



Rotherham MBC Commissioning Peer Review Report

February 2017

Final

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Executive Summary

Rotherham Metropolitan Borough Council (RMBC) asked the Local Government Association (LGA) to undertake a Commissioning Peer Review as part of its on-going improvement work. The work was commissioned by Nathan Atkinson, Assistant Director, Adult Social Care at the behest of Chief Executive Sharon Kemp at Rotherham MBC who was the client for this work. She was seeking an external view on the quality and structures of commissioning across the Council and with partners to deliver good outcomes. The Council intends to use the findings of this peer review as a marker on its improvement journey. The review team were asked to consider:

Scope: three interlinked questions:

1. Do we know ourselves?
2. Are our plans capable of delivering the vision?
3. What more can we do to increase the pace of improvement?
 - Clarity of journey, Sticking to the plan, Avoiding slippage

After due consideration it is the view of the peer review team that there is now the opportunity to seize the moment and continue to develop and improve at RMBC. To do so the team consider that senior leaders should work towards being more confident in their own shared view of good for and in Rotherham, rather than referring to their previous experience and the work of other organisations.

Furthermore, to drive improvement onwards they should consider developing a clear, simple narrative from the vision and ensure it resonates and drives all activity including the commissioning plan. In so doing it will be important to utilise the significant strengths across RMBC and partners to continue to focus on creating the conditions for staff to '*do the basics brilliantly*' and '*do the best work of their lives*'. This work should also focus on giving staff greater confidence to make decisions.

The proposed commissioning model at RMBC needs to be coherent and collaborative to deliver the budget narrative. This approach should seek to ensure that it is designed to deliver a Council smaller in size but bigger in influence, through greater collaboration and integration with other public services. To achieve this there is likely to be the need for a new social contract between local residents and the Council that builds upon community assets, digital channels and helps keep and the Council Tax as low as possible.

The future commissioning function at RMBC is not about high level structures. It is about ways of working, building capacity and expertise that delivers effectively. The Council will need to find ways of bringing people together to share the commissioning task and consider the best ways of making it work.

The peer team recommend that immediate action is taken to stabilise commissioning capacity in the different areas of the Council with particular focus on the frontline. To do this it should adopt an inclusive approach to commissioning based on genuine co-production with people who access services. Part of this work should maximise the value of the Public Health function to the whole organisation by using the intelligence, evidence, synthesis and "health in all policies" approaches already present. There should also be an increase in the pace of turning commission theory into action through using the values RMBC has already identified of Social Value and the adoption of an inclusive approach through co-production.

As the work on commissioning develops a useful aim would be to consider where the Council should be with it in two years' time. The peer review team think there should

be a stable confident commissioning workforce that is clear in their roles and responsibilities, using intelligence from the local market and using evidence and the voice of the user to inform commissioning intentions. The approach to personalisation should be authentic and fully embedded. The service should be confidently meeting statutory duties, and relationships with providers by this time should be strong and underpinned by a Market Position Statement in Adult Social Care and Sufficiency of Supply in Children's Services. There should be a strong technical grip of commissioning including procurement. Users and carers should be reporting better outcomes and there should be evidence of significant progress of delivering the Place Plan.

From this position RMBC should then be able to be clear about where it wants to be in 5 years' time. A quote that we choose to finish with, that looks to the future and how RMBC could get there through staff activity, sums this up: "Value the work we're doing, trust what we're doing, make decisions".

Report

Background

1. Rotherham Metropolitan Borough Council (RMBC) asked the Local Government Association (LGA) to undertake a Commissioning Peer Review as part of its ongoing improvement work. The work was commissioned by Nathan Atkinson, Assistant Director, Adult Social Care at the behest of Chief Executive Sharon Kemp at Rotherham MBC who was the client for this work. She was seeking an external view on the quality and structures of commissioning across the Council and with partners to deliver good outcomes. The Council intends to use the findings of this peer review as a marker on its improvement journey. The review was asked to consider:

Scope: three interlinked questions:

1. Do we know ourselves?
2. Are our plans capable of delivering the vision?
3. What more can we do to increase the pace of improvement?
 - i. Clarity of journey,
 - ii. Sticking to the plan
 - iii. Avoiding slippage
2. A peer review is designed to help an authority and its partners assess current achievements, areas for development and capacity to change. The peer review is not an inspection. Instead it offers a supportive approach, undertaken by friends – albeit ‘critical friends’. It aims to help an organisation identify its current strengths, as much as what it needs to improve. But it should also provide it with a basis for further improvement.
3. The benchmark for this peer review was the Commissioning for Better Outcomes (CBO) Standards (Appendix 1). These were used to guide the team’s thinking to answer the scoping questions outlined above.
4. Commissioning as defined by the Cabinet Office “is the cycle of assessing the needs of people in an area, designing and then achieving appropriate outcomes. The service may be delivered by the public, private or civil society sectors”. With this in mind it is clear that effective commissioning cannot be achieved in isolation and is best delivered in close collaboration with others, most particularly people who use services and their families and carers. Successful outcomes are described in a number of subject specific areas but above all must be described and defined by people who use services.
5. The CBO Standards have been designed to support continuous improvement of commissioning through self-assessment and peer review to achieve improved outcomes for individuals, families, carers and communities. The standards support the aims of the Care Act and children’s legislation and support the achievement of transformational change and value for money.

6. The members of the peer review team were:
 - **Andrew Cozens**, Lead Peer and LGA Associate
 - **Phil Holmes**, Director Adult Services, Sheffield City Council
 - **Linda Uren**, Commissioning Director, Children & Families, Gloucestershire County Council
 - **Wendy Meredith**, Director of Public Health, Bolton MBC
 - **Avril Mayhew**, Senior Adviser, Care and Health Improvement Programme, Local Government Association
 - **Marcus Coulson**, Programme Manager, Local Government Association
7. The team was on-site from Tuesday 7th February – Friday 10th February 2017. To deliver the strengths and areas for consideration in this report the peer review team had the opportunity to review over 179 documents, held over 53 meetings and met and spoke with at least 56 people over four on-site days spending 36 working days on this project with RMBC, the equivalent of 252 hours. The programme for the on-site phase included activities designed to enable members of the team to meet and talk to a range of internal and external stakeholders. These activities included:
 - interviews and discussions with councillors, officers and partners
 - focus groups with managers, staff and some people who access services
 - reading a range of documents provided by the Council.
8. The LGA would like to thank Nathan Atkinson, Assistant Director of Strategic Commissioning, Adult Social Care, Ben Harding, Management Secretary and Louise Robinson, Performance Analyst for the excellent job they did to make the detailed arrangements for a complex piece of work with a wide range of stakeholders. The peer review team would like to thank all those involved for their authentic, open and constructive responses during the challenge process and their obvious desire to improve outcomes. The team were all made very welcome.
9. Our feedback to the Council and all others involved in the timetable on the last day of the peer review gave an overview of the key messages and is based on what the team read heard and saw and is given in good faith in the spirit of sector led improvement. This report builds on those initial findings.

Well Led in Rotherham

- Normal issues, normal challenges
 - Significant degree of optimism
 - Clear direction from Leader and Chief Executive
 - Unique set of circumstances of new political leadership
 - Well briefed and well supported Lead Members
 - Collaborative senior team with shared values and energy
 - Strong awareness of the four touchstones
 - Many staff of high quality demonstrating pride and resilience
 - Strong value base, strong behavioural expectations, good governance, development of locality working
10. Before the onsite phase of this peer review the team were made aware of the unique situation the leadership finds itself in at Rotherham Metropolitan Borough Council and that it is an organisation undergoing significant change. With that in mind, and in the view of the peer review team, it is a Council with normal issues, facing normal challenges. These are focused around the need for transformational change whilst continuing to deliver core functions, and to be seen to be doing so whilst coping with rising demands for key services and a significant reduction in its budget.
11. Within this context and the organisation's well known recent history, staff displayed a significant degree of optimism for the future due to their commitment and hard work and the progress across the number of areas that they have already made. It did not feel like an organisation in crisis.
12. There is clear direction from Leader and Chief Executive through the vision and priorities that are displayed and reinforced in a number of visible ways to staff and the wider public.
13. The new political leadership of the Council finds itself in a unique set of circumstances required to lead with the advice of the appointed Commissioners, and provide leadership both internally and externally. The Lead Members are well briefed and well supported with a very good grasp of the issues and where the organisation needs to go and how it can go about it.
14. The senior management team, led by Sharon Kemp the Chief Executive, has all been in post for a comparatively short period of time but work collaboratively with shared values and energy.
15. The staff that the peer team met demonstrated a strong awareness of the Chief Executive's four touchstones of: *knowing your communities, doing the*

basics brilliantly, the best work of your lives and smashing the silos which give overall guidance and purpose to their activity. The peer team were consistently impressed with the calibre of staff and their energy, clarity of mind and what they are seeking to achieve and by when. This high quality was also characterised by a demonstrable pride in what they do and resilience to do it.

16. In summary there appeared a strong value base for the work of the Council that is driven by equally strong behavioural expectations guided by good governance, and the future planned development of locality working.

Children and Young People Services Commissioning

Strengths

- Strong leadership from Director of Children's Services and senior team inspiring confidence
- Clear mission
- Driving change
- Can evidence progress
- Good transferable commissioning models
- Addressing the issues e.g. sufficiency, mental health, etc.

Areas for consideration

- Opportunities to influence Rotherham Clinical Commissioning Group
- Building commissioning capability
- Balancing Ofsted expectations and need for development
- Whole family approach to commissioning
- Senior commissioning succession planning
- 0-25 agenda

17. The peer review team were impressed with the strong leadership shown by Ian Thomas, the Director of Children's Services, and his senior team who inspire confidence in those who work for them and with their partners. There is a clear mission in Children and Young Peoples Services (CYPS) driving change and the progress they have made can be clearly evidenced. There is good transferable commissioning practice in CYPS that is addressing key issues they face such as sufficiency and mental health, with new strategies in place and a revised staffing structure. These include clarity on commissioning competencies, standards and market strengths and development.

18. The service may wish to consider what other opportunities there are to influence Rotherham Clinical Commissioning Group (RCCG) and the wider Council in building commissioning capability, for example around areas such as tackling domestic abuse, parental mental health, and early help services.

19. Whilst the CYPS service is presently the subject of the Department for Communities and Local Government's (DCLG) Commissioner oversight and Ofsted expectations, given the strengths identified over time CYPS could contribute to the Council's overall development of commissioning more directly for the benefit of families. CYPS could consider further how to take forward its whole family approach to commissioning particularly with reference to the 0-25

agenda and ensuring that Transitions are effectively supported with Adult Services.

20. Peer reviewers were impressed with the current leadership of commissioning within CYPS. This needs to be sustained to continue to make the improvements needed. It is important that the service consider how to ensure there is effective succession planning at the senior commissioning level.

Adult Social Care Commissioning

Strengths

- Strategic and grounded Director of Adult Care leadership
- DASS grip on what needs to be done and how best to do it
- Quickly established internal and external relationships based on mutual respect
- For some staff and partners “the most positive it has felt”
- Opportunities available from an impressive housing team
- A common sense approach to Better Care Fund and Place Plan

Areas for Consideration

- Acknowledge progress and celebrate successes
- Support commissioning staff to do the basics better
- Urgently decide on commissioning capacity, focus, skill sets
- Inject greater pace into market shaping including levelling the playing field between internal and external providers
- Make personalisation your default operating model
- Translate good relationships with partners into tangible delivery

21. The peer review team met with the senior management in Adult Care at RMBC and believe Anne Marie Lubanski, the Strategic Director of Adult Care, is providing strategic and grounded leadership for the Directorate with a clear grip on what needs to be done and how best to do it. Since her appointment she has quickly established internal and external relationships based on mutual respect. For partners the present existing relationships with adult social care were described to us as “the most positive it has felt” for some time. With staff further down the organisation this was more mixed. Some were more guarded as they still have strong memories of previous leadership regimes that were less open and empowering, whilst others recounted how much better it felt. It will take a while to build trust and the senior management team are well aware of this.

22. From speaking with colleagues at the Council there would appear to be opportunities available from an impressive housing team who are well placed to drive local development that is informed both by commercial opportunity and by the needs of local communities.

23. There was clear evidence that there is a positive and common sense approach to the Better Care Fund and Place Plan. The Place Plan in particular is

focused and measurable, enabling Local Government and the NHS to come together on a set of targeted initiatives that will have significant local impact. The Place Plan is also easy for both citizens and staff to understand.

24. As the Adult Care Directorate develops it may wish to consider how to overtly acknowledge progress and celebrate successes that would raise confidence. The Directorate acknowledges it has a long way to go, but has made significant recent progress that all staff should be encouraged to take pride in.
25. The peer team recommend that commissioning staff are supported to do the basics better and that RMBC urgently decide on the most appropriate commissioning capacity, the focus of it and the necessary skill sets required to be effective. There has been a lot of necessary focus upon strategic commissioning but there needs to be a corresponding focus upon operational commissioning so that attached staff are well equipped, motivated and supported to put plans into action and continue to do the day job safely.
26. There should be a concerted effort to inject greater pace into market shaping activity, including appropriate consistency in the way internal and external providers are treated to ensure consistent outcomes in relation to both cost and quality. Levelling the playing field between internal and external providers will also help personalisation become Rotherham's default operating model so that the focus is more on the strengths and needs of the person than on the range of services that have traditionally been available. This will improve both outcomes and value for money.

Public Health Commissioning

Strengths

- DPH knows what needs to be done – clear priorities
- Basics sorted:
 - Health protection arrangements
 - Health and Wellbeing Strategy in place
 - Core offer to RCCG is in place
 - 200 contracts rationalised into 4
- Team developed and redesigned to work across Council
- Improving relationships across Council, with RCCG and partners

Areas for consideration

- Acknowledge progress and celebrate success
- Reposition/promote public health contributions across RMBC
- Use needs analysis, research and evidence to drive strategic planning and commissioning
- Use Public Health expertise in behaviour change to support other areas of Council business e.g. recycling rates, reducing littering or increasing the use of public transport
- Develop population health management role in emerging accountable care system – cohorts, new models of care
- Embed public health role in person and community centred models

27. The peer review team met with the senior leadership of the Public Health Directorate at RMBC. Rotherham adopted a “lift and shift” approach to public health transition in 2013 with very little focus on redesigning and integrating the Public Health staff within the Council. Terry Roche, the Strategic Director of Public Health at RMBC, has been in post for 18 months, knows what needs to be done and has a set of clear priorities. Her initial focus has been to get the basics right for an effective and efficient public health function. Robust health protection arrangements are now in place. The Public Health core offer to Rotherham Clinical Commissioning Group is agreed and active and the 200 plus contracts for Public Health services which transferred to the Council from the NHS have been rationalised into four contracts, thus releasing staff time and expertise to support Council-wide commissioning and Rotherham’s other strategic priorities. This provides a good platform for delivering the Council’s responsibilities.

28. The Director of Public Health (DPH) has redesigned the Public Health team and supported and developed staff to enable effective cross-Council working. Relationships with other parts of the Council are improving as are relationships with external key partners, such as RCCG that are now good. Having secured the basics, the DPH has a clear strategic analysis of what needs to be done which are translated into a set of clear priorities for the Public Health function going forward.
29. There are further opportunities for Public Health to overtly acknowledge their progress and celebrate their successes. This approach should also seek to reposition the service and promote public health contributions across RMBC so that strategic colleagues and others in the system recognise the benefits of what has been delivered and, more importantly, what the opportunities are in the future. The review team heard on a number of occasions of the desire to develop whole Council preventative approaches and the Public Health function should be central to taking this forward.
30. There is an opportunity to use needs and assets assessments, demographic analysis, and research and evidence synthesis to drive strategic planning and commissioning across the Council. Public Health expertise in insight, social marketing and behaviour change can be applied to support other areas of Council business such as increasing recycling rates, reducing littering or increasing the use of public transport.
31. As integrated models of health and social care provision are developed and implemented across Rotherham, there is an opportunity for Public Health to develop its population health management role in the emerging accountable care models. This will include analytical support to give clarity to particular cohorts in terms of the health needs, population characteristics and geographic location of particular groups. Public Health also has a key role in working with front line staff to develop new models of person and community centred care.

Wider Council Contributions

- Reflective, flexible leadership beyond People Services
- “There is now more dialogue between departments than there has ever been”
- Can do attitude and flexible approach:
 - legal, procurement, HR, finance and other related services
- Strong leadership of the LSP
- “No reason why we can’t commission as a place” – but capacity is an issue

32. As part of this peer review the team was asked to focus on CYPS, ASC and PH. However other colleagues were included in the timetable to get a perspective of how commissioning works across the wider organisation and with some partners. From these conversations it appears that there is a reflective, flexible leadership beyond People Services. This was summed up by one experienced member of staff who commented: “There is now more dialogue between departments than there has ever been”.

33. This ‘can do’ attitude and flexible approach was demonstrated to the peer team in the legal, procurement, HR, finance and other related services. This is a real strength for the Council to build upon as it continues to transform, although resource constraints need to be recognised as capacity in these functions were previously stripped out and have gradually been rebuilt. There was also strong leadership of the Local Strategic Partnership (LSP) summed up by an experienced member of staff who said “(there is) no reason why we can’t commission as a place”. In the peer team’s view these staff need to be seen as part of the commissioning endeavour to realise their full potential and add more value to RMBC. One example would be through building on the commissioning forum that has recently been developed.

Wider Partnership Contributions

- The most senior people from RMBC and NHS take their relationships seriously
- Staff talk of strengthened and improved relationships with health partners
- Building blocks are in place for deeper integration with health
- Well organised VCS keen to work as equal partners
- Goodwill and engagement from the business community
- Opportunity to crank up co-production across all aspects of RMBC

34. It was refreshing to hear that RMBC Chief Executive Sharon Kemp meets with the Chief Executive of The Rotherham Foundation Trust (TRFT) weekly. This is a good example of how the most senior people from RMBC and the local NHS take their relationships and service delivery seriously. As a result of this, and other contacts throughout the system, staff talk of strengthened and improved relationships with health partners that lead to the observation that the building blocks are in place for deeper integration with health. This is a good place to be as finances on both sides continue to be squeezed and integration becomes increasingly important.

35. In Rotherham there is a well organised Voluntary and Community Sector (VCS) who report they are keen to work as equal partners with the Council. In terms of commissioning the most sustainable approach would be one based upon genuine co-production to discuss, plan and deliver effective outcomes for those who access services. There was some evidence of this through meetings with representatives from the VCS. Rotherham has a very impressive and nationally recognised approach to social prescribing which is managed by Voluntary Action Rotherham and commissioned by RCCG. The current focus is on two schemes; people with long term conditions and mental health conditions. The outcomes quoted to the peer review team were impressive and this approach offers Rotherham a considerable opportunity to expand to other cohorts such as people out of work or isolated older people.

36. The peer team also heard evidence to suggest there is goodwill and engagement from the local business community to work in the borough and with RMBC. Whilst onsite there was the announcement of the intention by car manufacturer McLaren to build a new £50m factory at Catcliffe in Rotherham creating 200 jobs.

37. As a result of the above issues there is, in the view of the peer review team, the opportunity to crank up co-production as an approach across all aspects of RMBC's partnerships with partners, current and future suppliers, business communities and residents.

Recommendations

- There is now the opportunity to seize the moment
- Be confident in your own view of good
- From the vision develop a clear simple narrative
- Make sure it resonates and drives all activity including the commissioning plan
- Utilise the significant strengths across RMBC and partners
- Continue to focus on creating the conditions for staff to '*do the basics brilliantly*' and '*do the best work of their lives*'
- Work towards giving staff greater confidence to make decisions
- The commissioning model needs to be coherent and collaborative to deliver this budget narrative:
 - a) Smaller in size, bigger in influence
 - b) Greater collaboration and integration with other public services
 - c) A new social contract between residents and the Council
 - d) Building on community assets
 - e) Keep the Council Tax rate as low as possible
 - f) Digital Council.

38. There is now the opportunity to seize the moment and continue to transform RMBC. To do so the peer review team believe that senior leaders should work towards being more confident in their own shared view of good for and in Rotherham rather than referring to their previous experience and the work of other organisations.

39. To further drive improvement consider developing a clear simple narrative from the vision and ensure it resonates and drives all activity including the commissioning plan. In so doing utilise the significant strengths across RMBC and partners to continue to focus on creating the conditions for staff to '*do the basics brilliantly*' and '*do the best work of their lives*'. This work should also focus on giving staff greater confidence to make decisions.

40. The proposed commissioning model at RMBC needs to be coherent and collaborative to deliver the budget narrative. This approach should seek to ensure that it designed to deliver a Council smaller in size but bigger in influence through greater collaboration and integration with other public services. To achieve this there is likely to be the need for a new social contract between local residents and the Council that builds upon community assets, digital channels and helps keep the Council Tax as low as possible.

Immediate Steps

- This is not about high level structures. It is about ways of working and building capacity and expertise
- Find ways of bringing people together to share the commissioning task
- Take immediate action to stabilise commissioning capacity and focus at the frontline
- Adopt an inclusive approach to commissioning
- Maximise the value of Public Health to the whole organisation – intelligence, evidence and health in all policies
- Increase the pace of turning commission theory into action: Social Value, inclusive approach and co-production

41. The future commissioning function at RMBC is not about high level structures it is about ways of working and building capacity and expertise that delivers effectively. The Council will need to find ways of bringing people together to share the commissioning task and consider the best ways of making it work.
42. The peer team recommend that immediate action is taken to stabilise commissioning capacity in the different areas of the Council and focus at the frontline. To do this it should adopt an inclusive approach to commissioning based on genuine co-production. Part of this work should maximise the value of Public Health to the whole organisation by using the intelligence, evidence and health in all policies approaches already present. There should also be an increase in the pace of turning commission theory into action through using the values RMBC have already identified of Social Value and the adoption of an inclusive approach through co-production.

Within 2 years

- Stable confident commissioning workforce
- Local intelligence, evidence and user voice informing commissioning
- Authentic approach to personalisation
- Confidently meeting statutory duties
- Excellent providers relationships underpinned by a Market Position Statement/Sufficiency of supply
- Strong technical grip of commissioning including procurement
- Users and carers report better outcomes
- Evidence of significant progress of delivering the Place Plan
- Be clear about where you want to be in 5 years

43. As the work on commissioning develops a useful aim would be to consider where the Council should be with it in two years' time. The peer review team think there should be a stable, confident commissioning workforce that is clear in their roles and responsibilities using intelligence from the local market and is using evidence and the voice of the user to inform commissioning intentions. The approach to personalisation should be authentic and fully embedded.

44. The service should confidently be meeting statutory duties and relationships with providers, by this time, should be strong and underpinned by a Market Position Statement in Adult Social Care and Sufficiency of Supply in Children's Services.

45. There should be a strong technical grip of commissioning including procurement. Users and carers should be reporting better outcomes and there should be evidence of significant progress of delivering The Place Plan.

46. From this position RMBC should then be able to be clear about where it wants to be in 5 years' time and a quote that we choose to finish with that looks to the future and how RMBC could get there through staff activity sums this up: "Value the work we're doing, trust what we're doing, make decisions".

Next steps

We appreciate you will want to reflect on these findings and suggestions with your political and senior managerial leadership in order to determine how the Council wishes to take things forward.

As part of the peer review process, there is an offer of further activity to support this. The LGA is well placed to provide additional support, advice and guidance on a number of the areas for development and improvement and we would be happy to discuss this.

Judith Hurcombe, Programme Manager, is the main contact between your authority and the LGA. Her contact details are: email: judith.hurcombe@local.gov.uk and Tel: 07789 373624.

In the meantime we are keen to continue the relationship we have formed with you and colleagues through the peer review. We will endeavour to provide additional information and further signposting about the issues we have raised in this report to help inform your ongoing consideration.

Marcus Coulson
Programme Manager
Local Government Association
Email: marcus.coulson@local.gov.uk
Tel: 07766 252 853

On behalf of the peer review team

Appendix 1 – CBO Standards

Commissioning for Better Outcomes The Standards

The nine standards are grouped into three domains. There is considerable overlap between these and all elements need to be in place to achieve person-centred and outcomes-focused commissioning.

Domain	Description	Standards
Person-centred and outcomes-focused	This domain covers the quality of experience of people who use social care services, their families and carers and local communities. It considers the outcomes of social care at both an individual and population level.	1. Person-centred and focused on outcomes 2. Co-produced with service users, their carers and the wider local community
Well led	This domain covers how well led commissioning is by the local authority, including how commissioning of social care is supported by both the wider council and partner organisations	3. Well led 4. A whole system approach 5. Uses evidence about what works
Promotes a sustainable and diverse market	This domain covers the promotion of a vibrant, diverse and sustainable market, where improving quality and safety is integral to commissioning decisions.	6. A diverse and sustainable market 7. Provides value for money 8. Develops the workforce 9. Promotes positive engagement with providers

These nine standards set out ambitions for what good commissioning is, providing a framework for self-assessment and peer review. They are set out under the three domains.

Good commissioning is:

Person-centred and outcomes-focused

1. Person-centred and focuses on outcomes

Good commissioning is person-centred and focuses on the outcomes that people say matter most to them. It empowers people to have choice and control in their lives and over their care and support.

2. Coproduced with people, their carers and their communities

Good commissioning starts from an understanding that people using services, and their carers and communities, are experts in their own lives and are therefore essential partners in the design and development of services. Good commissioning creates meaningful opportunities for the leadership and engagement of people, including carers and the wider community, in decisions that impact on the use of resources and the shape of local services.

Well led

3. Well led by local authorities

Good commissioning is well led within local authorities through the leadership, values and behaviour of elected members, senior leaders and commissioners of services and is underpinned by the principles of coproduction, personalisation, integration and the promotion of health and wellbeing.

4. Demonstrates a whole system approach

Good commissioning convenes and leads a whole system approach to ensure the best use of all resources in a local area through joint approaches between the public, voluntary and private sectors.

5. Uses evidence about what works

Good commissioning uses evidence about what works; it uses a wide range of information to promote quality outcomes for people, their carers and communities, and to support innovation.

Promotes a diverse and sustainable market

6. Ensures diversity, sustainability and quality of the market

Good commissioning ensures a vibrant, diverse and sustainable market to deliver positive outcomes for local people and communities. It is concerned with sustainability, including the financial stability of providers.

7. Provides value for money

Good commissioning provides value for money by identifying solutions that ensure a good balance of quality and cost to make the best use of resources and achieve positive outcomes for people and their communities.

8. Develops the commissioning and provider workforce

Good commissioning requires competent and effective commissioners and facilitates the development of an effective, sufficient, trained and motivated social care workforce through the coordination of health and care workforce planning.

9. Promotes positive engagement with providers

Good commissioning promotes positive engagement with all providers of care and support. This means market shaping and commissioning are shared endeavours, with commissioners working alongside providers and people with care and support needs, carers, family members and the public to find shared and agreed solutions.