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## Commissioning for better outcomes: a route map

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# Commissioning for Better Outcomes: A Route Map





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# Introduction

The focus of high quality commissioning is on citizenship, 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 and will be best delivered in close collaboration with others, such as 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 (see Appendix 1 for details). 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 for care and support with people 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.

*Clenton Farquharson MBE  
Co-Chair Think Local Act Personal*

The standards are designed to ensure that everyone shapes and shares the vision of excellent care and support, 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. 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 from:

- 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.
- The input from a Project Steering Group coordinated by Think Local

Act Personal (See Appendix 2).

- 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.

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

This version of the standards is a prototype for testing by Local Authorities and their partners. Feedback from this process will refine the standards ahead of their publication in early 2015, to support the implementation of the Care Act.

Adult social care commissioning inevitably involves a number of complex technical terms, as well as a number of terms that different people interpret in different ways. People using services who have commented on this document have asked us to be as simple and accessible as possible in the language we use – so we have tried to adopt and/or adapt wherever possible the ‘jargon buster’ provided by Think Local, Act Personal. You will find a full glossary of terms used at the end of this document.

# 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. The Act places a number of statutory duties on Local Authorities; particularly relevant are:

- A new 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).
  - The Act introduces a new **requirement 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. This has implications for the joint commissioning of services and ensuring a whole system approach.
  - A new 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.
- 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 articulate the ambitions of effective commissioning and are organised around four domains: person-centred and outcomes-focused commissioning, which lies at the heart of the commissioning endeavour, enabled by commissioning that is inclusive, 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.
- More information can be found at [www.local.gov.uk](http://www.local.gov.uk)

# The standards

There are 12 standards grouped into four 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
<b>Person-centred and outcomes-focused</b>	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"> <li>1. Person-centred and focuses on outcomes</li> <li>2. Promotes health and wellbeing</li> <li>3. Delivers social value</li> </ol>
<b>Inclusive</b>	This domain covers the inclusivity of commissioning, both in terms of the process and outcomes.	<ol style="list-style-type: none"> <li>4. Coproduced with local people, their carers and communities</li> <li>5. Positive engagement with providers</li> <li>6. Promotes equality</li> </ol>
<b>Well led</b>	This domain covers how well led commissioning is by the Local Authority, including how commissioning of social care is supported by both the wider organisation and partner organisations.	<ol style="list-style-type: none"> <li>7. Well led</li> <li>8. A whole system approach</li> <li>9. Uses evidence about what works</li> </ol>
<b>Promotes a sustainable and diverse market place</b>	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"> <li>10. A diverse and sustainable market</li> <li>11. Provides value for money</li> <li>12. Develops the workforce</li> </ol>



The 12 standards set out ambitions for what good commissioning is. They are set out below, under the four domains to provide a framework for self-assessment and peer challenge.

## 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. **Promotes health and wellbeing for all** - Good commissioning promotes health and wellbeing, including physical, mental, emotional, social and economic wellbeing. This covers promoting protective factors and maximising people's capabilities and support within their communities, commissioning services to promote health wellbeing, preventing, delaying or reducing the need for services, and protecting people from abuse and neglect.
3. **Delivers social value** - Good commissioning provides value for the whole community not just the individual, their carers, the commissioner or the provider.

### *Inclusive*

4. **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.
5. **Promotes positive engagement with providers** - 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 providers and people with care and support needs, carers, family members and the public to find shared and agreed solutions.
6. **Promotes equality** - Good commissioning promotes equality of opportunity and is focused on reducing inequalities in health and wellbeing between different people and communities.

### *Well led*

7. **Well led by Local Authorities** - Good commissioning is well led by 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.
8. **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.
9. **Uses evidence about what works** - Good commissioning uses evidence about what works; it utilises 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*

10. **Ensures diversity, sustainability and quality of the market** - Good commissioning ensures a vibrant, diverse and sustainable market to deliver positive outcomes for citizens and communities.
11. **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 the most positive outcomes for people and their communities.
12. **Develops the commissioning and provider workforce** - Good commissioning is undertaken by competent and effective commissioners and facilitates the development of an effective, sufficient, trained and motivated social care workforce. It is concerned with sustainability, including the financial stability of providers, and the coordination of health and care workforce planning.



# 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. 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.

The first step is for Local Authorities to use these standards to critically examine the quality of their commissioning practice; they can then be used as a framework for the peer challenge process. 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 website: <http://www.local.gov.uk/peer-challenge> and a peer review methodology will be published in 2015.

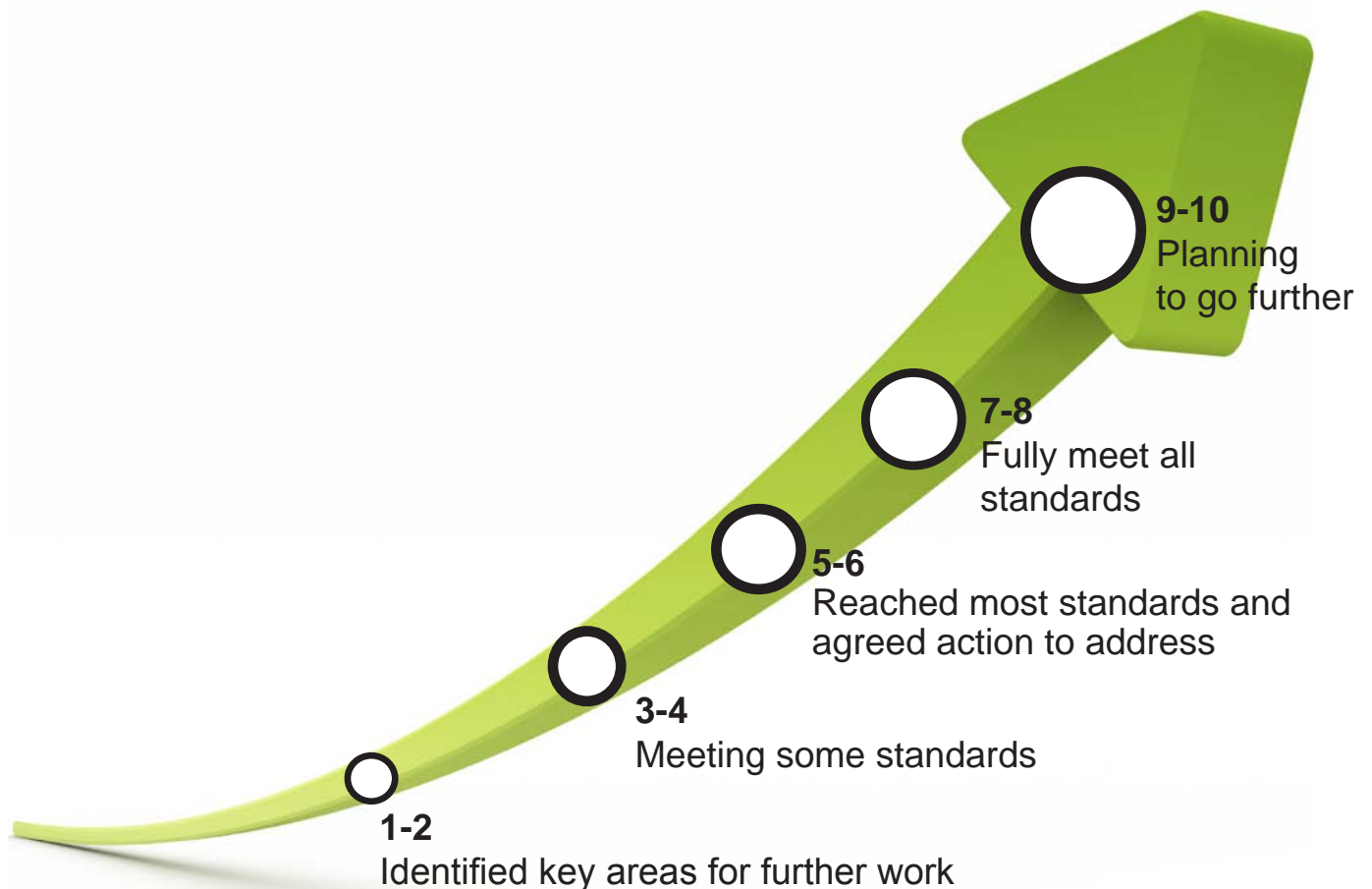
It is expected that the relevant elected members, directors and commissioners within the Local Authority will lead the commissioning process, but this must also involve local people, and the Authority's strategic partners, who have a key role to play in ensuring that local people are able to access the 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 with a score.



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 doing in 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 or 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 as to whether commissioning is leading to better outcomes for people and delivering what matters most to them, is from 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	Monitoring and outcomes data	Good practice and innovation
Local Authority strategies for finance, performance, care groups and other service strategies e.g. housing, culture and leisure	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	Public Health Outcomes Framework and related indicators	Good practice promoted by ADASS, SCIE, LGA, National Market Development Forum, TLAP, NHS England, Skills for Care and other national bodies and how it is used locally
Market Position Statements	Complaints/compliments	Personal Budgets and Outcomes Evaluation Tool (POET)	NICE guidelines and quality standards
Workforce Development Plans	Care Quality Commission (CQC) inspection reports on local providers	Information about number of self-funders, and people approaching financial cap	Information about promising innovations from a range of sources including Local Authorities, local people, providers, think tanks and academic sources
Safeguarding Board Annual Report	Healthwatch reports	Overview and scrutiny reports	
Healthwatch Annual report	Other reports or correspondence raising issues		
Joint Strategic Needs Assessment (JSNA)	Judicial reviews or other legal challenges		
Local Accounts			
Making It Real Statements			
Top up agreements			
Think Local Act Personal (TLAP) partnerships at a local level			

The following sections set out the detail of the standards with suggestions for evidence to consider in identifying your position.

# 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.

What does good look like?	Potential evidence to demonstrate how we are doing
<p>1.1 Commissioners ensure a focus across the system on personalisation and ensure commissioning decisions are informed by promoting wellbeing, preventing, delaying and reducing the need for social care, and the desired outcomes of the people who use them.</p>	<ul style="list-style-type: none"> <li>■ Quantitative and qualitative information on outcomes is routinely and consistently collected, including feedback from people who use social care, their carers and advocates.</li> <li>■ Commissioning decisions consistent with Making It Real principles so that 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.</li> <li>■ Commissioning decisions are consistent with a focus on prevention.</li> <li>■ Systems are in place to support personalisation across the care pathway.</li> </ul>
<p>1.2 Commissioners ensure that there is a robust infrastructure in place to support micro-commissioning by people with personal budgets or those who have a direct payment.</p>	<ul style="list-style-type: none"> <li>■ Analysis and benchmarking of data tracking direct payments, Individual Service Funds (ISF) and Personal Budgets.</li> <li>■ The Local Authority has a proactive strategy in place to support an increased uptake of direct payments.</li> <li>■ Good quality support for people with direct payments, including specialist employment advice.</li> </ul>
<p>1.3 Commissioners work closely with providers to promote flexible, innovative person-centred models of care, which reflect the outcomes people want and balance choice and control with risk, including through the active promotion of Individual Service Funds (ISFs) and direct payments.</p>	<ul style="list-style-type: none"> <li>■ Understanding why people, including specific client groups, are not opting for direct payments.</li> <li>■ Personal Budgets and Outcomes Evaluation Tool (POET).</li> <li>■ 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 (including through voluntary and community services).</li> <li>■ Support is available for personal budget holders to pool their budgets with others to purchase services.</li> </ul>
<p>1.4 The Local Authority assures itself that their commissioning and contracting processes demonstrably lead to services which meet people's care needs and therefore maximise their personal outcomes.</p>	<ul style="list-style-type: none"> <li>■ Online marketplace enables personal budget holders to navigate options and purchase support.</li> <li>■ Investment in User Led Organisations (ULOs) and peer support.</li> <li>■ Service specifications provide evidence of innovation and an outcomes focus.</li> <li>■ ISF frameworks and agreements in place.</li> <li>■ How the Choice Guidance is being used.</li> <li>■ Proactive and robust engagement and dialogue with provider associations.</li> </ul>
<p>1.5 Commissioners ensure that personal outcomes are being achieved through effective care management processes, good quality relationships with care and support staff and a focus on wellbeing.</p>	<ul style="list-style-type: none"> <li>■ Benchmarking with other areas.</li> <li>■ Satisfaction surveys information of the level and quality of care, demonstrating for example that homecare providers are not inappropriately using 15 minutes visits.</li> </ul>

**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.

What does good look like?	Potential evidence to demonstrate how we are doing
1.6 The commissioning and contracting approach encourages peer-led and other community-based initiatives.	<ul style="list-style-type: none"> <li>■ CQC reports.</li> <li>■ Healthwatch reports.</li> <li>■ Timely reviews of care packages and support for people with fluctuating needs amended appropriately</li> </ul>

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



**Standard 2: Good commissioning promotes health and wellbeing for all**

Good commissioning promotes health and wellbeing, including physical, mental, emotional, social and economic wellbeing. This covers promoting protective factors and maximising people's capabilities and support within their communities, commissioning services to promote wellbeing, preventing, delaying or reducing the need for services, and protecting people from abuse and neglect.

What does good look like?	Potential evidence to demonstrate how we are doing
2.1 The Local Authority explicitly recognises wellbeing as the overarching goal of commissioning and plays a strategic role in influencing and coordinating the wide range of services in the locality which promote the health and wellbeing of local people and prevent, reduce or delay the need for services.	<ul style="list-style-type: none"> <li>■ An agreed framework for health promotion and prevention, with roles and available resources clearly identified, by the Local Authority and its strategic partners.</li> <li>■ Joint Strategic Needs Assessment (JSNA).</li> <li>■ Health and Wellbeing strategy</li> <li>■ Public Health plans.</li> <li>■ Strategic goals reflected in CCG commissioning plans.</li> <li>■ Market Position Statement.</li> <li>■ An assessment of risks to health and wellbeing, local assets and the nature and causes and inequalities in the locality, across Local Authority functions and shared by strategic partners.</li> </ul>
2.2 Commissioning decisions are made on the basis of preventative outcomes and promoting wellbeing, as well as individual and community assets.	<ul style="list-style-type: none"> <li>■ Providers are commissioned to intervene early, promote wellbeing for those at risk of ill health or disability, and mainstream preventive approaches within their services.</li> <li>■ Cross-sector working to improve life chances, employment conditions of public sector workers, the quality of the physical environment, quality of housing; greater participation in learning and activities that promote health and wellbeing across the life course.</li> </ul>
2.3 Commissioners work in partnership with a wide range of Local Authority services, housing, health, the third sector and care and support providers to develop shared outcome frameworks.	<ul style="list-style-type: none"> <li>■ A comprehensive directory of preventive services, including community activities not commissioned by the Local Authority.</li> <li>■ Making Safeguarding Personal.</li> <li>■ Analysis of safeguarding referrals to understand trends.</li> <li>■ Learning from the analysis of serious case reviews.</li> <li>■ Action plans to encourage safeguarding teams and care providers to work together more effectively to address the key issues.</li> </ul>
2.4 There are clear and well-publicised arrangements in place to identify and address safeguarding concerns, with clarity around roles and responsibilities and a clear strategy for intervention.	

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

**Standard 3: Good commissioning promotes social value**

Good commissioning provides value for the community not just the individual, commissioner or the provider.

What does good look like?	Potential evidence to demonstrate how we are doing
<p>3.1 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.</p>	<ul style="list-style-type: none"> <li>■ Social value is built into the full commissioning cycle including pre-procurement activity and the tender process, and is proportionate and relevant.</li> <li>■ Strategies in place to support communities to manage and run their own provision and that the Local Authority actively supports coproduction to build confidence, knowledge and skills in its local population.</li> </ul>
<p>3.2 Providers are encouraged and supported to consider the wider social, environmental and economic impact in the design and delivery of local services.</p>	<ul style="list-style-type: none"> <li>■ Feedback from local organisations and communities.</li> <li>■ Grant funding policies and priorities reflect a strategic approach to building community capacity.</li> <li>■ Strong community networks and an increasing number of User Led Organisations provide peer support and offer practical advice and support (e.g. active volunteering organisations, time banks).</li> </ul>
<p>3.3 The Local Authority recognises that building community and social capital is a central plank in the model of care and actively promotes:</p> <ul style="list-style-type: none"> <li>■ Mutual support and self-help</li> <li>■ Connections between individuals and resources</li> <li>■ Inclusion in community activities</li> <li>■ Community ownership and involvement in planning and reshaping services.</li> </ul>	<ul style="list-style-type: none"> <li>■ The Local Authority actively promotes leisure, sports and other social activities to all its communities.</li> <li>■ The Local Authority promotes and supports activities that bring people together to focus on particular issues (e.g. building dementia friendly communities).</li> </ul>

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

# Good commissioning is inclusive

**Standard 4: Good commissioning is 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 leadership and engagement of people, including carers and the wider community, in decisions that impact on the use of resources and shape of services locally.

What does good look like?	Potential evidence to demonstrate how we are doing
4.1 The Local Authority demonstrates shared decision making with its citizens, actively engaging with them to specify population and personal outcomes and to maximise citizen choice and control.	<ul style="list-style-type: none"> <li>■ Feedback from people using services, their carers and advocates.</li> <li>■ Changes or actions as a result of feedback and complaints.</li> <li>■ There are clear policies and procedures in place to promote and support the active involvement of local people, particularly under-represented groups, in coproducing services.</li> <li>■ Strategies in place to engage with all sections of the population to understand their priorities and to improve the accessibility, appropriateness and acceptability of care and support.</li> <li>■ Surveys to monitor engagement of all people, their advocates and communities in every stage of the commissioning cycle.</li> <li>■ Making It Real monitoring.</li> <li>■ TLAP partnerships.</li> <li>■ Service specifications evidence a clear focus on outcomes and have been designed with people who use the services, their carers and advocates.</li> </ul>
4.2 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.	
4.3 Commissioning processes are open and transparent and enable people who use services, and their carers, to hold services to account.	

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

**Standard 5: 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?	Potential evidence to demonstrate how we are doing
<p>5.1 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.</p>	<ul style="list-style-type: none"> <li>■ There are regular forums where commissioners and providers can develop relationships, share information and learn together.</li> <li>■ Commissioners and providers share knowledge and learning through a range of informal and formal mechanisms, such as secondments, learning sets and social media.</li> <li>■ There are clear routes for providers to register compliments, concerns and complaints about commissioning activities and the Local Authority is responsive to this feedback.</li> <li>■ Market Position Statements are produced in partnership with providers, people with care and support needs, and their carers.</li> <li>■ Market engagement events to share and explore ways of delivering new and innovative services, and shape service specifications.</li> <li>■ 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.</li> <li>■ Tendering processes and contracts are designed to encourage providers to focus on outcomes and to develop innovative service models.</li> <li>■ Local adoption of TLAP market relations protocol (Stronger Partnerships for Better Outcomes)</li> <li>■ 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.</li> <li>■ Streamlined and proportionate system management regulation of health and social care providers promotes greater coordination between regulators and commissioners and provides equivalence for similar providers.</li> <li>■ Commissioners work with other Local Authorities to standardize and share invitation to tender templates.</li> </ul>
<p>5.2 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.</p>	
<p>5.3 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 contract decisions.</p>	
<p>5.4 Commissioning, procurement and contracting processes are designed to promote a varied and diverse market and seek to reduce burdens on provider organisations.</p>	

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

**Standard 6: Good commissioning promotes equality**

Good commissioning promotes equality of opportunity and is focused on reducing inequalities in health and wellbeing between different people and communities.

What does good look like?	Potential evidence to demonstrate how we are doing
6.1 Effective strategic leadership and governance ensures good practice in the implementation of the Equality Act (2008).	<ul style="list-style-type: none"> <li>■ Local Authority vision and strategy.</li> <li>■ LGA Equality self-assessment framework actively used to promote equalities.</li> <li>■ 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.</li> <li>■ Equality objectives are detailed in service specifications and in contracts with providers.</li> <li>■ Commissioning decisions reflect local plans to address health inequalities.</li> <li>■ The diverse needs of local populations are analysed and understood and inform commissioning decisions.</li> <li>■ Market Position Statement.</li> </ul>
6.2 Commissioners understand the diverse needs of the whole community and proactively manage and shape the market to ensure local services comprehensively meet local needs.	
6.3 The Local Authority demonstrates a strong commitment to promote equality and foster good relationships within its local community.	

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



# Good commissioning is well led

## Standard 7: Good commissioning is well led by Local Authorities

Good commissioning is well led by 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.

What does good look like?	Potential evidence to demonstrate how we are doing
<p>7.1 The Local Authority is a local civic leader, improving the population's health and wellbeing by guiding the whole community including 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. This includes support for and active encouragement of innovation across the system.</p>	<ul style="list-style-type: none"> <li>■ Local Authority corporate strategy</li> <li>■ Health and Wellbeing Strategy forecasts future need and includes resource and financial modelling</li> <li>■ Market Position Statement which includes robust needs analyses, building on JSNA and future forecasts which include the views of people using social care, carers, advocates, local communities and providers.</li> <li>■ Coproduction and personalisation are at the heart of commissioning process and are reflected in the stated values and behaviour of system leaders.</li> <li>■ Evidence that commissioners see their role as facilitators and catalysts for change.</li> <li>■ Evidence of continuous service improvement and transformational change.</li> <li>■ People with care and support needs have a place in local governance arrangements.</li> </ul>
<p>7.2 The Local Authority is able to articulate its vision and its understanding of the local population, including forecasting for future needs, resource modelling and priorities for achieving outcomes and drives transformation through its relationship with its strategic partners.</p>	<ul style="list-style-type: none"> <li>■ Evidence of local capacity building programmes to equip people who use social care, and carers, to play an informed and meaningful role in decision making (e.g. commitment to Partners in Policymaking).</li> <li>■ Evidence of elected member engagement e.g. minutes of Cabinet and Overview and Scrutiny Committees.</li> <li>■ Clear and effective Local Authority complaints system for people who use services, carers and providers to register compliments, concerns/complaints about commissioning activities.</li> </ul>
<p>7.3 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.</p>	<ul style="list-style-type: none"> <li>■ Use of complaints data and wider evidence about quality of services, such as CQC, Healthwatch and Safeguarding reports.</li> <li>■ Self-assessment and/or peer review results using the Commissioning Standards Framework are published.</li> <li>■ Evidence of continuous improvement following feedback e.g. changes as a result of complaints.</li> </ul>
<p>7.4 There are clear and transparent lines of accountability for quality and safety, with systems to ensure continuous improvement and respond to quality issues.</p>	
<p>7.5 Elected members are actively involved in commissioning decisions and understand the implications of those decisions on the quality and effectiveness of local services.</p>	

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

Standard 8: Good commissioning 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 to improve outcomes.	
What does good look like?	Potential evidence to demonstrate how we are doing
8.1 There is whole system approach to commissioning with joint and/or integrated commissioning between health and social care apparent at every stage of the commissioning cycle.	<ul style="list-style-type: none"> <li>■ Joint / integrated commissioning strategies.</li> <li>■ Pooled budgets / section 75 agreements.</li> <li>■ Joint / integrated specifications and joined up procurement processes, to promote integrated design and delivery of services to enable people to plan their own care and have control in bringing together services to achieve their defined outcomes.</li> <li>■ Market Position Statement.</li> <li>■ Clear process, roles and responsibilities for allocating and managing personal budgets for health and care, including joint agreements.</li> <li>■ An inter-agency approach to commissioning assessment and resource allocation between local health and social care authorities e.g. NHS continuing care.</li> <li>■ Better Care Fund priorities and plans.</li> <li>■ Shared use of resources and infrastructure for key functions e.g. IT, procurement, personnel etc.</li> <li>■ Integrated commissioning of different Local Authority functions e.g. housing, leisure, transport and social care.</li> <li>■ The Local Authority has evaluated the potential for implementing shared service delivery with the wider system</li> <li>■ Feedback that people experience smooth transition between services and funding streams (e.g. children's to adult services and moving locality).</li> <li>■ The Local Authority promotes inter-authority collaboration for commissioning specialist and national provision.</li> <li>■ ASCOF and other qualitative data such as user satisfaction surveys and complaints data.</li> <li>■ Evidence of regular reviews of commissioning with system partners, using these standards.</li> <li>■ Multidisciplinary teams are involved in personal care and support planning, incorporating the voluntary sector.</li> <li>■ Joint evaluation and monitoring of integrated services.</li> <li>■ Making Safeguarding Personal implementation and evaluation.</li> </ul>
8.2 Commissioners work in partnership with other public services (including other Local Authorities), providers and community-based organisations to ensure the best use of resources, including ensuring that services can be de-commissioned, where appropriate, to reflect local needs and preferences.	
8.3 The Local Authority promotes collaboration between different commissioning bodies, 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.	
8.5 The overarching performance plans of statutory partner organisations are aligned, outcomes focused and promote integrated working.	

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

**Standard 9: Good commissioning uses 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, and to support innovation.

What does good look like?	Potential evidence to demonstrate how we are doing
9.1 Commissioners stay up-to-date with relevant evidence, using it intelligently to inform commissioning decisions.	<ul style="list-style-type: none"> <li>■ Joint information/data sharing strategy.</li> <li>■ Health and Wellbeing strategy.</li> <li>■ JSNA.</li> <li>■ Market Position Statement.</li> </ul>
9.2 There is demonstrable collaboration and sharing of 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.	<ul style="list-style-type: none"> <li>■ Systematic use of quality audits, user satisfaction surveys, comments and complaints.</li> <li>■ Views from people who use services, carers and families gathered at meetings, through surveys or focus groups.</li> <li>■ Healthwatch reports and feedback.</li> <li>■ ASCOF.</li> <li>■ POET.</li> <li>■ CQC inspections.</li> <li>■ Use of evidence to develop quality assurance systems.</li> <li>■ Triangulation between data sources on quality and safety e.g. contract reviews, safeguarding alerts / referrals and case reviews, feedback from people who use social care, carers and advocates, and providers.</li> </ul>
9.3 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.	<ul style="list-style-type: none"> <li>■ CQC market data and NHS specialist commissioning data.</li> <li>■ Risk strategy coproduced with all partners.</li> <li>■ External data includes comparator data and benchmarking with information from other Local Authorities, good practice and research evidence.</li> <li>■ National Minimum Dataset for Social Care (NMDS-SC) for workforce data and intelligence.</li> </ul>
9.4 There is capacity to undertake the analysis necessary to interpret local data and wider evidence in a meaningful and relevant way.	
9.5 Commissioners effectively use evidence for performance management, and have evidence-based quality assurance systems to provide accurate, accessible and timely information to support better outcomes.	

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

# Good commissioning promotes a sustainable and diverse market

<b>Standard 10: Good commissioning promotes a diverse and sustainable market</b>	
Good commissioning ensures a vibrant, diverse and sustainable market to deliver positive outcomes for citizens and communities.	
What does good look like?	Potential evidence to demonstrate how we are doing
10.1 Commissioners facilitate a vibrant, diverse and sustainable local market to deliver high quality services to meet identified care and support needs.	<ul style="list-style-type: none"> <li>■ JSNA.</li> <li>■ The local social care market comprises a range of service providers.</li> <li>■ Market Position Statement.</li> <li>■ Feedback from people who use social care, carers, advocates, communities and third sector organisations, including independent advocacy services about the availability and appropriateness of care and support services.</li> <li>■ Contracts and tendering processes facilitate and encourage a diverse market, including micro-enterprises.</li> <li>■ Implementation of good practice guidelines and standards e.g. NICE and SCIE.</li> <li>■ Use standard benchmarking costing tools to determine provider actual costs.</li> <li>■ Efficient and comprehensive business processes, which include a price review mechanism, dispute resolution and protocols for provider failure and service closure.</li> <li>■ Use of monitoring reports including CQC and Healthwatch reports.</li> <li>■ Triangulation of monitoring data, especially with safeguarding.</li> <li>■ Number of micro-commissioners and new providers to the market.</li> </ul>
10.2 Commissioners actively encourage and promote investment and innovation in the market and ensure their tendering and procurement processes promote and accommodate the full range of care providers in order to deliver the best possible outcomes for local people.	
10.3 Commissioning decisions take account of the commercial and financial context within which care providers operate and commissioners share risks and rewards appropriately.	
10.4 Commissioners have a collaborative relationship with CQC; sharing information between the organisations to avoid duplication of effort, ensuring a shared focus on services requiring improvement.	
10.5 Commissioners have clear plans in place to prevent and manage provider failure, as appropriate.	



What actions do we need to take to meet Standard 10?

Standard 11: Good commissioning provides value for money	
Good commissioning provides value for money through identifying solutions that ensure a good balance of quality and cost to make the best use of resources and achieve the most positive outcomes for people and their communities.	
What does good look like?	Potential evidence to demonstrate how we are doing
11.1 Commissioners can demonstrate a thorough understanding of the balance between the cost, quality and effectiveness of care and support services. The financial and quality data has a strong influence on contract specifications and costs.	<ul style="list-style-type: none"> <li>■ Monitoring arrangements, including feedback from people using social care, and their carers, about the quality of care and support, and from providers.</li> <li>■ Healthwatch reports.</li> <li>■ CQC ratings for providers.</li> <li>■ Market Position Statement.</li> <li>■ Feedback from providers.</li> <li>■ Contract specifications define the quality of service required and negotiations focus on value of services and include price review mechanism.</li> <li>■ Contract monitoring reports.</li> <li>■ Use of benchmarking tools, and understanding of provider costs</li> <li>■ Cost of in-house services run by Local Authorities or NHS.</li> <li>■ Per capita costs of commissioning.</li> <li>■ Shared infrastructure e.g. human resources, salaries and wages etc.</li> <li>■ Links to local economic development strategies, including local employment growth and, where appropriate, use of local suppliers.</li> <li>■ Reductions in resource inputs, for example supply chain management of energy to deliver greener and cheaper energy.</li> <li>■ Clauses in contracts that require eco-friendly materials to be used.</li> </ul>
11.2 Commissioners effectively collect and monitor activity, cost and quality data and routinely share this information with providers, people who use services and the regulator.	
11.3 Commissioners use appropriate research methodologies to identify good practice and use this evidence to benchmark local services and drive improvement.	
11.4 Commissioners and the wider Local Authority understand the potential impact of paying lower fees on providers, and their workforce. Commissioners encourage and resource providers at a level that allows scope for innovation and increasing the value of the services they provide.	
11.5 Commissioners work closely within the Local Authority, with health and other public and voluntary services to share resources, e.g. infrastructure and buildings.	
11.6 Commissioners consider long-term economic benefits of using sustainable commissioning and procurement processes including preventative approaches and sustainable development.	

What actions do we need to take to meet Standard 11?

Standard 12: Developing the commissioning and provider workforce	
Good commissioning is undertaken by competent and effective commissioners and facilitates the development of an effective, sufficient, trained and motivated social care workforce. It is concerned with sustainability, including the financial stability of providers and the coordination of health and care workforce planning.	
What does good look like?	Potential evidence to demonstrate how we are doing
12.1 There are clear plans in place to ensure that the workforce has the capacity, skills and knowledge to commission, manage and deliver high quality social care and support.	<ul style="list-style-type: none"> <li>■ Workforce Strategy to stimulate the development of the local care workforce and to support new roles and ways of working.</li> <li>■ Learning and Development Plan comprising forward planning to supply appropriately skilled workforce, anticipating demographic changes, staff turnover, and local factors.</li> <li>■ Career pathways for commissioners and care workers.</li> <li>■ Apprenticeships for the social care workforce.</li> <li>■ Percentage of workers qualified to a certain level.</li> <li>■ Evidence of learning and development activities for commissioners and specified in contracts e.g. action learning sets.</li> <li>■ Understanding of providers' approach to leadership development and workforce training and development, and the cost.</li> <li>■ Being signed up to the Skills for Care Social Care Commitment.</li> <li>■ Membership of the Skills for Care regional managers' networks.</li> <li>■ Joint workforce strategies reflect the Principles of Workforce Integration.</li> <li>■ Job descriptions, based on a developed understanding and good practice in relation to the skills, values and behaviours needed to commission adult social care.</li> <li>■ Analysis of learning and development needs and action to address for those in commissioning roles.</li> <li>■ Examples of elected member development and cross Local Authority working/engagement in sector led improvement initiatives in commissioning.</li> </ul>
12.2 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.	
12.3 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.	
12.4 Commissioners use national and local workforce and other data to inform commissioning plans, contract specifications and local learning and development plans.	
12.5 Commissioning roles are clearly described, with appropriate learning and development opportunities.	
12.6 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.	

What actions do we need to take to meet Standard 12?



# Domain 1: Person-centred and outcomes-focused

Standard	How are we doing?	Evidence of impact of commissioning on outcomes
1. Person-centred and focused on outcomes		
2. Promotes health and wellbeing		
3. Promotes social value		
Areas of good practice to develop		
Are there any divergent views? If so, detail.		
What do we need to do next?		

# Domain 2: Inclusive

Standard	How are we doing?	Evidence of impact of commissioning on outcomes
4. Coproduced with people, carers and communities		
5. Positive engagement with providers		
6. Equality of opportunity		
Areas of good practice to develop		
Are there any divergent views? If so, detail.		
What do we need to do next?		

# Domain 3 : Well led

Standard	How are we doing?	Evidence of impact of commissioning on outcomes
7. Well led		
8. Whole system leadership		
9. Use of evidence		
Areas of good practice to develop		
Are there any divergent views? If so, detail.		
What do we need to do next?		

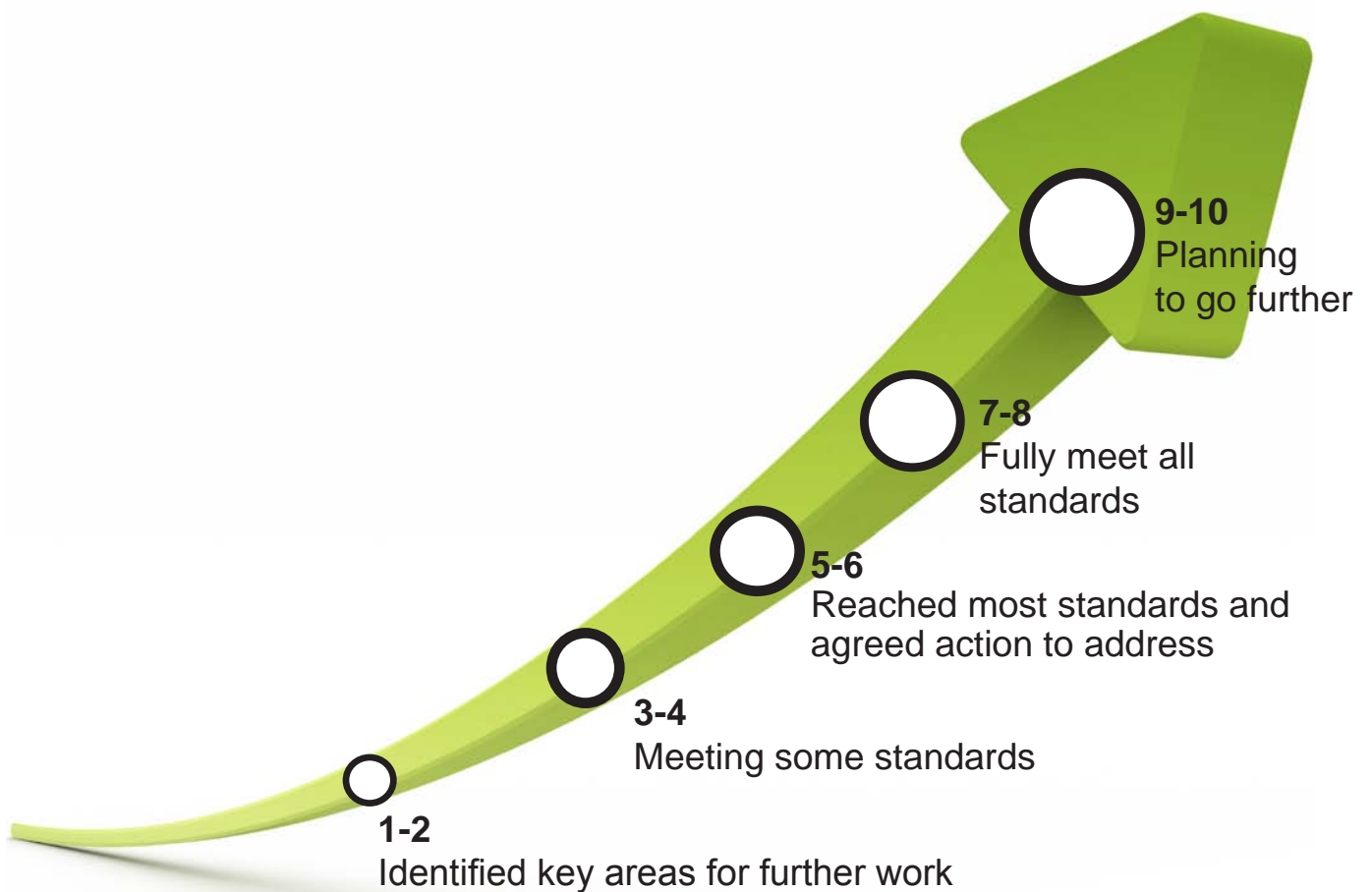
# Domain 4: Diverse and vibrant market

Standard	How are we doing?	Evidence of impact of commissioning on outcomes
10. Market shaping		
11. Value for money		
12. Workforce development		
Areas of good practice to develop		
Are there any divergent views? If so, detail.		
What do we need to do next?		

# Summary and key actions identified

Standard	Self-assessment rating (1-10)	Actions required and priority status	Who by when?
<b><i>Good commissioning is person-centred and focused on outcomes</i></b>			
1. Person-centred and outcome-focused			
2. Promoting health and wellbeing			
3. Promoting social value			
<b><i>Good commissioning is inclusive</i></b>			
4. Coproduced			
5. Positive engagement with providers			
6. Promoting equality			
<b><i>Good commissioning is well led</i></b>			
7. Well led by Local Authorities			
8. Whole system approach			
9. Uses evidence about what works			
<b><i>Good commissioning promotes a diverse and sustainable market</i></b>			
10. Promotes a diverse and sustainable market			
11. Value for money			
12. Workforce development			

# Indicate your position on the arrow below for each domain



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

# Appendix 1: Resources

## Outcomes Frameworks

- Public Health England. Public Health Outcomes Framework [online]. Available at: <http://www.phoutcomes.info/> [Accessed 15 October 2014].
- Think Local Act Personal (2011) Making it real: Marking progress towards personalised, community based support [online]. Available at: [http://www.thinklocalactpersonal.org.uk/\\_library/Resources/Personalisation/TLAP/MakingItReal.pdf](http://www.thinklocalactpersonal.org.uk/_library/Resources/Personalisation/TLAP/MakingItReal.pdf) [Accessed 15 October 2014].
- United Kingdom. Department of Health (2013) Adult Social Care Outcomes Framework 2013 to 2014 [online]. Available at: <https://www.gov.uk/government/publications/the-adult-social-care-outcomes-framework-2013-to-2014> [Accessed 15 October 2014].

## General resources

- ADASS: website for the Association of Directors of Adult Social Services <http://www.adass.org.uk/home/>
- 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. <http://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. <http://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. <http://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. <http://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. <http://www.nesta.org.uk/about-us>
- NICE: National Institute for Health and Care Excellence provides national guidance, quality standards and indicators and advice to improve health and social care. See: <http://www.nice.org.uk/>
- NMDS-SC: National Minimum Data Set for Social Care is an online database of data on the adult social care workforce. <https://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. <http://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. <http://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.
- Hatton, C. and Waters, J. (2013) The POET surveys of personal health budget holders and carers. [online]. Available at: <http://www.in-control.org.uk/media/138254/poetphbreportfinal.pdf>
- National Voices (2012) A narrative for person-centred coordinated ('integrated') care [the National Voices & Think Local Act Personal 'I' statements] [online]. Available at: <http://www.nationalvoices.org.uk/defining-integrated-care>
- Needham, C. and Glasby, J. (eds) (2014) Debates in personalisation. Bristol, The Policy Press.
- Nesta (2013). People powered commissioning: embedding innovation in practice. [online]. Available at: <http://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 [online]. Available at: (<http://www.england.nhs.uk/wp-content/uploads/2014/09/ipc-prospectus-updated.pdf>).
- Think Local Act Personal (2011) Making It Real: Marking progress towards personalised community based support [online]. Available at: <http://www.thinklocalactpersonal.org.uk/Browse/mir/>
- Voluntary Organisations Disability Group (VODG) (2011). Another way: transforming peoples' lives through good practice in adult social care. [online]. Available at: [http://www.vodg.org.uk/uploads/pdfs/Another\\_way\\_FINAL%281%29.pdf](http://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: [online]. Available at: <http://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. [online]. Available at: <https://www.gov.uk/government/publications>.
- NICE has evidence of interventions to promote health and wellbeing, and guidance on implementation. [online]. Available at: <http://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. [online]. Available at: <http://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 [online]. Available at: [http://www.britac.ac.uk/policy/Health\\_Inequalities.cfm](http://www.britac.ac.uk/policy/Health_Inequalities.cfm) [Accessed 15 October 2014].
- Department for Communities and Local Government (2013). Understanding differences in life satisfaction between local authority areas. [online]. Available at: <https://www.gov.uk/government/publications/understanding-differences-in-life-satisfaction-between-local-authority-areas>
- Department of Health (2012). Wellbeing and Health. [online]. Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/225525/DH\\_wellbeing\\_health.PDF](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/225525/DH_wellbeing_health.PDF)
- Faulkner, A. and Sweeney, A. (2011) Prevention in adult safeguarding - emerging evidence [online]. Available at: <http://www.scie.org.uk/publications/reports/report41/evidence/> [Accessed 15 October 2015].
- Heginbotham, C. & Newbigging, K. (2013). Commissioning health and wellbeing. London: Sage.
- Local Government and Improvement (2010). The role of local government in promoting wellbeing. [online]. Available at: [http://www.local.gov.uk/c/document\\_library/get\\_file?uuid=bcd27d1b-8feb-41e5-a1ce-48f9e70ccc3b&groupId=10180](http://www.local.gov.uk/c/document_library/get_file?uuid=bcd27d1b-8feb-41e5-a1ce-48f9e70ccc3b&groupId=10180)
- SCIE. Prevention in adult safeguarding - Emerging evidence. [online]. Available at: <http://www.scie.org.uk/publications/reports/report41/evidence/>
- SCIE- Evidence library for prevention. [Website in development].

## Inclusive

### **Coproduction**

SCIE (2013). Coproduction: what it is and how to do it. [online]. Available at: <http://www.scie.org.uk/publications/guides/guide51/>

The TLAP site has a range of resources and good practice examples. See for example: Top ten tips for coproduction [online]. Available at: [http://www.thinklocalactpersonal.org.uk/\\_library/COPRODUCTION/1\\_page\\_profile\\_for\\_coproduction\\_2.pdf](http://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 [online]. Available at: [http://www.thinklocalactpersonal.org.uk/\\_library/TLAP\\_Payment\\_Policy\\_Information.doc](http://www.thinklocalactpersonal.org.uk/_library/TLAP_Payment_Policy_Information.doc)

### **Positive engagement with providers**

Department of Health (2001). Building capacity and partnership in care. [online]. Available at: [http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4006241](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 [online] Available at: [http://www.thinklocalactpersonal.org.uk/\\_library/NMDF/StrongerPartnerships\\_final.pdf](http://www.thinklocalactpersonal.org.uk/_library/NMDF/StrongerPartnerships_final.pdf)

### **Promoting equalities**

Equality and Human Rights Commission. (2014) Equality measurement framework [online]. Available at: <http://www.equalityhumanrights.com/about-us/our-work/key-projects/equality-measurement-framework>

Local Government Association. (2014) Equalities case studies [online]. Available at: [http://www.local.gov.uk/equality-frameworks/-/journal\\_content/56/10180/3715951/ARTICLE](http://www.local.gov.uk/equality-frameworks/-/journal_content/56/10180/3715951/ARTICLE)

Local Government Association (n.d.) Taking a whole local authority approach to making fair decisions [online]. Available at: [http://www.local.gov.uk/c/document\\_library/get\\_file?uuid=4c8a5633-8838-47d7-85ac-8b1752706f5b&groupId=10180](http://www.local.gov.uk/c/document_library/get_file?uuid=4c8a5633-8838-47d7-85ac-8b1752706f5b&groupId=10180)

Local Government Association. (2014) The equality framework for local government. [online]. Available at: [http://www.local.gov.uk/equality-frameworks/-/journal\\_content/56/10180/3476575/ARTICLE](http://www.local.gov.uk/equality-frameworks/-/journal_content/56/10180/3476575/ARTICLE)

Local Government Association. (2014) The equality framework for local government. A revised guide for councils [online]. Available at: <http://www.local.gov.uk/documents/10180/11611/EFLG++a+revised+guide+for+LocalAuthorities/7162fe5f-6f16-40e4-b82a-6dd71b56492f>

Skills for Care. (n.d.) Community skills - a guide for commissioners [online]. Available at: <http://www.skillsforcare.org.uk/NMDS-SC-intelligence-research-and-innovation/Community-skills-development/Community-skills---a-guide-for-commissioners.aspx>

TLAP has a range of resources relating to people with protected characteristics on their website. See for example: Commission for Social Care Inspection. (2009) Putting people first: equality and diversity matters 3 [online]. Available at: [http://www.thinklocalactpersonal.org.uk/\\_library/Resources/Personalisation/Localmilestones/Putting\\_People\\_First\\_equality\\_and\\_diversity\\_matters\\_3\\_achieving\\_disability\\_equality\\_in\\_social\\_care\\_services.pdf](http://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

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# Appendix 2: 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

<b>Adult social care</b>	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, homecare, personal assistants, day services, the provision of aids and adaptations.
<b>ADASS</b>	Association of Directors of Adult Social Services
<b>ASCOF</b>	Adult Social Care Outcomes Framework sets out the indicators for measuring adult social care outcomes.
<b>Care plan</b>	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.
<b>Care Quality Commission (CQC)</b>	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.
<b>Carer</b>	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.
<b>Clinical Commissioning Group (CCG)</b>	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.
<b>Commissioning</b>	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').
<b>Contracting</b>	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.
<b>Coproduction</b>	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 restorative decision-making and peer decision-making.
<b>Decommissioning</b>	A planned process of removing, reducing or replacing care and support services.
<b>Direct payments</b>	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.



<b>Elected members</b>	Councillors elected by local people to oversee local Local Authority services.
<b>Equality</b>	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'.
<b>Evidence</b>	To understand what is needed and whether something works, it will be necessary to draw on types of evidence: <ul style="list-style-type: none"> <li>■ formal research or performance data</li> <li>■ the lived experience of people using services and their families</li> <li>■ the experience of front-line staff.</li> </ul>
<b>Health and Wellbeing Boards</b>	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).
<b>Healthwatch England</b>	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.
<b>Individual Service Fund (ISF)</b>	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.
<b>Integrated care</b>	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).
<b>Joint Strategic Needs Assessment (JSNA)</b>	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.
<b>Local accounts</b>	So that Local Authorities are more accountable and transparent to their residents. Many produce an annual local account to tell people what their adult social care department is achieving. This includes how the Local Authority is doing in terms of meeting identified outcomes, how much it spends, what it spends money on, and future plans for improvements.
<b>Local Area Teams</b>	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.
<b>Local Authority</b>	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.
<b>Local Government Association (LGA)</b>	The Local Government Association is a representative cross-party member organisation working across all forms of local elected government (including District Councils). It works with national Government and its members to support, promote and improve local government.

<b>Market Position Statement (MPS)</b>	A Market Position Statement 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 needs.
<b>Market shaping</b>	Local Authority collaboration 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, 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.
<b>Micro-commissioning</b>	This is commissioning at an individual level, usually through an assessment and support planning process undertaken by the Local Authority. It is often referred to as setting up individual packages of care. Increasingly these packages are being set up using Direct Payments so that the individual has more choice and control over their support.
<b>National Institute for Health and Care Excellence (NICE)</b>	NICE provides national guidance, standards and indicators to improve health and social care.
<b>National Market Development Forum (NMDF)</b>	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.
<b>National Minimum Data Set for Social Care (NMDS-SC)</b>	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.
<b>Outcome</b>	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.
<b>Overview and Scrutiny Committees</b>	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 Councillors to shape, question, evaluate and challenge the Local Authority policies, decisions and performance.
<b>Partners</b>	In order to commission effectively, Local Authority commissioners need to work with a broad range of individuals and organisations. This includes: <ul style="list-style-type: none"> <li>■ People who use social care, their carers and advocates</li> <li>■ 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</li> <li>■ Commissioning partners: organisations with responsibilities for commissioning other services, for example Clinical Commissioning Groups (CCGs)</li> <li>■ Provider partners: Individuals and organisations providing care and support.</li> </ul>
<b>Peer challenge</b>	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.



<b>Personal budget</b>	The personal budget is the way people can exercise greater choice and take control over how their care and support needs are met. The personal budget specifies the money allocated to individuals by the Local Authority to pay for care or support to meet assessed needs, as well as detailing any charges the person may have to pay. People can request 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).
<b>Personal health budget</b>	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'.
<b>Personal Outcomes Evaluation Tool (POET)</b>	POET is used to evaluate personalisation processes with actions identified from the evaluation, to be addressed at local level
<b>Personalisation</b>	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.
<b>Person-centred</b>	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'.
<b>Prevention/ preventative services:</b>	Prevention covers actions to prevent people from poor health, including preventing more serious problems developing or stopping people from becoming frail and disabled in the first place. The aim of preventative services is to help people stay independent and maintain their of life, as well as to save money in the long term; for example, by avoiding more intensive support.
<b>Procurement</b>	The process of buying services and equipment to provide care and support.
<b>Public Health</b>	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.
<b>Safeguarding</b>	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.
<b>Sector-led improvement</b>	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).
<b>Service redesign</b>	The process of redesigning services that provide care and support so that they better meet the needs of the local population.
<b>Social Care Institute for Excellence (SCIE)</b>	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.

<b>Specialist commissioning</b>	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.
<b>Standard</b>	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.
<b>Think Local Act Personal (TLAP)</b>	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.
<b>Third sector/voluntary organisations</b>	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 (see below).
<b>User Led Organisation (ULO)</b>	User Led Organisations (ULO) are organisations that are run and controlled by people who use support services, such as people with specific disabilities, older people, and families and carers.
<b>Wellbeing</b>	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.
<b>Whole system</b>	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.

