Working Title:

Consultation draft

National framework for commissioning care and support: Code of practice

version 2 [*intended coming into force date:* September 2027]

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Pre-amble

1.1. This Code of Practice is issued under section 145 of the Social Services and Well-being (Wales) Act 2014[i] ("the Act")

1.2. It also constitutes guidance under section 169 of the Act and guidance under section 2 of the National Health Service (Wales) Act 2006[ii] ("the 2006 Act").

1.3. This Code comes into force on XXX, this being the date appointed within the appointed day order[1].

1.4. This Code makes provision relating to Part 2 (General Functions) of the Act in so far at it applies to the commissioning of preventative services provided to meet a local authorities duty under section 15 of the Act. It is also intended to support local authorities in carrying out their duties under Part 4 of the Act to meet a person's 'care and support' needs. Section 34(1)(c) of the Act is of particular relevance to the commissioning of 'care and support' as it provides that a local authority may meet a person's 'care and support' needs by providing the service themselves or arranging for the service to be provided by someone else.

1.5. This Code applies to the provision of 'care and support' by a local health board or NHS trust provided as part of a package of care arranged and funded by them to meet a person's primary health care or nursing needs, which may or must be provided under section 2(1) and section 3 of the 2006 Act, and which the local authority are prohibited from providing by virtue of section 47(1), (4) or (5) of the Act.

1.6. For the purposes of this Code, local authorities, local health boards and NHS trusts in Wales have the same meaning as in section 197 of the Act and are referred to collectively throughout as 'statutory partners'. When referring to individual bodies the specific term will be used accordingly. When referring to individuals or teams that undertake the commissioning functions on behalf of statutory partners these are referred to as 'commissioners'.

1.7. Statutory partners must act in accordance with the requirements contained in this Code. Section 147 of the Act (departure from requirements in codes) does not apply to any requirements contained in this Code.

1.8. In order to ensure that this Code has comparable force in relation to statutory partners, the Welsh Ministers will direct[2] local health boards and NHS trusts under the 2006 Act to exercise their relevant functions in accordance with the requirements contained in this Code.

[1] Hyperlink to order and footnote to be added once made
[2] Hyperlink to direction and footnote to be added once made

1.9. Statutory partners must**:**

a) exercise their relevant functions in accordance with the requirements contained in this Code; and
b) have regard to any guidance set out within this Code.

1.10. In this code a requirement is expressed as a “must” or “must not” and guidance is expressed as a “should” or “should not”.

1.11. This Code should be read in conjunction with all codes of practices and guidance issued under the Act but particularly the:

a) Part 2 Code of Practice (General Functions)[iii]
b) Part 4 Code of Practice (Meeting Needs)[iv]
c) Part 8 Code of Practice on the Role of the Director of Social Services (Social Services Functions)[v]
d) Part 9 Statutory Guidance (Partnership Arrangements)[vi]
e) Market Stability Reports Code of Practice[vii] and non-statutory supplementary guidance

1.12. This Code applies principles and standards to the commissioning of care and support services by local authorities, local health boards and NHS trusts in Wales. Where provisions within contracting arrangements are required to be made to ensure compliance with their statutory responsibilities in this Code, statutory partners must make such provisions and must have appropriate monitoring and evaluation mechanisms in place to assure themselves of compliance.

References and footnotes

1.13. To aid the practical use of this Code, where available, hyperlinks are embedded in the titles of documents and resources referred to in this Code and the full web address of the link has been provided in an accompanying Appendix. In addition to this, please note that primary and secondary legislation can be accessed within the UK Government legislation website[viii] and the Codes of Practice and Statutory Guidance issued under the Act can be found at: Social services codes of practice | GOV.WALES[ix].
All hyperlinks and web addresses in the footnotes were live, functional and accurate at the time this Code was issued. Whilst, the Welsh Government cannot ensure or control the functioning of external links, if a link does stop working during the period in which this version of the Code is in force, we will attempt to publish an updated version of the Code with a new functioning link.
Where this is not possible, the hyperlink and footnote will be removed, and that section of the Code will be reviewed and amended accordingly at the next formal review of the Code.

Definition of care and support

1.14. For the purposes of this Code the term ‘care and support’ has the same meaning as in section 4 of the Act. Therefore, any references to care and support in this Code are to be construed as a reference to care, support and both care and support.

1.15. Sections 35 to 45 of the Act contain the duties placed on local authorities to meet the care and support needs of adults and children and the support needs of unpaid carers including adult carers and unpaid carers who are children. Section 34(1) of the Act provides examples of the ways in which a local authority may meet needs under sections 35 to 45 and section 34(2) sets out examples of what may be provided to meet a person’s needs for ‘care and support.’

Services to which this Code applies

1.16. This Code applies to the commissioning of ‘care and support’ services, including early intervention and prevention services by:

a) a local authority – including services provided by a local authority, and/or where a local authority has arranged for them to be provided by someone other than the local authority (i.e. externally commissioned services), for example by a third sector or private organisation or co-operative;
b) local health boards or NHS trusts –this Code applies to the ‘care and support’ element of a package of care arranged and funded by a local health board or NHS trust where the individual has been assessed as having a ‘primary health need’ (as opposed to a need for local authority care and support) or in need of nursing care. Examples may include the provision of a care home service in the context of Continuing NHS Health Care or the provision of any ‘care and support’ by local health boards or NHS trusts within the context of funded nursing care. For the avoidance of doubt this Code will apply where a local health board or NHS trust is managing a care home service with nursing. This Code applies to services provided directly by a local health board or NHS trust, or where they have arranged for services to be provided by someone on their behalf (i.e. externally commissioned services) for example by a third sector or private organisation or a co-operative;
c) collaborative, joint or integrated (local authorities, local health boards and NHS trusts, or Regional Partnership Boards [‘RPBs’]) commissioning arrangements for the commissioning of care and support services including any formal partnership arrangements including arrangements between NHS bodies and local authorities under section 33 of the 2006 Act and regional services developed through formal arrangements under Regional Partnership Boards or Corporate Joint Committees.

   This may include arrangements involving education partners where care and support services for children and young people are jointly planned or commissioned.

1.17. This Code does not apply to:

a) services provided or arranged by a local authority that are not care and support services or preventative services under the Act;
b) health care / health services provided directly by or commissioned by the NHS including services providing hospital placements and primary care services (GP, Dentistry, Optometry, Pharmacy); and
c) care and support provided to an individual via direct payments (i.e. the arrangements between a direct payment recipient and person providing the service).

Commissioning undertaken by Regional Partnership Boards and/or local joint commissioning

1.18. This Code is explicitly linked and integrated with the Part 2 Code of Practice (General Functions)[x] and Part 9 Statutory Guidance (Partnership Arrangements)[xi] which have both been updated to strengthen regional partnerships arrangements.

The principles of co-operation, partnership and integration are embedded in the Part 9 Statutory Guidance (Partnership Arrangements) and are directly applicable to the National Framework.

Under the Part 9 Partnership Arrangements Regulations, the RPBs must ensure that the partnership bodies promote the establishment of pooled funds where appropriate. As a minimum partnership bodies must establish and maintain:

a) joint commissioning arrangements including a pooled fund or funds in relation to the exercise of their care home accommodation functions for older people
b) a pooled fund in relation to the exercise of their family support functions.

As part of their wider planning and commissioning activity the partnership bodies should consider the benefits of joint commissioning and pooling funds in other priority areas for integration, and they must consider the benefits of establishing and maintaining a pooled fund when doing things jointly in response to the population needs assessment.

The pooling of resources to support joint commissioning processes could be considered at a range of levels. RPBs will help the partnership bodies to determine the most appropriate level at which to pool resources to achieve the greatest impact and benefit. These levels are:

a) regional, sub-regional
b) pan-cluster group, cluster
c) individual.

The partnership bodies will retain statutory responsibility for their functions carried out under all pooled fund arrangements.

This means that the partnership must include the governance arrangements, including accountability, decision making and how the pooled budget arrangements will be managed.

Impact of commissioning

1.19 When preparing their market stability reports[xii], local authorities must consider the impact of commissioning and funding on the sufficiency, quality and stability of provision of regulated services across the RPB area. This is specifically required by section 144B of the 2014 Act. In doing so, they must assess regional as well as local approaches to commissioning, and the use of pooled funding. This will include the effectiveness of the RPB as a commissioning mechanism for specialist services, and the use of revenue and capital funding streams across the RPB area.

Delivering an Integrated Community Care System for Wales

1.20 The Integrated Community Care System ['ICCS'] in Wales is focussed on enabling people to live well, closer to home through prevention, choice, well-being, and independence.
A central priority for ICCS is the establishment of a joint health and social care outcomes and measures framework for integrated care (including 'I' and 'We' statements to ensure the delivery remains rooted in improved experiences and outcomes for our population).
Delivering the ICCS requires effective planning and commissioning arrangements across partners to align resources, investment and service delivery around shared population outcomes. Planning and Commissioning is one of the ICCS System Enablers and supports the development of integrated pathways and coordinated approaches to meeting care and support needs for people across organisational boundaries.

1.21. Although roles and activities differ at a local level, brokerage is a term often used for the process of arranging care and support for individuals. Where used, brokerage should always have the needs and wishes (voice and control) of the person in need of care and support at the heart of the process.
Integration of brokerage into place based multi-professional teams as an element of aligning resources and investment into shared priorities could support the delivery of joint commissioning of integrated pathways and community models of care.

National Office for Care and Support

1.22 A National Office for Care and Support ("the National Office") has been established within Welsh Government. It will play an important role in:

a) overseeing and supporting the implementation and management of this and future iterations of this Code;

b) monitoring statutory partners' adherence to the requirements within this Code and in driving standards (supporting consistent implementation and continuous improvement);
c) serve as a central resource for commissioning practice development and improvement to support delivery of this Code;
d) supporting local and regional commissioners with regard to any significant challenges relating to market oversight; and
e) supporting Welsh Ministers to revise this Code to ensure that it remains current and aligned to the current policy and commissioning practices (this will include changes to support the transition to not-for-profit models of care for looked after children).

1.23. Further non-statutory commissioning guidance may be published in between the formal Code review periods, where specific commissioning and operational practices are to be promoted, in order to expedite good practice and improved outcomes.

1.24. The National Office has put in place and will keep up to date a comprehensive toolkit to support statutory partners with meeting the requirements of this Code and to reflect changes to commissioning practices. It will include guidance documents, templates, notable and good practice examples and national template contract clauses. The publicly available toolkit is hosted on 'Social Care Wales communities' and will enable community members to be notified when new tools or resources are added to the toolkit.

To access the toolkit, first register a 'Social Care Wales communities' account on the online communities' platform[xiii] then request to 'join' the National Framework (Commissioning) Toolkit community, to access the toolkit.

Commissioning of Care and Support

1.25. The Act seeks to transform social care in Wales so that it achieves two principal objectives:

a) Services that achieve people's well-being: "what matters" to them as they define it.
b) Services that are sustainable despite demographic trends.

1.26. This Code sets out a national framework for the commissioning of care and support services.

1.27. For the purpose of this Code, commissioning involves working with stakeholders as strategic partners to inform decisions about what services are required to respond to the care and support needs of children and young people, families, and adults, including carers, in Wales.

It also involves making decisions about the capacity, location, cost and quality of services together with how and who will deliver them.

1.28. Commissioning encompasses the analysis, planning, procurement, contract management and evaluation or review of services and their impact on people's well-being. It is a key enabler for organisations to fulfil their statutory responsibilities and in shaping services to both prevent or delay, where possible, a need for care and support and to respond to the care and support needs of people both now and in the future.
Commissioning can take place at several different levels:

a) at an individual level for a single person and their specific needs;
b) at a community or service level for specific services or groups of people with similar needs, and
c) at a whole population level to address whole population needs.

1.29. The Part 8 Code of Practice on the Role of the Director of Social Services (Social Services Functions)[xiv] sets out the main themes of the Act. They are:

- **Focus on people** – ensuring people have voice and control over their care and support to support them to achieve the outcomes important to them and also ensuring services are designed and developed around people.
- **Well-being** – measuring success in relation to outcomes for people rather than process.
- **Prevention and early intervention** – delivering a preventative and early intervention approach to minimise the escalation of need and dependency on statutory services.
- **Partnership and integration** – effective cooperation and partnership working between all agencies and organisations, including health, to best meet the needs of people.
- **Accessibility** – improving the information and advice available to people and ensuring that everyone, irrespective of their needs, is able to access that information.
- **New service models** – the development of new and innovative models of service delivery.

1.30. Statutory partners must ensure that commissioning activities and practices achieve the aspirations of the Act for all the people of Wales.
The Part 2 Code of Practice (General Functions) 2024 places co-production at the heart of how local authorities, partners, communities and providers should plan, design and deliver care and support services. Co-production is a way of working in which practitioners and people work together as equal partners to plan and deliver care and support

Commissioning

1.31. Commissioning has become established as an important process in modelling current and future need and demand and helping to drive service improvements, securing better outcomes for people in need of care and support, through arrangement of strengths-based, trauma informed, person-centred services and interventions. Across Wales there are already many examples of good commissioning and procurement practices and good service delivery, but there is unnecessary inconsistency in the way that care and support services are commissioned and delivered.

1.32. Commissioning is undertaken to ensure that care and support is assessed for, planned, and organised to best meet people's care and support needs and this includes early intervention and prevention services.

1.33. Commissioning involves a range of activity, including understanding;

a) individual and population need (at the current time and forecasting for the longer term);
b) quality, stability and sufficiency of care provision;
c) the mix of organisations operating in an area, their size, market share, and how they interact with each other;
d) and availability of local resources (including funding, workforce and a range of community assets)
e) how to coproduce care and support that support people to achieve what matters and facilitate collaborative relationships.

Thus enabling commissioners to understand local communities and how these may well differ depending on need and local assets. It also involves a knowledge of evidence-based models of care that offer public value.

Using this combined knowledge and understanding, commissioners develop relationships and arrangements across a whole system, to coproduce interventions that meet people's need for care and support including early intervention and prevention services and shape the local provision (including direct provision) to deliver public value.

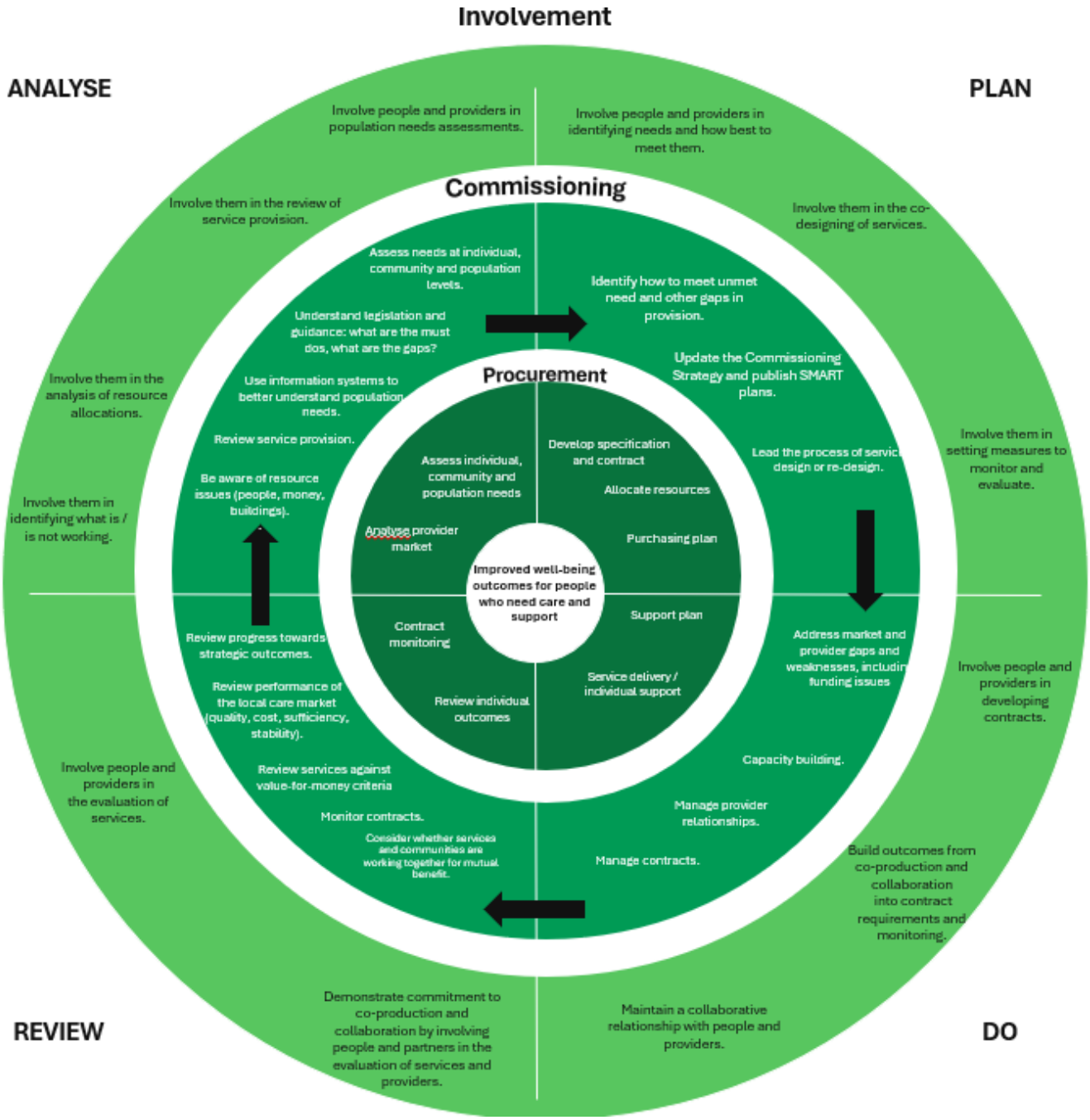
1.34. Commissioning requires a whole system perspective and the ability to nurture and facilitate a range of collaborative and co-productive relationships, in human learning systems theory commissioners act as system stewards[xv]:

a) Co-productive relationships form the basis for securing people's rights to express their views, wishes and feelings, and to participate in decisions and to be supported through advocacy to enable them to do so.
b) Collaborative relationships form the basis for commissioners, providers and partners to work together for reciprocal benefit, sharing resources, risks and solutions.

Commissioning through both co-productive and collaborative relationships is essential for achieving long-term population well-being and sustainable care and support services.

The Commissioning Cycle

1.35. The commissioning cycle below demonstrates a set of inter-dependent transformational activities across the functions of commissioning and procurement with the aim of securing good outcomes for people.
There is a symbiotic relationship between the elements, and they are not separate stand-alone functions.
The cycle does not have a fixed length or starting point and statutory partners will be working through the stages at different times.
All stages and activities within the commissioning cycle are important and necessary for effective commissioning and to deliver well-being outcomes for people based on 'what matters' to them.



Procurement

1.36. Welsh public sector procurement is a powerful lever with ability to affect sustained change to achieve social, economic, environmental and cultural outcomes for the well-being of Wales. The Wales Procurement Policy Statement[xvi] (WPPS), should be followed when undertaking a procurement using public funding.

Procurement is a set of activities by which services are secured. It involves:

a) detailing requirements through specifications,
b) securing public benefit and value through the most appropriate purchasing route e.g. tendering, and
c) monitoring service effectiveness.

Statutory partners must comply with Welsh Procurement Policy and the most current procurement legislation including the Procurement Act 2023[xvii] and the Social Partnership and Public Procurement (Wales) Act 2023[xviii] and any associated guidance when undertaking the procurement of care and support services.

1.37. The Health Service Procurement (Wales) Act 2024 gave Welsh Ministers the power to disapply procurement rules in relation to NHS procurement in Wales. The Health Services (Provider Selection Regime) (Wales) Regulations 2025[xix] changed the way that health services, provided as part of the NHS in Wales, are procured. The Provider Selection Regime ('PSR') applies to the procurement of *health* services by relevant authorities in Wales. Relevant authorities are;

a) a county council or county borough council;
b) a local health board;
c) a National Health Service trust;
d) a special health authority.

Schedule 1 to the PSR Regulations sets out the relevant health services, by reference to Common Procurement Vocabulary (CPV) codes.
The PSR Regulations describe how an authority should make a 'determination of the appropriate procurement process' i.e. the lawful process for selecting providers of in-scope health services.

The Regulations will apply to any collaborative or joint procurement by a local authority, local health board, NHS trust, or special health authority where the contract may include social care services or goods, but health services are the main subject-matter of the contract.
Detailed guidance, including a decision guide on the appropriate procurement process, is available on Health service procurement (Provider Selection Regime Wales)[xx].

Contract management for quality assurance and continuous improvement

1.38. Effective contract management involves all relevant stakeholders and is built upon learning focused, positive cultures.
Contract monitoring enables the gathering of qualitative and quantitative data and evidence, including lived experience, which indicates the extent to which commissioning intentions, quality and outcomes are being delivered, including monitoring that services are being delivered ethically, are sustainable and offer best possible value. Analysis of this information should be used to inform the next commissioning cycle.

Public value and socially responsible commissioning

1.39. The Welsh statutory framework describes value creation in terms of well-being outcomes for society rather than contract-specific benefits.
Public value is the wider economic, social, environmental and cultural benefit created for individuals, communities and Wales through public spending, commissioning and procurement - contributing to well-being, prevention, fairness, sustainability and community resilience, beyond the immediate delivery of the contracted service.

1.40. Public value can be delivered by public sector, private (profit making), non-profit, social enterprise, cooperative and third sector organisations. Evidence indicates that social value is most likely to be realised where commissioners, providers, communities and people with lived experience work collaboratively to design and deliver care and support. Multi-sector partnerships improve wellbeing, strengthen community resilience, support prevention, increase peoples voice and control, and make better use of local assets, all of which are recognised components of social value.

1.41. Care and support services can engage with local communities to bring about reciprocal benefits and to support community resilience and resourcefulness. Care and support services are also important for the promotion and fulfilment of equality and human rights. Delivered effectively they promote dignity, support independent living and enable people to sustain relationships and connections with the wider community.

1.42. Commissioning services locally to meet local needs can also reduce waste, minimise carbon footprint and enable participation in local environmental projects.[xxi]

1.43. Economic value is achieved through fair work and when remuneration for social care workforce is equitable across the sector.

1.44. Public value delivery models are defined by their ability to deliver against the four principles of the Act (well-being outcomes; coproduction, voice and control; collaboration and partnership; prevention and early intervention) and to add social, economic and environmental value. Commissioners should take public value this into account within their commissioning processes.

Principles of consistent, ethical, effective and transformative commissioning

1.45. Central to the principles of commissioning is the principle of “what matters” to people who need care and support services as set out in paragraph 5 of the Part 9 Statutory Guidance (Partnership Arrangements).

> *"My care is planned by me, with people working together, to understand me, my family and carers (and our needs), with my best interests central, giving me voice, influence and control, bringing together services and support networks that will achieve the outcomes important to me".*

1.46. This part of this Code sets out a set of principles, outcomes, values and quality standards for commissioning care and support. This Code is underpinned by **seven principles of effective and ethical commissioning** which commissioners must embed within their commissioning practices and proactively encourage providers to embed them into service delivery**.**

Principles for Commissioning Care and Support

1. **Relationships Matter**: Caring, compassionate, and equitable relationships come from inclusive co-production between people in need of care and support and carers in need of support and their representative bodies, and commissioners and support providers. For co-production to be properly inclusive, commissioners must continually develop their understanding of different people’s communication and engagement needs, including needs arising from language, culture, disability, economic status, and neurodiversity.

2. **Effective leadership is inclusive, transparent and honest**: The rebalancing of the health and social care system requires leaders and commissioners to be accountable for creating positive, learning focussed cultures. Decisions should be evidence informed and leaders should seek to continuously improve and develop digital, technological and human learning systems required to collect, share and understand evidence including impact and any unintended consequences (positive, negative and neutral), including data; with the aim of minimising data duplication (collect once, use many times).

3. **Collaboration** is the means through which commissioners, providers, people and communities jointly create value and public benefit. It moves beyond consultation and coordination to shared leadership, shared accountability and risk, and shared ownership of outcomes. Collaboration creates value by bringing together the knowledge, assets, resources and expertise of people, communities, providers and public bodies to achieve outcomes that could not be achieved by any single organisation acting alone.

4. **Value is "what matters"**: Value is more than short-term financial cost. It is good quality, safe, care and support that achieves positive well-being outcomes for people; achieving "what matters", as people define it through conversations and co-production. Value also requires commissioners to make the best use of public funds - for long-term sustainability and for maximum public benefit, in accordance with all legal, procurement and regulatory responsibilities including equalities, human rights, fair work principles, economic, social, technical and environmental considerations.

5. **Sustainable care and support is built on fair work and fair pricing:** Commissioning practices must support employers to improve the pay, status, well-being and working conditions of social care workers with the aim of parity of esteem and terms and conditions across (statutory, private and third) sectors.

6. **Plan for current need and future generations**: Commissioning for better outcomes is a medium to long term activity; planning requires forecasting, and delivery should focus on prevention (see section 15 of the Act) and sustainability (including carbon commitments).

7. **Evidence what works through stories and numbers**: Commissioners should collect evidence from people in need of care and support and carers in need of support about what matters to them and what helps them to achieve a good life and use this to inform service outcomes. The performance of services should be measured by experience and outcomes and commissioners should promote a culture of continuous learning and improvement, building on and embedding good practice. Decision making should be data-informed and evidence-led.

Standards for Commissioning Care and Support

1.47. The commissioning standards set out below apply to all parts of the commissioning cycle including service redesign and decommissioning. The standards are relevant to all those involved with commissioning and complement more detailed resources and guidance on effective commissioning and procurement for particular populations and particular service models, which will be included in the toolkit.

1.48. The aim of standardisation is to drive consistent, outcome-focussed commissioning practice by:

a) ensuring statutory partners work closely with the National Office to deliver improvements in commissioning capability;
b) setting out national practice expectations to stimulate positive change through the continuous improvement of commissioning to transform the delivery and sustainability of care and support;
c) promoting local and hyper-local integration, joint and collaborative commissioning and shared decision-making.

1.49. Statutory partners must demonstrate that their commissioning practices are undertaken in line with this Code. Statutory partners must provide an annual self-assessment and priority improvement plan, in the prescribed format, to the National Office by the end of April each year.

1.50. Whilst there are clear benefits to be gained from the setting of national principles and standards for quality and consistency purposes it is recognised that statutory partners need to be able to operate flexibly in order to be able to effectively commission care and support services that respond to local population needs and conditions. Therefore, whilst this Code imposes national standards and principles they have been designed to provide and maintain that flexibility. Further, the toolkit is designed to enhance and support the ways in which commissioners can respond to local needs.

1.51. The principles and standards within this Code align to the whole system values described in 'A healthier Wales: long term plan for health and social care[xxii] focussed on co-ordinating seamless health and social care services and having evidence-based models of care implemented locally, making best use of local assets, to meet population need. They also align to the aims of the Well-Being of Future Generations Act (Wales) 2015 to improve the economic, environmental and cultural well-being of Wales by requiring public bodies in Wales to consider the long-term impact of their decisions, to work better with people, communities and each other and to prevent persistent problems such as poverty, health inequalities and climate change through embedding the five ways of working.

1.52. There is recognition that the principles and standards are stretching and aspirational in some areas and will require whole system changes over time including policy development in order for statutory partners to achieve all ambition within this Code. This will be taken into account during future reviews of this Code and if necessary, actioned through the periodic introduction of additional non-statutory interim commissioning guidance.

Standard 1: Embed the values and principles of the Act into all commissioning activities

Statutory partners must demonstrate the values and principles of the Act and the Well-being of Future Generations (Wales) Act 2015, through;

a) achieving well-being outcomes;
b) coproduction with the individual's voice and control central to commissioning for 'person' or 'patient' centred well-being outcomes;
c) collaboration;
d) early intervention and prevention; and
e) long-term planning, adding value (social, economic and environmental).

Statutory partners must evidence that the commissioning of care and support services is co-produced [co-designed, co-delivered and co-evaluated] with individuals in need of care and support whether living in their own homes or other residential/shared settings, or their advocates and their unpaid carers.

Statutory partners must**,** where it is appropriate to do so, collaborate and jointly commission care and support services to meet local population needs.

Commissioning should take account of needs for care and support, in the short, medium and long-term, using population needs assessments, joint area plans and commissioning plans/strategies.

Standard 2: Secure sufficient skills, resources and capacity

Statutory partners must ensure they have sufficient commissioning skills and capacity to;

a) co-design, plan, deliver/secure, monitor and co-evaluate services with care and support providers, diverse people in need of care and support and unpaid carers in need of support.
b) support continuous improvement and problem solving in collaboration with care and support providers and other relevant partners.
c) implement universal design approaches within service specifications and contract performance requirements.

Statutory partners in undertaking their commissioning activity must ensure that sufficient resources are in place to nurture community resilience, investing in community led groups, activities and services through;

a) preventative support – support services often delivered by third sector organisations with particular specialisms, supporting a range of information and advice services.
b) care and support services – public, private and third sector services that meet care and support needs of a medium to high level.

Statutory partners must work collaboratively and in partnership, and where appropriate align resources or use pooled budget arrangements.

Statutory partners should balance the need to support innovation and implement the learning from others about services that achieve good outcomes.

Standard 3: Using evidence and experience to promote well-being outcomes

Statutory partners must collate relevant and accurate quantitative data (including current and future trends), and qualitative evidence (including lived and living experience) to ensure that commissioning is evidence informed.

Statutory partners should ensure sufficient analytical capacity and capability to inform robust commissioning planning. This should also consider the characteristics, including protected characteristics, cultural and language needs, of people in need of care and support and those who may need care and support in the future.

Commissioning and resourcing decisions must be based on evidence of:

a) population need assessments, including projected future demand and demographics;
b) required service level outcomes and contributions to people's wellbeing[3] [4], including timely and equitable access;
c) assessment of the financial and human resources required to ensure the quality, stability and sufficiency of future care and support supply / provision (market stability reports); and
d) assessment of the services that will best deliver the outcomes that matter to individuals, over time (evidence of what is valued and what works)

Statutory partners must share evidence of local population needs and local market stability and sufficiency with current and potential future providers (including those outside of care and support services) to optimise potential contributors, generating investment into areas where there are identified gaps.

Statutory partners must collect and report on data relating to national outcomes, and performance in line with current reporting requirements.

Statutory partners must regularly review local and regional market risk assessments and implement risk mitigation plans.

Statutory partners should explore how commissioning and analyst resources could be pooled by working through Regional Partnership Boards and should seek to ensure that data collection reduces duplication and complies with data protection law:

Statutory partners must make evidence-based decisions about the types and levels of services needed to meet local population needs.

Standard 4: Commissioning for value and public benefit

The Health and Social Care (Wales) Act 2025[xxiii] makes provision to restrict the making of profit in the provision of care home services provided wholly or mainly to children (children's home services), fostering services and secure accommodation services. Statutory partners must ensure that;

a) tender documentation, provider selection criteria and contract conditions are aligned with the new legal framework; and

[3] Quality Outcomes Framework (QOF) - NHS Wales Performance and Improvement,
[4] Social services national outcomes framework: annual report 2025 [HTML] | GOV.WALES

b) contract specifications incorporate the Act's requirements regarding provider status and compliance with the restrictions on profit-making provision of children's services.

The Procurement Act 2023 provides an option of competitive flexible procedures, that enable commissioners to design a procurement process tailored to the service and market.

Procedures may include co-design approaches and involvement of care recipients and their unpaid carers in award decisions, dialogue and negotiation with providers over multiple stages to promote innovation testing.

Statutory partners must engage with people who need services throughout their commissioning activities and should involve providers wherever appropriate.

Statutory partners must demonstrate that commissioning and / or procurement plans are based on evidence informed decisions regarding the reason(s) for selecting:

a) direct provision
b) single or collaborative commissioning, including alliance contracts
c) competitive procedures (tendering) including competitive flexible procedures, framework agreements or dynamic markets
d) direct award for user choice contracts
e) reserved mutual contracts
f) grant aid
g) other options for nurturing and securing innovation in care and support services (procurement of innovative solutions that are not yet available or do not exist in the market)

When commissioning from the third sector, statutory partners, should take account of the key principles and the associated guidance set out within the Third Sector Scheme: code of practice for funding the third sector[xxiv].

Guidance is available for commissioners and suppliers on joint bidding for public contracts[xxv] and multi-sector collaboration to improve community well-being[xxvi]

Standard 5: Measuring value

Statutory partners must consistently measure 'value' as a balance of cost and overall public benefit.

Assessment of benefit should commence at point of procurement or engagement, through contract management, and should be based on people’s experiences and support to achieve personal quality of life outcomes, in addition to:

a) exercising of their rights (whether people with protected characteristics have additional barriers to accessing services, different experiences or outcomes; and any additional costs for delivery of Welsh language services);

b) standards of quality and safety (the Code of Practice on Quality Assurance and Performance Management[xxvii] places requirements on commissioners to ensure consistency in relation to quality assurance and performance management of regulated care and support services);
c) social responsibility (whether services improve social, environmental, and cultural well-being, supporting the foundational economy, nurturing resilient local supply chains), and fair work. Measures may include investment in local employment, training opportunities, community involvement, and Welsh language promotion.

The procurement and quality and performance management of (contracted and directly delivered) care and support services, must be;

a) focussed on (well-being) outcomes / results, safety and sustainability (most advantageous / value);
b) evaluated (measured) by their economic, social and environmental impact (purpose) including fair work principles; and
c) take into account sustainability in the context of contract value.

Tools and good practice examples will be provided in the toolkit.

Standard 6: Supporting ethical and fair work practices

Statutory partners must ensure that all care and support services are commissioned ethically and are underpinned by fair work principles.

Statutory partners should encourage providers to adopt and adapt the Social Care Workforce Partnership model policies (Social Care Workforce Partnership: model policies for the social care sector | GOV.WALES[xxviii]) to improve status, well-being and working conditions across social care.

To support the social care workforce statutory partners should:

a) consider Public Sector Equality Duty when making decisions on commissioning and outsourcing that affect the workforce;
b) undertake and publish evidence-based Equality Impact Assessments which assess the impact that commissioning and outsourcing decisions will have on groups with protected characteristics, including ethnic minority workers;
c) monitor providers to ensure the required workforce data is available;
d) consider ways in which the existing procurement processes and duties can be used to improve compliance with their Public Sector Equality Duties for example by considering how equalities are incorporated into the tendering and contract management processes; and
e) develop an Equalities Impact Assessment for proposed procurement exercises which considers the impact on the social care workforce including workers with protected characteristics.

Guidance on ‘Fair work in the social care sector: a toolkit for commissioners’ is included in the online toolkit.

Standard 7: Understanding the costs of care

Statutory partners must demonstrate that they understand the full costs of (both directly provided and contracted) compliant, quality care and support.

Statutory partners and providers must work collaboratively to understand the fair and sustainable costs of delivering care and support, to inform decisions relating to fees; and must have a consistent and transparent process for agreeing fees.

Statutory partners should consider how their pre and post contract due diligence and contract requirements can encourage providers to engage and contribute to fair cost assessments and price negotiations.

Statutory partners should identify the cost impacts and differentials between different sizes of providers and service models, including very complex and specialist care, and meeting significantly diverse population needs.

Statutory partners should, where appropriate, align and / or pool resources (including funds and human resources) to enable effective delivery of shared commissioning plans**.**

Statutory partners through Regional Partnership Board or joint/integrated local mechanisms should, where appropriate, explore the benefits of:

a) sharing resources across any / all partners to implement plans to improve population well-being, shape local care provision and / or the quality and availability of care and support.
b) wider partnerships e.g. with housing, leisure, libraries and education, primary care and well-being hubs to promote whole population well-being, minimising demand for care and support and maximising early support.

Statutory partners must jointly assess the maturity of their integrated and collaborative commissioning arrangements and relationships and should identify scope for improvements in key areas.

Standard 8: Setting fair and sustainable fees

Statutory partners should use local, regional and/or national cost methodologies or benchmarks, where available, to determine a fair and sustainable price for quality care and support. Common methodologies assist in analysis of costs and developing business cases for trialling and testing novel approaches to delivering services.

Statutory partners must be transparent and consistent when negotiating and agreeing fee rates, ensuring that they are assessing fair and sustainable costs of care and support and ensuring public value.

Statutory partners must confirm their fee rates to providers in a timely manner, before the start of each financial year.

Methodologies should take account of factors such as geography, organisational context, care and labour market conditions and fair work policy (pay, terms and conditions and progression frameworks). Price variation procedures must include appropriate inflation mechanisms to keep pace with costs; this is particularly important with multi-year contracts and funding agreements.

Establishing consistent methodologies and benchmarks, should not detract from local democracy and local decision-making on price determination. Commissioners should take account of the impact of their commissioning and procurement activity on the sufficiency of care and support and on market stability.

Standard 9: Financial and Contract Standing Orders

Statutory partners must keep Financial and Contract Standing Orders under review to ensure that they are fit for purpose to secure care and support services of the quality and range required.

Statutory partners must ensure that their financial regulations are flexible enough to meet the specific needs of commissioning and procuring care and support services.

Regional Partnership Board agreements and governance documents should be kept up to date accordingly, where there are joint or lead commissioning arrangements.

Standard 10: Equalities and human rights

Wales and its people are diverse in nature, commissioning of care and support services must therefore acknowledge and embrace equality, to improve outcomes for the population of Wales.

Statutory partners must have due regard to the principles of equality and diversity in carrying out their functions at all stages of the commissioning cycle to ensure that diversity and equality are central to the provision of care and support services. Equalities Impact Assessments must be conducted for commissioning and procurement exercises.

Statutory partners must consider intersectionality when assessing need, planning services, shaping markets, undertaking procurement activity, and evaluating outcomes. This involves recognising that people may experience multiple and overlapping forms of advantage, disadvantage, exclusion or discrimination that cannot be understood by considering protected characteristics or other factors in isolation. Commissioners should use population intelligence, engagement and co-production to identify and address these intersecting factors, ensuring that care and support services are equitable, culturally responsive, trauma-informed where appropriate, and capable of meeting the diverse needs of individuals, families and communities.

Statutory partners must work proactively to address inequalities and promote the fulfilment of human rights, by meeting the requirements of legislation and guidance including:

a) the Equality Act 2010[xxix] and Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010[xxx] and regulation 18 of The Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011[xxxi].
b) The Equality Act 2010 (Authorities subject to a duty regarding Socio-economic Inequalities) (Wales) Regulations 2021[xxxii]
c) The Human Rights Act 1998[xxxiii]
d) A More Equal Wales - The Socio-economic Duty - Equality Act 2010 - Statutory Guidance[xxxiv]
e) United Nations Convention on the Rights of the Child[xxxv] (UNCRC), United Nations Convention on the Rights of Persons with Disabilities[xxxvi] (UNCRPD) and United Nations Principles for Older Persons[xxxvii]

Statutory partners must ensure when commissioning services relating to children, young people and families, so that children and young people fulfil their potential, that they have regard to

a) Part 6 Code of Practice (Looked After and Accommodated Children)[5]
b) 'THE RIGHT WAY - A Children's Rights Approach for Social Care in Wales – A Children's Rights Approach is a principled and practical framework for working with children, grounded in the UN Convention on the Rights of the Child'[xxxviii]

Statutory partners must act in accordance with the requirements of the Code of Practice on the Delivery of Autism Services[xxxix] [6].

Neurodiversity describes the full ranges of neurological differences within the population, both neurotypical and neurodivergent people.
Statutory partners must recognise that many neurodivergent people [including autistic people, people with ADHD, or Tourette's] are protected under the disability provisions of the Equality Act 2010.

Statutory partners must ensure that services are accessible without unnecessary barriers, and delivered in ways that eliminate discrimination, advance equality of opportunity, engage with and meet the needs of neurodiverse people through inclusive service design and reasonable adjustments (based on need rather than diagnosis).
Neuroinclusive commissioning is the systemic incorporation of neuroinclusive principles throughout the commissioning cycle, ensuring that services are accessible, responsive and equitable for neurodivergent people. Neuroinclusive practice should be the default way that all services are designed and delivered.

Statutory partners should ensure neuroinclusive practice and commission neuro-affirming services, by;

a) promoting universal design of environments, systems and support;
b) valuing lived and living experience;

[5] Code under review – link to be added when implemented
[6] The Welsh Government is working on widening this Code to become a Neurodivergence Code of Practice.

c) proactively removing barriers to engagement in coproduction of services and accessing services, rather than placing responsibility on individuals to adapt or request reasonable adjustments;
d) providing neurodivergence training for commissioners, including the skills to implement universal design approaches and reasonable adjustments.

Further guidance on neuroinclusive environments and neuroinclusive will be provided in the toolkit and via the Neurodivergence Wales website[xl].

Statutory partners should also have regard to the Accessible Communication and Information Standards in Healthcare[xli].
These standards are in place to support people with additional communication and information needs to access services and support – including people with dementia; people with learning disabilities; neurodivergent people; and people whose first language is not English or Welsh.

Statutory partners should take account of Welsh Government's Framework guidance[xlii] which sets out practice expectations for reducing restrictive practices, and should build into contractual arrangements, a requirement that the expectations set out in this Framework will be met by those who are commissioned to provide care and support.

Commissioners must ensure that they have regard to the following when commissioning care and support services:

a) Welsh Government Anti-Racist Wales Action Plan[xliii];
b) the Equality and Human Rights Commission's report into Experiences from health and social care: the treatment of lower-paid ethnic minority workers[xliv];
c) the Ethnic Minorities and Youth Support Team report: Evaluation of the Social Services and Well-being (Wales) Act 2014: expectations and experiences of Black, Asian and Minority Ethnic service users and carers[xlv];
d) Trauma-Informed Wales: A Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity.[xlvi]

Statutory partners should consider how commissioning activity can help reduce inequalities experienced by ethnic minority communities, including through addressing antisemitism, Islamophobia and anti-Gypsy, Roma and Traveller prejudice.

Statutory partners should seek to find ways in which their statutory duties relating to equalities and human rights can be extended to providers through contracts and service specifications.
To bring about national consistency proposed contract clauses have been developed which commissioners should use within their contracts with providers of care and support services.

The EHRC has produced guidance for commissioners in Wales[xlvii].
This and further resources are provided in the toolkit.

Using data to support commissioning of services

Providing workforce data to Social Care Wales

1.53. From 2026, Social Care Wales will be working with the Care Inspectorate Wales to combine their two data collection exercises into a single, streamlined process for social care providers.
Statutory partners must proactively encourage their providers to complete and return the workforce data.

Having an accurate and up to date national dataset relating to the social care workforce supports robust workforce planning at national, regional and local levels.

The Care Homes Wales Project

1.54. The Care Homes Wales Project is an online information hub which links to the Dewis Cymru health and well-being directory.
Adult care home providers can log information relating to bed capacity and vacancies in their services, which then automatically contributes to dashboards and the public facing website [CareHomes.Wales][xlviii] helping individuals and families researching adult care home options.

This information is used to inform national, regional and local datasets therefore, statutory partners should use their contract agreements to require providers to use and keep up to date their information on the Care Homes Wales Project.

Digital Inclusion and Access

1.55. Statutory partners must work with providers to encourage and support their use of digital solutions where digital approaches improve outcomes without excluding people, and ensure that those using services have access to the internet and digital devices as required.
Where digital solutions are specified, contracts should require providers to ensure that their staff have basic digital skills to support people to make effective use of the digital solutions.

Social Care Workforce

1.56. Statutory partners should take account of the ambition of the 10 year Health and Social Care Workforce Strategy[xlix] and principles within delivery plans[l].
As workforce availability and skills is a critical component of service quality and market stability, statutory partners should work with stakeholders to undertake robust workforce planning, informed by assessment of;

a) current and future workforce supply;
b) recruitment and retention challenges;
c) workforce diversity and Welsh language capacity;

d) skills and qualifications
e) leadership and succession risks; and
f) the impact of commissioning decisions on workforce outcomes.

1.57. Statutory partners should use appropriate contract and partnership mechanisms to encourage providers to make use of the WeCare Wales portal[li] to advertise vacancies within their organisations.

Supporting the Real Living Wage

1.58. When commissioning care and support services, commissioners must have regard to all Welsh Government guidance[lii] relating to the implementation of the Real Living Wage including fair work principles.

1.59. Commissioners should seek assurance that providers delivering publicly funded care and support services are paying the Real Living Wage to eligible workers in line with Welsh Government policy. Procurement, contracting and monitoring arrangements should include proportionate mechanisms for providers to report workforce pay information, enabling commissioners to understand the extent of implementation across the sector.

Where providers are unable to demonstrate delivery of the Real Living Wage, commissioners should work collaboratively with them to understand barriers, assess any risks to workforce sustainability and support progress towards the commitment.

Welsh Language

1.60. The importance of providing care and support services in the language choice of people is well documented. Language is an integral element for people in achieving their care and support needs, securing rights and entitlements and being able to use their own language to communicate and participate in their care as equal partners.

1.61. The provision of care and support services through the medium of Welsh must be a right and is a matter of need and necessity, not choice. Statutory partners must treat the Welsh language no less favourably than English and must seek to provide opportunities for people to fully use Welsh Language in their everyday life.
Statutory partners must take all reasonable steps, to provide local / community based Welsh Language care and support services and the sufficiency of care and support in the medium of Welsh must be reflected in the local market stability reports.

1.62. Statutory partners must also comply with all Welsh language duties and obligations contained within legislation, codes of practice and statutory guidance issued, and have regard to any other relevant guidance.

1.63. Statutory partners should ensure that their population needs assessment establishes the range and level of services that will be required through the medium of Welsh including identifying where there are currently gaps in provision and the action that will be taken to increase the range and level of services that are required through the medium of Welsh.

More than just words / Mwy na geiriau

1.64. More than just words[liii] is the Welsh Government's strategic framework to strengthen Welsh language provision in health and social care. Its aim is to embed the Welsh language in health and social care so that people can access the care that they deserve and require and support Welsh-speakers to receive services in their first language. Adoption and delivery of the Active Offer – a core principle of More than just words – will help improve the quality of care for people in Wales. This is because a person's language is fundamental to the provision of safe, equitable and person-centred care.

1.65. The 'Active Offer' is a core element of the framework and simply means providing a service in Welsh without someone having to ask for it.

1.66. Statutory partners must ensure compliance with the Welsh Language (Wales) Measure 2011[liv] when planning and delivering care and support services and that they exercise the 'Active Offer', offering services through the medium of Welsh rather than people having to request it.

1.67. It is recognised that it can be challenging for some providers to meet the Active Offer however, commissioners and service providers must proactively support the workforce to communicate in Welsh whatever their level of Welsh may be and encourage the workforce to develop their Welsh language skills. Staff may display Iaith Gwaith or Dysgu Cymraeg badges/lanyards to show where someone is able to speak Welsh or is learning Welsh.

1.68. Workforce planning is key to supporting the delivery of the Active Offer and embedding a focus on the Welsh language across health and social care. Contracts need to ensure care and support providers have appropriate and adequate staffing arrangements in place, when it comes to supporting the Welsh language.

1.69. Support and resources available include:

a) The National Centre Learn Welsh Scheme, supported by tutors, for health and care staff. This includes taster / croeso courses for people wanting to learn a few words of Welsh – and codi hyder / confidence building course for those looking to increase their confidence.
The National Centre for Learning Welsh have also developed bespoke resources for staff supporting people with dementia; staff supporting neurodivergent people; and staff working in palliative and end of life care.
b) The Social Care Camau Scheme.

c) Helo Blod for businesses, charities or community organisations needing Welsh translation and advice services.
d) HEIW and Social Care Wales Guidance on Workforce Planning and the Welsh Language.
e) The Welsh Language Commissioner's Hybu Team for businesses and charities can help bodies to put practical plans in place and link to free support. Commissioned organisations may wish to adopt the Cynnig Cymraeg to show how they are delivering services Cynnig Cymraeg.

1.70. Commissioners should use the national contract clauses available in the toolkit within their contracts with providers of care and support services which are designed to bring about national consistency.

Supporting the environment and sustainability considerations

1.71. The climate emergency is a challenge that requires urgent action across health and social care. In Wales the statutory duty to act comes from three main pieces of legislation:

a) Well-being of Future Generations (Wales) Act (2015) which provides a comprehensive framework for sustainable development in Wales.
b) The Environment (Wales) Act 2016 provides a statutory framework for sustainable resource management and climate action in Wales, including legally binding carbon budgets and the target of Net Zero by 2050.
c) Environment (Principles, Governance and Biodiversity Targets) (Wales) Act 2026

1.72. Decarbonising Social Care in Wales[lv] provides direction on decarbonisation to statutory partners and external providers of care and support services. Statutory partners must:

a) Continue to work towards understanding the magnitude of carbon emissions within care and support services.
b) Identify how carbon emissions can be reduced through commissioning activity.
c) Outline (within market sustainability reports) the measures needed to deliver high-quality, affordable care and support without carbon emissions
d) Take decarbonisation action.

1.73. Welsh Government's Climate Adaptation Strategy for Wales 2024[lvi] provides direction on the action needed across the health and social care system to understand and mitigate the risks to public health, and to Health and Social Care delivery from climate change (Adaptation Planning). The strategy is aligned with the Climate Change Committee's A Well-Adapted UK[lvii], which concludes that "Social care remains underprepared for escalating climate risks" and that guidance on climate risk needs to be disseminated down to working level staff.

Statutory Partners must consider climate risk when planning, commissioning and delivering social care, by:

a) Working with commissioned care providers to identify and manage climate related risks and signpost them to Chief Medical Officer and Public Health Wales guidance.
b) Ensuring that contracted care providers develop and implement Climate Response Plans and undertake adaptation planning. Plans must detail anticipatory and proactive opportunities and actions to make existing health and social care buildings more resilient to climate change impacts, particularly extreme heat, and other climate risks such as storms and flooding, and ensure that new buildings are designed to meet future climate challenges.
c) Ensuring that commissioned care providers have effective business continuity plans and arrangements in place to include workforce well-being actions to ensure resilience to future climate challenges. This must include how services will plan for, respond to and recover from climate-related disruption, including risks to buildings, equipment, transport, staffing, medicines, food, utilities and digital systems.

Statutory partners must publish their own Climate Response Plans and demonstrate how climate considerations are being embedded across supply chains:

a) Climate Response Plans should detail how the procurement of care and support will contribute to priority areas of emissions reduction and reducing waste.
b) Appropriate due diligence mechanisms (including procurement where undertaken) should be used to assess the sustainability credentials and climate resilience of independent care and support providers.
c) Procurement and contract documentation should require providers to set out proportionate adaptation and business continuity arrangements.

1.74. In line with Net Zero Wales Carbon Budget (2021 to 2025), all local authorities should carry out an annual carbon emissions assessment and appraisal. They should use the principles for carbon accounting and reporting set out in the Welsh Public Sector Net Zero Carbon Reporting Guide:

a) Local authorities should collect carbon emissions data from contracted service providers and include this data in their carbon accounting and reporting.
b) Contract monitoring and management arrangements should also support assurance that commissioned services are identifying and managing climate-related risks, including extreme heat, and that appropriate adaptation and business continuity arrangements are in place.

Support and services for unpaid carers

1.75. Unpaid carers as individuals have independent rights to assessment and support. Local authorities must identify unpaid carers, assess their support needs, provide information and advice, and where eligible needs arise, ensure appropriate support is available to promote carers' wellbeing and sustain their caring role.
The statutory duties on local authorities are outlined in the Act and included in the Codes of Practice on Assessing Care and Support Needs of Individuals and on Meeting People's Care and Support Needs.

1.76. Unpaid carers are key partners and stakeholders in commissioning, service review and quality improvement activities.
The support needs of unpaid carers must be considered in Population Needs Assessments, and this information must be used to inform planning, commissioning, service development and investment decisions.
Resources are available in the toolkit to support commissioners when commissioning support for unpaid carers in line with the duties under the Act.
The toolkit also contains the Welsh Government's 'Charter for Unpaid Carers[lviii]' which confirms the legal rights of unpaid carers.

Services for Children

1.77. Services for children should focus on early intervention and prevention so needs can be met early in a child's life and before needs escalate.
Statutory partners must assess the needs of their population and work with providers to develop and deliver appropriate routes for support and services.
Statutory partners should use the Early Intervention and Prevention Framework[lix] to benchmark and improve their support offer for babies, children, young people and families, targeting support in the right place at the right time.

1.78. The Welsh Government has committed to transform children's social care and remove profit from the care of children who are looked after in Wales. The Health and Social Care (Wales) Act 2025 ("The 2025 Act") establishes the legislative framework to support this transition and to promote the development of a care system that is focused on children's well-being and outcomes.

1.79. Children and young people need care and support services that enable them to grow and develop, flourish and thrive. It is widely recognised that this usually means they need to be close to their families and communities and this is a key feature of the removing profit policy.
Statutory partners must consider as part of the commissioning process, ways in which children and young people can be accommodated and cared for closer to home more often, so they can continue to be part of their community and maintain their support networks, in living arrangements which are locally based, locally designed and locally accountable.

1.80. Commissioning arrangements must support the development of sufficient not-for-profit provision for children who are looked after and be informed by local authority annual sufficiency plans required by the 2025 Act[lx].

Safeguarding

1.81. Statutory partners must take all reasonable steps to ensure that the commissioning of care and support services promotes and protects the well-being of children and adults at risk.

1.82. Statutory partners have a duty under section 28 of the Children Act 2004[lxi] to ensure that any services provided on their behalf, in the discharge of their functions, have regard to the need to safeguard and promote the welfare of children.

1.83. Part 7 of the Social Services and Well-being (Wales) Act 2014[lxii] establishes the statutory safeguarding framework for both children and adults at risk, including duties relating to reporting concerns about abuse, neglect or harm and provisions relating to Adult Protection and Support Orders.

1.84. Commissioning, contract monitoring and service delivery arrangements should build into their processes and oversight, the requirement to have in place robust systems for protecting children and adults at risk.
This includes having safeguarding policies in place, ensuring staff have received safeguarding training, having a clear pathway in place for reporting and escalation arrangements.

1.85. When commissioning care and support, statutory partners must refer to and have regard to safeguarding legislation, codes of practice, guidance and procedures to ensure safeguarding matters are fully considered:

a) Single Unified Safeguarding Review statutory guidance.[lxiii]
b) Part 7 of the Social Services and Well-being (Wales) Act 2014
c) Working Together to Safeguard People Volume 5 – Handling Individual Cases to Protect Children at Risk[lxiv]
d) Safeguarding adults at risk of abuse or neglect[lxv]
e) Reducing restrictive practices to children and adults[lxvi]

1.86. Statutory partners should use contract management and monitoring procedures to ensure that commissioned providers evidence appropriate safeguarding policies, training, supervision, reporting routes and escalation arrangements, in line with:

a) The Wales Safeguarding Procedures[lxvii]; and
b) The national safeguarding training, learning and development standards[lxviii]

NYTH/NEST Framework

1.87. The NYTH/NEST Framework[lxix] aims to support a 'whole-system' approach to improving the mental health and wellbeing of babies, children, young people and their families across Wales. It promotes services and support that are nurturing, empowering, safe and trusted, underpinned by co-production, early intervention, equity and collaboration across sectors and services.

1.88. Developed through extensive engagement with and co-produced with a wide range of stakeholders, NYTH/NEST is being implemented across sectors.

1.89. Given the importance of the NYTH/NEST principles, commissioners should have regard to the framework when planning, commissioning and reviewing services to support a coordinated, whole system and "No Wrong Door" approach. Service providers should also demonstrate an understanding of the framework and reflect its principles in the delivery of commissioned services.

1.90. To support commissioners and services to implement the NYTH/NEST framework, the Welsh Government has produced a self-assessment tool[lxx] and introductory training[lxxi]. Commissioners should make themselves aware of these tools and ensure bodies providing commissioned services, use the tools available to implement NYTH/NEST.

1.91. Commissioners should ensure that contract service specifications and services provided reflect evidence from co-production.

1.92. Alongside NEST statutory partners should consider the national multi-agency practice framework for children'[lxxii]s services which seeks to strengthen multi-agency practice throughout Wales by providing a vehicle to draw together good practice and encourage better ways of working more consistently. A collaborative approach from the outset will ensure aligned delivery across agencies, promote shared outcomes, accountability and more flexibility for service delivery. This framework is primarily developed for children's services but can be adapted for use in any organisation working with children.

Glossary of terms

Term	Definition
Care and support	Has the same meaning as in section 4 of the Act: "4. Meaning of 'care and support' Any references to care and support in this Act is to be construed as a reference to- (a) care; (b) support; (c) both care and support." Section 34 of the Act ('How to meet needs) sets out examples of what may be provided to meet a person's needs for 'care and support.'
Carer / unpaid carer	In this Code, a person is a carer if they come within the definition of 'carer' in section 3 of the Act. A carer is typically a family member or friend who provides unpaid care for an adult or disabled child. For policy purposes the Welsh Government prefers the term 'unpaid carer', to distinguish them from paid care workers. It is important to note that, for the purposes of the Act, a person is not a carer if they provide care under or by virtue of a contract, or as voluntary work. It should also be noted, however, that under section 3(8) of the Act, a local authority has the discretion to treat a person as a carer for the purposes of any of its functions under the Act if the authority considers that the relationship between the person providing (or intending to provide) care and the person for whom that care is (or is to be) provided is such that it would be appropriate for the former to be treated as a carer for the purposes of that function or those functions.
Cluster(s)	Sometimes referred to as 'primary care clusters', a cluster brings together all local services involved in health and care across a geographical area, typically serving a population between 25,000 and 100,000. Clusters aim to promote joint working across GP practices, pharmacies, dental practices and optometrists, and the integration of primary care services with key partners such as the Welsh Ambulance Service University National Health Service Trust, local authorities and the Third Sector. The term 'pan-cluster' (or 'pan-cluster level') refers to the bringing together of clusters on a local authority footprint.
Commissioner	The person, individual or team undertaking commissioning functions on behalf of the statutory partner.
Commissioning maturity	Commissioning maturity describes how well an organisation plans, delivers and improves commissioning. A mature commissioning approach is strategic, evidence-based, collaborative and focused on achieving better outcomes for people and communities.

Term	Definition
Continuing NHS Healthcare (CHC)	Continuing NHS Healthcare is a complete package of ongoing care arranged and funded solely by the NHS through local health boards (LHBs), where an individual's primary need has been assessed as health based.
Digital inclusion	Digital inclusion means enabling people to access the devices, connectivity, skills and support needed to engage with digital services safely and confidently. Within social care, this supports equitable access to information, advice, care and support, helping to ensure that no one is disadvantaged, can benefit from digital services and participate fully in society.
Coproduction	Co-production is about working with people, not doing things to or for them, by sharing power, recognising everyone's strengths, and making decisions together.
Health care / services	Health care has the same meaning as in section 17(9) of the 2006 Act which provides that 'health care' means: a) services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and b) promotion and protection of public health.
Intersectionality	Intersectionality recognises that people can experience advantage or disadvantage in different ways because of the combination of their identities and circumstances, such as age, disability, ethnicity, gender, sexuality, religion or poverty.
Leaders	Director of Social Services ("DSS") in a local authority and the equivalent Director in the NHS that has responsibilities for the commissioning of care and support services.
Neurodivergence	Refers to the natural variation in how people think, learn, communicate, process, interact and experience the world. It is a biological fact. If someone is neurodivergent, they have a mind that differs (or diverges) from a mind that works in a way which is most common (or neurotypical). Neurodivergence is not a deficit it is a different way of being. This diversity and these differences are a necessary and valuable part of a functioning society. Further information on definitions can be found on Neurodivergence Wales website.
Neuroinclusive commissioning	Is the commissioning of services that respect neurodivergent identities, remove barriers, promote inclusion and wellbeing, and are co-designed with neurodivergent people rather than seeking to normalise them.
Neuroinclusive services	Are strengths-based and co-produced, they offer a pro-active entitlement to reasonable adjustments, removing barriers, promoting inclusion and participation, and are designed around individual needs, strengths, preferences and language.

Term	Definition
Market	The care market is the range of organisations, businesses, community groups and individuals that provide care and support services for people. It includes residential care homes, home care agencies, supported living providers, personal assistants, voluntary organisations, micro-enterprises and community-based support.
Market shaping	Market shaping is the ongoing process of understanding people's needs, engaging with communities and providers, and influencing how care and support services develop so that people can access the right support, in the right place, at the right time. This is how commissioners ensure there is enough good-quality care and support available, both now and in the future.
Outcome based commissioning	Outcome-based commissioning focuses on how care and support helps to achieve the outcomes that matter to people, rather than buying units (e.g. minutes or days) of service or activities (tasks). It is working with people and communities to decide what success looks like, then designing, purchasing and monitoring support based on the difference it makes in people's lives.
Provider / Service provider	A company/organisation/person that provides services to local authorities or local health boards.
Public value	Public value is the wider economic, social, environmental and cultural benefit created for individuals, communities and Wales through public spending, commissioning and procurement - contributing to well-being, prevention, fairness, sustainability and community resilience, beyond the immediate delivery of the contracted service
Statutory partners	Collectively, the local authorities, local health boards and NHS trusts in Wales which have the same meaning as in section 197 of the Act.

Appendix: Hyperlinks and references

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