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| Overview | This standard is about the range of activities needed to manage a contract. These include working collaboratively to develop contract implementation and monitoring plans so that the outcomes, timescales and costs can be achieved along with other measures identified in the contract. They may also involve managing changes to contracts or dealing with claims from contractors.  This NOS is relevant to an individual undertakingcommissioning, procurement and contracting in relation to care services. |
| Performance criteriaYou must be able to: You must be able to:  You must be able to: | Develop a contract implementation plan   1. analyse the link between contract objectives and the achievement of **outcomes** for **individuals**, **key people** and communities 2. work with the provider and **commissioning partners** to develop an implementation plan that clearly identifies how contract objectives will be met, including **risks**, **resources** and any flexibility in how outcomes are achieved 3. present the implementation plan in an **accessible** format to people who use the contracted services, providers and relevant **colleagues** or other professionals whose work contributes to the individual’s well-being 4. seek agreement to the plan from commissioning partners, providers and decision makers 5. monitor the progress of the implementation plan 6. modify the implementation plan in light of any changes   **Support the achievement of outcomes** **through contracts**   1. agree plans with commissioning partners, providers and colleagues to monitor risks, accessibility, efficiency, **sustainability** and the achievement of outcomes appropriate to service users’ needs 2. ensure that plans include a clear explanation of actions for non-compliance 3. analyse information collected through the contract monitoring plan 4. evaluate whether the provider is meeting the requirements of the contract 5. act promptly to address concerns about danger, harm, abuse or promotion of individual rights 6. work with commissioning partners, the provider and colleagues to identify reasons where contract requirements are not being met 7. negotiate with commissioning partners, the provider and colleagues to plan further actions that promote achievement of outcomes in line with the contract objectives 8. provide information to **relevant people** about the contract including risks, progress towards outcomes and any planned further actions 9. maintain contractual records in accordance with legal and organisational requirements   **Manage contract costs and deal with any claims from contractors**   1. regularly analyse contract data against planned budgets to identify any financial risks, variances and trends 2. promptly advise budget holders in your own and other organisations of any potential risks or variance in costs, in accordance with legal and organisational requirements 3. evaluate opportunities for saving costs, including the amounts that could be saved 4. analyse the risks and implications of cost saving opportunities for service delivery and organisational responsibility 5. negotiate with commissioning partners, the provider and colleagues to plan further actions 6. work with commissioning partners, providers and colleagues to implement agreed further actions 7. negotiate with commissioning partners and providers to try and resolve any contract claims 8. seek guidance about contract claims from relevant people 9. maintain evidence about claims from providers, including your written records |
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| Knowledge and understandingYou need to know and understand:You need to know and understand:You need to know and understand:You need to know and understand:You need to know and understand:You need to know and understand:You need to know and understand:You need to know and understand:You need to know and understand:You need to know and understand:You need to know and understand:You need to know and understand: | **Specific to this NOS**   1. your work setting requirements, procedures and practices for contract management and those of partner commissioning organisations 2. theories of contract management in health and social care services 3. the basis and real cost of providing health and social care for adults or children   **Rights**   1. legal and work setting requirements for equality, diversity, discrimination and rights 2. legal and work setting requirements for complaints and whistle blowing 3. your role and the roles of others in promoting **co-productive** commissioning 4. the role of service providers and partner agencies in promoting the rights, choices, wellbeing and active participation of **individuals**, **key people** and communities 5. how to address conflicts and dilemmas about rights and discrimination 6. your duty to report any acts or omissions poor or discriminatory practice, resources or operational difficulties that could infringe the rights of individuals, key people and communities   **Safeguarding**   1. legislation, national policy, frameworks, local systems and multi-disciplinary procedures relating to the safeguarding and protection of children, young people and adults 2. the responsibility that everyone has to raise concerns about possible harm or abuse, poor or discriminatory practices 3. indicators of potential harm or abuse 4. how and when to escalate any concerns about harm or abuse, including whistleblowing 5. how to support others who have expressed concern about harm or abuse 6. what to do if you have reported concerns but no action is taken to address them   **Sustainability**   1. how to evaluate the benefits of working in a **politically, economically, sociologically, technologically, legally and environmentally** sustainable way 2. how to promote your **organisation**'s political, economic, sociological, technological, legal and environmental responsibilities 3. how to evaluate thesustainability of commissioned services 4. how to develop sustainable new ideas in your area of responsibility   Partnership working   1. how **collaborative and integrated working** can be used to maximise resources 2. how to promote co-productive commissioning 3. how to work with individuals, key people and communities through co-productive commissioning, procurement and contracting 4. how to support the interests of individuals and other stakeholders 5. how to engage with social care and procurement professionals during commissioning, procurement and contracting activities 6. how to analyse the **priorities, interests** and contributions of **stakeholders** and their impact on partnership working 7. how to analyse the drivers and constraints that impact on businesses and third sector organisations 8. the **business processes** and **operational realities** of service providers 9. how to influence the work of the partnership to meet agreed **outcomes** 10. how to use and develop integrated policies, procedures, guidance and protocols with others involved in partnerships 11. the statutory and financial constraints for **agreeing budgets** to support partnership working 12. how to evaluate effective partnership working   **Risk management**   1. how to analyse the risks involved in commissioning, procurement and contracting for your area of responsibility 2. methods of managing and mitigating the risks involved in commissioning, procurement and contracting for your area of responsibility 3. how to develop practice that facilitates positive risk-taking   **Your practice**   1. European, UK and country specific legislation, statutory codes, standards, regulations, frameworks and guidance relevant to commissioning, procurement and contracting relevant to your area of responsibility 2. European, UK and country specific legislation, statutory codes, standards, frameworks and guidance relevant to service providers and partner agencies 3. how to access accurate interpretations of legal and regulatory requirements 4. how to use analysis from lessons learned from government reports, research and inquiries into serious failures of health or social care practice and from successful interventions 5. how your role fits within your organisation and where you can go to for support 6. how to identify priorities and contribute to priority setting 7. how to evaluate the impact of commissioning, procurement and contracting activities on individuals, key people and communities 8. how to evaluate different methods and approaches of measuring the achievement of outcomes 9. how to evaluate the importance of preventative and community based provision 10. how to manage agreed transformations for service provision 11. techniques for problem solving and innovative thinking 12. how to manage budgets and resources 13. how to identify and manage ethical conflicts and dilemmas in your work 14. your own background, experiences and beliefs that may have an impact on your practice 15. how to use **evidence based practice** to justify your actions and decisions 16. how to contribute to the development of systems, practices, policies and procedures   **Theory for practice**   1. how to evaluate the impact of  **social, medical and business models** on the achievement of outcomes 2. how to evaluate the impact of organisational structure and culture upon how flexibly and innovatively resources can be used 3. how to evaluate theories and approaches to management relevant to your area of responsibility   **Personal and professional development**   1. how to promote reflective, person centred, evidence based practice 2. your role in sharing and developing knowledge and practice with others, including individuals, key people and communities 3. how to manage time and workload 4. how to provide constructive feedback 5. how to identify and access opportunities for professional development 6. how to develop professional knowledge and practice through reflective supervision and appraisal   **Communication**   1. how to use communication as a foundation for co-productive commissioning 2. how to manage and promote effective communication with **colleagues**, individuals and other stakeholders   **Handling information**   1. legal requirements, policies, procedures and protocols for the security and confidentiality of information, taking account of commercial sensitivity and procurement practice 2. legal and work setting requirements for recording information and producing reports within timescales 3. how to identify, collect, analyse, measure and assess data 4. methods of making data, information and analysis accessible for individuals, key people and other stakeholders including decision makers 5. how and where electronic communications can and should be used   **Health and Safety**   1. legal and work setting requirements for health, safety and security in the work environment | | |
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| Additional information | | | | |
| Scope / range related to performance criteria: | The details in this field are explanatory statements of scope and/or examples of possible contexts in which the NOS may apply; they are not to be regarded as range statements required for achievement of the NOS.  Where an individual finds it difficult or impossible to express their own preferences and make decisions about their life, achievement of this standard may require the involvement of advocates or others who are able to represent the views and best interests of the individual.  Where there are language differences within the work setting, achievement of this standard may require the involvement of interpreters or translation services.  **Outcomes** are the desired result of the activity for individuals, key people and communities. They move the focus from the processes, transactions and performance management to the differences that provision can actually make to people’s lives. It underpins citizen centred commissioning by placing individuals in a central role in evaluating the effectiveness of commissioning.  The **individual** is the adult, child or young person receiving a service.  **Key people** are those who are important to an individual and who can make a difference to his or her well-being. Key people may include family, friends, carers and others with whom the individual has a supportive relationship.  **Commissioning partners** are individuals or representatives of groups and organisations who are involved in making commissioning decisions for your organisation. They can include individuals, key people and community representatives as well as organisations with whom you undertake joint commissioning activities or who deliver services.  **Risks** can be influenced by a wide range of factors and include risks to people, property and organisations through reputation or ability to fulfil their roles and responsibilities.  **Resources** include financial, human and physical resources as well as time.  For something to be **accessible**, it should be able to be used by all people whatever their levels and types of ability, for example something that people can understand regardless of the level or way in which they communicate.  **Colleagues** are people who you work with in your own or other organisations, including your team, managers, service providers, other teams, other departments and other organisations.  For services to be **sustainable**, they must deliver the current specified outcomes and be able to meet longer term desired social outcomes. This means taking account of any factors that might limit the outcomes that services can deliver in the future, in particular financial, social or environmental factors.  It is particularly important in a climate where social care needs are forecast to increase more than available funding.  **Outcomes** are the desired result of the activity for individuals, key people and communities. They move the focus from the processes and numbers of service provision to what that provision can actually achieve. This shift places the person or people using the commissioned provision to a central role in evaluating the effectiveness of commissioning.  **Relevant people** include decision makers, individuals, key people, communities, service providers and others and will vary depending on the issues and circumstances. | | | |
| Scope / range related to knowledge and understanding:Values: | The details in this field are explanatory statements of scope and/or examples of possible contexts in which the NOS may apply; they are not to be regarded as range statement required for achievement of the NOS.  **All knowledge statements must be applied in the context of this standard.**  The process of **co-production** involves developing relationships to collaborate with individuals, local people, community groups and organisations. It involves using and developing people’s skills and abilities throughout all commissioning, procurement and contracting activities, including designing and delivering services. It places individuals, key people and communities at the centre of decision making and control, taking account of the roles that people want to take.  The **individual** is the adult, child or young person receiving a service.  **Key people** are those who are important to an individual and who can make a difference to his or her well-being. Key people may include family, friends, carers and others with whom the individual has a supportive relationship.  The **political, economic, sociological, technological, legal and environmental** model (also known as the PESTLE model) is used to analyse the influences that an organisation has on its environment, both now and in the future. It is used to inform decisions and enable the organisation to respond to change.  An **organisation** is used to mean the organisation for which you work or volunteer, or which you own or run. For people funding their own services or using other self directed support, it means you and the people who may work for you.  **Collaborative and integrated working** describes a range of ways in which two or more organisations can work together, for example health and social services working together or regional collaboratives. They can be formal or informal, temporary or permanent and may include the agreement of budgets.  The **priorities and interests** of stakeholders encompass the outcomes sought and are influenced by different philosophies, principles, priorities and codes of practice and are affected by their differences in size, structure, governance and capacity. They may change over time in response to national and local factors.  **Stakeholders** are individuals and other people who have an interest in or are in some way affected by your work. They include service providers from the statutory, third or business sectors; regulators; colleagues and other professionals whose work contributes to the individual’s well-being and who enable you to carry out your role; commissioning partners or those who commission services from the same provider, whether or not they are joint arrangements.  **Business processes** describe the systems and tasks that organisations undertake to be able to provide the required service.  The **operational realities** of service providers are the factors that impact on how they are able to run their services, in particular where there is competition for funding and customers.  **Outcomes** are the desired result of the activity for individuals, key people and communities. They move the focus from the processes, transactions and performance management to the differences that provision can actually make to people’s lives. It underpins citizen centred commissioning by placing individuals in a central role in evaluating the effectiveness of commissioning.  **Agreeing budgets** involves combining or pooling budgets within or between organisations, for example using local authority and continuing healthcare funding, for joint commissioning or regional/collaborative purchasing.  **Evidence based** **practice** uses systems, processes and ‘practice wisdom’ that has been proved to be effective in supporting the achievement of positive outcomes. Evidence may have been drawn from a variety of sources: research, both formal and informal, and the views and opinions of individuals, key people and other stakeholders involved in the delivery of care services.  The **social model** describes disability as a series of barriers located in society and not an individual, for example attitudes towards people in need or physical barriers.The **medical model** described illness or disability as an inherent part of the individual, and as such would attempt to treat or cure the person. **Business models** refers to an organisation’s need to function as a business within financial constraints and in some cases to make profit, for example social enterprises and private businesses.  **Colleagues** are people who you work with in your own or other organisations, including your team, managers, service providers, other teams, other departments and other organisations**.**  Adherence to codes of practice or conduct where applicable to your role and the principles and values that underpin your work setting, including the rights of children, young people and adults. These include the rights:  To be treated as an individual  To be treated equally and not be discriminated against  To be respected  To have privacy  To be treated in a dignified way  To be protected from danger and harm  To be supported and cared for in a way that meets their needs, takes account of their choices and also protects them  To communicate using their preferred methods of communication and language  To access information about themselves  All aspects of commissioning, procurement and contracting should seek to build on these underpinning values and should:  Respect the inherent worth and dignity of all people  Respect the human rights of children, young people and adults  Respect people’s right to take positive risks  Be transparent  Be accountable  Be proportional  Be consistent  Be targeted  Be impartial  Enable providers | |

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| **Suite** | Commissioning, Procurement and Contracting for Care Services |
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