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UKHCA 20<sup>th</sup> Anniversary Wales  
Conference

# Commissioning

Commissioning involves making decisions about the capacity, location, cost, and quality of services together with who will provide them.

Involves planning and procurement of services

Fulfilling statutory responsibilities and shaping services to respond to needs now and in the future.

# Commissioning

- Commissioning should be underpinned by values that promote independence and choice , support for carers and a primary concern for high quality services.
- Social Care Commissioning needs to be driven by elected members, chief officers and senior managers
- Commissioners need to be aware of impact of their decisions on local market – e.g. self funders, topping up care package, direct payments.

# Guidance

- Generic Guidance for consultation – All adult and children’s services
- Part 1 Statutory Guidance – 13 standards – replaces Promoting Partnership in Care
- Part 2 Good Practice in Commissioning and Procurement
- Framework is further supported by the Value Wales Procurement Route Planner customised for social care – [www.Buy4Wales.co.uk/PRP](http://www.Buy4Wales.co.uk/PRP)

# Part 1 Statutory Guidance

- New Commissioning Framework is key strand of 10 year strategy in Wales (Fulfilled Lives, Supportive Communities)
- 13 standards which set a benchmark against which the effectiveness of LA commissioning will be measured.

# Standard 1

- LA can demonstrate how commissioning plans have translated strategic commitments into consistent high quality linked or seamless services to meet the needs of local citizens.

E.g. translating Health Social Care and Well-being strategy into more detailed plan for service provision.

# Standard 2

- Commissioning Plans have been based on sound evidence, and reflect national policy and guidance, local strategic plans, research and best practice. They include comprehensive population needs, service, market and resource analyses.

Commissioners need to have a rationale for their commissioning plans and need to be able to explain to users, carers, elected members, taxpayers, providers and inspectors how they arrived at decisions.

# Standard 3

Commissioning plans have clearly specified the outcomes the LA is trying to achieve for citizens and what services will meet those outcomes over time.

- Priorities
- Future Proofed e.g. ECH with good design
- Sustainable – Enablement (unsustainable – premature admission to residential care).

# Standard 4

- Commissioning Plans have been developed by the LA with its partners whenever possible and have involved key stakeholders including service providers, users, carers and citizens.
- LA must lead and manage commissioning process but dialogue with stakeholders essential.
- Arrangements for providers to participate in planning.
- WAG cannot force providers to join in but can encourage providers to do so.

# Standard 5

The LA has explored collaborative options for securing directly provided and contracted care services with partners, including health services and other local authorities.

Within LA, with the NHS, with other LAs.

Formal Partnership arrangements with NHS once partners have identified clear sense of purpose and shared objectives / outcomes.

# Standard 6

The LA has ensured that directly provided and contracted social care services are citizen centred and meet all the LA's service quality and human rights commitments.

Citizen Centred services are those which are flexible and responsive to the needs of individuals.

# Standard 7

THE LA has ensured that its procurement arrangements allow social care commissioners to be efficient and effective in developing the local social care market.

Social Care Commissioners will need to make judgements about the most appropriate approaches to market development and procurement in their local area, including different contract forms, grants and in-house provision.

# Standard 7 continued

LA will need to ensure that county wide procurement policy does not unnecessarily limit the capacity of social care commissioners to effect change due to over bureaucracy or overly burdensome tendering processes.

LA should review their Financial and Contract Standing Orders to ensure that they are fit for purpose to secure social care services of the quality required.

LA to take into account continuity of care.

# Standard 8

Directly provided and contracted social care services have been developed in line with commissioning plans and associated procurement and business plans.

Decisions:

- Maintaining successful services
- Decommissioning services (or parts of services)
- Renegotiating contracts
- Re-tendering or changing directly provided services

# Standard 9

The LA has ensured that directly provided and contracted social care services offer value for money.

VfM = balance between quality, cost and effectiveness.

# Standard 10

Commissioners have understood the costs of directly provided and contracted social care services and have acted in a way to promote service sustainability.

LA need to have mechanisms in place to discuss costs and performance with providers.

Fee setting must take into account the legitimate current and future costs faced by providers as well as the factors that affect those costs, and the potential for improved performance and more cost effective ways of working.

# Standard 10 continued

- Commissioners will have to take into account demand on resources.
- Commissioners should have a rationale to explain their approach to fee setting.
- The primary concern is that services operate safely and effectively to promote the welfare of service users and carers.
- Memo of understanding offers positive framework for engagement around these issues.

# Standard 11

Commissioning plans, procurement plans and the services they secure have been monitored and evaluated to ensure they deliver the intended outcomes, outputs and can demonstrate continuous improvement.

**EVALUATION of**

**SERVICES AND COMMISSIONING PLAN**

# Standard 12

The LA has ensured that all providers, including directly provided services, can recruit and retain managers and staff with the appropriate knowledge and skills to provide services to the required standards

# Standard 13

Commissioners have been suitably trained, qualified and available in the right numbers.

(improve skills of commissioners at all levels including specialists and operational managers).

Help providers develop their skills in commissioning and contracting.

# Roles and Responsibilities

- Councillors
- Chief Officers
- Senior Managers
- Social Care Commissioning Teams
- Corporate Procurement Teams
- Service Managers
- Care Managers
- Providers

# Role of Providers

- Encouraged to participate in planning through independent sector forums
- Responsible for quality of services provided

# Challenges

1. Outcomes drive services and individual care plans
2. Designing services using a whole system approach
3. Putting citizens at the centre of all commissioning
4. Making joint commissioning between the local authority and LHB a highly productive process.

# Challenges

5. Strengthening services through effective partnership working with providers
6. Enabling the Third Sector a key contributor in developing and providing local services
- 7 Strengthening bridges between commissioners and care managers
- 8 Ensuring commissioning plans and procurement activities complement arrangements for Direct Payments and self-directed care.

# Challenges

9. Regarding commissioning and provider workforces as an extremely important asset

# IPC Model

