

Wirral Adult Social Care Commissioning, Contracts & Quality Monitoring Policy



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1. Overview

This policy should be considered alongside the Care Act 2014 (Section 5) and the Equality Act 2010. Section 5 of the Care Act requires Local Authorities to ensure a diverse, high quality, responsive care market and that individuals have access to sufficient information to make decisions about how their needs are met. Wirral Council fulfils this duty by commissioning, monitoring and improving services that deliver safe, person centered, and effective care.

2. Equality and Diversity

Wirral Council is committed to promoting equality, diversity, and inclusion. Individuals must have access to a variety of providers, high quality services, and clear information.

3. Policy Statement

Wirral Council monitors the performance and quality of commissioned services. Services that are regulated by the Care Quality Commission (CQC), are expected to achieve a rating of “Good” or better.

Where services fall below this standard, structured improvement processes will be implemented. Continued failure may result in suspension or termination via the Provider Risk Information Group (PRIG).

Wirral Council will publish CQC ratings for all commissioned services on its website. Details of any services subject to a suspension of new placements will also be published. All published information will be reviewed and updated regularly to ensure accuracy and transparency.

4. Overview of Commissioning, Contracts, Quality and Operational Functions in Adult Social Care

4.1. Commissioning

The commissioning function is responsible for ensuring that a diverse, resilient, and sustainable care market is in place to meet the current and future care and support needs of the borough. This includes working collaboratively with providers, health partners, the voluntary and community sector, people with lived experience, and other stakeholders to design, develop, and maintain services that are person-centred, safe, and aligned with statutory duties and strategic priorities.

Commissioning is underpinned by a robust understanding of current and future demand. The Council draws on a range of intelligence sources, including the Joint Strategic Needs Assessment (JSNA), demographic analysis, service utilisation data, and wider market intelligence to identify trends and forecast future need. This evidence informs commissioning strategies, which set out how services will be shaped and developed to meet anticipated demand, in line with Section 5 of the Care Act 2014.

Key principles include adopting a place-based, strengths-focused approach, working collaboratively to co-design services with providers, individuals and communities, involving people with lived experience through shared problem-solving, enabling flexibility to respond to local needs, and building long-term, collective commitment across partners.

Wirral Council has developed a Market Position Statement, which is shared with Regional Councils and can be found here: [Market Position Statement | wirral.gov.uk](https://www.wirral.gov.uk/market-position-statement) .

4.2. Contracts

Wirral Council manages and oversees all contractual arrangements with providers to ensure the delivery of high quality, outcome focused services that offer value for money and comply with all regulatory and contractual obligations. Effective contract management ensures that commissioned services align with individuals stated outcomes, maintain high standards of quality and safety, and demonstrate continuous improvement and efficiency. Each contracted provider is allocated a named Council Lead or, where unavailable, an Authorised Officer (AO) who is responsible for maintaining oversight and ensuring the provider meets all agreed requirements.

Throughout the duration of the contract, the lead monitors provider performance through regular review, evaluation, and analysis of service delivery. This includes assessing compliance with the service specification, adherence to quality standards, delivery against performance measures and KPIs, and the overall experience and satisfaction of people receiving care. The lead also ensures that risks are identified and managed effectively and that all providers submit annual workforce profiles, enabling the council to assess compliance with the Equality Act 2010 and maintain assurance across the care market.

4.3. Quality

Wirral Council's designated quality leads are responsible for overseeing the assurance and continuous improvement of community care services across the borough. They assess the quality of care delivered by providers, drawing on a range of intelligence to identify concerns, emerging risks, and areas requiring enhanced oversight. Through this work, they help ensure that services remain safe, effective, and responsive to the needs of individuals receiving care.

Quality leads also play a central role in supporting providers to strengthen their practice by developing and implementing robust quality improvement plans. They work collaboratively with care providers and system partners to promote and facilitate wider improvement initiatives across the local care market. By monitoring, analysing, and reporting on provider performance, they offer valuable insight into quality trends, risk management processes, and opportunities for enhancing outcomes across community care services in Wirral.

4.4. Brokerage & Placement Team

The brokerage and placement team is responsible for coordinating and arranging care packages for individuals with assessed needs, ensuring timely access to safe and appropriate support from contracted providers. Working in line with care plans, service agreements, and statutory duties under the Care Act 2014, the team records all arrangements within case management systems to support accurate care planning, service oversight, and compliance.

The team also acts as a key interface with the local care market, engaging with providers to monitor, record, and report on capacity and availability across services. By maintaining strong relationships with the provider market and collaborating with wider adult social care partners, the care arrangement team plays a central role in brokering care, identifying pressure points, and helping ensure a stable and responsive supply of care that meets individual and population needs.

4.5. Adult Social Care Operational Teams

Adult social care operational teams comprise social workers, practitioners, care navigators, and support staff are responsible for promoting individual wellbeing in all decision making, ensuring that care and support uphold dignity, independence, and personal outcomes in line with the Care Act 2014.

Their role includes preventing, reducing, and delaying emerging needs by identifying risks early and supporting people to access community based, strengths focused, and preventative interventions. Operational teams undertake care act assessments to understand the care and support needs of adults, as well as the needs of carers, using a person centred and proportionate approach. Based on these assessments, operational teams develop personalised care and support plans that offer individuals choice and control, ensure accurate personal budgets, and enable access to direct payments where suitable.

Operational teams ensure care and support plans remain effective through regular reviews and timely responses to changing needs. They provide clear information and advice to individuals, carers, and families, promoting informed decision making and independence.

Operational teams also fulfil statutory duties by leading and contributing to safeguarding enquiries, managing risk, and coordinating multi-agency responses for adults at risk of abuse or neglect.

Working closely with health, housing, voluntary, and community partners, they deliver integrated support that helps adults live safely, independently, and with improved wellbeing.

5. Adult Social Care Contract Framework

As part of Wirral Council's adult social care contract management framework, a consistent and integrated approach is applied, drawing on intelligence

from commissioning, contracts, and quality functions. All contracted providers are assigned a RAG rating informed by a range of evidence sources, including:

- Care Quality Commission (CQC) ratings
- Identified quality concerns
- Feedback from stakeholders
- Safeguarding Adults (Section 42 enquiries)
- CQC notifications and alerts
- Complaints and compliments
- Outcomes from quality assurance activity
- Identified financial concerns

5.1. Contract (RAG) Rating

Provider RAG ratings will be determined through a multifactorial assessment incorporating a range of intelligence, identified triggers, and agreed tolerances.

Decisions on the RAG Ratings of the providers will be undertaken monthly by the Commissioning, Contracts, Quality Team. Where significant or urgent concerns arise between scheduled meetings, an extraordinary meeting may be convened to consider immediate action.

5.2. Indicators of Contract Triggers and Tolerances

The table below sets out the indicative triggers and tolerances used to inform risk assessment and support decision making when determining a provider RAG rating.

The outcome of these indicators will determine the frequency of contract meetings, and the deployment of the Wirral Quality Assessment.

Criteria	Red	Amber	Green
Current CQC Rating	Inadequate / RI	RI / Good	Good / Outstanding
Proportion of Care Concerns raised per service population	> 5%	2% – 5%	< 2%
Proportion of Safeguarding Section 42 enquiries that are progressed and substantiated	> 50%	20% - 50%	< 20%
Proportion of CQC Alerts / Notifications received per population	> 20%	10% - 20%	< 10%
Proportion of Provider complaints substantiated	> 50%	20% - 50%	< 20%
Proportion of Adult Social Care Provider complaints substantiated	> 50%	20% - 50%	< 20%
Wirral Quality Assessment outcome	> 80	80-94	>95

5.3. Expectations for Contract Monitoring

Contract monitoring activities will be undertaken in line with a provider's assigned RAG rating, as outlined in Section 3.2 The table below defines the expected frequency of core monitoring requirements for providers based on their assessed level of risk.

Monitoring Requirement	Red	Amber	Green
Monthly Key Performance data	Yes	Yes	Yes
Contract Monitoring Meeting	Monthly	Quarterly	6 Monthly
Annual Assurance Statement & Report	Yes	Yes	Yes

5.4. KPI and Reporting Requirements

All providers will be required to submit monthly Key Performance Indicators (KPI) data via a Firmstep form. This information will be combined with intelligence drawn from existing monitoring systems to inform triggers and tolerances and will be presented through a digital dashboard for on-going oversight and analysis.

5.5. Annual Assurance Statement

All providers will be required to submit an annual assurance statement to the commissioning, contracts and quality team. This statement must evidence that the provider has appropriate arrangements in place in relation to:

- Insurance and indemnity cover
- Regulatory compliance and updates
- Business Continuity Planning
- Adherence to Wirral's Safeguarding Adults Policy
- Internal quality monitoring processes
- Staff engagement and workforce assurance
- Implementation of a Digital Social Care Record (DSCR)
- Completion of the annual Data Security and Protection Toolkit (DSPT)
- Financial viability

The content and requirements of the annual assurance statement will be reviewed annually by the contracts, commissioning and quality team to ensure continued relevance and compliance with statutory and local requirements.

Failure to comply with these requirements may result in the provider being issued with a contractual breach.

6. Adult Social Care Quality Assessment Framework

6.1. Overview & Purpose

The Wirral Quality Assessment Framework is the current quality assurance tool used by the Commissioning, Contracts and Quality Team to assess the standard of care delivered by adult social care providers. The tool is hosted within Wirral Council's Liquid logic system and accessed via the Professional Portal. Providers are required to set up a portal account using a designated email address, preferably a generic or shared inbox (for example, an NHS shared email address, to ensure continuity of access when staff changes occur or individuals are unavailable. Guidance is available to support providers with account setup, login, and navigation of the system and support will be provided by the quality team when an assessment is scheduled.

The quality assessment tool supports a structured, evidence based review of service quality and promotes continuous improvement across the whole care sector. The assessment tool is designed to promote collaborative working between commissioning, contracts and quality teams and providers, support benchmarking of internal quality processes, and encourage the sharing of best practice and innovation across the local care sector.

It provides a consistent and objective framework to identify strengths and areas for improvement, helps providers prepare for regulatory activity and inspections, and aims to support improvements in Care Quality Commission (CQC) ratings for providers in Wirral.

The quality assessment framework is organised into six overarching domains. Each domain contains a set of standards that relate to key themes of care quality and service delivery, as outlined below:

Domain	Standards
Section A: Care and Support	1. Managing risks 2. Assessing needs 3. Nutrition & Hydration 4. Health & Well-being 5. Person centred care
Section B: Health & Safety	6. IPC 7. Environment 8. Fire safety 9. Equipment
Section C: Safeguarding & MCA	10. Safeguarding 11. Consent
Section D: Staffing	12. Recruitment

	13. Safe staffing 14. Staff support
Section E: Medication	15. Medication Management
Section F: Leadership, Quality Assurance & Management Oversight	16. Finances 17. Governance

Each service provider is assessed against a consistent set of standards within a single assessment framework, recognising that services may present different types of evidence depending on their characteristics.

6.2. Assessment Approach and Evidence

A key component of the assessment is gathering feedback from people who use the service to understand how well it supports their wellbeing, promotes independence, and helps them achieve their desired outcomes. Assessments draw on a range of triangulated evidence, which may include:

- Observations of care delivery and staff interactions
- Feedback from people using services and their families
- Review of care records and documentation
- Leadership oversight, audits, and learning from incidents

6.3. Scoring & Rating System

Each standard is rated on a scale of 1 – 3.

- 1 - Does not meet standards - significant shortfalls identified, with potential or actual impact on people, requiring immediate improvement
- 2 - Partially meets standards - practice is in place but not consistently applied or fully embedded; improvement is required
- 3 - Meets standards - practice is consistently applied, well embedded, and reflects safe, effective, and person-centred care

Following completion of the assessment and review of all evidence, providers will receive an overall quality score, which will normally be issued within four weeks. Any concerns about factual accuracy should be raised as soon as possible.

Overall quality rating bandings are applied as follows:

- Green: 95%–100%
- Amber: 80%–94%
- Red: 79% and below

Percentage ratings provide an overall view of performance across assessed quality statements and help determine proportionate follow-up, monitoring, or support.

Where a service scores two or below in any individual standard, an improvement action plan will be required, irrespective of the overall percentage score.

Providers achieving an overall 'Green' rating (95% and above) must address any identified actions through their internal quality assurance processes. Completion of these actions will be reviewed by the Quality Team at the next scheduled monitoring activity.

Providers with an overall score of below 95% will be required to submit an improvement action plan that is subject to formal validation and follow-up by the Quality Team to ensure that all required improvements are implemented within agreed timescales.

Improvement action plans must clearly set out the actions to be taken, responsible individuals, and timescales for completion. Progress may be verified through follow-up visits or remote review, depending on the nature of the required improvements.

Any service receiving an overall 'Red' rating of below 80% will be escalated to the Provider Risk Information Group (PRIG) for formal review, oversight, and agreement of any additional monitoring or actions required.

There is no reliance on complex scoring systems. Assessors consider whether evidence is in place and embedded in practice, informed by records, policies and procedures, observations of care delivery, staff knowledge and understanding, and feedback from a range of stakeholders. RAG ratings support consistency but do not replace professional judgement or regulatory assessments.

6.4. Frequency of Quality Assessments

A full comprehensive quality assessment will be carried out at least every two years. These planned assessments will be pre-announced and completed in collaboration with providers. A designated quality practitioner will lead the process, working closely with each provider throughout the assessment period to ensure that the process is thorough, transparent, and reflective of service quality.

If concerns are raised about a particular service, the quality assessment may be brought forward, and additional quality interventions may be introduced depending on the level of concern and associated risks.

Quality assessment activity will be proportionate and aligned to a provider's level of contractual risk. These risk levels will be determined through the council's contracts RAG ratings and intelligence considered through the provider risk information group (PRIG). Providers with lower contractual risk will follow the standard planned assessment cycle supported by routine focused checks, while providers with increased or emerging risks may be subject to more frequent or unannounced assessments. This risk based approach ensures that monitoring and oversight are targeted, responsive, and reflective of each provider's performance, compliance, and overall risk profile.

The commissioning, contracts and quality team will also undertake additional quality visits where there is a need to verify quality standards. Such visits will be targeted based on intelligence relating to the service, identified risks or themes,

and a provider's current RAG rating. Quality intervention activity may be undertaken on an announced or unannounced basis as deemed appropriate.

There may be circumstances where the commissioning, contracts and quality team needs to involve additional professional teams for further support, specialist advice, or targeted intervention. This may include, but is not limited to, infection prevention and control (IPC), end of life care teams, primary care networks, or other relevant clinical or specialist services.

7. Escalation, Risk Management and Contractual Enforcement

7.1. Safeguarding and Escalation

There may be occasions when concerns arise that require escalation. This may include the need to raise a safeguarding referral to the Central Advice and Duty Team (CADT) in line with the Wirral Safeguarding Adults Board (WSAB) procedures.

If any safeguarding concerns are identified during contract monitoring meetings or quality visits, this will be raised with the Registered Manager, or person in charge at the service prior to leaving and a safeguarding referral should then be submitted either by the service or, where appropriate, by the visiting professional in accordance with Wirral Council's safeguarding reporting requirements.

Social care representatives may be consulted to provide assurance regarding any safety concerns affecting people who use the service.

7.2. Provider Risk Information Group (PRIG)

The PRIG exists to provide a rapid, coordinated, and proportionate response to identified risks within the adult social care market. Its function is to support effective market management and ensure that transparent, robust governance processes are consistently applied.

The PRIG panel comprises representatives from across the health and social care sector, including the Care Quality Commission (CQC) and legal services. Meetings are held monthly.

The process ensures that partners across the health and social care system work cohesively in their oversight of the adult social care market. It also ensures that risks are consistently identified, recorded, and mitigated wherever possible.

Any service identified as high risk through quality or contract monitoring, intelligence received, or triggers and tolerances will be reviewed at the monthly PRIG meeting. A summary of concerns will be presented, mitigating actions will be agreed, and a collective decision will be made on any further intervention required. This may include, but is not limited to:

- Targeted social work involvement
- Quality improvement intervention

- Voluntary or formal service suspension
- Enhanced contract monitoring

7.3. Ongoing Oversight and Provider Improvement

Services will remain on the monthly PRIG agenda until improvements are verified and embedded across the service and/or organisation.

The Council expects all providers to engage constructively with quality assurance processes and to demonstrate continuous improvement. Where a service fails to meet required standards and does not respond to support, the Council will take proportionate action to safeguard people and ensure the delivery of safe, effective care.

This may include increased monitoring, suspension of new placements, or escalation through formal quality and risk management processes.

In circumstances where there are ongoing concerns about the safety, quality, or suitability of a service, the Council will consider all available options, including reviewing individual placements on a case-by-case basis. Any decisions regarding individuals will be made in line with statutory duties, person-centred planning, and, where applicable, in consultation with relevant representatives (including Deputies or the Court of Protection).

7.4. Contractual Compliance and Breach

Providers are required to comply with the standards and expectations set out within this policy, alongside the terms of their contractual agreements with the Council. Failure to maintain required quality standards, or to implement agreed improvement actions within specified timescales, may constitute a breach of contract.

Where contractual breaches are identified, the Council will respond in line with its contract management processes. This may include the application of formal remedies, and, where necessary, may result in the termination of the contract in accordance with contractual terms and conditions.

7.5. Contractual Enforcement

Any provider service that receives an overall Care Quality Commission (CQC) rating of “Inadequate” will be subject to an immediate formal suspension on all new placements. This suspension will remain in place until the service has been re-inspected by the CQC, and an improved rating is confirmed.

If the CQC does not re-inspect within this timeframe, Wirral will carry out its own quality assessment to determine whether sufficient and sustained improvements have been made. This assessment will inform whether the formal suspension can be lifted, subject to enhanced quality and contractual oversight.

During any suspension period, the service will remain under PRIG oversight and will receive targeted quality-improvement support alongside enhanced contract monitoring.

Any provider service that receives an overall Care Quality Commission (CQC) rating of “Requires Improvement” or a quality assessment score below 80%, will also be referred to the Provider Risk Information Group (PRIG) meetings. PRIG members will determine the appropriate next steps, which may include:

- A formal suspension of new placements
- A voluntary suspension agreed with the provider
- Enhanced contract monitoring and quality interventions

At times of high demand, and to maintain system capacity and flow, services rated as “Requires Improvement” may, following a joint risk assessment, be supported to receive admissions with enhanced oversight and support from the wider Health and Care system.

Where a provider is unable to demonstrate sustained improvement or fails to meet required contractual obligations, Wirral Council may enact formal contractual measures, including the suspension or termination of the contract. Decisions of this nature will ordinarily be considered and agreed through the provider risk information group (PRIG), in line with established governance and decision making processes.

In exceptional circumstances such as situations involving urgent safeguarding concerns, significant service instability, or system capacity pressures decisions to impose restrictions, suspensions, or other urgent contractual actions may be taken outside of the PRIG cycle. In these cases, decisions will be made at Assistant Director level, in consultation with relevant leads, and reported into PRIG retrospectively to ensure full transparency and governance oversight.

Wirral council is committed to supporting all providers to achieve and maintain high quality, safe services. Even in cases of suspension, the council will continue to work collaboratively with providers to secure sustainable improvements and ensure the best possible outcomes for local residents.

7.6. Contract Termination

Where a provider fails to deliver the required quality improvements or does not meet contractual obligations, Wirral council reserves the right to terminate the contract. Progress against required improvements will be monitored regularly, and all decisions regarding potential contract termination will be reviewed and agreed through PRIG, following established governance procedures.

To ensure providers are not subject to prolonged periods under PRIG oversight without clear outcomes, Wirral council will set defined improvement timescales. In most cases, providers will be given between three to six months to demonstrate meaningful and sustainable progress following the implementation of an improvement plan. Where

risks are significant, timescales may be shorter and proportionate to the level of concern.

If satisfactory progress is not achieved within the agreed timeframe and risks to service quality, safety or contractual compliance remain Wirral council may proceed to initiate formal contract termination.

Wirral council remains committed to supporting all providers to deliver safe, high quality services, and will work collaboratively, including with suspended services, to enable sustained improvement wherever possible.

Where a contract suspension or termination is enacted, individuals who self-fund their care will receive the same level of support as those funded by Wirral council. This includes access to information, advice, guidance, advocacy (where required), and a care and support assessment.

8. Out of Borough Placements

The Council will continue to deliver its statutory duties when arranging care and support for individuals placed outside of the borough.

Out of borough placements will only be made where they are necessary and appropriate, based on a robust assessment of need, individual preferences, and the suitability of available provision. There is a presumption that individuals will be supported as close to home as reasonably practicable, to maintain local connections and promote wellbeing. Where needs cannot reasonably be met within the borough, placements outside the area may be arranged in accordance with the requirements and principles of the Care Act 2014.

All placements must promote the individual's wellbeing, including supporting choice and control, delivering person-centred and personalised care, and ensuring access to appropriate information, advice, and advocacy.

Where an individual is placed in specified accommodation (including care homes, supported living, or shared lives) within another local authority area, the placing authority retains responsibility for meeting the person's eligible needs. It is the responsibility of the host Local Authority to undertake site visits and under the local authority sharing protocol agreement to inform funding authorities of any safeguarding concerns, contractual concerns, or breaches.

Within Wirral, Commissioning & Contract Leads are responsible for maintaining regular liaison with host authorities to seek assurance regarding the quality of care being provided to Wirral-funded individuals.

The placing authority will continue to undertake regular care reviews, ensuring care planning remains current and person-centred. Where safeguarding concerns arise, the host authority will lead the response; however, the placing authority must cooperate fully, share relevant information promptly, and remain actively involved in decision-making and risk management.

Responsibility for Policy Review:	Donna Locke Senior Manager Commissioning, Contract & Quality Team and Sharon Waring Commissioning & Contract Lead
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