Local Government Association

NHS Clinical Commissioners
The independent collective voice of clinical commissioning groups

# Integrated commissioning for better outcomes

## A commissioning framework

directors of adass adult social services

think local act personal

Department of Health & Social Care

**In partnership with**

Department of Health and Social Care
Association of Directors Adult Social Services
Think Local Act Personal
Care Providers Alliance

# Preface

In 2015, the Local Government Association (LGA) published Commissioning for better outcomes: a route map (CBO) in partnership with Directors of Adult Social Services (ADASS), Think Personal Act Local (TLAP), the Department of Health and Social Care (DHSC) and the University of Birmingham. Commissioning for better outcomes was written primarily for commissioners of adult social care, and was designed to support continuous improvement in commissioning and service redesign.

In recognition of the growing need for social care and health and other system commissioners to work in more integrated ways, the CBO was re-written in partnership with NHS Clinical Commissioners in the summer of 2017 as Integrated Commissioning for Better Outcomes: a Commissioning Framework (ICBO), and the principles of the new framework were tested with sponsors and stakeholders. The audience for the ICBO are both health and council commissioners, as well as other allied commissioners. The framework was piloted with professionals from across the health and care system in the spring of 2018.

Bringing together health and social care to provide high-quality and sustainable services to improve health and wellbeing outcomes has been a constant and dominant policy theme for the past decade. Many places around the country are already demonstrating the potential to transform health and social care services so that they are person centered and focused on the needs of the local area.

The aim of the ICBO standards are to support local health and care economies to strengthen and progress their integrated commissioning and joint working further for the benefit of local people.

We hope that Integrated Commissioning for Better Outcomes: a Commissioning Framework (ICBO) will be a really useful tool for local areas to use to support continuous improvement in integrated commissioning in order to achieve the best possible outcomes for local people.

We are very grateful to all the people and organisations involved in co-producing these standards with us.

**Sarah Pickup OBE**
Deputy Chief Executive
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# Introduction

"We 'commission' in order to achieve outcomes for our citizens, communities and society as a whole; based on knowing their needs, wants, aspirations and experience."

## What matters most to people?

- Being the person at the centre, rather than the person being fitted into services.
- Citizens, people who use services, patients and carers are treated as individuals.
- Empowering choice and control for those people.
- Setting goals for care and support with people.
- Having up-to-date, accessible information about services.
- Emphasising the importance of the relationship between citizens, people who use services, carers, patients, providers and staff.
- Listening to those people and acting upon what they say.
- A positive approach, highlighting what people can do and might be able to do with appropriate support, not what they cannot do.

**Clenton Farquharson MBE**
Chair, Think Local Act Personal

## Background and context

Integrated commissioning for better outcomes: (ICBO) is designed to support continuous improvement in integrated commissioning and service re-design. It builds on its predecessor, 'Commissioning for better outcomes' (2015), whilst widening its reach to address commissioners from both councils and the NHS at a time when closer collaborative working between the two is becoming the norm.

First announced in June 2013, the Better Care Fund has brought about a mechanism for the integration of health and social care and the Care Act 2014 gave further emphasis to the whole systems approach and collaborative working that had underpinned the Health and Social Care Act 2012.

Closer working between local government and the NHS has always made sense. Health and wellbeing are closely intertwined, and local government has significant influence on many of the wider determinants of health and wellbeing, such as housing, transport, education, leisure and the built environment.

To take a fully outcomes-focused approach to health and care services necessitates looking past historical boundaries between the two sets of organisations to think about what makes for an independent, fulfilling life and how to support people to lead that life. If integration really impacts on peoples' lives positively then it does matter to them.

More recently, the advent of sustainability and transformation partnerships (STPs) has given further import to integrated commissioning. Integrating commissioning across health and local government has a great potential for transforming outcomes for people.

However, working closely together in a fully integrated way can be challenging. The NHS and local government can have differences in language, in assumptions, in expectation of what good looks like, as well as gaps in understanding of how the 'other side' works and the policy drivers that underpin its practice and priorities. They also have different lines of accountability and this can shape differences in outlook, assumptions and ways of working.

The NHS is a national publicly funded health service and since its inception in 1948, it is ultimately answerable to Parliament, through the Secretary of State for Health and Social Care for its delivery, and its priorities are set by the Government in the NHS Mandate.

The Department of Health and Social Care (DHSC) leads, shapes and funds health and social care in England by creating national policies and legislation and providing the long-term vision.

The NHS is led nationally by NHS England and NHS Improvement, and policy is implemented by Clinical Commissioning Groups (CCGs) and NHS trusts.

By contrast, local government, whilst bound by national laws, is held to account by its local population local government elections, and has a less prescribed approach. Local government has a long history of independent decision making, for example, strategy and service approach and levels of council taxation, and has an equally long history of working directly with and for the people whom it serves.

Further, the NHS and local government are responsible for the discharge of different statutory duties, which gives rise to different roles and different activities. One such set of differences stem from local government's market shaping duty to promote diversity and quality in the market of care and support for people in their local area.

For the NHS, no such equivalent duty exists, and as a consequence, the two take very different approaches to markets and procurement.

Writing in February 2017, Sir Amyas Morse, the Comptroller and Auditor General of the National Audit Office, noted: "Integrating the health and social care sectors is a significant challenge in normal times, let alone times when both sectors are under such severe pressure, such as the current financial pressures. So far, benefits have fallen far short of plans, despite much effort."[1]

Getting integration right is now more important than ever for the populations and people who use health and care services, and for the families that support them. Now is the time for health and care commissioners in England to raise the ambition of integrated services for all people. We know how important it is to a person or family to have co-ordinated care. Integration is a means to achieve this, but not the only one, and not an end in itself. It is crucial to keep a person centred perspective on integration in mind so that the aim is to better co-ordinate care for people receiving services as well as the creation of sustainable health and care systems. This commissioning framework is designed to support that ambition.

## Purpose and use of the framework

The purpose of the Integrated Commissioning for Better Outcomes framework is to support the general integration agenda across health and local government and promote consensus on good practice. The framework has been funded by DHSC, and jointly commissioned by the LGA and NHS Clinical Commissioners (NHSCC).

1 NAO (February 2017). Health and social care integration: Report by the Comptroller and Auditor General, HC1011, Session 2016-17 www.nao.org.uk/wp-content/uploads/2017/02/Health-and-social-care-integration.pdf

It is intended as a practical tool in the support of improving outcomes through integrated commissioning. Whilst the standards are primarily designed for use by commissioners in adult social care and the NHS, it is hoped that providers of services, people with personal budgets and other stakeholders are also engaged with locally when the standards are used to drive improvement.

The framework is split into two broad parts: the domains, which is the 'working part' of the framework; and the annexes, which provide additional explanation and background.

The four domains building the foundations; taking a person-centred, place-based and outcomes focused approach; shaping provision to support people, places and populations; and continuously raising the ambition have 22 standards in total. The standards set out what should be in place for strong, outcomes-focused, integrated commissioning to take place. They are designed to support a dynamic process of continuous improvement and can be used:

- to support cross-organisational reflection and dialogue on how well integration in local commissioning arrangements are working
- as a benchmarking diagnostic tool in critical self-assessment by system partners
- in a peer to peer review or peer challenge to promote sector led improvement.

The second part of the framework, the annexes, contain further policy background and context for those who are interested, as well as references to a number of practical tools and support materials.

Annex A in particular comprises descriptions of, and links to, a large, number of external commissioning resources.

## Principles

The framework has been developed in close collaboration and co-design with a host of colleagues from across the health and local government world, including people who hold personal budgets and thus act as commissioners for themselves, or for someone they care for. Together the following principles for the framework have been agreed:

- A focus on the benefits for the '3 Ps': people, places, and populations, with the individual person at the heart of the approach.
- A focus on outcomes over 'episodes of care'.
- Recognition that integrated commissioning needs to happen at multiple levels: with individuals and their families and carers; with communities; and across larger populations.
- Awareness and acknowledgment that commissioning is about more than procuring services, it is about a wide variety of activities which improve the outcomes and the lives for people, places and populations.
- Awareness that language matters and that words and concepts can have multiple meanings.
- A belief that understanding and respecting our differences (of history, culture, legal responsibilities, and ways of working) enables us to work better together.

# Domain 1:

## Building the foundations

Where integrated commissioning works well, much effort has gone into building strong foundations, and then maintaining those foundations so they stand the test of time. Those foundations include:

- relationships based on trust
- a shared vision, values and priorities
- strong collective leadership and governance.

The right values and behaviours need to be evident not just in the relationship between commissioners in the NHS and local government, but also between commissioners, providers and people who access services, but also between the staff who work directly with individuals and communities. A shared vision of what can be achieved through working together sets the right tone for all relationships, and ensures that everyone knows the priorities for action. An effective vision statement will draw on the comprehensive evidence in the joint strategic needs assessment (JSNA), and clearly set out the benefits and improved outcomes that will result for individuals, communities, and the wider population.

Delivering that vision requires both strong leadership and good governance. 'Systems leadership' is often referred to, but it is a term with many meanings. In the context of integrated commissioning, system leadership means both shared and collective leadership between local government and the NHS, but also including providers and other partners, such as the voluntary and community sectors. It needs to be inclusive, actively seeking the views of people and communities, and of front line staff. Like all good leadership, it requires clear accountability, with leaders holding each other to account, as well as being held to account by local people.

As statutory bodies, clinical commissioning groups (CCGs) and local authorities must have good governance in place – individually, as well as for any integrated commissioning arrangements.

The main legal mechanism for this remains the 'Section 75' arrangements. These were originally brought in as part of Section 31 of the Health Act 1999 and then improved by Section 75 of the NHS Act 2006, which enabled NHS bodies and local councils to establish partnership arrangements through a legally binding written agreement. This allows partners to legally manage the functions of the other, and form pooled funds for the purposes of jointly commissioning services. Section 75 also empowers the Secretary of State to issue regulations, which cover some of the detail which underpins integrated commissioning arrangements.

# Domain 1: Building the foundations

| Standard | Evidence of progress | Sample questions to support improvement |
|---|---|---|
| **I. Strong relationships between local government and NHS commissioners and with key stakeholders are in place and:**<br>• put the person at the centre<br>• are based on mutual respect and shared values<br>• where legally permissible, look past organisational boundaries to make the best use of the public pound. | • Agreed set of shared values spelled out in a compact or memorandum of understanding (MoU).<br>• System-wide peer challenge undertaken.<br>• Outputs from CQC 'well-led' inspections and/or system reviews. | Do leaders throughout the local health and care system 'walk the talk' of shared values and behaviours? How is this demonstrated? |
| **II. Strong and shared leadership in place with a transparent and agreed process by which local leaders hold each other to account, and account to their populations.**<br>**There is sufficient commissioning capacity and capability in place for the commissioning workforce to do their jobs well.** | • Joint decision-making processes at all levels, with authority to act.<br>• A joint commissioning committee, created under a Section 75 arrangement and with delegated authority, responsible for the development and delivery of joint commissioning plans.<br>• Regular discussion and resolution of difficult issues.<br>• Regular joint public meetings. | Is the process for joint decision making made clear to staff, partners and the public?<br>What is the reputation for and success of problem solving across difficult issues in health and social care? |
| **III. There is a shared vision of how integrated care and better outcomes will be commissioned and delivered.** | • There is a strategic plan which reflects the widest opportunities for joint working (eg on housing), and is used to underpin joint decision-making and action.<br>• There is a 'golden thread' between the shared vision and delivery at the 'front-line.'<br>• Published 'I' statements that describe what good person-centred integrated care looks like from the perspective of people accessing health and care. Services and support are reflected in the shared version. | Is your vision to integrate commissioning ambitious and supported by deliverable, monitored and timetabled action plans?<br>Is there a systematic plan for the different elements of commissioning care to be integrated?<br>Are broader place-based issues, such as housing and children's services, considered in this plan? |

| Standard | Evidence of progress | Sample questions to support improvement |
|---|---|---|
| **IV. Agreement on shared priorities and commitments, based on the local JSNA, which are explicitly set out in a published strategic plan, such as the Health and Wellbeing Strategy, or the Better Care Fund Strategy.** | • The JSNA is used to agree and regularly review shared priorities, as well as priorities for the constituent organisations.<br>• Priorities are translated into detailed commissioning intentions and front-line delivery.<br>• The Joint Delivery Plan reflects the JSNA, and is used continuously to frame joint-working and track delivery. | Does your system have ambitious and deliverable plans to improve individual and population outcomes through joint commissioning?<br><br>Do you have programme planning to co-ordinate and deliver the system changes required for improvement? |
| **V. Clear agreement set out in a published Delivery Plan on what statutory partners, including provider partners in Integrated Care Systems (ICSs), are specifically going to deliver to improve outcomes for individuals and the wider population.** | Integrated working at all levels focused on the needs of:<br>• the person<br>• the place<br>• the population.<br><br>Evidence might include:<br>• a shared action plan to tackle inequalities in a particular community<br>• widely available personal health and care budgets. | Do you have agreement on priorities for action which will make the biggest improvement to individual, community and population outcomes? Has this been subject to local consultation? |
| **VI. Robust governance arrangements for the delivery of the shared vision and agreed outcomes, covering:**<br>• risk sharing<br>• making binding decisions<br>• resolving conflicting organisational priorities<br>• a joint financial plan<br>• pooled budgets (where relevant)<br>• agreed and clearly understood metrics. | • Clear accountability and authority vested in joint decision-making arrangements at all levels, including front-line services.<br>• A risk-sharing protocol agreed by cabinet/governing body and (where relevant) with NHS England. | Do you have governance which enables constructive resolution of differences and empowers staff at all levels to operate jointly?<br><br>Is there an agreed plan for organisational change with statutory implications for all partners clearly understood? |

| Standard | Evidence of progress | Sample questions to support improvement |
|---|---|---|
| **VII. Regular independent testing of the impact of integrated commissioning for individuals and the population.** | • Regular and public reporting of the outcomes of integrated working at a CCG and local authority level.<br>• Personal health and care plans, agreed and reviewed with individuals and their carers.<br>• Stakeholder surveys of the shared leadership behaviours and impact of the CCG and local authority. | When was the last external evaluation of a significant joint initiative? Is external review routine? |
| **VIII. Building blocks for integration.**<br><br>Commissioners work together to enable the 'building blocks' of integration such as:<br>• easily accessible population-level data<br>• a common health and care record<br>• a shared approach to population risk stratification<br>• common care "pathways." | • Widespread use of public health and social care data (underpinned by appropriate governance if this involves personal data), shared intelligence on contracts and market analysis (including self-funders market).<br>• Partners and staff have the right skills for data analysis and turning data into intelligence.<br>• Data about children coming toward adulthood who are likely to need continued services is considered in good time for effective planning.<br>• Agreed plans to deliver an integrated care record (in accordance with the new General Data Protection Regulations).<br>• Common data set and methodology to stratify risk covering health, social care and housing needs.<br>• Shared pathways for common priorities set out in a Joint Delivery Plan. | Does the health and care system have a shared perspective on the quality of care and the outcomes achieved by shared performance and quality initiatives?<br><br>Is the system using the "Quality Matters" single view?<br><br>What lead commissioner arrangements are in place?<br><br>Have outcomes and service specifications been jointly agreed by all commissioners? |

## What joint actions do we now need to take to improve outcomes locally?

# Domain 2:

## Taking a person-centred, place based and outcomes focused approach

Integrated commissioning can help build services around people rather than around organisations to improve the experience of health and care and to make a real difference to outcomes. To achieve this, commissioning needs to operate at three different levels: that of the individual person; the place where they live; and the wider population of which they form a part.

Integrated commissioning should be at the heart of public service and should be based on a clear set of values and principles that deliver on the commitment to be person centred, place based and outcomes focused. It starts from the principle that people are at the heart of commissioning, which is described in more detail in the 'Putting People First' concordat (please see Annex D). A 'Shared Commitment and Call to Action for Engaging and Empowering Communities' was developed by Think Local Act Personal (TLAP), working with NHS England, the LGA, Public Health England (PHE) and a range of representative organisations, and can also be found in Annex D.

TLAP also developed 'Making It Real', a framework and set of principles that describes through a set of 'I' statements what good personalised and community-based support looks like from the perspective of the person. National Voices and TLAP subsequently produced a Narrative for Person Centred Coordinated care, a set of 'I' statements that sets out expectations for person-centred integrated health and care service.

These were jointly commissioned by the LGA and NHS England, and at the time of publication in May 2013, they were agreed and adopted by the government and all system leading bodies in health and care as a shared definition of the goals of integration. TLAP and the Coalition for Collaborative Care have worked together on a revised Making It Real, updated for the context of the Care Act 2014 with its emphasis on wellbeing, prevention, personalisation and integration.

By law, the NHS and local government are required to provide a good experience of health and care services for those who need it and to be ambitious to change outcomes for people.

The focus of integrated commissioning needs to be both on designing services for people with specific needs to give them greater control over their lives and improve overall outcomes, as well as on places and populations to address the wider determinants of poor health. When people with long term conditions seek services to meet their needs, they want to engage with the activities, people and opportunities around them that make for a good life. Good commissioning is increasingly building on the assets, strengths and skills of local communities and people to reduce the need for care and health support from the statutory agencies, and to improve outcomes.

# Domain 2: Taking a person-centred, place based and outcomes focused approach

| Standard | Evidence of progress | Sample questions to support improvement |
|---|---|---|
| **I. People are at the heart of commissioning.**<br><br>Integrated commissioning activities aim to improve outcomes for:<br>• individual citizens<br>• local communities<br>• whole populations. | • The health and wellbeing strategy has a focus on people, places and populations. It is based upon a joint analysis of needs and assets, has a financial strategy and sets clear priorities.<br>• There is a clear joint plan for the improvement of outcomes with clarity about how services will change for people, communities and populations.<br>• People are involved at every stage of the commissioning cycle, including any decommissioning.<br>• Commissioning plans show a high level of engagement through a detailed knowledge of people's needs and strengths. | Is there a clear joint plan which put people at its heart?<br><br>Does the planning process involve people? |
| **II. A 'place based' approach.**<br><br>Integrated commissioning has a rich picture of local needs and the assets in the community which is aligned with statutory services to meet those needs. | • The health and wellbeing strategy sets out plans for the use of population based approaches and the use of health and care personal budgets.<br>• Plans show evidence of actions across a range of 'places.' There are actions which have been agreed at a combined council or regional level as well as a more localised approaches. | Do your plans include a mapping of the assets of individuals and communities?<br><br>Is the use of assets linked to a joint prevention, demand reduction, or revenue and capital investment strategy?<br><br>Have you undertaken a housing needs assessment to determine person-centred accommodation requirements?<br><br>Have you shared place based intelligence and evidence of needs with local authority planning needs, to inform local strategic infrastructure and housing development plans? |

| Standard | Evidence of progress | Sample questions to support improvement |
|---|---|---|
| **III. Building active partnerships with people and communities that engage and empower communities and are:**<br>• asset based<br>• co-produced<br>• making use of social capital<br>• inclusive and equitable<br>• empowering. | • There is evidence of good information to service providers about the joint local approach through the market position statements and building active relationships.<br>• There is evidence that co-production between commissioners and local people is also engaging with the providers in the development of services.<br>• There is evidence that a specific attempt has been made to jointly develop community capacity and to engage community groups accordingly.<br>• The commissioners use tools such as surveys, personal visits, research etc to get the views of people and partners about the quality of engagement and planning. | Are your plans created in collaboration with individuals, communities and providers?<br><br>Do you have a plan and an approach for systematically building and maintaining active partnerships with people and communities? |

| Standard | Evidence of progress | Sample questions to support improvement |
|---|---|---|
| **IV. Joint commissioning is demonstrating the application of nationally agreed principles and behaviours.**<br><br>Engaging and Empowering Communities: a shared commitment and call to action was agreed by all the major national bodies in care and health. It states that commissioning should be:<br><br>• asset based<br>• co-produced<br>• making use of social capital<br>• inclusive and equitable<br>• empowering. | There is an agreed process for commissioners to review how well integrated commissioning is working based on these principles (for example through a system 'peer challenge').<br><br>• The JSNA should include an assessment of the assets in local communities as well as the needs.<br>• Healthwatch and similar other local partners are able to give a strong sense of the way in which local people's experience is valued and included in integrated commissioning.<br>• The commissioners have evidence from local people to show how their views have led to changes in services.<br>• There is evidence of additional 'social capital' – for example a local programme for identifying dementia friends in shops, pubs etc.<br>• Joint commissioning plans include an Equality Impact Assessment.<br>• Integrated commissioning focusses on enabling people and communities to take greater control themselves, as well as on providing services.<br>• There is an agreed plan to increase the number of people with personal health and care budgets, matching or exceeding local plans and the NHS England mandate. | Have these principles and behaviours been reviewed recently and if so, how? |

| Standard | Evidence of progress | Sample questions to support improvement |
|---|---|---|
| **V. A strong focus on outcomes for people, for communities, and for the wider population.** | • A locally tailored and agreed selection of 'I' statements drawn from the Narrative for Person Centred Coordinated Care and Making It Real form part of the priority outcomes, with agreed metrics.<br>• There is local agreement about how people, providers and communities work together with commissioners to develop a shared understanding of 'good' outcomes.<br>• Outcomes are a routine part of individual care planning and people are encouraged to assess themselves against them to take more control of their care.<br>• Commissioners regularly receive information from people about their experience of integrated care and support.<br>• The use of outcomes measures is set out clearly within plans as the basis for how they will be evaluated with local people and other key stakeholders. | Would your partners, stakeholders and local people say they are involved in agreeing outcome targets and monitoring achievement? |

## What joint actions do we now need to take to improve outcomes locally?

# Domain 3:

## Shaping provision to support people, places and populations

To do its job well, commissioning has to match needs and services across people, places and populations. Commissioners will be meeting specialist health care needs, arranging social care, and linking to community services and support within available financial, staffing and community resources. Commissioners have to identify both the type and number of services they want to commission and how they can best manage the balance of the number of people who can be supported, the price they can pay and the quality they expect in terms of services then influence provision to meet these intentions.

The aim of market shaping is to ensure that people have a choice of high quality services. Commissioners can determine and stimulate types of provision in the market – which can come from a range of community based, not for profit, or health care organisations, as well as the private and for profit sector. An important task for integrated commissioning is to signal how providers should respond to the particular needs of local people and communities. Commissioners can also be creative in determining and stimulating development in the market using all available assets.

This requires close working between commissioners, people and providers, so that there is a shared view of demand and supply and that outcomes can be improved as a result. Good practice includes having a shared view about future trends to encourage innovation and investment. Delivering on the ambition for integrated commissioning is supported by a set of available tools, including producing a market position statement to share the intentions of commissioners, and advice from NHS England and NHS Improvement on how to shape supply in the context of the emerging accountable care organisations, either through a formal procurement, or an 'alliance' model. More on this can be found in Annex A.

To ensure that the market is vibrant and sustainable, it is also critical for commissioners to develop a strong understanding of its providers – in particular with regard to the financial sustainability of social care providers. Integrated commissioning needs to think about sustainability in broad terms, particularly current challenges in the supply of a skilled workforce.

The decisions people take when offered a choice of services are an important influence on provision. Commissioners need to ensure that people have access to information about all available services including all housing options so that they can make strong, informed decisions about their care.

The complexity of needs and choices requires commissioners to have a great deal of local intelligence. Commissioners therefore need to build good links across the workforce, particularly with staff who assist people with personal budgets.

Influencing the shaping of the market to meet the strategic needs of an area is a major task, and it should bring in new partners from related areas such as housing, community development, employment and skills. This requires clear strategic leadership as well as agreement about engaging with such a wide range of partners.

Commissioners need to ensure that they engage the full range of expertise, for example in housing or public health, to fully support real integration across people, places and populations.

# Domain 3: Shaping provision to support people, places and populations

| Standard | Evidence of progress | Sample questions to support improvement |
|---|---|---|
| **I. Commissioners are working together and with people and providers to shape provision to improve outcomes**<br>• There is detailed understanding ('intelligence') of the demand and supply of services to meet needs within the 'place.'<br>• There is a plan for shaping the market to meet needs by attracting and retaining providers ('influence').<br>• There is oversight of local supply and demand and risks have been identified.<br>• Commissioners use the intelligence about availability and quality of services from frontline staff and people who use services to shape service provision.<br>• Opportunities for new developments have been identified.<br>• There is strong intelligence about threats to the sustainability of services<br>• There is a shared understanding of those risks and threats, with agreed mitigating actions<br>• Commissioners have a shared understanding and evidence that services are purchased at prices that deliver quality and value. | • Commissioning intentions are clear and transparent and address both current and future need.<br>• Commissioners are able to jointly identify areas of particular shortage and any impact upon quality and sustainability.<br>• There are up to date market position statements, co-produced with health and care commissioners, that give service providers a clear and concise view of local requirements.<br>• Commissioners have clear joint plans to prevent and manage provider failure with local contingency plans, based on assessed risk, where required.<br>• There is evidence of an inclusive and constructive dialogue between people, commissioners and providers. Providers are encouraged to have business continuity plans in place.<br>• There is an up to date risk register of supply and quality issues within local provision, with the 'hardest to replace provision' in the area identified. | Have you considered the sustainability of health and care services in your area?<br><br>Are there joint plans for development of new services set out in an accessible joint market position statement?<br><br>Are there systems in place that allow commissioners oversight of the financial viability of their local providers? |

| Standard | Evidence of progress | Sample questions to support improvement |
|---|---|---|
| **II. Strong commissioning/provider relationships**<br>• Commissioning is based on strong relationships with current and possible future providers, with a plan for developing relationships in line with delivery of the strategic commissioning intentions.<br>• Commissioners have good relationships with front line staff and thus know about the availability and quality of care services. | • There is evidence of the area attracting new developments, for example, a voluntary or community organisation or housing association with new services or approaches.<br>• Providers feel involved and engaged in plans and developments.<br>• Leaders of the health and wellbeing board demonstrate that they invest in relationships.<br>• Frontline staff report positively about relationships with commissioners and 'being listened to'.<br>• There is an established and transparent process for regularly gathering the views of frontline staff. | Would you describe your working relationships as effective and constructive?<br>Is disagreement and conflict managed constructively?<br>Do you provide regular joint opportunities for commissioner and provider staff to come together across health and social care? |
| **III. Advice and information**<br>• The council meets its duties (S4 Care Act) to ensure the availability of information and advice for all people, including financial advice, housing options etc.<br>• Commissioners are actively using data about personal choices and act in response to how those choices shape the market. | • There is clear evidence from people that they understand available information and are able to use it to make meaningful choices.<br>• There is data available on services bought by people who are self-funding their care.<br>• Information effectively supports people who are commissioning their own care.<br>• Commissioners understand how purchasing decisions influence the market. | Do you have an information strategy?<br>Is constructive and effective use made of social media to inform people and stakeholders and keep them abreast of developments? |

| Standard | Evidence of progress | Sample questions to support improvement |
|---|---|---|
| **IV. There is sufficient supply of a skilled workforce across health and social care to deliver commissioning intentions.** | • The skills and capacity exist to develop new models of care and revised commissioning arrangements.<br>• There is a plan to develop new models of care and workforce as a solution to quality and capacity challenges.<br>• There is a workforce strategy agreed with providers that identifies supply and skills requirements. | Does your system know which staff groups are in short supply and are there plans to create shared solutions, including new roles? |
| **V. There is strategic leadership in place which actively supports and enables the effective shaping of provision.** | • There is a named strategic leader for the market shaping tasks.<br>• There is a clear agreement with the local council(s) and NHS commissioners about how the named leader can draw upon the support and commitment of others across a wide range of services, including employment, skills and housing. | Is there an agreed plan for the strategic development of commissioning in line with best practice and national direction of travel? |

## What joint actions do we now need to take to improve outcomes locally?

# Domain 4:

## Continuously raising the ambition

Commissioners strive to do the best they can for their local communities so that everyone can access the care and support they need, when they need it, at a convenient location. They do so against the backdrop of an ageing population with growing health and care needs.

In the face of these challenges, many commissioners, providers and community partners across the country, still manage to continuously improve their care and services, and generate innovative ways of coordinating and delivering high quality, person-centred and cost- effective care.

This chapter aims to capture standards underpinning 'continuously raising the ambition' of commissioners, to do more for their people and populations. It is a familiar fact that driving improvements is not something that can be done and delivered once: it's an ever ongoing, iterative process and a journey that relies on the support and commitment of everyone involved.

There are of course many factors contributing to successful and continued improvement. Here the aim is to set out those that will support and enable commissioning partners and stakeholders across teams and organisations to jointly deliver improved outcomes for local people. Thus, this domain seeks to balance a strongly evidence-based approach with the appetite required for appropriate joint risk-taking to try something new. It emphasises the critical importance of a culture of learning and innovation, where 'failure' isn't penalised but seen as a source of intelligence for what to try next. It encourages system partners to keep abreast of national changes whilst staying close to local priorities.

# Domain 4: Continuously raising the ambition

| Standard | Evidence of progress | Sample questions to support improvement |
|---|---|---|
| **I. An evidence-based approach**<br><br>Partners use the best evidence available in everything they do. | • A named person or team is responsible for keeping abreast of national and international developments and emerging best practice.<br>• There is an established process for regularly collecting data from people using services on their outcomes and experiences, and an evidenced feed-back loop built into service design. | Is learning from emerging best practice regularly shared, used and disseminated across health and social care? |
| **II. Appropriate risk-taking and risk sharing**<br><br>Where there is limited evidence, partners are proactive and brave in taking appropriate risks to drive improvements. | • Improvement objectives and metrics are agreed and documented.<br>• The senior leadership are openly supportive of appropriate risk-taking and risk sharing and see failure as an opportunity for learning.<br>• The governance arrangements are clear on lines of accountability, and decisions about risk taking and risk sharing is transparent and documented. | Can the following questions be answered in the affirmative:<br><br>• Does it improve someone's life – and if so, how?<br>• Is it safe?<br>• Is it legal?<br>• Is it cost-effective? |

| Standard | Evidence of progress | Sample questions to support improvement |
|---|---|---|
| **III. Innovation and learning**<br><br>Innovation and continuous improvement are supported by an embedded learning culture. | • Staff surveys.<br>• Peer to peer review.<br>• A documented stocktake of established learning practice and feed-back loops.<br>• There is a joint protocol for knowledge transfer between teams and organisations, eg between health, social care, housing and public health.<br>• There is a protocol for how complaints are investigated and the ensuing recommendations shared as well as evidence of a feedback loop to both providers and commissioners about actions taken in response.<br>• There is a protocol for how to learn from, adapt and spread best practice drawn from positive service delivery feedback.<br>• Each partner organisation has an organisational development plan in place, and there is a written agreement on how the partnership will support and enable innovation and improvement.<br>• 'Well-led' domain of CQC inspections, peer challenge processes, and other external review processes.<br>• There is regular protected time for staff to reflect together and across organisational boundaries on practice, and how it could be strengthened.<br>• Reflective practice is written into job descriptions and evaluation thereof forms part of annual appraisals. | What do you do jointly across health and social care to model a learning culture and support innovation?<br><br>Do you actively promote peer to peer practitioner networks to share learning? |

| Standard | Evidence of progress | Sample questions to support improvement |
|---|---|---|
| **IV. Awareness and focus**<br><br>Partners look ahead for early signs of coming change in local government, the NHS and wider society, and balance adaption to such change with a continued focus on local priorities. | There is a named person or team whose responsibilities include flagging likely national developments that will impact on integrated arrangements and their ability to deliver.<br><br>There is an established culture and process in place for how to hold conversations with the local population about changes and priorities, and for how the outcomes of those conversations influence decision making. | Does the local system anticipate external change well? How does it plan? |

## What joint actions do we now need to take to improve outcomes locally?

# Developing the action plan for the future

It is recognised that there are many different approaches to integrated commissioning across the country. Some have already agreed a fully integrated organisation, with joint teams supported by pooled budgets, whilst others are considering different approaches in the context of new organisational boundaries and models of provision. Some may be at the start of discussions and others may have been planning and implementing change for a longer period.

Whatever the starting point towards more integrated commissioning, these standards and the framework for self-assessment can support local health and care systems to agree the baseline of progress to date and develop a local action plan for change. Using the sample questions, and considering the evidence of good practice whilst mapping the local position will highlight strengths and areas for development.

There is no right or wrong way to apply the framework. It is designed to be flexible. However, it is recommended that a whole system view is obtained in reaching the baseline. This will include participation of people who use services, both large and small providers and a cross section of staff and leaders across health and social care commissioning. An independent peer perspective will also assist in developing an objective view.

# Annex A:

## General resources

This annex responds to a request from commissioners to have a succinct guide to resources available to support their work. Largely free resources are here summarised thematically according to framework domains.

## Domains 1 and 4: Foundations and ambitious leadership

**Local Government Association (LGA)**

What is it?
The LGA has promoted sector led improvement, and has a care and health improvement programme to support integration and transformation. Resources cover a wide range of topics including integration, risk, place-based tools, and commissioning and market shaping. These are supported by access to improvement staff and a range of services including peer review.

Who is it for?
Aimed at councillors, local government officers and their partner organisations.

Where is it?
www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement

**Newcastle University and Collaborate**

What is it?
Collaborate and Newcastle University are working on new cultures and working practices that help commissioners to better understand and improve lives. As well as publications, they are beginning to build a support and discussion network, online and arrange meetings for a and debate.

Who is it for?
Aimed at commissioners, funders, providers and people who are interested in working together to better understand complexity.

Where is it?
https://blogs.ncl.ac.uk/tobylowe/

**Quality Matters**

What is It?
'Adult Social Care: Quality Matters' sets out a single view of quality and a commitment to improvement.

It is co-led by partners from across the adult social care sector.

Who is it for?
Everyone working in social care and NHS.

Where is it?
www.gov.uk/government/publications/adult-social-care-quality-matters

**Stepping up to the Place LGA, NHS Clinical Commissioners, NHS Confederation and ADASS**

What is it
'Stepping up to the Place'; a description of a fully integrated, transformed system to enable integration to be seen as 'business as usual'. An updated version of Stepping up to the Place is in development.

Who is it for?
Everyone working in the NHS and local government.

Where is it?
www.nhsconfed.org/~/media/Confederation/Files/Publications/Documents/Stepping%20up%20to%20the%20place_Br1413_WEB.pdf

### The Commissioning Academy

What is it?
A course of masterclasses and a network.

There are also publications aimed at giving commissioners tools, techniques and confidence in approaching better outcomes.

Who is it for?
The course is aimed at senior decision makers and practitioners from across public services.

Where is it?
www.gov.uk/guidance/the-commissioning-academy-information

### The King's Fund

What is it?
The King's Fund is an independent charity working to make the best health and care system for all. It has a huge range of resources, publications and events. These are organised around topics across leadership, policy, people, and services. The theme on integrated care contains a range of case studies around a map of integrated practice.

Who is it for?
Anyone with an interest in health and care.

Where is it?
www.kingsfund.org.uk

### The Leadership Centre

What is it?
A compendium of practical guidance and learning on making change in complex systems.

Who is it for?
Change leaders at all levels, and those involved with 'systems leadership'.

Where is it?
'The Art of Change Making'
www.leadershipcentre.org.uk/wp-content/uploads/2016/02/The-Art-of-Change-Making.pdf

'Leadership for Change; the Local Vision programme'
http://leadershipforchange.org.uk/systems-leadership-local-vision/

### UK Government and NHS England

What is it?
Background information on the roles and responsibilities of local councils and of CCGs.

Who is it for?
All those involved in integrated commissioning.

Where is it?
www.gov.uk/understand-how-your-council-works

www.england.nhs.uk/wp-content/uploads/2013/03/a-functions-ccgs.pdf

www.gov.uk/government/publications/adult-social-care-market-shaping/adult-social-care-market-shaping

# Domain 2: person centred, place based and outcomes focus

### Adult Social Care Outcomes Framework (ASCOF)

What is it?
The latest data for each local authority against the outcomes in the framework.

Who is it for?
Anyone interested in the outcome measures, which were set around areas people said mattered to them (enhanced quality of life; delaying and reducing the need for care and support; positive experience and safeguarding).

Where is it?
https://digital.nhs.uk/catalogue/PUB30122

### Healthwatch social care complaints toolkit

What is it?
An appendix to the complaints toolkit for local Healthwatch July 2017

Who is it for?
Local Healthwatch

Where is it?
www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20170711_social_care_complaints_toolkit.pdf

### Public Health Outcomes Framework

What is it?
A national data set on healthy lives and life expectancy between communities that can be looked at by local authority area.

Who is it for?
Anyone interested in the wider determinants of health, preventing premature mortality, health improvement and health protection.

Where is it?
www.phoutcomes.info

### Making it Real

What is it?
Making it Real sets out what people who use services expect to see and experience if services are truly personalised. It does this with a whole range of support materials including videos, case studies and presentations (a revised and updated version, including new 'I' statements, is forthcoming in the spring of 2018).

Who is it for?
Making it Real is aimed at anyone interested in finding out how an organisation is getting on towards transformed care and support.

Where is it?
www.thinklocalactpersonal.org.uk/browse/mir/aboutMIR/

### Social Care Institute for Excellence – personalisation guides

What is it?
The Rough Guide contains a set of written and video resources aimed at developing best practice in personalised care and support.

Who is it for?
All partners and stakeholders. There's a whole set of 'implications for...' guides covering a whole range of sectors and backgrounds across health, housing, care and user-led organisations.

Where is it?
www.scie.org.uk/personalisation/practice

### Health Foundation – person centred care resource centre

What is it?
A collection of learning and other resources from the foundation, or recommended sources.

Who is it for?
It has a very broad coverage of interest across themes such as peer and community support, health literacy and digital health.

Where is it?
http://personcentredcare.health.org.uk

### Housing our Ageing Population Report - LGA

What is it?
Written by the Housing LIN for the LGA, this report sets out in detail what is required to meet the housing needs of our ageing population and how councils around the country are innovating to support older people to live in their homes for longer and promote positive ageing.

Who is it for?
Aimed at commissioners, planners, and strategic housing, health and social care leads, who are keen to explore their place-making role in shaping the current and future supply of housing for an ageing population in their areas, and to promote an integrated approach to housing, care and health.

Where is it?
www.local.gov.uk/sites/default/files/documents/5.17%20-%20Housing%20our%20ageing%20population_07_0.pdf

### Housing LIN (Learning and Improvement Network)

What is it?
The Housing LIN is a free peer-to-peer professional network that exemplifies innovative housing solutions for older and disabled people.

Who is it for?
The Housing LIN brings together housing, health and social care professionals in England and Wales to connect people, ideas and resources both online and through national and regional events to inform and improve the range of housing choices and at home services that enable older and disabled people to live independently.

Where is it?
www.housinglin.org.uk/

### Memorandum of Understanding on improving health and care through the home

What is it?
Over 25 stakeholders (including LGA, ADASS, PHE, Housing LIN, DHSC, Skills for Care) share this renewed commitment to joint action across government, health, social care and housing sectors to improving health through the home. This includes the conditions for developing integrated and effective services to meet the needs of individuals, carers and families with a range of local stakeholders.

Where is it?
www.gov.uk/government/publications/improving-health-and-care-through-the-home-mou

### Think Local Act Personal (TLAP)

What is it?
TLAP is a national partnership supporting the transformation of health and care through personalisation and community-based support. It has a large range of publications, case studies and videos in an extensive resource bank as well as a set of projects based materials including Building Community Capacity.

Who is it for?
TLAP is a very inclusive partnership and its site has comprehensive jargon busters and materials to make it accessible for everyone.

Where is it?
www.thinklocalactpersonal.org.uk/About-us/

### In Control – Personal Outcomes Evaluation Tool (POET)

What is it?
In Control pioneered self-directed support and has a range of product and partnership offers to work to further develop personalisation.

With Lancaster University, it developed an outcomes framework to measure what is working or not in personalised care.

Who is it for?
Over 8,000 people completed evaluations which are published in national reports across health, adults social care and children's services. A version for providers is being developed.

Where is it?
www.in-control.org.uk

### NHS Personal Health Budgets Learning Network

What is it?
A membership based learning network open to those developing personal health budgets.

Membership is free, but applications are reviewed.

Who is it for?
Commissioners, providers and project teams who are specifically involved in personal health budgets.

Where is it?
www.personalhealthbudgets.england.nhs.uk

# Domain 3: shaping provision and support

### Gov.uk market shaping web pages

What is It?
A document to help people and organisations understand adult social care market shaping and how to take action.

Who is it for ?
Adult Social Care commissioners.

Where is it?
www.gov.uk/government/publications/adult-social-care-market-shaping/adult-social-care-market-shaping

### Institute for Government

What is it?
A set of resources including an online questionnaire based tool to help identify risk in public service markets. The questionnaire generates a report on the risks and how these maybe addressed.

Who is it for?
Public service commissioners. The questionnaire takes approximately 10 to 15 minutes to complete but the real benefits could lie in discussion between commissioners.

Where is it?
www.instituteforgovernment.org.uk/publications/public-service-markets-guide-and-diagnostic-tool

### Wellbeing Our Way – National Voices' WOW Exchange

What is it?
A space for the third sector and community groups to exchange examples on how they are supporting people to live well.

Who is it for?
The evidence base is searchable by populations and priority groups. Covers a range of topics such as better partnerships between the statutory and voluntary sectors, information, self-management and peer support.

Where is it?
www.nationalvoices.org.uk/wellbeing-our-way/wow-exchange

### Care Markets and Quality Forum

What is it?
A reference group to support improvements in the care and support market so that people have a choice of affordable, quality and responsive services in their locality. You can join the forum and access records of its discussions and a whole range of workforce and market tools.

Who is it for?
As a TLAP project, the forum is open to commissioners, providers and people with care and support needs, their carers and families.

Where is it?
www.thinklocalactpersonal.org.uk/Browse/marketdevelopment/Care_Markets_and_Quality_Forum/

### Institute of Public Care (IPC)

What is it?
IPC offer a centre for research, evaluation, skills development and system design to support better outcomes. There is a wide range of resources on its site, but uniquely it hosts the market position statements database alongside a set of market shaping resources.

Who is it for?
Anyone with an interest in commissioning and market shaping. The Market Position Statement (MPS) database is searchable by keywords and places so is useful as a one stop shop for providers but also for commissioners to see how others are using MPSs across social care and health.

Where is it?
http://ipc.brookes.ac.uk

For the MPS database
http://ipc.brookes.ac.uk/what-we-do/market-shaping/market-position-statement-database.html

For the market shaping toolkit
http://ipc.brookes.ac.uk/what-we-do/what-we-do/market-shaping/market-shaping-toolkit.html

### National Audit Office (NAO)

What is it?
With a whole range of material of efficiency and effectiveness, the NAO has a specific toolkit on successful commissioning with the Third Sector. This includes considerations for decommissioning.

Who is it for?
The guide aims to help both commissioners and the voluntary sector gain a better understanding of commissioning to get the right outcomes at the right cost.

Where is it?
www.nao.org.uk/successful-commissioning/

### Contingency Planning for Provider failure

What is it?
The Department of Health and Social Care, the LGA, the Local Government Information Unit and ADASS produced guidance specifically covering some of the causes and mitigation for failure as well as a set of tools and checklists for continuity and contingency planning.

Who is it for?
Commissioners who are reviewing their contingency plans.

Where is it?
www.lgiu.org.uk/wp-content/uploads/2015/10/Care-ContinuityFINAL.pdf

### Provider failure and emergency incidents - A checklist for regional response

What is it?
Local Authorities all have emergency planning arrangements in place and guidance exists to support authorities in the event of provider failure or similar emergency situations. In recognition of the increased risk of provider failure across more than one local authority area, this document provides an additional checklist to enable regions to plan for such an eventuality and to facilitate a more widely coordinated response. The intention is for this checklist to be used to develop bespoke plans for the respective regions.

Who is it for
Local authorities and partners

Where is it
www.adass.org.uk/provider-failure-and-emergency-incidents-a-checklist-for-regional-response

### Managing Care Home Closures

What is it?
Guidance to support care and health systems in managing care home closures by setting out best practice.

Who is it for?
The guide is written for local authorities, the NHS,

NHS England, CQC, providers and partners and is sponsored by the full range of national organisations.

Where is it?
www.nhs.uk/NHSEngland/keogh-review/Documents/quick-guides/1577_QuickGuide-CareHomes_9.pdf

### Competition and Markets Authority's (CMA's) Care Homes Market Study Final report 30 November 2017

What is it
This document is the final report of the Competition and Markets Authority's (CMA's) market study into residential and nursing care homes for older people.

Market studies are one of a number of tools at the CMA's disposal to address competition or consumer protection problems, alongside its enforcement and advocacy activities. They are examinations into the causes of why particular markets may not be working well, taking an overview of regulatory and other economic drivers and patterns of consumer and business behaviour.

Who is it for?
Businesses government and the public

Where is it?
https://assets.publishing.service.gov.uk/media/5a1fdf30e5274a750b82533a/care-homes-market-study-final-report.pdf

### Commissioning and the NHS New Care Models (Vanguard) Programme

What is it?
Background to the 50 vanguards and how they are developing new care models, with a specific section on commissioning.

Who is it for?
Anyone interested in how the Vanguards programme works, and how to commission the New Care Models.

Where is it?
www.england.nhs.uk/ourwork/new-care- models/vanguards/

### Options for commissioning integrated care organisations (formerly accountable care organisations (ACOs))

What is it?
Two different ways of commissioning integrated care are being developed with the Vanguards:

- A formal procurement route (although it's worth noting that at the time of publishing progress on a formal ACO contract has been halted whilst NHS England consults on use of the contract).
- An 'alliance' approach.

Who is it for?
Commissioners from CCGs and councils who are working with evolving Integrated Care Partnerships and Integrated Care Systems.

Where is it?
www.england.nhs.uk/new-care-models/vanguards/care-models/community-sites/dudley/

www.dudleyccg.nhs.uk/wp-content/uploads/2017/06/Prospectus-for-Procurement-of-MCP.pdf

www.england.nhs.uk/new-care-models/vanguards/care-models/community-sites/tower-hamlets/

**Advice from NHS England and NHS Improvement on contracting with an ACO**

What is it?

Different sources of advice and guidance on developing a formal contract with ACOs.

Who is it for?

Commissioning and procurement teams working to commission integrated care providers or organisations.

Where is it?

1. Areas exploring the delivery of accountable care organisations, or interested in using the new contract, should contact england.newbusinessmodels@nhs.net
2. Support to sites exploring new contractual, organisational and financial arrangements, either through formal procurement or alliances, is available from the NHS England New Business Models team www.england.nhs.uk/new-business- models/
3. A new contract for commissioning accountable care organisations has been under development, and will formally be consulted upon in 2018. Until the consultation has concluded, there will be no further progress on ACO policy. The latest version of this contract is available at www.england.nhs.uk/new-business-models/
4. NHS Improvement and NHS England have recently issued 'The Integrated Support and Assurance Process; guidance on assuring novel and complex contracts' to help ensure that commissioning these new care models is legally compliant and well-governed at www.england.nhs.uk/wp-content/uploads/2017/08/integrated-support-assurance-process-part-a.pdf

# Annex B:

## Guidance and tools for market shaping

### Introduction

Market shaping helps ensure that services are genuinely person-centred, integrated, and good value. Think Local Act Personal (TLAP)[2] describe market shaping as a process whereby commissioners work collaboratively with others to make sure that different types of support to people are available, at the right price, in ways which assist them to live a good life both now and in the future.

People who will benefit from integrated commissioning by definition have needs which are greater than simply a need for social care. In order to meet their full range of needs, and to do so in a way which puts the person at the centre commissioners need to shape care markets. Market shaping is about stimulating responses from a wide range of organisations: the voluntary and community sectors, small scale local enterprises, housing providers, as well as larger public, private and social enterprises.

This remains the case with the advent of accountable care systems (ACSs) and the possible future development of ACOs, subject to NHS England's consultation. If ACOs are introduced, commissioners may want to encourage an ACO to sub-contract with a range of other providers in order to ensure that the ACO is able to improve the full range of outcomes which matter to people. Or they may wish to commission with other providers directly, to complement the services and support provided by the ACO.

It's important to note that ACOs are just one vehicle for integration. There are other ways of joining up and integrating commissioning.

Domain 3 deliberately focuses on the learning from social care and the NHS Vanguard programme: that the best way to improve outcomes for people and to shape provision around their needs is through co-production with the people who use services. Working closely with local people will bring a wider view of outcomes than a definition deriving purely from the perspective of health and care professionals.

### Market shaping

In local government, the responsibilities for market shaping are enshrined in the Care Act (2014) which states that each local authority:

"Must promote the efficient and effective operation of a market in services for meeting care and support needs with a view to ensuring that any person wishing to access services in the market:

- Has a variety of providers to choose from who (taken together) provide a range of services
- Has a variety of high quality services to choose from
- Has sufficient information to make an informed decision about how to meet the needs in question."[3]

The Care Act reinforces that commissioning should be at the heart of personalised care and support. This includes commissioning with health and care organisations, but goes further to include engagement with community development and working with other agencies, for example the community sector.

2 "We 'commission' in order to achieve outcomes for our citizens, communities and society as a whole; based on knowing their needs, wants, aspirations and experience."

3 H.M. Government. The Care Act 2014, section 5(1). Accessed online Sept. 2017 www.legislation.gov.uk/ukpga/2014/23/section/5/enacted

In the NHS, contracting with a provider has traditionally meant either an activity-based block contract, or a tariff-based contract whereby a provider gets paid for each episode of care.

Changes in this approach are highlighted by the NHS Five Year Forward View[4] in its focus on enhancing service quality, and making the best use of scarce resources and it is evident also in the move towards capitated contracts that are now being explored for accountable care organisations.

The Institute of Public Care (IPC), which has led research in this area, suggest that the nature of market shaping within health and care organisations and beyond their boundaries is a complex strategic task that needs to be done by a wide range of people, not just commissioners. This task covers a range of elements across strategy design, market shaping and measuring impact. IPC go on to recommend that there should be an appropriate strategic lead, with the ability and influence to connect housing, employment, skills and economic development into the scale of any market shaping needed. They also set out five key behaviours for success[5] which can be used by everyone in commissioning.

## Integrated Commissioning for NHS New Care Models

The development of New Care Models, and particularly of the primary and acute care system (PACS) and multi-speciality community provider (MCP) models are important changes in the context of integrated commissioning. NHS England's 'Integrated primary and acute care systems vanguards' website states that

"The aim of a PACS is to improve the physical, mental, social health and wellbeing of its local population. It achieves this by bringing together health and care providers with shared goals and incentives so they can focus on what is best for the local population.[6]

This provides a further opportunity for CCG and local authorities to commission for outcomes. Annex A of this framework contains useful material for CCGs and local authorities working together to commission services from integrated care organisations such as ICPs. It covers:

- generic information on commissioning and the NHS Vanguard programme
- different ways in which New Care Models can be commissioned which at time of writing are being jointly developed with a number of local areas:
  - the formal procurement route (eg Dudley)
  - the alliance model (eg Tower Hamlets)
- support to sites exploring new contractual, organisational and financial arrangements available from NHS England and NHS Improvement.

4 NHS England et al. (October 2014). NHS Five Year Forward View. www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

5 Institute of Public Care (July 2016. What is market shaping? P19 Online resource, accessed Sept 2017) https://ipc.brookes.ac.uk/docs/market-shaping/What%20is%20Market%20Shaping.pdf

6 www.england.nhs.uk/ourwork/new-care-models/vanguards/ care-models/primary-acute-sites/

## The importance of relationships

Turning commissioning intentions into service provision requires an understanding of current and potential future providers that can only be achieved through the building of purposeful and constructive relationships.

Simone Vibert, a researcher at the think tank Demos, studied the changing shape of children's services into a mixed economy of providers.[7] She found that successful provision was dependent on a wide range of relationships – those between commissioning organisations, within each organisation, between providers and commissioners, and with the wider community.

Delivery of good support and care is reliant on people. The recruitment, retention and development of staff who can work together to provide a personalised service is therefore an important priority for commissioners, as they look to shape their local provider market. That does not mean to say that commissioners need to get involved directly in workforce planning and development, but they do need to have enabling relationships in place so that they can actively influence and shape how their providers are working together to address this critical issue.[8]

## Conclusion

Market shaping is a complex activity, requiring the development of strong and diverse relationships and the ability to work across a wide range of settings. There is a robust value base around co-production and collaboration and clear strategic leadership is critical for the possibility of success.

7 www.demos.co.uk/wp-content/uploads/2016/10/Demos-Commissioning-in-Childrens-Services.pdf

8 Knight, A. et al. (2017). A whole new world: funding and commissioning in complexity. London: Collaborate http://wordpress.collaboratei.com/wp-content/uploads/A-Whole-New-World-Funding-Commissioning-in-Complexity.pdf

# Annex C:

## Market challenges for social care

### Sustainability

Social care has a highly diverse base of providers. There are an estimated 20,300 organisations registered for the provision of personal care across 40,400 locations. There are 70,000 people with direct payments employing their own staff (comprising 9 per cent of total with 145,000 jobs, and the second biggest group of staff employed in the sector – more than now work for local authorities).[9]

The response to some recent large scale market failures has included in the Care Act the development of a specific market oversight regime across government, CQC, and local authorities. A further Care Act requirement on local authorities is to have a contingency plan for possible provider failure as well as a temporary duty to provide services. Close attention to quality as well as the financial position of providers remains critical.

Good contingency planning obviously needs good intelligence. It is clear from the work of IPC that commissioners are not yet developing a detailed enough understanding of providers, how they are funded and their business plans.[10] Cordis Bright have set out a useful 'light touch' approach for systems to know the provision in their area that would be hardest to replace.[11]

Joint contingency planning between NHS and social care will also need to be considered in localities where NHS and social care are commissioning from the same providers.

9 Skills for Care (2017). The size and structure of the adult social care workforce in England, accessed online Sept 2017, www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/publications/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx

10 Institute of Public Care (July 2017). Market Shaping in Adult Social Care, accessed online Sept 2017, http://ipc.brookes.ac.uk/publications/Market_Shaping_in_Adult_Social_Care.pdf

11 Bright, C. (June 2015). Assessing social care market and provider sustainability, Part A, a guide for local authorities, accessed Sept. 2017 www.cordisbright.co.uk/news/post.php?s=social-care-market-sustainability

### Shaping provision through advice and information

Generally, people are clear about how to access the health service. Access to care and support services can be more complex: people often enter at a point of frailty and vulnerability and may not have knowledge about social care provision.

To assist people in making choices at this point, the Care Act 2014 set out a clear legal duty on local government to provide information and advice.[12]

There is, however, evidence that information is not always reaching people who buy their own care ('self-funders'), particularly those buying residential care report a feeling of powerlessness.[13]

As it is estimated that 169,000 people are buying personal care at home and that 45 per cent of all care home beds are purchased directly by people who are self-funding, their purchasing choices have implications across the system:

- It is estimated that 25 per cent of self-funders in residential care eventually fall back upon the council to meet their costs. This is estimated to cost councils £1 billion a year, although a survey in 2010 found that 61 per cent of councils had no information about the rate of fall back or costs.[14]
- Information and advice for people purchasing their own care needs may need specific consideration as to how to make that accessible and timely for planning care options eg housing alternatives to residential care.

12 H.M Government. The Care Act 2014, Part 1, s4, accessed Sept 2017, www.legislation.gov.uk/ukpga/2014/23/section/4/enacted

13 Ipsos Mori (August 2017). Care homes: consumer research, accessed Sept 2017 www.ipsos.com/ipsos-mori/en-uk/experiences-finding-and-living-care-homes

14 Carr West, J and Thraves, L. (2011). Independent ageing: council support for self funders, LGIU, accessed Sept 2017 www.lgiu.org.uk/wp-content/uploads/2013/07/Independent-Ageing-2013.pdf

- Although self-funders occupy nearly half of all residential placements, this varies dramatically across different parts of the country and between different providers of care. The recent Competition and Markets Authority report into care homes (November 2017) has also referenced the cross subsidy by people paying for their own care of local authority funded placements[15].

There is some evidence that individual budgets may have a positive impact upon quality of life,[16] suggesting that people using individual budgets and state funding are getting better information allowing them to make choices to support a 'good life'. Analysing what is making such a difference in the experience of those using state money rather than their own, could bring useful insights into how people are receiving and using information to determine outcomes as well as shape markets.

Advice and information is crucial to people being more empowered. Improvements in information are part of supporting people's rights but also a way of influencing market shape. Good data and intelligence across the health and social care commissioning spectrum would support commissioners to have an overview of the whole market and enhance their understanding of its strengths and risks.

15 www.gov.uk/cma-cases/care-homes-market-study

16 In Control (in-control.org.uk) have reported on a number eg Hatton et al. (2008) University of Lancaster Presentation, accessed Sept 2017 www.incontrol.org.uk/media/56583/auditorium%2010.00%20chris%20hatton.ppt

# Annex D:

## Person-centred, place-based and outcomes focused

Recent years have seen a stronger focus on how the experience of people using health and care can be captured in service design, alongside the goal of improving outcomes and access to services.

Domain 2 is based upon the principles and values of this developing approach.

## People at the heart of commissioning

In the last decade, the simple statement, 'I want a life not a service' has come to illustrate a perceived gap between services available and the lived experience of people.[17] A focus on what matters to people is one of the drivers for integrated health and care.

The changing needs of the population are beginning to impact on the way health and care systems work, leading to an increased understanding and desire for 'integrated' working. There is now a far greater recognition that a person with a long-term health condition may need long-term support with their personal care, but also with housing, welfare issues, and in meeting a range of other needs.

NHS England published the National Expansion Plan[18] for personal health budgets and integrated personal commissioning in June 2017. It stresses the importance of a more 'personalised' approach to commissioning, and the benefits of NHS organisations working with local authorities, the voluntary, community and social enterprise sector, including housing partners, to further develop this approach. The plan sets out the background to the development of 'personalisation', and the vision for rolling this approach out further, including the NHS mandate commitment to increase the number of people benefiting from a personal budget.

## A place based approach

Person centred approaches aimed at enhancing the quality of life for an individual work best when accompanied by a clear picture of the assets of communities. People have very personal views about what makes their community. This can be a 'community of interest,' such as a group of people with long term conditions, or a shared hobby, or it can be specific to a specific location.

Place is the vital intersection between health led approaches to populations and the needs for support coming from individuals. Chris Ham and Hugh Alderwick from the King's Fund write that:

"Collaboration through place-based systems of care offers the best opportunity for NHS organisations to tackle the growing challenges they are faced with. It will, however, require organisational leaders to surrender some of their autonomy in pursuit of the greater good of the populations they collectively serve…"[19]

## Building active partnerships with people and communities

In supporting people to live full lives, integration has to run throughout health and care and beyond into a wide range of community-based partnerships.

Twenty years ago, Simon Duffy, a leading figure in personal budgets and social change, argued that personal control is inextricably linked to community capacity:

17 In Control (2015). A life not a service, accessed Sept 2017, http://www.in-control.org.uk/media/175536/guide%20to%20a%20new%20public%20offer%20july%2015.pdf

18 NHS England (June 2017). Personal health budgets and Integrated Personal Commissioning: National Expansion Plan www.england.nhs.uk/publication/national-expansion-plan-for-personal-health-budgets-and-integrated-personal-commissioning/

19 Ham, C. and Alderwick,H. (Nov. 2015). Place-based systems of care: a way forward for the NHS in England. London: The King's Fund www.kingsfund.org.uk/publications/place-based-systems-care

"Where citizens directly control resources, they can ensure that the solutions they identify not only meet their own needs but also increase the ability of themselves and others to contribute to the community."[20]

The Putting People First concordat[21] called for wide developments across communities to underpin personalised services. It set out an agreement to work together between government, the NHS, local government and some key national organisations, including care providers, across four elements:

1. A universal offer of advice and information to improve the basis on which people make choices.
2. A focus upon developing inclusive and supportive communities.
3. Investment in prevention.
4. Introducing choice and control through personal budgets.

This remains a strong framework for getting all the elements of individual choice and control into a place based and personalised service offer.

## Nationally agreed principles and behaviours

An important role played by Think Local Act Personal (TLAP), National Voices, Coalition for Collaborative Care and others, has been to set out clearly the principles on which acting locally and personally should be based.

TLAP have achieved agreement, across health and social care, to a shared commitment and call for action, based on five principles:[22]

| Principle | Key feature |
|---|---|
| **Asset based** | The approach to meeting needs recognises that people and communities bring strengths, knowledge, experience and resources that can be built upon. |
| **Co-produced** | The recognition that everybody has an important contribution to make. Significantly, this includes recognising that better solutions are found when people's lived experience is given equal value with professional expertise. |
| **Social capital** | The quality and range of relationships and networks – 'the glue that holds individuals together as a community' |
| **Inclusive and equitable** | The recognition that all have the right to be heard and to participate in decisions that affect their lives, particularly the most marginalised. |
| **Empowerment** | The development of approaches that see a shift in power from professionals and service structures to the community. |

20 Duffy, S. (1996). Unlocking the Imagination. London: Choice Press. www.centreforwelfarereform.org/uploads/attachment/420/unlocking-the-imagination.pdf

21 The Department of Health and Social Care (Dec 2007). Putting people first: a shared vision and commitment to the transformation of adult social care. London. http://webarchive.nationalarchives.gov.uk/20130104175839/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118

22 TLAP (Nov. 2016). Engaging and Empowering Communities: a shared commitment and call to action, accessed online Sept 2017 https://www.thinklocalactpersonal.org.uk/Latest/Engaging-and-Empowering-Communities-a-shared-commitment-and-call-to-action/

## A strong focus on outcomes for people, communities and the wider population

Designing and agreeing outcomes metrics is hard. Toby Lowe, a researcher in social change with a commitment to new forms of measurement, identifies a set of classic problems facing outcome based performance management systems. He particularly outlines the large range of factors that influence outcomes, reflecting the complexity of people's lives, which are not easy to contain in measures.[23]

The complexity and challenge of outcomes metrics can be helped by the use of national outcomes frameworks. These can give a degree of clarity and they "describe the outcomes but do not prescribe how they should be achieved locally".[24]

National outcomes frameworks are generally stronger when applied to measuring health outcomes for larger populations rather than communities or individuals. The Public Health Outcomes Framework takes a 'holistic' approach to measuring outcomes; to quote the PHE website: "The outcomes reflect a focus not only on how long people live, but on how well they live at all stages of life."[25]

Really understanding people's lives and motivations and developing inclusive empowered communities and people is not a short-term endeavour, and knowing how to measure this across time is complex. Those working in the community sector point to the long-term nature of their work to change communities, the use of the National Voices 'I Statements'[26] as a clear and credible base for measurement in a personalised, outcome based system is strongly recommended.

Commissioners who understand that outcomes are created by the way in which people experience their lives, with care and support from professionals, will build trusting relationships with people to improve understanding of what matters most to them, rather than what matters to the professionals. The emphasis should be on shared learning for improvement. Developing outcomes metrics consistent with the values of co-production is a serious test of the commitment to trying to understand what truly matters to people.

## Conclusion

In Control, who have championed self-directed support highlight a fear that integration creates the danger of bureaucracy, but misses out the person. This can be overcome if we see that:

"Integration is an opportunity…if we are brave enough to treat it as an invitation to create transformative partnerships which give rather than take power from ordinary people, and which celebrate rather than suppress difference and diversity."[27]

23 Burnby, D. (2013). The Toby Lowe Letters: Correspondence between David Burnby and Toby Lowe 2012/13, accessed online http://davidburnby.co.uk/wp-content/uploads/TheTobyLoweLetters_Dec13.pdf

24 Humphries, R. and Wenzel, L. (June 2015). Options for integrated commissioning – beyond Barker. London: The King's Fund. www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Options-integrated-commissioning-Kings-Fund-June-2015_0.pdf

25 www.phoutcomes.info

26 National Voices (2013). A narrative for person- centred coordinated care, accessed Sept 2017 www.nationalvoices.org.uk/publications/our-publications/narrative-person-centred-coordinated-care

27 In Control (2015). A life not a service, p5, accessed Sept 2017 www.incontrol.org.uk/media/175536/guide%20to%20a%20new%20public%20offer%20july%2015.pdf

# Annex E:

## Health and local government working together: the evolving policy landscape

This annex covers the following issues:

- **Definitions** what do we mean by 'commissioning' and 'integration'?
- **The person at the centre**: approaches to 'personalisation' in local government and the NHS.
- **The history and context** to integrated commissioning.

## Definitions

**What do we mean by commissioning?**
'Commissioning' can mean different things to people working in different (or sometimes even the same) parts of the health and care system. To define how the term is employed in this framework, two neutral examples have been used. The first is the Cabinet Office and Commissioning Academy's statement about public sector commissioning:[28]

> "We 'commission' in order to achieve outcomes for our citizens, communities and society as a whole; based on knowing their needs, wants, aspirations and experience."

The second example is designed to help the voluntary sector work with the statutory sector and is based on the well known commissioning cycle model. To quote the article; "The process was originally developed by the Institute of Public Care and has been adopted by Welsh Government, local authorities and the health service".[29]

It describes the main activities of commissioning:

**Analysis**: this stage aims to define the change that is needed by defining the need – the problem that needs solving – and the desired outcome.

**Planning**: involves designing a range of options that will work to address the issues identified against the desired outcome.

**Securing services**: is the process of funding the option or range of options agreed to deliver the defined outcome via an agreed funding method – grant funding, contracting, etc.

**Reviewing**: entails evaluating the chosen option(s) to see what has worked well and what can be improved further.

It also shows how those components relate to one another, often (though not always) in a sequence or 'cycle' – this is the classic 'commissioning cycle', although which many different versions exist:


28 Source: LGA website 'Integrated commissioning and provision-definitions' www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/integration-and-better-care-fund/better-care-fund/integration-resource-library/integrated-commissioning-and-provision

29 Cardiff Third Sector Council 'Commissioning-what is commissioning?' November 2011 www.c3sc.org.uk/support/funding/commissioning

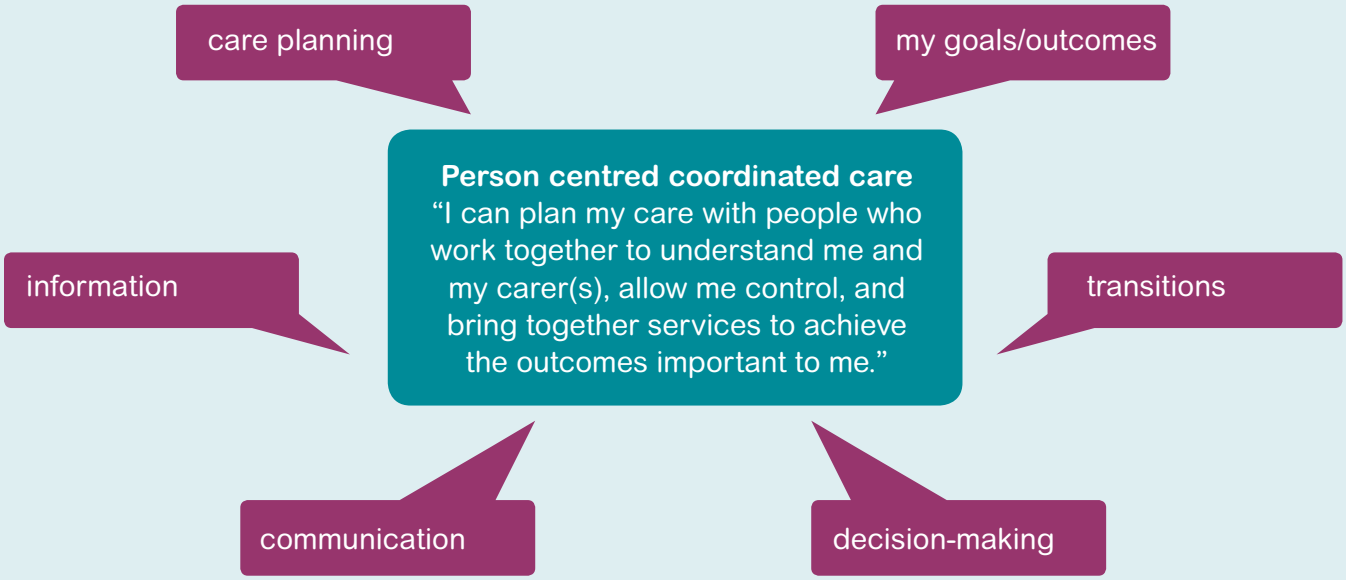
The Cabinet Office/Commissioning Academy example deliberately focuses on the purpose of commissioning: how it adds value to people, places and the wider population. The second example is about the activities that need to be undertaken, and how they interrelate.

The second example is focused on the commissioning of health and care services per se, but there is now an emerging debate about whether effective health and care commissioning should also encompass other areas which are determinants for health and wellbeing. This might include preventative measures to tackle environmental factors, or housing support and economic regeneration to address the underlying causes of poor health and health inequalities.

This framework is therefore intended to help local government and the NHS to work in an integrated way to improve outcomes across the widest definition of commissioning.

**What do we mean by integration?**
Like 'commissioning,' 'integration' is a concept with many meanings. Section 75 of the National Health Service Act 2006 (as amended), a legislative cornerstone for joint-working between the NHS and local government, is focused on the integration of planning, and of service provision, but also enables the integration of commissioning functions which are health related from a local authority perspective, and prescribed by regulations from an NHS perspective. Much of the debate in the run-up to the passage of the Health and Social Care Bill (2011) concerned bringing local councils and NHS commissioning organisations together to act in a more concerted way. In the NHS, much of the current discussion about integration relates to the bringing together of NHS provider organisations (eg provider chains), and of bringing commissioners and providers into closer working arrangements. This framework deliberately focusses on integrated commissioning.

**Overarching summary – service user perspective**



Fortunately, there is also now a recognised set of definitions which remind us that integration is first and foremost about the outcomes and experience of individuals who receive support and care, not about the organisational arrangements that need to be wrapped around those personal experiences and outcomes. A beneficial outcome of the debate surrounding the Health and Social Care Bill 2011 was the co-production of a set of definitions of 'integration' which are framed from the perspective of the person: the 'I' statements. These definitions were developed by people with experience of NHS and local government services, including people with experience of both, in a process coordinated by National Voices and Think Local Act Personal (TLAP).

The 'I' statements help to bring everyone back to their common purpose: improving the lives of the people that they support together. But at the same time, it is recognised that integrated, seamless provision is not yet a reality for many citizens, and that the process of integration can be challenging.[30]

## The evolving policy landscape for integrated commissioning

**National policy and legislation**

Current national policy is highly supportive of integrated commissioning, yet this can be a challenge to achieve within the current financial climate. There is a long history of policy and legislation designed to enable integration to take place, in respect of both provision and commissioning. The history, current context, and future direction for integration are set out in detail in the 2017-19 Integration and Better Care Fund Policy Framework published in March 2017.[31]

The framework asks areas to come up with plans to achieve further integration, though it is up to local areas to determine the specific approach. What matters is that there is locally agreed clarity on the approach and the geographic footprint which will be the focus of integration.

**The impact of the NHS Five Year Forward View**

In addition to legislation and government policy, the NHS arms-length bodies (ALBs) have published their vision for the future direction of health services in England. The NHS Five Year Forward View (2014) stated that:

"Across England, commissioners and providers across the NHS and local government need to work closely together – to improve the health and wellbeing of their local population and make best use of available funding. Services that are planned and provided by local government, including housing, leisure and transport as well as public health and social care, impact on the health and wellbeing of local people."[32]

A key component of the implementation of the NHS Five Year Forward View, the New Care Models (NCM) Programme, has aimed to turn this objective into a reality.

The Five Year Forward View also gave added weight to the policy aim of increasing the influence of individual patients over their own care through personalised commissioning, including personal budgets.

30 National Voices, Think Local Act Personal (May 2013). A narrative for person-centred coordinated care www.england.nhs.uk/wp-content/uploads/2013/05/nv-narrative-cc.pdf

31 Integration and Better Care Fund Policy Framework 2017-19 Department of Health and Department for Communities and Local Government, March 2017 www.gov.uk/government/publications/integration-and-better-care-fund-policy-framework-2017-to-2019

32 NHS England website: NHS Five Year Forward View summary Oct 2014 https://www.england.nhs.uk/five-year-forward-view/next-steps-on-the-nhs-five-year-forward-view/integrating-care-locally/

**Integration and the NHS New Care Models**

- **Multispeciality community providers** integrating the various strands of community services such as GPs, community nursing, mental health and social care, moving specialist care out of hospitals into the community
- **'Enhanced health in care homes'** offering older people better, joined up health, care and rehabilitation services.

The national NHS Planning Guidance published in December 2015[33] set out a new requirement for the health and care system to form and work as sustainability and transformation plan footprints or STPs (now 'sustainability and transformation partnerships'). 44 STPs were created across England, and the local health and care systems were tasked with taking a place-based, holistic approach to the commissioning and provision of health and care services. This means a truly integrated approach, necessitating partners to think and act beyond their organisation boundaries in the planning and spending of the health and social care public pound.

'The Next Steps of the NHS Five Year Forward View' in March 2017 announced that some STPs would develop into Accountable Care Systems, subsequently renamed Integrated Care Systems. Ten ICS areas have been announced as part of a national programme, with the updated NHS planning guidance in February 2018 stating that other areas will become ICSs as and when they demonstrate strong leadership and financial management, a track record of delivery in conjunction with compelling plans to integrate, and a coherent and defined population.

In these developments, many CCGs are working closely with their providers, and are developing into leaner, more strategic bodies which will see some of the commissioning activities formally carried out by CCGs move into new integrated care providers which may look after the health and wellbeing needs of a certain population, providing some services itself, subcontracting with other providers to deliver some services. It is important to remember however that there are other ways of joining up and integrating commissioning.

**Integrated Care Partnerships (ICPs): a new type of integration**

- Population-based care model based on the GP registered list.
- "A greater focus on prevention and integrated community-based care, and less reliance on hospital care."
  (Source: NHS England New Care Models)

**Types of ICP:**

- Primary and acute care organisations (PACS) can potentially include:
  - hospital (acute) services
  - community Services
  - mental health services
  - primary care services
  - social care services.
- Multi-speciality community providers include:
  - primary care services
  - community services
  - social care services
  - mental health services.

33 NHS ALBs (Dec 2015). Delivering the NHS Forward View National Planning Guidance 2016/17-2020/21 www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf

## Integration and the role of the regulators

One other aspect of the 'policy landscape' are the regulatory and performance management systems. Despite the emphasis in the Health and Social Care Act on integration, the statutory responsibilities of the CQC, and of NHS England, the Trust Development Authority and Monitor (now joined together as NHS Improvement), remain focused on reporting on an organisational rather than system basis.

This is beginning to be flexed, particularly in the case of the CQC which is currently undertaking reviews, commissioned by DHSC and MHCLG, focused on how people are moving between health and care services in a local area. CQC has already piloted an approach to reviewing the quality of care in a place, rather than in an organisation, and has published several prototype reports on this work including on North Lincolnshire and Salford.[34] It further seeks to take a system perspective in its themed reviews on services such as child and adolescent mental health services (CAMHS).

In addition to its regulatory role in adult social care, CQC also hold a role in market oversight of the largest providers, maintaining an overview of their financial sustainability.

34 The quality of care in North Lincolnshire Care Quality Commission prototype report (February 2016) and The quality of care in Salford prototype report (May 2016)
www.cqc.org.uk/sites/default/files/20160203_north_lincs_main_report_final_v2.pdf
www.cqc.org.uk/sites/default/files/20160520_salford_main_report_final.pdf

# Annex F

## Glossary

**Accountable care organisations (ACOs)**
If following consultation, NHS England choose to introduce the ACO contract, an ACO will simply be an organisation holding an ACO contract. Properly defined, 'ACO' is the term used to describe a provider of health care services which enter into an ACO contract with a commissioner of such services, usually a local CCG, under which that provider organisation would provide a significant proportion of the necessary health services for a defined population to that population in return for a set amount of funding. Please note that ACOs are just one vehicle for integration. There are other ways of joining up and integrating commissioning.

**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. It is means tested and people may have to contribute to the cost of their care and support

**ADASS**
Association of Directors of Adult Social Services
www.adass.org.uk/home

**ASCOF**
Adult Social Care Outcomes Framework sets out the indicators for measuring adult social care outcomes.
https://digital.nhs.uk/catalogue/PUB30122

**Asset-based approach**
Taking an asset-based approach involves assessing the resources, skills and experiences available in a community, and organising the community around those issues that move its members into action. It empowers the people of the community by encouraging them to utilise what they already possess.

**Better Care Fund**
The Better Care Fund (BCF) is one of the most ambitious programmes across the NHS and local government to date. It creates a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their wellbeing as the focus of health and care services. Shifting resources into social care and community services for the benefit of the people, communities and health and care systems.

**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.

**Co-production**
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 co-production, 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. Many CCGs now also commission primary 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 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:

- 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 (HWBs)**
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 or the police).

**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 CQC, which has the power to make changes. There is a local Healthwatch in every local authority area.

**Housing Associations**
Housing associations in England are independent societies, bodies of trustees or companies established for the purpose of providing low-cost social housing for people in housing need on a non-profit-making basis.

**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 around – individuals expected to fit into the needs and requirements of individual services).

**Integrated Care Partnership (ICP)**
An ICP is an alliance of NHS providers that work together to deliver care by agreeing to collaborate rather than compete (whilst observing the legal requirements of the 2012 Act). Sometimes commissioners of both health and social care services work closely with the providers to plan and execute integrated care pathways for their populations.

**Integrated Care System (ICS)**
ICSs have evolved from Sustainability and Transformation Partnerships (STPs), and were previously known as 'accountable care systems.' Lacking a statutory basis, they are depend on the voluntary commitment and action of their constituent member – NHS providers and commissioners and local authorities – to work in partnership to improve the health and care of their populations, and to provide effective system leadership.

**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.

**Institute of Public Care (IPC)**
The Institute of Public Care is based at Oxford Brookes University and offers consultancy, applied research and evaluation, skills development and system design to the care sector across the UK. http://ipc.brookes.ac.uk

**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 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 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.
www.local.gov.uk

**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 authorities work 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 Minimum Dataset for Social Care (NMDS-SC)**
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.
www.nmds-sc-online.org.uk/default.aspx

**National Audit Office (NAO)**
The NAO scrutinises public spending for Parliament.
www.nao.org.uk

**National Institute for Health and Care Excellence (NICE)**
NICE provides national guidance and advice to improve health and social care.
www.nice.org.uk

**National Voices**
A coalition of health and social care charities in England, formed in 2008. It has more than 150 organisations in membership, representing a diverse range of health conditions. It plays a prominent role in representing patients and service users with national policy makers. www.nationalvoices.org.uk

**NHS Clinical Commissioners (NHSCC)**
An independent membership organisation of CCGs in England which collectively represents CCGs in national debate and policy making.

**NHS England**
An executive non-departmental public body of the Department of Health and Social Care. It oversees the budget,planning, delivery and day-to-day operation of the commissioning side of the NHS in England, as set out in the Health and Social Care Act 2012.

**NHS Improvement**
Created in April 2016, NHS Improvement is the operational name for the organisation that brings together Monitor, the NHS Trust Development Authority, Patient Safety, and National Reporting and Learning System. It is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care.

**NHS Mandate**
The Health and Social Care Act 2012 established NHS England (under its legal name the NHS Commissioning Board) and states that the Secretary of State for Health and Social Care is to annually publish the NHS Mandate which specifies the objectives for the NHS that year. NHS Regulations are published each year to give legal force to the Mandate.

**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 on 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 councillors to shape, question, evaluate and challenge the local authority policies, decisions and performance.

**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. www.in-control.org.uk/what-we-do/poet-%C2%A9-personal-outcomes-evaluation-tool.aspx

**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 their 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. Public Health England (PHE) is an executive agency of the Department of Health and Social Care, and a distinct organisation with operational autonomy. PHE provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific expertise and support. Broadly speaking, the Health and Social Care Act 2012 gave responsibility for health protection to the Secretary of State for Health and Social Care and health improvement to upper tier and unitary local authorities.

The Secretary of State also delegated some health protection functions to local authorities. Local authorities maintained responsibility for their existing health protection functions, many of which are exercised by lower tier and unitary authorities.

**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.
www.scie.org.uk

**Sector-led improvement**
This is where adult social care organisations take responsibility for improving what they do, 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.

**Social Capital**
The web of co-operative relationships between citizens that facilitate resolution of collective action problems. 'Social capital' can also mean the ability of individuals to secure benefits by virtue of membership in social networks and other social structures.

**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.
www.thinklocalactpersonal.org.uk/

**Voluntary/community 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, 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.

**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**
Many 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.

# Annex G

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