Valuing what matters
Commissioning citizens and communities to provide social care services

A guide for commissioners
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Notes
Introduction

“The vast majority of care is provided by friends, family and relatives, and the care they provide is worth an estimated £119bn per year, considerably more than the total spending on the NHS”.

Luengo et al, 2010, The impact of demographic change

The Care Bill is an important stepping stone to wider reform of care and support. It offers significant opportunities, both to improve outcomes and experiences, for people with care and support needs and people who choose to access support services and pay for themselves. This is part of making more efficient use of resources by reducing waste, duplication and fragmentation. New duties on local authorities will improve the way the current system operates, including promoting wellbeing, prevention and information and advice, including independent advocacy. These will be complemented by a stronger framework for eligibility and assessment and new rights for carers.*

By modernising the legal framework for social care, the bill will significantly improve the way the current system operates and protect people from some of the costs associated with long-term residential care. Central to the Bill is a more ambitious approach to aligning health and social care resources around the person.

Effective commissioning can only be realised by empowering people who are in need of support services, their carers and families to play a leading role in shaping and driving the changes they want to see. This applies at all levels, from the individual directing their own support to people’s engagement in decision making and planning for the health and well-being of their whole community. It means finding ways to enable people to design, deliver, and evaluate services so that they become a shared responsibility between citizens, councils and their partners.

Looking closely at informal community support and the skills that exist within communities and drawing it in to the commissioning process is a way of doing this.

Across the country the range of informal community support services being offered is enormous and includes befriending, social networking, time banking, signposting and practical support. Much of this support happens, often without the knowledge of formal services, and exemplifies personalisation in practice.

The starting point for this support is what works best for the person wanting to stay independent where they live.

Informal community support is often hidden from view and undervalued – both by those engaged in the activity, and by the statutory sector which may want to commission such local provision.

The value of the support provided can be estimated in various ways. However, value realisation needs to be assessed in terms of what the community skills approach brings to individuals, communities and other services and interventions. A concentration on financial costs and benefits alone fails to recognise the importance of other important outcome dimensions including the development of trusting relationships, quality of life, receiving quality care, feeling safe, and being part of a community.

* ‘Carer’ is used throughout to indicate family and friends who provide social care support, as distinct from social care workers.
The purpose of this guide

This guide is for social care commissioners and has been designed to encourage them to value the skills that exist in communities, to realise the value of those skills and to maximise the potential of community groups. It recommends listening to the powerful insights people and groups have into what is working and not working in their lives as well as their aspirations for the future. It explains the benefits of community skills development. It sets out additional guidance and offers practical ways for commissioners to make the most of existing skills within a community and what can be done to enhance these.

This resource offers tools that can be used to ensure that co-production with local people and families is at the heart of social care transformation programmes and as a vehicle to improve community engagement.

Supporting active and inclusive communities and encouraging people to use their skills and talents to build new friendships and connections is central to our vision for care and support.

Caring for our Future, HM Government 2012
Capturing community skills - our findings

In 2010 we asked the question:

If people in their local neighbourhood had a better understanding of the skills that exist in their local area and knew how to share those skills or enhance them, would it be easier for them to support vulnerable people in that community?

In order to explore this idea we commissioned a review of relevant literature in a publication called *Only a Footstep Away*, and subsequently established fifteen diverse pilot sites to test the practical application of ‘community skills development’. The projects aimed to work with neighbourhoods and communities and to develop their inherent skills and assets. Early learning identified that often people are unaware of each other’s skills, knowledge and experience and how best to tap into that local expertise. Similarly, the skills that people have to offer to their local neighbourhood and community are often not recognised or their value understood, particularly if skills are narrowly defined in terms of formal qualifications.

The projects featured a wide range of approaches to skills mapping and social capital development in their local communities. The outcomes of the work have been independently evaluated.

We continue to work with community groups to support connectivity with local authority commissioners, with the aim of maximising the use of local accounts that encourage individuals to feed back their experience of service provision. This information is then used to influence decision making at health and well-being boards.

The unifying theme for all of the work has been skills development in a community context. Whilst the language of skills may not be familiar to everyone, finding the right terminology for a discussion is the foundation for enabling people to contribute to their communities. This recognises the assets and resources that exist in all communities.

Putting skills at the centre of an approach to commissioning and workforce planning, and producing examples of how neighbourhoods and communities can improve their capacity to support each other can be highly productive.

This approach goes wider than conventional models of providing funding to employ community development workers. It looks at skills assets and the multiple resources that already exist in neighbourhoods and communities and uncovers the often hidden high level, sophisticated social care and support that is provided informally.

Further information about our community skills programme of work including the independent evaluation and case studies from the initial 15 sites can be found at: [www.skillsforcare.org.uk/communityskills](http://www.skillsforcare.org.uk/communityskills)
The commissioning climate

Commissioning for communities is at the very heart of providing effective care and support for both children and adults. It is the process by which councils decide how to spend their money to get the best possible services and wider health and wellbeing support for local people, now and in the longer term.

The aim of all commissioning activity should be to achieve the best possible outcomes for the community as a whole, and for people who require care or support. Commissioning should ensure that there are personalised approaches to meeting people’s needs.

Engaging people who are being supported, and their carers, needs to be at the heart of effective commissioning. Commissioners need also to engage with citizens in the wider community to define objectives that reflect the needs, preferences and aspirations of people who may need support in the future and who make use of universal and open access services associated with the promotion of health and well being.

Local authorities are facing unprecedented budgetary constraint in this period of economic austerity. This presents major challenges to local services and the need to continue to support people while also reducing expenditure. The need to balance demands and budgetary pressures is reflected in the tightening of eligibility criteria for state funded support and in the reduction of some services. Now is therefore an opportune time to consider the capacity and resources available within communities, to capture what is working well and what people are able to do and want to do for each other.

It is important that this is not approached as a cost-shunting exercise, but as a process to reframe the nature of services provided, and where possible to encourage the delivery of local support services that can reduce costs and improve outcomes. Fundamentally this means prioritising individual outcomes – improvements in the wellbeing and life chances of people, their families and carers – which often lead to cost savings in the longer term.

Such a strategy requires a gear change in commissioning in a challenging climate.
People and communities at the heart of commissioning

The diagram below gives an overview of the new health and care system from April 2013. It illustrates the statutory bodies that now make up the new system, oriented around people and communities and where they receive their local health and care services. The illustration of local health services is indicative of a range of familiar settings for health and care services and is not intended to be comprehensive – the range of services available and the way in which they are delivered will vary according to local priorities.

The health and care system from April 2013

Skills for Care's community skills development programme of work supports this.

Source: © Department of Health, September 2012.
Measuring person-centred outcomes

Public services exist to serve people and communities. It is important that the outcomes of service provision can be measured.

The Adult Social Care Outcomes Framework (ASCOF), developed by the Department of Health in 2012 focuses on promoting people’s quality of life and their experience of care, and on care and support that is both personalised and preventative. It is a key tool to track progress locally and nationally towards the transformation of care and support.

What are outcomes?

Outcomes are the impacts or end results of services or interventions in a person’s life.

Outcomes focused services are therefore those that aim to achieve the personalised goals, aspirations and priorities of people. They can be contrasted with services that are standardised, regardless of the circumstances of people who use them, and whose goals, content and mode of delivery are determined by those who commission or deliver them, rather than by those who use them.

The Adult Social Care Outcomes Framework distinguishes four main dimensions:

- Enhancing quality of life for people with care and support needs.
- Delaying and reducing the need for care and support.
- Ensuring people have a positive experience and care and support.
- And safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm.


The government is committed to transforming people’s experience of care and support with plans for high quality care and support, which is responsive to what people want, and over which people have genuine choice and control. The focus of care and support will be transformed to promote people’s wellbeing and independence, instead of waiting for people to reach a crisis point. Care will support people to maintain their independence and to stay connected to their communities, and will treat people with dignity and respect. Clearer entitlements, more and better information and support to navigate the care system, and a new statutory entitlement to personal budgets will mean that people are able to exercise real choice over their care and support, making the right decisions for them and their families. The ASCOF, with its clear focus on promoting people’s quality of life and their experience of care, and on care and support that is both personalised and preventative, will be a key tool to track progress locally and nationally towards the realisation of the ambitions for care and support.
Our workforce outcomes measurement model focuses on whether workforce interventions are making a difference to the lives of people being supported.

This model advises that the transformation of the workforce development process ensures that resources are used in the best possible way to ensure people get better outcomes and experiences from care and support services. It significantly raises the probability of workforce spend providing a good return on investment, providing evidence that added value justifies investment in workforce development.

The model provides a practical way of realistically linking the impact and benefits of workforce interventions to measurable person-centred outcomes for people who are supported and outcomes for the service, organisation or community. It can be utilised to measure change in the short, medium and long term and for both simple and complex challenges.

For further information about the workforce outcome measurement model visit www.skillsforcare.org.uk/womm

The Think Local Act Personal partnership has also developed a set of ‘progress markers’ called, Making it Real, to assess local transformation of adult social care. This provides a set of statements or vignettes - derived from the views of people being supported - which set out what they would expect to see and experience if personalisation is working well in an organisation. These statements are then set against key elements that need to be in place within an organisation to make personalisation a reality.

The markers are designed to help inform commissioning, and the delivery of care and support. The tool provides a process to examine current practice, identify areas that need improvement and develop plans for change.

For further information visit www.thinklocalactpersonal.org.uk/mir
Value realisation

Exploring value realisation is an important part of the Skills for Care community skills development projects. But what do we mean by value realisation?

When we talk about value realisation we are not just thinking about financial value. While understanding the economic costs and benefits of the community skills work is important, a wider understanding of the value and other benefits that the approach offers is also necessary, and often overlooked.

Benefit and value realisation in the context of the community skills work asks us to explore among other things:

- Environmental and community impact: what additional benefits have resulted in the community because of the community skills work?
- The human resource opportunities that arise from a wider conceptualisation of community skills and social capital.
- The cost release and savings opportunities that can arise from community skills based approaches substituting for or replacing some formal services.
- The one-to-one and group human interaction opportunities that are associated with social capital – how have relationships been stimulated or supported and can they be sustained?
- The health and well being opportunities created by social participation and community skills development.

In this context, value realisation can refer both to a physical concrete measurable outcome and to more qualitative and subjective outcomes that are harder to quantify but no less real. Definitions of value or benefits are contested and fluid. Notions of what constitutes quality in the delivery of benefit and value realisation need to start from the aspirations and experiences of the people engaged in putting community skills development into action.

As well as substantial benefits to people’s health and some wider social benefits, the success of community skills development can be measured financially.

A social return analysis with imputed financial value, undertaken to track the activity of community development professionals in four local authorities, found that an investment of £233,655 would have a return of approximately £3.5million. Every hour spent by community members running groups and activities had 1:6 return on investment, can result in savings of £1300.

A 32% reduction in falls by older people (730 over two years) was the result of the Healthy Communities Collaborative which combined community development with targeted outreach.

This scheme involved three areas with a combined population of 150,000 and is estimated to have saved £1.2 million in hospital costs, £2.75million in residential social care costs and £120,000 in ambulance costs.
<table>
<thead>
<tr>
<th>Community skills context (adult social care outcomes framework)</th>
<th>Experience</th>
<th>Activity</th>
<th>Support services</th>
<th>Results</th>
<th>Costs/Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhancing quality of life for people with care and support needs</td>
<td>Isolated young male, lives alone, heavy drinker, history of misuse of ambulance service over a period of a year</td>
<td>Ambulance service referred to wellbeing service</td>
<td>Local wellbeing service Two home visits Identified fishing as his hobby – linked in with fishing club</td>
<td>100% reduction in calls to ambulance service – since (one call that was appropriate)</td>
<td></td>
</tr>
<tr>
<td>Delaying and reducing the need for care and support</td>
<td>Young male out in the countryside distracted for drinking</td>
<td>Part of a community of people who enjoy the same hobby</td>
<td>No need for ongoing contact from local wellbeing service</td>
<td>Networked into new contacts and interests</td>
<td></td>
</tr>
<tr>
<td>Ensuring that people have a positive experience of care and support</td>
<td>Minimum contact with support services</td>
<td>Reduced isolation and renewed interest – outdoor activity</td>
<td>Able to take on more referrals</td>
<td>Good outcome – positive experience of alternative support system</td>
<td></td>
</tr>
<tr>
<td>Safeguarding adults whose circumstances make them vulnerable</td>
<td>More people in regular contact</td>
<td>Opportunity to meet new people and share time productively</td>
<td>Significantly reduced health service time</td>
<td>No dependency created independence promoted</td>
<td>Outreach worker – 6 hours @ £7.20 = £43.20. Saving – £300 per call – just for ambulance – not including doctor time</td>
</tr>
</tbody>
</table>
Moving forward

The current commissioning climate and service delivery outcomes all call for a step change in our current arrangements – moving towards greater sharing of information, staff, money and risk. This requires that the people who are supported, fully engaged in all aspects of the planning and delivery of services.

In order to do this, consider the questions below. These are designed to help you consider your approach to changing current commissioning arrangements:

- Are you prepared for joint planning in order to achieve sharing of all resources?
- What structures and processes are needed for this to happen?
- How are you involving people who are supported in the planning and delivery of services?
- What needs to be in place to protect social care service provision, in the integration agenda, that is not directly related to funding?
- Are you thinking through how services operating over seven days a week will be jointly provided within existing resources?
- Are you pro-actively working out how data can be shared?
- How and who will co-ordinate a holistic response based on individual need for assessment, planning and the delivery of service provision?
The community skills approach

As this picture illustrates, our communities are full of people with diverse skills, qualities and life experience, but do we always recognise this? So often it is formal qualifications or professional expertise that are valued, while attributes and qualities like local knowledge, communication skills, a desire to contribute and participate are what often help our communities to thrive. Valuing and growing these attributes is what the community skills approach is all about.

Here the starting point is that all of us have something to offer, including those who we may not know much about, those who need support to participate fully in the community, and even those nearing the end of their life. Whether your community is a local area, a community of interest, or a virtual community, a focused discussion about skills can be the first step leading to new opportunities to develop and share skills and make new connections. The following storyboard helps to demonstrate this in action.
The following graphics contain questions to help you begin to identify and map the skills that already exist in your communities, and to think together about how these might be valued and developed in ways that benefit everyone.

**What Skills are in Our Communities?**

- Who else can help us identify skills, qualities & experience?
- What things can we count or record?
- What skills do we need or want to develop?

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**What would help value and grow these skills?**

**Our thoughts and ideas:**

- What needs to happen to value & grow skills at an individual level?
  - Individuals, families & friends

- What needs to happen to value & grow skills at a group or neighbourhood level?
  - Neighbourhoods & groups

- What needs to happen to value & grow skills across the whole community?
  - Whole communities

**Who can we share these ideas with?**

- 
- 
- 

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*Remindance 2013*
Tools
How to engage with communities?
These are the steps which commissioners should undertake for successful engagement with communities.

Engagement process

Plan
Understand
Prepare & alignment
Responds & implement
Consult
Build trust
Monitor & evaluate
### An example of communication and engagement with communities

This allows you to consider who you should be engaging with to help identify what skills there are and to help value and grow these skills; and records how you can do this. We have completed information on individual engagement as an example to show. You may also want to consider what engagement you can have with neighbourhoods, communities, clinical commissioning groups (CCGs), and health and wellbeing boards.

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<tr>
<th>Who are you engaging with?</th>
<th>Summary of interest</th>
<th>Methods of involvement</th>
<th>Option</th>
<th>Pros</th>
<th>Cons</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individuals</strong></td>
<td>High interest if in need of care and support – all commissioning activity</td>
<td>Community interest group</td>
<td>Website, Newsletter, Promotion of local account</td>
<td>Target distribution, Promote through all communication means</td>
<td>Limited external access</td>
<td>Hits count, Distribution – questionnaire, Analyse feedback</td>
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A day in the life of commissioning

Measure the impact

- Integration and localisation
- Outcome focused
- Early intervention and prevention
- Close the gap
- Stable relationships

Measure the outcomes

- Transparent lean processes
- Contestability and challenge
- Value for money
- Assessment framework
- Performance management
- Whole system approach

What’s the question?
Get to know and work with your community
Define the outcomes and priorities
What will it look like?
What will it look like?
Enabling commissioning for and with communities – a list of things to consider

- Never do for a community what it can do for itself
- Change from servicing people’s needs to facilitating their aspirations
- Move from universal to targeted approaches
- Redress the balance between needs and assets or strengths
- A shift in emphasis from the causes to ‘the causes of the causes’
- Solutions that are developed by people and communities not by specialists and professionals
- Identify and make visible to health-enhancing assets in a community
- See citizens and communities as the co-producers of health and wellbeing rather than the recipients of services
- Promote community networks, relationships and friendships
- Value what works well
- Identify what has the potential to improve health and wellbeing
- Empower communities to control their futures and be creative.
Skills identification template

This template allows you to record what you already know about the skills in the communities you are seeking to commission to provide services through informal support services and to think about what skills may exist but you might not be fully aware of them, their value and benefit. You'll also be able to log who else you will have to involve to identify informal community support and the skills which exist within these systems and think about these skills and whether they are needed or need to be developed.

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<thead>
<tr>
<th>What skills do we need or want to develop?</th>
<th>What skills exist already?</th>
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<th>Who can help us identify other skills within the community?</th>
<th>What activities can we count or record?</th>
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Skills value and development template

This template will help you to consider how you can value the skills that exist and develop them to meet the needs of people being supported. It allows you to think about who else can be involved in this.

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<th>How can we do this?</th>
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Communication and engagement template

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