

Self-assessment checklist for partners

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

Issue	Assessment of current position					Comments
	No – action needed	No – but action in hand	Yes – in place but needs improving	Yes – in place and working well	Not applicable	
Commissioning strategies						
We have a single overarching commissioning strategy, or a set of strategies, covering all groups of users and carers. These have been agreed, consulted on, approved by elected members and made publicly available. Each commissioning strategy:		✓				<ul style="list-style-type: none"> • 1st draft • Consulted on • Feedback received • To be communicated to SWMT and actioned • Draft to be amended etc <p>Completion date December 2012</p>
<ul style="list-style-type: none"> • states clearly what outcomes we want to achieve for the people who use services, ie what difference we want to make to their independence and quality of life. The outcomes are based on local and national consultation with communities, users and 		✓				Our amended plan will have a clearly stated plan for all service users

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carers and service providers						
<ul style="list-style-type: none"> contains an analysis of people's needs for social care, in both the short (one year), medium (3–5 years) and long term (10–15 years). The analysis estimates both the scale and nature of needs (using population projections, demographic trends and local and national research about the impact of services). It reflects cultural, gender and social diversity 		✓				<ul style="list-style-type: none"> Needs to ensure all plans have analysis of client needs in short/ long form. Information from Planning and Strategy to be incorporated into all plans within strategy <p>Completion date December 2012</p>
<ul style="list-style-type: none"> includes a strategy for consulting and involving local communities, users, carers and providers at each stage of the commissioning process 		✓				<p>Communication Strategy included within draft Commissioning Strategy.</p> <p>Completion date December 2012</p>
<ul style="list-style-type: none"> contains an analysis of current service provision, including the provider, type of services, quality, cost, capacity, accessibility and the 		✓				<p>Majority of information in draft needs to be expanded</p>

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extent to which they make a positive difference to the quality of people's lives. It draws on Care Inspectorate information and includes both in-house and external provision						Completion Date December 2012
<ul style="list-style-type: none"> sets out what improvements and changes are needed to current services to meet future needs and achieve the outcomes we want for people 		✓				<p>This will be achieved by developing all current re-design work and improvement activity across the service.</p> <p>Completion date December 2012</p>
<ul style="list-style-type: none"> sets out our intentions to develop, procure, invest or disinvest in services. These demonstrate the basis of decisions on whether to provide services in-house or procure them externally. They reflect an understanding of the business factors that affect voluntary and private sector providers 		✓				<p>Partly completed within strategy need more work with services to plan the disinvestment in services.</p> <p>Completion date December 2012</p>

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<ul style="list-style-type: none"> analyses the risks, including financial, workforce and other risks associated with failing to achieve the outcomes we intended 	✓					A risk log will be developed to monitor risk across all outcomes. This will act as an early indicator of progress, minimizing the impact of failure .
<ul style="list-style-type: none"> states clearly our timescales for implementing and reviewing the strategy. 		✓				Completion date December 2012
We have assessed our approach using SWIA's guide to strategic commissioning and are taking appropriate action to improve it.	✓					Draft needs to be benchmarked with SWIA's guide Completion date December 2012
Our commissioning strategies and implementation plans are informed by equality-impact assessments.	✓					ETA's to be put in place – need guidance if I needed or I per plan with strategy Completion date December 2012

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Joint and collaborative working between NHS and community planning partners						
We have a strong strategic partnership involving councils, NHS partners and other community planning partners. We have developed a shared vision for each group of users and carers and have made a clear commitment to work together to achieve it.		✓				The strategic health and care partnership including political leadership is in place to ensure strategic momentum across partnership.
We share planning resources for forecasting needs and planning services.			✓			Recent example of this work centered around IRF framework work with CHP which is now being taken forward in redesign of Older People Services.
Our commissioning strategy for older people's services, and all other groups of people, have been jointly developed. Each strategy includes an analysis of the joint resources to support the commissioning strategy.		✓				Need to ensure strategy includes analysis of joint resources Completion date December 2012
We work together to invest in			✓			The work underway in

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preventative services and we monitor the impact of these services.						Older People Services highlights the shift towards preventative focus across the partnership. Also re-design work in Mental Health with focus on community intervention
We actively seek opportunities to work with other councils and NHS boards to share information and expertise and benefit from working collaboratively.			✓			Our work in Older People, Mental Health and Learning Disability has been ongoing with input from Highland Partnership.
We undertake joint procurement exercises, where appropriate, with other councils, NHS boards and/or other partners for small-scale, specialist services.			✓			Greater flexibility in procurement remains central to the issue of partnership working
We participate in benchmarking with other councils and NHS boards to compare performance and share tools and learning.			✓			The Scottish Community Care Benchmarking Network are activity involved with the Argyll & Bute partnership
Partnership working with providers						

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We have established good, ongoing working relationships with providers throughout the commissioning process, including analysing needs and the capacity to meet those needs, improving existing and developing new services, going through procurement processes and reviewing current services.			✓			Commissioning team & social work regularly engage with providers, at a local level, in both individual and group settings. Feedback is used to inform service planning and delivery models. At a strategic level this inclusive collaboration supports shared insight in terms of the resource challenges faced. This, in turn, fosters development of more creative delivery solutions. This approach has also been followed in all our procurement activity.
We have transparent procurement processes and share procurement plans with providers who may be able to deliver the services we need.		✓				The use of the Web Based Procurement Portal remain crucial to share procurement plans with local providers.
We manage the risks of				✓		Process in place Internal

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contracting services from voluntary and private providers by undertaking due diligence checks before awarding contracts and monitoring their financial health and ability to deliver services regularly throughout the life of the contract.						Audit has approved it
We have in place contingency plans for dealing with providers going out of business or closing for other reasons. These cover all services where users and carers might be affected, not just care homes.			✓			Plans have been devised during past 2 years to deal with these scenarios and the knowledge gained would be used to respond in a similar way to future events.
We consider the financial and business impact on providers when we make commissioning decisions.				✓		Clear process in place with tenders/ grant approvals
Skills and capacity						
We have the right professional skills available in both procurement and social care commissioning and we use both throughout the commissioning				✓		All procurement staff carrying out CIPS and frontline commissioning staff are trained where appropriate based on

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process.						training needs assessment
We ensure that our commissioning staff are trained in the appropriate skills, making use of the national commissioning skills programme where appropriate.				✓		The relevant Commissioning staff have participated in a wide range of training opportunities from a number of sources e.g; Scottish Government, CoSLA, ADSW, JIT and educational/private sector sources. Further the Procurement Competency Framework is currently being implemented to ensure all commissioning staff within the Service have appropriate training
We use the Scottish Government's <i>Guidance on the procurement of care and support services</i> .				✓		The Guidance has been embedded in our "in house" Procurement and Commissioning practice manual.
Consulting and involving users and carers						

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We have a clear plan for engaging service users and carers when we do our strategic planning, when we consider retendering or stopping services and when we make decisions with them about their own care.			✓			The social work service have a strategy document which details the way we engage re strategic planning and communication with service users and carers. Completion date December 2012
We use consistent and comparable measures of what differences services make to people's lives and make the results readily available to the public. We use these measures for our in-house provision as well as in contractual arrangements with providers.			✓			We do have annual customer satisfaction surveys which influence future decisions. We have these feedback forms from OP,LD.MH.
We have developed plans for implementing self-directed support, which set out how we calculate individual budgets or		✓				Through the Personalisation Group a pilot will take place in Helensburgh.

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determine the amount of resource available for an individual's care services.						
We have processes in place to monitor the outcomes for users of services purchased with individual budgets, including direct payments.		✓				Current DP are monitored through annual reviews. Individual budgets will be phased in during 13/14. The SDS timescales are currently being developed by Scottish Government.
We provide information, advice and support to all users and carers, including people being offered self-directed support. We have involved users and carers in designing this and we have arrangements in place to monitor and review its effectiveness.		✓				This work is being taken forward by the personalization group which will lead on the implementation of SDS during 2012/14