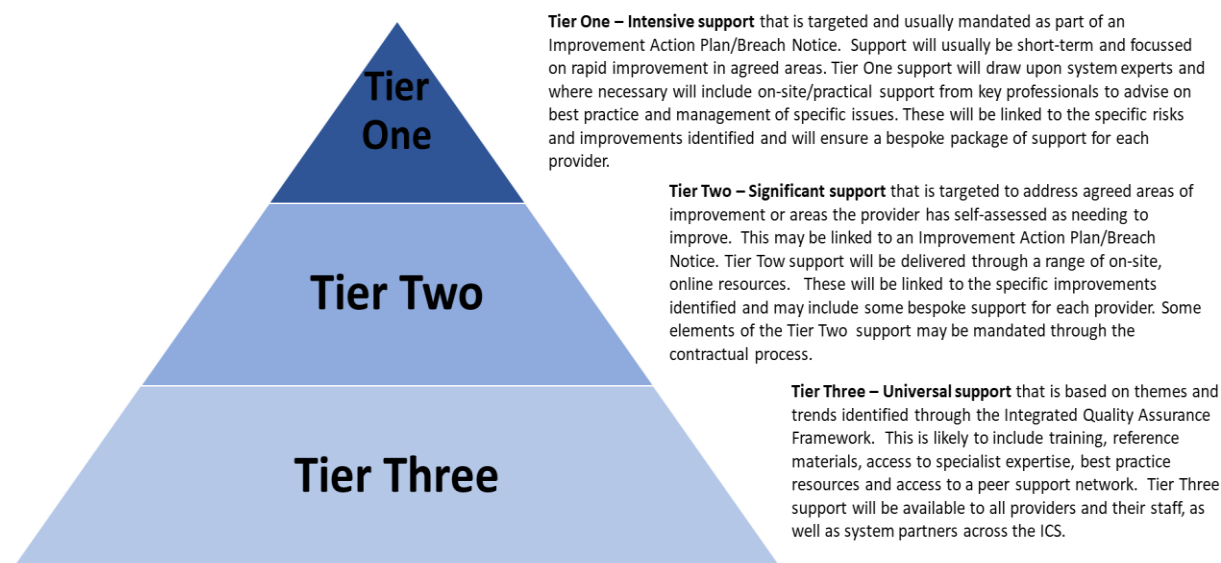
- No further action because the concern(s) are unfounded or resolved.
- The Council, NHS or host Local Authority (if applicable) may approve an Improvement Plan (IP) submitted by the provider when it is satisfied the actions and timescales identified are sufficient to deliver the required improvement in services.
- Suspension of further citizen referrals.
- A contract breach notice.
- Termination of the contract.
- The Council, NHS or host Local Authority may monitor progress against the Improvement Action Plan to ensure the Provider is making the appropriate/agreed improvement(s).
- Requiring the provider to access specific elements of the Support Package
- Any other action Commissioners deem proportionate and reasonable to improve the quality of service.

14. PROVIDER SUPPORT PACKAGE

The key outcome of the successful implementation of the IQAF will be the early identification of emerging issues and concerns so that they can be addressed before they have a material impact or performance deteriorates further and ensuring a coordinated focus on quality improvement. ICSs are expected to engage with service providers on actual or prospective changes in performance or quality risks that fall outside routine monitoring, where these are important to the delivery of safe and sustainable services.

To support care providers and to ensure partners are continuing to play their part in quality improvement, we will work together to develop and maintain a package of support for care providers to access. This Support Package will include various levels of support as summarised in Diagram 7 below and will also be linked to the quality rating of the care provider as set out in Diagram 6:

Diagram 7: Provider Support Package



This support package will be reviewed at least annually to ensure it meets the emerging quality themes and issues across the sector.

The Support Package will be made available as a minimum via the Council's dedicated provider web pages at [Information for care providers](#)

Effectiveness of the support package in relation to individual provider performance, will be reviewed as set out in Diagrams 4 and 5.

15. SUSPENSIONS

The Council and NHS (if applicable) may decide to suspend any further Individual Agreements with a Provider following a Contract Management Review Meeting. In extreme cases, there may be a need for an immediate suspension where there are serious concerns in relation to risks to health, safety and/or the welfare of citizens which cannot be immediately remedied.

Where a service is commissioned by both the Council and ICB a joint suspension will be issued by the Lead Commissioner in writing with the reasons for this. For Services commissioned by just one party, the Commissioner will issue a suspension notice with the reasons for this.

The Provider is expected to inform all citizens (including current and future self- funders and Direct Payment recipients) and their representatives of any Suspensions.

The Provider is expected to inform all citizens (including current and future self- funders and Direct Payment recipients) and their representatives of the lifting of Suspension arrangements.

The Suspension may be reviewed at any time but in any case, will be reviewed at least monthly in accordance with Diagram 4.

Where the provider has a record of regular or frequent breaches, Commissioners may recommend a Contract Review Meeting to take place in accordance with section 13 above.

16. TERMINATION

The Council or ICB may terminate their respective contracts with Providers as a result of quality concerns and in accordance with their respective contract terms. Where both the Council and ICB are commissioners of the service any such decision must be agreed between the parties and will usually be made after a Contract Review Meeting with the provider. The only exception to this is where the concerns about a Service pose an immediate and/or serious threat to the health & safety and/or welfare of any citizen. In these circumstances, either party may terminate their contracts without consulting the other but must notify them immediately. A Contract Review Meeting should still take place with the provider and details shared with partners.

17. CHANGES TO THE PROVIDER'S QUALITY RATING BETWEEN ANNUAL ASSESSMENTS – DECLINE IN SERVICE QUALITY

Negative intelligence gained about the Service may trigger a focussed quality monitoring visit by the ICS. Depending on the service provision an assessment of quality under this IQAF may require a Local Authority or ICB response, or both.

Where the focussed assessment identifies elements of the Service that have fallen below the level identified at the last full inspection/assessment, the Provider's rating may be adjusted accordingly, using the necessary toolkit or sections of the toolkit to revise the overall rating.

In situations where a focussed inspection/assessment judges the overall quality of the provision to be Bronze or Inadequate then the Provider will be subject to the processes for managing provision set out in Diagram 6.

18. CHANGES TO TOOLKITS

There will be a review of all quality toolkits used under this Framework at least once annually to ensure they continue to reflect best practice and any changes in emphasis, regulation, policy requirements or citizen feedback. This review will include:

- BCC/ NHS Commissioners
- Practitioners including social work and clinicians
- Citizen representatives
- Care provider representatives
- Other clinical or specialist teams across BCC and the NHS including Safeguarding, Medication Management, Infection Control.

All Providers will be notified of the outcome of the review and any new/changed requirements before use of any revised or new tools.

19. ARRANGEMENTS FOR PROVIDERS LOCATED OUTSIDE OF THE BIRMINGHAM COUNCIL TAX BOUNDARY

If the Provider's CQC registered location falls outside of the Birmingham Council Tax boundary it will be determined to be an Out of City Provider.

The following quality assurance arrangements shall apply to Out of City Providers.

- Out of City Providers of Home Support shall be subject to the same quality assurance process as those Providers located within the Birmingham City Council Tax boundary.
- Out of City Providers of Supported Living and Residential and Nursing Homes shall be subject to the following quality assurance process:
 - We will not routinely carry out quality assurance visits of the Service and will instead use the outcome of the most recent CQC inspection to determine the overall quality rating of the Provider.
 - We may rely on evidence from the CQC, the host Local Authority, or host ICB to determine the Overall Provider Quality Rating and the process in section 14 will be followed.
 - The Provider is required to complete the PQAS annually.
 - We may rely on feedback from practitioners visiting the individuals placed with the service, this may be social workers, clinicians and families.
 - For Providers operating in Wales, Scotland and Northern Ireland who are not regulated by the CQC, the provider will be asked to complete a PQAS before joining the contract and every 2 years thereafter.
 - If the Council or ICB receives negative intelligence about the Service it may carry out a quality visit to the Service, but it may choose to rely solely on information received from the host local authority, host ICB or CQC
- Out of City Providers who deliver services outside of the latest BCC/NHS Contract, shall be subject to the following quality assurance process:
 - We will not routinely carry out quality assurance visits of the Service and will instead use the outcome of the most recent CQC inspection to determine the overall quality rating of the Provider.
 - We may rely on evidence from the CQC, the host Local Authority, or host ICB to determine the providers overall quality rating and the process in section 14 will be followed.
 - We may rely on feedback from practitioners visiting the individuals placed with the service, this may be social workers, clinicians and families.
 - If the Council or ICB receives negative intelligence about the Service it may carry out a quality visit to the Service, but it may choose to rely solely on information received from the host local authority, host ICB or CQC
- The process for managing new Out of City Providers is as set out in section 23.

20. QUALITY ASSURANCE FOR NON-CONTRACTED PROVISION

There may be occasions where Commissioners need to make use of non-contracted provision. Whilst these situations will be minimised to reduce risk, they are most likely to take place where it is in the citizens best interests. It is therefore important that we are clear on the quality oversight arrangements for these situations. The Council's wider Care Act responsibilities do extend to ensuring a range of quality services and shaping the whole Birmingham care market. In relation to

quality oversight the following process is therefore proposed for Services with a registered location within the Birmingham Council Tax Boundary:

- Providers who deliver services outside of the latest BCC/NHS Contract, shall be subject to the following quality assurance process:
 - We will not routinely carry out quality assurance visits of the Service and will instead use the outcome of the most recent CQC inspection to determine the Overall Provider Quality Rating.
 - The Provider will be requested to complete the PQAS annually under our Care Act statutory responsibilities – however it is noted that this cannot be enforced or mandated.
 - We may rely on evidence from the CQC, the host Local Authority, or host ICB to determine the providers overall quality rating and the process in section 14 will be followed.
 - We may rely on feedback from practitioners visiting the individuals placed with the service, this may be social workers, clinicians and families.
 - If the Council or ICB receives negative intelligence about the Service it may carry out a quality visit to the Service, but it may choose to rely solely on information from CQC.
- Providers outside of the Birmingham Council Tax boundary, will be managed in accordance with section 16.

21. INTEGRATION OF THE QUALITY RATING INTO THE MICRO-TENDERING AND WORK ALLOCATION PROCESS

The Overall Provider Quality Rating will be used when the Council evaluates individual offers for care packages received through its Micro-Tendering process.

Where multiple Providers bid for a care package the Provider with the highest quality rating will generally win the tender. However in some circumstances citizens have a legal right to choice, which will be facilitated and managed by the Council in accordance with its contracts.

The ICB and any subsequent organisation who commission individual packages of care will work towards commissioning by quality and need.

22. PUBLICATION OF THE QUALITY RATING

The ICS Council will maintain a Regulated Care Services Directory on its dedicated provider webpages, showing all commissioned services and all services in Birmingham. This will show their contractual status, Overall Provider Quality Rating and Healthcare Quality Assurance Level (where applicable), including a list of breach notices and if/when remedied.

The ICS will at all times share data between each other relating to Services they commission. Wherever possible this will be shared through a single system and key intelligence will be shared on a regular basis.

The ICS will develop and maintain a quality dashboard to allow this IQAF to operate effectively at all times. This will be based on the data strategy for health and social care, which will build on the lessons from the Covid response.

The ICS ICB may at any time share quality assurance data held about the Provider with other organisations and individuals, including in accordance with requirements under the Care Act.

The ICS Council and ICB will meet regularly with partners, including the CQC to share intelligence in line with the Joint Working Protocol between the CQC and ADASS:

[Joint Working Protocol between CQC and ADASS](#)

23. NEW PROVIDER PROCESS

To ensure that Commissioning and quality arrangements support and are aligned to the need to offer citizens a choice (particularly in relation to accommodation), partners will work to ensure that chosen regulated provision can be incorporated into our contracting and quality arrangements. It is important this process is clear to all parties and that appropriate quality assurances can be obtained promptly, particularly where it is needed to support hospital discharge.

The contracting and procurement arrangements will be set out in the relevant Procurement Strategy and associated contracts. However, where these criteria and processes have been fulfilled, but a provider does not currently have either a CQC Rating (albeit they must be CQC registered) or quality rating, the following process will apply:

Step 1: New providers who meet all other entry criteria but who do not have a current CQC Rating, will be subject to a baseline quality assessment in line with Section 23 above. For providers within the Birmingham Council Tax boundary, a full monitoring visit will be undertaken, a toolkit completed, and a score given. For providers outside of the Birmingham Council Tax Boundary, the process set out in Section 19 will apply.

Step 2: Providers may be required to confirm any specialisms they are applying for as part of the entry criteria and will be required to confirm they can meet the requirements of the relevant specification, including the staff competencies set out in the Competency Framework. Where a specialism is selected, the provider will be required to submit evidence of compliance which will be assessed by the relevant quality team. This will be in addition to Step 1 but also may be validated as part of any visit.

Step 3: Commissioners will assess the evidence from Step 1 and Step 2 and confirm an Overall Provider Quality Rating and where appropriate a Healthcare Quality Assurance Level.

Step 4: Based on the Overall Provider Quality Rating, the following restrictions will be applied until their rating changes. Any rating changes will be managed in accordance with Section 13.

Provider rating	Contractual actions	Citizen actions	Admission restrictions
Inadequate	Provider will not be allowed entry to the contract	Where citizen choice is relevant, the citizen and their representative will be advised of the quality rating and given sufficient information to make an informed choice. They will be offered an alternative contracted/quality rated provider/s and supported through the necessary decision-making processes including best interests where necessary.	Provider will not be allowed to accept LA/NHS funded citizens unless in the citizen's best interests
Bronze	Provider allowed entry and quality rating to be added for procurement/ commissioning purposes Improvement Action Plan will be issued to the provider	Citizen to be advised of the outcome and offered an alternative contracted/quality rated provider/s where possible. They will be supported through the necessary decision-making processes.	Can accept social care funded citizens Can accept FNC funded citizens Cannot accept CHC funded citizens
Silver	Provider allowed entry and quality rating to be added for procurement/ commissioning purposes Improvement Action Plan will be issued to the provider	Citizen to be advised of the outcome and arrangements to proceed.	No restrictions
Gold	Provider allowed entry and quality rating to be added for procurement/ commissioning purposes		No restrictions

For providers without any citizens, Commissioners will provide scenarios and mock care plans and use the above process to assess the provision based on evidence and/or examples given.

24. PROVIDER EXPECTATIONS

Providers are expected to notify Commissioners of actual or prospective changes in performance or risks that fall outside the routine monitoring and engaged with Commissioners at an early stage. This might include (but are not limited to):

- unplanned significant reductions in income or significant increases in costs
- unplanned significant reductions to workforce or management structure changes
- failure to comply with any formal reporting requirements
- enforcement notices from other bodies implying potential or actual significant breach of any other requirement or equivalent eg:
 - health and safety executive or fire authority notices
 - material issues affecting a provider's reputation

25. LEARNING FROM QUALITY

Recognising, celebrating and sharing outstanding health and social care, learning from others and learning when things don't go well are all important elements of continuous improvement. It is important that there are regular opportunities and forums with and between providers and also for Commissioners.

There will be regular provider-focussed 'learning from quality' including:

- Provider forums and events
- Bulletin items
- Development of a peer support network

There will be at least quarterly commissioner focussed 'learning from quality' discussions as set out in the Quality Calendar in diagram 4. These meetings will be for commissioners to collectively:

- undertake lessons learnt
- provide a network of peer support
- use the Owning and Driving Performance principles and tools to develop teams/processes and learning
- share experience
- undertake Action Learning Sets
- reflect on practice and performance
- identify areas for further group or individual learning
- identify good practice and ensure this is shared

26. SYSTEM QUALITY ROLES AND RESPONSIBILITIES

The ICS recognises that there are numerous professionals involved in the oversight and quality of care received by citizens. A key element of this IQAF is to ensure that all professionals, no matter what their role, are supported and empowered to identify, address and report quality concerns to ensure service users receive the best quality care.

The IQAF will principally be overseen by Local Authority and ICB Commissioners. However, we will draw upon expertise and support from across the system to work with care providers to improve services and will ensure the IQAF remains flexible to meet changing needs and expectations.