



VALE OF GLAMORGAN COUNCIL

SOCIAL SERVICES COMMISSIONING FRAMEWORK

Commissioning is a crucial activity for the Council. It ensures that we are able to fulfil our statutory responsibilities for the provision of social services and to shapes services that respond to the social care needs of residents, both now and in the future.

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INTRODUCTION

1. Social care commissioning involves deciding what services are required to respond effectively to the needs of children, young people and adults - both now and in the future. This includes making decisions about the capacity, location, cost and quality of services, who will deliver them and how.
2. The effect on people's lives can be profound. Ineffective commissioning may:
 - mean that the right services are not available; or
 - produce unnecessary dependence; or
 - undermine strategies for managing risks to vulnerable groups.
3. Commissioning should be underpinned by the core values of social care - promoting independence and personal development and enabling service users to keep control of their lives. Additionally, commissioning social care must have regard for the wider local government context, one that requires councils to encourage social inclusion and sustainability while delivering best value.
4. Many of the activities involved in commissioning social care are similar to the planning and development activities that all organisations need to perform. However, as well as managing their own services, local authorities also need to influence and shape services provided by other organisations. They are responsible for making sure that the mixed economy of care provision works effectively and that services provided on behalf of the local authority meet regulatory standards.
5. There is a heavy reliance on services provided by the private and third sectors, which must complement the care and support provided by families and unpaid carers. Local authorities have to ensure that social care

services provided by the wide range of different agencies available to people in their area are well planned, designed and delivered.

6. The Welsh Government has provided statutory guidance on commissioning social services, setting out the responsibilities of local authorities in this area of work. The Commissioning Framework Guidance and Good Practice was issued under section 7(1) of the Local Authority Social Services Act 1970.
7. In recent years, commissioning has become established as an important process in helping to drive improvements in social care and securing better outcomes for service users. In this Council, there are examples of good planning and procurement practice across children's and adult services. However, social care commissioning is still a relatively new discipline. In common with all the other local authorities in Wales, much work is needed to ensure compliance with the new national standards and to meet the key commissioning challenges outlined in the guidance. This is especially the case in areas that demand significant and dedicated capacity for service, market and resource analysis or contract monitoring. We also need to increase our capability for putting citizens at the centre of commissioning and procurement activity, through increased consultation and engagement.
8. Local authorities and their partners face an exceptionally difficult financial climate over the next few years, coupled with increasing demand for services. The Vale has given priority to safeguarding core services for residents rather than to increasing capacity in areas such as commissioning. However, effective use of limited resources becomes even more important as a means of responding to these challenges. Decisions about service commissioning and decommissioning have to be grounded in evidence and due process.
9. Difficult times mean that our plans come under even greater scrutiny. We must be clear about:
 - the needs we are able to meet;

- those we cannot meet, together with the possible consequences; and
- the outcomes achieved.

10. Good commissioning practices do offer opportunities to demonstrate that we are responding to challenges about effective use of resources in a consistent and fair manner. It will also help to ensure that the right services are available, for the right people at the right time and that best use is made of the resources available within Social Services.

WHAT IS COMMISSIONING?

11. Commissioning is a complex process involving many different stages.

These include:

- engagement with service users, carers and service providers, identifying the needs to be met and the desired outcomes
- conducting needs assessments
- prioritising
- developing options for shaping services, planning how best to meet needs and achieve better outcomes
- securing political approval
- procuring high quality and cost effective services
- monitoring or evaluation, to ensure outcomes are being achieved
- reviewing
- responding to information from reviews

WHY IS COMMISSIONING IMPORTANT?

12. Local authorities are experiencing rapidly rising costs in providing social care. There is increased demand as a result of demographic changes, particularly an ageing population and increasing life expectancy for people with a range of different needs. The impact of the recession and inequalities in health also cause financial pressures.

13. Local authorities are under pressure to reduce expenditure on, and the cost of, social care. At the same time services users and carers expect high quality services. Service providers have to provide good quality care within the funding made available to them. With good commissioning, you are more likely to:

- be efficient;
- make the best use of your resources;
- achieve better outcomes for service users, carers and families

- make sure services are designed and shaped to meet the needs of service users and carers;
- keep an ongoing check on the quality and impact of services; and
- make the best use of the resources available; and

WHAT ARE THE KEY ISSUES IN COMMISSIONING SOCIAL CARE?

14. Commissioning presents many challenges. The following elements are seen as being essential successful commissioning:

- **Shifting to an outcomes focus.** In the past people talked about commissioning *services* or *units of service*. Instead it is important to focus on a particular population or client group and the *outcomes* you want to achieve. You can then plan and procure services which assist you to achieve the outcomes you want.
- **Getting the baseline information.** To commission well you need to make use of all the information available including consulting service users and carers on their views, information on needs and information on patterns of spend and costs. You will need to match information on costs with activity data and make use of information on performance and quality. Finally, information on the social care market in your area is vital baseline information.
- **Understanding the importance of the planning stage.** Once you have collected all the baseline information you need to make use of this in planning future services. This is likely to involve shaping services or re-designing services to meet needs and improve outcomes as well as developing plans for developing and managing the market.
- **Getting a good range of prevention and early intervention services.** This will involve making plans to, over time, shift resources from high cost services into lower cost services which can prevent the need for more expensive and intensive services.
- **Commissioning in partnership** and involving users and carers and service providers.

WHAT IS BEST COMMISSIONING PRACTICE?

- Being clear about how resources have been allocated between different client groups.
- Understanding the pattern of spend and costs of services, including unit costs.
- Ensuring a good supply of services at an affordable cost.
- Having a balance of services available, with clear statements about the intended scale of expenditure at different levels of service need.
- Aligning commissioning arrangements with others (especially other local authority departments and with the NHS) and jointly commissioning or pooling resources to reduce duplication, achieve some economies of scale and harness purchasing power.
- Achieving efficiencies through a system focused on early intervention, prevention and re-ablement.
- Procuring services in an effective way including having robust monitoring systems.
- Helping to shape the local social care market.

WHAT IS THE SOCIAL CARE MARKET?¹

15. Social care is a significant part of the Welsh economy. About 150,000 people are supported through social care services, £1.4 billion is spent and 70,000 people are employed in approximately 1,800 regulated care settings. This is part of a national market which is estimated at £17 billion per year in terms of local government and NHS expenditure alone (without adding in self-funders and the value of carers' contributors), with over 20,000 registered providers employing 3.6 million people.

16. In response to challenging demographic, societal and economic realities, a new policy agenda has emerged from the Welsh Government, expressed

¹ This section is derived primarily from an unpublished report produced for the Welsh Government by the Institute of Public Care (Oxford Brookes University) in respect of developing citizen centred commissioning functions.

in *Sustainable Social Services for Wales – A Framework for Action*. This strategic plan outlines eight priorities for action that will be introduced in support of putting social services on a sustainable footing. Two of these priorities involve shaping the social care market to produce citizen centred services and integrated services. This will involve shaping the social care market to:

- ensure that resources are used in a more joined up way to make better use of capacity;
- deliver better focused services, brought about by service users and carers having a much stronger voice and greater control over their services;
- achieve more efficient and effective delivery through greater collaboration and integration;
- organise commissioning organised on a regional basis wherever practicable; and
- make accountability for delivery clearer, with responsibility for the quality and safety of services being held firmly by providers and those who commission services.

17. The social care market in Wales is diverse in terms of size and type of providers. As at 31st March 2010, over 6,00 care settings (providing over 100,000 places) were regulated by the Care and Social Services Inspectorate Wales (CSSIW). Approximately 45% of the 30,000 third sector organisations in Wales provide services within the areas of health and social care, children and families, youth work, disabilities and housing. The nature of this diversity presents commissioners with a complex and challenging environment in which one of their primary tasks is to ensure that they have a sufficient understanding the capacity of the market to meet current and future demand whilst ensuring a balance between cost, quality and good outcomes for service users.

18. Crucial to successfully managing this task is the need to acknowledge that the underlying characteristics of the social care market in Wales has a number of peculiarities which collectively distinguishes social care from other markets. These include:
- **A variety of purchasing arrangements:** In recent years, we have seen a widening spectrum in the way that care services are being purchased. On the one hand, commissioners use large block contracts to secure bulk provision, agreements for the provision of services in-house, etc. On the other, services are purchased increasingly by self funders or through the use of direct payments.
 - **A considerable degree of government control:** Social care is not a pure market in the same way as, for example, the grocery business. It is heavily influenced by regulation, by price controls from the biggest purchaser (e.g. the local authority) and by the relationship between provider and public sector consumer being filtered through the local authority.
 - **There are a range of providers operating under different rules of engagement:** As illustrated by the statistics above, the market in Wales is characterised by providers from different backgrounds and different business models competing with each other, including voluntary, private and public services. Local authorities are often regarded as having different relationships and attitudes towards different sectors of the market. This is further complicated by some parts of the market previously under local authority control but having being 'spun out' to the private or voluntary sector or to new forms of service delivery such as social enterprises, cooperatives and trading companies.
 - **There is a distance between the local authority (as a commissioner and purchaser) and providers:** Fear of contamination of the purchase process or not achieving a 'level playing field' has meant that sometimes local authorities have been reluctant to engage. This has led to criticisms that purchasers are not closely enough engaged to make good long-term decisions about

market development and that purchasers do not have a sufficiently in-depth understanding of the economics of private sector businesses to engage effectively with them.

19. It is essential to ensure that the provider sector and the Council communicate more, understand need and market trends better and respond collaboratively wherever possible to avoid adverse unintended consequences from making decisions in isolation.

HOW CAN WE COMMISSION TO DELIVER NEW SERVICE MODELS AND EFFICIENCIES?

20. The three-year change plan for social services 2011-2014 described in the next section is designed to help us develop the tools needed for reshaping services through engagement with the social care market. Implementing the plan will develop better links between planning and partnerships, commissioning and contracting and resources management. The plan incorporates a range of new initiatives around delivering new models of service. Recent work undertaken with the Social Services Improvement Agency to emphasise reablement and restoration has encouraged a whole systems approach to problem solving, lessening the grip of traditional organisational silos and helping us to develop integrated models of health and social care for Older People. Relevant agencies locally demonstrate increasing acceptance of social recovery models in Mental Health and valuing people approaches in Learning Disabilities. We are pioneers in establishing a coherent approach to the preventive, protective and remedial initiatives contained in the Child Poverty Strategy (Flying Start, Families First and the Integrated Family Support Service). The Vale has taken a leading role in taking forward the work of SEWIC, the regional social services improvement collaborative.

21. This work puts the Vale of Glamorgan is in the forefront of efforts to reshape the range of services, based upon agreed principles:

- an emphasis on promoting preventative services which divert people from inappropriate and higher cost provision or manage demand at lower levels of intensity/intrusiveness and which can be accessed without complex assessments;
- clear tiers of services, with known thresholds; and
- service models which are underpinned by the concepts which service users and others believe are necessary to underpin a dignified life – independence, choice and control, wellbeing, social inclusion.

22. The work being done here to develop new models of care has clear merits:

- providing opportunities for radical and creative thinking about how services are delivered, encouraging dialogue and getting consensus about overall direction;
- providing a way of establishing priorities and clarity for staff, partners and service users/carers; and
- acting as a precursor for decisions about investment of resources and commissioning.

23. The Vale of Glamorgan contributed to a recent study by the Social Services Improvement Agency (SSIA) which explores approaches to improving efficiency in the delivery of outcomes in older people's services. It suggests that new approaches to service configuration and commissioning could result in reducing the demand on the need for social care services. One of its conclusions is that contributions towards savings targets could be found from commissioning services that are "preventative" or "cost effective".

24. Although the focus of the report is on older people's services, this conclusion does have resonance across most adult and children client groups, particularly as the report suggest that the second approach (cost effective) "focuses on changing either the provider of services or the

model through which services are provided. The aim here is to reduce costs by finding a cheaper way of delivering the same service (e.g. closing in-house provision and relying on the larger social care market to provide services) or by commissioning a different service (using extra care housing or assistive technology as an alternative to residential care”).

25. The study stresses the need for councils to present clear messages in their strategic vision for the future shape of services with links to medium-term financial strategies. The report proposes that, wherever possible, such plans should be produced jointly with local health boards and other stakeholder agencies. There is also a strong emphasis on exploring the possibilities for collaborative working across local authorities.

LINKS TO THE SOCIAL SERVICES CHANGE PLAN 2011-2014

26. At its meeting on 29th September 2010, Cabinet endorsed the improvement priorities for social services set out in the Director's Annual Report and agreed the formulation of a new three-year Change Plan, incorporating these improvement priorities.

27. The Annual Report described the scale of the challenges that lie ahead for social services in dealing with issues such as:

- increasing demand for help and support;
- managing the crisis in public sector finances which will mean ongoing cuts to budgets; and
- focusing more of our work on supporting people to remain as independent as possible.

28. These challenges have been reinforced by the new Welsh Assembly Government strategic plan for putting social services on a sustainable footing, 'Sustainable Social Services for Wales – A Framework for Action'. Changes in family structures; demography; expectations about service user control; more fragmented communities and the impact of issues such as substance misuse require us to reshape the provision of social services. There are real and unsustainable increases in demand for social care. The numbers of looked after children and those on the child protection register are growing. The number of people registered with local authorities in Wales as having a learning disability is increasing. There is a rising number of older people with complex care needs who can benefit from support and whose support needs are extensive. The financial outlook is difficult and so it is not possible to buy a way forward.

29. Being in a position to respond to these challenges and to deliver the necessary action is a key leadership requirement for social services in the next few years. The evidence in the Director's Annual Report demonstrated that the Vale has good foundations upon which to build. In

common with other local authorities, there has been sustained progress in areas such as achieving a better qualified workforce with skills that enable them to work across organisational boundaries, a more responsive range of services available, more systematic matching of resources to needs, increased service user satisfaction, improved leadership and greater innovation. The new Change Plan is intended to ensure that, building upon these strengths, there is in place a coherent direction for social services in the Vale and an overarching framework for sustained improvement and service redesign.

30. The new Change Plan:

- is a replacement for the three-year plan successfully completed in 2010;
- sets out formally as a Council strategy the long-term strategic plan for social services with key actions, responsible officers for delivering those actions and timescales for completion;
- deals primarily with those issues where a corporate approach, across Council directorates, is required to deliver appropriate action;
- is sponsored and overseen by the Corporate Management Team as a key programme of work; and
- will be delivered by a formal implementation group comprising officer representatives from across the Council.

31. The Council anticipates that delivering the actions set out in the plan will realise the following overall benefits. We will aim to:

- make best use of the fact that social services is an integral part of local government (able to call upon all the resources available within the local authority to meet statutory obligations including the community leadership role, the expertise available in other parts of the council, performance management and improvement frameworks, etc.);
- provide sustainable, flexible and innovative services(which can adjust to new circumstances and needs);

- increase user and carer satisfaction with the range of services (which emphasise recovery, restoration and reablement);
- provide services users and carers with a strong voice and real control over their services;
- develop even further a competent and confident workforce (which is skilled, responsive and professional, able to operate with a reduced volume of prescriptive government guidance about processes);
- work together more collaboratively (to deliver better service integration); and
- secure better value in the use of scarce resources (through efficient and effective delivery of services, promoting independence and reducing demand for intensive support services through a focus on prevention).

32. Commissioning is one of the seven priority areas in the plan and the programme of improvement work is set out in Appendix 1.

JOINT COMMISSIONING

33. A key way forward must be to make greater progress with joint commissioning where expertise and capacity are shared across organisations. The Vale has been in the forefront of pioneering initiatives for joint commissioning - with the NHS in commissioning substance misuse services and with nine other local authorities in commissioning independent sector placements for looked after children. It has helped to establish important mechanisms for taking forward this work more systematically through the South East Wales Improvement Collaborative and the Integrating Health and Social Care Programme Board.
34. With the support of Leaders and Chief Executives in each local authority, ten Directors of Social Services in South East Wales (Vale of Glamorgan, Bridgend, Cardiff, RCT, Merthyr Tydfil, Blaenau Gwent, Caerphilly, Torfaen, Newport and Monmouthshire) have formed the South East Wales Improvement Collaborative (SEWIC). They are working together to improve the provision and commissioning of social services in the region.
35. The collaborative has already established a pioneering Regional Commissioning Unit to negotiate with independent providers of fostering and residential placements for children in respect of fees and service quality. The ten Directors have now produced a feasibility study, to identify other potential areas of collaboration across and within the SEWIC region - between Local Authorities and with wider key stakeholders such as NHS partners, Housing and the Third Sector. As a result, the SEWIC Board has agreed to take forward six new projects. These are:
- reviewing and negotiating high cost adult care packages;
 - developing a regional high cost adult procurement hub or brokerage point;
 - collaborative extension of Shared Lives/Adult Placements schemes;
 - realising current investment plans for supported and extra care housing and development of additional capacity;

- implementing Assistive Technology (including Telecare) and the regional commissioning of such technology; and
- regional commissioning of adoption and fostering services.

36. This programme will help to provide the local authorities with an additional means of delivering service modernisation and cost effectiveness. Each project is still at an early stage and it is too early to say which of them will be adopted fully. However, there is a clear commitment by the Directors to work collaboratively wherever possible in all activities where social care services are being commissioned.

37. In the face of all the considerable challenges which now face social services, the pace and scale of collaborative working need to increase. The state of the public finances nationally and the effects of demographic change oblige us to think more radically how we deliver services. Nowhere is this need greater than in the development of new approaches that require integrated working between health and social care services to promote independent living and support the management of chronic conditions. Locally, this has been a major priority in the Council's work with the new Cardiff and Vale University Health Board (UHB), established in October 2009. Mechanisms have been put in place at a senior political and managerial level to facilitate joined up strategies and genuine collaboration.

38. The Council is working with the UHB and with Cardiff Council to sponsor a major programme that will help to develop integrated social care and health services in:

- joint assessment and care planning
- securing long term care
- learning disabilities
- adult mental health services
- locality team development

- coordinating service provision for children with the most complex needs.

39. Lead responsibility for moving these projects forward is shared between the three sponsoring organisations. A programme board has been created to ensure that local government and health professionals are able to work jointly within statutory and organisational governance arrangements. The programme board co-ordinates agreed projects, defines the outcomes expected and provides the overarching leadership required to manage significant change.

40. With important elements of the framework now in place, we need to make urgent shifts towards more community-based health and social care, consolidating work already done in developing new models and accelerating the pace of change. The overall goals are to:

- rebalance health and social care and the associated systems away from high level acute to primary/ community settings, avoiding or shortening the length of stay in the acute sector and with less reliance on institutional forms of care;
- emphasise models of care which help people to maintain their independence, locating people in their own homes and communities;
- achieve the cultural change within both organisations which are needed to produce more seamless and co-ordinated care through multi-disciplinary teams and multi-organisational approaches;
- plan and deliver services on a whole systems basis;
- make effective use of the combined public and voluntary sector resources in a defined locality to provide a range of social and health care responses;
- reduce levels of dependence and need for intervention by the state;
- provide alternatives to avoidable crisis admissions to hospital which are consistently available and used;

- ensure that individuals and their carers experience good communication and know who to contact and feel able to trust the reliability and sensitivity of services; and
- give people more control over their own care and better continuity of care, with reduced scope for confusion and duplication.

41. We acknowledge that there are threats and obstacles that may get in the way of our achieving these goals. In the face of an unprecedented national financial crisis, it is possible that organisations will look for solutions which pass their costs on to others or they may not have the resources to deal with the considerable change agenda and conflicts of interest. For this reason, we have been working hard to reach agreement at the outset on shared values, behavioural norms and strong sponsorship for integration at a high level within both organisations.

42. To deliver better outcomes, we are developing new services but this task of reshaping often involves building upon and adapting an effective range of existing resources. We have many staff with considerable experience and expertise in working together. It is important that, in using this framework, we look to:

- deliver quality services at the lowest possible cost;
- help people regain or attain independence, outside of social care services, wherever this is possible;
- assist people to use their own financial resources wherever this is feasible, including assistance to access welfare benefits they may be entitled to;
- maximise income collection.

43. The overall tasks are to reduce the number of people dependent on social services or to reduce the costs of care for those most in need of support through services such as reablement, intermediate care, community equipment, support related housing, assistive technology, crisis response, help towards independence and work. We must seek to change the

balance between residential care and community based solutions through creative use of resources, especially promoting prevention and ensuring that low-level services do not lead to increasing dependency. The approach will build upon our achievements to date in changing from reactive, crisis management to preventable, proactive, coordinated care in the community, with a particular emphasis on high risk groups and those with increasing frailty and vulnerability. The system will be based on strongly integrated community services, preventing illness where possible and supporting independent living and wellbeing.

44. The potential gains are significant for both social care and health agencies as well as service users themselves. There is evidence that good intermediate care services can reduce acute admissions of frail elderly people by 30% and reduce use of Community Hospital beds. We know that there are health interventions (e.g. incontinence services, stroke services, falls prevention, podiatry and dentistry) that reduce the need for social care services among older people and maintain valued independence for longer. Single assessments can promote greater clarity and understanding for those assessed, but also avoid duplication of effort and waste of staff resources. We are especially keen on working with colleagues in the NHS and other parts of the Council to produce a strategy for encouraging healthy communities in the Vale.

APPENDIX 1 THE SOCIAL SERVICES CHANGE PLAN 2011-2014

The programme of improvement work in respect of commissioning, one of the seven priority areas in the plan, is set out below.

Objective 1: The Council converts plans into commissioning intentions so that services are provided by the most appropriate provider and deliver the best value.									
Sub Ref	Ref to Other Action Plans	Action <i>What we will do</i>	Success Criteria <i>How we will know</i>	Outcomes <i>What difference it will make</i>	Officer Responsible	Start Date	Finish Date	Resource Implications currently not within budget	Progress update Sept 2011
C1.		Produce service models for each service area in the Directorate, setting out the overall pattern of services and how needs will be met.	i) Key stakeholders will have access to information about: <ul style="list-style-type: none"> • the overall strategic direction set for each service area; • the Council's priorities for service development, • commissioning and de-commissioning; • the needs we are able to meet and those we cannot. 	Each service area in the directorate will have in place a service model, based upon sound evidence and reflecting national policy, guidance, strategic plans, research and best practice. These models will guide the production of effective commissioning plans.	Heads of Service (GJ, LC)	March 2011	Sept 2011		

				Investment decisions will be grounded in information about how the Council intends to match needs and resources. Service users understand service priorities and the rationale behind commissioning decisions.					
C2.		Ensure that the Council's Financial Regulations and Contract Standing Orders allow Social Care Commissioners to be efficient and effective in the social care market, especially	Review of the appropriateness of Council Financial Regulations and Contract Standing orders confirms they support the commissioning of social care services, and the provision of service by appropriate	Social Care services are commissioned in a timely manner and all appropriate providers have the opportunity to compete fairly for services.	Director of Finance, Property and ICT (SD)	April 2011	March 2012		

		when tendering or re-tendering services.	providers.						
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Objective 2: Information is available to enable appropriate linking of need/demand and service options (analysis of markets, resources, risks).

Sub Ref	Ref to Other Action Plans	Action <i>What we will do</i>	Success Criteria <i>How we will know</i>	Outcomes <i>What difference it will make</i>	Officer Responsible	Start Date	Finish Date	Resource Implications currently not within budget	Progress update Sept 2011
C3.		Base decisions about investing resources upon robust business appraisals covering revenue and capital proposals that demonstrate the	Services will be located within the public, independent and third sectors on the basis of who is best placed to provide.	Directly provided and contracted social care services will offer value for money and be fit for purpose. As a minimum,	Heads of Service (LC, GJ, CL)	April 2011	March 2014		

		relative worth of various options in terms of quality, cost and effectiveness.		services will meet regulatory standards. People will receive services from the most appropriate providers.					
C4.		Provide a framework for collaborative and joint commissioning with other local authorities and with the NHS.	The Directorate will take a lead role in the work of the South East Wales Improvement Collaborative and in delivering its programme. The Council will take a lead role in the work of the Integrating Health and Social Care Services Board.	There will be a co-ordinated approach to managing significant programmes of service change, with benefits in terms of resilience, the potential for larger-scale commissioning projects and more integrated services change. These programmes will help to provide the Council with additional	Director of Social Services (PE) Heads of Service (GJ, LC, CL) Director of Finance, Property and ICT (SD)	April 2011	March 2014		

				<p>means of delivering service modernisation and cost effectiveness.</p> <p>People will receive more integrated and seamless services from all partners.</p>					
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Objective 3: Commissioning strategies match needs and facilitate re-shaping of services where required needed to deliver improved outcomes or sustain appropriate levels of service delivery.

Sub Ref	Ref to Other Action Plans	Action <i>What we will do</i>	Success Criteria <i>How will we know</i>	Outcomes <i>What difference It will make</i>	Officer Responsible	Start Date	Finish Date	Resource Implications currently not within budget	Progress update Sept 2011
C5.		Produce commissioning plans that meet national standards and: i) include comprehensive	Commissioning plans will be based upon a clear picture of service user needs (derived from analysis of	Using these models, each service area of the directorate will have an effective commissioning	OM's (SP, KL, AL, CD, CLim)	June 2011	March 2012		

		<p>population, service, market and resource analysis;</p> <p>ii) clearly specify the outcomes to be achieved for service users and what service options can best provide these outcomes;</p> <p>iii) be developed with partners and all relevant key stakeholders to ensure that collaborative options have been explored.</p>	<p>relevant data) and display a rationale for proposed actions that can be linked back to overall</p> <p>There will be good engagement with the Council's partners in drawing up commissioning plans so they are realistic and generate sustainable service options.</p>	<p>plan that translates objectives from strategic plans into specific proposals for the ways in which services will be provided.</p> <p>Social Services will be able to demonstrate how commissioning plans have translated commitments made in local strategic plans into high quality linked or seamless services to meet the needs of local citizens.</p> <p>Service users will be able to</p>					
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Sub Ref	Ref to Other Action Plans	Action <i>What we will do</i>	Success Criteria <i>How will we know</i>	Outcomes <i>What difference It will make</i>	Officer Responsible	Start Date	Finish Date	Resource Implications currently not within budget	Progress update Sept 2011
				get information about service priorities and the rationale behind commissioning decisions.					

C6.		Support staff to develop knowledge, skills and values in line with National Occupational Standards for Commissioning, Procurement, and Contracting for Social Care and to gain approved qualifications and accreditation to demonstrate competence in commissioning.	Staff will achieve relevant commissioning qualification where appropriate. Appropriate training and support to relevant Social Services staff is provided to ensure competence in commissioning. The Council will clarify the roles and responsibilities of all those involved in the commissioning process.	Commissioners will be suitably trained, qualified, experienced and available in sufficient numbers. Service users can be confident that suitably trained staff have been involved in the commissioning process to support investment decisions.	Head of BMI (CL) SS Training Manager (SCJ) Head of Human Resources (RB) OM's (SP, KL, AL, CD, CLim)	April 2011	March 2013		
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Objective 4: The Council manages the social care market well, having developed effective relationships with service providers across the different sectors.

Sub Ref	Ref to Other Action Plans	Action <i>What we will do</i>	Success Criteria <i>How will we know</i>	Outcomes <i>What difference It will make</i>	Officer Responsible	Start Date	Finish Date	Resource Implications currently not within budget	Progress update Sept 2011
C7.		Put in place systems to secure information about costs and performance from service providers. Develop commissioning plans in consultation with service providers in the statutory, private and third sectors.	Commissioners will understand the costs of directly provided and contracted services (including use of quantitative data such as benchmarked unit costs) and their actions will promote service sustainability.	There will be effective management of the local market for providing a mixed economy of social care. All relevant information is considered to ensure future service sustainability and high levels of performance.	OM'S (SP, KL, AL, CD, CLim)	April 2011	March 2014		

C8.		Work with all providers to identify the key actions necessary to support them in recruiting and retaining managers and staff with the appropriate knowledge, skills and values to provide services to the required standards.	Providers will be expected to have in place workforce plans and workforce development programmes to ensure that they are able to employ enough skilled staff. The Council will continue to sponsor the Social Care Workforce Development Partnership and programme.	Statutory, private and third sector service providers will be able to recruit and retain appropriate levels of skilled staff. Service users receive the standard of care they expect from providers.	Head of BMI (CL)	April 2011	March 2012		
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Objective 5: Arrangements for contract/SLA specification, monitoring and review are effectively linked to performance management, budget monitoring and the /review of commissioning strategies.

Sub Ref	Ref to Other Action Plans	Action <i>What we will do</i>	Success Criteria <i>How will we know</i>	Outcomes <i>What difference It will make</i>	Officer Responsible	Start Date	Finish Date	Resource Implications currently not within budget	Progress update Sept 2011
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C9.		Ensure that service specifications are derived from commissioning plans and that they are clear about the practice and quality standards expected.	Directly provided and contracted social care services will be developed in line with the commissioning plans and associated procurement and business plans.	<p>Directly provided and contracted social care services will be citizen centred, meet needs appropriately and promote the Council's social care objectives.</p> <p>Service users are able to influence the care they receive.</p>	OM's (SP, KL, AL, CD, CLim)	April 2011	March 2014		
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C10.		Monitor and evaluate commissioning plans, procurement plans and the services they secure.	<p>Commissioning plans and service performance will be reported to the Social Care and Health Scrutiny Committee.</p> <p>A framework for contract monitoring will be put in place to ensure that appropriate information is received routinely from service providers and that regular reviews of services are conducted by operational and contracting staff to ensure services are meeting intended outcomes.</p>	<p>Services will deliver intended outcomes and outputs.</p> <p>Services are continually reviewed and monitored to ensure that they meet the assessed needs of service users.</p>	Head of BMI (CL) OM's (SP, KL, AL, CD, CLim)	April 2011	March 2014		
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C11.		Review all existing spot purchase agreements, using quantitative and qualitative analysis and consultation with existing providers, successfully identifying where changes to spot purchase agreements could be achieved.	Where appropriate, the Council will move away from spot purchasing to block contracts and volume discounts and service level agreements.	The Council will achieve value for money from all commissioned services.	Business Manager (CP)	April 2011	March 2014		
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