

Commissioning for better outcomes: a route map





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Introduction

The focus of high quality commissioning is on local people, health and wellbeing: achieving good outcomes with people using evidence, local knowledge, skills and resources to best effect. This means working in partnership across the health and social care system to promote health and wellbeing and prevent, as far as is possible, the need for health and social care. Every person using social care services deserves the highest quality care and support, and the maximum opportunity to influence how that support is arranged and managed. Effective commissioning plays a central role in driving up quality, enabling people to meaningfully direct their own care, facilitating integrated service delivery, and making the most effective use of the available resources. Commissioning is the local authority's cyclical activity to assess the needs of its local population for care and support services that will be arranged by the authority, then designing, delivering, monitoring and evaluating those services to ensure appropriate outcomes. **Effective commissioning cannot be achieved in isolation.** It needs to be co-produced with people who are using or likely to use adult social care and will be best achieved by close collaboration with other key services – children's services, public health, housing and NHS partners. In adult social care, the key outcomes are described by the Adult Social Care Outcomes Framework (ASCOF), Making It Real statements and Public Health Outcomes Framework, and build on the Association of Directors of Social Services (ADASS) Top Tips for Directors. Together, they describe the care and support that will achieve what matters most to people – personalised, community-based support that promotes health and wellbeing.

What matters most to people?

- The person at the centre, rather than fitting them into services.
- People who use services and carers treated as individuals.
- Empowering choice and control for people who use services, and carers.
- Setting goals with people for care and support who use services, and carers.
- Having up to date, accessible information about services.
- Emphasising the importance of the relationship between people who use services, and providers and staff.
- Listening to people who use services and acting upon what they say.
- A positive approach, which highlights what people who use services can do and might be able to do with appropriate support, not what they cannot do.

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The standards are designed to ensure that everyone shapes and shares the vision of excellent care and support for people in need of adult social care, challenging commissioners to embark on an ambitious journey. They support the development of a common focus and purpose across the system, driven by shared values and behaviours. This includes commissioning for prevention; for both the care and support for people with assessed care needs, and for the overall health and wellbeing of all, thereby preventing, reducing or delaying the need for services in the future. There is a clear overlap with assuring the quality of CCG commissioning and, over time, we anticipate that there will be increasing alignment at a national level to support high quality integrated commissioning at a local level. For many local authorities, this will involve changes in commissioning and procurement practice in order to focus on promoting wellbeing

and on outcomes, to be more responsive to community needs, to enable individuals as commissioners of their own care, and to actively promote collaboration across the whole system. These standards should be seen as a route map for that journey rather than the final destination – they are intended to be used to support development and improvement.

These standards have been developed by a Project Steering Group, and details about the membership and process are available on the LGA website: www.local.gov.uk/care-support-reform. The research to ensure that the standards reflect evidence about commissioning and good practice involved:

- a review of the available literature on effective commissioning
- the engagement of a wide range of stakeholders to identify challenges in commissioning, to define what good looks like and to develop the content for the standards drawing on a wealth of experience and good practice
- an expert review of a final draft of the standards by local authorities and other key organisations.

The inclusivity of the approach reflects a commitment to coproduction and engagement.

From this first phase of work, a prototype was developed and tested in three local authorities. This is the updated version of the Commissioning for Better Outcome standards and reflects the views and revisions recommended by those involved in three pilot peer challenges.

This work was funded by the Department of Health and undertaken by a team from the Health Services Management Centre and INLOGOV at the University of Birmingham, commissioned by the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS).

Purpose of the standards

These standards are designed to support a dynamic process of continuous improvement and, through self-assessment and peer review, to challenge commissioners and their partners, to strengthen and innovate to achieve improved outcomes for adults using social care, their carers, families and communities. They are relevant to all aspects of commissioning and service redesign, including decommissioning. The standards have been designed to reflect the improvements that experience has shown are needed, to support the transformation of social care to meet people's reasonable aspirations, and to support the implementation of the Care Act. The overarching aim of the Care Act and related secondary legislation is to promote a whole system approach where strong local partnership arrangements for working with clinical commissioning groups (CCGs) and health and wellbeing boards are central to effective commissioning. It also means commissioning for the care and support needs of the whole population, including people who fund their own care. The Act places a number of statutory duties on local authorities; particularly relevant are:

- a statutory principle to promote health and wellbeing. This applies to commissioning, as well as care and support and safeguarding, and means that whenever a local authority makes a decision about an adult, they must promote that adult's wellbeing. The wellbeing principle applies equally to carers, and local authorities should similarly consider their health and wellbeing in assessing their eligible needs for support. The Act also requires local authorities to ensure the provision of preventative services — that is services which help prevent or delay the development of care and support needs, or reduce care and support needs (including carers' support needs). See more at: www.local.gov.uk/web/guest/care-support-reform/-/journal_content/56/10180/5761381/ARTICLE#sthash.ix8yrQul.dpuf

- a requirement for local authorities to arrange independent advocacy for people who a) have substantial difficulty in being involved or engaged in care and support assessments, planning and reviews and b) where there is no one available to help facilitate this involvement and engagement.
- the duty to carry out their care and support functions with the aim of integrating services with those provided by health, housing and others. See more at: www.local.gov.uk/web/guest/care-support-reform/-/journal_content/56/10180/6349034/ARTICLE#sthash.JInLArBH.dpuf This has implications for the joint commissioning of services and ensuring a whole system approach.
- a market shaping duty for local authorities to promote diversity and quality in the market of care and support for people in their local area. Local authorities must act to ensure that there are a variety of different service providers available, that make available a wide range of appropriate, high quality services to meet the needs of the local population. See more at: www.local.gov.uk/web/guest/care-support-reform/-/journal_content/56/10180/5761381/ARTICLE#sthash.ix8yrQul.dpuf

The standards also build on other legislation relevant to commissioning – notably the Human Rights Act (2004) and duties under the Equality Act (2010), as well as duties on local authorities to promote social value under the Public Services (Social Value) Act (2013) and to undertake Joint Strategic Needs Assessments (JSNA) under the Local Government and Public Involvement in Health Act (2007).

The standards are organised under three domains: person-centred and outcomes-focused commissioning, which lies at the heart of the commissioning endeavour, enabled by commissioning that is well led, and promotes a sustainable and diverse market place. All local authorities should be able to demonstrate progress in all of the domains described here.

The standards

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

Domain	Description	Standards
Person-centred and outcome focused	This domain covers the quality of experience of people who use social care services, their families and carers and local communities. It considers the outcomes of social care at both an individual and population level.	<ol style="list-style-type: none"> 1. Person-centred and focused on outcomes 2. Co-produced with service users, their carers and the wider local community
Well led	This domain covers how well led commissioning is by the local authority, including how commissioning of social care is supported by both the wider council and partner organisations	<ol style="list-style-type: none"> 3. Well led 4. A whole system approach 5. Uses evidence about what works
Promotes a sustainable and diverse market	This domain covers the promotion of a vibrant, diverse and sustainable market, where improving quality and safety is integral to commissioning decisions.	<ol style="list-style-type: none"> 6. A diverse and sustainable market 7. Provides value for money 8. Develops the workforce 9. Promotes positive engagement with providers

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

Good commissioning is:

Person-centred and outcomes-focused

1. Person-centred and focuses on outcomes

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

2. Coproduced with people, their carers and their communities

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

Well led

3. Well led by local authorities

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

4. Demonstrates a whole system approach

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

5. Uses evidence about what works

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

Promotes a diverse and sustainable market

6. Ensures diversity, sustainability and quality of the market

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

7. Provides value for money

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

8. Develops the commissioning and provider workforce

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

9. Promotes positive engagement with providers

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

Using the standards

The standards are designed to be used by local authorities to engage with their commissioning partners in a dialogue about the quality of local commissioning in so far as it impacts on people who may be in need of care and support either now, or in the future. Transparency in commissioning is fundamental to delivering better outcomes and it is intended that these standards can be used by local people using social care, carers, their communities and providers to reflect on and influence the quality of local commissioning. They are designed to be used in three ways:

1. Self-assessment by local authorities, and partners, to critically examine the quality of their commissioning practice in adult social care.
2. For a Towards Excellence in Adult Social Care (TEASC) regional peer review. The standards provide the framework for the peer review process.
3. For a LGA peer challenge. Peer challenge is a constructive and supportive process, which has been found to be effective in enabling local authorities to take responsibility for their own improvement. It is not an inspection; rather it is delivered from the position of a 'critical friend' to promote sector led improvement. More information about peer challenge is available on the Local Government Association (LGA) website: www.local.gov.uk/peer-challenge

It is expected that the relevant elected members, directors and commissioners within the local authority will lead the commissioning process, but this must also involve local people, and the authority's strategic partners, who have a key role to play in ensuring that local people are able to access the care and support that they define as important to them. It is critical that these commissioning standards are used as part of a joined-up approach to commissioning involving health and wellbeing boards, CCGs and with other local authority commissioning, and for all strategic partners to engage appropriately with this process and its outcomes. This includes:

- people who use adult social care
- family members and carers
- public and patient involvement forums and advocacy groups, including Healthwatch
- local community groups
- other commissioners: health and wellbeing boards, clinical commissioning groups and local authority commissioners of housing, and other related services
- providers of adult social care including voluntary sector organisations, community groups and independent sector providers
- regulators.

How well are you doing?



Each standard has several criteria that enable you to consider how well you are meeting the standards under each domain. At the end of this document there is a summary box for each domain for you to complete and an arrow to help assess progress. In deciding on a score for each domain you will need to consider:

- What evidence do you have for the score you've decided on and how would you know if you were making progress in the future?
- To what extent is your view shared by others?
- How important is it to make progress against this standard?
- What do you need to do next?

Sources of evidence

In order to assess how well the local authority is commissioning for better outcomes it will be necessary to draw on a wide range of evidence, and the same sources may be drawn on for different domains. As a minimum the following will need to be considered in terms of **what** they say and **how** they demonstrate good outcomes and good practice in commissioning. Additional evidence will need to be considered in relation to commissioning with specific populations. Clearly, the most important source of evidence will be what matters to people who use social care and support services, their carers, advocates, and communities, and front line staff providing these services. Methods for gathering this evidence should be dynamic, ongoing and interactive so that it is possible to reflect the widest range of experiences and views.

Key documents and plans	Local views	Regulation, monitoring and outcomes data	Good practice and innovation
Local authority strategies for finance, performance, care groups and other service strategies, eg housing, culture and leisure, prevention	Experiences of social care users, carers, advocates, families, communities, and front line staff, of social care provision	ASCOF and related performance indicators	Evaluations of local services, including locally commissioned evaluations.
Health and wellbeing board Strategies	Evidence from local people and commissioning partners on their views of commissioning	Current, trend and benchmarked information	Good practice promoted by ADASS, SCIE, LGA, NMDF and TLAP, NHS England, Skills for Care and other national bodies and how it is used locally
Joint commissioning strategies	Complaints and compliments	Public Health Outcomes Framework and related indicators	NICE guidelines and quality standards
Pooled budget arrangements	Healthwatch reports	Personal Budgets and Outcomes Evaluation Tool (POET)	Information about promising innovations from a range of sources including local authorities, local people, providers, think tanks and academic sources
Safeguarding board Annual Report and business plan	Other reports or correspondence raising issues	Overview and scrutiny reports	Enhanced integration of services and joint monitoring of outcomes
Healthwatch Annual Report	Map of engagement groups and methods of co-production with citizens and providers	Qualitative performance information on outcomes	
Joint Strategic Needs Assessment		Contract monitoring outcomes	
Equality statements		Judicial reviews or other legal challenges	
Local Accounts		Care Quality Commission (CQC) inspection reports on local providers	
Making It Real statements		Examples of learning from best practice	
Market Position Statements		Shared local authority/ NHS/CQC data on registered care	
Top up agreements		Analysis of S4C workforce data (NMDS)	
Local Think Local Act Personal (TLAP) partnerships		Financial performance monitoring and evidence of fair fee levels and process	
Workforce development plans			

The following sections set out the detail of the nine standards.

Good commissioning is person-centred and focuses on outcomes

Standard 1: Good commissioning is person-centred and focuses on outcomes

Good commissioning is person-centred and focuses on the outcomes that people say matter most to them. It empowers people to have choice and control in their lives and over their care and support and ensures prevention and early intervention strategies improve outcomes for local people.

What does good look like?

1.1 Commissioners promote flexible, innovative person-centred models of care and ensure that there is a robust infrastructure in place to support micro-commissioning by people with an Individual Service Fund, personal budget or direct payment

1.2 The local authority assures itself that its commissioning and contracting processes demonstrably help to prevent or delay people's care and support needs and support them to achieve their personal outcomes and an improved quality of life.

1.3 Commissioners ensure that personal outcomes are being achieved through effective care management, good quality relationships with care and support staff and a strong focus on wellbeing.

1.4 The local authority recognises that building community and social capital is a central plank in the model of care and actively promotes:

- mutual support and self help
- connections between individual and resources
- inclusion in community activities
- community ownership and involvement in planning and reshaping services.

Sample questions to support peer challenge, peer review or self-assessment

What arrangements has the council put in place to promote an asset based approach to commissioning care and support services?

What actions do we need to take to meet Standard 1?

Standard 2: Coproduced with people, their carers and their communities

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

What does good look like?

2.1 The local authority demonstrates shared decision making with its local population, including seldom heard groups, actively engaging with them to shape priorities, specify population and personal outcomes and to maximise choice and control.

2.2 Service specifications and contracts are designed with people who use services, their carers, advocates and providers to focus on outcomes, rather than outputs or time and task based activities.

2.3 Commissioning processes are open and transparent and enable people who use services, and their carers, to hold services to account.

2.4 Commissioners work collaboratively across service departments and organisations to ensure a smooth transition for young people with continuing care and support needs moving into adulthood.

Sample questions to support peer challenge, peer review or self-assessment

Is there evidence of a culture across social work teams, the wider council and its partners that promotes care and support services focused on delivering outcomes and promoting the wellbeing of the local population?

What actions do we need to take to meet Standard 2?

Good commissioning is well led

Standard 3 Good commissioning is well led

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

What does good look like?

Sample questions to support peer challenge, peer review or self-assessment

3.1 The local authority is a local civic leader, improving the population's health and wellbeing by guiding the whole community including public health, local businesses, housing associations and voluntary sector organisations to improve outcomes. The local authority leads by example, demonstrating how other public services, such as transport and leisure, can play a role in achieving better wellbeing outcomes for the local population. This includes support for and active encouragement of innovation across the system.

Is the council recognised and respected as a strong civic leader working actively to promote the well-being of the local population?

3.2 The local authority is able to articulate its vision and priorities for improving health and well-being outcomes and quality of life for the local population, based on a robust understanding of current and future needs. Its commissioning intentions are well publicised and shared with local people.

Are there strong, collaborative and trusting relationships and ways of working which ensure a range of preventative services for local people?

3.3 Commissioning decisions are made on the basis of preventative outcomes which prevent, reduce or delay the need for social care services and promote physical, mental, emotional, social and economic wellbeing, as well as recognising individual and community assets.

3.4 There is a clear leadership role for people who use social care, and carers, to take an active and equal role in key commissioning decisions which impact on the use of resources and shape of services locally.

3.5 The local authority places social, environmental and economic outcomes at the heart of good commissioning, reflecting its duties under the Public Services (Social Value) Act 2012

3.6 Elected members are actively involved in commissioning decisions and understand the implications of those decisions on the fair cost of care, the National Minimum Wage, the quality and effectiveness of local services and the sustainability of the local market.

What actions do we need to take to meet Standard 3?

Standard 4: Good commissioning demonstrates a whole system approach

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

What does good look like?	Sample questions to support peer challenge, peer review or self-assessment
<p>4.1 There is whole system approach to commissioning with joint (integrated) commissioning between health and social care apparent at every stage of the commissioning cycle and overseen by the health and wellbeing board.</p>	<p>Do commissioners work collaboratively across organisational boundaries to share and align their plans and resources?</p>
<p>4.2 Commissioners work in partnership with other public services (including other local authorities), providers and community organisations to ensure the best use of resources, including ensuring that services can be de-commissioned, where appropriate, to reflect local needs and preferences.</p>	
<p>4.3 The local authority explicitly recognises wellbeing as the overarching goal of commissioning and plays a strategic role in leading, influencing and coordinating partners. This ensures a whole systems approach that drives transformation and prevents, reduces or delays the need for social care services and promotes the health and wellbeing of local people.</p>	
<p>4.4 The local authority promotes collaboration between different commissioning bodies and the regulator, within and outside of the local authority boundaries, to ensure a joint strategic approach, seamless services and a smooth transition for people between services and localities and different funding streams.</p>	
<p>4.5 The overarching strategies of key partner organisations are aligned, outcomes-focused and promote integrated working.</p>	

What actions do we need to take to meet Standard 4?

Standard 5: Good commissioning uses a wide range of evidence about what works

Good commissioning uses evidence about what works; using a wide range of information to achieve quality outcomes for people and communities.

What does good look like?

5.1 There is demonstrable collaboration and sharing of up to date qualitative and quantitative data across the different agencies – social care, health, housing and education, which is used to establish a baseline and inform commissioning decisions in a clear and transparent way. The results are published and made available by the local authority.

5.2 Commissioners employ a wide range of methods to collect, understand and analyse the views of people who use services and can demonstrate that this evidence strongly informs its commissioning priorities.

5.3 There is capacity and capability to undertake the analysis necessary to interpret local data and wider evidence in a meaningful and relevant way.

Sample questions to support peer challenge, peer review or self-assessment

Are commissioning decisions clearly underpinned by robust qualitative evidence and quantitative data, as well as by the experience and views of local service users?

What actions do we need to take to meet Standard 5?

Good commissioning promotes a quality, sustainable and diverse market

Standard 6: Good commissioning promotes a diverse and sustainable market

Good commissioning ensures a high quality, diverse and sustainable market able to support innovation and deliver services that promote positive outcomes for local people and communities.

What does good look like?

Sample questions to support peer challenge, peer review or self-assessment

6.1 Commissioners demonstrate a full understanding of the local, regional and national market for relevant services to meet local need. They are clear about their commissioning priorities and strategic planning and market shaping functions ensure a vibrant, diverse and sustainable local market that is able to deliver a range of high quality, appropriate, acceptable and equitable services to meet identified care and support needs.

Do commissioners facilitate and promote systematic, comprehensive and open discussions with local providers to help to ensure provision of local care and support services that meet the needs and aspirations of local people?

6.2 Commissioners actively encourage and promote investment and innovation in the market. They ensure local contracting processes are proportionate and transparent, promote long term relationships and accommodate the full range of care providers in order to deliver the best possible outcomes for local people.

What evidence is there that the council has a robust, evidence based understanding of the fair cost of care locally and that this informs its commissioning decisions?

6.3 Commissioners have a good understanding of the provider market and the fair cost of care. Their commissioning decisions take account of the commercial and financial context within which care providers operate and commissioners share risks and rewards appropriately with providers.

6.4. Providers are encouraged and supported to consider the wider social, environmental and economic impact in the design and delivery of local services.

What actions do we need to take to meet Standard 6?

Standard 6: Good commissioning promotes a diverse and sustainable market

Good commissioning uses evidence about what works; using a wide range of information to achieve quality outcomes for people and communities.

What does good look like?	Sample questions to support peer challenge, peer review or self-assessment
6.5 Commissioners have clear plans in place to prevent and manage provider failure, as appropriate.	Are commissioning decisions clearly underpinned by robust qualitative evidence and quantitative data, as well as by the experience and views of local service users?
6.6 The commissioning and contracting approach encourages peer-led and other community based initiatives.	
6.7 Commissioning plans are underpinned by a robust understanding of the short and long term risks and sustainability of the local market and are responsive to fluctuating needs and demand.	

What actions do we need to take to meet Standard 6?

Standard 7: Good commissioning provides value for money

Good commissioning ensures a good balance of quality and cost to make the best use of resources and achieve positive outcomes for local people and their communities.

What does good look like?

Sample questions to support peer challenge, peer review or self-assessment

7.1 Commissioners can demonstrate the balance between the cost, quality and effectiveness of care and support services. Financial and quality data has a strong influence on contract specifications and costs.

7.2 Commissioners effectively collect and monitor activity, cost and quality data and routinely share this information with providers, people who use services and the regulator.

7.3 Commissioners use appropriate research methodologies to identify good practice and use this evidence to benchmark local services and drive improvement.

7.4 Commissioners consider long-term economic benefits of using sustainable commissioning and procurement processes including preventative approaches and sustainable development.

7.5 Strong, effective and transparent working between commissioners, the regulator and safeguarding means that quality or safeguarding issues are addressed promptly and appropriately, with clarity around roles and responsibilities and a clear strategy for intervention. These arrangements are well publicised and shared with partners and local people.

Do commissioners use robust methodology and financial analysis to ensure the fair cost of care underpins locally commissioned care and support services?

Are there strong and collaborative monitoring arrangements in place, including with the regulator, to ensure safe, good quality care and support services and minimise burdens on providers?

What actions do we need to take to meet Standard 7?

Standard 8: Developing the commissioning and provider workforce

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

What does good look like?	Sample questions to support peer challenge, peer review or self-assessment
<p>8.1 Commissioners have information and analysis of the local care workforce and work closely with partners to ensure there is a shared understanding of employment trends and risks. There are clear actions in place to ensure that the current and future workforce has the capacity, skills and knowledge to lead, commission, manage and deliver high quality social care and support.</p>	<p>What evidence is there that the council has taken steps to analyse and map the capacity and skills of the local care workforce and is working proactively to ensure a sufficient and skilled workforce is available to support local care and support needs in the short, medium and long term?</p> <p>Is there evidence that the council supports local providers to ensure their staff are well supported and trained and are able to deliver safe, personalised, quality services?</p>
<p>8.2 Service contracts clearly specify the critical importance of a sufficient, skilled and motivated workforce and commissioners are confident and can evidence that fees and contracts allow providers to deliver staff terms and conditions that meet statutory obligations and reflect good practice including payment of at least the National Minimum Wage.</p>	
<p>8.3 Commissioners work collaboratively within the local authority and with key commissioning partners to develop job roles and skills that promote effective integration and improve outcomes.</p>	
<p>8.4 Commissioners use national and local workforce and other data to inform commissioning plans, contract specifications and local learning and development plans.</p>	
<p>8.5 Commissioning roles are clearly described, with appropriate learning and development opportunities.</p>	
<p>8.6 There is a continuous culture of learning for all commissioners, the executive team and elected members, to ensure that the organisation is responsive and innovative.</p>	

What actions do we need to take to meet Standard 8?

Standard 9: Good commissioning promotes positive engagement with all local providers of care

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

What does good look like?

Sample questions to support peer challenge, peer review or self-assessment

9.1 Commissioners develop relationships with all local care providers to enable the design and delivery of services that meet the care and support needs and outcomes that local people want.

9.2 Commissioners conduct open and transparent conversations with providers who are actively involved in the commissioning cycle and are able to plan and invest in local services.

9.3 Relationships between commissioners and providers are open, respectful and honest. Providers share information about costs, profit margins and the terms and conditions of staff and local authorities share information about cost assumptions and the rationale for fee and contract decisions.

Is there evidence of effective engagement with local providers that encourages trusting and respectful relationships and promotes innovation and deliver safe, personalised and quality services?

What actions do we need to take to meet Standard 9?

Domain 1: Person-centred and outcomes-focused

How are we doing?

Standard	How are we doing?	Evidence of impact of commissioning on outcomes
1. Person-centred and focused on outcomes		
2. Co-produced with service users, their carers and the wider local community		
<p>Areas of good practice to develop:</p>		
<p>Are there any divergent views? If so, detail:</p>		

Domain 2: Well led

How are we doing?

Standard	How are we doing?	Evidence of impact of commissioning on outcomes
3. Well led		
4. Whole system leadership		
5. Uses evidence about what works		
<p>Areas of good practice to develop:</p>		
<p>Are there any divergent views? If so, detail:</p>		

Domain 3: Promotes a sustainable and diverse market

How are we doing?

Standard	How are we doing?	Evidence of impact of commissioning on outcomes
6. A diverse and sustainable market		
7. Value for money		
8. Develops the workforce		
9. Promotes positive engagement with Providers		
Areas of good practice to develop:		
Are there any divergent views? If so, detail:		

Summary and key actions identified

Standard	How are we doing?	Actions required and priority status	Who? By when?
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Good commissioning is person-centred and focused on outcomes

1. Person-centred and focused on outcomes			
2. Co-produced with service users, their carers and the wider local community wellbeing			

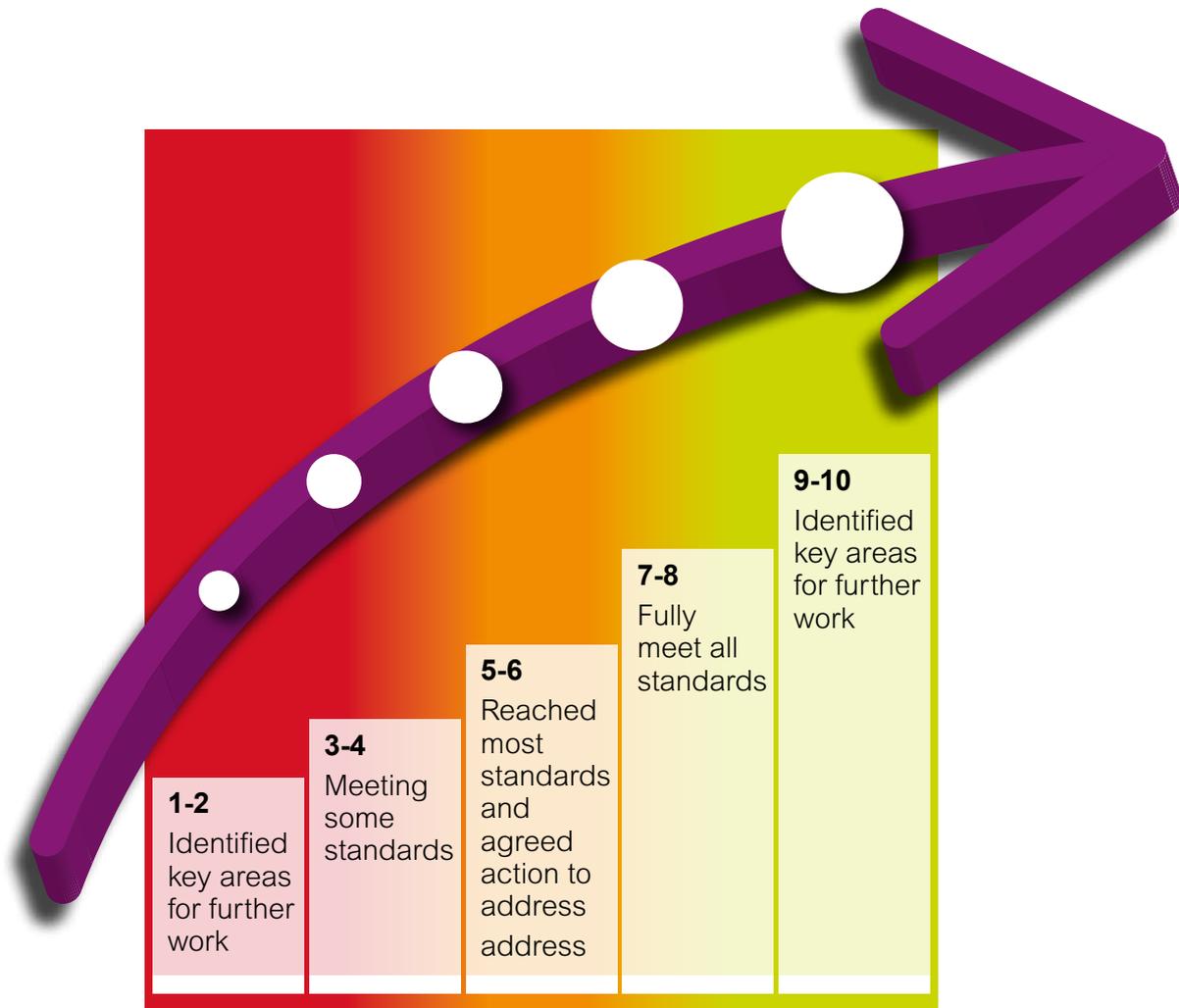
Good commissioning is well led

3. Well led			
4. Whole system approach			
5. Uses evidence about what works			

Good commissioning promotes a diverse and sustainable market

6. A diverse and sustainable market			
7. Provides value for money			
8. Develops the workforce			
9. Promotes positive engagement with providers			

Indicate your overall position on the arrow below



Add a narrative about the extent of the agreement with your strategic partners here:

Empty rectangular box for narrative input.

Appendix 1:

Potential sources of evidence

Potential evidence to demonstrate how well your local authority meets the 9 standards

The suggested sources for evidence listed below have been arranged under the three domains of Commissioning for Better Outcomes. It is not intended to be definitive list and many of these sources of evidence can also be used across more than one domain.

Domain 1: Person centred – outcomes focused

- Strategies in place to support communities to manage and run their own provision and the local authority actively supports coproduction to build confidence, knowledge and skills in its local population.
- A diverse range of personal care and support planning options is available for people to choose when planning how to use and manage their personal budget.
- Robust needs analysis, building on JSNA and future forecasts include the views of people using social care, carers, advocates, local communities and providers.
- Quantitative and qualitative information on outcomes is routinely and consistently collected, including feedback from people who use social care, their carers and advocates.
- Joint / integrated specifications and joined up procurement processes, to promote integrated design and delivery of services to enable people to plan their own care to achieve their desired outcomes.
- Tendering processes and contracts are designed to encourage providers to focus on outcomes and to develop innovative service models.
- Clear and effective local authority complaints system for people who use services, carers and providers to register compliments, concerns/complaints.
- Systems are in place to support personalisation across the care pathway.

- The commissioning approach is designed as a whole person outcomes-focused approach, based around people who use services and their carers, not around functions, services or organisations.
- Analysis and benchmarking of data tracking direct payments, Individual Service Funds (ISF) and Personal Budgets.
- The local authority has a proactive strategy in place to support an increased uptake of direct payments and has a good understanding of why people opt to have a managed service.
- Good quality support for people with direct payments, including specialist employment advice.
- Use of Personal Budgets and Outcomes Evaluation Tool (POET).
- Support is available for personal budget holders to pool their budgets with others to purchase services.
- Online marketplace enables personal budget holders to navigate options and purchase support.
- Investment in user led organisations (ULOs) and peer support.
- Service specifications provide evidence of innovation and a focus on outcomes
- ISF frameworks and agreements in place.
- Satisfaction surveys information on the level and quality of care, demonstrating for example that homecare providers are not inappropriately using 15 minutes visits.

Domain 2: Good commissioning is well led

- Health and wellbeing strategy forecasts future need and includes resource and financial modelling.
- Grant funding policies and priorities reflect a strategic approach to building community capacity.
- Commissioning decisions are consistent with a focus on prevention and address health inequalities.
- Joint / integrated commissioning strategies.
- Pooled budgets / section 75 agreements.
- Better Care Fund priorities and plans.
- Shared use of resources and infrastructure for key functions eg, IT, procurement, personnel, etc.
- Co-production and personalisation are at the heart of commissioning and are reflected in the stated values and behaviours of system leaders.
- Strong community networks and ULOs provide peer support and offer practical advice and support
- The local authority actively promotes leisure, sports and other social activities to all its communities.
- People with care and support needs have a place in local governance arrangements.
- Evidence of a local capacity building to equip people who use social care, and carers, to play an informed and meaningful role in decision making (eg commitment to Partners in Policymaking)
- Evidence of elected member engagement, eg minutes of cabinet and overview and scrutiny committees.

Domain 3: Diverse and sustainable markets

- Commissioners and providers share knowledge and learning through a range of informal and formal mechanisms.
- There are clear routes for providers to register compliments, concerns/complaints about commissioning activities and the Local Authority is responsive to this feed-back.
- Social value is built into the full commissioning cycle including pre-procurement activity and the tender process, and is proportionate and relevant.
- Market Position Statements are produced in partnership with providers, people with care and support needs, and their carers.
- Market engagement events to share and explore ways of delivering new and innovative services, and shape service specifications.
- Commissioning processes are flexible and proportionate, allowing new providers to join the local market where appropriate and with support available for small and micro-providers to engage.
- Commissioners have developed a shared view with providers of what is a reasonable balance between costs and quality and there is a fair balance of financial risk to support a sustainable market.
- Equality objectives for the Local Authority have been set and published in accordance with the requirements of the specific duties to support the public sector Equality Duty.
- Equality objectives are detailed in service specifications and in contracts with providers.
- Self-assessment and/or peer review results using the Commissioning Standards framework are published.
- CQC reports.
- Healthwatch reports.
- ASCOF and other qualitative data such as user satisfaction surveys and complaints data.
- Triangulation between data sources on quality and safety, eg contract reviews, safeguarding alerts / referrals and case reviews, feedback from people who use social care, carers and advocates, and providers.
- Risk strategy coproduced with all partners.
- External data includes comparator data and benchmarking with information from other Local Authorities, good practice and research evidence.
- National Minimum Dataset for Social Care (NMDS-SC) for workforce data and intelligence.
- Implementation of good practice guidelines and standards, eg NICE and SCIE.
- Efficient and comprehensive business processes which include a price review mechanism, dispute resolution and protocols for provider failure and service closure.

Appendix 2: Resources

Outcomes frameworks

- Adult Social Care Outcomes Framework (ASCOF). See: <https://www.gov.uk/government/publications/the-adult-social-care-outcomes-framework-2013-to-2014>
- Making It Real: Marking progress towards personalised, community based support.
- See: www.thinklocalactpersonal.org.uk/_library/Resources/Personalisation/TLAP/MakingItReal.pdf
- Public Health Outcomes Framework. See: www.phoutcomes.info/

General resources

- ADASS: website for the Association of Directors of Adult Social Services www.adass.org.uk
- APHO: Umbrella site for the eight Public Health Observatories, set up by the Department of Health, to provide knowledge, information and surveillance in public health. www.apho.org.uk
- Cabinet Office Commissioning Academy provides a development programme for senior leaders from all parts of the public sector. It consists of master classes, workshops, guest speakers, site visits and peer challenge. <https://www.gov.uk/the-commissioning-academy-information>
- HSMC: website for the Health Service Management Centre, at the University of Birmingham is the leading UK centre, which provides a combination of research, teaching, professional development and consultancy to health and social care agencies. www.birmingham.ac.uk/schools/social-policy/departments/health-services-management-centre
- IPC: Institute of Public Care at Oxford Brookes University has resources with a focus on improving the quality and performance of services across health and social care, education, housing and welfare. <http://ipc.brookes.ac.uk>
- LGA: The Local Government works with national Government and its members to support, promote and improve local government. www.local.gov.uk

- NEF: The New Economics Foundation is an independent think tank provides resources and examples of innovative solutions to promote social, economic and environmental justice. www.neweconomics.org
- NESTA: describes itself as an innovation charity and undertakes in-depth research and practical programmes to test out new ideas to improve the quality of people's lives. www.nesta.org.uk/about-us
- NICE: National Institute for Health and Care Excellence provides national guidance and advice to improve health and social care. See: www.nice.org.uk
NICE provides quality standards and indicators. See: <https://www.nice.org.uk/standards-and-indicators>
- NMDS-SC: National Minimum Data Set for Social Care is an online database of data on the adult social care workforce. www.nmds-sc-online.org.uk/content/About.aspx
- SCIE: Social Care Institute for Excellence provides good practice guidance and case studies in social care, and related services. www.scie.org.uk/about/index.asp
- TLAP: Think Local Act Personal has a range of resources with a particular focus on transforming health and care through personalisation and community-based support. www.thinklocalactpersonal.org.uk

Resources to support the standards

Person-centred and outcomes focused

Department of Health (2014) The Adult Social Care Outcomes Framework 2014/15 (ASCOF) (<https://www.gov.uk/government/publications/adult-social-care-outcomes-framework-2014-to-2015>)

Glasby, J. and Littlechild, R. (2009) Direct payments and personal budgets: putting personalisation into practice (2nd ed.). Bristol, The Policy Press.

National Voices (2012) A narrative for person-centred coordinated ('integrated') care [the National Voices & Think Local Act Personal 'I' statements] (www.nationalvoices.org.uk/sites/www.nationalvoices.org.uk/files/narrative-coordinated-care.pdf).

Needham, C. and Glasby, J. (eds) (2014) Debates in personalisation. Bristol, The Policy Press.

Nesta (2013). People powered commissioning: embedding innovation in practice. www.nesta.org.uk/publications/people-powered-commissioning-embedding-innovation-practice

NHS England and partners (2014) Integrated personal commissioning prospectus: making a reality of health & social care integration for individuals (www.england.nhs.uk/wp-content/uploads/2014/09/ipc-prospectus-updated.pdf).

POET (Personal Budgets and Outcomes Evaluation Tool) surveys: www.in-control.org.uk/media/138254/poetphbreportfinal.pdf

Think Local Act Personal (2011) Making It Real: Marking progress towards personalised community based support www.thinklocalactpersonal.org.uk/Browse/mir/

Voluntary Organisations Disability Group (VODG) (2011). Another way: transforming peoples' lives through good practice in adult social care. www.vodg.org.uk/uploads/pdfs/Another_way_FINAL%281%29.pdf

VODG (2014). Making It Real: personalisation in social care, a case study report: www.vodg.org.uk/uploads/pdfs/Making%20it%20Real%20AWx-F.pdf

Promoting health and wellbeing

Public Health England have a range of resources to promote health and wellbeing and tackle inequalities. See <https://www.gov.uk/government/publications>

NICE has evidence of interventions to promote health and wellbeing, and guidance on implementation. See www.nice.org.uk

Allen, K., & Glasby, J. (2010). 'The billion dollar question': embedding prevention in older people's services-10 'high impact' changes. Birmingham: HSMC. www.birmingham.ac.uk/Documents/college-social-sciences/social-policy/HSMC/publications/PolicyPapers/Policy-paper-8.pdf

British Academy for the Humanities and Social Sciences (2014). "If You Could Do One Thing." – Nine local actions to reduce health inequalities. London: British Academy.

Department for Communities and Local Government (2013). Understanding differences in life satisfaction between local authority areas. <https://www.gov.uk/government/publications/understanding-differences-in-life-satisfaction-between-local-authority-areas>

Department of Health (2014). Wellbeing and Health. <https://www.gov.uk/government/publications/wellbeing-and-health-policy>

Heginbotham, C. & Newbigging, K. (2013). Commissioning health and wellbeing. London: Sage.

Local Government and Improvement (2010). The role of local government in promoting wellbeing. www.local.gov.uk/c/document_library/get_file?uuid=bcd27d1b-8feb-41e5-a1ce-48f9e70ccc3b&groupId=10180

SCIE. Prevention in adult safeguarding – Emerging evidence. www.scie.org.uk/publications/reports/report41/evidence/

SCIE – Evidence library for prevention. [Website in development].

The role of culture and sport in improving health and wellbeing www.cloa.org.uk/images/stories/Print_version_-_The_role_of_culture_and_sport_in_improving_health_and_wellbeing.pdf

Coproduction

SCIE (2013). Coproduction: what it is and how to do it. www.thinklocalactpersonal.org.uk/_library/COPRODUCTION/Co_production_what_it_is_and_how_to_do_it.pdf

The TLAP site has a range of resources and good practice examples. See for example: Top ten tips for coproduction / www.thinklocalactpersonal.org.uk/_library/COPRODUCTION/1_page_profile_for_coproduction_2.pdf

Think Local, Act Personal: Payment policy for people who use services and their carers www.thinklocalactpersonal.org.uk/_library/TLAP_Payment_Policy_Information.doc

Positive engagement with providers

Department of Health (2001). Building capacity and partnership in care. http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006241

Think Local Act Personal (2012) Stronger partnership for better outcomes: A protocol for market relations www.thinklocalactpersonal.org.uk/Browse/marketdevelopment/National_Market_Development_Forum/?parent=9098&child=9308

Promoting equalities

The Equality Framework for Local Government www.local.gov.uk/equality-frameworks/-/journal_content/56/10180/3476575/ARTICLE

www.local.gov.uk/documents/10180/11611/EFLG+-+a+revised+guide+for+Local+Authorities/7162fe5f-6f16-40e4-b82a-6dd71b56492f

Equality and Human Rights Commission: Equality Measurement Framework www.equalityhumanrights.com/about-us/our-work/key-projects/equality-measurement-framework

Local Government Association: Taking a whole local authority approach to delivering fair services www.local.gov.uk/c/document_library/get_file?uuid=4c8a5633-8838-47d7-85ac-8b1752706f5b&groupId=10180

Skills for Care. Community skills – a guide for commissioners. www.skillsforcare.org.uk/NMDS-SC-intelligence-research-and-innovation/Community-skills-development/Community-skills---a-guide-for-commissioners.aspx

Local Government Association: Equalities case studies www.local.gov.uk/equality-frameworks/-/journal_content/56/10180/3715951/ARTICLE

TLAP has a range of resources relating to people with protected characteristics. See Putting People First – for example: www.thinklocalactpersonal.org.uk/_library/Resources/Personalisation/Localmilestones/Putting_People_First_equality_and_diversity_matters_3_achieving_disability_equality_in_social_care_services.pdf

Well led

Dickinson, H. et al (2013) Joint commissioning in health and social care: an exploration of definitions, processes, services and outcomes (www.nets.nihr.ac.uk/__data/assets/pdf_file/0004/85054/FR-08-1806-260.pdf)

Glasby, G. and Dickinson, H. (2014) Partnership working in health and social care: what is integrated care and how can we deliver it? (2nd ed.). Bristol, The Policy Press.

King's Fund Integrated Care: making it happen resources – see (www.kingsfund.org.uk/projects/integrated-care-making-it-happen?gclid=CObv2-_f0cACFfHKtAodlRsAow)

Local Government Association/NHS Confederation (2014) All together now: making integration happen (www.local.gov.uk/documents/10180/12193/All+Together+Now+-+Making+integration+happen/e3117093-2b58-4ff3-85a5-29814e540c81)

National Skills Academy: Leadership Qualities Framework. <https://www.nsasocialcare.co.uk/about-us/leadership-qualities-framework>

Think Local Act Personal (2011) Making It Real: Marking progress towards personalised community based support www.thinklocalactpersonal.org.uk/Browse/mir/

National Voices (2012) A narrative for person-centred coordinated ("integrated") care [the National Voices and Think Local Act Personal 'I' statements] (www.nationalvoices.org.uk/sites/www.nationalvoices.org.uk/files/narrative-coordinated-care.pdf)

Sustainable and diverse market

ADASS. Top Tips for Directors: Commissioning and Arranging Home Care Services www.adass.org.uk/top-tips-for-directors-commissioning-and-arranging-home-care-services/

Chartered Institute of finance and Benchmarking (2014). Social Care Benchmarking: improve services and identify efficiencies www.cipfa.org/benchmarking

Market shaping

Improvement and Efficiency Social Enterprise The Care Funding Calculator (CFC): www.iese.org.uk

Developing Care Markets for Quality and Choice (DCMQC) a national programme from Department of Health, ADASS and IPC to help local authorities develop their social care market shaping capacity, including the development of Market Position Statements. See <http://ipc.brookes.ac.uk/dcmqc.html>

IPC (2014). Developing a Market Position Statement: A Commissioner's Toolkit <http://ipc.brookes.ac.uk/publications/index.php?absid=796>

IPC (2013). Understanding the self-funding market in social care: a toolkit for commissioners <http://ipc.brookes.ac.uk/publications/index.php?absid=800>

Laing Buisson (2014). Fair Price For Care: A Toolkit For Care Homes For Older People and People With Dementia. <https://www.laingbuisson.co.uk/MarketReports/LatestMarketReports/tabid/570/ProductID/604/Default.aspx>

NICE Quality Standards, see: <https://www.nice.org.uk/standards-and-indicators>. For example, in relation to people with dementia: see NICE Quality standard 30 www.nice.org.uk/proxy/?sourceUrl=http%3a%2f%2fwww.nice.org.uk%2fusingguidance%2fcommissioningguides%2fdementia%2fhome.jsp

Shared Lives Plus and Community Catalysts (2013), Commissioning for provider diversity www.thinklocalactpersonal.org.uk/Browse/marketdevelopment/National_Market_Development_Forum/?parent=9098&child=9308

TLAP (2010). Shaping the market for personalisation: Diagnostic and action planning tool www.thinklocalactpersonal.org.uk/_library/Resources/Personalisation/TLAP/Shaping_the_market_12.4.11.pdf

UKHCA (2014). A Minimum Price for Homecare www.ukhca.co.uk/downloads.aspx?ID=434

Workforce development

Department of Health (2011). Working for personalised care: a framework for supporting personal assistants working in adult social care. www.gov.uk/government/uploads/system/uploads/attachment_data/file/215508/dh_128734.pdf

Practical approaches to workforce commissioning: A guide for local authorities and their partners www.skillsforcare.org.uk/Document-library/NMDS-SC,-workforce-intelligence-and-innovation/Workforce-commissioning/Guidev2oct12.pdf

Skills for Care and the national Skills Academy have wide range of leadership and workforce support. see www.skillsforcare.org.uk

Skills for Care. Social Care Commitment.
www.skillsforcare.org.uk/Standards/The-Social-Care-Commitment/The-Social-Care-Commitment.aspx

Skill for Care. Workforce Capacity Planning Model
www.skillsforcare.org.uk/Standards/Care-Act/Workforce-capacity-planning/Workforce-capacity-planning.aspx

Skill for Care. Workforce Outcomes Measurement model
[www.skillsforcare.org.uk/Document-library/NMDS-SC,-workforce-intelligence-and-innovation/Workforce-commissioning/WOMversion11\(v3\(1013-FULLdiscussionversion\)\).pdf](http://www.skillsforcare.org.uk/Document-library/NMDS-SC,-workforce-intelligence-and-innovation/Workforce-commissioning/WOMversion11(v3(1013-FULLdiscussionversion)).pdf)

Skills for Care (2014). Principles of Workforce Integration.
www.skillsforcare.org.uk/NMDS-SC-intelligence-research-and-innovation/Workforce-integration/The-Principles-of-Workforce-integration.aspx

Appendix 3:

Steering Group membership

Stephen Airey	Policy Manager, Social Care Markets, Department of Health
Colin Angel	Policy Director, United Kingdom Homecare Association (UKHCA)
Sam Bennett	Director, Think Local Act Personal
Joanna David	Assistant Director of Social Care Reform, ADASS/ LGA, (Care Act Joint Programme Office)
Linda Doherty	Business Manager, Think Local Act Personal
Wendy Fabbro	Strategic Director – People Group, Warwickshire County Council
Clenton Farquharson MBE	Co-Chair, Think Local Act Personal, Member of the National Coproduction Advisory Group
Martin Green	Chief Executive, Care England
Sandie Keene	Director of Adult Social Services, Leeds City Council, Immediate Past President ADASS
Ann Mackay	Director of Policy, Care England
Catherine Mangan	Senior fellow, INLOGOV, University of Birmingham
Simon Medcalf	Deputy Director Social Care Policy and Legislation, Department of Health
Bill Mumford	Chief Executive, MacIntyre (Steering Group Chair)
Karen Newbigging	Senior Lecturer, Health Services Management Centre, University of Birmingham
Laura Smith	Policy Officer, Care Markets and Personalisation, Department of Health

Glossary

Adult social care	Adult social care includes assessment of people's needs, provision of services or allocation of funds to enable a person to purchase their own care and support. It includes residential care, home care, personal assistants, day services, the provision of aids and adaptations.
ADASS	Association of Directors of Adult Social Services See: www.adass.org.uk
ASCOF	Adult Social Care Outcomes Framework sets out the indicators for measuring adult social care outcomes. See: https://www.gov.uk/government/publications/the-adult-social-care-outcomes-framework-2013-to-2014 .
Care plan	A written plan following an assessment, setting out what a person's care and support needs are, how they will be met (including what they or anyone who cares for them will do) and what services they will receive.
Care Quality Commission (CQC)	An independent organisation set up to regulate the quality of provision of health and adult social care services. It authorises provision of care by registering organisations and inspecting the quality of care; to ensure the care being provided is safe, caring, effective, responsive and well led. CQC will use any information it receives from people who use social care to help it decide what to look at during an inspection.
Carer	A person who provides unpaid support to a partner, family member, friend 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.
Coproduction	This refers to viewing people who use social care, their families, carers and wider communities as equal partners in decision-making. It 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. This is also known as coproduction, restorative decision-making and peer decision-making.
Clinical commissioning group (CCG)	A group of GP practices in a particular area that work together to plan and design local health services. Each CCG receives a budget from NHS England to spend on a wide range of services that include hospital care, rehabilitation and community-based care. A local CCG should work with the local authority and local community groups to ensure that the needs of local people are being met.

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.
Commissioning	The process by which public services plan the services that are needed by the people who live in the local area, ensuring that services are available, high quality and appropriate. Commissioning is sometimes described as a cycle involving: assessing the needs of the local population, deciding what services are needed, designing a strategy to deliver those services, making sure those services are in place, evaluating how well these services are working, then making any changes needed. This is a broader process than simply choosing and paying a particular service provider to deliver a specific service on behalf of local people (a process often known as 'contracting' or 'procurement').
Decommissioning	A planned process of removing, reducing or replacing care and support services.
Direct payments	Direct payments are payments made to individuals who request to receive one to meet some or all of their eligible care and support needs. Money is paid to the person (or someone acting on their behalf) on a regular basis by the local authority so they can arrange their own support, instead of receiving social care services arranged by the local authority. Direct payments are available to people who have been assessed as being eligible for local authority-funded social care. This is one type of personal budget.
Elected members	Councillors elected by local people to oversee local local authority services.
Equality	Trying to ensure that everyone achieves equally good outcomes might actually involve doing things differently with different groups and different individuals. This is sometimes described as 'equality of outcome' rather than 'equality of input'.
Evidence	To understand what is needed and whether something works, we need to be clear about what outcomes we were trying to achieve, use this information to decide what to commission, and then test whether what we did helped meet those outcomes or not. This might involve a range of different types of evidence: <ul style="list-style-type: none"> • formal research or performance data • the lived experience of people using services and their families • the experience of front-line staff.

Health and Wellbeing Boards	A group of health and social care leaders who work together at a local level to help improve local services and deliver better outcomes for local people. Health and wellbeing boards are tasked with producing a joint Health and Wellbeing Strategy for the local area. The Boards will usually include senior elected members, senior officers from the local authority and local clinical commissioning groups, local health providers, NHS England commissioners and a representative of the local Healthwatch. It may also have broader representation (for example, from housing).
Healthwatch England	A national organisation that represents people who use health and care services in England. It is independent, and exists to gather and represent the views of the public, to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. It reports problems and concerns to the Care Quality Commission, which has the power to make changes. There is a local Healthwatch in every local authority area.
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. This term is often used to mean different things by different people (or else not really defined at all). However, a key test is whether support feels joined-up to the person who receives it, and whether different services fit in to the needs and requirements of the individual (rather than the other way round – individuals expected to fit into the needs and requirements of individual services).
Individual Service Fund (ISF)	An Individual Service Fund is a sum of money, for use on providing care and support services, managed by a service provider on behalf of an individual.
Joint Strategic Needs Assessment (JSNA)	A continuous process of identifying the population needs of a local area and the local assets to inform decisions made locally about what services are commissioned. The core aim is to improve the public's health and reduce inequalities. It should, therefore, guide the work of health and wellbeing boards, and lead to a joint health and wellbeing strategy.
Local accounts	So that local authorities are more accountable and transparent to their residents, Local authorities produce an annual local account to tell people what their adult social care department is achieving. The local account explains how the local authority is doing in terms of meeting identified outcomes, how much it spends and what it spends money on, and future plans for improvements.
Local area teams	Local area teams represent NHS England at a regional level, commissioning and overseeing specialist health services and primary care. They oversee the commissioning work of CCGs at local level.
Local authority	A local authority is a public administrative body. It oversees the delivery of the majority of public services in a local area, including certain responsibilities for arranging social care services, as well as housing, leisure facilities and education. Local authorities are often referred to as local government.

LGA	The Local Government Association (LGA) is a representative cross party member organisation working across all forms of local elected government (including district local authorities). It works with national government and its members to support, promote and improve local government. See: http://www.local.gov.uk/about
Market Position Statement (MPS)	A Market Position Statement (MPS) lays the foundations of relationships between the local authority and providers of social care services. It should cover all potential and actual users of services in the local area, not just those that the state funds. An MPS should signal to providers commissioners' intentions to commission services now and in the future to enable them to respond effectively. They are likely to include summaries of the needs of the area, including the outcomes that people using services and the local population want to achieve and the activities the local authority will undertake to meet those needs.
Market shaping	Local authority close collaboration closely with relevant partners, including people with care and support needs, carers and families, to facilitate the whole market in its area for care, support and related services. This includes services arranged and paid for by the state through the authority itself, those services paid by the state through direct payments, and those services arranged and paid for by individuals from whatever sources (sometimes called 'self-funders'), and services paid for by a combination of these sources. Development of a Market Position Statement is instrumental in effective market shaping.
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 Personal Budgets or Direct Payments so that the individual has more choice and control over their support.
National Market Development Forum (NMDF)	National Market Development Forum involves key individuals from a range of independent sector social care and housing providers and national umbrella bodies, as well as representatives from local authorities, government and CQC. Its purpose is to explore some of the challenges of market development in adult social care and propose practical ways in which partners can work together to address them in the future. See: www.thinklocalactpersonal.org.uk/_library/ppf/ncas/nmdf_briefing_paper_merged.pdf
NMDS-SC (National Minimum Data Set for Social Care)	NMDS-SC is an online database which holds data on the adult social care workforce. It is the leading source of workforce intelligence and holds information on around 25,000 establishments and 700,000 workers across England.
National Institute for Health and Care Excellence (NICE)	NICE provides national guidance and advice to improve health and social care. See: www.nice.org.uk

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.
Overview and Scrutiny Committees	These committees are responsible for examining all functions and responsibilities of the local authority. They help ensure that the local authority delivers its key aims and objectives, by creating an open, transparent mechanism for cCouncil to shape, question, evaluate and challenge the local authority policies, decisions and performance.
Partners	<p>In order to commission effectively, local authority commissioners need to work with a broad range of individuals and organisations. This includes:</p> <ul style="list-style-type: none"> • people who use social care, their carers and advocates • strategic partners, who are individuals and organisations who need to be involved to help the local authority plan and implement its strategy for commissioning for better outcomes • commissioning partners: organisations with responsibilities for commissioning other services, for example clinical commissioning groups (CCGs) • provider partners: Individuals and organisations providing care and support.
Peer challenge	Similar organisations coming together to review what each other does and to ask supportive but challenging questions about their approaches and what can be improved. This can be a helpful; way to learn/improve, and is sometimes described as being a 'critical friend' or 'holding up a mirror' to each other.
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.
Personal budgets	The personal budget is the way a person, or anyone else the person requests, can exercise greater choice and take control over how their care and support needs are met. Money is allocated to individuals by the local authority to pay for care or support to meet assessed needs. The money comes solely from adult social care. People can have a personal budget as a direct payment, or choose to leave the local authority to arrange services (sometimes known as a managed budget), or place the personal budget with a third party provider (often called an individual service fund) – or a combination of these approaches (called a mixed package).

Personal health budget	A plan for personal health care that individuals can develop and control, knowing how much NHS money is available. Someone using a personal budget or a direct payment to buy their own services is sometimes described as a 'micro-commissioner'.
Person-centred	An approach that puts the person receiving care and support at the centre, treating the person with care and support needs as an equal partner; putting into practice the principle of 'no decision about me without me'.
Personal Budget Outcome Evaluation Tool (POET)	POET is used to evaluate personalisation processes with actions identified from the evaluation, which are addressed at local level
Prevention/ 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 your quality of life, as well as to save money in the long term; for example, by avoiding more intensive support.
Procurement	The process of buying services and equipment to provide care and support.
Public Health	Public Health is about promoting health and wellbeing, preventing ill-health, and protecting the public from any risks to their health. Public health specialists have recently moved from the NHS to local government, and bring skills around understanding the needs of a local area in a systematic way, analysing information, reviewing evidence and advising on the best way of improving health.
Safeguarding	Adult safeguarding means protecting the right of an adult at risk of abuse or neglect, the right to live in safety, free from harm. It is about people and organisations working together to prevent and stop the risk and, or, experience of abuse or neglect while at the same time making sure that respect for the voice of the adult, their wellbeing and wishes are the most important considerations in any action. Local authorities have a duty to work with other organisations to protect adults from abuse and neglect. They do this through local safeguarding boards.
Social Care Institute for Excellence (SCIE)	SCIE is an improvement support agency and an independent charity working with adults', families' and children's care and support services across the UK, and related services such as health care and housing. See: www.scie.org.uk/about/index.asp
Sector-led improvement	This is where adult social care organisations take responsibility for improving what they do, challenging and supporting each other (rather than only focusing on their own organisation and/or relying on a national inspection body to improve services).
Service redesign	The process of redesigning services that provide care and support so that they better meet the needs of the local population.

Standard	A statement of what 'good' looks like, so that local authorities can challenge themselves as to how well they doing and identify how to improve.
Specialist commissioning	This is the commissioning of specialised services, where the numbers of people in any area is small but a critical mass of people is needed to provide the best service. This commissioning is undertaken by Specialist commissioning Teams, covering several local authorities or done at a national level. For example secure mental health services for deaf people. Local authorities need to work closely with these commissioners to ensure that people from their area have their outcomes met.
Think Local Act Personal (TLAP)	A national partnership of more than 30 organisations committed to transforming health and care through personalisation and community-based support. The partnership spans central and local government, the NHS, the provider sector, people with care and support needs, carers and family members. See www.tlap.org.uk
Third sector/ voluntary organisations	Not for profit organisations that are independent of local or central government, whose aim is to benefit the people they serve. The people who work for voluntary organisations are not necessarily volunteers – many will be paid for the work they do. Social care services are often provided by local voluntary organisations, by arrangement with the local authority, or with individuals. Some are user led organisations (ULO), which means they are run by and for the people the organisation is designed to benefit – eg people with disabilities running a service to support other local people with disabilities to use direct payments to employ a personal assistant.
User led organisation (ULO)	User Led Organisations (ULO) are organisations that are run by and controlled by people who use support services, such as people with specific disabilities, older people, and families and carers.
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.
Whole system	Lots of different organisations can have a role to play in meeting people's care and support needs. Rather than focus only on a single organisation, it is important to try to work across different agencies in a joined-up way.



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