A Framework for Commissioning: Model Guidance

A Resource for Local Authorities

Context

This paper is one in a series from In Control. It is intended to provide local authorities with a model, which they can use as an aide for managers and staff in the writing of policies and procedures, in this case of commissioning plans. This material is open-source and can be borrowed or adapted as desired. We ask that In Control is informed and credited when this happens.

Local circumstances and priorities differ. This means that we are unable here to provide detailed guidance that is applicable universally: instead we provide what we believe to be an appropriate basis for guidance, which we will supplement with suitable local examples as these become available.

This paper draws on a variety of sources and a range of experience, particularly since the development and testing of the seven-step model of Self-Directed Support from 2003. It aims to complement – rather than duplicate or replace – the helpful documentation that is already available, particularly the DH Personalisation Toolkit paper, Commissioning for Personalisation, A Framework for Local Commissioners, and the subsequent papers from the Personalisation Team.¹

Not all recent publications on commissioning take a similarly positive view of the capacities of citizens and communities to design, manage and decide things for themselves and with this fact in mind this resource seeks to assist local authority commissioners in determining what it is that they might do - and where they might turn for further detailed help – to play their part in progressing the personalisation agenda.

Terminology and Usage

The term commissioning is widely used – and means different things to different people.

Commissioning for Personalisation adapts a CSCI definition from 2006:

“Working together with citizens and providers to support individuals to translate their aspirations into timely and quality services which meet their needs, enable choice and control, are cost effective and support the whole community.”

Sometimes people who support personalisation and Self-Directed Support are hostile to commissioning because they understand it to mean that control sits with someone other than the citizen at the centre. This is not the way In Control uses the term.²

The DH Toolkit proposes that we adopt a multi-level approach, as follows:

¹ See the DH Personalisation network at www.dhcarenetworks.org.uk/Personalisation/ See in Particular: Contracting for Personalised Outcomes which makes it clear what is and is not “personalised commissioning.”
² See for example the paper, Commissioners and Providers Together, the Citizen at the Centre, available on the In Control website, at www.in-control.org.uk This paper was produced in 2007.
Strategic commissioning is area-wide and regional level joint commissioning, that is driven by the requirements of personal budget holders and people who self fund their care and the wider population.

Operational commissioning is locality based, and provides support to citizens commissioning, for example, in gaining a more personalised response from universal service in their area or coordination of targeted services that lie outside of their personal budget.

Citizens commissioning is citizens directing their own support using personal and individual budgets or via self-funding.

Importantly all three levels of commissioning in this definition are “multi-sector,” that is to say it is part of a broad approach to creating stronger communities, and it include both universal services, (those that are available to everyone regardless of “eligibility”) and targeted services (services such as most health and social care services, where people need to pass a pre-defined eligibility test.)

Underlying this approach to commissioning is what Clive Miller refers to as a continuum of co-production, which stretches from “fully serviced” support, reliant upon the resources of organisations; through “equal co-production” between citizen and organisation; to “self-help” where citizens make use of family, friends and other community resources but not formal organisations.

This approach is premised upon people making best use of their individual capacities and social capital, in order to learn, grow and make community connections.

The term personalisation is used here to indicate the broad government agenda to create the conditions for a more individually tailored approach to meeting people’s need across all aspects of life. Self-Directed Support is the operating system which does this in social care.

Policy Environment

Government policy now requires Local Authorities to adopt an approach of this nature. This is set out in a number of recent documents, specifically:

1. Putting People First concordat and subsequent programme guidance, (Department of Health, 2007). Putting People First proposes a model of commissioning which “incentivises and stimulates quality provision...and maximum choice and control.” The subsequent Personalisation Toolkit, and especially Commissioning for Personalisation specify this further.

2. Transforming Social Care, Local Authority Circular, (Department of Health, 2008) requires that by 2011 Local Authorities will have commissioning strategies that “maximise choice and control for people, and maximise investment in prevention, early intervention/re-ablement and intensive care and support for those with high-level complex needs.”

Very importantly, this policy context extends beyond health and social care, so:

3. An Action Plan for Empowerment, Building on Success (Department of Communities and Local Government, 2007) states that citizens should now be involved in the design and

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3 These distinctions and much of the other work in this paper draws on the work of Clive Miller at OPM.
delivery of services in order to “develop and promote cohesion, community empowerment and active citizenship.”  

Building A Local Authority Framework for Commissioning

It is suggested that local authorities adopt a framework for the production of their commissioning plans which draws upon the principles articulated above. These plans will need to be informed by a number of additional specific factors, including:

♦ The important dual role that Local Authorities have in place shaping and community leadership, important levers in the commissioning process.

♦ The need for an organic and dynamic relationship between commissioning plans across the age-range. It is particularly important that plans for adults have such a relationship with the Children and Young People’s Plan, and that this relationship is an active and on-going one that extends into the operational delivery phase.

♦ Joint Strategic Needs Analysis and other demographic, socio-economic and public health considerations.

♦ Pre-existing local policies, plans and patterns of services.

♦ The expectations of other statutory stakeholders.

♦ The views of local citizens and their representatives as expressed through the political process, and through formal bodies such as LINks, and through the newer approaches to participation including deliberative forums, citizens’ summits and citizens juries.

There are a number of more specific tools developed to support the personalisation of health and social care, and Authorities should make use of these to provide information about the expectations of citizens. These approaches (which we might call citizen-market intelligence tools) include:

♦ Shop4Support, a developing web-based technology, to enable Individual Budget users to access information about and purchase local support services. Commissioners can use reports from this system to determine how they should influence the market.

♦ Shaping the Future Together, a tool to collate information from assessments and reviews to assist commissioners. This was originally designed specifically for and has been used successfully in services for people with learning difficulties.

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4 See also the CLG 2008, White Paper, Communities in Control: Real People, Real Power, www.communities.gov.uk/

5 There are of course many other government documents which reflect the same direction of travel: eg Choosing Health from the DH, Every Child Matters and Aiming High for Disabled Children from DCSF and Strong and Prosperous Communities from DCLG
Working Together for Change, a new tool available on the DH website to draw on person-centred information to shape commissioning plans. This centres on a process to engage with groups of local people, establish and clarify what they say their needs are and analyse the data for commissioning purposes.

Drawing on the information produced by the above tools and technologies it is proposed that local authorities develop commissioning plans using the model framework in the annex below. The process which they use to do this is not specified in detail, but clearly it should reflect the principles of co-production. No judgements are made here about how Authorities might or might not produce plans for specific groups of citizens (people with mental health issues, people with learning difficulties etc): clearly people at different points in the life-cycle (children, working-age, older people) have different requirements, and other pragmatic considerations may apply. Nevertheless, the underlying philosophy must be one of equal citizenship regardless of label, and this should be indicated as the direction of travel. As stated above, if a series of plans is produced then it is imperative that an effective process is in place whereby the plans are developed and implemented together and not separately.

It is critical that commissioners involve and work with local providers in this process, in a manner which respects their expertise and builds upon the fruits of their day-to-day contact with people who use services. This applies particularly to those providers who signal a desire to break new ground and develop more personalised services: in many places providers have led the way, and it is important that commissioners are seen to be responsive and appreciative of their work.

Note that this framework does not attempt to encapsulate everything that an authority needs to do to make a success of personalisation: In Control sets out a comprehensive overview elsewhere as the “jigsaw framework for change,” and demonstrates a route map through the “critical path to total transformation” (see the In Control website for further details). The framework for commissioning has a specific role: to ensure that strategic and operational commissioning arrangements are supportive of citizen commissioning, and in doing this to ensure that the Local Authorities financial resources are made available to citizens.
Annex: A Model Framework for Commissioning

♦ Introduction: Purpose of the Commissioning Framework

○ Who is this Framework for?
  - Which groups? Inclusions and exclusions. Emphasise responsibilities of LA as community leader and place shaper as well as commissioner of support services for specific groups.

○ What is this framework for?
  - What it is trying to achieve over what time period, broad context?

○ Why do we need to make radical changes?
  - What was wrong with old style commissioning? The challenge of personalisation; the current policy environment.

○ What are our principles?
  - A Statement of values.
  - What we understand by commissioning: strategic commissioning and operational commissioning as essential to create the conditions for citizens’ commissioning.

♦ Section One: The Approach to Commissioning for Personalisation

○ People

  • Our approach to date to co-produce personalisation with local citizens, the structures and tools used, and what people have said about services and what needs to change. Outcomes for citizens.
  • How we will now build on and change this. Any specifics needed to support people, eg advocacy services or capacity building with user led organisation.
  • How we propose to amplify the social capital that individuals, groups and communities bring with them: how we identify exactly what this comprises in specific locations, and how we help all concerned to make best use of this.

○ Money

  • Financial challenges, and measures taken to date to address these. How money is used now to procure support services, and the extent to which citizens have control. Block and framework contracts. Commitments - how the total commissioning budget is structured, divided between social local authority departments and social care groups. History of Direct Payments.
• How we will now build on this. Changes to procurement processes. Flexible procurement and contracting processes. Development of framework contracts. Discussions with providers; advice and assistance for providers in workforce development. Individual Service Funds. Conversion of Direct Payments to Individual Budgets. Access to new contracting arrangements by self-funders. Costing of in-house services and how these will be offered to IB users. Financial implications of widening the net to include mainstream and universal providers.

o Partnerships

• Governance arrangements and partnerships with other agencies, particularly commissioners of housing and health care and with service providers. Relationships with providers of universal services. How all of these partnerships and relationships will be used to further personalisation. Any revised or new structures needed. New partnerships needed, particularly with providers of universal services.

♦ Section Two: Numbers of People, Funds Available and Progress

o How many people are there and what do they need?

• Information from JSNA and elsewhere about demography and public health, by locality/ward. Information from citizen-market intelligence tools such as Shop4Support, Shaping the Future Together, Working Together for Change or similar, about specific aspirations of citizens requiring social care support. Information and views of partner agencies, statutory, Third Sector and user-led.

o How much money is available?

• Current budgets. Pressures and likely future budgets.

o What is happening now?

• How the money is currently used, and how successful it is in meeting stated needs. Recent service developments, commissioning and de-commissioning.

♦ Section Three: How We will use money now to meet stated needs over coming three years

o Description of how money will now be allocated to different budget heads, headline sums that will be available for IBs, ISFs, in-house services, services to support citizens to manage IBs, infrastructure costs, funds for mainstream and universal services, preventive services such as re-ablement. Emphasis on maximizing money going into IBs.

o Spreadsheet setting out how these allocations will change over three years
Strategic and Operational Commissioning, the supports for citizens’ commissioning

- **Strategic Commissioning: Development plans for the next three years**

  Brief description of plans to develop and improve key services that individuals might use or purchase with their budgets.

  1. Prevention and Re-ablement
  2. Housing and Support
  3. Real Jobs
  4. Micro-providers
  5. Education and leisure
  6. Workforce Planning
  7. Community capacity
  8. Health promotion
  9. Support for Families
  10. Support for Children and Young People in Transition
  11. Support for care leavers
  12. Work with the commercial/retail sectors
  13. Transport

- **Operational commissioning**

  Plans for support services for citizens over the next three years, including:

  1. Information about the SDS process and local services
  2. Assessment
  3. Support planning services
  4. Support to manage IBs, including tax, payroll etc
  5. Advocacy services
  6. Personalisation of practice in those services that people will not be expected to purchase using personal budgets.

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6 These are suggestions only – specifics will vary. For background to what In Control understands by “key supports” see [www.in-control.org.uk](http://www.in-control.org.uk)
How this Framework will be monitored, evaluated and reviewed

- How we will capture information about outcomes,
- The response to self-funders
- Accountability to local citizens.
- When it will be reviewed.

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