Commissioning differently

Discussion material

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IMPACT
Improving Adult Care Together

The Health Foundation

UKRI Economic and Social Research Council

How you can use this discussion material

Before our first session, we'd like everyone to read this document which summarises the evidence from research, practice and lived experience about **commissioning adult social care**, with a particular focus on **challenges** or **'thorny issues'** like financial and workforce pressures, and privatisation. The aim of this material is to spark discussions in your Local Networks about your experiences and ideas for change.

This material explores the **commissioning of adult social care across the four UK nations**. It provides an overview of what commissioning is, why it is important and how it is changing. It highlights the need for **more collaborative and user-centred approaches** that prioritise personalisation and outcome-based models, whilst addressing persistent issues like workforce sustainability and financial constraints. The material also highlights the **impact of privatisation and financialisation** on care quality and the **importance of co-production** in creating inclusive, effective social care systems. The material discusses the shift away **from traditional approaches towards more innovative, flexible, and responsive commissioning strategies** that meet the diverse needs of the people who draw on support from adult social care.

What is commissioning?

Commissioning in adult social care is an important process that differs according to each UK nation. It involves a **continuous cycle** where Local Authorities/Councils/Trusts (depending on the UK nation) assess the needs of their local communities, decide what services are needed, and then design, deliver, monitor, and evaluate these services to ensure they achieve the desired results. The aim is to use all available resources to **improve people's independence and wellbeing,** especially those who need care and support.

Commissioning is **different from procurement,** which specifically involves obtaining services through competitive tendering. While procurement is part of the commissioning process, commissioning itself is broader. It includes **planning, developing, and managing services** across various providers, such as charities, social enterprises, and private companies.

Over the past twenty years, there has been a significant change in how adult social care services are delivered. Local Authorities/Councils/Trusts have increasingly moved away from directly managing these services. Instead, they often **commission external organisations** to provide care. Additionally, the move towards **personalisation** in social care has given individuals more **choice and control** over their care, often through personal budgets or direct payments, allowing them to customise services to their specific needs (Care Learning, n.d.; Think Local Act Personal, n.d.; Think Local Act Personal, 2015).

Evolution of commissioning in health and social care: The UK landscape and context

Devolution is about how parliaments and governments make decisions. In the UK it means that there are separate legislatures and executives in Scotland, Wales and Northern Ireland. Since political devolution in 1999, there has been increasing policy divergences between the social care systems and how they are commissioned across the four UK nations of the United Kingdom (UK) (See Box 1).

Box 1: Social care commissioning across the four UK nations

England: 152 Local Authorities assess people's needs for adult social care and fund care for those who meet the needs and financial criterias Funding comes from central government grants, local revenue (council tax, social care precept, business rates), and transfers from the NHS via the Better Care Fund. The Care Act 2014 sets a national eligibility threshold, but Local Authorities can provide services beyond this threshold. Recent changes include additional funding via the social care grant and greater revenue-raising powers for Local Authorities.

Wales: Funded through a block grant from the UK government and Local Authorities receive additional grants from the Welsh Assembly and local revenue, but the social care precept does not apply. A social care precept is an additional amount added to council tax bills to help pay for adult social care services. Care and support plans must be consistent across Wales, with seven regional partnership boards encouraging integration with the health sector. A national office and framework for commissioning were proposed in 2021 to strengthen regional partnerships.

Scotland: Funded through a block grant distributed by the UK government and supplemented by local taxes and NHS Scotland funding. Health and social care are integrated under the Public Bodies (Joint Working) (Scotland) Act 2014, with 31 health and social care partnerships managing services. Each Local Authority sets its own eligibility criteria, which must align with a national framework. Plans are underway to introduce a National Care Service by 2026, shifting responsibility from Local Authorities to Scottish ministers.

Northern Ireland: Social care is fully integrated with healthcare under five health and social care Trusts, funded by the Northern Ireland Executive through the Department of Health. The Strategic Planning and Performance Group oversees the planning and delivery of services regionally. The Northern Ireland single assessment tool ensures consistent assessment across trusts, with trusts having discretion over service provision based on need.

The Commissioning Cycle

Adult social care commissioning in the UK is a vital process that varies across Local Authorities/Councils/Trusts, adapting to the changing needs of their populations. There are key elements of the cycle (Wenzel et al., 2023 for the Kings Fund; The Access Group, n.d.; Care Cubed, n.d.), and is sometimes summarised as **'Analyse, Plan, Do, Review'** (LGA, 2011).

Step 1- Assessment and Identification of Needs*:* The process begins with a thorough assessment of community needs. This involves collecting data, consulting stakeholders, and conducting individual assessments to understand specific support requirements. The aim is to ensure that services are effectively targeted to meet the community's needs. **Strategic Planning and Setting Priorities:** Following the needs assessment, authorities engage in strategic planning. This involves developing strategies for organising, delivering, and funding social care services, considering factors such as demographic trends, budget, legal obligations, and stakeholder input. The objective is to allocate resources efficiently to meet identified needs.

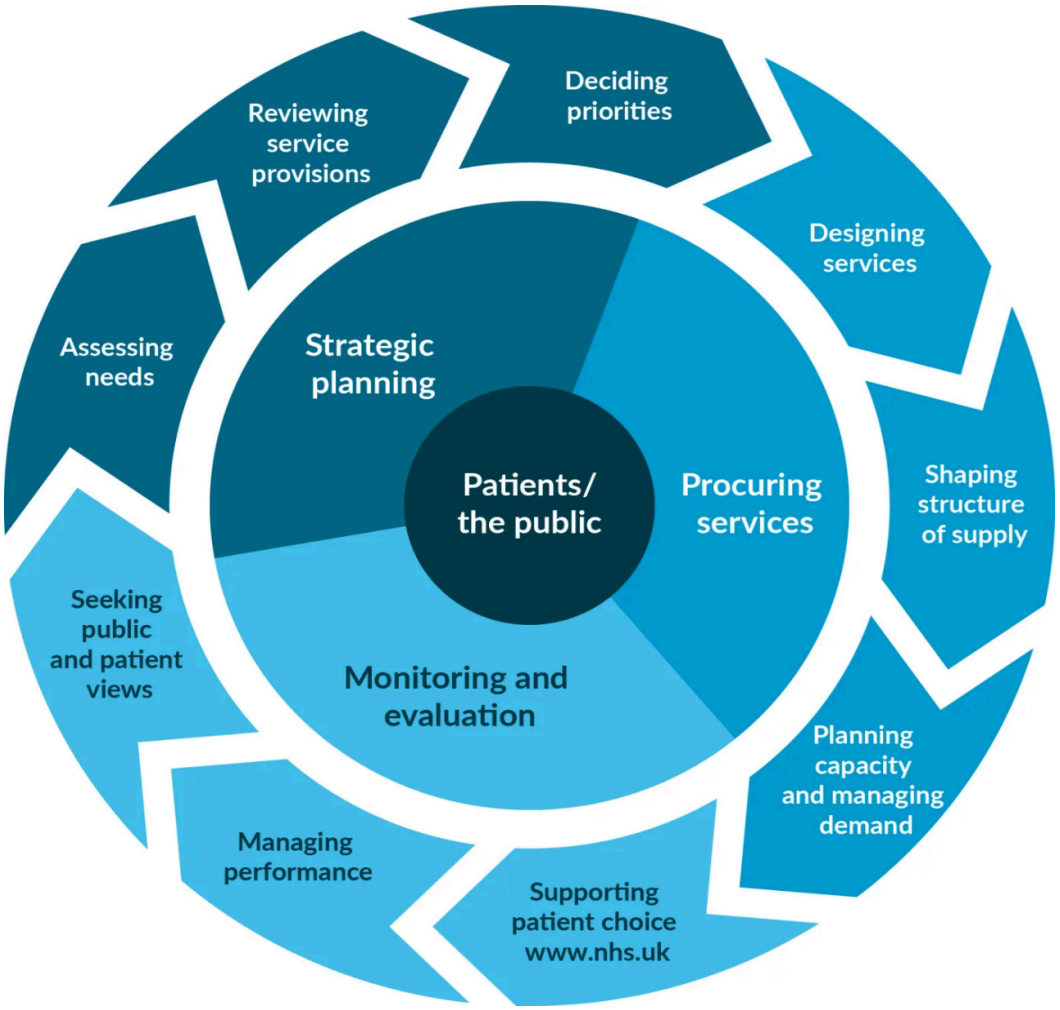
Step 2- Designing and Procuring Service: Once strategic plans are in place, procurement begins to secure necessary services. This involves designing the service specification, issuing tenders, evaluating bids, and negotiating contracts with service providers. The focus is on ensuring transparency, fostering competition, and achieving value for money while maintaining a high quality of service.

Step 3- Service Delivery and Monitoring: After commissioning, services are delivered in the community. Authorities closely monitor these services to ensure they meet agreed standards and performance targets, using inspections, performance reviews, and feedback to maintain quality and encourage improvements.

Step 4- Evaluation and Review: Social care commissioning is not a one off event, it includes regular evaluation and review. Authorities gather feedback from people using the services and other perspectives to assess how effective they are. Based on this feedback, strategies are adjusted to meet the changing needs of the population.

The aim of this cycle is to ensure high-quality care, efficient resource allocation, and offer services tailored to community needs. Each stage requires ongoing review and adaptation to effectively respond to changes in the legislation, funding, and community needs. (Wenzel et al., 2023 for the Kings Fund; The Access Group, n.d.; CareCubed, n.d.). The Figure below outlines this cycle in relation to the NHS, but the principles also apply to adult social care.

Figure 1: The Commissioning Cycle in the NHS



Source: Wenzel et al., (2023) for the Kings Fund.

Commissioning Challenges

Commissioning can be challenging for commissioners; Local Authorities/Councils/Trusts are responsible for ensuring an adequate supply of services, and moving towards outcome-based care that prioritises the needs and preferences of people using services over the traditional 'time and task-focused' models of care delivery.

The commissioning process requires regular changes to meet the needs of their communities. Commissioners frequently need to adapt their approaches to **meet evolving needs and changing policies**. While the relationships between commissioners and providers of services are generally transactional, focusing on contractual obligations, there

are instances where more collaborative partnerships have been developed. These collaborative models, although not widespread, are recognised as being more effective in delivering personalised care. A significant challenge for commissioners is **balancing the need for strict contract management** with the advantages of a **more flexible, trust-based approach to working with providers**.

Market shaping is another critical responsibility for commissioners, who oversee the broader market, including services for people who fund their own care and those receiving direct payments.

Workforce issues, such as the recruitment and retention of care workers, persist as major problems, with issues including low pay, poor working conditions, and when commissioning takes a "time and task" approach. Despite the difficulties, there is a growing recognition of the importance of moving away from purely transactional relationships towards more collaborative, outcome-focused partnerships with providers to improve the quality of home care services (Davies et al., 2021).

Budget constraints and policy changes, which lead to inconsistent commissioning practices and regional disparities in care quality. Research by Rubery et al. (2013) reveals a tension between the need to reduce costs and maintaining high-quality care, noting that cost-driven approaches often result in lower user satisfaction. Despite some efforts by Local Authorities to improve care by offering higher fees or setting quality standards, many independent providers remain unresponsive due to budgetary pressures.

Privatisation and financialisation of social care has also impacted on the commissioning process because it has shifted from Local Authorities/Councils/Trusts directly providing or commissioning services from not-for-profit providers, to a system where private companies driven by market trends deliver a significant proportion of care services (Bayliss and Gideon, 2020). This has led to a process of **'competitive tendering' (bidding against each other)** that, according to Duffy (2017) has resulted in:

1. **Lowering costs by cutting frontline staff salaries**
2. **Increased compliance and reduced advocacy** – in the past, Non-Governmental Organisations (NGOs) acted as advocates for people and for important causes; however today their independence has been eroded. They are very reliant on government funding and they can lose funding very quickly.
3. **Toxic culture of mistrust and regulation** – the financial, bureaucratic and transactional focus of tendering damages the quality of relationships within and between organisations.
4. **The death of creativity** – before the era of competitive tendering most innovative work was carried out in the NGO sector and it was common for NGOs to cooperate with each other and with the government. Today's NGOs now compete with each other for work and fear cooperation.

Whilst the shift to privatisation was justified by delivering efficiency, profitability, and cost-containment, Bayliss and Gideon (2020) argue that these priorities can be in tension with care quality and the wellbeing of people receiving care. Additionally, Duffy (2017) noted that there is limited evidence that 'competitive tendering' has led to better outcomes for social care.

Financialisation has further complicated the social care landscape, with **private equity firms and other financial entities entering the market,** introducing complex financial mechanisms aimed at profit extraction. These include high rents and detailed financial arrangements that benefit shareholders but put strain on them and create financial instability in the care sector, an example of this is the collapse of major providers like Southern Cross. As a result, Bayliss and Gideon (2020) argue care workers, predominantly female and from minority ethnic backgrounds, are often **underpaid, overworked, and undervalued**.

What do we mean by 'commissioning differently'?

There is not an official definition of 'commissioning differently'. Looking at the evidence, it sometimes includes a shift from 'using money to meet needs' to 'finding interventions that can help achieve outcomes' (see **Box 2**) (Public Transformation Academy, 2019). There has also been a shift in some contexts from a deficit-based approach, which is aimed at 'fixing problems' to a more strength-based approach that looks at maximising the existing resources in the community. Within this new direction, there has been the increased **involvement of people with lived experience** and the wider community in commissioning processes. There is a general acknowledgement that there is **no one way of commissioning,** but it should instead be tailored to context.

Policies across the four UK nations are beginning to explore how services can be commissioned differently. The Social Services and Wellbeing (Wales) Act 2014, for example, has included **co-production** as a key element for planning public services (Care Council for Wales, 2017). National policy in England is supporting the importance of **collaboration within local health and care systems,** with initiatives such as the care models programme and integrated care systems - local partnerships that bring health and care organisations together to develop shared plans and joined-up services (ICSs) (Roberts and Ewbank, 2020). Similarly, in Scotland, the Adult Review of Social Care of 2021 sets out the vision of moving from a commissioning model that is based on purchasing services for people who qualify for support under strict eligibility criteria, to a **model that is more based on local needs** (Ihub, 2023).

Box 2: Good commissioning is outcome focused?

According to the Commissioning Support Programme (2021), all commissioning activities should be aimed at **improving specific outcomes** for children, young

people, and their families. This involves setting clear goals, using evidence-based practices, and continuously evaluating the impact of services to ensure that desired outcomes are achieved. It should also be collaborative and inclusive; it requires collaboration between various stakeholders, including Local Authorities/Councils/Trusts, health services, schools, voluntary organisations and the community. It places importance on **involving service users in the decision-making** process to ensure that services are designed to meet their actual needs.

Effective commissioning involves **robust strategic planning and governance**. This includes setting a clear framework for decision-making, ensuring accountability, and aligning resources and services with local needs and priorities (Commissioning Support Programme, 2010).

Good commissioning is about **making the best use of available resources**. This includes optimising financial investments, workforce, facilities, and community resources to deliver high-quality services cost-effectively.

Commissioners must be open to **innovation** and flexible in their approach, continually seeking new ways to improve services. This includes managing change effectively and fostering a **culture of learning and improvement** within the commissioning process.

The process should be **transparent**, with clear criteria for decision-making based on evidence and data. This helps to build trust among stakeholders and ensures that resources are directed towards interventions that are proven to be effective (Commissioning Support Programme, 2010).

Examples of commissioning differently

1. Joint commissioning: healthcare and social care

What is joint commissioning?

Joint commissioning involves public bodies working together to plan and implement services, either for an entire population or specific groups with particular needs, such as people living with disabilities or those experiencing homelessness. This collaboration can include aligning budgets to ensure the funding is used effectively. There is a growing emphasis on obtaining extra public or social value from these investments, beyond just delivering the core services (SCIE, n.d.).

Why is joint commissioning important?

Joint commissioning is crucial because the health and social care needs of people, particularly older adults and children, are often interlinked. Effective coordination between health and social care services is necessary to meet these needs efficiently.

- Historically there has been a division between NHS provided health services and Local Authority provided social care services. These divisions have led to systems that are often poorly coordinated.
- Over the years, several policy measures have aimed to improve the coordination between health and social care services. These include the introduction of **pooled budgets,** outcomes-lead commissioning, and integrated service delivery models.
- Joint commissioning can lead to positive outcomes such as reduced service duplication, cost savings, and improved service quality but there are also challenges. These include increased transaction costs, potential staff demotivation, and issues with maintaining job security.
- Several factors affect the success of joint commissioning, including leadership quality, historical relationships between agencies, resource availability, geographical boundaries, and legal frameworks (Newman et al., 2012).

In England, Integrated Care Systems (ICSs) are an example of joint commissioning, where 42 ICSs consist of an Integrated Care Partnership (ICP) and an Integrated Care Board (ICB).

- The Integrated Care Partnership (ICP) develops strategies tailored to local health and care needs,
- The Integrated Care Board (ICB) oversees the commissioning and planning of services, ensuring integration across health and social care sectors.

This system replaces Clinical Commissioning Groups (CCGs), ICBs now handle most NHS service commissioning and work closely with NHS trusts and Local Authorities. Commissioning responsibilities are increasingly delegated to Place-Based Partnerships within ICSs, which aim to integrate services at the community level through collaboration among the NHS, local government, and other local organisations to enhance health outcomes.

A study by Gongora-Salazar et al. (2022) explores the difficulties local commissioners face as they take on new responsibilities under ICSs, aiming to improve system efficiency and implement integrated care programmes. Their study, based on 26 semi-structured interviews with commissioners and stakeholders in **South East England** in 2021, found that while some progress has been made in establishing integrated care programmes, **significant barriers still persist.** These include **challenges in accessing and using data**, **operational difficulties**, and **resource constraints**. It also identifies several challenges in the commissioning process, such as limited data use by commissioners, financial limitations, and the need for better patient and public involvement. To strengthen

the evaluation culture within ICSs, adopting evidence-based priority-setting approaches, and learning from national health **technology assessment frameworks is key.**

Box 3: Is Micro-Commissioning the solution? The case of personalised budgets

Micro-commissioning involves commissioning services at an individual level, giving people the **autonomy to manage their own care** through personalised budgets.

This form of commissioning is highly individualised, focusing on flexibility, personalisation, and direct involvement in the decision-making process. It contrasts with traditional 'macro-commissioning', which operates at a broader, systemic level. Macro-commissioning involves making decisions about service provision for larger populations or communities, with a focus on strategic goals, efficiency, and public health outcomes. The integration of personalised budgets across both health and social care sectors is a growing conversation; in such cases it is important to provide strong support for individuals with complex needs. Personalised budgets offer the opportunities for greater autonomy and improved care outcomes. They can lead to higher quality care and more efficient resource use (Musekiwa & Needham, 2021).

Box 4: Case study: Outcomes-Based Commissioning for Social Care in Extra Care Housing

Over the past 25 years, significant changes in the role of commissioners have been driven by key policy developments, such as the NHS and Community Care Act of 1990, which introduced an internal market and split between purchasers and providers, and the New Labour Government's Modernisation Strategy (1998), which further marketised service provision.

Commissioning in adult social care is divided into **strategic** and **operational** areas. **Strategic commissioning** traditionally focused on managing the market to deliver services efficiently within budgetary constraints, while **operational commissioning**, or micro-commissioning, has evolved to prioritise personalised care based on the needs and preferences of service users.

Outcomes-based commissioning (OBC) represents a shift towards results-driven service delivery, focusing on outcomes that matter most to service users, such as improved quality of life and reduced hospital admissions. However, implementing OBC presents challenges, including:

- Cost implications to change,
- The complexities of transitioning from traditional "task and time" approaches.

2. *Co-production and tackling challenges in social care commissioning*

To address some of the challenges outlined above, including privatisation and austerity:

- Bayliss and Gideon (2020) propose shifting from market-driven approaches to a focus on **social responsibility, equity, and transparency**, with service users' needs at the core of commissioning to ensure resources promote high-quality, sustainable care.
- Hudson (2019) suggests a new approach to commissioning that prioritises small, local providers to ensure **community-based, responsive care**; integrating social care with other local services like health, housing, and transport. This approach emphasises ethics, facilitating not-for-profit providers, fair workforce practices, and transparency in contracting.

Co-production in social care commissioning is suggested as an essential for meeting local needs in the UK; as it involves equal collaboration between service users, community representatives, and professionals in designing, delivering, and evaluating services. Moreover it helps achieve more inclusive and effective care systems. It is integrated into strategic planning for health and social care, particularly in efforts regarding integration. Initiatives like Integrated Care Systems in England and legislation in Scotland highlight its importance.

The Social Care Institute for Excellence (SCIE, 2022) argues that the COVID-19 pandemic highlighted:

- The need for commissioning practices prioritising **wellbeing, choice/agency, and positive outcomes**.
- The need for a future framework that is rooted in human rights, equality, and social justice, emphasising co-production with individuals to ensure that the policies reflect their needs.
- The importance of a well-supported workforce,
- Diverse high-quality care options

The report cautions against low-cost, large-scale models that compromise quality. and advocates for innovative care models, sustainable local solutions, and positioning social care as a key element in economic recovery, with commissioners acting as change facilitators in collaboration with communities.

Rackham (2021) too critiques traditional commissioning, arguing it often **excludes meaningful involvement from service users and their families;** advocating for a **values-based** co-production approach, where individuals define what "good" looks like for their own lives rather than being limited by budget-driven, financial goals and objectives. Rackham (2021) suggests **real change occurs when those impacted lead problem-solving, with commissioners supporting rather than directing**. He also highlights the need for commissioners to shift from managing services to enabling people to lead meaningful lives, prioritising wellbeing over bureaucratic efficiency.

Co-production can be challenging within the commissioning landscape due to its rigid structures, and short-term funding cycles which limit its effectiveness. **Political pressures and related power dynamics** further complicate its integration. Therefore, effective co-production also requires **committed leadership** from commissioners to create environments of **trust and balanced power** dynamics. Strategies to overcome these challenges include extending project timelines, securing long-term funding, and building capacity within both the workforce and communities (Bovaird & Loeffler, 2019).

3. Ethical commissioning

Ethical commissioning seeks to address disparities by prioritising **person-centred care, fair work practices, financial transparency, and sustainability**. This approach is oriented towards high-quality care that is both person-centred and based on human rights principles. It places emphasis on the importance of fair work practices, promoting a valued workforce, and considering the climate and wider economy. Ethical commissioning highlights the need for financial transparency (company's practice of sharing open and clear financial information) and commercial viability (the ability of a business, product, or service to compete effectively and to make a profit) in outsourced services, while ensuring **co-production in decision-making processes and fostering shared accountability** (Scottish Government, 2021).

Key principles of ethical commissioning include:

- **Person-led care**: Individuals should have control over their care by aligning services with users' wishes and supporting vulnerable groups with culturally appropriate resources.
- **Human rights:** Establishing commissioning practices based on a shared human rights framework.
- **Involvement of individuals with lived experience:** Individuals with lived experiences should play a central role in decision-making, supported by appropriate training and financial assistance.
- **Fair working practices** and improving terms and conditions for independent care staff to ensure workforce sustainability.

- **High quality care:** Promoting an integrated care landscape that removes hierarchies and prioritises collaboration, innovation, and mutual respect in service design.
- **Climate considerations and circular economy values:** Incorporating sustainability efforts into commissioning procedures, balancing the need to deliver quality care with the need for climate action.
- **Financial viability**: Reforming commissioning to support sustainable pricing and commercial viability, with an urgent call for investment to address current financial challenges within the sector.
- **Non-negotiable conditions:** Clearly defining responsibilities for the performance of commissioned services, establishing a national framework with non-negotiable conditions, while allowing for local flexibility (Scottish Care, n.d.).

However, there are challenges in adopting ethical commissioning. The market-driven approach often **prioritises cost over quality**, leading to poor outcomes for service users and providers alike. Other barriers include a lack of collaboration, poor workforce conditions, and insufficient involvement of service users in decision-making. The NCS hopes to address these challenges by establishing a **national framework for commissioning and procurement**, standardising processes to ensure consistent, high-quality care. This will involve developing templates, setting core criteria, and focusing on fair work, financial transparency, and environmental sustainability. Additionally, the NCS aims to oversee market research and manage national contracts for complex services (Scottish Government, 2021).

Similar **ethical commissioning principles are evident in Wales.** The *National Framework for the Commissioning of Care and Support in Wales: Code of Practice* ensures that these services align with important laws, such as the *Social Services and Wellbeing (Wales) Act 2014* and the *NHS (Wales) Act 2006* (Welsh Government, 2023; Welsh Government, 2024). The goal is to offer care that meets people's wellbeing needs while ensuring that the services are sustainable and consistent across all Local Authorities and health boards in Wales.

This framework highlights several key principles for commissioning, such as:

- Focusing on person-centred care,
- Preventing issues before they arise
- Involving service users in the planning process.
- Collaboration across various sectors
- Promoting fairness and transparency to make sure the services are ethical, effective, and long-lasting (Welsh Government, 2023).

Local Authorities and health boards are expected to follow these ethical standards, focusing on outcomes that are important to individuals/service users, supporting **community strength**, and ensuring **fair and transparent pricing**. The framework also

stresses the importance of using data to make informed decisions and to keep improving how services are delivered (Welsh Government, 2024).

To ensure these principles are followed, the framework requires a **consistent approach** across Wales, whilst allowing flexibility for Local Authorities to meet specific local needs. It emphasises the need for **fair and sustainable pricing**, considering local conditions and fair work practices, and making decisions based on pre-existing evidence (Welsh Government, 2024). Additionally, the framework requires statutory partners to regularly **review and update their commissioning practices** to meet national standards. This includes working together in regional partnerships, incorporating equality, diversity, and human rights, and sharing resources (Welsh Government, 2023). The Welsh Government supports commissioners by providing a toolkit with best practice examples, templates, and methods for assessing fair and sustainable costs. The framework also focuses on the social value and environmental impact of services, including efforts to reduce carbon emissions, in line with Wales's goal to achieve net zero by 2050 (Welsh Government, 2024).

Box 5: Home-care providers as collaborators in commissioning arrangements for older people

Research by Davies et al. (2022) investigates the **experiences of home-care providers in England** concerning their interactions with Local Authority commissioners, particularly in the context of contracting and its impact on both providers and service users. The study explores how home-care providers perceive and experience the commissioning process, as well as how these arrangements influence their operations and relationships. It aims to understand home-care providers' views on these changes and how the commissioning process affects their ability to deliver care effectively. The researchers conducted qualitative semi-structured telephone interviews with 20 managers of for-profit home-care providers across 10 selected Local Authority areas in England.

The findings suggest that the relationship between home-care providers and commissioners **varies significantly,** ranging from distant and transactional to more collaborative partnerships. **Trust and shared responsibility** emerge as crucial elements in fostering more effective relationships. Also, providers are driven by both compassionate values and business imperatives. Many managers express a strong commitment to delivering quality care and value their staff, despite challenges related to the low-status perception of care work. Moreover, the commissioning practices are often complex, time-consuming, and difficult to navigate. Providers frequently find themselves balancing competitive pressures with the need for collaboration. Finally, frequent changes in commissioning practices contribute to uncertainty and tension, affecting both the sustainability of providers and the quality of care for service users.

Having read the material above, in the first Local Network Meeting, we'd like you to discuss:

Your experiences…

- Would anyone like to share their experiences of adult social care commissioning, either as a person who receives support, a carer, a care or service provider?

Thinking about this discussion document…

- Does anyone in the group have experience of any of the commissioning models, facilitators and barriers mentioned in the document?
- Were there any ideas in this document that you thought were interesting and could support better commissioning?
- What did you think about the challenges identified? Any that were missed? What do you think would help to address these challenges?
- Anything in the document you didn't agree with, or didn't match your experience?

Next steps…

- Are there any next steps you'd like to agree as a group? Anything you'd like to discuss?
- Do you think there is anyone else who should be involved in your meeting?
- Is there anything you need from the IMPACT team?

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