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Qualification Specification

Highfield Level 5 Certificate in Principles of Commissioning for Wellbeing (RQF)

Qualification Number: 603/0969/6

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Highfield Level 5 Certificate in Principles of Commissioning for Wellbeing (RQF)

Introduction

This qualification specification is designed to outline all you need to know to offer this qualification at your centre. If you have any further questions, please contact your account manager.

Qualification regulation and support

The Highfield Level 5 Certificate in Principles of Commissioning for Wellbeing (RQF) has been developed and is awarded by Highfield Qualifications and sits on the Regulated Qualifications Framework (RQF). The RQF is a qualification framework regulated by Ofqual.

The qualification is also supported by Skills for Care, the sector skills council for the adult care sector in England.

Key facts

Qualification number:	603/0969/6
Learning aim reference:	60309696
Credit value:	24
Assessment method:	Internally-set portfolio of evidence
Guided learning hours (GLH):	65
Total qualification time (TQT):	235

Qualification overview and objective

The objective of this qualification is to support people for whom commissioning forms part of their role in the workplace. It introduces the principles of commissioning for wellbeing to new commissioners and enables more experienced commissioners to review and update their knowledge. This qualification is designed for those learners wishing to gain a nationally recognised qualification in commissioning for wellbeing within the care sector.

This qualification has been designed for those who commission adult care and support services, but the content can also be contextualised to support commissioners in health, housing and children's care. As well as those that work in commissioning roles, this qualification is suitable for those who provide care and support services, in terms of how they commission (subcontract) parts of their own service. It will also be useful for people who are considering a move into commissioning.

A commissioner for wellbeing is responsible for ensuring that there is a range of high quality, sustainable provision available to meet the need for care and support in their local area. For commissioners, the focus on achieving good outcomes for people in a climate of financial pressure is growing ever stronger and building partnerships and working to co-produce solutions with local people are also increasingly important. 'Wellbeing' is a key term used within the role of the commissioner and their responsibilities include the maintenance of support for individuals who

use the service to ensure their personal dignity, physical and mental health and emotional wellbeing, protection from abuse and neglect, control by the individual over day-to-day life (including the care and support provided and the way it is provided), participation in work, education, training or recreation, social and economic wellbeing and domestic, family and personal relationships.

The qualification provides learners with the knowledge and understanding in:

1. The role of the commissioner for wellbeing
2. Commissioning together for outcomes
3. The commissioning cycle
4. Professional development for effective commissioning

Entry requirements

To register for this qualification, learners are required to meet the following entry requirements:

- 18 years of age or above
- Demonstrate that they can manage higher level independent study and therefore should be qualified to at least a level 3 qualification.
- Have significant experience within the care and support sector, in either a local authority or NHS setting, or related areas such as housing or the voluntary and community sectors

Geographical coverage

This qualification is suitable for delivery in England.

Centre requirements

To effectively deliver and assess this qualification, centres must have the following resources in place:

- Classroom with suitable seating and desks
- Projector, if using presentation slides
- Appropriate means to provide support if covering content by distance learning
- Ensuring learners have appropriate support from their organisation

Guidance on delivery

The total qualification time for this qualification is 235 and of this 65 are recommended as guided learning hours. It is suggested that this qualification will be completed in approximately nine to twelve months.

TQT is an estimate of the total number of hours it would take an average learner to achieve and demonstrate the necessary level of attainment to be awarded with a qualification, both under direct supervision (forming guided learning hours) and without supervision (all other time). TQT and GLH values are advisory and assigned to a qualification as guidance.

It is recommended that the qualification is delivered by blended learning, to include some face-to-face contact time. Total distance learning is not recommended as peer discussion between learners is important to provide learners with the opportunity to discuss and debate ideas in order to broaden their understanding of commissioning for wellbeing. It is recommended that people

who use support and care services should be involved in the design and delivery of learning programmes for this qualification.

This delivery programme may be adjusted in accordance with learners' needs and/or local circumstances.

Highfield has provided centres with further delivery support within a Tutor, Assessor and IQA Support Pack, which is available to download from the Members Area of the Highfield Qualifications website. This pack provides more guidance on effective ways to deliver this course as well as sources and references that nominated tutors may wish to make use of in their teaching or direct learners to.

Guidance on assessment

The qualification is assessed through an internally set and assessed portfolio of evidence, which is marked as pass or fail. It is expected that learner evidence will take the form of work such as:

- Assignments
- Reports
- Research projects
- Presentations
- Case studies
- Any other suitable evidence

Centres should devise their own assessment tasks, as this allows learners the flexibility to apply their knowledge to scenarios and situations relevant to them and their locality, to better demonstrate and apply their understanding and ability in commissioning for wellbeing across the breadth of the qualification syllabus.

Learners will be required to provide evidence to show they have suitable knowledge and understanding for **each** assessment criteria outlined within the four qualification units.

Highfield Qualifications has provided centres with a Learner Pack containing appropriate forms and tracking documentation which may be used to provide a clear audit trail of where and how learners have met **all** requirements. This will assist in efficient assessment and quality assurance processes taking place. This pack is available to download within the Members Area of the Highfield Qualifications website.

Highfield Qualifications has provided centres with further assessment support within a Tutor, Assessor and IQA Support Pack, which is available to download from the Members Area of the Highfield Qualifications website. This pack provides more guidance on ways to design appropriate internally set tasks and how to assess learners' work consistently. The pack also provides sources and references that assessors may direct learners to when completing their work.

Centres must take all reasonable steps to avoid any part of the assessment of a learner (including any internal quality assurance and invigilation) being undertaken by any person who has a personal interest in the result of the assessment.

Guidance on quality assurance

Highfield Qualifications requires centres to have in place a robust mechanism for internal quality assurance of training delivery and internal assessment processes. Internal quality assurance must be completed by an appropriately qualified person and that person must not have been involved in any aspect of the delivery or assessment of the course they are quality assuring.

Highfield Qualifications will support centres by conducting ongoing engagements to ensure and verify the effective and efficient delivery of the qualification.

Highfield Qualifications has provided centres with further support on internal quality assurance within a Tutor, Assessor and IQA Support Pack, which is available to download from the Members Area of the Highfield Qualifications website. This pack provides more guidance on effective ways of designing, employing and maintaining robust internal quality assurance mechanisms.

Recognition of prior learning (RPL)

Centres may apply to use recognition of prior learning or prior achievement to reduce the amount of time spent in preparing the learner for assessment.

For further information on how centres can apply to use RPL as described above, please refer to the Recognition of Prior Learning (RPL) policy in the members' area of the Highfield Qualifications website. This policy should be read in conjunction with this specification and all other relevant Highfield documentation.

Assessor requirements

Highfield Qualifications requires assessors for this qualification to meet the following:

- Strong knowledge and experience of commissioning for wellbeing
- Demonstrate evidence of engagement with the subject field and continuing professional development in order to keep up to date with emerging policy and practice on commissioning for wellbeing and to reflect this in delivery of the qualification
- Hold or be working towards* a recognised qualification in assessment or other appropriate qualification that supports competence in confirming assessment decisions. Examples include:
 - Highfield Level 3 Award in Assessing Competence in the Work Environment
 - Highfield Level 3 Certificate in Assessing Vocational Achievement
 - A1 Assess Learner performance Using a Range of Methods
 - D32 Assess Learner Performance and D33 Assess Learner Using Different Sources of Evidence
 - CertEd
- Maintain evidence of continuous professional development within the sector

*For more information on those assessment decisions made by an unqualified assessor, please refer to counter-signing strategy requirements on page 7 of this specification, and the Skills for Care Assessment principles (found on the Highfield website).

Internal quality assurance (IQA) requirements

Highfield Qualifications requires internal quality assurers for this qualification to meet the following:

- be occupationally knowledgeable in the area they are quality assuring
- hold [or be working towards] a recognised internal quality assurance qualification [or experience], which could include any of the following:
 - Highfield Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice;
 - Highfield Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice;

- D34 or V1 Verifier Awards; and
- maintain appropriate continued professional development for the subject area

For further information, please refer to the Skills for Care and Development’s assessment strategy, which is on the Highfield website.

Countersigning strategy

While it is a minimum requirement for centres to have the appropriately qualified workforce in place, it is understood that centres may have new personnel who are working towards those requirements. During this period, centres are required to have a robust countersigning strategy in place that supports and validates unqualified assessment/quality assurance decisions, until the point where they meet the requirements as detailed above.

Mapping to National Occupational Standards (NOS)

The content links with knowledge requirements for the National Occupational Standards (NOS) for Commissioning, Procurement and Contracting for Care Services (CPCCS). The full suite can be found on the Skills for Care website.

Reasonable adjustments and special considerations

Highfield has measures in place for learners who require additional support. Please refer to Highfield Qualifications’ Reasonable Adjustments Policy for further information/guidance.

ID requirements

It is the responsibility of the centre to have systems in place to ensure that the person taking an assessment is indeed the person they are claiming to be. All centres are therefore required to ensure that each learner’s identification is checked before they undertake the assessment. Highfield Qualifications recommends the following as proof of a learner’s identity:

- a valid passport (any nationality)
- a signed UK photocard driving licence
- a valid warrant card issued by HM forces or the police
- another photographic ID card, e.g. employee ID card, student ID card, travel card etc.

If a learner is unable to produce any of the forms of photographic identification listed above, a centre may accept another form of identification containing a signature, for example, a credit card. Identification by a third-party representative, such as a line manager, human resources manager or invigilator, will also be accepted.

For more information on learner ID requirements, please refer to Highfield Qualifications’ Core Manual.

Progression opportunities

On successful completion of this qualification, learners may wish to continue their development by undertaking the following:

- A number of universities offer Masters qualifications in commissioning
-

Useful websites

- Commissioning for Better Outcomes: A Route Map, University of Birmingham, ADASS, 2014:
-

<https://www.adass.org.uk/media/4576/commissioning-for-better-outcomes-a-route-map-301014.pdf>

- People not process – Co-production in Commissioning, TLAP, 2015:
<http://www.thinklocalactpersonal.org.uk/co-production-in-commissioning-tool/>
- Workforce Commissioning:
<http://www.skillsforcare.org.uk/Leadership-management/Workforce-Commissioning/Workforce-commissioning.aspx>

Further sources and references can be found within the Tutor, Assessor and IQA Support Pack, which is available to download from the Members Area of the Highfield website.

Appendix 1: Qualification structure

To complete the **Highfield Level 5 Certificate in Principles of Commissioning for Wellbeing (RQF)**, learners must complete the following:

- **all units** contained within the mandatory group

Mandatory group

Learners must achieve **all units** in this group

Unit reference	Unit title	Level	GLH	Credit
R/615/4418	The Role of the Commissioner for Wellbeing	5	12	5
Y/615/4419	Commissioning Together for Outcomes	5	20	8
L/615/4420	The Commissioning Cycle	5	25	8
R/615/4421	Professional Development for Effective Commissioning	5	8	3

Appendix 2: Qualification content

Unit 1: The Role of the Commissioner for Wellbeing

Unit number: R/615/4418

Credit: 5

GLH: 12

Level: 5

Unit Introduction

This unit aims to develop the learner’s knowledge and understanding of the purpose, roles, responsibilities and accountabilities of those involved in commissioning for wellbeing, from all agencies. Learners will develop their understanding of the values that inform commissioning and the complex contextual factors that influence the commissioning environment, including policy and legislation that affects commissioning for wellbeing.

Learning Outcomes	Assessment Criteria
<i>The learner will</i>	<i>The learner can</i>
1 Understand the values that inform commissioning	1.1 Explain how the values of commissioning start with the wellbeing of people and communities 1.2 Explain how a person-centered approach helps commissioners maintain a focus on people, community inclusion and equality
2 Understand the purpose and objectives of commissioning	2.1 Explain the objectives of commissioning 2.2 Critically compare the differences in the roles, responsibilities and accountabilities of commissioners and partners in different organisations 2.3 Analyse wider trends and factors that influence commissioners for wellbeing
3 Understand the importance of critical analysis and reflection for the commissioning environment	3.1 Analyse current policy and legislation affecting the commissioning environment 3.2 Critically evaluate evidence and knowledge-based theories that influence commissioning

Amplification and Further Guidance

The following amplification provides guidance for centres on coverage and depth for each of the emboldened areas within the assessment criteria. Centres should ensure that all amplification is covered as part of their teaching and learning strategies. Where coverage quantities have been provided e.g. at least 2 etc, these set the requirements for assessment.

The list of amplification is not exhaustive and there may be legislation, regulations, processes or procedures that are more relevant to the commissioner's role and/or home nation.

- **Commissioning:** The process of planning services for a group of people who live in a particular area. It does not always mean paying for services, but making sure that the services people need are available in that area.
- **Wellbeing:** Wellbeing is a broad concept, and it is described as relating to the following areas in particular: personal dignity, physical and mental health and emotional wellbeing, protection from abuse and neglect, control by the individual over day-to-day life (including over care and support provided and the way it is provided), participation in work, education, training or recreation, social and economic wellbeing and domestic, family and personal relationships
- **Person-centred approach:** An approach that puts the person receiving care and support at the centre of the way care is planned and delivered. It is based around the person and their own needs, preferences and priorities. It treats the person as an equal partner, and puts into practice the principle of 'no decision about me without me'.

2.2 Partners (roles, responsibilities and accountabilities of all of the above must be compared): The range of organisations and others who need to work together to commission or deliver care and support to people in an area. This must include the NHS, council, housing, independent voluntary and community organisations, individuals, families (people who use services) and regulators.

2.3 Wider trends in health and social care (at least 4 must be analysed): must include housing, funding, commissioning, demographic, political, social, public service reform, children and public health.

3.1 Policy and legislation: (at least 8 pieces of current and relevant legislation and/or policy must be analysed). Learners must provide an answer that relates to care and support, wellbeing, safeguarding and workforce shaping, related services and wider trends in public sector reform.

- Current policy and legislation for the commissioning of services for wellbeing and the principles and values on which these are based
- Current legislation relating to specific activities within a commissioning cycle (including procurement and contracting)

3.2 Evidence and knowledge-based theories including (at least 2 must be evaluated):

- Importance of using evidence/making better use of evidence
- How use of evidence links to the commissioning cycle
- Values mapping
- Horizon scanning
- Policy mapping

A full glossary of terms can be found within appendix 4.

Unit 2: Commissioning Together for Outcomes

Unit number: Y/615/4419

Credit: 8

GLH: 20

Level: 5

Unit Introduction

This unit aims to develop the learners understanding and knowledge of commissioning for wellbeing as an outcome-focused process. Learners will also develop understanding and knowledge of commissioning for wellbeing as a process that has relationships and partnerships at its heart, with people and with other commissioners.

Learning Outcomes	Assessment Criteria
<i>The learner will</i>	<i>The learner can</i>
<p>1 Understand the concept of outcomes-based commissioning</p>	<p>1.1 Illustrate how aspects of wellbeing can be expressed in terms of outcomes</p> <p>1.2 Explain key features of outcomes-based commissioning and the links with outcomes-based care planning</p> <p>1.3 Critically compare outcomes-based commissioning with other models of commissioning</p> <p>1.4 Evaluate how outcomes-based commissioning informs processes for monitoring, evaluation and quality improvement</p>
<p>2 Understand the concept of person-centred commissioning</p>	<p>2.1 Evaluate the principles of person-centred commissioning and personalisation</p> <p>2.2 Analyse potential tensions and conflicts in person-centred commissioning and ways to address these</p> <p>2.3 Identify sources of information and support for person-centred commissioning</p>
<p>3 Understand integrated commissioning for better outcomes</p>	<p>3.1 Analyse effective models and approaches for integrated commissioning</p> <p>3.2 Explain how and why integrated services that cross traditional boundaries can achieve better outcomes for individuals, carers, families and communities</p> <p>3.3 Analyse how organisational and cultural barriers to integrated commissioning and</p>

	<p>integrated provision can be identified and overcome</p> <p>3.4 Explain how different funding arrangements for social care, health and housing can impact on person-centred and outcomes-based commissioning</p>
<p>4 Understand partnership working and coproduction for outcomes-based commissioning</p>	<p>4.1 Explain the concept and practice of coproduction as a core value, approach and set of skills</p> <p>4.2 Analyse how working with partners in the design and delivery of commissioning helps to achieve desired outcomes</p> <p>4.3 Analyse how coproduction supports outcomes based commissioning for wellbeing</p> <p>4.4 Explain attitudes, systems and approaches for partnership working</p> <p>4.5 Evaluate how to overcome potential tensions and conflicts with key partners</p>

Amplification

The following amplification provides guidance for centres on coverage and depth for each of the emboldened areas within the assessment criteria. Centres should ensure that all amplification is covered as part of their teaching and learning strategies. Where coverage quantities have been provided e.g. at least 2 etc, these set the requirements for assessment.

The list of amplification is not exhaustive and there may be legislation, regulations, processes or procedures that are more relevant to the commissioner’s role and/or home nation.

1.1 Outcomes: For Assessment criteria 1.1 learners should relate this to individuals, families, communities and populations.

1.3 Other models may include:

- New Economics Foundation model
- alliance contracting
- prime provider model/prime contracts
- purchasing systems
- Integrated commissioning for better outcomes

2.1 Person-centred Commissioning: Learner may refer to the six-step process: *Working together for change*. There may be others that could be referred to here also.

2.2 Conflicts in person-centred commissioning (all should be analysed): issues surrounding funding and practical implementation, personal choice and statutory responsibility. Learners may also consider alternative conflicts not mentioned in this list.

3.1 Models – this relates to different models of governance and partnership working and culture, not contracting models (covered in 3.4.1)

4.2/4.5 Partners: In order to commission effectively, commissioners need to work with a broad range of individuals and organisations. This includes (all 4 partners must be analysed):

- People who use social care, their carers and advocates
- Strategic partners, organisations (police, housing etc.) who need to be involved to help commissioners plan and implement strategies for commissioning for better outcomes
- Commissioning partners: organisations with responsibilities for commissioning other services, for example local authority or NHS
- Providers: Individuals and organisations providing care and support

4.2 Design and delivery: Learners should relate to innovative and flexible ways of working

4.4 Attitudes, systems and approaches for partnership working: Learners should answer in relation to external and internal partners to the organisation.

Internal: team members and others whose role has an interface with commissioning

External: services providers and other external agencies, people who use services and carers

4.5 How to overcome potential tensions and conflicts: potential issues could include funding and practical implementation, personal choice and statutory responsibility

A full glossary of terms can be found within appendix 4.

Unit 3: The Commissioning Cycle

Unit number: L/615/4420
 Credit: 8
 GLH: 25
 Level: 5

Unit Aims

This unit aims to develop understanding and knowledge of the steps and processes involved in the commissioning cycle (analyse, plan, do, review). Learners will also develop their understanding of the need to establish a balanced, diverse, sustainable market, as well as the range of actions that can help to achieve this.

Learning Outcomes	Assessment Criteria
<i>The learner will</i>	<i>The learner can</i>
<p>1 Understand key elements of practice at each stage of the commissioning cycle</p>	<p>1.1 Explain the key elements of practice at each stage of the commissioning cycle</p> <p>1.2 Justify the importance of consultation and coproduction at every stage of the commissioning cycle</p>
<p>2 Understand the local market for services that support wellbeing for the locality</p>	<p>2.1 Evaluate the value of a diverse market of service provision</p> <p>2.2 Explain how family, carer and community assets and resources provide services and support for wellbeing</p> <p>2.3 Analyse the issues affecting viability of continued services delivered in the local system</p> <p>2.4 Explain the impact of new technologies and innovative and creative solutions in service provision</p> <p>2.5 Evaluate integrated service provision that crosses traditional boundaries</p> <p>2.6 Illustrate self-directed support and micro-commissioning</p> <p>2.7 Analyse key elements of de-commissioning of service provision</p> <p>2.8 Explain the role of the commissioner in addressing market and provider failure</p>

<p>3 Understand the concepts of market and workforce commissioning and workforce market shaping</p>	<p>3.1 Evaluate market shaping in relation to commissioning of services for wellbeing</p> <p>3.2 Analyse how market shaping contrasts with traditional care service procurement</p> <p>3.3 Explain the systems and processes needed to support market shaping</p> <p>3.4 Explain the skills and knowledge needed for effective market shaping</p> <p>3.5 Outline the nature of the workforce involved in support for wellbeing and sources of information about it</p> <p>3.6 Evaluate how workforce commissioning and workforce market shaping links with market shaping</p> <p>3.7 Analyse the relationship between workforce commissioning and workforce market shaping, skills gaps and labour market development</p> <p>3.8 Evaluate how legislation, regulation, standards and strategic initiatives relate to the workforce and workforce development</p>
<p>4 Understand how strategies, standards agreements, procurement and contracting are used in commissioning</p>	<p>4.1 Critically evaluate specific forms of contracting arrangements used in commissioning</p> <p>4.2 Evaluate the key roles played by statements, standards, strategies and agreements in commissioning</p> <p>4.3 Evaluate how procurement and contracting fit within the commissioning cycle</p> <p>4.4 Evaluate how procurement and contracting impact the local and organisational systems and how they support outcomes-based commissioning</p>

Amplification

The following amplification provides guidance for centres on coverage and depth for each of the emboldened areas within the assessment criteria. Centres should ensure that all amplification is covered as part of their teaching and learning strategies. Where coverage quantities have been provided e.g. at least 2 etc, these set the requirements for assessment.

The list of amplification is not exhaustive and there may be legislation, regulations, processes or procedures that are more relevant to the commissioner's role and/or home nation.

1.1 Key elements of practice at each stage: Learners must choose one of the following commissioning models and explain the key elements of practice at each stage of the chosen cycle:

- Institute for Public Care (IPC)
- New Economics Foundation (NEF)
- National Health Service (NHS)

2.1 Diverse market of service provision: Learners may include (6 should be evaluated):

- different sizes of service
- different sectors of service, including statutory, private, voluntary and independent
- micro-providers
- specialist services for different communities
- specialist services for particular needs
- self-directed support
- services delivered remotely
- preventative services: Prevention covers actions to prevent people from poor health, including preventing more serious problems developing or stopping people from becoming frail and disabled in the first place. The aim of preventative services is to help people stay independent and maintain their of life, as well as to save money in the long term; for example, by avoiding more intensive support
- unpaid carers.

2.8 Addressing market and provider failure: Learners should also include dealing with risk and avoiding unplanned market failures and the impact of safeguarding related reviews (adults and children).

4.1 Contracting arrangements (at least 4 of the following must be included): personal budgets or ISFs, block contracts, spot contracts, dynamic purchasing systems, prime contracts, alliance contracts, arrangements for self-funding, arrangement for personal health budgets and personal budgets including direct payments and individual service funds

4.2 Statements, standards, strategies and agreements: (all must be covered).

A full glossary of terms can be found within appendix 4.

Unit 4: Professional Development for Effective Commissioning

Unit number: R/615/4421
 Credit: 3
 GLH: 8
 Level: 5

Unit Aims

This unit aims to develop analytical self-assessment and reflection to determine professional development requirements and own professional development plans to improve and maintain knowledge and skills required as a commissioner for wellbeing.

Learning Outcomes	Assessment Criteria
<i>The learner will</i>	<i>The learner can</i>
<p>1 Understand the skills and knowledge needed to be a commissioner for wellbeing</p>	<p>1.1 Analyse the knowledge and skills required as an effective commissioner for wellbeing</p> <p>1.2 Evaluate the use of sources of support in developing and maintaining up to date knowledge and skills for commissioning</p>
<p>2 Understand how to plan, develop and maintain own knowledge and skills as a commissioner for wellbeing</p>	<p>2.1 Analyse own learning needs as a commissioner for wellbeing</p> <p>2.2 Develop and agree own professional development plan to address learning and development needs</p> <p>2.3 Explain features of reflective practice and its role in identifying learning and development needs</p> <p>2.4 Analyse the importance of ongoing self-assessment and reflection throughout career</p> <p>2.5 Illustrate the importance of requesting and acting on feedback from partners involved in the commissioning process</p>

Amplification
<p>The following amplification provides guidance for centres on coverage and depth for each of the emboldened areas within the assessment criteria. Centres should ensure that all amplification is covered as part of their teaching and learning strategies. Where coverage quantities have been provided e.g. at least 2 etc, these set the requirements for assessment.</p> <p>The list of amplification is not exhaustive and there may be legislation, regulations, processes or procedures that are more relevant to the commissioner’s role and/or home nation.</p>

1.1 Knowledge and skills required as an effective commissioner for wellbeing: Learners should relate to the following: (All of the below should be analysed).

- Market shaping and oversight
- Workforce commissioning and workforce market shaping
- Coproduction
- Commissioning integrated care
- Managing change (policy and legislative) and shift in culture
- Influencing and working with stakeholders
- Leadership and political skills
- Value-based commissioning

1.2 Sources of support (all should be evaluated): data sources, research, networks including peer support and other professional networks, learning opportunities, national strategic bodies.

2.5 Partners involved in the commissioning process: This should be related to those who use the services, families and carers, including those who are unpaid.

Others could include: The NHS, council, housing, independent voluntary and community organisations and regulators (unit 1 AC2.2).

A full glossary of terms can be found within appendix 4.

Appendix 3: Sample assessment material

Assessment/Action Plan Sheet

Learner name		Assessor name			
Target set learning outcome/ assessment criteria	Agreed activity/task/evidence	Target date	Assessment method	Target achieved	Completed (assessor signature)
Learner signature		Date		Planned next review	
Assessor signature		Date			

Assessment Record Sheet

Learner		Assessor	
Date		Location	
Assessment method			
EV ref	Details of the type of evidence and assessment criteria covered		
Assessor's signature:			
Learner/witness's signature:			

Assessment method key:			
P	Presentation	PD	Professional Discussion
Pr	Product evidence	R	RPL
Q	Questioning	O	Other
As	Assignment/report		

Assessment Feedback

Learner		Assessor	
Feedback			
Action Plan			
Learner signature		Date	
Assessor signature		Date	

Evidence Tracking Sheet – Example

Indicate that the learning outcome has been achieved with Y/N and date of decision

Learner name			
Centre name			
Unit 1: Example Unit in a Qualification (A/123/4567)			
Learning Outcome	Achieved (Y/N)	Date	
LO1 Example learning outcome 1			
LO2 Example learning outcome 2			
Assessment criteria	Evidence type	Evidence reference	Date
1. Example assessment criteria 1			
2. Example assessment criteria 2			
3. Example assessment criteria 3			

Fill in each assessment method used under 'evidence type' using the key

Insert the date that the assessment criteria was fully met

Once all assessment criteria and range have been met, the learner and assessor must sign and date this tracking sheet

Assessment method key:

Pr	Presentation	PD	Professional Discussion
PE	Product evidence	R	RPL
Q	Questioning	O	Other
As	Assignment/report		

Fill in the portfolio reference for each assessment criteria. This could be the task number or assignment title

If sampled, the IQA/EQS must also sign and date this tracking sheet

Learner's signature _____ Date: _____
 Assessor's signature _____ Date: _____
 IQAs signature (if sampled) _____ Date: _____
 EQSs signature (if sampled) _____ Date: _____

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Appendix 4: Glossary of Terms

Carer: A person who provides unpaid support to partners, family members, friends or neighbour who is ill, struggling or disabled and could not manage without this help. This is distinct from a care worker, who is paid to care for people.

Commissioning: The process of planning services for a group of people who live in a particular area. It does not always mean paying for services, but making sure that the services people need are available in that area.

Contracting: The means by which the procurement process is made legally binding. Contract management is the process that then ensures that the services continue to be delivered to the agreed quality standards. Commissioning covers procurement but includes the wider set of strategic activities.

Co-production: When you as an individual are involved as an equal partner in designing the support and services you receive. Co-production recognises that people who use social care services (and their families) have knowledge and experience that can be used to help make services better, not only for themselves but for other people who need social care.

Evidence: A range of different information, including research findings, data on the numbers of people using services, and at what cost, the difference that services make to people's lives, and what people say about what matters to them.

Decommissioning: A planned process of removing, reducing or replacing care and support services

Integrated care: Joined up, coordinated health and social care that is planned and organised around the needs and preferences of the individual, their carer and family. This may also involve integration with other services for example housing.

Market Position Statement: A description of what care and support services are available in a particular area, what services will be needed in the future, and what the commissioner will do to make sure that the services people need are available (regardless of who funds them). Every council has to produce a MPS, which should contain detailed information on what is needed in the area and what the council's plans are.

Market shaping: The way in which a council looks at what people's care and support needs are in the local area, considers what care and support services are available in that area, and works out where the gaps are and how they can be filled. The aim is to make sure that people can find care and support that meets their needs, and that a variety of options are available to suit people's individual circumstances and preferences.

Micro-commissioning: This is commissioning at an individual level, usually through an assessment and support planning process undertaken by the Local Authority. It is often referred to as setting up individual packages of care. Increasingly these packages are being set up using Direct Payments so that the individual has more choice and control over their support.

Outcome: An aim or objective that people would like to achieve or need to happen – for example, continuing to live at home, or being able to go out and about. When commissioning services for a local area, it is important for Local Authorities to be clear about what outcomes they are trying to achieve so that potential service providers can offer innovative approaches and so that commissioners can evaluate whether or not the services they have commissioned have been effective.

Partners: The range of organisations and others who need to work together to commission or deliver care and support to people in an area. This might include the NHS, council, housing, voluntary and community organisations.

Partnership: The way in which organisations and others work together.

People: People who need care and support, their carers and families, and people in the local community.

Personalisation: A way of thinking about care and support services that puts people who need care and support at the centre of the process of working out what those needs are, choosing what support to use and having control over their life. It is about the person as an individual, not about groups of people whose needs are assumed to be similar, or about the needs of organisations.

Person-centred: An approach that puts the person receiving care and support at the centre of the way care is planned and delivered. It is based around you and your own needs, preferences and priorities. It treats you as an equal partner, and puts into practice the principle of 'no decision about me without me'.

Policy and legislation: The laws and guidance that affect the way that care and support is commissioned and delivered.

Procurement: The process of buying services and equipment to provide care and support

Prevention: Any action that prevents or delays the need for you to receive care and support, by keeping you well and enabling you to remain independent.

Preventative Services: Prevention covers actions to prevent people from poor health, including preventing more serious problems developing or stopping people from becoming frail and disabled in the first place. The aim of preventative services is to help people stay independent and maintain their of life, as well as to save money in the long term; for example, by avoiding more intensive support.

Wellbeing: Wellbeing is a broad concept, and it is described as relating to the following areas in particular: personal dignity, physical and mental health and emotional wellbeing, protection from abuse and neglect, control by the individual over day-to-day life (including over care and support provided and the way it is provided), participation in work, education, training or recreation, social and economic wellbeing and domestic, family and personal relationships

Work force commissioning and workforce market shaping: Workforce commissioning and workforce market shaping is about how an organisation analyses, plans, implements and reviews its workforce requirements, ensuring that workforce development decisions are in line with financial planning and service planning. The workforce is the primary driver of both social care quality and costs.

With thanks to TLAP's Care and Support Jargon Buster:

<http://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/CareandSupportJargonBuster/#Co-production>

Some definitions are extracts from the glossary in Commissioning for Better Outcomes: A Route Map1 and are used by kind permission.