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**THE HIGHLAND COUNCIL**

**SOCIAL WORK SERVICE**

**COMMISSIONING POLICY**

**2008 - 2011**

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## Preface

The Highland Council is committed to working in partnership with users, carers, the NHS and other social care providers from the independent sector to meet the needs of people in Highland. Social work and social care features strongly in the Council's programme for action "Strengthening the Highlands". Social work matters in Highland because of the very positive difference it can make to the quality of people's lives, by enabling those who may be disadvantaged or vulnerable because of age, ill health, disability, social and economic circumstances, to feel included, safe, healthy and achieve their potential.

The vision for The Highland Council's Social Work Service is to enhance the quality of life of service users and carers so they may enjoy better outcomes.

To this end, the Council and its staff will work with key stakeholders to:

- Secure the best start in life for Highland's children
- Promote safer communities
- Enable and support people to live at home in their own communities for as long as possible.

Realising this vision and meeting current and future needs of communities will involve working in new ways and some changes and developments in service. This document sets out how we will go about achieving this. By setting out our approach to commissioning, the Council aims to promote understanding and transparency and aid effective partnership and ultimately promote better outcomes.

The approach outlined will build on some excellent recent examples of commissioning services, for example, New Craigs Reprovisioning and After Care Services for Looked After Children.

Our current and future users rightly have high expectations of the care services they receive. The Council needs to be able to meet these and future expectations by focusing on outcomes, maximising choice and promoting the delivery of personalised services. This document is underpinned by these principles and I hope is viewed positively by stakeholders.

Councillor Margaret Davidson  
**Chairman, Housing and Social Work Committee**

## **1.0 Introduction**

- 1.1 The commissioning of social care services is a fundamental and key activity for the Council's Social Work Service. The introduction of the National Health Service and Community Care Act 1990, and government policy direction since that time, has permitted and encouraged use of the independent sector as a means of securing services to meet the needs of individuals requiring care and has promoted the creation of a mixed economy of care. In this context, the Council aims to promote a choice of quality services.
- 1.2 This is a significant responsibility for the Council, given the direct impact on the lives of the 7,000 current service users, those individuals who will require services in the future and also the significant level of investment involved (£74m on purchased services).
- 1.3 This document provides an overall statement of intent and framework for the future commissioning of social care services by The Highland Council, including the joint commissioning of social care services with the NHS. Strategic documents such as For Highland's Children 2, the Northern Criminal Justice Authority Plan, the Carers Support and Information Strategy, the Joint Care of Older People Strategy, Partnership in Practice, Mental Health Framework, Single Sensory Strategy and Housing Strategy inform the detail of the services being and to be commissioned.
- 1.4 In future, the Joint Community Care Plan which is being developed will simplify and clarify the community care strategic and commissioning landscape. In adhering to the principles of this overarching commissioning policy, the Council will ensure an approach which is effective, efficient and consistent and which promotes better partnership working with key stakeholders.
- 1.5 For ease of reference therefore, this document is referred to as the "commissioning policy" throughout and the future documents, underpinned by this policy, which will set out the detail of what services are required and where, will be referred to as "commissioning strategies".
- 1.6 An effective commissioning strategy is seen as one of the key requirements necessary to deliver quality services. As an indication of the growing significance and importance of this area of work and the need to ensure both compliance with procurement regulations and the best use of available resources into the future, the issue of social care commissioning has achieved a higher profile over recent years and is a key issue for a number of agencies and groups (eg Social Work Inspection Agency, Joint Improvement Team, Cosla, Association of Directors of Social Work etc). The current work of all of these agencies and the various commissioning policies/strategies developed by other local authorities across the UK, have been consulted in the preparation of this policy.

## **2.0 Legislative and Policy Context**

2.1 Social work services for children, for community care groups and for those who offend, is governed by a range of legislation including:

- a) Social Work (Scotland) Act 1968
- b) Children (Scotland) Act 1995
- c) NHS and Community Care Act 1990
- d) Mental Health Care and Treatment (Scotland) Act 2003
- e) Management of Offenders (Scotland) Act 2005
- f) Adult Support and Protection (Scotland) Act 2007

2.2 Social care services are largely governed by the Care Commission (Scottish Commission for the Regulation of Care). The Scottish Social Services Council is the regulatory body governing the workforce. Other bodies which undertake an inspection and scrutiny role in respect of social work and social care services include Social Work Inspection Agency (SWIA), Audit Scotland, Her Majesty's Inspectorate of Education (HMIE), and the Mental Welfare Commission.

2.3 The Scottish Government places a high priority on partnership working as the means of delivering the best outcome. Key initiatives in this regard include:

- a) The Single Outcome Agreement
- b) Getting it Right for Every Child
- c) Community Care – A Joint Future
- d) Multi Agency Public Protection Arrangements
- e) Data Sharing Partnerships

2.4 The Scottish Government recognises the key role played by social work and social care in making a difference. Notwithstanding, the Review of Social Work in the 21<sup>st</sup> Century (Changing Lives Report) published in 2006 concluded;

- a) that with rising expectations and increased complexity, doing more of the same would not work, therefore there needed to be engagement with people as active citizens and participants in order to deliver accessible responsive quality services that promoted well being; and
- b) that social work could not do it alone and that changing lives and improving life chances required the cooperation and engagement of universal services in all sectors thereby refocussing energies to prevent problems.

2.5 The Changing Lives report set out an exciting vision of more personalised services based upon enabling and building the capacity of individuals, families and communities to exercise more choice and control. This vision represents a long term aspiration and aim for The Highland Council's Social Work Service. The Service will seek to advance this agenda in partnership with users, carers and key stakeholders and at a pace which

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engages these interested parties and enables them to shape the route the Council takes.

- 2.6 Fundamental to this approach is a recognition that each person is unique, that people should not have to fit in to existing services, that promoting general health, well being and social inclusion will enhance outcomes and that formal or specialised services are not always the best way to meet peoples assessed needs.
- 2.7 The Council has drafted this commissioning policy to take account of this direction of travel.

### **3.0 Profile of The Highland Council and Local Context**

- 3.1 The Highland Council provides services to a population which covers the largest land mass (approximately 33%) of all local authorities within Scotland. This presents a significant challenge in terms of delivering social care services in an equitable way. The latest population count for the Highland area (2006) indicates around 98,000 households and a current population of around 215,310, which is projected to rise by as much as 11% to 238,319 by 2031. It is further projected that the estimated level of people retiring and those people reaching 75+, will double during the period 2006 to 2031, presenting some significant challenges for the commissioning of services in this area. The Council's net revenue budget for 2008-2009 is £568.6m.
- 3.2 The Administration of The Highland Council is committed to making the Highlands one of Europe's leading regions, creating sustainable communities with more balanced population growth and economic development across the Highlands and building a fairer and healthier Highlands. The objectives of the Council to 2011 are as set down in its programme "Strengthening the Highlands" and in the Single Outcome Agreement with the Scottish Government.
- 3.3 The overarching vision and objectives of the Council's Social Work Service are as set down in the Social Work Service Plan 2008-2011. The overall vision of the Service is to enhance the quality of life and experience of services users so that they may enjoy better outcomes.
- 3.4 With an overall revenue budget of £99m, Social Work Services currently supports a total of 7,000 service users at any one time. Approximately 75% of the available budget is used to secure services through commissioned services.
- 3.5 The overarching composition of this expenditure is as follows:

Area of Expenditure	Purchased Services (£)
Community care	£56m
Children and families	£4m
Criminal justice and central services	£3m
Housing support	£11m
<b>TOTAL</b>	<b>£74m</b>

#### 4.0 Purpose of the Commissioning Policy

- 4.1 This commissioning policy is a formal statement of commitment, approach and intent in relation to securing, specifying and monitoring commissioned social care services to meet people's needs.
- 4.2 In meeting the needs of current and future service users, the Social Work Service can deliver the required services directly through in house services or externally, through commissioned services from the independent sector.
- 4.3 As a public agency, there are obligations placed upon The Highland Council regarding external expenditure and the Council has a duty to ensure that such decisions are transparent, accountable and represent the effective and best use of public funds.
- 4.4 The purpose of this document is therefore to set out the policy approach to how services will be commissioned in the future and the principles to be adhered to in doing so, in order to ensure that the right type and level of services, in the right places, are available to the Council in the future, at a price that represents best value.
- 4.5 This policy will be of particular interest to providers, to users and carers, to staff within the Social Work Service, and to Elected Members.
- 4.6 This commissioning policy is therefore required in order to:
- a) articulate the Social Work Service's approach to commissioning services
  - b) promote the development and support the delivery, of personalised services
  - c) adopt best practice, using the information framework as set out in **Appendix 2**, as a guide to promote the efficient and effective commissioning of services
  - d) ensure consistency of approach across Social Work Services, with other Council services and with the Council's key partners, such as NHS Highland

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- e) promote and ensure continuous service improvement and better outcomes for future service users
- f) make clear links with strategic plans detailing current and future unmet need
- g) ensure commissioning decisions are fair, open, transparent, accountable and consistent
- h) meet statutory duties regarding best value

### **5.0 What is Commissioning?**

- 5.1 The Council accepts the definition of commissioning as “the process of specifying, securing and monitoring services to meet people’s needs. Commissioning is more commonly used to describe the strategic, long-term process by which this takes place, as opposed to the short-term operational, purchasing process”.<sup>1</sup>
- 5.2 Thus there is a distinction between the terms commissioning, purchasing and contracting. Purchasing can be described as the technical process of securing or buying of services and contracting as the process of putting the purchasing of services in a legally binding agreement. A full list of relevant definitions is provided at **Appendix 1**.
- 5.3 The process of commissioning relates to ensuring the best use of resources (time, money, people and premises) to secure services of the appropriate quality in order to meet the identified and assessed needs of individuals and aspirations of individuals requiring a care service.

### **6.0 The Highland Council’s Approach to Planning and Commissioning**

- 6.1 The Council's approach to commissioning must be considered in the context of the wide range on joint plans and strategies developed and being developed with the NHS and other partners and authorities, such as those plans indicated at **1.3** above.
- 6.2 The governance of the social work functions is overseen by the Housing and Social Work Committee of The Highland Council. Partnership functions are discharged via the Joint Committee for Children and Young People, the Northern Community Justice Authority and the Council/NHS Leadership and Performance Board.
- 6.3 Underneath these committees, lie a number of multi agency planning structures incorporating chief officer and joint management groups. These are complimented by local planning and multi-agency groups in the three Council areas. The aim is to link the Council’s approach to

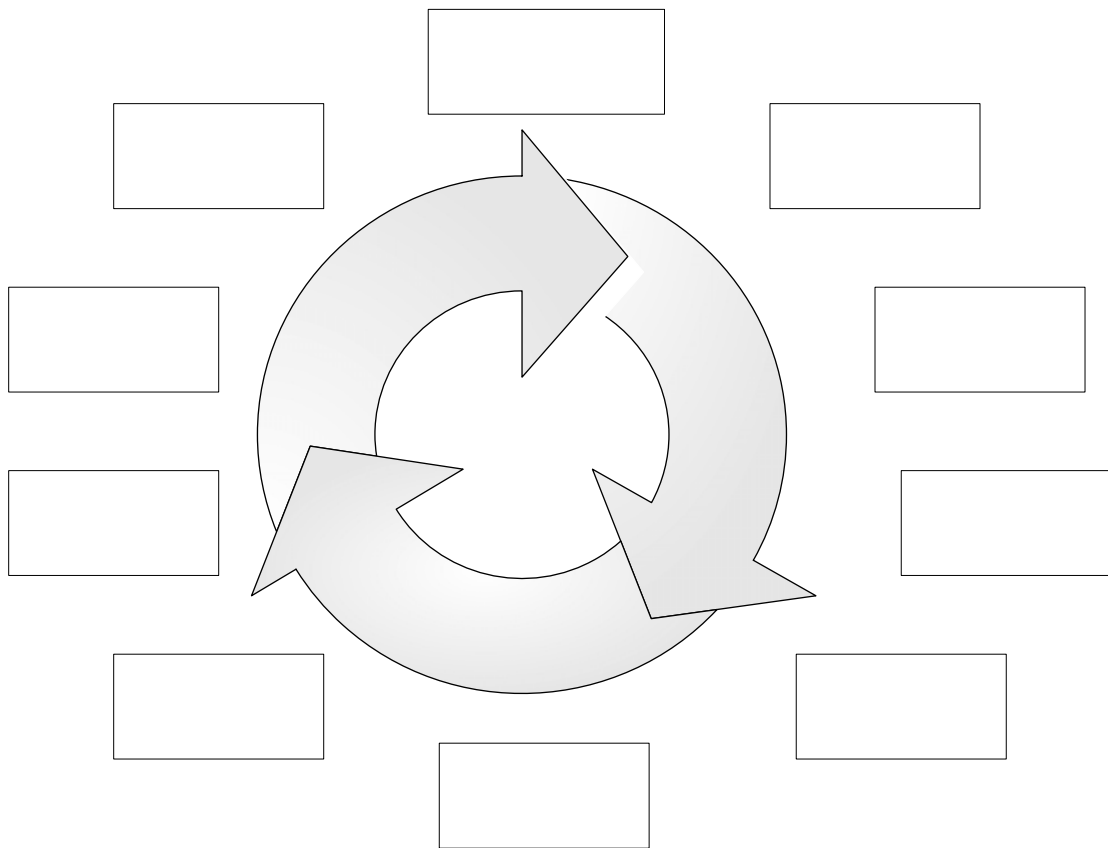
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<sup>1</sup> “Take Your Choice – A Commissioning Framework for Community Care”, Audit Commission, 1997

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commissioning to the work of these groups and to build on existing structures rather than create parallel or new ones.

- 6.4 Approaches to commissioning and procuring care require an individual approach, one which is dynamic and flexible and takes account of individual needs, changes, performance and quality.
- 6.5 The approach being adopted takes the form of a cyclical activity referred to as the commissioning cycle. This will be the recognised cycle that the Council will follow to identify the services to be secured, and the process for securing them. The cycle is illustrated below:



- 6.6 Steps 1, 2 and 3 in the commissioning cycle are underpinned by the Service's commitment to pursue an approach to commissioning which although outcomes focused, is informed by a needs assessment drawing from both strategic and individual plans as appropriate. Details about the nature, quality and volume of the service to be commissioned will be scoped and specified to inform the procurement process to be conducted.
- 6.7 It is precisely this detail required of steps 1, 2 and 3 that will be contained within future commissioning strategies. Further detail of this approach is provided at **9** below.

## **7.0 Commissioning Principles**

7.1 The way in which the Council secures future services will be underpinned by the following general principles.

7.2 The Council will:

- a) provide service users and their carers with the outcomes they want and need, at the right time and in the right place
- b) promote a mixed economy of care
- c) secure all commissioned services in line with the Council's Contract Standing Orders
- d) demonstrate transparency, fairness and accountability in all commissioning activity and decisions
- e) secure quality services, at the best price, using the most appropriate contracting approach
- f) explore collaboration opportunities and jointly commission services with partners where there are shared objectives
- g) ensure contracts are in place for all services commissioned
- h) where practical, consolidate contractual relationships in a single contract, for those organisations delivering more than one service to the Council's Social Work Service.
- i) adopt an outcomes based approach to commissioning
- j) regularly monitor and review services, encouraging self evaluation, ensuring proportionality and avoiding duplication
- k) provide a named and accountable "Authorised Officer" for each service purchased
- l) embrace the personalisation agenda in securing services and involve service users/carers in commissioning processes
- m) ensure arrangements are in place to enable service users and carers to contribute to service planning
- n) positively engage, consult and communicate with the independent sector
- o) develop long term and effective relationships with the independent sector

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- p) promote a level playing field approach for all providers including in-house services
- q) ensure that the value of the services commissioned can be contained within available financial resources
- r) fulfil all equalities and other relevant legislative obligations

### **8.0 Procurement and Contracting**

- 8.1 In securing services from external providers, public agencies are required to comply with European procurement regulations, namely the Public Contracts (Scotland) Act 2006. The obligations of this Act are contained within the Council's Contract Standing Orders which must be adhered to in the process of securing services through third parties. This policy is therefore consistent with the Council's Contract Standing Orders and also the Council's overall procurement strategy.
- 8.2 The Council will ensure that all decisions to secure services are fair, transparent, open and accountable and that competition will be afforded unless there are evidenced and recorded reasons, in line with the Contract Standing Orders, not to permit competition. Decisions to secure services will be supported by a business case and confirmation of available resources.
- 8.3 The Council will continue to utilise block contracts, spot contracts and framework agreements and will adopt the most effective type of contract for the service being procured to both minimise risk and maximise best value.
- 8.4 The duration of contracts to be put in place will normally be for a period of three years. Contracts for longer periods will be considered where the required service is complex, will involve significant procurement costs, or where a most efficient cost is likely, warranting a longer contract duration.
- 8.5 The agreements in place to secure services from voluntary sector providers are currently referred to as Service Level Agreements (SLAs). SLAs specify in detail (eg volume, value, quality, access) the minimum acceptable service to be provided. This type of agreement is normally used within organisations and when used for this purpose is not legally binding, as a single legal entity cannot contract with itself. As noted above, this terminology is also often associated with agreements put in place with voluntary organisations as a "lighter touch" to the purchasing of services from this sector. It should be noted however that a service level agreement is a contract and will now be referred to as such. The approach will continue to be commensurate with the value of service being provided and level of risk involved. In instances where the value of service being procured by the Council is small (under £3,000) a letter of agreement may be sufficient.

## **9.0 Future Strategic Plans**

- 9.1 The attached **Appendix 2** sets out an information framework, adapted from the Joint Improvement Team's Commissioning for Change Workbook. This will act as a guide for Social Work officers with a responsibility for preparing strategic plans and offer examples of the information to be considered, in preparing strategic plans to ensure that key data needed is available and service gaps identified.
- 9.2 Within the Social Work Business Support Service, the Contracts Team will continue to be responsible for the technical aspects associated with commissioning and contracting and for procuring services identified through the strategic plans.
- 9.3 An effective commissioning strategy depends upon effective contributions from Heads of Service, Area Managers and other key Social Work strategic staff. The relevant Heads of Service will be responsible for ensuring that lead officers for a commissioned service understand their responsibilities in relation to commissioning and also for ensuring the appropriate engagement of key managers in all stages of the commissioning cycle from specifying the service through to monitoring and evaluation.

## **10.0 Outcomes Based Commissioning**

- 10.1 The Council's aim in commissioning services is to achieve the best outcomes it can for Highland at both a strategic and individual/personal level.
- 10.2 Social Work practice in Highland is underpinned by assessments and a care planning approach focussed on achieving tangible outcomes which are developed in partnership with service users and carers, are recorded and shared and are thereafter the focus of reviews in line with statute and guidance. The outcome based approach is evident in service and corporate plans and in the context of multi agency working in Highland's Single Outcome Agreement.

## **11.0 Initiatives Impacting on Contracting Approach**

- 11.1 Direct Payments requires consideration in the context of future approaches to securing services. A Direct Payment is where a financial payment is made by the Council to a service user who then makes their own arrangement to commission their own service provider. Currently, there are 144 people in receipt of a direct payment.
- 11.2 Personalisation and self directed care represent a core principle of national policy in the delivery of social care services. Self directed care (also referred to as "In Control") is a new approach to providing services in line with self directed support and personalisation. The principle aim of In Control is to promote independent living and citizenship through self

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directed support using individual budgets. Effectively, this means the service user being allocated an individual budget at the completion of the (often) self assessment and determining the type of service and support they want to meet their assessed needs and in some cases purchasing that support directly. The Council's Housing and Social Work Committee on 6 August 2008, agreed to join In Control and adopt the framework for people who have a learning disability.

- 11.3 Both Direct Payments and In Control will have a significant impact on the way the Council commissions services, particularly during the transitional period to full implementation. The move to fully implementing the In Control framework is likely to take two to three years. The Council will continue to assess the impact of these initiatives during the life of this policy.

### **12.0 Joint Commissioning**

- 12.1 Joint commissioning is defined as the process when two or more commissioning agencies act together to co-ordinate their commissioning, taking joint responsibility for translating strategy into action. In practical terms, this means making the best use of available resources to meet identified needs. This is the agreed definition adopted by the Joint Improvement Team and the Council accepts this definition.

- 12.2 The Council's Social Work Service works with a number of partner agencies to deliver services across Highland and will continue to maximise opportunities to work with its partners to ensure efficiency of approach to commissioning and will actively seek out joint commissioning initiatives.

- 12.3 The Council will continue to strengthen its partnership with NHS Highland and will build upon current close relations in commissioning services from the voluntary sector. Future joint strategic plans will continue to be approved through current processes such as the Joint Committee for Children and Young People and the Joint Leadership and Performance Group. The Council will actively explore opportunities with NHS Highland to reduce or remove bureaucracy and duplication within any joint commissioning activities and will commit to developing a joint commissioning policy with NHS Highland within the duration of this policy.

### **13.0 Stakeholder Consultation and Engagement**

- 13.1 The Council is committed to ensuring services are person centred and personalised. This will be the primary consideration of all commissioning decisions.

- 13.2 The Council is committed to taking an inclusive approach to the involvement of key stakeholders in the commissioning process, and will directly or indirectly (e.g. through established consultation forums) elicit views from key stakeholders to inform the services to be commissioned,

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to ensure that services meet stated needs.

- 13.3 This approach will build upon current arrangements where the Council, together with NHS Highland, commission a range of organisations to engage, represent and communicate the views of service users and carers. The joint engagement of stakeholders will be further enhanced through the establishment by the Leadership and Performance Board of a stakeholder forum to engage with a wider constituency of organisations and interests.
- 13.4 The Council currently engages with the independent sector in a number of ways and will continue to do so. In its commitment to maintaining a mixed economy of care, the Council will seek to strengthen and formalise these relations. Following a recent consultation exercise in which the independent sector were asked how they wanted to engage with the Council, it was agreed that the Council will continue to meet with representatives of the sector on a quarterly basis but will replace two of these meetings with open forums for the wider sector to attend to discuss particular themes put forward by them. To demonstrate the importance of these events to the service, these events will be chaired by the Director.

### **14.0 Contract Management and Monitoring**

- 14.1 Contract management and monitoring will be the mechanism by which the Council is assured that the services it has sought to procure, are being delivered to the quantity and quality that it has specified. Accurate, relevant and timely information about service provision will be obtained to inform future commissioning decisions.
- 14.2 In line with the outcomes based approach to commissioning, the Council will develop and implement an outcomes based approach to monitoring.
- 14.3 The Council will promote self evaluation by providers and will implement processes to support this approach.
- 14.4 The Council's approach to the monitoring of individual services will be proportionate to the level of risk and investment.
- 14.5 The Council will appoint an "Authorised Officer" for each service purchased, to act both as the key point of contact for the service and the responsible officer for ensuring the service quality and levels are attained. Furthermore, this Authorised Officer will be responsible for forming an effective ongoing relationship with the organisation.
- 14.6 All providers will have a contractual obligation to provide information to the Council on the services procured from them. Where appropriate, the following information will be provided by these organisations:
- a) annual accounts (audited where appropriate)

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- b) annual reports
  - c) details of service usage
  - d) service outcomes achieved
  - e) results of customer satisfaction surveys
  - f) complaints received and actions taken
  - g) self evaluation return
- 14.7 In line with national priorities, duplication of provision of information will be avoided where possible, and the Council will work with its partners and regulating bodies to share information where possible and to minimise any unnecessary duplication.
- 15.0 Commissioning Decision Making**
- 15.1 It is the Council's intention to incorporate strategic commissioning activity and decision making within existing strategic planning and management structures.
- 15.2 This will require the appropriate Head of Service to ensure commissioning intentions are outlined in future strategic plans and to furthermore ensure that these are in line with corporate priorities. In addition, the Head of Service will be required to ensure involvement with and from the Contracts Team and Corporate Procurement Unit as appropriate. A service overview of the different strands of commissioning activity will be discharged by the Social Work Management Team as noted below.
- 15.3 The Social Work Management Team will:
- a) determine the overall commissioning strategy and give approval for the commissioning of new services, following receipt of a business case and confirmation of available resources
  - b) ensure services commissioned are secured in line with the Council's Contract Standing Orders
  - c) receive performance monitoring reports on purchased services
  - d) give approval for the decommissioning of services
  - e) ensure commissioning actions take account of the move to promote more personalised services.
  - f) ensure commissioning intentions are reflected in the Social Work service plan

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- g) consider update reports of progress in delivering on these intentions as part of performance review and review of the Social Work service plan.
- h) consider good practice elsewhere and keep abreast of national developments in relation to commissioning (eg SWIA, Joint Improvement Team, Cosla, ADSW).
- i) include consideration of issues associated with the commissioning of services in the Chief Social Work Officer's annual report.

### **16.0 Review of Policy and Reporting**

- 16.1 The Council is committed to ensuring its approach to commissioning is relevant and reflects best practice. The Social Work Management Team, who have the responsibility for this policy, will ensure this policy is regularly reviewed to reflect and include national developments.
- 16.2 An annual performance report will be submitted to the Council's Housing and Social Work Committee to report on progress against the action plan and to provide a performance report on externally purchased services.

## Definitions

**Block Contracts** involves payment of an annual fee for access to a defined range and standard of services. This approach guarantees service availability for the purchaser and provides security by way of guaranteed income for the provider.

**Commissioning** is the process of specifying, securing and monitoring services to meet people's needs. Commissioning is more commonly used to describe the strategic, long-term process by which this takes place, as opposed to the short-term operational, purchasing process".<sup>2</sup>

**Contracting** is the formal legally binding agreement between purchaser and provider of services, which needs to incorporate the service specification defined in the purchasing process.

**Contract** is an agreement between two or more parties, who intend to be legally bound, to do or to abstain from doing, an act or acts.

**Framework Agreements** means an agreement or other arrangement between one or more contracting authorities and one or more providers, which establishes the terms (eg price and quantity) under which the provider will enter into one or more contracts with the contracting authority in the period during which the framework agreement applies.

**Independent Sector** means the grouping of service providers, comprising service providers from the private and voluntary sector.

**Joint commissioning** is defined as the process when two or more commissioning agencies act together to co-ordinate their commissioning, taking joint responsibility for translating strategy into action. In practical terms, this means making the best use of available resources to meet identified needs.

**Outcomes Based Commissioning** is a shift from the historic tendency to express commissioning activity through the contractual requirement to provide outputs, such as the number of hours or type of service to be provided and is an approach that links outcomes and results to investment.

**Procurement** is the process of acquiring goods, works and services, covering both acquisition from third parties and from in-house providers. The process spans the whole life cycle from identification of needs, through to the end of a services contract or the end of the useful life of an asset. It involves options appraisal and the critical 'make or buy' decision<sup>3</sup>.

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<sup>2</sup> "Take Your Choice – A Commissioning Framework for Community Care", Audit Commission, 1997

<sup>3</sup> National Procurement Strategy for Local Government, October 2003

**Purchasing** is the process of acquiring goods or services at an agreed price, defined quality and to a specific timescale<sup>4</sup>.

**Service Level Agreements** specify in detail (eg volume, value, quality, access) the minimum acceptable service to be provided. This type of agreement is normally used within organisations and when used for this purpose is not legally binding, as a single legal entity cannot contract with itself. This terminology is also often associated with agreements put in place with voluntary organisations as a “lighter touch” to the purchasing of services from this sector. It should be noted however that a service level agreement is a contract and it is more helpful to refer to it as such.

**Spot Contracts** provide maximum flexibility and involves the purchase of services on a case by case basis, to predefined and agreed terms and conditions. In such instances, there is no commitment to a guaranteed level of service but consequently, the unit cost for the purchase of this service is usually higher than that of a block contracting arrangement.

**Voluntary Sector** means an organisation which is a registered charity (including a regional branch of a national charity), an Industrial and Provident Society recognised as an exempt charity or an unregistered body; and which is formally constituted as an autonomous, democratic organisation independent of national and/or local government.

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<sup>4</sup> “Commissioning and Purchasing”, Terry Bamford, 2001

## COMMISSIONING STRATEGY PROFORMA

Information Requirements<sup>5</sup>

<b>Populations</b>		
<b>Information</b>	<b>Purpose</b>	<b>Outcome</b>
Population groups and projections	To inform consideration of the need for change in social care services to maintain or revise current rates of service or introduce new forms of support, over a defined period of time.	% shift identified.
Demographic changes	To inform consideration of the need for change in social care services to maintain or revise current rates of service or introduce new forms of support over a defined period of time.	% shift identified.
Client specific requirements	To provide information about the number of people in a particular client group, to inform planning.	Profile of client group/need by age.
Unpaid carer input	To provide information on unpaid carer data, with consideration given to changes in carer numbers over the planning period.	Profile of unpaid care, including volume and age of person delivering the unpaid care.

<sup>5</sup> Adapted from Joint Improvement Team, Commissioning for Change Workbook, 2008

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<b>Current Resources</b>		
<b>Information</b>	<b>Purpose</b>	<b>Outcome</b>
Social care provision by client group.	To provide information about the nature and scale of current resources.	Baseline of current resources.
Housing tenure and household composition by client group.	To provide information about housing arrangements.	Housing profile of client group.
Day opportunities by client group	To provide information about the opportunities available and uptaken by the client group during the day.	Profile of day opportunities uptaken.
Employment of client group (where appropriate)	To provide information on the number of clients in employment.	Profile of clients in employment.
Income maximisation by client group	To provide information about income sources including any employment and benefits.	Profile of benefits take up.
Self directed support (assessment and support planning)	To provide information on the extent of uptake of self directed support options.	Profile of uptake of self directed support approach to assessment/planning by client group.
Self directed support (services and individual budgets)	To provide information on the extent of uptake of self directed support options.	Profile of uptake of self directed support approach to services/budgets by client group.

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<b>Finance and Workforce</b>		
<b>Information</b>	<b>Purpose</b>	<b>Outcome</b>
Current budget by client group	To provide gross revenue budget costs, by annual cost and unit cost, by service type.	Profile of spend for the client group, by service type.
Social care workforce	To provide information on the composition of the workforce and identify any issues, to promote the availability of the right people with the right skills at the right place, at the right time.	Profile of workforce by client group.
<b>Service Analysis</b>		
<b>Information</b>	<b>Purpose</b>	<b>Outcome</b>
Service use by age	To provide information about the age of the client and the service received by them to determine patterns of provision from the implementation of previous policy.	Profile of service use by age of client.
Rates of service use	To provide information about the rates at which social care services are utilised, to form a picture of current demand and need.	Profile of service usage.

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Unmet need	To provide information about individuals assessed as requiring care but who are required to wait for available services.	Profile of unmet need.
Source of referrals	To provide information about the origin of referrals.	Profile of referrals.
Length of stay	To provide information about length of stay by service type.	Pattern of provision identified.
Benchmarking comparisons	To provide information to enable benchmarking comparisons to be made between similar local authorities about the nature and scale of support for client groups.	Profile of comparison costs with similar local authorities.
<b>Consult</b>		
<b>Information</b>	<b>Purpose</b>	<b>Outcome</b>
Analysis of market	Establish capacity and development plans.	Identification of market intensions.
User/carer consultation	To elicit views on demand and unmet needs.	Needs mapped.
Service provider consultation	To elicit views on demand and unmet needs.	Needs mapped.

FINAL

<b>Objectives and Priorities</b>		
<b>Information</b>	<b>Purpose</b>	<b>Outcome</b>
Analysis of relevant legislation and government policy	To ensure compliance.	Key requirements identified.
Evaluate all available information gathered	To assist in drawing conclusions.	Conclusions are informed.
Conclusions from information gathering	Develop objectives and priorities.	Commissioning requirements identified.