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## Qualification Specification

# Highfield Level 5 Certificate in Principles of Commissioning for Wellbeing (RQF)

Qualification Number: 603/0969/6

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## Highfield Level 5 Certificate in Principles of Commissioning for Wellbeing (RQF)

### Introduction

This qualification specification is designed to outline all you need to know to offer this qualification at your centre. If you have any further questions, please contact your account manager.

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### Qualification regulation and support

The Highfield Level 5 Certificate in Principles of Commissioning for Wellbeing (RQF) has been developed and is awarded by Highfield Qualifications and sits on the Regulated Qualifications Framework (RQF). The RQF is an English qualification framework regulated by the Office of Qualifications and Examinations Regulation (Ofqual).

The qualification is also supported by Skills for Care, the sector skills council for the adult care sector in England.

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### Key facts

|  |                                      |
|--|--------------------------------------|
| <b>Qualification number:</b>           | 603/0969/6                           |
| <b>Learning aim reference:</b>         | 60309696                             |
| <b>Credit value:</b>                   | 24                                   |
| <b>Assessment method:</b>              | Internally-set portfolio of evidence |
| <b>Guided learning hours (GLH):</b>    | 65                                   |
| <b>Total qualification time (TQT):</b> | 235                                  |

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### Qualification overview and objective

The objective of this qualification is to support people for whom commissioning forms part of their role in the workplace, it introduces the principles of commissioning for wellbeing to new commissioners, and enables more experienced commissioners to review and update their knowledge. This qualification is designed for those learners wishing to gain a nationally recognised qualification in commissioning for wellbeing within the care sector.

This qualification has been designed for those who commission adult care and support services, but the content can also be contextualised to support commissioners in health, housing and children's care. As well as those that work in commissioning roles, this qualification is suitable for those who provide care and support services, in terms of how they commission (subcontract) parts of their own service. It will also be useful for people who are considering a move into commissioning.

A commissioner for wellbeing is responsible for ensuring that there is a range of high quality, sustainable provision available to meet the need for care and support in their local area. For commissioners, the focus on achieving good outcomes for people in a climate of financial pressure is growing ever stronger and building partnerships and working to co-produce solutions with local people are also increasingly important. 'Wellbeing' is a key term used within the role of the

commissioner and their responsibilities include the maintenance of support for individuals who use the service to ensure their personal dignity, physical and mental health and emotional wellbeing, protection from abuse and neglect, control by the individual over day-to-day life (including the 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.

The qualification provides learners with the knowledge and understanding in:

1. The role of the commissioner for wellbeing
2. Commissioning together for outcomes
3. The commissioning cycle
4. Professional development for effective commissioning

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### Entry requirements

To register for this qualification, learners are required to meet the following entry requirements:

- 18 years of age or above
- Demonstrate that they can manage higher level independent study and therefore should be qualified to at least a level 3 qualification.
- Have significant experience within the care and support sector, in either a local authority or NHS setting, or related areas such as housing or the voluntary and community sectors

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### Geographical coverage

This qualification is suitable for delivery in England.

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### Delivery/assessment ratios

Ratios for delivery and assessment of this qualification will be decided by Centres and allocated to assessors accordingly. Delivery and assessment would usually be on a one-to-one basis. However, it is **recommended** that some learning is delivered through face-face classroom contact to enable discussion and debate (see Guidance on delivery for more information).

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### Centre requirements

To effectively deliver and assess this qualification, centres must have the following resources in place:

- Classroom with suitable seating and desks
- Projector, if using presentation slides
- Appropriate means to provide support if covering content by distance learning
- Ensuring learners have appropriate support from their organisation

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### Guidance on delivery

The total qualification time for this qualification is 235 and of this 65 are recommended as guided learning hours. It is suggested that this qualification will be completed in approximately nine to twelve months.

TQT is an estimate of the total number of hours it would take an average learner to achieve and demonstrate the necessary level of attainment to be awarded with a qualification, both under

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direct supervision (forming guided learning hours) and without supervision (all other time). TQT and GLH values are advisory and assigned to a qualification as guidance.

It is recommended that the qualification is delivered by blended learning, to include some face-to-face contact time. Total distance learning is not recommended as peer discussion between learners is important to provide learners with the opportunity to discuss and debate ideas in order to broaden their understanding of commissioning for wellbeing. It is recommended that people who use support and care services should be involved in the design and delivery of learning programmes for this qualification.

This delivery programme may be adjusted in accordance with learners' needs and/or local circumstances.

Highfield has provided centres with further delivery support within a Tutor, Assessor and IQA Support Pack, which is available to download from the Members Area of the Highfield Qualifications website. This pack provides more guidance on effective ways to deliver this course as well as sources and references that nominated tutors may wish to make use of in their teaching or direct learners to.

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### Guidance on assessment

The qualification is assessed through an internally set and assessed portfolio of evidence, which is marked as pass or fail. It is expected that learner evidence will take the form of work such as:

- Assignments
- Reports
- Research projects
- Presentations
- Case studies
- Any other suitable evidence

Centres should devise their own assessment tasks, as this allows learners the flexibility to apply their knowledge to scenarios and situations relevant to them and their locality, to better demonstrate and apply their understanding and ability in commissioning for wellbeing across the breadth of the qualification syllabus.

Learners will be required to provide evidence to show they have suitable knowledge and understanding for **each** assessment criteria outlined within the four qualification units.

Highfield Qualifications has provided centres with a Learner Pack containing appropriate forms and tracking documentation which may be used to provide a clear audit trail of where and how learners have met **all** requirements. This will assist in efficient assessment and quality assurance processes taking place. This pack is available to download within the Members Area of the Highfield Qualifications website.

Highfield Qualifications has provided centres with further assessment support within a Tutor, Assessor and IQA Support Pack, which is available to download from the Members Area of the Highfield Qualifications website. This pack provides more guidance on ways to design appropriate internally set tasks and how to assess learners' work consistently. The pack also provides sources and references that assessors may direct learners to when completing their work.

Centres must take all reasonable steps to avoid any part of the assessment of a learner (including any internal quality assurance and invigilation) being undertaken by any person who has a personal interest in the result of the assessment.

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## Guidance on quality assurance

Highfield Qualifications requires centres to have in place a robust mechanism for internal quality assurance. Internal quality assurance must be completed by an appropriately qualified person and that person must not have been involved in any aspect of the delivery or assessment of the course they are quality assuring.

Highfield Qualifications will support centres by conducting ongoing engagements to ensure and verify the effective and efficient delivery of the qualification.

Highfield Qualifications has provided centres with further support on internal quality assurance within a Tutor, Assessor and IQA Support Pack, which is available to download from the Members Area of the Highfield Qualifications website. This pack provides more guidance on effective ways of designing, employing and maintaining robust internal quality assurance mechanisms.

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## Recognition of prior learning (RPL)

Centres may apply to use recognition of prior learning or prior achievement to reduce the amount of time spent in preparing the learner for assessment.

For further information on how centres can apply to use RPL as described above, please refer to the Recognition of Prior Learning (RPL) policy in the members' area of the Highfield Qualifications website. This policy should be read in conjunction with this specification and all other relevant Highfield documentation.

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## Assessor requirements

Nominated assessors must meet the following requirements:

- Strong knowledge and experience of commissioning for wellbeing
- Demonstrate evidence of engagement with the subject field and continuing professional development in order to keep up to date with emerging policy and practice on commissioning for wellbeing and to reflect this in delivery of the qualification
- Hold or be working towards\* a recognised qualification in assessment or other appropriate qualification that supports competence in confirming assessment decisions. Examples include:
  - Highfield Level 3 Award in Assessing Competence in the Work Environment
  - Highfield Level 3 Certificate in Assessing Vocational Achievement
  - A1 Assess Learner performance Using a Range of Methods
  - D32 Assess Learner Performance and D33 Assess Learner Using Different Sources of Evidence
  - CertEd
- Maintain evidence of continuous professional development within the sector

\*For more information on those assessment decisions made by an unqualified assessor, please refer to counter-signing strategy requirements on page 7 of this specification, and the Skills for Care Assessment principles (found on the Highfield website).

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## Internal quality assurance (IQA) requirements

Highfield Qualifications requires internal quality assurers for this qualification to meet the following:

- be occupationally knowledgeable in the area they are quality assuring
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- hold [or be working towards] a recognised internal quality assurance qualification [or experience], which could include any of the following:
  - Highfield Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice;
  - Highfield Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice;
  - D34 or V1 Verifier Awards; and
- maintain appropriate continued professional development for the subject area

For further information, please refer to the Skills for Care and Development’s assessment strategy, which is on the Highfield website.

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### Countersigning strategy

While it is a minimum requirement for centres to have the appropriately qualified workforce in place, it is understood that centres may have new personnel who are working towards those requirements. During this period, centres are required to have a robust countersigning strategy in place that supports and validates unqualified assessment/quality assurance decisions, until the point where they meet the requirements as detailed above.

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### Mapping to National Occupational Standards (NOS)

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 on the Skills for Care website.

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### Reasonable adjustments and special considerations

Highfield has measures in place for learners who require additional support. Please refer to Highfield Qualifications’ Reasonable Adjustments Policy for further information/guidance.

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### ID requirements

It is the responsibility of the centre to have systems in place to ensure that the person taking an assessment is indeed the person they are claiming to be. All centres are therefore required to ensure that each learner’s identification is checked before they undertake the assessment. Highfield Qualifications recommends the following as proof of a learner’s identity:

- a valid passport (any nationality)
- a signed UK photocard driving licence
- a valid warrant card issued by HM forces or the police
- another photographic ID card, e.g. employee ID card, student ID card, travel card etc.

If a learner is unable to produce any of the forms of photographic identification listed above, a centre may accept another form of identification containing a signature, for example, a credit card. Identification by a third-party representative, such as a line manager, human resources manager or invigilator, will also be accepted.

**For more information on learner ID requirements, please refer to Highfield Qualifications’ Core Manual.**

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### Progression opportunities

On successful completion of this qualification, learners may wish to continue their development by undertaking one of the following qualifications:

- A number of universities offer Masters qualifications in commissioning
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### Useful websites

- Commissioning for Better Outcomes: A Route Map, University of Birmingham, ADASS, 2014:  
<https://www.adass.org.uk/media/4576/commissioning-for-better-outcomes-a-route-map-301014.pdf>
- People not process – Co-production in Commissioning, TLAP, 2015:  
<http://www.thinklocalactpersonal.org.uk/co-production-in-commissioning-tool/>
- Workforce Commissioning:  
<http://www.skillsforcare.org.uk/Leadership-management/Workforce-Commissioning/Workforce-commissioning.aspx>

Further sources and references can be found within the Tutor, Assessor and IQA Support Pack, which is available to download from the Members Area of the Highfield website.

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## Appendix 1: Qualification structure

To complete the **Highfield Level 5 Certificate in Principles of Commissioning for Wellbeing (RQF)**, learners must complete the following:

- **all units** contained within the mandatory group

### Mandatory group

Learners must achieve **all units** in this group

| Unit reference | Unit title   | Level | GLH | Credit |
|----------------|--|-------|-----|--------|
| R/615/4418     | The Role of the Commissioner for Wellbeing           | 5     | 12  | 5      |
| Y/615/4419     | Commissioning Together for Outcomes                  | 5     | 20  | 8      |
| L/615/4420     | The Commissioning Cycle                              | 5     | 25  | 8      |
| R/615/4421     | Professional Development for Effective Commissioning | 5     | 8   | 3      |

## Appendix 2: Qualification content

### Unit 1: The Role of the Commissioner for Wellbeing

Unit number: R/615/4418

Credit: 5

GLH: 12

Level: 5

#### Unit Introduction

This unit aims to develop the learner’s knowledge and understanding of the purpose, roles, responsibilities and accountabilities of those involved in commissioning for wellbeing, from all agencies. Learners will develop their understanding of the values that inform commissioning and the complex contextual factors that influence the commissioning environment, including policy and legislation that affects commissioning for wellbeing.

| Learning Outcomes  | Assessment Criteria  |
|--|--|
| <i>The learner will</i>  | <i>The learner can</i>   |
| <b>1 Understand the values that inform commissioning</b>   | 1.1 Explain how the values of <b>commissioning</b> start with the <b>wellbeing</b> of people and communities<br><br>1.2 Explain how a <b>person-centered approach</b> helps commissioners maintain a focus on people, community inclusion and equality   |
| <b>2 Understand the purpose and objectives of commissioning</b>  | 2.1 Explain the <b>objectives</b> of commissioning<br><br>2.2 Critically compare the differences in the roles, responsibilities and accountabilities of commissioners and <b>partners</b> in different organisations<br><br>2.3 Analyse <b>wider trends and factors</b> that influence commissioners for wellbeing |
| <b>3 Understand the importance of critical analysis and reflection for the commissioning environment</b> | 3.1 Analyse current <b>policy and legislation affecting the commissioning environment</b><br><br>3.2 Critically evaluate <b>evidence and knowledge-based theories</b> that influence commissioning   |

#### Amplification and Further Guidance

The following amplification provides guidance for centres on coverage and depth for each of the emboldened areas within the assessment criteria. Centres should ensure that all amplification is covered as part of their teaching and learning strategies. Where coverage quantities have been provided e.g. at least 2 etc, these set the requirements for assessment.

- **Commissioning:** The process of planning services for a group of people who live in a particular area. It does not always mean paying for services, but making sure that the services people need are available in that area.
- **Wellbeing:** 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
- **Person-centred approach:** An approach that puts the person receiving care and support at the centre of the way care is planned and delivered. It is based around the person and their own needs, preferences and priorities. It treats the person as an equal partner, and puts into practice the principle of 'no decision about me without me'.

**2.1 Objectives:** explain remit, aims and core features

**2.2 Partners** (roles, responsibilities and accountabilities of all of the above must be compared): The range of organisations and others who need to work together to commission or deliver care and support to people in an area. This must include the NHS, council, housing, independent voluntary and community organisations, individuals, families (people who use services) and regulators.

**2.3 Wider trends** in health and social care (at least 5 must be analysed): must include housing, funding, commissioning, demographic, financial, political, social, public service reform, children and public health

**3.1 Policy and legislation affecting the commissioning environment:**

- Current policy and legislation for the commissioning of services for wellbeing and the principles and values on which are based.
- Current legislation relating to specific activities within a commissioning cycle (including procurement and contracting)
- Learners should answer in relation to care and support, wellbeing, safeguarding, and workforce shaping but also related services and wider trends in public sector reform

**3.1 Policy and legislation: (all must be analysed)**

- Care Act (2014)
- Five Year Forward View (2014) and Next Steps (2017)
- Health and Social Care Act (2012)
- Human Rights Act (1998)
- Open Public Services (2011)
- Equality Act (2010)
- Public Services (Social Value) Act (2013)
- Local Government and Public Involvement in Health Act (2007)
- Data Protection Act (2018) and General Data Protection Regulation (2018)
- Children and Families Act (2014)

**3.2 Evidence and knowledge-based theories must include (at least 2 must be evaluated):**

- Values mapping

- Horizon scanning
- Policy mapping

*A full glossary of terms can be found within appendix 4.*

**Unit 2: Commissioning Together for Outcomes**

Unit number: Y/615/4419

Credit: 8

GLH: 20

Level: 5

**Unit Introduction**

This unit aims to develop the learners understanding and knowledge of commissioning for wellbeing as an outcome-focused process. Learners will also develop understanding and knowledge of commissioning for wellbeing as a process that has relationships and partnerships at its heart, with people and with other commissioners.

| Learning Outcomes   | Assessment Criteria  |
|---|--|
| <i>The learner will</i>   | <i>The learner can</i>   |
| <p><b>1 Understand the concept of outcomes-based commissioning</b></p>  | <p>1.1 Illustrate how aspects of <b>wellbeing</b> can be expressed in terms of <b>outcomes</b></p> <p>1.2 Explain key features of <b>outcomes-based</b> commissioning and the links with outcomes-based care planning</p> <p>1.3 Critically compare <b>outcomes-based</b> commissioning with <b>other models</b> of commissioning</p> <p>1.4 Evaluate how <b>outcomes-based</b> commissioning informs processes for monitoring, evaluation and quality improvement</p> |
| <p><b>2 Understand the concept of person-centred commissioning</b></p>  | <p>2.1 Evaluate the principles of person-centred commissioning and <b>personalisation</b></p> <p>2.2 Analyse potential tensions and <b>conflicts in person-centred commissioning</b> and ways to address these</p> <p>2.3 Identify sources of information and support for person-centred commissioning</p>   |
| <p><b>3 Understand integrated commissioning for better outcomes</b></p> | <p>3.1 Analyse <b>effective models and approaches</b> for integrated commissioning</p> <p>3.2 Explain how and why integrated services that cross traditional boundaries can achieve better outcomes for individuals, carers, families and communities</p> <p>3.3 Analyse how organisational and cultural barriers to integrated commissioning and</p>  |

|  |  |
|--|--|
|  | <p>integrated provision can be identified and overcome</p> <p>3.4 Explain how different funding arrangements for social care, health and housing can impact on <b>person-centred</b> and outcomes-based commissioning</p>  |
| <p><b>4 Understand partnership working and coproduction for outcomes-based commissioning</b></p> | <p>4.1 Explain the concept and practice of coproduction as a core value, approach and set of skills</p> <p>4.2 Analyse how working with <b>partners</b> in the <b>design and delivery</b> of commissioning helps to achieve desired outcomes</p> <p>4.3 Analyse how <b>coproduction</b> supports outcomes based commissioning for wellbeing</p> <p>4.4 Explain <b>attitudes, systems and approaches</b> for partnership working</p> <p>4.5 Evaluate <b>how to overcome potential tensions and conflicts</b> with key <b>partners</b></p> |

### Amplification

The following amplification provides guidance for centres on coverage and depth for each of the emboldened areas within the assessment criteria. Centres should ensure that all amplification is covered as part of their teaching and learning strategies. Where coverage quantities have been provided e.g. at least 2 etc, these set the requirements for assessment.

**1.1 wellbeing:** 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

**1.1 Outcomes: For Assessment criteria 1.1** learners should relate this to individuals, families, communities and populations.

**1.1/1.2/1.4 outcome/s:** 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.

**1.3 other models/3.1 effective models and approaches must include (all should be analysed):**

- New Economics Foundation model
- alliance contracting
- prime provider model/prime contracts

purchasing systems  
Integrated commissioning for better outcomes

**2.1 Person-centred Commissioning:** The six-step process: *Working together for change*. It uses person-centred information taken directly from individual reviews, support plans or person-centred plans to inform strategic planning and commissioning (*Working together for change: using person-centred information for commissioning, 2009*).

1. Gathering the person-centred information
2. Transferring the information into a usable format
3. Clustering the information into agreed themes
4. Analysing the information
5. Action planning
6. Sharing information

**Personalisation:** 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.

**2.2 Conflicts in person-centred commissioning** (all should be analysed): issues surrounding funding and practical implementation, personal choice and statutory responsibility

**3.1 Models** – this relates to different models of governance and partnership working and culture, not contracting models (covered in 3.4.1)

**3.4 Person-centred:** An approach that puts the person receiving care and support at the centre of the way care is planned and delivered. It is based around the person and their own needs, preferences and priorities. It treats the person as an equal partner, and puts into practice the principle of 'no decision about me without me.'

**4.2/4.5 Partners:** In order to commission effectively, Local Authority commissioners need to work with a broad range of individuals and organisations. This includes:

- People who use social care, their carers and advocates (all should be analysed/evaluated)
- 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 ((all should be analysed/evaluated)
- Commissioning partners: organisations with responsibilities for commissioning other services, for example Clinical Commissioning Groups (CCGs) (at least 1 should be analysed/evaluated)
- Provider partners: Individuals and organisations providing care and support (at least 1 should be analysed/evaluated)

**4.2 design and delivery:** Learners should relate to innovative and flexible ways of working

**4.3 Co-production:** 'Co-production is not just a word, it is not just a concept, it is a meeting of minds coming together to find shared solutions. In practice, co-production involves people who see services being consulted, included and working together from the start to the end of any project that affects them. When co-production works best, people who use services and

carers are valued by organisations as equal partners, can share power and have influence over decisions made' (The TLAP National Co-production Advisory Group).

**4.4 attitudes, systems and approaches** for partnership working: Learners should answer in relation to external/internal partners to the organisation.

*Internal: team members and others whose role has an interface with commissioning*

*External: services providers and other external agencies, people who use services and carers*

**4.5 how to overcome potential tensions and conflicts:** potential issues could include funding and practical implementation, personal choice and statutory responsibility

*A full glossary of terms can be found within appendix 4.*

**Unit 3: The Commissioning Cycle**

Unit number: L/615/4420  
 Credit: 8  
 GLH: 25  
 Level: 5

**Unit Aims**

This unit aims to develop understanding and knowledge of the steps and processes involved in the commissioning cycle (analyse, plan, do, review). Learners will also develop their understanding of the need to establish a balanced, diverse, sustainable market, as well as the range of actions that can help to achieve this.

| Learning Outcomes  | Assessment Criteria   |
|--|---|
| <i>The learner will</i>  | <i>The learner can</i>  |
| <p><b>1 Understand key elements of practice at each stage of the commissioning cycle</b></p>     | <p>1.1 Explain the <b>key elements of practice at each stage</b> of the commissioning cycle</p> <p>1.2 Justify the importance of consultation and coproduction at every stage of the commissioning cycle</p>  |
| <p><b>2 Understand the local market for services that support wellbeing for the locality</b></p> | <p>2.1 Evaluate the value of a <b>diverse market of service provision</b></p> <p>2.2 Explain how family, carer and community assets and resources provide services and support for wellbeing</p> <p>2.3 Analyse the issues affecting <b>viability of continued services</b> delivered in the local system</p> <p>2.4 Explain the impact of new technologies and innovative and creative solutions in service provision</p> <p>2.5 Evaluate integrated service provision that crosses traditional boundaries</p> <p>2.6 Illustrate self-directed support and <b>micro-commissioning</b></p> <p>2.7 Analyse key elements of <b>de-commissioning</b> of service provision</p> <p>2.8 Explain the role of the commissioner in <b>addressing market and provider failure</b></p> |

|  |  |
|--|--|
| <p><b>3 Understand the concepts of market and workforce commissioning and workforce market shaping</b></p>             | <p>3.1 Evaluate <b>market shaping</b> in relation to commissioning of services for wellbeing</p> <p>3.2 Analyse how market shaping contrasts with traditional care service <b>procurement</b></p> <p>3.3 Explain the systems and processes needed to support market shaping</p> <p>3.4 Explain the skills and knowledge needed for effective market shaping</p> <p>3.5 Outline the nature of the workforce involved in support for wellbeing and sources of information about it</p> <p>3.6 Evaluate how workforce commissioning and workforce market shaping links with market shaping</p> <p>3.7 Analyse the relationship between workforce commissioning and workforce market shaping, skills gaps and labour market development</p> <p>3.8 Evaluate how legislation, regulation, standards and strategic initiatives relate to the workforce and workforce development</p> |
| <p><b>4 Understand how strategies, standards agreements, procurement and contracting are used in commissioning</b></p> | <p>4.1 Critically evaluate specific forms of <b>contracting arrangements</b> used in commissioning</p> <p>4.2 Evaluate the key roles played by <b>statements, standards, strategies and agreements</b> in commissioning</p> <p>4.3 Evaluate how <b>procurement</b> and <b>contracting</b> fit within the commissioning cycle</p> <p>4.4 Evaluate how procurement and contracting impact the local and organisational systems and how they support outcomes-based commissioning</p>   |

**Amplification**

The following amplification provides guidance for centres on coverage and depth for each of the emboldened areas within the assessment criteria. Centres should ensure that all amplification is covered as part of their teaching and learning strategies. Where coverage quantities have been provided e.g. at least 2 etc, these set the requirements for assessment.

**1.1 Key elements of practice at each stage:**

**key elements of practice at the ‘analyse’ stage:** Learners should relate this to (all should be explained):

- Horizon scanning (covered in 1.3.2)
- Evidence base
- Data sources
- Data analysis
- Funding sources
- Quality indicators
- assets in the community
- market analysis

**key elements of practice at the ‘planning’ stage:** Learners should relate this to (all to be explained):

- Forecasting
- Creative solutions
- Strategic planning
- Market shaping
- Workforce shaping
- Continuity
- Contingency planning for change
- Effective indicators or success

**key elements of practice at the ‘implementation’ stage:** Learners should relate this to (all to be explained):

- Risk management/risk sharing
- Innovation
- Procurement
- Contract design and specification
- Contract management
- Monitoring mechanisms
- On-going communication links

**key elements of practice at the ‘review’ stage:** Learners should relate this to (all to be explained):

- Outcomes
- Impacts 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

**2.1 diverse market of service provision:** Learners may include (at least 6 should be evaluated):

- different types and sizes of service including micro-providers
- service providers in statutory, private, voluntary and independent sectors

- specialist services for particular needs or communities
- self-directed services
- services delivered remotely
- preventative services: 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.
- services for carers
- information, advice and guidance
- brokerage

**2.3 viability of continued services:** Learners should include:

- issues affecting the continued viability of services delivered by independent and voluntary sector providers.
- 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.

**2.6 Micro-commissioning:** 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.

**2.7 decommissioning:** A planned process of removing, reducing or replacing care and support services

**2.8 addressing market and provider failure:** Learners should also include dealing with risk and avoiding unplanned market failures and the impact of serious case review findings

**3.1 market shaping:** ‘Commissioners work with people and providers to understand how people want to live a good life. They work to make sure that different types of support are available at the right price to achieve this now and in the future. Commissioners, citizens and service providers collaborate’. (Think Local Act Personal).

**3.2/4.3 Procurement:** The process of buying services and equipment to provide care and support.

**4.1/4.3 Contracting:** 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.

**Contracting arrangements:** may include block contracts, spot contracts, dynamic purchasing systems, prime contracts, alliance contracts, strategic partners, arrangements for self-funding, arrangement for personal health budgets and personal budgets including direct payments and individual service funds (at least 4 including personal budgets must be evaluated)

**4.2 statements, standards, strategies and agreements:** Learners must relate to (all must be covered):

- Market position statements
- Workforce strategies
- Service level agreements
- Framework agreements
- Standards, documents, evidence and resources available to implement outcomes-based commissioning

*A full glossary of terms can be found within appendix 4.*

**Unit 4: Professional Development for Effective Commissioning**

Unit number: R/615/4421

Credit: 3

GLH: 8

Level: 5

**Unit Aims**

This unit aims to develop analytical self-assessment and reflection to determine professional development requirements and own professional development plans to improve and maintain knowledge and skills required as a commissioner for wellbeing.

| Learning Outcomes   | Assessment Criteria   |
|---|---|
| <i>The learner will</i>   | <i>The learner can</i>  |
| <p><b>1 Understand the skills and knowledge needed to be a commissioner for wellbeing</b></p>                         | <p>1.1 Analyse the <b>knowledge and skills required as an effective commissioner for wellbeing</b></p> <p>1.2 Evaluate the use of <b>sources of support</b> in developing and maintaining up to date knowledge and skills for commissioning</p>   |
| <p><b>2 Understand how to plan, develop and maintain own knowledge and skills as a commissioner for wellbeing</b></p> | <p>2.1 Analyse own learning needs as a commissioner for wellbeing</p> <p>2.2 Develop and agree own professional development plan to address learning and development needs</p> <p>2.3 Explain features of reflective practice and its role in identifying learning and development needs</p> <p>2.4 Analyse the importance of ongoing self-assessment and reflection throughout career</p> <p>2.5 Illustrate the importance of requesting and acting on feedback from <b>partners involved in the commissioning process</b></p> |

| Amplification  |
|--|
| <p>The following amplification provides guidance for centres on coverage and depth for each of the emboldened areas within the assessment criteria. Centres should ensure that all amplification is covered as part of their teaching and learning strategies. Where coverage quantities have been provided e.g. at least 2 etc, these set the requirements for assessment.</p> <p><b>1.1 Knowledge and skills required as an effective commissioner for wellbeing: Learners should relate to the following:</b> (This list is not exhaustive. All of the below should be analysed).</p> <ul style="list-style-type: none"> <li>• <b>Market shaping</b> and oversight</li> </ul> |

- **Workforce commissioning and workforce market shaping**
- **Coproduction**
- Commissioning integrated care
- Managing change (policy and legislative) and shift in culture
- Influencing and working with stakeholders
- Leadership and political skills

**1.2 Sources of support** (a minimum of 4 should be evaluated): data sources, research, networks including peer support and other professional networks, learning opportunities, national strategic bodies for example TLAP and Skills for Care.

**2.5 Partners involved in the commissioning process:** This should be related to those who use the services, families and carers.

Others could include: The NHS, council, housing, independent voluntary and community organisations, individuals and regulators (unit 1 AC2.2).

*A full glossary of terms can be found within appendix 4.*

### Appendix 3: Sample assessment material

#### Assessment/Action Plan Sheet

| Learner name                                     |                               | Assessor name |                     |                 |                                |  |
|--|-------------------------------|---------------|---------------------|-----------------|--------------------------------|--|
| Target set learning outcome/ assessment criteria | Agreed activity/task/evidence | Target date   | Assessment method   | Target achieved | Completed (assessor signature) |  |
|  |                               |               |                     |                 |                                |  |
| Learner signature                                |                               | Date          | Planned next review |                 |                                |  |
| Assessor signature                               |                               | Date          |                     |                 |                                |  |

#### Assessment Record Sheet

|                              |   |          |  |
|------------------------------|---|----------|--|
| Learner                      |   | Assessor |  |
| Date                         |   | Location |  |
| Assessment method            |   |          |  |
| EV ref                       | Details of the type of evidence and assessment criteria covered |          |  |
|                              |   |          |  |
| Assessor's signature:        |   |          |  |
| Learner/witness's signature: |   |          |  |

| Assessment method key: |                   |    |                         |
|------------------------|-------------------|----|-------------------------|
| P                      | Presentation      | PD | Professional Discussion |
| Pr                     | Product evidence  | R  | RPL                     |
| Q                      | Questioning       | O  | Other                   |
| As                     | Assignment/report |    |                         |

#### Assessment Feedback

|                    |  |          |  |
|--------------------|--|----------|--|
| Learner            |  | Assessor |  |
| Feedback           |  |          |  |
|                    |  |          |  |
| Action Plan        |  |          |  |
|                    |  |          |  |
| Learner signature  |  | Date     |  |
| Assessor signature |  | Date     |  |

**Evidence Tracking Sheet – Example**

Indicate that the learning outcome has been achieved with Y/N and date of decision

|   |                       |                           |             |
|---|-----------------------|---------------------------|-------------|
| Learner name  |                       |                           |             |
| Centre name   |                       |                           |             |
| <b>Unit 1: Example Unit in a Qualification (A/123/4567)</b> |                       |                           |             |
| <b>Learning Outcome</b>                                     | <b>Achieved (Y/N)</b> | <b>Date</b>               |             |
| LO1 Example learning outcome 1                              |                       |                           |             |
| LO2 Example learning outcome 2                              |                       |                           |             |
| <b>Assessment criteria</b>                                  | <b>Evidence type</b>  | <b>Evidence reference</b> | <b>Date</b> |
| 1. Example assessment criteria 1                            |                       |                           |             |
| 2. Example assessment criteria 2                            |                       |                           |             |
| 3. Example assessment criteria 3                            |                       |                           |             |

Fill in each assessment method used under 'evidence type' using the key

Insert the date that the assessment criteria was fully met

Once all assessment criteria and range have been met, the learner and assessor must sign and date this tracking sheet

Assessment method key:

|    |                   |    |                         |
|----|-------------------|----|-------------------------|
| Pr | Presentation      | PD | Professional Discussion |
| Pe | Product evidence  | R  | RPL                     |
| Q  | Questioning       | O  | Other                   |
| As | Assignment/report |    |                         |

Fill in the portfolio reference for each assessment criteria. This could be the task number or assignment title

If sampled, the IQA/EQS must also sign and date this tracking sheet

Learner's signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Assessor's signature \_\_\_\_\_ Date: \_\_\_\_\_  
 IQAs signature (if sampled) \_\_\_\_\_ Date: \_\_\_\_\_  
 EQSs signature (if sampled) \_\_\_\_\_ Date: \_\_\_\_\_

HABC Level 5 Certificate in Principles of Commissioning for Wellbeing (RQF)

## Appendix 4: Glossary of Terms

**Carer:** A person who provides unpaid support to partners, family members, friends 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.

**Commissioning:** The process of planning services for a group of people who live in a particular area. It does not always mean paying for services, but making sure that the services people need are available in that area.

**Contracting:** 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.

**Co-production:** When you as an individual are involved as an equal partner in designing the support and services you receive. Co-production 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.

**Evidence:** A range of different information, including research findings, data on the numbers of people using services, and at what cost, the difference that services make to people's lives, and what people say about what matters to them.

**Decommissioning:** A planned process of removing, reducing or replacing care and support services

**Integrated care:** 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.

**Market Position Statement:** A description of what care and support services are available in a particular area, what services will be needed in the future, and what the commissioner will do to make sure that the services people need are available (regardless of who funds them). Every council has to produce a MPS, which should contain detailed information on what is needed in the area and what the council's plans are.

**Market shaping:** The way in which a council looks at what people's care and support needs are in the local area, considers what care and support services are available in that area, and works out where the gaps are and how they can be filled. The aim is to make sure that people can find care and support that meets their needs, and that a variety of options are available to suit people's individual circumstances and preferences.

**Micro-commissioning:** 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.

**Outcome:** 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.

**Partners:** The range of organisations and others who need to work together to commission or deliver care and support to people in an area. This might include the NHS, council, housing, voluntary and community organisations.

**Partnership:** The way in which organisations and others work together.

**People:** People who need care and support, their carers and families, and people in the local community.

**Personalisation:** 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.

**Person-centred:** An approach that puts the person receiving care and support at the centre of the way care is planned and delivered. It is based around you and your own needs, preferences and priorities. It treats you as an equal partner, and puts into practice the principle of 'no decision about me without me'.

**Policy and legislation:** The laws and guidance that affect the way that care and support is commissioned and delivered.

**Procurement:** The process of buying services and equipment to provide care and support

**Prevention:** Any action that prevents or delays the need for you to receive care and support, by keeping you well and enabling you to remain independent.

**Preventative Services:** 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.

**Wellbeing:** 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

**Work force commissioning and workforce market shaping:** Workforce commissioning and workforce market shaping is about how an organisation analyses, plans, implements and reviews its workforce requirements, ensuring that workforce development decisions are in line with financial planning and service planning. The workforce is the primary driver of both social care quality and costs.

**With thanks to TLAP's Care and Support Jargon Buster:**

<http://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/CareandSupportJargonBuster/#Co-production>

Some definitions are extracts from the glossary in Commissioning for Better Outcomes: A Route Map1 and are used by kind permission.