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Introduction

The focus of high quality commissioning is on citizenship, health and wellbeing: achieving good outcomes with people using evidence, local knowledge, skills and resources to best effect. This means working in partnership across the health and social care system to promote health and wellbeing and prevent, as far as is possible, the need for health and social care. Every person using social care services deserves the highest quality care and support, and the maximum opportunity to influence how that support is arranged and managed. Effective commissioning plays a central role in driving up quality, enabling people to meaningfully direct their own care, facilitating integrated service delivery, and making the most effective use of the available resources. Commissioning is the local authority's cyclical activity to assess the needs of its local population for care and support services that will be arranged by the authority, then designing, delivering, monitoring and evaluating those services to ensure appropriate outcomes. Effective commissioning cannot be achieved in isolation and will be best delivered in close collaboration with others, such as children's services, public health, housing and NHS partners. In adult social care, the key outcomes are described by the Adult Social Care Outcomes Framework (ASCOF), Making It Real statements and Public Health Outcomes Framework, and build on the Association of Directors of Social Services (ADASS) Top Tips for Directors (see Appendix 1 for details). Together, they describe the care and support that will achieve what matters most to people - personalised, community-based support that promotes health and wellbeing.

What matters most to people?

- The person at the centre, rather than fitting them into services.
- People who use services and carers treated as individuals.
- Empowering choice and control for people who use services, and carers.
- Setting goals with people for care and support who use services, and carers.
- Having up to date, accessible information about services.
- Emphasising the importance of the relationship between people who use services, and providers and staff.
- Listening to people who use services and acting upon what they say.
- A positive approach, which highlights what people who use services can do and might be able to do with appropriate support, not what they cannot do.

Clenton Farquharson MBE
Co- Chair Think Local Act Personal

The standards are designed to ensure that everyone shapes and shares the vision of excellent care and support for people in need of adult social care, challenging commissioners to embark on an ambitious journey. They support the development of a common focus and purpose across the system, driven by shared values and behaviours. This includes commissioning for prevention; for both the care and support for people with assessed care needs, and for the overall health and wellbeing of all, thereby preventing, reducing or delaying the need for services in the future. There is a clear overlap with assuring the quality of CCG commissioning and, over time, we anticipate that there will be increasing alignment at a national level to support high quality integrated commissioning at a local level. For many Local Authorities, this will involve changes in commissioning and procurement practice in order to focus on promoting wellbeing and on outcomes, to be more responsive to community needs, to enable individuals as commissioners of their own care, and to actively promote collaboration across the whole system. These standards should be seen as a route map for that journey rather than the final destination - they are intended to be used to support development and improvement.

These standards have been developed from:

- A review of the available literature on effective commissioning.
- The engagement of a wide range of stakeholders to identify challenges in commissioning, to define what good looks like and to develop the content for the standards drawing on a wealth of experience and good practice.
- The input from a Project Steering Group coordinated by Think Local Act Personal (See Appendix 2).
- An expert review of a final draft of the standards by Local Authorities and other key organisations.
- A peer review of commissioning in three local authorities and lessons learned workshop.

The inclusivity of the approach reflects a commitment to coproduction and engagement. This work was funded by the Department of Health and undertaken by a team from the Health Services Management Centre at the University of Birmingham, commissioned by the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS).

This is the updated version of the commissioning for better outcome standards and now reflects the views and revisions recommended by those involved in three pilot peer challenges.

Purpose of the standards

These standards are designed to support a dynamic process of continuous improvement and, through self-assessment and peer review, to challenge commissioners and their partners, to strengthen and innovate to achieve improved outcomes for adults using social care, their carers, families and communities. They are relevant to all aspects of commissioning and service redesign, including decommissioning. The standards have been designed to reflect the improvements that experience has shown are needed, to support the transformation of social care to meet people's reasonable aspirations, and to support the implementation of the Care Act. The overarching aim of the Care Act and related secondary legislation is to promote a whole system approach where strong local partnership arrangements for working with Clinical Commissioning Groups (CCGs) and Health and Wellbeing Boards are central to effective commissioning. It also means commissioning for the care and support needs of the whole population. The Act places a number of statutory duties on Local Authorities; particularly relevant are:

- A new statutory principle to promote health and wellbeing. This applies to commissioning, as well as care and support and safeguarding, and means that whenever a Local Authority makes a decision about an adult, they must promote that adult's wellbeing. The wellbeing principle applies equally to carers, and Local Authorities should similarly consider their health and wellbeing in assessing their eligible needs for support. The Act also requires Local Authorities to ensure the provision of preventative services - that is services which help prevent or delay the development of care and support needs, or reduce care and support needs (including carers' support needs). See more at: http://www.local.gov.uk/web/guest/care-support-reform/-/journal_content/56/10180/5761381/ARTICLE#sthash.ix8yrQul.dpuf.
- The Act introduces a new requirement to arrange independent advocacy for people who a) have substantial difficulty in being involved or engaged in care and support assessments, planning and reviews and b) where there is no one available to help facilitate this involvement and engagement.
- The duty to carry out their care and support functions with the aim of integrating services with those provided by health, housing and others. See more at: http://www.local.gov.uk/web/guest/care-support-reform/-/journal_content/56/10180/6349034/ARTICLE#sthash.JlnLArBH.dpuf. This has implications for the joint commissioning of services and ensuring a whole system approach.
- A new duty for Local Authorities to promote diversity and quality in the market of care and support for people in their local area. Local Authorities must act to ensure that there are a variety of different service providers available, that

make available a wide range of appropriate, high quality services to meet the needs of the local population. See more at:

http://www.local.gov.uk/web/guest/care-support-reform/-/journal_content/56/10180/5761381/ARTICLE#sthash.ix8yrQul.dpuf.

The standards also build on other legislation relevant to commissioning – notably the Human Rights Act (2004) and duties under the Equality Act (2010), as well as duties on Local Authorities to promote social value under the Public Services (Social Value) Act (2013) and to undertake Joint Strategic Needs Assessments (JSNA) under the Local Government and Public Involvement in Health Act (2007). The standards articulate the ambitions of effective commissioning and are organised around four domains: person-centred and outcomes-focused commissioning, which lies at the heart of the commissioning endeavour, enabled by commissioning that is inclusive, well led, and promotes a sustainable and diverse market place. All Local Authorities should be able to demonstrate progress in all of the domains described here.

The standards

There are 9 standards grouped into three domains. There is considerable overlap between these and all elements need to be in place to achieve person-centred and outcomes-focused commissioning.

Domain	Description	Standards
Person-centred and outcome focused	This domain covers the quality of experience of people who use social care services, their families and carers and local communities. It considers the outcomes of social care at both an individual and population level.	<ol style="list-style-type: none"> 1. Person-centred and focused on outcomes 2. Co-produced with service users, their carers and the wider local community
Well led	This domain covers how well led commissioning is by the Local Authority, including how commissioning of social care is supported by both the wider council and partner organisations	<ol style="list-style-type: none"> 3. Well led 4. A whole system approach. 5. Uses evidence about what works
Promotes a sustainable and diverse	This domain covers the promotion of a vibrant, diverse and sustainable market, where improving quality and safety is integral to commissioning decisions.	<ol style="list-style-type: none"> 6. A diverse and sustainable market 7. Provides value for money 8. Develops the workforce 9. Promotes positive engagement with Providers.

The 9 standards set out ambitions for what good commissioning is. There are set out below, under the three domains to provide a framework for self-assessment and peer challenge.

Good commissioning is:

Person-centred and outcomes-focused

1. Person-centred and focuses on outcomes

Good commissioning is person-centred and focuses on the outcomes that people say matter most to them. It empowers people to have choice and control in their lives and over their care and support.

2. Coproduced with people, their carers and their communities

Good commissioning starts from an understanding that people using services, and their carers and communities, are experts in their own lives and are therefore essential partners in the design and development of services. Good commissioning creates meaningful opportunities for the leadership and engagement of people, including carers and the wider community, in decisions that impact on the use of resources and the shape of local services.

Well led

3. Well led by Local Authorities

Good commissioning is well led within Local Authorities through the leadership, values and behaviour of elected members, senior leaders and commissioners of services and is underpinned by the principles of coproduction, personalisation, integration and the promotion of health and wellbeing.

4. Demonstrates a whole system approach

Good commissioning convenes and leads a whole system approach to ensure the best use of all resources in a local area through joint approaches between the public, voluntary and private sectors.

5. Uses evidence about what works

Good commissioning uses evidence about what works; it uses a wide range of information to promote quality outcomes for people, their carers and communities, and to support innovation.

Promotes a diverse and sustainable market

6. Ensures diversity, sustainability and quality of the market

Good commissioning ensures a vibrant, diverse and sustainable market to deliver positive outcomes for citizens and communities.

7. Provides value for money

Good commissioning provides value for money by identifying solutions that ensure a good balance of quality and cost to make the best use of resources and achieve the most positive outcomes for people and their communities.

8. Develops the commissioning and provider workforce

Good commissioning requires competent and effective commissioners and facilitates the development of an effective, sufficient, trained and motivated social care workforce. It is concerned with sustainability, including the financial stability of providers and the coordination of health and care workforce planning.

9. Promotes positive engagement with providers

Good commissioning promotes positive engagement with all providers of care and support. This means market shaping and commissioning should be shared endeavours, with commissioners working alongside providers and people with care and support needs, carers, family members and the public to find shared and agreed solutions.

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Using the standards

The standards are designed to be used by Local Authorities to engage with their commissioning partners in a dialogue about the quality of local commissioning in so far as it impacts on people who may be in need of care and support either now or in the future. Transparency in commissioning is fundamental to delivering better outcomes and it is intended that these standards can be used by local people using social care, carers, their communities and providers to reflect on and influence the quality of local commissioning.

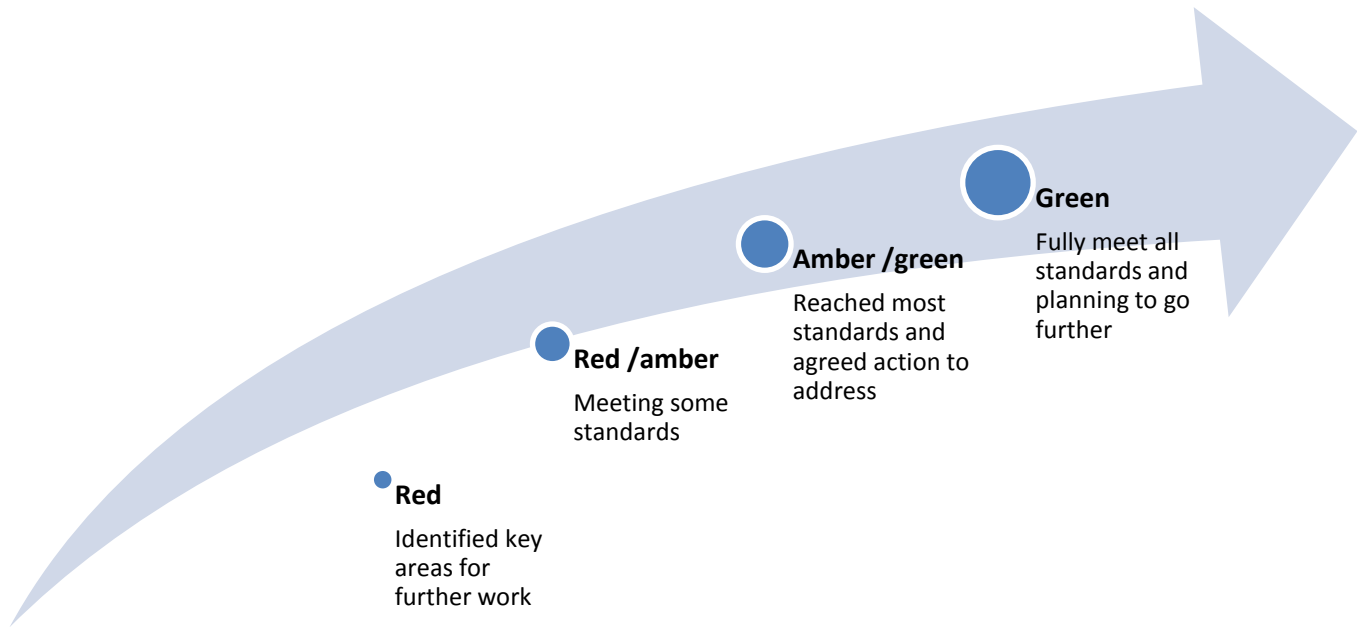
The first step is for Local Authorities to use these standards to critically examine the quality of their commissioning practice; they can then be used as a framework for the peer challenge process. Peer challenge is a constructive and supportive process, which has been found to be effective in enabling Local Authorities to take responsibility for their own improvement. It is not an inspection; rather it is delivered from the position of a 'critical friend' to promote sector led improvement. More information about peer challenge is available on the Local Government Association website: <http://www.local.gov.uk/peer-challenge> and a peer review methodology will be published in 2015.

It is expected that the relevant elected members, directors and commissioners within the Local Authority will lead the commissioning process, but this must also involve local people, and the Authority's strategic partners, who have a key role to play in ensuring that local people are able to access the care and support that they define as important to them. It is critical that these commissioning standards are used as part of a joined-up approach to commissioning involving Health and Wellbeing Boards, CCGs and with other Local Authority commissioning, and for all strategic partners to engage appropriately with this process and its outcomes. This includes:

- People who use adult social care
- Family members and carers
- Public and patient involvement forums and advocacy groups, including Healthwatch.
- Local community groups
- Other commissioners: Health and Wellbeing Boards, Clinical Commissioning Groups and Local Authority commissioners of housing, and other related services
- Providers of adult social care including voluntary sector organisations, community groups and independent sector providers
- Regulators

How well are you doing?

Each standard has several criteria that enable you to consider how well you are meeting the standards under each domain. At the end of this document there is a summary box for each domain for you to complete and an arrow to help assess progress.



In deciding on a score for each domain you will need to consider:

- What evidence do you have for the score you've decided on and how would you know if you were making progress in the future?
- To what extent is your view shared by others?
- How important is it to make progress against this standard?
- What do you need to do next?

Sources of evidence

In order to assess how well the Local Authority commissioning for better outcomes it will be necessary to draw on a wide range of evidence, and the same sources may be drawn on for different domains. As a minimum the following will need to be considered in terms of *what* they say and *how* they demonstrate good outcomes or other good practice in commissioning. Additional evidence will need to be considered in relation to commissioning with specific populations. Clearly, the most important source of evidence will be what matters to people who use social care and support services, their carers, advocates, and communities, and front line staff providing these services. Methods for gathering this evidence should be dynamic, ongoing and interactive so that it is possible to reflect the widest range of experiences and views.

Key documents and plans	Local views	Regulation, monitoring and outcomes data	Good practice and innovation
<p>Local Authority strategies for finance, performance, care groups and other service strategies e.g. housing, culture and leisure, prevention</p> <p>Health and Wellbeing Board Strategies</p> <p>Joint commissioning strategies</p> <p>Pooled budget arrangements</p> <p>Safeguarding Board Annual Report and business plan</p> <p>Healthwatch Annual report</p> <p>Joint Strategic Needs Assessment</p> <p>Equality statements</p> <p>Local Accounts</p> <p>Making It Real Statements</p> <p>Market Position</p>	<p>Experiences of social care users, carers, advocates, families, communities, and front line staff, of social care provision</p> <p>Evidence from local people and commissioning partners on their views of commissioning</p> <p>Complaints/compliments</p> <p>Healthwatch reports</p> <p>Other reports or correspondence raising issues</p> <p>Map of engagement groups and methods of co-production with citizens and providers</p>	<p>ASCOF and related performance indicators</p> <p>Current, trend and benchmarked information</p> <p>Public Health Outcomes Framework and related indicators</p> <p>Personal Budgets and Outcomes Evaluation Tool (POET)</p> <p>Overview and scrutiny reports</p> <p>Qualitative performance information on outcomes</p> <p>Contract monitoring outcomes</p> <p>Judicial reviews or other legal challenges</p>	<p>Evaluations of local services, including locally commissioned evaluations.</p> <p>Good practice promoted by ADASS, SCIE, LGA, NMDF and TLAP, NHS England, Skills for Care and other national bodies and how it is used locally</p> <p>NICE guidelines and quality standards</p> <p>Information about promising innovations from a range of sources including Local Authorities, local people, providers, think tanks and academic sources</p> <p>Enhanced integration of services and joint</p>

<p>Statements</p> <p>Top up agreements</p> <p>Think Local Act Personal (TLAP) partnerships at a local level</p> <p>Workforce Development Plans</p>		<p>Care Quality Commission (CQC) inspection reports on local providers</p> <p>Examples of learning from best practice</p> <p>Shared LA/NHS/CQC data on registered care</p> <p>Analysis of S4C workforce data (NMDS)</p> <p>Financial performance monitoring and evidence of fair fee levels and process.</p>	<p>monitoring of outcomes</p>
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The following sections set out the detail of the nine standards.

Good commissioning is person-centred and focuses on outcomes

Standard 1: Good commissioning is person-centred and focuses on outcomes

Good commissioning is person-centred and focuses on the outcomes that people say matter most to them. It empowers people to have choice and control in their lives and over their care and support.

What does good look like?	Draft questions to support peer challenge.
1.1 Commissioners ensure a focus across the system on personalisation and ensure commissioning decisions are informed by the desired outcomes of the people <i>who use local services</i> .	Is the council confident that its services users, their carers and the wider population are systematically, actively and meaningfully involved in shaping, designing and monitoring local care and support services?
1.2 Commissioners promote flexible, innovative person-centred models of care and ensure that there is a robust infrastructure in place to support micro-commissioning by people with an Individual Service Fund, personal budget or direct payment	
1.3 The Local Authority assures itself that its commissioning and contracting processes demonstrably lead to services which meet people's needs and <i>support them to achieve their personal outcomes and an improved quality of life</i> .	
1.4 Commissioners ensure that personal outcomes are being achieved through effective care management, good quality relationships with care and support staff and a strong focus on wellbeing.	
<p>1.5 <i>The Local Authority recognises that building community and social capital is a central plank in the model of care and actively promotes:</i></p> <ul style="list-style-type: none"> - <i>Mutual support and self help</i> - <i>Connections between individuals and resources</i> - <i>Inclusion in community activities</i> - <i>Community ownership and involvement in planning and reshaping services</i> 	<i>What arrangements has the Council put in place to promote an asset based approach to commissioning care and support services?</i>

Standard 1: Good commissioning is person-centred and focuses on outcomes

Good commissioning is person-centred and focuses on the outcomes that people say matter most to them. It empowers people to have choice and control in their lives and over their care and support.

What does good look like?

Draft questions to support peer challenge.

What actions do we need to take to meet Standard 1**Standard 2: Good Commissioning is coproduced with people, their carers and their communities**

Good commissioning starts from an understanding that people using services and their carers and communities are experts in their own lives and are, therefore essential partners in the design and development of services. Good commissioning creates meaningful opportunities for leadership and engagement of people, including carers and the wider community, in decisions that impact on the use of resources and shape of services locally.

What does good look like?

Draft questions to support peer challenge.

2.1 The Local Authority demonstrates shared decision making with its *local population, including seldom heard groups*, actively engaging with them to shape priorities, specify population and personal outcomes and to maximise choice and control.

2.2 Service specifications and contracts are designed with people who use services, their carers, advocates and providers to focus on outcomes, rather than outputs or time and task based activities.

2.3 Commissioning processes are open and transparent and enable people who use services, and their carers, to hold services to

Is there evidence of a culture across social work teams, the wider councils and its partners that promotes care and support services focused on delivering outcomes and promoting the well-being of the local population?

Standard 1: Good commissioning is person-centred and focuses on outcomes

Good commissioning is person-centred and focuses on the outcomes that people say matter most to them. It empowers people to have choice and control in their lives and over their care and support.

What does good look like?

Draft questions to support peer challenge.

account.

2.4 Commissioners work collaboratively across service departments and organisations to ensure a smooth transition for young people with continuing care and support needs moving into adulthood.

What actions do we need to take to meet Standard 2

Good commissioning is well led

Standard 3 Good commissioning Is well led

Good commissioning is well led within Local Authorities through the leadership, values and behaviours of elected members, senior leaders and commissioners of services and is underpinned by the principles of coproduction, personalisation, integration and the promotion of health and wellbeing *for all*.

What does good look like?

Draft questions to support peer challenge.

3.1 The Local Authority is a local civic leader, improving the population's health and wellbeing by guiding the whole community including *public health*, local businesses, housing associations and voluntary sector organisations to improve outcomes. The Local Authority leads by example, demonstrating how other public services, such as transport and leisure, can play a role in achieving better wellbeing outcomes for the local population. This includes support for and active encouragement of innovation across the system.

Is the council recognised and respected as a strong civic leader working actively to promote the well-being of the local population?

Are there strong, collaborative and trusting relationships and ways of working which ensure a range of preventative services for local people?

3.2 The Local Authority is able to articulate its vision and priorities for improving the health and well-being of the local population, based on a robust understanding of current and future needs. *Its commissioning intentions are well publicised and shared with local people.*

3.3 *This shifts into Standard 4*

3.4 Commissioning decisions are made on the basis of preventative outcomes which prevent, reduce or delay the need for social care services and promote physical, mental, emotional, social and economic wellbeing, as well as recognising individual and community assets.

Standard 3 Good commissioning Is well led

Good commissioning is well led within Local Authorities through the leadership, values and behaviours of elected members, senior leaders and commissioners of services and is underpinned by the principles of coproduction, personalisation, integration and the promotion of health and wellbeing *for all*.

What does good look like?

Draft questions to support peer challenge.

3.5 There is a clear leadership role for people who use social care, and carers, to take an active and equal role in key commissioning decisions which impact on the use of resources and shape of services locally.

3.6 The local authority places social, environmental and economic outcomes at the heart of good commissioning, reflecting its duties under the Public Services (Social Value) Act 2012

3.7 Elected members are actively involved in commissioning decisions and understand the implications of those decisions on *the fair cost of care, the National Minimum Wage, the quality and effectiveness of local services and the sustainability of the local market*.

What actions do we need to take to meet Standard 3

Standard 4: Good commissioning demonstrates a whole system approach

Good commissioning convenes and leads a whole system approach to ensure the best use of all resources in a local area through joint approaches between the public, voluntary and private sectors to improve outcomes for the local population

What does good look like?	Draft questions to support peer challenge.
<p>4.1 There is whole system approach to commissioning with joint (integrated) commissioning between health and social care apparent at every stage of the commissioning cycle and <i>overseen by the Health and Well Being Board</i>.</p>	<p>Do commissioners work collaboratively across organisational boundaries to share and align their plans and resources?</p>
<p>4.2 Commissioners work in partnership with other public services (including other Local Authorities), providers and community organisations to ensure the best use of resources, including ensuring that services can be de-commissioned, where appropriate, to reflect local needs and preferences.</p>	
<p><i>The Local Authority explicitly recognises wellbeing as the overarching goal of commissioning and plays a strategic role in leading, influencing and coordinating partners. This ensures a whole systems approach that drives transformation and prevents, reduces or delays the need for social care services and promotes the health and wellbeing of local people.</i></p>	
<p>4.3 The Local Authority promotes collaboration between different commissioning bodies <i>and the Regulator</i>, within and outside of the Local Authority boundaries, to ensure a joint strategic approach, seamless services and a smooth transition for people between services and localities and different funding streams.</p>	
<p>4.4 The overarching strategies of key partner organisations are aligned, outcomes-focused and promote integrated working.</p>	

What actions do we need to take to meet Standard 4

Standard 5: Good commissioning uses a wide range of evidence about what works

Good commissioning uses evidence about what works; using a wide range of information to achieve quality outcomes for people and communities.

What does good look like?

Draft questions to support peer challenge.

5.1 There is demonstrable collaboration and sharing of qualitative and quantitative data across the different agencies – social care, health, housing and education, which is used to establish a baseline and inform commissioning decisions in a clear and transparent way. The results are published and made available by the Local Authority.

5.2 Commissioners employ a wide range of methods to collect, understand and analyse the views of people who use services and can demonstrate that this evidence strongly informs its commissioning priorities.

5.3 There is capacity and capability to undertake the analysis necessary to interpret local data and wider evidence in a meaningful and relevant way.

Are commissioning decisions clearly underpinned by robust qualitative evidence and quantitative data, as well as by the experience and views of local service users?

What actions do we need to take to meet Standard 5

Good commissioning promotes a quality, sustainable and diverse market

Standard 6: Good commissioning promotes a diverse and sustainable market

Good commissioning ensures a high quality, diverse and sustainable market able to support innovation and deliver services that promote positive outcomes for citizens and communities.

What does good look like?

Draft questions to support peer challenge.

6.1 Commissioners demonstrate a full understanding of the local, regional and national market for relevant services to meet local need. They are clear about their commissioning priorities and strategic planning and market shaping functions ensure a vibrant, diverse and sustainable local market *that is able to deliver a range of high quality, appropriate, acceptable and equitable services* to meet identified care and support needs.

Do commissioners facilitate and promote systematic, comprehensive and open discussions with local Providers to help to ensure provision of local care and support services that meet the needs and aspirations of local people?

What evidence is there that the Council has a robust, evidence based understanding of the fair cost of care locally and that this informs its commissioning decisions?

6.2 Commissioners actively encourage and promote investment and innovation in the market. They ensure *local contracting processes are proportionate and transparent*, promote long term relationships and accommodate the full range of care providers in order to deliver the best possible outcomes for local people.

6.3 Commissioners have a good understanding of the Provider market and the fair cost of care. Their commissioning decisions take account of the commercial and financial context within which care providers operate and commissioners share risks and rewards appropriately with Providers

6.4. Providers are encouraged and supported to consider the wider social, environmental and economic impact in the design and delivery of local services

6.5 Commissioners have clear plans in place to prevent and manage provider failure, as appropriate

Standard 6: Good commissioning promotes a diverse and sustainable market

Good commissioning ensures a high quality, diverse and sustainable market able to support innovation and deliver services that promote positive outcomes for citizens and communities.

What does good look like?

Draft questions to support peer challenge.

The commissioning and contracting approach encourages peer-led and other community based initiatives.

Commissioning plans are underpinned by a robust understanding of the short and long term risks and sustainability of the local market and are responsive to fluctuating needs and demand.

What actions do we need to take to meet Standard 6**Standard 7: Good commissioning provides value for money**

Good commissioning ensures a good balance of quality and cost to make the best use of resources and achieve positive outcomes for people and their communities.

What does good look like?

Draft questions to support peer challenge.

7.1 Commissioners understand the balance between the cost, quality and effectiveness of care and support services. Financial and quality data has a strong influence on contract specifications and costs.

Do commissioners use robust methodology and financial analysis to ensure the fair cost of care underpins locally commissioned care and support services?

7.2 Commissioners effectively collect and monitor activity, cost and quality data and routinely share this information with providers, people who use services and the regulator.

Are there robust and collaborative monitoring arrangements in place to ensure safe, good quality care and support services?

7.3 Commissioners use appropriate research methodologies to identify good practice and use this evidence to benchmark local services and drive improvement.

7.4 Commissioners consider long-term economic benefits of using sustainable commissioning and procurement processes including preventative approaches and sustainable development.

Strong, effective and transparent working between commissioners, the Regulator and safeguarding means that quality or safeguarding issues are addressed promptly

and appropriately, with clarity around roles and responsibilities and a clear strategy for intervention. These arrangements are well publicised and shared with partners and local people.

What actions do we have to take to meet Standard 7

Standard 8: Developing the commissioning and provider workforce Good commissioning requires competent and effective commissioners and facilitates the development of an effective, sufficient, trained and motivated social care workforce. It is concerned with sustainability, including the financial stability of providers and the coordination of health and care workforce planning.	
What does good look like?	Draft questions to support peer challenge
8.1 Commissioners have information and analysis of the local care workforce and work closely with partners to ensure there is a shared understanding of employment trends and risks. There are clear actions in place to ensure that the current and future workforce has the capacity, skills and knowledge to <i>lead</i> , commission, manage and deliver high quality social care and support.	<i>What evidence is there that the Council has taken steps to analyse and map the capacity and skills of the local care workforce and is working proactively to ensure a sufficient and skilled workforce is available to support local care and support needs in the short, medium and long term?</i>
8.2 Service contracts clearly specify the critical importance of a sufficient, skilled and motivated workforce and commissioners are confident and can evidence that fees and contracts allow providers to deliver staff terms and conditions that meet statutory obligations and reflect good practice including payment of at least the National Minimum Wage.	
8.3 Commissioners work collaboratively within the Local Authority and with key commissioning partners to develop job roles and skills that promote effective integration and improve outcomes.	
8.4 Commissioners use national and local workforce and other data to inform commissioning plans, contract specifications and local learning and development plans	
8.5 Commissioning roles are clearly described, with appropriate learning and development opportunities.	
8.6 There is a continuous culture of learning for all commissioners, the Executive Team and elected members, to ensure that the organisation is responsive and innovative.	

What actions do we need to take to meet Standard 8

Standard 9: (previously s.5) Good commissioning promotes positive engagement with all local providers of care

Good commissioning promotes positive engagement with all providers of care and support. This means market shaping and commissioning should be shared endeavours, with commissioners working alongside people with care and support needs, carers, family members, providers and the public to find shared and agreed solutions.

What does good look like?

Draft questions to support peer challenge.

9.1 Commissioners develop relationships with all local care providers to enable the design and delivery of services that meet the care and support needs and outcomes that local people want.

9.2 Commissioners conduct open and transparent conversations with providers who are actively involved in the commissioning cycle and are able to plan and invest in local services.

9.3 Relationships between commissioners and providers are open, respectful and honest. Providers share information about costs, profit margins and the terms and conditions of staff and Local Authorities share information about cost assumptions and the rationale for fee and contract decisions.

Is there evidence that the Council supports local Providers to ensure their staff are well supported and trained and are able to deliver safe, personalised, quality services?

at actions do we need to take to meet Standard 9

