

# **FUNDAMENTAL KNOWLEDGE IN COMMISSIONING FOR WELLBEING CRITERIA FOR AN INTRODUCTORY QUALIFICATION FOR COMMISSIONING OF SUPPORT AND CARE AT RQF LEVEL 5**

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## Context

The role of those who commission provision for the wellbeing of adults in England is a dynamic and influential one.

Commissioners have a real and far-reaching impact on people's lives. By stimulating a rich, diverse and sustainable market of provision, they ensure that personalised support and care is available where, how and when it is needed. They must find creative solutions to complex problems and inspire others to take up the challenge to raise standards of care and support with a skilled and committed workforce. Commissioners must understand the meaning of quality and true value for money, focusing on the outcomes that people experience in their daily lives. They must marry business acumen, commercial understanding, strategic awareness and professional resourcefulness with a passion for the rights and wellbeing of those who use services, both now and in the future. True coproduction with those who use services, and partnership with those who provide them, must be pervasive ways of working as commissioners plan for and procure services that will make integrated and person-centred support and care a reality.

This pivotal role of the commissioner is enshrined in legislation including the Care Act 2014. In order to rise to the challenge presented by new requirements and ensure that people experience better outcomes from the support and care they receive, commissioners need to understand fully the nature of their role as it is now defined.

This Qualification Specification sets out the criteria that define the content for a Level 5 qualification designed to develop and assess essential understanding of the complex and dynamic work of commissioning. It recognises that commissioning of support and care may demand integrated solutions across health, housing and community resources as well as social care. It is suitable for both new and experienced commissioners, and is also appropriate for those intending to progress to commissioning roles in future.

## Acknowledgements

It is the role of Skills for Care to define the content of this Specification, which was developed in partnership with commissioners, employers and those who use services. Input was secured through the steering group, a widely supported online survey and specific requests for feedback from those involved with health and housing as well as social care commissioning.

The contribution of those who served on the steering group for the development work is greatly appreciated:

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## Qualification criteria

The criteria below set out the minimum requirements for qualifications that develop the fundamental knowledge needed by commissioners (new, established or potential) in order to commission provision that addresses the wellbeing of adults in England.

The criteria are presented in two sections:

Section A: Summary of Qualification content and accreditation requirements

Section B: Minimum content requirements for the Qualification

The Total Qualification Time (TQT) required for this qualification is expected to be in the region of 230 hours.

It is recommended that the content be presented as units with associated credit values, to allow for the transferable recognition of achievement.

## Supporting information

A short glossary of key terms is included at the end of this Specification: terms included in the glossary are highlighted in **bold** within the criteria. The definitions are quoted with grateful thanks from *Commissioning for Better Outcomes: A Route Map*. (Dept for Health, ADASS, LGA, Think Local Act Personal, 2015).

A guide to useful documents, websites and examples of best practice in commissioning is available from Skills for Care on request.

## Section A: Summary of Qualification

### Content

Learners will be required to demonstrate an in-depth understanding of the commissioning role and the skills needed to carry it out, including that they understand:

- 1. The role of the commissioner for wellbeing**
- 2. The commissioning cycle**
- 3. Outcomes-focused commissioning**
- 4. Professional development for effective commissioning**

Details of required content under each of these headings are given in the following pages.

The content links with knowledge requirements for the National Occupational Standards (NOS) for Commissioning, Procurement and Contracting for Care Services (CPCCS). The full suite can be found at

[www.skillsforcareanddevelopment.org.uk/Careersincare/NationOccupationalStandards/CPCCS.aspx](http://www.skillsforcareanddevelopment.org.uk/Careersincare/NationOccupationalStandards/CPCCS.aspx)

As an RQF level 5 qualification, the content links particularly to knowledge requirements in the CPCCS NOS at level 4 (ie those with prefix SCDCPC4- -).

### Accreditation and Assessment

Qualifications developed to meet the criteria in this Specification must also meet the national requirements set by Ofqual for valid, reliable assessment and awarding procedures. They must address the Assessment Principles developed by Skills for Care/Skills for Care & Development to complement Ofqual requirements.

### Delivery

The complex and specialist nature of the content of this qualification must be taken into full account when designing learning programmes to deliver it.

Cohorts of learners will benefit from opportunities to meet together to support their own and each other's learning. It is unlikely that distance learning or elearning will on their own be capable of stimulating and supporting learning sufficiently for the demands of the qualification, although either may make a useful contribution within a programme of blended learning.

Tutors and assessors must have sound and up to date knowledge of best practice in commissioning and the requirements for commissioners as set out in current legislation. People who use support and care services should be involved in the design and delivery of learning programmes for this qualification.

## MINIMUM CONTENT REQUIREMENTS FOR THE RQF LEVEL 5 FUNDAMENTAL KNOWLEDGE IN COMMISSIONING FOR WELLBEING QUALIFICATION

(Terms in **bold** are defined in the glossary at the end of the Specification.)

### 1. The Role of the Commissioner for Wellbeing

- 1.1 Understand the central importance for commissioners of maintaining a focus on people
- 1.2 Understand the remit, aims, core features and scope of those who carry out **commissioning** for **wellbeing** and how these fit with wider trends in health and social care, housing, funding, commissioning and public service reform
- 1.3 Understand the current policy and legislative context of commissioning for wellbeing including:
  - current policy and legislation for the commissioning of services for wellbeing and the principles and values on which requirements are based
  - current legislation relating to specific activities within a commissioning cycle (including procurement and contracting)

### 2. The Commissioning Cycle

- 2.1 Understand the importance of consultation and **co-production** at every stage of the commissioning cycle
- 2.2 Understand key elements of practice at each stage of the commissioning cycle including:
  - Analysis (including horizon scanning, evidence base, data sources, data analysis, funding sources, quality indicators, assets in the community, market analysis)
  - Planning (including forecasting, creative solutions, strategic planning, market shaping, workforce shaping, continuity, contingency planning for change, effective indicators of success)
  - Implementation (including risk management/risk sharing, innovation, procurement, contract design and specification, contract management, monitoring mechanisms, on-going communication links)
  - Review (including evaluation based on meaningful indicators of success such as outcomes, impact on people's lives, quality assurance, value for money, impacts on social and health inequalities; incentives and interventions to support improvement and address quality concerns)

2.2 Understand the market for services that support wellbeing for the whole population in a locality including:

- The value of a diverse market of service provision (including different types of service; different sizes of service; service providers in statutory, private, voluntary and independent sectors; specialist services for particular needs or communities; self-directed services; services delivered remotely; **preventative services**; services for carers; information, advice and guidance; brokerage)
- The place of family, carer and community assets and resources
- The commercial and financial requirements which motivate independent and voluntary sector providers to develop and maintain the supply of support and care services to the statutory sector and self-funders
- Issues affecting the continued viability of services delivered by independent and voluntary sector providers
- The impact of new technologies on service design
- **Integrated care**/service provision that crosses traditional boundaries
- Self-directed support and **micro-commissioning**
- Innovation and creativity in service provision
- Key elements for effective **de-commissioning** of service provision
- The role of the commissioner in addressing market failure and provider failure

2.3 Understand the concept of **market shaping** including:

- The meaning of market shaping in relation to commissioning of services for wellbeing
- How market shaping contrasts with traditional care service procurement
- The systems and processes needed to support market shaping
- The skills and knowledge needed for effective market shaping

2.4 Understand the concept of workforce shaping including:

- The nature of the workforce involved in support for wellbeing and sources of information about it
- The meaning of workforce shaping and how it links with market shaping
- The relationship between workforce shaping, skills gaps and labour market development
- Links with legislation, regulation, standards and strategic initiatives relating to the workforce and workforce development

2.5 Understand the use in commissioning of:

- **Market position statements**
- Workforce strategies
- Service level agreements
- Framework agreements

- Specific forms of contracting arrangements (eg block contracts, spot contracts, dynamic purchasing systems, prime contracts, alliance contracts, strategic partners, arrangements for self-funding, arrangement for personal budgets including direct payments and individual service funds) and the merits and drawbacks of each

2.6 Understand the place of **procurement** and **contracting** within commissioning for wellbeing including:

- how procurement and contracting fit within the commissioning cycle
- the impact of local and organisational systems on how well these processes support outcomes-focused commissioning

### 3. Outcomes-based Commissioning

3.1 Understand the concept of **outcomes**-based commissioning including

- How aspects of wellbeing can be expressed in terms of outcomes for individuals, families, communities and populations
- Key features of outcomes-based commissioning and links with outcomes-based care planning
- How outcomes-based commissioning contrasts with other models of commissioning
- How outcomes-based commissioning informs processes for monitoring, evaluation and quality improvement
- Key standards, documents, evidence and resources available to support commissioners to implement outcomes-based commissioning

3.2 Understand the concept of **person-centred** commissioning including:

- Principles of person-centred commissioning and **personalisation**
- The impact on person-centred commissioning of different funding arrangements for services that promote wellbeing
- Potential tensions and conflicts that can arise between person-centred commissioning and issues around funding, business viability and practical implementation, and ways to address these
- Sources of information and support for person-centred commissioning

3.3 Understand the concept and practice of **co-production** in commissioning including:

- The meaning of coproduction in commissioning for wellbeing
- How coproduction supports outcomes-focused commissioning
- Co-production as a core value

- Co-production as an approach
- Co-production as a set of skills

### 3.4 Understand partnership working for outcomes-based commissioning including:

- The roles of key **partners** in commissioning (eg individuals who use services; **carers**; community leaders; user-led organisations; care service providers in statutory, private, voluntary and independent sectors; consortia; health and public health agencies; housing agencies; learning providers; service regulators)
- Effective attitudes, systems and approaches for partnership work within the commissioning organisation (ie with team members and others whose role has an interface with commissioning)
- Effective attitudes, systems and approaches for partnership working with service providers and other external agencies
- Skills needed to achieve better outcomes through partnership working for commissioning

### 3.5 Understand **integrated** commissioning for better outcomes including:

- How and why services that cross traditional boundaries can achieve better outcomes for individuals, carers, families and communities
- How different funding arrangements for social care, health and housing can impact on outcomes-focused commissioning
- How organisational and cultural barriers to integrated commissioning and integrated provision can be identified and overcome
- Effective models and approaches for integrated commissioning

## 4. Professional Development for Effective Commissioning

### 4.1 Understand the skills and knowledge needed for effective commissioning including those relating to:

- Each element of the commissioning cycle
- Market shaping and oversight
- Workforce shaping
- Coproduction
- Partnership working across agencies
- Integrated working
- The culture change required to embrace the evolving context and practice of commissioning

- 4.2 Analyse the learner's own learning needs to ensure knowledge and skills as a commissioner for wellbeing are developed and maintained
- 4.3 Understand the use of data sources, research, networks, learning opportunities and support in developing and maintaining up to date knowledge and skills for commissioning
- 4.4 Agree a professional/personal development plan to address the learner's own learning needs for commissioning
- 4.5 Understand the features of reflective practice and its importance for a commissioner for wellbeing, including the importance of requesting and acting on feedback from those involved in the commissioning process and in particular those whose who use services

## Glossary of terms

These definitions are extracts from the glossary in *Commissioning for Better Outcomes: A Route Map*<sup>1</sup> and are used by kind permission.

<b>Carer</b>	A person who provides unpaid support to a partner, family member, friend or neighbour who is ill, struggling or disabled and could not manage without this help. This is distinct from a care worker, who is paid to care for people.
<b>Commissioning</b>	The process by which public services plan the services that are needed by the people who live in the local area, ensuring that services are available, high quality and appropriate. Commissioning is sometimes described as a cycle involving: assessing the needs of the local population, deciding what services are needed, designing a strategy to deliver those services, making sure those services are in place, evaluating how well these services are working, then making any changes needed. This is a broader process than simply choosing and paying a particular service provider to deliver a specific service on behalf of local people (a process often known as 'contracting' or 'procurement').
<b>Contracting</b>	The means by which the procurement process is made legally binding. Contract management is the process that then ensures that the services continue to be delivered to the agreed quality standards. Commissioning covers procurement but includes the wider set of strategic activities.
<b>Coproduction</b>	This refers to viewing people who use social care, their families, carers and wider communities as equal partners in decision-making. It recognises that people who use social care services (and their families) have knowledge and experience that can be used to help make services better, not only for themselves but for other people who need social care. This is also known as restorative decision-making and peer decision-making.
<b>Decommissioning</b>	A planned process of removing, reducing or replacing care and support services.
<b>Integrated care</b>	Joined-up, coordinated health and social care that is planned and organised around the needs and preferences of the individual, their carer and family. This may also involve integration with other services, for example housing. This term is often used to mean different things by different people (or else not really defined at all). However, a key test is whether support feels joined-up to the person who receives it, and whether different services fit in to the needs and requirements of the individual (rather than the other way round – individuals expected to fit into the needs and requirements of individual services).
<b>Market Position Statement (MPS)</b>	A Market Position Statement lays the foundations of relationships between the Local Authority and providers of social care services. It should cover all potential and actual users of services in the local area, not just those that the state funds. An MPS should signal to providers commissioners' intentions to commission services now and in the future to enable them to respond effectively. They are likely to include summaries of the needs of the area, including the outcomes that people using services and the local population want to achieve and the activities the Local Authority will undertake to meet needs.

<sup>1</sup> *Commissioning for Better Outcomes: A Route Map*. Dept for Health, ADASS, LGA, Think Local Act Personal, 2015.

<b>Market shaping</b>	Local Authority collaboration with relevant partners, including people with care and support needs, carers and families, to facilitate the whole market in its area for care, support and related services. This includes services arranged and paid for by the state through the Authority, those services paid by the state through direct payments, and those services arranged and paid for by individuals from whatever sources (sometimes called 'self-funders'), and services paid for by a combination of these sources. Development of a Market Position Statement is instrumental in effective market shaping.
<b>Micro-commissioning</b>	This is commissioning at an individual level, usually through an assessment and support planning process undertaken by the Local Authority. It is often referred to as setting up individual packages of care. Increasingly these packages are being set up using Direct Payments so that the individual has more choice and control over their support.
<b>Outcome</b>	An aim or objective that people would like to achieve or need to happen – for example, continuing to live at home, or being able to go out and about. When commissioning services for a local area, it is important for Local Authorities to be clear about what outcomes they are trying to achieve so that potential service providers can offer innovative approaches and so that commissioners can evaluate whether or not the services they have commissioned have been effective.
<b>Partners</b>	In order to commission effectively, Local Authority commissioners need to work with a broad range of individuals and organisations. This includes: <ul style="list-style-type: none"> <li>• People who use social care, their carers and advocates</li> <li>• Strategic partners, who are individuals and organisations who need to be involved to help the Local Authority plan and implement its strategy for commissioning for better outcomes</li> <li>• Commissioning partners: organisations with responsibilities for commissioning other services, for example Clinical Commissioning Groups (CCGs)</li> <li>• Provider partners: Individuals and organisations providing care and support.</li> </ul>
<b>Person-centred</b>	An approach that puts the person receiving care and support at the centre, treating the person with care and support needs as an equal partner; putting into practice the principle of 'no decision about me without me'.
<b>Personalisation</b>	A way of thinking about care and support services that puts people who need care and support at the centre of the process of working out what those needs are, choosing what support to use and having control over their life. It is about the person as an individual, not about groups of people whose needs are assumed to be similar, or about the needs of organisations.
<b>Preventative services</b>	Prevention covers actions to prevent people from poor health, including preventing more serious problems developing or stopping people from becoming frail and disabled in the first place. The aim of preventative services is to help people stay independent and maintain their of life, as well as to save money in the long term; for example, by avoiding more intensive support.
<b>Procurement</b>	The process of buying services and equipment to provide care and support
<b>Wellbeing</b>	Wellbeing is a broad concept, and it is described as relating to the following areas in particular: personal dignity, physical and mental health and emotional wellbeing, protection from abuse and neglect, control by the individual over day-to-day life (including over care and support provided and the way it is provided), participation in work, education, training or recreation, social and economic wellbeing and domestic, family and personal relationships.