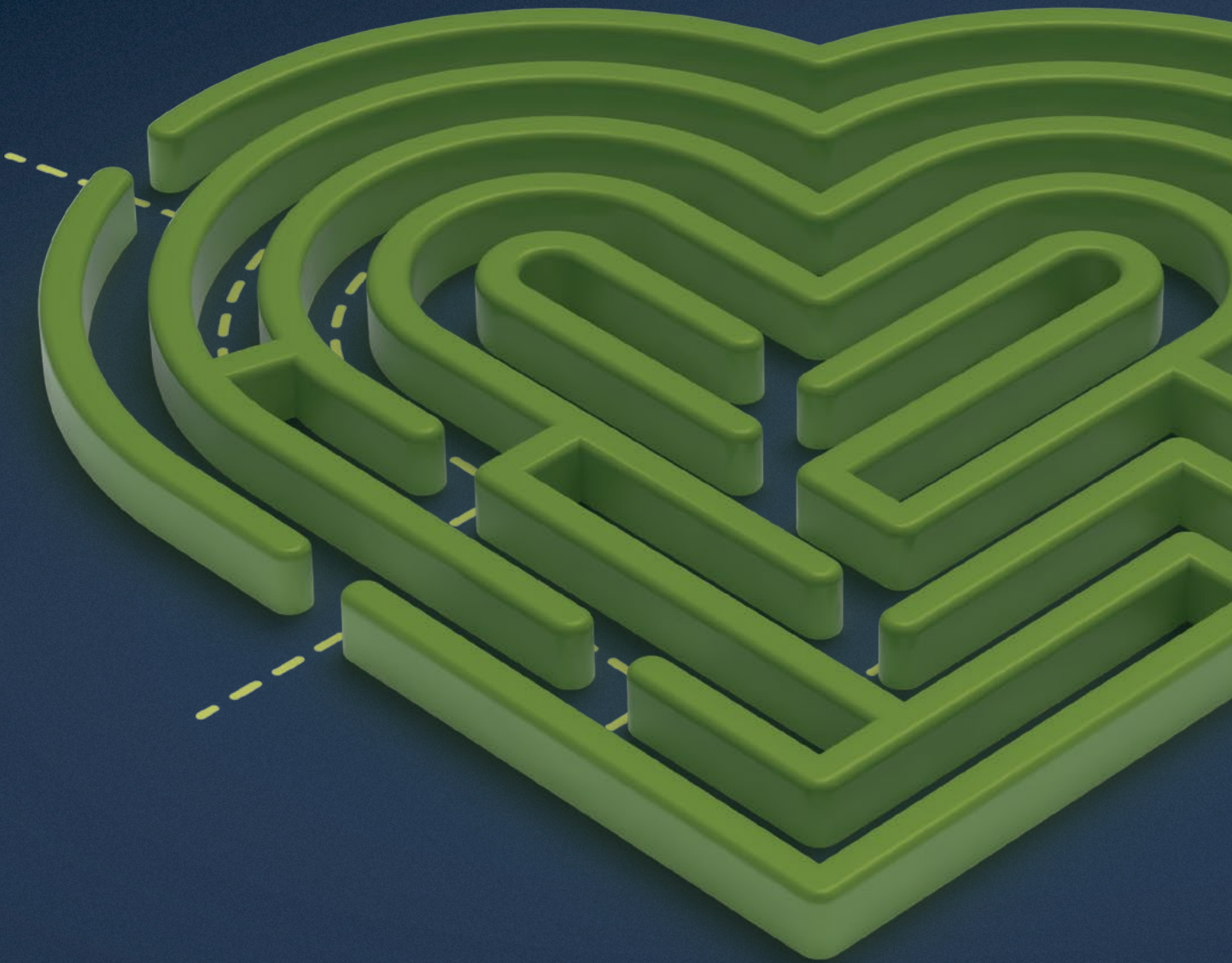


Ethical Commissioning

Support for Commissioners

KEY ISSUES AND LEARNING REPORT



MARCH 2025

Catherine Garrod

Iriss

CONTENTS

1. Purpose	1
2. Introduction and background	2
Ethical Commissioning Support for Commissioners Group	2
Outcomes for the project	3
The role and value of commissioners	3
3. What commissioners told us they wanted support with	5
4. Ethical commissioners or ethical commissioning?	6
5. The key issues and learning	8
Spotlight on collaborative commissioning and redesign of support	8
Spotlight on ethical procurement and outcomes-based contracts	10
Spotlight on contract monitoring and outcomes-based commissioning	12
Spotlight on person-led care and support, full involvement of people with lived experience and self directed support (SDS)	14
Spotlight on financial sustainability	16
6. Summary of the Action Learning Set sessions with commissioners	18
Challenges	18
Innovation and creative ideas	18
Developing support, training, knowledge, confidence and skills	19
7. Progressive practice examples shared	20
Commissioning for outcomes	20
Fair work	20
Improving relationships with providers and collaboration	21
Meaningful involvement of people	22
Climate and circular economy	22
8. Recommendations	23
9. Future support for commissioners	24
Resources	25
Annex A: The Principles for Ethical Commissioning and Procurement of Adult Social Care and Support	26

1. Purpose



This report is intended to be used as a guide for commissioners and others to better understand how to implement the ethical commissioning and procurement principles (see annex A), support improvement of commissioning practice at local level, and highlight ongoing solutions for the future.

The aim of the resource is to:

- Highlight the key issues and learning from the Iriss Ethical Commissioning Action Learning Set project for commissioners and procurement leads.
- Demonstrate the key role of commissioners in planning and supporting ethical commissioning.
- Showcase local practice and improvements happening to implement the ethical commissioning and procurement principles.
- Improve understanding of the barriers and solutions to implementing ethical commissioning.
- Make recommendations for future support for commissioners and the wider social care sector.

Throughout the resource there are key questions to help local authorities, commissioners and others, reflect on their practice in relation to the implementation of the ethical commissioning and procurement principles.

2. Introduction and background



Following the recommendations by the Independent Review of Adult Social Care, Scottish Government worked with a range of partners to develop ethical commissioning and procurement principles. The Scottish Government's Adult Social Care Ethical Commissioning policy team then commissioned Iriss to work with a range of partners on developing an implementation plan with priorities to ensure the ethical commissioning and procurement principles become a reality. One of the priorities identified by the group is for better support for commissioners and to work on developing training and a qualification for commissioners.

ETHICAL COMMISSIONING SUPPORT FOR COMMISSIONERS GROUP

As part of the project, Iriss ran an Action Learning Set group for commissioners to develop support for commissioners and others with implementing ethical commissioning and procurement. A group of 15 local authority commissioners were invited to meet monthly from August 2024 to January 2025. for discussions with input from expert speakers. Local commissioners shared their experiences, challenges and priorities for support and training that commissioners may need to carry out their role to the best of their ability.

The group provided a space for learning, development and support with the move to ethical commissioning, and for commissioners to hear about current developments and improvements in commissioning policy and practice. They worked together on identifying the priorities for future support for commissioners.

OUTCOMES FOR THE PROJECT

The outcomes for the project were:

- Commissioners have increased knowledge, skills and confidence in their commissioning practice.
- The Scottish Government Adult Social Care Ethical Commissioning team and partners have a clearer sense of commissioning as a distinct profession and the skills and knowledge required to commission ethically.
- Scottish Government and partners have a foundation on which to build future more formalised training in partnership with larger training focussed organisations.

THE ROLE AND VALUE OF COMMISSIONERS

It is important to note the role of commissioners and the value they bring to social care. Generally, local authority commissioners have complex roles and are responsible for planning and commissioning social care support services. Their role may involve managing budgets, gathering data on local needs, working in collaboration with providers and individuals, managing contracts and quality assurance, and working with social work, finance, procurement and contracts teams across the local authority. Commissioners are also often responsible for reporting to the Integration Joint Board and ensuring support services are financially sustainable and deliver support to meet the needs and outcomes for individuals receiving social care support.

Commissioners often require a wide range of skills in what can be a complex area of work. The scope of the commissioning role is diverse from one local area to another, and the core tasks differ between community/locality commissioning and specialist commissioning of particular support services. Below is a non-exhaustive list of this range of skills required.

Relational skills

- Facilitation of collaborative problem solving with a range of stakeholders.
- Skills in maintaining and developing relationships both within the local authority and with external providers and supported people.
- Ability to gather, understand and analyse a common understanding of what is needed in terms of support provisions and understanding what is important for people and how this looks in practice.
- Managing power dynamics within teams and with senior managers about how much delegated decision making commissioners have.

Innovation skills

- Market facilitation has primarily been about how to better commission what we already have, to squeeze more (efficiency) out of the current system. However, this is no longer possible. Commissioners need to have the resources and skills to innovate and develop new support provision or redesign existing services.
- The need to develop and understand new models of commissioning which are fit for purpose and embed the ethical commissioning principles of collaboration and outcomes based contracting.
- Ability to support innovation and to manage risk, try out new types of support and be creative.
- Problem solving skills – identifying challenges and working on implementing practical solutions.

Systems leadership

- Knowledge and understanding of how other parts of the system (social work, support providers, supported people, unpaid carers) work in order to commission for the right support provision.
- The ability to embed collaborative approaches to shared problem solving.
- Having a shared purpose between components of the system. Identifying ‘hooks’ (policy/practice/priority) to use to broker agreements and influence decisions.
- Taking a facilitative, place based approach to commissioning.
- Leadership skills – influencing others to support them on the journey to embedding ethical commissioning and procurement. Being a change maker in their local authorities.
- Being a facilitator of choice (self directed support) for supported people and responsibility for identifying and avoiding approaches that don’t uphold choice.

Ethical behaviour

- Acting ethically in a constrained environment. Ability to work with others to embed the ethical commissioning and procurement principles.
- Transparency as commissioners need to be clear about what they don’t know and what the limits of their power is.
- Ability to share the challenges in an honest way and work with others on solutions.

3. What commissioners told us they wanted support with

Before the project started Iriss asked commissioners what they needed support and training with, which would later become the focus of the project. Commissioners said:

“

It would be good to see what best practice looks like, but in each of the different care groups and care settings, and work on improving language in competitive tender documents.

“

Work on innovations for commissioning (how to use the money we have and do better with it). Meeting the recommendations of the Feeley Independent Review of Adult Social Care in Scotland.

“

Undertaking an ethical approach while maintaining financial sustainability.

The issues the Commissioners highlighted are below and formed the themes for the sessions of the Action Learning Set project:

- Commissioning for outcomes
- Collaborative and alliance contracts
- Procurement and collaborative contracts
- Costing support
- Contracts and contract monitoring
- Decommissioning and redesign of support

4. Ethical commissioners or ethical commissioning?

This question was posed to the group, and helped participants focus on what they value in their role, particularly exploring the difference between what can be influenced by individual commissioners, and what is more embedded in the system. The commissioners in the Action Learning Set group discussed how to work in an ethical, values-based way despite the ongoing challenges and what motivates them in their work as social care commissioners:

“

We are values-driven people in a values driven job.

“

There is a need to highlight and promote that commissioners are doing good work. People are trying to do the right thing for people receiving support, but we also need to be supported with changing and improving practice.

Some of the commissioners shared that they thought the ethical commissioning principles could be a baseline to use in the context of their commissioning plans and to check on progress. They were also of the view that care should be taken with any guidance that it shouldn't be so prescriptive that it drives unintended outcomes. There was an agreement that there is also a need for some common language and understanding about the principles.

The commissioners in the group highlighted the ongoing tension between working in an ethical way whilst managing budgets:

“

We need a whole system to change – with ethical commissioning there is a conflict between talking about improving outcomes and hope, but delivering just ‘what

*we've got' to people. Hate hearing talk about 'managing people's expectations!'
There is ongoing ethical tension within commissioning practice.*

The cost of care is challenging – we do need to find a solution to this, but the key is what will happen in practice. If we increase hourly rates we will have to decrease the number of hours of support for individuals unless more money goes into the system, or we do something radically different. There is a need within the wider system regarding funding for social care.

Discussions about influencing power and relationships internally within the local authority were also considered key to working in an ethical way. Instead of seeking who holds the power to make decisions, because everyone thinks they don't have enough power to make change happen, the focus should be on building confidence in acting ethically within the sphere of control of commissioning, procurement, legal, and other spheres.

Often finance and legal have increased power/leverage in the system, but commissioners do not always have direct influence over this. However, they also may feel constrained by the rules (or their interpretation of the rules); this is a pattern across the system. The key to working within this system was noted as having transparent conversations about embedding ethical commissioning and procurement in practice.



5. The key issues and learning

Below follows the key issues and learning from the group sessions with the Action Learning group. Within these are the key questions that can be used to support local authority commissioners, procurement leads and others to reflect on their practice.

SPOTLIGHT ON COLLABORATIVE COMMISSIONING AND REDESIGN OF SUPPORT

Collaborative commissioning, redesign of support and working in collaboration with providers and individuals takes time and commitment. Involvement should happen from the start of designing any commissioning plans and be meaningful and fair for the providers.

At the session on Collaborative Commissioning, redesigning support services decommissioning and commissioning alternative support, commissioners heard from Health Improvement Scotland and from Quarriers about how to embed collaborative practices, work with providers and individuals on redesigning existing support services or when planning and commissioning of new support services. Health Improvement Scotland shared the following:

Traditional commissioning and the need for change



The transformation identified in the Independent Review of Adult Social care – moving from ‘Old Thinking to New Thinking’. Commissioning and procurement in health and social care has been dominated by purchasing of services and is therefore more directive than nurturing of choice. The transformation of commissioning practice needs to ensure communities become equal partners in planning, decision making and delivery of health and social care services.

*When considering service design or redesign, the focus should be **human centred** and on the needs of people rather than the organisation. Be creative, ask questions, visualise ideas, tell stories, be curious and try something new. Design is an open minded rather than rigid methodology.*

The commissioners in the group shared examples of collaboration with providers and individuals in their local areas and where they had successfully worked together to design or redesign support services in their local area. These were used to form the key questions.

Key questions to support collaborative commissioning



How are you involving individuals in your commissioning plans?



How are you involving individuals in your procurement processes?



Are you involving support providers in your commissioning and procurement planning and design of services and support?



Have you adopted any collaborative/alliance contracts which support collaboration rather than competition amongst providers and lead to better outcomes for individuals?



When thinking about planning of support services or redesign of social care services in your local area, do you involve individuals and support providers from the start of the process?



What does good collaborative commissioning and procurement look like and how will you know the difference it makes?



Redesign of support provision to something different – what does good look like and how will you know?



How do you support collaboration not competition?

SPOTLIGHT ON ETHICAL PROCUREMENT AND OUTCOMES-BASED CONTRACTS

The Independent Review of Adult Social Care stated:



Commissioners should focus on establishing a system where a range of people, including people with lived experience, unpaid carers, local communities, providers and other professionals are routinely involved in the co-design and redesign, as well as the monitoring of services and supports. This system should form the basis of a collaborative, rights based and participative approach.

A shift from competitive to collaborative commissioning must take place and alternatives to competitive tendering developed and implemented at pace across Scotland. Commissioning and procurement decisions must focus on the person's needs, not solely be driven by budget limitations.

With ethical procurement the focus is on collaboration and involving individuals and providers with the move to a rights and outcomes based model. To ensure the procurement process focuses on the individual's outcomes, the contract must be flexible, collaborative and outcomes-focussed. See CCPS Model Contract as an example of a three way, outcomes based contract.

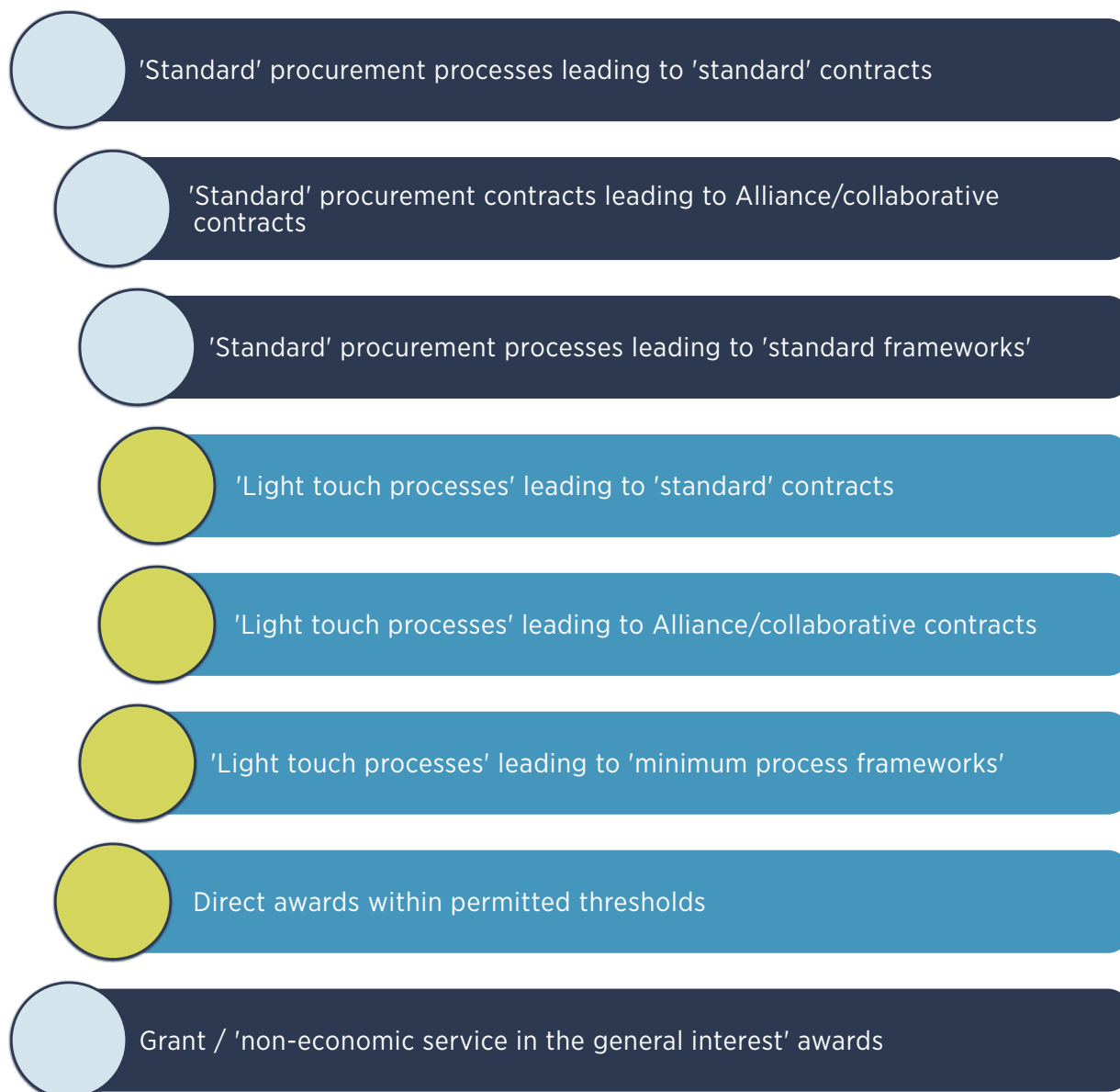
The main speaker for the session on ethical procurement was Robin Fallas, Partner, at law firm Morton Fraser MacRoberts and he shared the following:

Key to good commissioning and procurement of social care

Meets the needs of:

Public Body	Budget, resource, covers duties, compliant, minimises risk, delivers for users
Provider	Financially robust delivery, delivery for users, minimises process participation risk
User	Certainty, choice, enabling/empowering, flexibility

Current approaches to procurement of social care contracts vary in terms of flexibility, process and bureaucracy. There are the following different approaches:



Source: Morton Fraser MacRoberts law firm

When thinking about implementing ethical procurement and procurement of social care contracts, 'standard procurement processes' aren't always the most useful for supporting flexibility of support provided and greater collaboration between providers.

With the move to ethical procurement the focus should be on minimum process frameworks/contracts for providers which reduce bureaucracy, support market diversity and choice for individuals. Flexible, minimum process procurement should be used alongside contracts that support flexibility of support provision and focus on outcomes for individuals, rather than 'time and task' or set visit times.

Key questions to support ethical procurement and outcomes-based contracts



How are you involving providers in your commissioning plans and procurement processes?



Do you have local provider forums to support involvement of providers and discussion on planning of support services, design of the contract and procurement processes?



Do your procurement procedures involve individuals in pre procurement and decisions about supporting quality of service, choice of provider under Self directed Support and improving outcomes?



How are you engaging with providers on fair work and financial sustainability?



Are you using flexible, outcomes based contracts which support improved outcomes for individuals?



How do you manage risk vs choice in your procurement processes and contracts with providers?



What does good procurement look like?

SPOTLIGHT ON CONTRACT MONITORING AND OUTCOMES-BASED COMMISSIONING

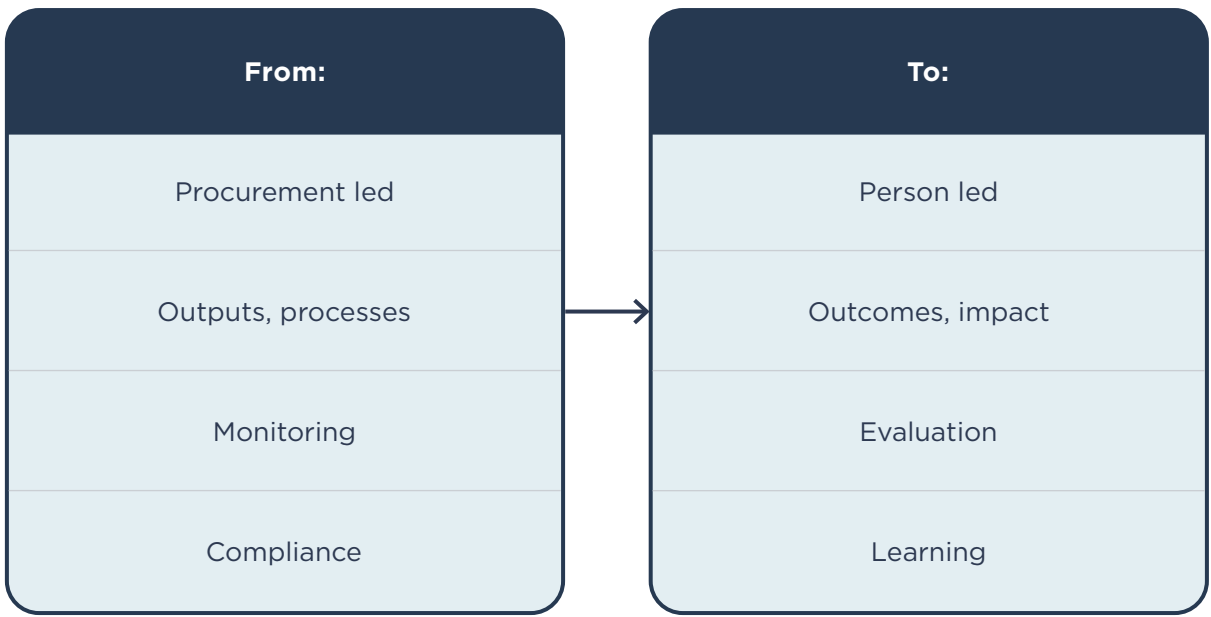
The move to a commissioning and contracting system based on outcomes is the key to improving support for individuals. Often contracts are based on setting time and task and contract monitoring on measuring number of hours and numbers of people supported. In some cases authorities are using monitoring systems based on 'payment by the minute' which is not sustainable for care providers or on quality of support for the person.

There has been much work done on contract monitoring to move towards more of an outcomes-based/learning and evaluation approach, but many local authority computer systems are still set up to monitor just hours of support.

The Independent Review of Adult Social Care recommended the need for the following to happen in commissioning and procurement of social care: When thinking about moving to measuring impact and the difference made by support rather than outputs, commissioners and contract officers need to work with local providers about reporting on outcomes for individuals. Some providers already have systems in place to report on outcomes for individuals and will be using individual outcomes based support plans for the people they support. Other providers will need support to be able to move to reporting on outcomes.

When moving to outcomes-based commissioning and contracting, there are things to be aware of – avoid using a payment by outcomes model as this will not necessarily work and can be detrimental to providers. Paying providers for outcomes delivered will just keep the focus on compliance rather than improving outcomes for individuals.

The Independent Review of Adult Social Care made it clear that there is a need to move away from a focus on outputs, processes and monitoring to measuring outcomes, impact and learning as described over.



When thinking about commissioning for outcomes it is important to understand that outcomes are the difference that is made by services or support. Like commissioning, outcomes exist at different levels:

- Personal: the difference made in an individual’s life.
- Organisational: the difference a service or organisation makes.
- Strategic: the overall difference made to a community or population.
- National: the high-level policy outcomes.

Key questions to support the move from monitoring outputs to outcomes



What information and data do you currently collect from providers?



How do you measure the impact /difference support provided by providers is making to individuals?



Are you collecting information on the quality of support services?



Does your contract for support providers focus on outcomes for individuals rather than setting out 'time and task' and set visit times?



Are you adopting a learning approach rather than a compliance approach to contract monitoring?



Are your local IT / finance systems set up to align with commissioning and contracting for outcomes? If not, can any adaptations be made?

SPOTLIGHT ON PERSON-LED CARE AND SUPPORT, FULL INVOLVEMENT OF PEOPLE WITH LIVED EXPERIENCE AND SELF DIRECTED SUPPORT (SDS)

The move to ethical commissioning and procurement should mean that supported people and people with lived experience are fully involved in the planning and commissioning of social care support services. Full involvement means that supported people should be involved in designing and planning of local support services, in commissioning and procurement processes and in having full choice over their support under self directed support (SDS).

The Social Care Self Directed Support Act 2013 highlights that everyone receiving social care in Scotland should be able to access SDS.

Commissioners and procurement leads should be working to support implementation of SDS by ensuring that individuals have choice under the 4 Options of SDS and specifically under Option 1 and 2, choice and control over their support and support provider.

Option 2 as defined in the SDS statutory guidance



Option 2: The selection of support by the supported person and the making of arrangements for the provision of it by the local authority or an agreed third party (such as a support provider) on behalf of the supported person.

Where the support is provided other than by the authority, the relevant amount in respect of the cost of that support is paid by the local authority.

The arrangements should be flexible and inclusive.

Flexible – in that authorities should not seek to create or re-impose barriers to choice and control.

Inclusive – in that authorities should not seek to exclude particular types of service provision or particular providers from the full range of supports available to the person. For example, the arrangements should allow for flexibility in budgeting, allowing sufficient over-and under-spends. The authority – and providers acting as custodians of the person's budget under the person's direction – should not seek to impose restrictions or limitations over and above any that are reasonably defined in the person's assessment or support plan.

Local authorities should ensure that their procurement processes, contracts and commissioning all support Option 2 of SDS and that it is different in practice from Option 3. Option 3 is where the local authority selects the support provider and arranges the support for the person.

Key questions to support involvement of individuals in commissioning and procurement and with SDS implementation



How are you supporting individuals to be involved in co designing commissioning plans and procurement processes?



How are commissioners working with contracts and procurement to ensure individuals are fully involved in designing social care support services in your local area?



How does Self Directed Support (SDS) fit with the ethical commissioning principles?



How are you promoting choice for individuals under the 4 Options of SDS, particularly Option 1 and 2? Is Option 1 and 2 different from the arrangements for Option 3 with the way contacts and Individual Budgets are allocated?



How are you balancing risk vs choice to ensure supported people have full choice under SDS over their support and their budget under Option 1 and 2?



How do you shift power to individuals to commission their own support? (Self Directed Support)



How can you commission a range of support provision in the community to enable people to live good lives? (human rights, involvement, provider sustainability principles, improved outcomes for individuals)

SPOTLIGHT ON FINANCIAL SUSTAINABILITY

One of the biggest challenges for commissioners when implementing ethical commissioning is dealing with a lack of resources whilst keeping the focus on improving outcomes for individuals and financial sustainability for support providers. The commissioners in the group shared the challenges they were facing when there was a tight financial management situation and in some cases they were overseeing budget cuts.

When considering financial sustainability for support providers, commissioners and procurement managers should ensure that budgets for local providers cover the full cost of care and all of the management costs providers face. By working in collaboration with providers, local authorities can work to understand the costs providers face and ensure that payments to providers are sustainable. If payments to providers are not sufficient this can lead to provider withdrawal or hand back of contracts which then leads to market failure and individuals being left without support.

The Home Care Association has developed a recommended Minimum Price for Home Care which sets out a breakdown of provider costs. This can be a useful guide for understanding costs and sustainability.

Another issue to consider when looking at financial sustainability is that payment by 'direct hours of support/visits' or by individual support hours

may not be sustainable for providers. Local authorities should ensure that travel time and full shift hours are paid. Ensuring payment for full shift hours worked for support workers also supports fair work and supports recruitment and retention of workers.

Some frameworks have multiple providers on them which is good for market diversity and choice for individuals, but can be difficult for support providers who may not have any guaranteed number of hours or people to provide support to.

The challenge for everyone working in social care is how to manage reducing budgets whilst ensuring individuals are supported to live good lives and that support provision is more than just covering basic provision.

Key questions to consider when considering financial sustainability and managing budgets



How are you involving local providers in decisions about planning of support services and understanding costs for providers?



When dealing with reducing resources, how much delegated decision making power do commissioners have?



When considering fair work, how are you involving providers in discussions about good practice and how to support fair work in practice?



Does your contract include information about providers supporting fair work and have you allocated funding for providers to support this?



Are you paying providers for travel time and full shift hours for support workers rather than just time for care visits?



Does your framework ensure a guaranteed volume of work for providers to be sustainable.



How are you involving individuals and family carers in decisions about finances and support provision?

6. Summary of the Action Learning Set sessions with commissioners

CHALLENGES

One of the biggest challenges facing local authorities is managing budgets and finance. It is often difficult for local authorities to plan for the long term as funding from the Scottish Government is on a one year funding basis. This in turn makes it difficult for commissioners to ensure sustainability for providers and to be able to plan long term investment in support services. Many social care contracts are then funded on a 1-2 year contract which then can lead to retendering or competitive tendering of contracts for providers.

Some commissioners feel that they lack power and delegated decision-making from some senior leaders which resulted in a top down imposed decision-making on budgets and budget cuts, which in turn leads to finance driven commissioning rather than outcomes-based commissioning.

INNOVATION AND CREATIVE IDEAS

Commissioners are committed to ethical commissioning and working in an ethical way despite the challenges in the system. Commissioners are also focussed on promoting innovation and creative solutions for social care support.

DEVELOPING SUPPORT, TRAINING, KNOWLEDGE, CONFIDENCE AND SKILLS

Commissioners in the Action Learning Set reported that they had increased learning mainly from sharing practice examples of ethical commissioning and procurement and that they had greater confidence in implementing the ethical commissioning principles.

Members of the group appreciated the opportunity to meet, share practice and provide peer support with other commissioners and time away from their day jobs to think, reflect and discuss issues.

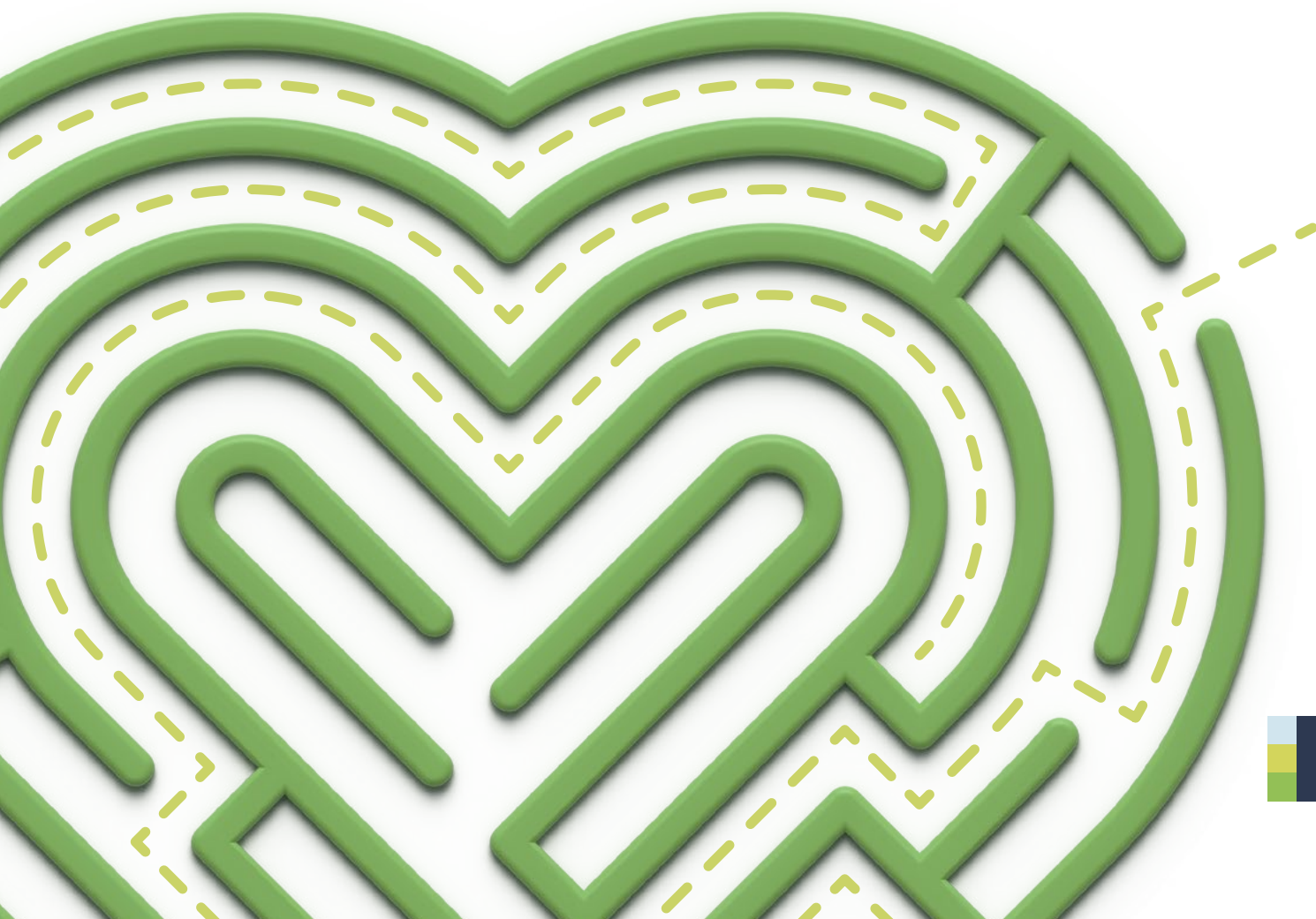
Commissioners in the group gave the following feedback:

“

I appreciated the opportunity to meet for a peer check in and support' and 'it's good to know that we're doing the right thing locally on ethical commissioning and reassurance that others are grappling with the same questions and challenges.

“

There's a real appetite for change from other commissioning and procurement colleagues.



7. Progressive practice examples shared

Commissioners in the group were keen to share practical examples of solutions and ethical commissioning in practice. Below are short summaries of some of the examples the local authorities are working on:

COMMISSIONING FOR OUTCOMES

Local Authority A: Are introducing a new framework/contract and updating contract monitoring; Bringing in a minimum of 5 year contracts, with 2 year development time; Changing what is monitored in terms of Quality Assurance and understanding how best to evaluate outcomes and improve processes to measure quality; Managing the changes with a small commissioning and procurement team and lack of capacity in the authority.

The feedback from providers about longer contract terms is positive. There is the opportunity to offer longer term or permanent contracts for support staff and invest in the local area e.g. rent local office premises.

FAIR WORK

Local Authority B: Have carried out a review of fair work and procurement of contracts in the Care at Home sector; Ran a test of change in 2023 about paying support staff for full shift hours not just direct care visit hours; Improved financial sustainability for providers by ensuring support workers are paid for down time, travel time between visits and the whole shift worked; Moving to an outcomes based competitive tender.

The test of change was very successful with improved outcomes for recruitment and retention of support workers in provider organisations as well as improved outcomes for supported people. Support workers were able to be more creative and flexible in how they provide support.

IMPROVING RELATIONSHIPS WITH PROVIDERS AND COLLABORATION

Local Authority C: Has set up a provider consortium to deliver social care in the local area with a group of providers. The local authority has delegated the whole budget to the providers to manage for the support provisions and the providers work in collaboration with each other to deliver support in the local area.

This has improved relationships between the commissioning team and the providers and improved collaboration between the providers who are all working together to deliver support. It has led to a more rapid response to referrals from social workers and cut the hospital waiting list as support and referrals are picked up quickly amongst the group of providers in the consortium.

Local Authority D: Has started Short Life Working Groups to shape competitive tenders; Being honest with providers about the HSCP financial situation; Giving input to providers from HSCP corporate teams (e.g. climate and other) on how providers can develop their services in different elements; Giving providers a clear escalation plan/ contact list they can use so they know who to contact in the HSCP if they have issues or concerns.

Working in this range of ways has built more trust and a closer relationship with providers.

Local Authority E: Have been developing a competitive tender for a community cafe that supports people with learning disabilities to learn new skills and actively participate in the community.

Key elements are:

- Working closely with the Learning Disability team and supported people to develop the specification for the competitive tender.
- Setting a 4 year contract to encourage cafe operator investment and sustainability for the organisation.
- Shared accountability through open book accounting.
- Embedding circular economy principles – reuse of cafe kitchen equipment from the operator's other cafes, linking in with local organisations eg. soup making initiative.

- Working flexibly with the small cafe operator so that it can be a positive and successful partnership.

MEANINGFUL INVOLVEMENT OF PEOPLE

Local Authority F: Homelessness Outreach Services – the team (facilitated by Homelessness Network Scotland) worked on co-production/ involvement with supported people to inform service specifications for competitive tender and procurement processes.

The authority believes that this is the greatest outcomes-focused framework/contract that the council has produced to date.

Some potential providers are not yet working in or demonstrating an outcomes-focused way of providing support. There is a need for development work with some providers about how to move away from a 'time and task' focus which they have been contracted to provide in the past.

Involving legal colleagues within the local authority has been challenging. Getting local authority lawyers to understand the flexibility needed for an outcomes-focused competitive tender/contract and procurement process has been difficult.

CLIMATE AND CIRCULAR ECONOMY

Local authority G: Carried out a review of social care contracts and competitive tenders by the council's climate planning team, giving the commissioning and procurement team pointers about how to bring this into social care contracts (e.g. provider climate statements in bids). Winning bidders will be given feedback from the climate team on how they can further develop climate and circular economy into their service provision. Supported people will also be given opportunities to learn about energy awareness etc.

8. Recommendations



From the key issues identified from the Iriss Action Learning Set group with commissioners, the following recommendations can be made:

- Commissioners need support with implementing systems change, leading change and dealing with complex issues. Local area issues need to be taken into account and collaboration within local authority teams is essential.
- It is important that commissioners are supported in their leadership roles and to be changemakers in the social care system. We also need to understand what supports good commissioning and to build support to promote this.
- Commissioners need to be supported to behave in ethical ways despite the challenges within the system due to a lack of resources.

There is no singular method of commissioning and contracts which is ideal. Different models of commissioning offer different benefits. Commissioners need to be able to plan and design support services for their local area and to meet local needs. These could include:

- A range of progressive good practice examples.
- Collaborative and alliance contracts where providers work in collaboration through an alliance contract or provider consortium.
- Flexible, outcomes-based contracts leading to better outcomes for individuals.
- Open frameworks/contracts with a diverse range of providers for individuals to choose from (market diversity).
- Procurement processes which influence flexibility of support and choice for individuals. Supporting market diversity and sustainability of providers and support workers.
- Contract monitoring focussed on quality and learning rather than compliance.

Implementing the recommendations from the Independent Review of Adult Social Care report in practice is also vital for making improvements to commissioning and procurement. As is implementing the ethical commissioning and procurement principles.

9. Future support for commissioners

Iriss asked commissioners and procurement leads from the Action Learning Set group what support they needed for the future. Here are some of their suggestions:

- Ongoing support from the Iriss Ethical Commissioning Programme
- Workshops based on different themes.
- Bringing different roles, teams together – commissioners, procurement, contract officers, finance, legal teams to work on ethical commissioning.
- Cross sector collaboration – bringing providers, supported people and commissioners together.
- Development of formal training and qualifications at some point in the future.
- Support to work in their local area.
- Support to work across teams within local authorities – commissioning, procurement, contracts, finance, legal and social work teams on improving ethical commissioning and procurement practice. Support with leadership and influencing senior leaders on improving commissioning and procurement of social care.
- One off learning events on different topics relating to the principles and on practical issues around implementation of commissioning for outcomes and outcomes based contracting.
- Events for procurement, commissioning and legal teams on what is possible under existing regulations and legislation and how to move to more collaborative contracting and away from price based contracts to more flexible, outcomes based contracts.
- Ongoing opportunities to meet as a group to share examples and learning. Ongoing opportunities to meet as a group to share examples and learning. Have really appreciated the opportunity to meet regularly and to share practice examples, challenges and provide each other with peer support.



It's essential for colleagues across other specialisms to be involved in these discussions.

Resources



- **The Independent Review of Adult Social Care**
- **Iriss Enabling social support for people with epilepsy – A toolkit for commissioners**
- **Iriss Ethical Commissioning in Drugs and Alcohol support**
- **Exploring Ethical Commissioning in Practice Blake Stevenson**
- **Social Care (Self Directed Support) Scotland Act**
- **In Control Scotland** work with individuals, local authorities and providers to support implementation of SDS
- **Example of SDS Pooled budgets**
- **Place based budgeting**
- **Health Improvement Scotland – National skills framework for strategic planning**
- **CCPS Commissioning and Procurement Resources**
- **CCPS Outcomes Based Model Contract – model template outcomes based contract for social care**
- **Commissioning for Outcomes guide (CCPS)**
- **Outcomes Based Model Contract (CCPS)**
- **Integrated Commissioning for Better Outcomes: a commissioning framework (Local Government Assoc England)**

Examples of provider outcomes monitoring and support planning tools:

- **Penumbra iroc**
- **Better Futures – outcomes monitoring tool for housing support providers**
- **Outcomes Star**
- **The Home Care Association Minimum Price for Home Care which sets out a breakdown of provider costs**

Annex A: The Principles for Ethical Commissioning and Procurement of Adult Social Care and Support



The following nine principles reflect the recommendations from the Independent Review of Adult Social Care (IRASC) and the broader National Care Service (NCS) principles. They have been designed to guide and support decision making at local and national level in the commissioning and procurement of community health and adult social care and support.

PERSON-LED CARE AND SUPPORT

A person-led approach is one that focuses on the individual's needs, preferences and values. Care and support should be commissioned and procured in a way that is flexible and empowers people to maintain control over their lives. The individual receiving care and support should remain a priority at all levels of the commissioning and procurement process. Individuals should have equitable choice over their care and support and they should be supported to understand what is available to them to make an informed choice. Public services should work for the individual, by taking an integrated and collaborative approach. Individual's needs should be fully recognised and there should be transparency regarding unmet need.

OUTCOMES-FOCUSED PRACTICES

Commissioning and procurement practices should be focused on achieving agreed outcomes to support people to live a good life and realise their potential. A decisive shift should be made away from time and task, towards service models that support quality and purpose of care. A focus on outcomes should support a more inclusive approach to the provision of care and support services by focusing on what matters to the individual.

HUMAN RIGHTS APPROACH

The commissioning and procurement process should support individuals accessing care and support in their entitlement to their human rights. This means ensuring that individual's rights are at the centre of commissioning and procurement practices. There should also be access to peer advice and support and independent advocacy to empower people to have their voices heard and participate fully in decisions about their own care and support. There should be an established process for complaints and redress.

FULL INVOLVEMENT OF PEOPLE WITH LIVED EXPERIENCE

People with lived experience should inform commissioning and procurement processes at every level to ensure that care and support is designed for those accessing it. Care and support decisions should be made collaboratively with those who access care and support, those who support people to access care and support, families and friends, unpaid carers, the workforce and providers. Accessible information and clear and transparent governance structures should be in place to support the involvement of people with lived experience.

FAIR WORKING PRACTICES

Improving working practices for the social care workforce will have a positive impact on attraction, recruitment and retention, which will support quality of care and overall sustainability for the sector. The social care workforce should be recognised and valued for the important and highly skilled work that they carry out. Commissioning and procurement practices should enable fair work and employment for the social care workforce, including effective voice, collective and sectoral bargaining, trade union representation and access to facilities, fair pay, terms and conditions and closing the gender pay gap. Workers should also have access to training opportunities that will support them in their career progression.

HIGH QUALITY CARE AND SUPPORT

Individuals should have access to high quality care and support that is tailored towards their needs and choices. Commissioned and procured care and support should reflect Scotland's Health and Social Care Standards. Quality monitoring should be embedded within contract management processes

and there should be an appropriate route for complaints and advocacy support for the workforce, people with lived experience and unpaid carers.

CLIMATE AND CIRCULAR ECONOMY

Commissioning and procurement processes in care and support have an important role to play in progressing Scotland's just transition to Net Zero emissions by 2045. The impact of commissioning and procurement of care and support on climate change should be transparent. Climate friendly approaches should be used whenever possible and practical.

FINANCIAL TRANSPARENCY, SUSTAINABLE PRICING AND COMMERCIAL VIABILITY

Financial transparency, sustainable pricing and commercial viability are vital to ensuring better outcomes for people and a sustainable sector for those receiving and delivering care and support. Service Providers should share financial information with procurement and commissioning professionals as appropriate to enable sustainable pricing and financial information should be included in contract management to mitigate against the risk of supplier failure.

SHARED ACCOUNTABILITY

Effective accountability is important to support innovation and productively engage people with lived experience and the workforce. Commissioning and procurement processes should support effective accountability structures between providers and commissioners that are clear and transparent, comprehensive and joined up, covering quality and finance. There should be clarity around roles and responsibilities as part of partnership working to enable shared accountability and risk, as appropriate.

This project is hosted by Iriss and funded by the Scottish Government.



Scottish Government
Riaghaltas na h-Alba
gov.scot

Iriss is a charitable company limited by guarantee. Registered in Scotland: No 313740. Scottish Charity No: SC037882.
Iriss is part funded by the Office of the Chief Social Work Adviser (OCSWA) in the Scottish Government.