



What Is Commissioning?

Commissioning plays a critical role in the health and social care sector. Commissioners hold the responsibility for shaping people's lived experiences and developing local communities.

Whilst this role is primarily finance-based and focused on budgets—particularly in today's challenging economic climate—there is significant value in adopting a long-term perspective. Further, there is a compelling argument for addressing people's core well-being needs to achieve future cost savings.

Every local authority has a duty under the Care Act (2014) to ensure a diverse and high-quality care market that supports population and individual well-being through engaging, coproducing and consulting with all relevant stakeholders throughout the cyclical commissioning process.

The **Care Act (2014)** defines well-being as encompassing various aspects of a person's life:

- Personal dignity
- Physical and mental health and emotional well-being
- Protection from abuse and neglect
- Control over day-to-day
- Participation in work, education, training, or recreation
- Social and economic well-being
- Domestic, family, and personal relationships
- Suitability of living accommodation
- Person's contribution to society

The Commissioning Process

Within the list of well-being indicators, we can see that some are difficult to commission directly and are influenced by people's choices and available community services, such as charities, employers, landlords, education centres, and similar.

When commissioning is done well, all elements within a community are taken into consideration, as well as the evolving needs of the population. It's important to commission services that reflect the demographic's needs through analysing data, planning and implementing services, and consistently reviewing their efficacy.

At any point in time, commissioners are within a stage of the commissioning cycle, and their impact is tangible as people's well-being increases.

The commissioning process is fundamentally about securing improved outcomes for people, and good commissioning focuses on ensuring people can have as much choice and control in their lives as possible. This can be achieved through developing and procuring the right services, whether paid for or not, by working in partnership with other key stakeholders in a community.

Person-centred and community-based working is about identifying the strengths of people and their communities. It promotes the autonomy of local people, enabling access to the things that truly matter.

When starting with the principles of well-being, the Commissioning Cycle transforms into a process centred on people and communities at its heart. Without coproduction or person-centred planning, commissioners risk procuring services that fail to truly address the needs of people and their communities.

For further insights, [check our free resources](#) designed to support effective commissioning, including insights on:

- The commissioning cycle
- The importance of coproduction and consultation
- The value of a diverse market
- Family, carer and community assets, and their contribution to locality well-being

- Issues affecting the viability of services within the local market
- The impact of technology and innovation on service delivery
- Integrated and aligned service provision across health and social care
- Self-directed support and micro-commissioning

Conclusion

Effective commissioning is essential for shaping health and social care services that truly resonate with the needs of people and communities. A clear understanding of the key aspects can significantly enhance the process, ensuring smoother and more efficient outcomes, from initial planning to resource allocation.

This deeper knowledge helps create services that aren't just available but genuinely meaningful, providing the right support in the right way. Ultimately, commissioning done well makes a real difference, delivering care that positively impacts the lives of people who depend on it.





What Is the Commissioning Cycle?

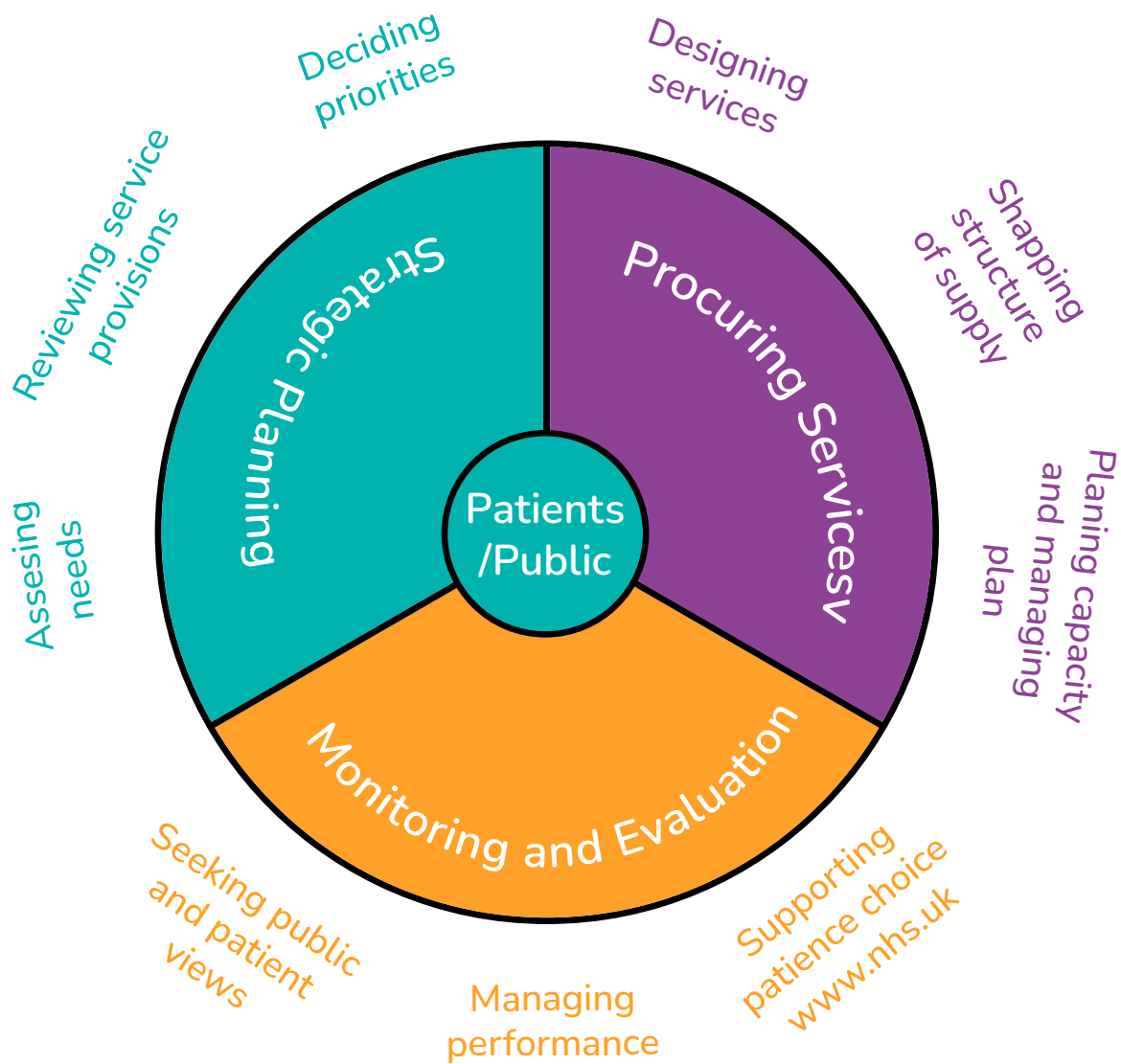
There are several evidence-based commissioning models to consider in commissioning, each following a similar process. There are also two different types of commissioning: strategic and individual.

Strategic Commissioning

Strategic commissioning is focused on the overall local/regional market when looking at macro-level citizen needs. Below is an infographic of the strategic commissioning cycle, defined by NHS England.

It places people and the general public at the centre of the process, working to strategically create and commission new services to the market (based on analysis of the overall need), as well as review and monitor current services.

It's important to consider long-term value for money and improved health and social care outcomes for a group of people, with the by-product of early intervention being lower future costs.



Individual Commissioning

Individual commissioning, also known as micro-commissioning, focuses on procuring appropriate services for people at a personal level, emphasising well-being and value for money through meeting outcomes.

This is where an individual case commissioner would consider the full picture around of a person needing care and follow a process to ensure that the right services surround them individual – from fully commissioned care providers to family carers, education, employment, and voluntary sector input. The commissioning process should include monitoring of outcomes for each person to ensure needs are being met effectively.

The Strategic Commissioning Cycle



Both types of commissioning can generally be split into four different activities:

Analyse:

The Analysis Stage focuses on gathering data at population and individual levels. It's about analysing the circumstances surrounding either macro or micro-level needs before progressing to the Planning Stage. When an analysis is not fully carried out, projects risk being ineffective, causing unnecessary costs for local

authorities (LAs) and integrated care boards (ICBs), and not delivering the outcomes our communities need.

At the Analysis Stage, commissioners need to gather evidence-based data while horizon scanning for new needs or trends, identify gaps, research the correct funding streams to resolve them and look at assets already present within our local communities. All of these activities build a wider contextual picture of the needs.

Plan:

The Planning Stage determines how the identified gaps/needs can be met through available services and services that may not yet have been created or commissioned in an area. The process involves a deep understanding of the local market and the ability to translate the data gathered in the Analyse Stage into tangible actions and priorities.

Commissioners need strong skills in forecasting and must be creative in how they commission services and seek out creative solutions and providers. Market shaping is an important and ongoing process – once the need is analysed, commissioners must develop a plan for implementing the solution.

Another critical element of planning is workforce shaping and development. Without a skilled workforce, it becomes very difficult to commission services (especially complex services), so an understanding of available skills and workforce capacity is crucial. As commissioners, you need to plan how you will skill people and providers to meet the needs of our communities.

At the Planning Stage, success indicators need to be set, as well as contingency plans should a project fail.

Do:

Effective implementation of the agreed plans (whether at the macro or micro level) is next in the commissioning cycle. This includes developing the market, identifying relevant providers and creating/securing contracts to deliver services.

Local Authorities often use procurement portals to invite interested businesses, suppliers, or charities to tender for the identified services.

During the implementation phase, look at effective communication between all parties, the sharing and management of risks, effective and fair procurement processes, and close monitoring as the service launches.

Review:

All publicly commissioned services need to be reviewed regularly to ensure that what is being delivered meets the identified needs and outcomes of a person or a group of people. The Review Stage of the cycle is incredibly important, as a lot of learning takes place regarding what's working well and what might not be working. It allows commissioning teams to pivot their strategies towards more effective plans as population needs evolve.

Essentially, during this stage of commissioning, we are asking questions and looking at the tangible outcomes of each project:

1. Were outcomes met?
2. What is the impact on people's lives and well-being?
3. How are we assuring quality?
4. Can we demonstrate value for money?
5. Has there been a positive impact on long-term health and social care inequalities?

Conclusion

For commissioning to be effective, it's critical during each stage to gain as much knowledge and input as possible about the local community being commissioned. Truly holistic commissioning, focused on well-being, requires action from many stakeholders for it to work.

For more information, [check and download our free resources](#) that help guide effective commissioning,





Decommissioning Services

The decommissioning process is complex and must often be undertaken for several reasons. It could be applied both in individual commissioning as well as more strategically, for services impacting a larger number of people.

In both situations, it's important to follow best practices, ensuring the process is followed in a way that takes all angles into consideration.

The National Audit Office (NAO) defines 'decommissioning' as:

“Stopping provision of a service or a significant part of a service to improve existing service provision.”

A structured approach should be followed to ensure that amendments and reductions are handled transparently and that there is a positive benefit to the people affected. In some situations, there may actually be negative unintended outcomes, which is why the following steps are important to take:

1. Strategic Planning and Justification

It's important to understand and clearly identify the reasons for decommissioning a service. This could be driven by financial constraints, provider/service performance issues, or a person or population's changing health and social care needs.

2. Consult Key Stakeholders

Prior to making final decisions, it's critical to engage stakeholders early in the process. These include care recipients, family members, care workers, commissioners, and other involved parties. Understanding their views ensures a holistic approach and mitigates the risk of negative unintended consequences.

3. Align with Strategic Goals

Commissioners need to ensure that the decision aligns with broader objectives, locally, regionally, and nationally. This also includes governmental health and care policies (legislation could have changed, for example), particularly in terms of improving quality, efficiency, or delivering outcomes more effectively.

4. Conduct Impact Assessments

Before decommissioning, assess the social, economic, and health impacts on care recipients, care workers, and the broader community. The direct and indirect effects must be considered, especially regarding vulnerable groups, such as people living with a learning disability.

5. Identify and Mitigate Risks:

Analyse potential risks, such as service gaps, reduced quality of life, or local staff redundancies, which might impact people and the local economy. You might consider developing a robust risk management plan to mitigate these risks, including contingency plans for vulnerable groups affected by the changes.

6. Communicate Early:

Be open and honest about the reasons for decommissioning and the implications. Use clear, accessible language when communicating with care recipients and their families. Early communication helps reduce anxiety and prepares people and communities for the transition.

7. Co-produced with All Stakeholders Where Possible

Where possible, involve care recipients and stakeholders in decision-making and transition planning. This will build trust and ensure any changes better reflect their needs and preferences. People know their own communities best.

8. Develop a Transition Plan

Create a detailed transition plan outlining how services will be phased out or reduced. If people are being transitioned to alternative services, ensure the new services are ready to meet their needs with minimal disruption or without causing disruption at all.

9. Monitor Service Changes:

During the transition, monitor the implementation of changes and respond swiftly to any issues that arise. Adjustments should be made as necessary to protect the well-being of care recipients and maintain continuity of care.'

10. Review the Process:

After services have been decommissioned, conduct a thorough evaluation of the process. Analyse whether objectives were met, identify any unforeseen issues, and gather feedback from stakeholders.

11. Learn and Improve

Use the findings from the review to improve future service commissioning and decommissioning processes, ensuring that lessons learned inform better decision-making in the future.

Conclusion

Decommissioning care and support services should be undertaken with careful planning, transparency, and empathy. The process should prioritise the needs and well-being of care recipients while ensuring that strategic objectives are met.

For more information, [explore our free resources](#) created to support effective commissioning.





Defining Coproduction and Consultation

Throughout the commissioning process, it's essential to identify the grassroots needs and requirements of people in their own communities. There are two key approaches to involving people: [coproduction](#) and [consultation](#).

Coproduction

Compulsory Admission and Treatment

The Coproduction Network for Wales (IPC, 2017) defines [coproduction](#) as: *“Co-production enables citizens and professionals to share power and work together in equal partnership, to create opportunities for people to access support when they need it and to contribute to social change.”*

Coproduction is a collaborative approach in health and social care, where everyone involved in a person's care or the community should work together to co-design and create services that meet the needs of people accessing the service.

This concept came into being with the realisation that local people generally know their communities better than commissioning teams, and people and their families understand personalised care needs better than anybody else (NHS England, 2018).

Consultation

NHS England defines **consultation** as:

“The process of involving patients, the public, and stakeholders in decision-making about health services. It aims to gather feedback and insights to ensure that services are patient-centred, effective, and meet community needs.” (NHSE, 2021)

Consultation is a different way of engaging with the market, to inform people about upcoming proposed plans and seek feedback on how they can be implemented.

Skills for Care highlights that effective consultation with stakeholders is crucial for commissioning services, stating that *“Commissioners should consult with a wide range of stakeholders including people who use services, their carers, and service providers to ensure services are effective, equitable, and sustainable”* (Skills for Care, 2017).

Benefits of Coproduction and Consultation

There's a strong case for coproduction and consultation at each stage of the commissioning cycle, enabling the following benefits:

- Relevant and more accurate service design based on feedback
- Smoother delivery of services
- Increased trust between statutory bodies and their communities
- Transparency when launching new initiatives
- Increased social networks utilised to spread knowledge of new initiatives and gain feedback
- Shared ownership and accountability of outcomes and successes
- True collaborative working in the best interests of the entire community

Conclusion

Both coproduction and consultation are vital elements in commissioning services that reflect the real needs of people and their communities. Coproduction emphasises a collaborative, equal partnership between citizens and professionals to co-design services, acknowledging that local knowledge is often more insightful than external perspectives. Consultation, on the other hand, ensures transparency and gathers essential feedback from stakeholders to guide decision-making.

By integrating both approaches, commissioners can achieve more relevant service design, smoother implementation, and stronger relationships with the communities they serve. These methods foster shared ownership, trust, and accountability, ensuring that services are truly effective and aligned with the needs of the people who use them.

To learn more, [check our complimentary resources](#) aimed at supporting effective commissioning.





Family, Carer and Community Resources

The value that family carers and community resources bring to our communities is almost immeasurable. Whilst commissioners can source, procure, and monitor formal care services, very often they are not able to provide the same day-to-day grassroots care that people within our communities can for their loved ones.

Family Carers	Community Resources
• Emotional support, positively impacting people's mental wellbeing • Day-to-day knowledge of a person's holistic needs • Coordination between professionals and other services • Transporting loved ones to the right places and appointments • Practical assistance with daily tasks • Financial assistance • Educating professionals on a person's needs and preferences • Direct caregiving, ensuring people are comfortable and their health care needs met without the need for external care providers • Providing advocacy for their loved ones	• Social interaction and engagement for people (e.g.:libraries or social groups) • Transport services • Primary care services (GPs,district nurses) supporting people at risk of requiring secondary care/24-hour care provision • Support networks around mental health and physical health difficulties • Fitness groups and sessions within local communities

Commissioners rely on family carers and strategically commissioned community services to support them in delivering holistic care.

People and their families, ultimately, want to be empowered with good quality care and support that makes sense to them as people. According to Article 3 of the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD, 2006), people have expectations and rights that need to be upheld, and in tough economic times, it can be a challenge for public sector services to achieve this.

Individual autonomy is central to a rights-based approach, and when commissioning services through a system that prioritises cost over quality, it is difficult for commissioners to be creative. Due to competing financial constraints and outdated service models, the system tends to shoe-horn people into “Service Land” boxes that do not consistently serve people as individuals.

Families equally play a key part in advocacy. Research shows that families know their family members best and often meet challenges when aiming to secure the right support for their loved ones. From a commissioning perspective, dynamics can be tricky to manage, leading to emotive communication breakdowns when not handled in a sensitive manner.

Conclusion

In conclusion, the partnership between family carers, community resources, and commissioners is fundamental to delivering care that truly supports people’s holistic needs. Family carers bring a deep, personal understanding and advocacy, while community resources provide essential services and social connections that enhance well-being.

Commissioners play a strategic role, but without the grassroots involvement of families and communities, care can become disconnected from the realities of people’s lives. Upholding the rights and autonomy of people, as emphasised by the UN Convention on the Rights of Persons with Disabilities, requires creative solutions and a commitment to person-centred care. As financial pressures and outdated models challenge the system, it is more important than ever to prioritise care that respects individuality and fosters collaboration across all levels.

For more information, [download our free resources](#) designed to support effective commissioning.





The Value of Diverse Markets

The Care Act (2014) places a huge emphasis on well-being. As a health and social care sector, we have realised over time that many elements within communities contribute to personal and overall community well-being.

Diversity of services within a local market is important, as it positively influences several key aspects for communities:

The more service providers that are available in a community, the more person-centred commissioning can be, as people requiring care can be matched to the most appropriate provider. This can be a mix of 24-hour care providers, domiciliary support providers and voluntary sector providers.

When there is more diversity, people get a wider range of expertise to complement their well-being.

- A diverse market promotes competition between providers, driving quality improvements, efficiencies, and innovation. It also supports cost-effectiveness as businesses compete against one another.
- Diversity promotes innovation as providers seek to create more efficiencies within their services by embracing new technologies, such as remote care and support (Telehealth services, etc.).
- Skills for Care (2022) emphasises that a diverse workforce is also required to meet the multifaceted, evolving needs of people within our communities, and a wide range of service providers can attract wide skill ranges within the workforce.
- Cost savings through leveraging on voluntary/free-to-access services.

There are also challenges to working with a diverse market:

- Varying organisational structures and sizes not being able to cope with the demand within a region.
- A lack of knowledge of smaller providers on how to access commissioning frameworks and portals could mean they go unnoticed.
- Quality and consistency of services are difficult to maintain, as each provider contributes differing solutions.
- Access to the right services for people can also be challenging without knowledge and adequate signposting to relevant providers.
- Ineffective integration between services, and lack of communication and joined up working.

Conclusion

The duties of commissioners include conducting a thorough analysis of their respective regions and forming a wide picture of the marketplace. Diverse markets are incredibly beneficial, and if managed well, local services within each market should serve to complement one another.

For more information, [check our free resources](#) created to support effective commissioning.

