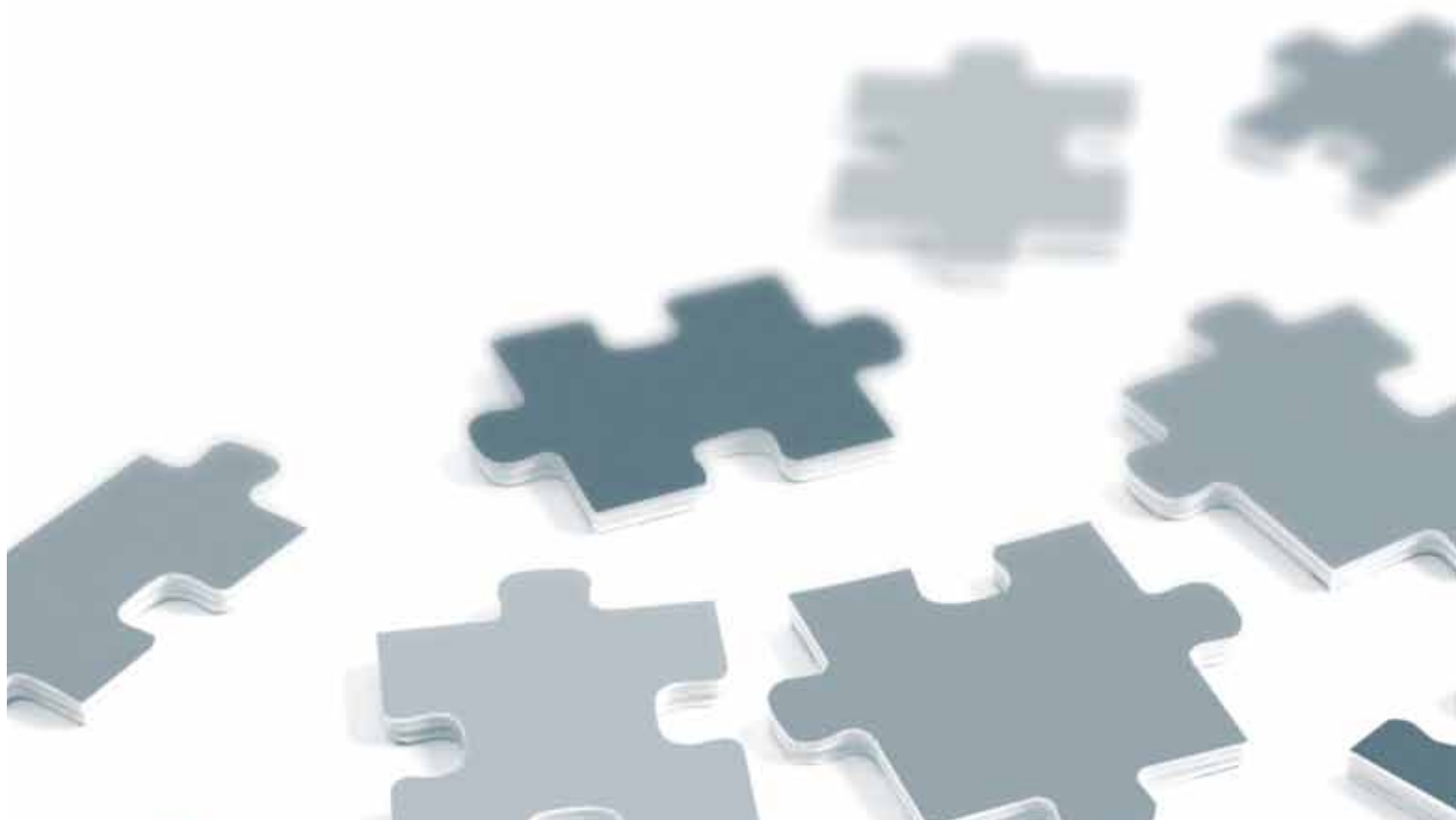


Commissioning social care

Self-assessment checklist for partners



Prepared for the Auditor General for Scotland and the Accounts Commission
March 2012



Auditor General for Scotland

The Auditor General for Scotland is the Parliament's watchdog for helping to ensure propriety and value for money in the spending of public funds.

He is responsible for investigating whether public spending bodies achieve the best possible value for money and adhere to the highest standards of financial management.

He is independent and not subject to the control of any member of the Scottish Government or the Parliament.

The Auditor General is responsible for securing the audit of the Scottish Government and most other public sector bodies except local authorities and fire and police boards.

The following bodies fall within the remit of the Auditor General:

- directorates of the Scottish Government
- government agencies, eg the Scottish Prison Service, Historic Scotland
- NHS bodies
- further education colleges
- Scottish Water
- NDPBs and others, eg Scottish Enterprise.

The Accounts Commission

The Accounts Commission is a statutory, independent body which, through the audit process, requests local authorities in Scotland to achieve the highest standards of financial stewardship and the economic, efficient and effective use of their resources. The Commission has four main responsibilities:

- securing the external audit, including the audit of Best Value and Community Planning
- following up issues of concern identified through the audit, to ensure satisfactory resolutions
- carrying out national performance studies to improve economy, efficiency and effectiveness in local government
- issuing an annual direction to local authorities which sets out the range of performance information they are required to publish.

The Commission secures the audit of 32 councils and 45 joint boards and committees (including police and fire and rescue services).

Audit Scotland is a statutory body set up in April 2000 under the Public Finance and Accountability (Scotland) Act 2000. It provides services to the Auditor General for Scotland and the Accounts Commission. Together they ensure that the Scottish Government and public sector bodies in Scotland are held to account for the proper, efficient and effective use of public funds.

Self-assessment checklist for partners

This checklist sets out some of the issues around commissioning raised in the main report. Councils and NHS boards should use the checklist to assess themselves against each statement as appropriate. This will help them to identify what actions they need to take.

Issue	Assessment of current position					Comments
	No – action needed	No – but action in hand	Yes – in place but needs improving	Yes – in place and working well	Not applicable	
Commissioning strategies						
<p>We have a single overarching commissioning strategy, or a set of strategies, covering all groups of users and carers. These have been agreed, consulted on, approved by elected members and made publicly available. Each commissioning strategy:</p> <ul style="list-style-type: none"> states clearly what outcomes we want to achieve for the people who use services, ie what difference we want to make to their independence and quality of life. The outcomes are based on local and national consultation with communities, users and carers and service providers contains an analysis of people's needs for social care, in both the short (one year), medium (3–5 years) and long term (10–15 years). The analysis estimates both the scale and nature of needs (using population projections, demographic trends and local and national research about the impact of services). It reflects cultural, gender and social diversity includes a strategy for consulting and involving local communities, users, carers and providers at each stage of the commissioning process 						

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<ul style="list-style-type: none"> contains an analysis of current service provision, including the provider, type of services, quality, cost, capacity, accessibility and the extent to which they make a positive difference to the quality of people's lives. It draws on Care Inspectorate information and includes both in-house and external provision 						
<ul style="list-style-type: none"> sets out what improvements and changes are needed to current services to meet future needs and achieve the outcomes we want for people 						
<ul style="list-style-type: none"> sets out our intentions to develop, procure, invest or disinvest in services. These demonstrate the basis of decisions on whether to provide services in-house or procure them externally. They reflect an understanding of the business factors that affect voluntary and private sector providers 						
<ul style="list-style-type: none"> analyses the risks, including financial, workforce and other risks associated with failing to achieve the outcomes we intended 						
<ul style="list-style-type: none"> states clearly our timescales for implementing and reviewing the strategy. 						
We have assessed our approach using SWIA's guide to strategic commissioning and are taking appropriate action to improve it.						
Our commissioning strategies and implementation plans are informed by equality-impact assessments.						

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Joint and collaborative working between NHS and community planning partners						
We have a strong strategic partnership involving councils, NHS partners and other community planning partners. We have developed a shared vision for each group of users and carers and have made a clear commitment to work together to achieve it.						
We share planning resources for forecasting needs and planning services.						
Our commissioning strategy for older people's services, and all other groups of people, have been jointly developed. Each strategy includes an analysis of the joint resources to support the commissioning strategy.						
We work together to invest in preventative services and we monitor the impact of these services.						
We actively seek opportunities to work with other councils and NHS boards to share information and expertise and benefit from working collaboratively.						
We undertake joint procurement exercises, where appropriate, with other councils, NHS boards and/or other partners for small-scale, specialist services.						
We participate in benchmarking with other councils and NHS boards to compare performance and share tools and learning.						

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Partnership working with providers						
We have established good, ongoing working relationships with providers throughout the commissioning process, including analysing needs and the capacity to meet those needs, improving existing and developing new services, going through procurement processes and reviewing current services.						
We have transparent procurement processes and share procurement plans with providers who may be able to deliver the services we need.						
We manage the risks of contracting services from voluntary and private providers by undertaking due diligence checks before awarding contracts and monitoring their financial health and ability to deliver services regularly throughout the life of the contract.						
We have in place contingency plans for dealing with providers going out of business or closing for other reasons. These cover all services where users and carers might be affected, not just care homes.						
We consider the financial and business impact on providers when we make commissioning decisions.						

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Skills and capacity						
We have the right professional skills available in both procurement and social care commissioning and we use both throughout the commissioning process.						
We ensure that our commissioning staff are trained in the appropriate skills, making use of the national commissioning skills programme where appropriate.						
We use the Scottish Government's <i>Guidance on the procurement of care and support services</i> .						
Consulting and involving users and carers						
We have a clear plan for engaging service users and carers when we do our strategic planning, when we consider retendering or stopping services and when we make decisions with them about their own care.						
We use consistent and comparable measures of what differences services make to people's lives and make the results readily available to the public. We use these measures for our in-house provision as well as in contractual arrangements with providers.						

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We have developed plans for implementing self-directed support, which set out how we calculate individual budgets or determine the amount of resource available for an individual's care services.						
We have processes in place to monitor the outcomes for users of services purchased with individual budgets, including direct payments.						
We provide information, advice and support to all users and carers, including people being offered self-directed support. We have involved users and carers in designing this and we have arrangements in place to monitor and review its effectiveness.						

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