

Appendix I

Aligned budgets/funding: Partners jointly considering their budgets and aligning their activities to deliver agreed aims and outcomes, whilst retaining accountability for their own resources.

AQP (Any Qualified Provider): A commissioning approach where any provider who meets quality standards can be listed as a possible supplier of services. Designed to allow maximum user choice whilst maintaining safety.

Clinical Commissioning Groups (CCGs): Groups of GPs, which from April 2013 will be responsible for purchasing local health services in England.

Commissioning: Assessing needs and services to ensure the best use of resources to improve outcomes for the population served. The Commissioning Cycle is the whole process that covers the stages of Understand, Plan, Do and Review.

Commissioning Intentions: Newly proposed initiatives/services or changes to existing services which would require funding.

Commissioning Strategy/Commissioning Framework: A document that outlines how commissioning will operate. Some strategies are sector specific, whilst others deal with specific services.

Compact: A statement of shared principles and guidelines for effective partnership working between government/local public bodies and the third sector.

Cost pressures: Absolute unavoidable costs for the service.

Direct Payments: Money paid directly to social care users so that they can purchase services from providers themselves to meet their needs.

Decommissioning: The process of planning and managing a reduction in service activity or terminating a contract in line with commissioning objectives.

Eligibility Criteria: The means by which councils decide who is eligible for public funding for social care. The criteria are based on national guidance and set four bands of need - critical, substantial, moderate and low. Most authorities now only fund critical and substantial needs, subject to a means test.

Framework Agreement: Sets out the contractual terms between commissioners and Any Qualified Providers governing price and quality, with services then usually purchased by a call off arrangement.

Individual (Personal) budgets: Bringing together income streams from different Statutory Sector organisations to provide a sum for an individual to control how it is spent.

Integrated Commissioning: The process where organisations come together to consider their commissioning strategies and decisions. This may/may not include

aspects of work where joint arrangements do not materialize, but where there is an agreement to be open and transparent about all commissioning activity.

Joint Commissioning: The process where organisations jointly consider their commissioning strategies for particular pathways or services and pool their resources (formally or informally) towards improving outcomes. This may lead to formal legal arrangements including section 75 agreements. Joint commissioning may/may not be part of a wider integrated commissioning approach.

Joint Health & Wellbeing Strategy: From April 2013 a duty will be placed on local authorities and CCGs to develop a Joint Health and Wellbeing strategy to meet the needs identified in their local Joint Strategic Needs Assessment.

Joint Purchasing

Services purchased jointly by at least two partners to meet jointly agreed needs.

Joint Strategic Needs Assessment (JSNA): This is the process by which partners and the community identify the population's current and future health and wellbeing needs. It is proposed that it will be used to inform the Joint Health and Wellbeing Strategy and the commissioning actions of CCGs and the NHS Commissioning Board.

Lead Commissioning: An arrangement where one organisation acts as the 'host' that commissions care services on behalf of its other partners.

Leeds £: Describes the collective resources across the health and care system

Local Healthwatch: The new bodies that will champion the interests of health and social care service users from April 2013.

Marmot Review of Health Inequalities: A review of the social and economic determinants of health inequalities by Professor Sir Michael Marmot that recommends a set of public health strategies to inform JSNAs.

NHS England: The body that will support and oversee CCGs and commission specialist medical services from April 2013. It will promote patient and public involvement in commissioning and joint working across health and social care.

NHS Operating Framework: The annual planning document issued by the Department of Health setting priorities for the coming financial year.

OBA: [Outcomes Based Accountability](#) is based on working backwards from the ends we wish to achieve to the conditions of well-being on which we are trying to make an impact – and then taking a step by step approach to understanding how we want those conditions to look and feel different; This is often called 'turning the curve'.

Outcome Based Commissioning: Commissioning that starts with a focus on the desired outcome rather than starting with what service to buy.

Personalisation: This underpins the current direction of social care and seeks to allow every person who receives support to have choice and control over the shape of that support in all settings.

Pooled budget (or pooled fund): A formal arrangement where partners make financial contributions to a single fund to achieve specified and mutually agreed aims. A single host usually manages it under a partnership agreement that sets out aims, accountabilities and responsibilities. Powers for these arrangements are contained in Sections 75/76 of the NHS Act 2006 and Section 10 Children Act 2004.

Pre-commitments: Funding which has been pre-committed for agreed citywide initiatives.

Procurement: The stage of the commissioning cycle that involves the purchase of goods and services, with a focus on ensuring legal compliance and setting contracts.

Public Service Agreement (PSA): an agreement negotiated between central government and a local authority to deliver improved outcomes in return for greater freedom in the means of delivery, and financial incentives. It specifies how public funds will be used to ensure value for money.

Purchasing: The operational activity set within the context of commissioning, of applying resources to buy services in order to meet needs, either at a macro/population level or at a micro/individual level.

Quality, innovation, productivity and prevention (QIPP): The NHS productivity and efficiency programme.

Risks: Financial risks that may result in the need for reserves to be held against future budget allocations.

Section 10: Section 10 of the Children Act 2004 enables any of the named 'relevant partners' to make contributions to a fund out of which relevant payments may be made and which can be managed by one of them.

Section 75: The NHS Section 75 agreement allows the pooling of funds where payments may be made towards expenditure incurred in the exercise of any NHS or 'health-related' local authority functions. Section 75 also allows for one partner to take the lead in commissioning services on behalf of the other (lead commissioning) and for partners to combine resources, staff and management structures to help integrate service provision (integrated management or provision), commonly known as 'Health Act flexibilities'. It also makes provision for the functions (statutory powers or duties) to be delivered on a daily basis by another partner, subject to the agreed.

Section 76: The NHS Section 76 Agreement allows local authorities to make payments (service, revenue or capital contributions) to NHS bodies to support specific additional NHS services, where this ensures a more efficient use of resources.

Section 113: Section 113 of the Local Government Act allows staff to be available to 'non-employing' partner organisations so that staff can be seconded/transferred and managed by another organisation's personnel.

Section 256 NHS Act 2006: This gives powers to the NHS to make payments to local authorities to support or enhance specific council services. Section 256 funds refer to the funding that has been provided to social care in local authorities to benefit health.

Separate funding: Allocation of a partner's resources, or contribution of resources, with accountability still within that partner