Bournemouth University
The National Centre for Post-Qualifying Social Work and Professional Practice

Asset-Based Commissioning

'Better Outcomes, Better Value'

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ASSET-BASED COMMISSIONING

Foreword

Welcome to one of the publications from The National Centre for Post-Qualifying Social Work and Professional Practice.

We are passionately committed to working within the Health and Social Care sector to promote the best possible professional practice and to help explore and find new ways of working within the field.

One theme that has become increasingly prominent is commissioning. This topic has featured in our MA Leading and Developing Services for a number of years and in 2013, through SAGE, we published one of the first texts in this field, Effective Commissioning in Health and Social Care.

Since 2013 commissioning has moved on greatly, not least of which in the growing interest in a whole systems approach that recognises, values and utilises individual and community assets. This text while drawing heavily on health and social care examples is relevant to a much wider audience across the whole system.

We are open as possible with our ideas and we welcome any feedback on our publications or reports - We strive to offer an excellent service.

You will find details of our other publications and research reports on our website (www.ncpqsw.com) plus details of our C.P.D courses which are endorsed by the College of Social Work. Please do take a moment to look at this site, together with partners such as yourself we want to make a real and profound difference to the lives of vulnerable citizens in our society.

If you would like to discuss any aspect of this publication with myself or the authors, or you would like to discuss any aspect of Health or Social Care provision, please do not hesitate to contact us.

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In a nutshell

Welcome to Asset-based Commissioning, a text that looks at how people and communities can work with one another, public-funded services and other organisations to achieve the outcomes they desire and bring about the sort of communities to which they would like to belong.

The case for the asset-based approach

As co-authors of this text, we are aware that our personal beliefs and shared values affect our writing. We believe that a core function of the public sector is to enable citizens to pool their assets to achieve personal and shared outcomes, e.g. community safety, defence, education, employment, health, that are best achieved through collective means. The conventional public service model translates this into citizens consenting to taxation in return for services and support. Organisations then design and provide them free at the point of delivery, or through the payment of a subsidised or full fee. This conventional model of collective action has produced remarkable improvements in the lives of people and communities. It is now also past its sell by date.

The conventional model is good at providing standardised services and support that meet the requirements of the 'average citizen'. However, it has consistently struggled to meet the needs of the most marginalised and disadvantaged groups. This has unwittingly contributed to a widening gap in economic, environmental and social outcomes between richer and poorer people[1]. At the same time, people who are benefiting from public services and rising standards of living are living longer but experiencing longer periods of poor health or disability in later life. Hence, demand for more and better services is continuing to rise[2].

Unfortunately, the rise in demand is at a time when returns from increased investment in the conventional model in the forms of improvements in outcomes and closing the inequality gap are also declining. For example, the NHS forecasts a £30bn deficit by 2021[3] if it continues to try to meet needs via the current, conventional model of service delivery. Fortunately, the development of asset-based practice and commissioning, which together we term the asset-based approach, provide a way forward. Together, they enable new and more sustainable ways of achieving continuing improvements in economic, environmental and social outcomes.

Asset-based practice

Whilst asset-based practice is a relatively new term[4], [5] it draws upon practices and principles, some of which have been around for many years. These include community development, co-production, disability rights and personalisation. We believe that asset-based practice should replace the conventional public service model because the latter:

- Unwittingly undermines the ability of people and communities to lead a full life by focusing on their needs to the exclusion of their assets, thus overlooking their current contributions and their desire and capacity to contribute to improving economic, environmental and social outcomes.
- Is deficit-based, leading to a dominant focus on fixing problems rather than giving equal weight to investment in supporting people and communities to prevent the problems occurring in the first place.
- Fails to respond appropriately to demands from people and communities for an increased say in how best to improve economic, environmental and social outcomes.
- Supports the misperception that it is organisations providing services and supports that, on their own, produce outcomes. This ignores the role that people and communities have always

played, for example, when self-managing long-term health conditions.

- Takes too narrow a view of the organisational assets that are available to achieve outcomes, tending to over-rely on contracting with the private and voluntary sectors. Hence, it all too frequently pays little or no attention to the role that commercially and independently-funded services, such as banks, cafés and shops, play in producing economic, environmental and social outcomes.
- Pays very little attention to encouraging, and sometimes unwittingly undermines, the development of new ways in which people and communities can, and do, improve outcomes through personal and community self-help, e.g. via time banks, micro-social enterprises.

Asset-based practice aims to make more effective and efficient use of the total assets of people, communities and organisations. It does this not by reducing the role of the state and transferring the burden to people and communities. Instead, it redefines the role of the state and its relationship to people and communities. It explicitly recognises the roles that people and communities play in achieving outcomes both as co-producers alongside organisations, and through personal and community self-help. As co-producers, people and communities are involved as equals in day-to-day decision-making. This changes what both practitioners and people and communities do to co-produce outcomes. In the UK and internationally, this has resulted in asset-based practice developments, particularly in health and adult social care, e.g. shared care and user-led organisations (ULOs) that are delivering the affordable improvements in outcomes that people and communities are demanding.

Asset-based commissioning

Introduced into public services in the United Kingdom in the 1980s, the current conventional model of commissioning is now widespread, but varies significantly in its application. In its most highly developed form, this model enables rethinking of outcomes, processes and relationships and identifies different and more effective ways of realising the wishes of people and communities. The last ten years have seen many developments in the what and how of commissioning, including more sophisticated use of outcomes, better use of evidence and market management. However, the same perceptions and narrowness of focus that underpin conventional practice also limit the ability of the conventional model of commissioning to deliver the step improvement in outcomes that is now required. Notably it:

- Fails to recognise that people and communities are innovative and resourceful. Hence, it relies on the expertise of practitioners, rather than also making effective use of the lived experience of people and communities.
- Makes inefficient use of the total combined assets of people, communities and organisations, both when fixing and preventing problems. Together with population growth and people living longer, this will lead to a demand for much greater increases in state funding than would be the case with an asset-based approach.
- Misses opportunities for synergy, by targeting narrow, sector-specific sets of outcomes supported by low levels of cross-sector integration, rather than locating all outcomes within the whole lives of people and communities and working from high levels of cross-sector integration as the default position.
- Relies on the flawed hope that we can enjoy European levels of public services with American levels of taxation resulting in the illusion that repeated cutting of budgets will have no impact on outcomes.
- Fails to capitalise on supplier innovation by keeping them at arms-length and emphasises competition which undermines supplier to supplier collaboration.

Hence, overall, the conventional model of commissioning overlooks the potential for redesigning commercially provided services and state funded services and support to complement what people already do, and would wish to do, for themselves and others. Failing to recognise and properly value the contribution people make, causes inefficient and ineffective use of the assets of people, communities and organisations.

Asset-based commissioning is a relatively new term that we define as:

'Enabling people and communities, together with organisations, to become equal co-commissioners and co-producers, and also via self-help, make best complementary use of all assets to improve whole life and community outcomes.'

Asset-based commissioning differs from the conventional model in a number of ways:

- **Focus** – it focuses on 'whole life', inter-connected, outcomes and on making use of the assets of a broad range organisations together with those of people and communities.
- **How outcomes are perceived to be produced** – conventional commissioning perceives outcomes as being produced wholly or mostly by organisationally supplied services and supports. Asset-based commissioning explicitly recognises the role that people and communities, together with organisations, play in producing outcomes through co-production and self-help.
- **Decision-making** – people and communities are equals with organisations in all asset-based commissioning decision-making with their lived experience valued on a par with the expertise of practitioners.
- **Relationships** – people and communities are full co-commissioners, not just consulted and organisational suppliers are fully engaged in commissioning, not kept at arm's length. Supplier-to-supplier, within and cross-sector, collaboration is a requirement. This is part of wide cross-sector collaboration commissioning which sees all involved acting as systems leaders.
- **Commissioning processes** – embody the principles of asset-based practice and multi-level co-commissioning at individual, community and wide-area levels thus devolving decision-making to the level at which outcomes are produced.
- **Stimulating and reshaping** – goes further than conventional market management to embrace the use of the assets of people and communities as well as those of organisations.

Asset-based commissioning encompasses, and builds on, a range of existing developments such as shared decision-making, personal and community budgets, asset-based community development, local area coordination, commissioning for outcomes and systems leadership. The development of new forms of asset-based commissioning continues.

Moving to the asset-based approach involves much more than simply bolting asset-based practice and commissioning innovations onto existing conventional approaches. Instead, a paradigm shift is required that challenges conventional thinking and action, change roles, responsibilities, relationships, power, processes and language, etc.

In this book, we exploring how to implement this paradigm shift by addressing three big themes:

1. What lessons can we learn from the past and current experience of developing asset-based practice and commissioning?
2. How does asset-based commissioning transform conventional commissioning?
3. What needs to happen to introduce asset-based commissioning, at scale, successfully?

Intended readers for this text

This text's intended readership is all those who are interested in understanding how asset-based commissioning can help people and communities improve their lives through asset-based practice. Specifically:

- People who use services, other citizens and community leaders who wish to be further involved in improving the outcomes they desire, in the process strengthening and increasing the inclusivity of their communities.
- Local politicians, Chief Executives and Directors of commissioning organisations.
- Organisational commissioners working internationally, nationally, regionally or locally together with commissioning support staff.
- Leaders and staff of public, private and voluntary sector organisations currently caste in the role of organisational suppliers.
- Community organisations and staff with a community development role.
- Undergraduate and post-graduate students of leadership, management, public policy, community development.

Structure of this text

This book draws heavily on examples and case studies of asset-based practice and commissioning in health and adult social care. While this partly reflects the background of the authors, this sector also happens to be the major source of emerging asset-based practice and commissioning. However, the asset-based approach has also developed in other sectors, and continues to do so. Tailored to context it is, to a greater or lesser extent, applicable to all parts of the public sector.

We have broken this text into nine chapters, grouped into four sections:

- **Section A** - explores the origins and development of asset-based practice and distils its underpinning principles and practices into two complementary streams, co-production and self-help. The aim is to both provide an overview of asset-based practice for those who are unfamiliar with it and to draw out the key principles that underpin it.
- **Section B** - examines how commissioning has evolved over the last three decades and how the current paradigm is already beginning to shift towards asset-based commissioning.
- **Section C** - describes the paradigm shift involved in moving from conventional to asset-based commissioning and synthesises a wide range of asset-based commissioning practices into a unified model.
- **Section D** - provides a guide to where and how to get started in developing asset-based commissioning and explores how to do this at scale.

Each chapter starts with a set of objectives, includes practice examples and case material and concludes with a series of key points.

Acknowledgements

This book draws on a wide range of innovations in both asset-based practice and commissioning. They are the result of often hard won changes brought about by creative and committed people who use services, communities, local politicians, practitioners, organisational commissioners, suppliers, consultants, researchers and funders. Without this work, it would have been impossible for the authors to produce this book.

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Of especial importance to us, is the way in which the majority of recorded practice and research on which we have drawn, is available at no charge to the reader. This both removes the price barrier and, via internet searches, eases access to what is a very diverse and dispersed set of information. Together these are essential to supporting the spread of existing practice and the development of new forms of asset-based practice and commissioning. As authors and consultants, we make extensive use of this knowledge base both directly and by signposting others to interesting developments. As a way of repaying our debt to others and supporting this continuing practice, we sought and gained the agreement of our publisher to make the book available as a free to reader, PDF.

Terminology

Below we define key terms commonly used in describing asset-based practice and commissioning. Some of the terms are in common use, others we have coined to highlight particular aspects of practice or commissioning.

- **Asset-aware commissioning** – conventional commissioning that, to a varying extent, takes into account the assets of people and communities by incorporating them into conventional practice together with ad hoc development of asset-based practice. People and communities may be involved in co-designing services and support but subject to organisational commissioners having the final say.
- **Asset-based approach** – term used to describe the combined use of asset-based practice and commissioning.
- **Asset-based commissioning** – enables people and communities, to become equal co-commissioners and co-producers, and also via self-help, make best complementary use of all assets to improve whole life and community outcomes.
- **Asset-based practice** - an approach to public service that uses a mix of personal and community co-production and self-help to produce outcomes. It is underpinned by the key principles of valuing 'all assets', being 'citizen driven', 'strong, inclusive communities' and 'whole life' focused, supported by collaborative action and universal' services that are immediately useable by 'everyone' not just the average person.
- **Co-commissioners** – the term we use to describe all of those involved in asset-based commissioning, including people and communities, local politicians, organisational commissioners and organisational suppliers of services and supports.
- **Conventional practice and commissioning** – the term we use to describe all practice and commissioning that is not asset-based. Characterised by making best use of mostly organisational assets to remedy deficits, perceiving outcomes as produced only by organisations, centralised and mostly single sector focused commissioning and treating people and communities as passive customers who are, at most, consulted about decisions.
- **Co-production** – people and communities working with organisations as co-producers of outcomes.
- **Multi-level commissioning** – linked commissioning at the individual, community and wide-area level that devolves commissioning decision-making as close as possible to people and communities.
- **Organisational commissioners** – those formally employed in commissioning roles in organisations. This term distinguishes between these commissioners and the wider group of co-commissioners involved in asset-based commissioning.

- **Organisational suppliers** – statutory, voluntary and private sector organisations who supply services and support on a contracted basis. This term distinguishes these organisations from people and communities who also supply services and supports, both as co-producers with organisations and through personal and community self-help.
- **Personalisation** – explicitly recognises that people who use services should be *'co-producers of the good in question. They are active participants in the process – deciding to manage their lives in a different way – rather than dependent users.... the key is to build up the knowledge and confidence of the users to take action themselves, to self-manage their health without turning to the' practitioners. The practitioners' deploy their knowledge to help the users devise their own solutions – smoking cessation programmes, exercise regimes – which suit their needs.'* Leadbeater, C. (2004:16, 17)
- **People who use services** – except where quoting other writers, this term is used in preference to other terms such as 'service user', 'client', 'patient'. The term is preferred by people who use services as it emphasises that a whole person is involved, who has a life that is wider than the service being used, brings with them valuable lived experience and assets, and should be involved in any decisions that affect them rather than being viewed as a passive recipient.
- **People and communities** – we use the terms people and communities to distinguish between when practice or commissioning involves people as individuals, when it involves communities in parts or whole, and when it encompasses both.
- **Practitioner** – any paid supplier of services and supports. People who use services, use this term in preference to 'professional'. This recognises that people who use services are also professionals, by virtue of their lived experience, on which they draw in identifying their needs and how best to meet them.
- **Self-directed support** – originally a social care practice that puts people who use services at the centre of their individual support planning process, enabling them to choose which services they will receive. Asset-based practice widens this choice to include the use of personal and community as well as organisational assets.
- **Supports** – used to denote any contribution by organisational commissioners to realising outcomes, that is not a full service. For example, an organisational commissioner may enable the provision of advice and office space to a community group thus supporting it to realise outcomes.

A. Asset-based practice: origins and current practice

Adopting asset-based commissioning requires a paradigm shift from conventional to asset-based practice and commissioning. Understanding the underpinning principles of asset-based practice is an essential first step in both enabling the practice shift and transforming conventional commissioning roles and relationships, together with the wider culture to support it.

Current asset-based practice draws on a long history comprising many different strands of innovation. Understanding the underpinning principles, and the critical events and developments that have shaped these strands, helps co-commissioners get to grips with the essence of asset-based practice.

Section A comprises three chapters that provide a brief overview of a number of the main sources of current day asset-based practice, identifies their key features and signposts sources of further information.

Chapter 1 explores community development and co-production whilst Chapter 2 looks at the role played by user-led organisations and the development of personalisation. Chapter 3 distills the learning from these innovations to identify five principles that underpin asset-based practice. It also synthesises the vast range of asset-based practice into two complementary streams, co-production and self-help, then identifies how these differ from conventional practice.

1. Community Development and Co-production

Chapter Objectives

By the end of this Chapter, you will:

- **Appreciate the different ways of conceptualising how communities work.**
- **Understand the evolution and practice of community development and co-production.**
- **Recognise the different and overlapping ways in which community development and co-production contribute to asset-based practice.**

This Chapter begins by exploring different and overlapping ways of conceptualising how communities work. These concepts underpin both community development and co-production. The two main sections of the Chapter then, in turn, define and explore the origins and different forms that community development and co-production can take. The final section highlights the key features of community development and co-production that underpin asset-based practice and commissioning.

Understanding how communities work

Both community development and co-production draw on knowledge about how communities work to enable the further development of community capacity and improve people's lives. This knowledge is conceptualised in four overlapping ways: social capital, the core economy and real wealth, salutogenesis and community assets.

- **Social capital** - describes the pattern and intensity of networks and the sharing of values, which result from activities such as neighbourliness, community involvement, volunteering and civic participation. From the late 1980s academic interest in social capital grew in France[6] and the USA[7,8,9]. The design of some public services[10] in the UK now incorporates the contribution that social capital can play.
- **Core economy and real wealth** - in 1980, in the USA, Edgar Cahn was working on how to make visible and valued, what is termed the core economy,[11] i.e. unwaged work such as neighbourliness, childcare and care for the frail and vulnerable. He developed time dollars[12], the precursor of time banks, as a means of stimulating and supporting reciprocal activity by marginalised people written off by official agencies. Time dollars value everyone as an asset, redefine what counts as work, build on the universal impulse of reciprocity, and help develop inclusive social networks. Valuing this core economy is central to asset-based practice, for example, the new economics foundation's co-production manifesto[13] and In Control's development of the concept of Real Wealth[14].
- **Salutogenesis** - In the late 1970s Antonovsky and others developed the theory of Salutogenesis (Box: 1.1). This shows how the resources and capacities of people, including their social capital, can explain and improve their health.

Box 1.1: Salutogenesis – the sources of health[4]

Since the 1970s, Aaron Antonovsky and others have been developing the theory of Salutogenesis that highlights the factors that create and support human health and well-being, rather than those that cause disease. This is a now a well-established concept in public health and health promotion.

A salutogenic model of working focuses on the resources and capacities that people have which positively affect their health and in particular their mental well-being. The model explains why some people in situations of material hardship and stress stay well and others do not. They have what Antonovsky called a 'sense of coherence', that is they have the ability to understand the situation they are in, have reasons to improve their health and have the power and resources - material, social or psychological - to cope with stress and challenges.

- **Community assets** - in the early 1990s, conversations between McKnight, Kretzmann and colleagues with people in low income neighbourhoods in the USA identified the following six 'community assets' as the basic building blocks of healthy urban neighbourhoods[15]:
  - Skills of local residents
  - Power of local associations
  - Resources of public, private and non-profit institutions
  - Stories and heritage
  - Physical and economic resources
  - Ecology of local places

This later led to the creation of their asset-based community development methodology[16].

In 2010, the Marmot Report[17] confirmed the key role that people's own and community assets play in promoting wellbeing, preventing ill health and enabling recovery. Exploring the practice implications of the report, Jane Foot with Trevor Hopkins summarised the key values and principles underlying this asset-based practice[4]. It:

- Identifies and makes visible the health-enhancing assets in a community
- Sees citizens and communities as the co-producers of health and well-being, rather than the recipients of services
- Promotes community networks, relationships and friendships that can provide caring, mutual help and empowerment
- Values what works well in an area
- Identifies what has the potential to improve health and well-being
- Supports individuals' health and well-being through self-esteem, coping strategies, resilience skills, relationships, friendships, knowledge and personal resources
- Empowers communities to control their futures and create tangible resources such as services, funds and buildings.

Foot, J with Hopkins, T. (2010:7)

They also recognise the need to redesign public services explicitly to take into account the contribution of people and communities as co-producers of outcomes.

Together the four concepts of social capital, core economy and real wealth, salutogenesis and community assets help make visible, evidence and value the assets of communities, and show how they improve economic, environmental and social outcomes.

Community development

The International Association for Community Development defines community development as[18]:

'a set of practices and methods that focus on harnessing the innate abilities and potential that exist in all human communities to become active agents in their own development and to organise themselves to address key issues and concerns that they share. Community development workers may be members of the community, paid workers or volunteers. They work with, and alongside, people in the community to identify concerns and opportunities, and develop the community's confidence and energy to respond together. The building of community and social capital is both a core part of the process and an outcome'.

International association for community development. (2015:4)

The definition continues to include the further development of cooperative attitudes and practices and increasing community resilience.

Highlighted in this definition is how community development enables the use and further development of people's own assets and those shared by the community, important elements of which are:

- **'Innate abilities and potential that exist in all human communities'** – in other words all communities have assets on which they can draw and build.
- **'Develop the confidence and energy to respond together'** – whilst being inherently able, some communities may lack the experience and confidence to believe that collective action is possible and can be productive.
- **'The building of community and social capital is both a core part of the process and an outcome'** – the connections and trust developed between community members are assets in their own right adding to the quality of community life. This social capital also enables asset sharing and develops confidence in taking collective action.
- **'Communities to become active agents in their own development and to organise themselves'** – focuses on collective action by communities which is, where required, also designed to further develop their assets and make shared use of them. Hence, the focus of community development is developing collective action by, and for, the community.

The description also highlights who enables community development:

- **'Community development workers may be members of the community, paid workers or volunteers'** – these workers may be from the community itself, or outside, may be employed or give their time free. Paid staff can include community development specialists, or others who have a community development remit as part of another role, for example, architects, health, adult social care and housing workers, teachers and police.

The practice of community development

In the UK, community development emerged towards the end of the nineteenth century from two main sources:[19] benevolent paternalism and collective community action. The former led to the creation of charities as well as university and church settlements, based in deprived areas. The latter, rooted in socialist movements, led to collective action such as trade unions, rent strikes, the cooperative and suffragist movements. In the 1950s, community development was part of the response to post-Second World War challenges, and a way of helping countries emerge from colonial rule by integrating them into the capitalist system[19].

Community development is an evolving practice that takes a variety of overlapping forms described in many ways. The following five forms, community action, community development, community organisation, social planning and service extension, identified by David Thomas[20] provide a useful but, as he emphasises, necessarily not definitive, guide to the variety of practice:

- **Community Action** – starts from enabling communities to develop a political analysis of both the forces that shape their life chances and how they can create their own power bases to bring about change. Its sources of inspiration include the civil rights movement and the community organising writings of Saul Alinsky[21] in the USA, Paulo Freire[22] in Brazil and, in the UK, direct action, e.g. the Committee of 100[23]. In the UK, from the early 1960s, empty housing was squatted by homeless people and rent strikes used to improve housing conditions. In the 1970s, the Home Office funded and tasked Community Development Projects[24,25] to enable community development and produce community-rooted analyses of the causes of deprivation.
- **Community development** – encompasses both community self-help and enabling local people to influence local policy making and services. Self-help builds mutual support, creates community cohesiveness and enables communities to solve problems. Influencing policy-making and services includes developing the capacities of communities to represent their own views and persuade policy makers to act on them. The 1959 Eileen Younghusband Report[26] recognised community

work as part of social work, with the Barclay Report later coining the term community social work[27,28]. Community work expanded rapidly in the 1970s, until the Thatcher administration curtailed it in the 1980s. In the late 1990s, the Blair administration incorporated it into tacking social exclusion and regeneration, e.g. the New Deal for Communities[29].

- **Community organisation** – helps create local, not for profit, community organisations in response to local issues. Examples include community businesses[30], credit unions[31], housing cooperatives[32], micro social enterprises [33], supplementary schools[34] and time banks[35].
- **Social planning** – is a relatively top-down process identifying overall needs and deciding strategies, then working with communities to design and implement locally relevant services and action. In 1969, the Skeffington Report recommended involving local communities in planning. In the 1970s, Housing Action Areas encouraged tenant participation and community organisation. From the late 1990s onwards, Health Action Zones[36] developed cross sector partnerships, working with communities and delivering person-centred services. The 2001 National Strategy for Neighbourhood Renewal[37] led to community involvement in Neighbourhood Management. Total Place[38] reinforced social planning by working on breaking down sector funding silos.
- **Service extension** –aims to make services local, coordinated, relevant and responsive to local communities alongside community development. In the late 1970s, in social services, Patch Work[28] out-stationed staff or relocated service delivery bases to work in very local areas. The Priority Estates Projects[39,40] developed local housing management and tenant involvement as integral contributions to regeneration. In the late 1990s, Local Sure Start centres[41] built links with local communities around early years child care and parenting. Other examples include community policing[42] and transport[43], detached youth workers[44], full service primary schools[45] and local health centres.

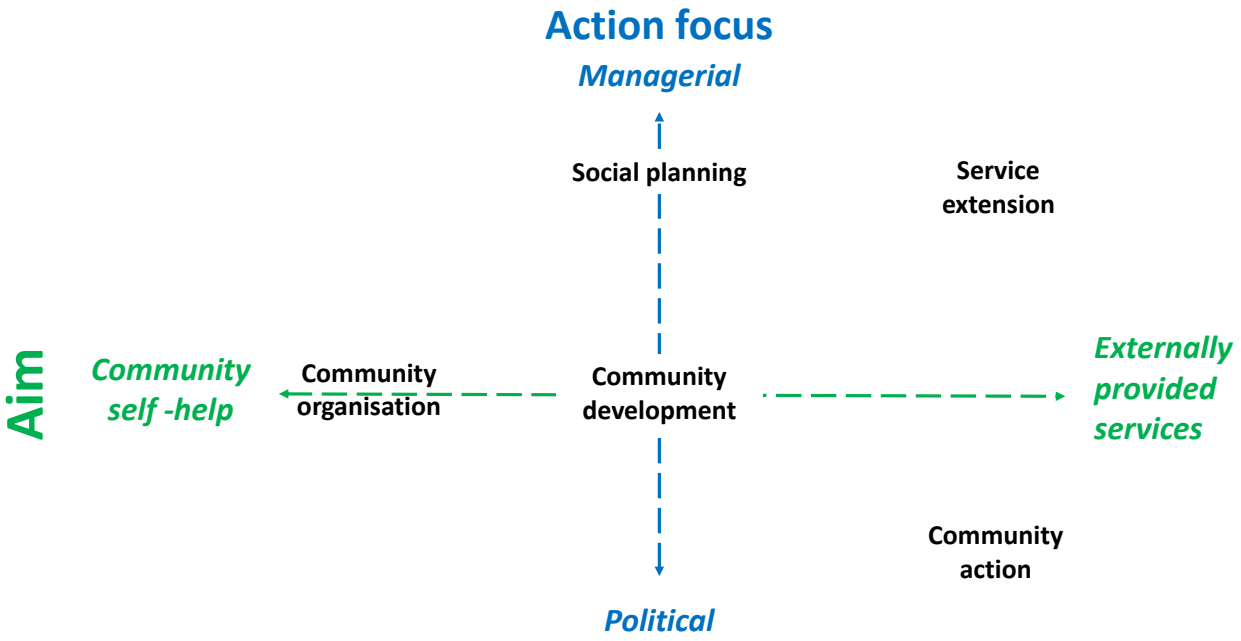
Other terms related to community development found in the literature include community capacity building, community management, community mobilisation and neighbourhood work.

Mapping community development practice

David Thomas' guide to community development[20] is extremely useful in raising awareness of its many different aims and forms. Drawing on his analysis, two dimensions of community development, its aims and action focus, (see Figure 1.1) stand out as being of particular importance for both asset-based practice and commissioning.

- **Aims of the community development practice.** - At one end of this dimension, the aim is to foster increased community self-help, for example, via community organisation. At the other end, the aim is to secure improvements, for the community, in externally provided facilities and services. For example, through either service extension or community action. At the centre of the aim dimension, social planning and community development seek to increase both community self-help and secure local improvements in facilities and services.
- **Action focus** – how the community development practice aims to bring about change. At one end of this dimension, managerial means are used. For example, social planning and service extension use both existing, or new, planning and design processes, at the community level, to bring the community and relevant agencies together to design and agree changes. The other end of this dimension uses political means to bring about change. For example, community action uses community mobilisation to build up the political pressure to bring about change. At the centre of the action dimension, depending on the circumstances, community development and organisation use a mixture of both managerial and political means to bring about change.

Figure 1.1: Understanding the different options for community level action



Deciding which of the five main options to adopt entails communities and organisations identifying the aim of such action, considering the availability of all assets and assessing what appears appropriate and feasible.

Co-production

Co-production is one of two key streams of asset-based practice. It explicitly complements the assets of people and communities with those of organisations by involving people and communities as equals in the co-design of services and supports and as co-producers of outcomes.

Whilst there is no one agreed definition of co-production[46], the following[47], developed jointly by the Joseph Rowntree Foundation, Think Local Act Personal partnership and the New Economics Foundation, we believe, works well:

'Co-production is a relationship where professionals and citizens share power to plan and deliver support together, recognising that both partners have vital contributions to make in order to improve quality of life for people and communities.'

Joseph Rowntree Foundation, Think Local Act Personal, New Economics Foundation. (2013:1)

In the 1970s in the USA, the political scientist, Elinor Ostrom coined the term co-production to explain why some developments in public services delivery and management were more efficient and effective than others. In a later overview of her own and colleagues' work, she highlighted the difference between conventional practice and co-production as follows[48]:

'All public goods and services are potentially produced by the regular producer and by those who are frequently referred to as the client. The term 'client' is a passive term. Clients are acted upon. Co-production implies that citizens can play an active role in producing public goods and services of consequence to them.'

Ostrom, E. (1996: 1)

Ostrom opined that redesigning services to rebalance power from organisations to people would support them as active co-producers of outcomes, to make more effective and efficient use of the joint assets of people and organisations.

Ostrom developed the concept of co-production when studying the impact of public service mergers and specialisation aimed at exploiting the potential for economies of scale. In policing, for example,

this led to a move away from foot patrols to the use of police cars that could cover wider areas. When studying comparable areas, Ostrom and colleagues found that keeping both the organisation and delivery of policing local produced better outcomes and at a lower cost[49]. Localising enabled police to engage with local residents, understand their issues, provide advice on crime prevention and gain knowledge of criminal activities. By organising around people, they were able to make combined use of police and resident knowledge and action to more effectively prevent and combat crime.

Further work on education in Nigeria and analysis of research into designing and delivering domestic sewage systems in Brazil consolidated Ostrom's conceptualisation of co-production[48]. In Nigeria, the centralisation of the organisation and the administration of the education system unwittingly created barriers to villages and parents supporting their local primary schools and their children's education.

It was only in villages where, in the face of a non-responsive system, the community persisted in supporting their schools, in ways that made sense to them, that primary education functioned well. In Brazil, extending affordable sewage services to poor urban populations became possible by actively engaging local people in the design, delivery and maintenance of the new systems (See Box 1.2).

Box 1.2: Good cheap sewers, Brazil[50]

In the early 1980s, faced by a large part of the urban population having no access to sewage, an innovative sanitary engineer, Jose Carlos Melo, developed an alternative to the expensive conventional sewage system. The new system was effective, cheaper and quicker to install. Its success relied on a combination of both changes in design, the organisation and control of construction and maintenance and a high level of citizen participation. A cheaper method of providing feeder pipes leading from houses to the main sewer was developed. Residents were involved in all aspects of the design of their feeder pipe and cleaning trap system. They were also involved in its installation and took on its maintenance once it was up and running. Resident buy-in was so essential to success that the design and construction of feeder pipes to blocks of housing could only start once there had been enough time to gain full collective agreement between all of the residents.

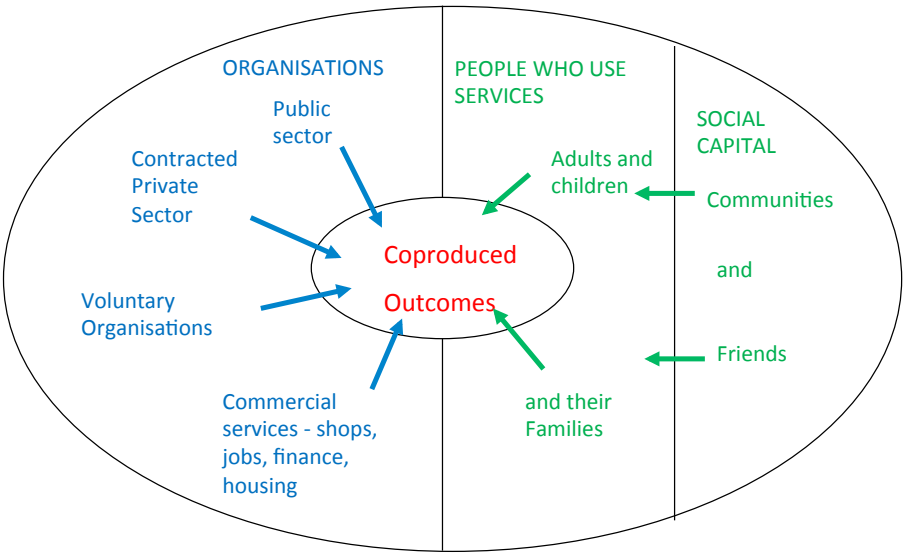
Ostrom[48] and others[51] point out that co-production, like all innovations, requires constant maintenance. However, the costs are relatively lower and the benefits relatively higher. They found four conditions[48] that make an explicitly co-productive designed service more likely to outperform a conventional one:

- ***The assets contributed by people and practitioners must be complementary so that each needs something that the other can provide*** – e.g. the residents needed engineers to help redesign the sewage systems to make them affordable. The engineers needed residents who were willing to work collectively to both produce final designs and to own the responsibility to continue to maintain the systems.
- ***Legal options must be available to both parties*** – e.g. the engineers developing the feeder pipe system were empowered to break free from the design restrictions of conventional systems. Residents had, for the first time, the power to engage in system design, delivery and maintenance.
- ***Participants need to be able to build a credible commitment to one another to keep to their part of the effort bargain*** – e.g. residents signed a formal contract outlining what they were willing to do in order to obtain a connection to the main sewer. However, as some of the systems got up and running, residents found that some of the main sewerage pipes into which the feeder pipes linked were shoddily constructed and poorly maintained. Had they not been able to get contractors to carry out the remedial work and play their part in the maintenance of the system, residents' willingness to continue with their part of the bargain would have been undermined.
- ***Incentives help to encourage inputs from both officials and citizens*** - this can be on a very human scale, for example the opportunity for practitioners and people to get to know one another and share their mutual appreciation of their collaboration.

Although Ostrom had conceptualised co-production in the 1970s, the use of the term in the UK did not become widespread until much later. Meanwhile, the creation of practice innovations, later recognised as new forms of more effective co-production, continued. Interest in explicitly co-production based practice development took off in the early 2000s when boosted levels of public service expenditure failed to yield proportionate improvements in productivity[52]. Co-production chimed with New Labour's interest in New Public Management (NPM) with its emphasis on markets and people who use services being involved in the design and choice of services. However, co-production went much further, upending and extending the basic concepts of NPM as follows:

- Personal and community assets - NPM was primarily concerned with making better use of public sector funding. However, it broke with past practice by focusing on producing outcomes rather than just delivering services, and made extensive use of cross sector collaboration and integration. Co-production extends the range of assets considered beyond public sector funding to include those of people and communities. Hence, it moves away from the NPM's exclusive focus on state and contracted organisational assets (the left-hand side of Figure 1.2[53]) to take into account a much wider set of assets (including those on the right-hand side of the Figure).

Figure 1.2: Co-production – combining the assets of people, communities and organisations to improve outcomes[53]



- Commercially and independently funded services and supports – NPM mainly focused on the role of the private sector as contractors providing public services and infrastructure, co-lobbyists for government funding, and co-financers of investments. The sector's other role in providing universal services such as food and clothing shops, banks, cafes, pubs and entertainment on a commercial basis was given much less attention. It also paid less attention to the voluntary and community sector services and supports that were not state contracted but funded through their own resources. Co-production recognises how critical this wider range of organisational services and supports are to daily life[53] and hence gives them equal attention.

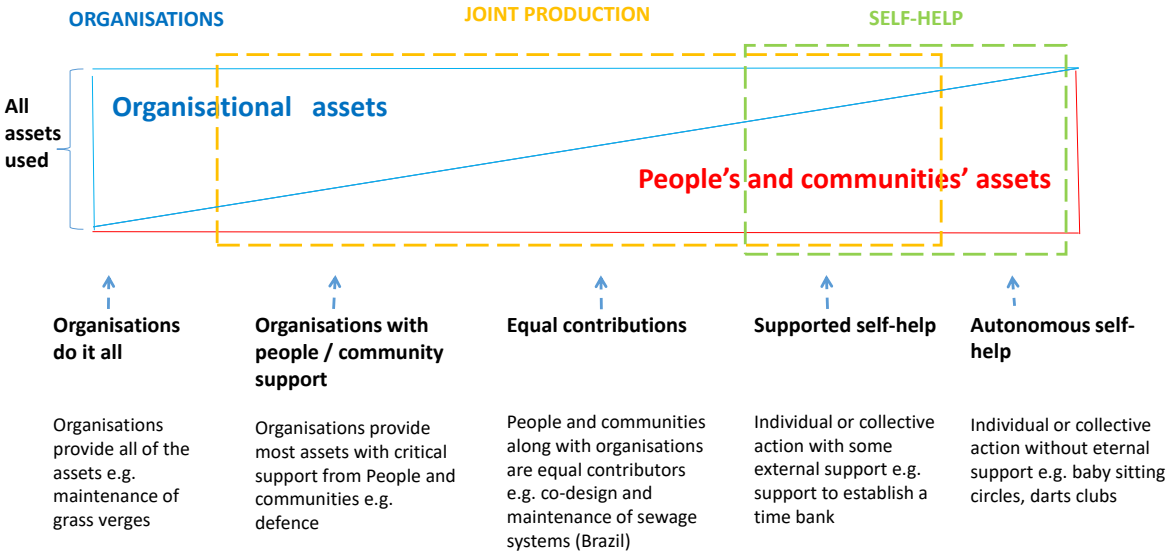
- Joint control of decision-making – while NPM does focus on outcomes as well as people and communities, it does so through an organisational prism. Hence, even though organisations extensively involve people and communities in service design and in parts of the production of outcomes, organisations set the agenda and make all the final decisions. Whereas in co-production, there is joint control of decision-making with people and communities being equals in designing, commissioning, managing and day-to-day decision-making as co-producers of outcomes.

- The asset-mix continuum – NPM's focus on making best use of organisational assets overlooked the role that people, communities, and their assets were already playing in producing outcomes and, with service redesign, could do more effectively. The asset-mix continuum (see Figure 1.3), adapted from the 'co-production continuum' of Martins and Miller[54], illustrates the use of different mixes of assets.

  In the next diagram and the next section, the term 'organisation' describes state organisations, usually operating as commissioners.

  The left end of the continuum (Organisations do it all) depicts organisations providing all the assets required to produce outcomes, e.g. maintenance of grass verges. At the other end, through Autonomous self-help, e.g. baby-sitting circles, people and communities provide all the assets. In between, the production of outcomes uses different proportions of assets from organisations and from people and communities. Organisations with people/community support and Supported self-help emphasise that even relatively small contributions made by either of the parties can still be critical to success. For example, when in action, the armed forces and their contractors deliver most of the service (Organisations with people / community support). However, if public opinion turns against it, the action will lack legitimacy and be more difficult to sustain. A small amount of support for a community (Supported self-help) to establish a time bank or a social enterprise can be critical to its success. In the middle of the continuum is Equal contributions, e.g. the community co-design and maintenance of sewerage systems in Brazil (see above). Joint production of outcomes and self-help overlap at the 'supported self-help' part of the continuum. Here, organisations provide small, but critical, support that enables people or communities to be independent.

Figure 1.3: The asset-mix continuum



Tony Bovaird and colleagues clarify the difference between the NPM approach and co-production by distinguishing between the roles that organisations, people and communities play in both the design of service and supports, including self-help, and the production of outcomes. Table 1.1, adapted from their original[55], shows that full co-production only occurs where people and communities are both co-designers of services and co-producers of outcomes. The figure comprises two continua. The horizontal axis, a truncated version of the asset-mix continuum (see Figure 1.3), describes who contributes how much to producing the outcomes. The vertical axis, a service-design continuum, shows who has what degree of say in designing services and supports and in making operational decisions about producing outcomes. Together the two continua produce a nine-cell grid that shows how full co-production differs from other forms of engagement between people, communities and organisations.

Table 1.1: Who designs services and supports, makes operational decisions and who produces outcomes

Service and support design and operational decision-making	Contributing to producing outcomes			
		Organisations as sole producers of outcomes	**People and/or communities along with organisations produce outcomes**	**People and/or communities as sole producers of outcomes**
	Organisations are sole designers and decision makers	1. Organisations are the sole designers, decision makers and producers of outcomes	2. Organisations design and decide, but produce outcomes jointly with people and/or communities	3. Organisations design and decide, people and/or communities are the sole producers of outcomes
	People and/or communities co-design and co-decide with organisations	4. Co-design and co-decision-making, organisations are sole producers of outcomes	5. Full co-production – people and/or communities, with organisations, co-design, co-decide and co- produce outcomes	6. People and/or communities, with organisations, co-design and co-decide, and are the sole producers of outcomes
	People and/or communities mostly, or fully, design services and decide	7. People and/or communities mostly, or fully design and decide; organisations are sole producers of outcomes	8. People and/or communities, mostly, or fully design and decide, with organisations jointly producing outcomes	8. People and/or communities, mostly, or fully design and decide, with organisations jointly producing outcomes

Starting at the top left of the table the numbered cells represent:

1. **Organisations are the sole designers, decision makers and producers of outcomes** – describes, either the actual, or the perceived, position of most conventional services with organisations as the sole service designers and producers of outcomes.
2. **Organisations design and decide, but produce outcomes jointly with people and/or communities** - many services do not involve people and communities in designing and decision- making but do require, or co-opt, them to contribute to producing outcomes. For example, the Sure Start, Early Years Centre, Gateshead[55] is organisationally designed, but trains local mothers, who are willing to do so, to be breastfeeding counsellors providing support to other mothers.
3. **Organisations design and decide, people and/or communities are the sole producers of outcomes** - Villa Family in France[55] is a practitioner-designed service, delivered by local people. It enables elderly people who, through disability, would normally have to move away from their villages into nursing homes, to continue to live in a village family setting. Large houses are adapted to provide flats for two host families and ground floor living accommodation for three elderly people with a large living room in which everybody has their main meal together and shares leisure activities. The elderly people employ their hosts, covering their salaries through state benefits. Hosts are local people provided with training and support by the Department.
4. **Co-design and co-decision-making, organisations are sole producers of outcomes** - for example, participatory budgeting. Porto Allegro, Brazil[55] involves large numbers of citizens in deciding how to make best use of the city's budget to commission organisations to produce the desired outcomes.
5. **Full co-production** – following the closure of the army barracks, local villagers in Caterham lobbied for the remodelling of the site into affordable housing and community facilities. Involved throughout in the design process, they now manage much of the site and other community facilities through the resident-controlled Caterham Barracks Community Trust[55].

6. **People and/or communities, with organisations, co-design and co-decide, and are the sole producers of outcomes** – Tackley[55] is a village with a mixed population, not well connected with transport and other services, which lost its pub, post office and village store in quick succession. Over several years, the villagers worked together to identify and reinstate what they saw as essential services. Eventually they extended and upgraded their village hall to include a shop, post office, café, meeting room, IT access, a delivery point, and improved sport and leisure facilities. Initially designed by the villagers, the shop and its development was co-designed and part funded by other organisations but staffed by volunteers.
7. **People and/or communities mostly, or fully design and decide, organisations are sole producers of outcomes** - where people or a community mostly or fully design a service and then procure the production of outcomes from organisations. For example, resident-controlled residential care or tenant-controlled housing where residents specify the service and employ their own staff or contract with organisations to produce the desired outcomes.
8. **People and/or communities mostly, or fully design and decide and, with organisations, jointly produce outcomes** - the Beacon Community Regeneration Partnership[55], in Falmouth, began as a traditional, organisationally-led housing estate regeneration project but developed into a community led and run partnership. Residents co-design all housing, and service developments and themselves design, manage and deliver with organisations, projects such as housing repairs, crime watch, youth training schemes, a skateboard park, a garden task force, tree planting and street furniture schemes and an internet café.
9. **People and/or communities mostly, or fully, design and decide and are the sole producers of outcomes** - where people and/or communities decide what to do and get on with it themselves, for example, setting up a baby-sitting circle.

Two further points are worth noting, that co-production:

- Can be used to benefit either individual people or communities, sometimes termed 'personal co-production'[52] and 'community co-production'[52] respectively, or both. An example of personal co-production is enabling patients to understand and better manage their long-term health conditions along with them negotiating, with practitioners, the changes that would be needed in the support system. Community co-production could involve community-initiated recycling that combines the actions of the community in separating their waste into different types with organisations collecting and recycling it.
- Combines the assets of people and or communities with those of organisations in either relational or transactional ways[52]. For example, in adult social care, where self-directed support moves beyond practitioner prescription of services. It changes the relationship between people and practitioners by empowering people to pool their lived experience with the expertise of practitioners to jointly devise effective ways for people to live independently. Transactional arrangements involve organisations and people or communities taking on tasks that complement one another. Some of these tasks may be new, e.g. the advent of recycling saw people presorting rubbish to enable more effective recycling by organisations. Others may substitute, e.g. housing tenants taking on housing maintenance and other tasks in return for time bank credits.

Implications of community development and co-production for the asset-based approach

Both community development and co-production change who is involved and how, in designing services and supports and producing outcomes. The recognition of the roles that social capital, the core economy, real wealth, salutogenesis and community assets play in people's lives underpin these two practices. The key principles and practices that community development and co-production contribute to the asset-based approach are summarised in Table 1.2.

Table 1.2: Principles and practices of community development and co-production that contribute to asset-based practice and commissioning

Community development principles and practices	Co-production principles and practices
Assets are the focus not deficits - all communities have assets on which they can draw and build. Focus on assets rather than the deficits, and further develop them.	**Complementary contributions** – making explicit and complementary use of the assets of organisations and of people or communities in co-producing outcomes. Often small asset contributions by one or other party can be critical to success.
Community assets are important means as well as outcomes – they empower communities to control their futures and create tangible assets such as social networks, services, funding and buildings.	**The importance of outcomes** – it is only when outcomes become the focus of design and delivery that the question 'who actually contributes and how?' to their achievement, can be addressed. This includes the roles played by people and communities.
Communities can be active agents - developing collective action by, and for, themselves. Where communities lack the experience and confidence to take action, some initial support will be needed.	**Equal say in decision-making** – recognises the importance of the assets that people and communities contribute and enables full use of their lived experience alongside the expertise of practitioners.
People and communities can be active co-producers of outcomes – not passive recipients of services. They should be involved in the redesign of existing services and the design of new supports that complement the use people and communities wish to make of their own assets in local and relevant ways.	**Co-design** – of existing services and new supports is essential to make most productive use of the complementary assets of people, communities and organisations.
	Complements self-help – co-production makes best use of the joint assets and expertise of people, communities and organisations by pro-actively complementing personal and community self-help.

Summary - key points

- Community development has been a feature of UK life for at least 150 years. Its practice is diverse and continually evolving.
- The various approaches to community development differ in two main ways; the extent to which the aim is community self-help or obtaining and improving externally provided services and the degree to which the focus for action is managerial or political.
- Community development helps develop strong, inclusive communities and locally relevant accessible and responsive services
- Co-production transforms services by enabling people or communities to have an equal say in service design and operational decision-making, drawing on their own lived experience alongside practitioner expertise, and making complementary use of their own assets and those of organisations to improve outcomes.
- Co-production is beneficial in that it improves outcomes, empowers people and communities and makes much more efficient and effective use of overall assets.
- Community development and co-production change both who is involved, and the processes used in producing outcomes.

2. User-Led Organisations and personalisation

Chapter Objectives

By the end of this chapter, you will:

- **Understand how User-Led Organisations (ULOs), run by and for people who use services, and personalisation have evolved**
- **Appreciate how ULOs and personalisation have contributed to changes in social policy and practice**
- **Recognise how they continue to contribute to the development of asset-based practice and commissioning**

ULOs are a key way in which citizens have made, and continue to make, their own case for asset-based practice, have shaped its development and become significant co-commissioners and suppliers of asset-based services and supports. Whilst ULOs exist in a wide range of areas, this chapter draws extensively on examples from health and adult social care, as arguably this is where much of the journey to asset-based practice started. In particular, it describes the experience of ULOs run by, and for, disabled people, as they have been in the vanguard of this development. However, the principles of asset-based practice and associated ideas developed by these ULOs are applicable outside of health and social care and to the lives of everyone.

This chapter outlines how ULOs have evolved to combat legal and social discrimination, change perceptions of disability, and increase the control people have over their lives and the types of services and supports they access. It then describes how personalisation has evolved through developments such as independent living, community care, direct payments and personal budgets and the role that ULOs and others have played, and continue to play in its development. The final section summarises the implications of ULO achievements and innovation within personalisation, for the development of asset-based practice.

User-Led Organisations

The movements created and run by people who use services, have laid the foundations for asset-based practice, and continue to shape its development. Organisations run by, and for, disabled people and mental health 'survivors' have been in the vanguard. Focusing on national level developments, the creation of these ULOs really got into their stride in the 1960s and 1970s[56,57,58,59,60,6162] (see Table 2.1). Appendix 1, Table A 1.1 provides a fuller chronology of milestone events and impacts.

Table 2.1: Some movements of people who use services, post 1945: milestones

Dates	Milestone events	Impacts
1946	National Association of Parents of Backward Children founded (now Mencap)	Established by parents of children who are learning disabled
1965	The Disablement Income Group is founded	Pushed for reform to social security for disabled people.
1972	Union of the Physically Impaired Against Segregation (UPIAS)	Campaigned for the replacement of all segregated facilities for physically impaired people by arrangements for them to participate fully in society
1973	Mental Patients Union (MPU) founded	Campaigned against compulsory hospitalisation and treatment, for choice of treatment and access to accommodation and adequate financial support.
1981	The British Council of Organisations of Disabled People (BCODP) (later the UK Disabled People's Council) is founded	A national coalition of organisations controlled by disabled people to campaign for equality, human and civil rights.

1984	People First founded	Organisation run by, and for, people with learning disabilities
1986	Survivors Speak Out is founded	A mental health networking and self-advocacy organisation
1987	Mind Link set up	A network of mental health survivors working within MIND
1990	Hearing Voices founded	Setting up self-help groups.
1992	Disabled People's Disability Action Network (DAN) founded	Using non-violent civil disobedience to effect change for disabled people.
1996	The National Centre for Independent Living (NCIL) is founded by BCODP and funded by the Department of Health	Run and controlled by disabled people, the Centre promotes and develops the use of direct payments.
2012	Disability Rights UK formed from a merger of the Disability Alliance, NCIL and RADAR	Run and controlled by disabled people, it works to create a society where everyone with experience of disability or health conditions can participate equally as full citizens.
2102	Reclaiming Our Futures Alliance	Provides a united voice for disabled people and grassroots disabled persons organisations, groups and networks across England. (UKDPC has folded).

In the early days of these movements, the legal and social discrimination faced by disabled people and survivors was heavily excluding (see Box 2.1)

Box 2.1: Out of sight, out of mind[63]

In the early 1940s, a mother who attempted to meet other parents of children with learning difficulties to form a playgroup went to place an advertisement in her local paper for a meeting of other parents. The newspaper refused to publish it on the grounds of the 'shame and disgrace' of having a 'handicapped' child.

Even when these movements got into their stride, change moved at a glacial pace. For example:

- It was not until 1970 that children with learning difficulties had the right to education.
- Despite the media exposes of inhumane treatment and conditions in hospitals in the mid-1960s, and the anti-psychiatry movement, it was not until 20 years later in 1986 that the first long stay institution was closed and 1990 before the National Health Service and Community Care Act accelerated the development of care in the community.
- The Union of the Physically Impaired against Segregation, founded in 1972, campaigned for the right to live in the community and the Mental Patients Union (MPU) formed in 1973 to end compulsory hospitalisation and treatment. Despite policy change, for example the 1970 Chronically Sick and Disabled Person's Act and the development of the concept of normalisation[64] in the late 1970s, people had to wait until 1988 for the Independent Living Fund to be established and 1989, for the legalisation of Direct Payments, to have choice and control over where and how they lived.

Social model of disability

Whilst change has been slow, the impact of ULOs on both asset-based practice, and the concepts that underpin it, has been profound. The social model of disability is an important example.

In 1972, members of the Union of the Physically Impaired Against Segregation (UPIAS) developed the initial concepts[65] underpinning the model:

'We as a Union are not interested in descriptions of how awful it is to be disabled. What we are interested in

are ways of changing our conditions of life, and thus overcoming the disabilities which are imposed on top of our physical impairments by the way this society is organised to exclude us. In our view, it is only the actual impairment which we must accept; the additional and totally unnecessary problems caused by the way we are treated are essentially to be overcome and not accepted.'

Union of the Physically Impaired Against Segregation (1974/5:5)

UPIAS distinguished between a person's actual or perceived functional impairment and the disabling effects of societal attitudes, behaviours, services and facilities that stop people from living a full life. They used this to critique the medical model of disability where practitioners make all the decisions, treat people as passive recipients, view their needs as personal characteristics based on their impairment, and focus on people adjusting, with adaptations, to their limitations. This resulted in a perception of disability as 'pathological requiring institutionalisation, rehabilitation and welfare support'[66]. It legitimised the segregation of disabled people, those experiencing mental ill health, and the imposition of treatments without patient consent. Both UPIAS and the Mental Patients Union formed to combat the medical model.

Oliver[67] built on the UPIAS statement to develop what he then termed the social model of disability. At its core is the UPIAS distinction between impairment and disability. Further developed in a number of forms, the social model provides a complete contrast to the medical model (see Table 2.2).

Table 2.2: The medical vs. the social model of disability[68]

Medical Model	Social Model
Disability is a 'personal tragedy'	Disability is the experience of social oppression
Disability is a personal problem	Disability is a social problem
Medicalisation is the 'cure'	Self-help groups and systems benefit disabled people enormously
Professional dominance	Individual and collective responsibility
Expertise is held by the (qualified) professionals	Expertise is the experience of disabled people
The disabled person must adjust	The disabled person should receive affirmation
'The Disabled' have an individual identity	Disabled people have a collective identity
Disabled people need care	Disabled people need rights
Professionals are in control	Disabled people should make their own choices
Disability is a policy issue	Disability is a political issue
Individual adaptations	Social change

The social model of disability distinguishes between functioning being impaired and the disability people experience through denial, in law or in practice, of their rights and citizenship, and the discrimination they experience in all aspects of their everyday lives. In other words, disability is an imposed condition, not something that is inherent to the person. The model recognises disabled people as citizens with the right to live as full a life as those who are not disabled. As people with abilities, and experts by experience, they should be in control of defining and securing the services and supports they need. The key message is that society causes disability and so it will require collective political action to overcome it (see Box 2.2).

Box 2.2: Extract from the terms of reference of Reclaiming Our Futures Alliance (ROFA)[69]

'ROFA is committed to the social model of disability which says that the exclusion, inequality and discrimination disabled people experience is not the consequence of our impairments but a result of the economic, cultural, social and political forces operating in society. Disability is the name for the social consequences of having an impairment. We use the term disabled people politically to emphasize the social cause of the exclusion and discrimination people with impairments face'.

ROFA Principles and values – social model of disability. (Undated: 1)

Whilst the social model of disability has been widely accepted by disabled people's organisations, some mental health survivor organisations contest the applicability of the impairment part of the model[66]. However, the need for collective action to combat disability is for most a common cause.

Rights and citizenship

The social model of disability and the independent living movement laid the foundations that enable people who use services to decide which forms of support, provided by whom, when and how, will enable them to live the full and independent lives to which they aspire. Making this a reality required further work. Vigorous campaigning and innovations on the part of the disabled people's and survivor movements, as well as alliances with practitioners and others, led to the rights for disabled people (see Appendix 1, Table A 1.1) being enshrined in law. However, establishing legal rights and ensuring them in practice are two different things (see Box 2.3).

Box 2.3: The right to education

The 1970 Education (Handicapped Children) Act made the provision of education compulsory for learning disabled children who had previously been classed as 'severely subnormal' and 'ineducable'. The 1981 Education Act required children to be educated in mainstream schools and classes wherever possible. It also made provision for the assessment of the educational needs of children with Special Educational Needs (SEN) and introduced 'statements' detailing the supports they require. Whilst the legislation improved the rights of disabled children, its implementation led to segregated provision for most, with low expectations of what they could achieve at school and in later life. The 2001 Special Educational Needs and Disability Act amended the 1995 Disability Discrimination Act making discrimination by schools against children for a reason related to their disability illegal.

Central to campaigning on rights was the demand that disabled people be treated as, and have the opportunities as full citizens. Three principles underpin this concept of full citizenship[70]:

- **Self-determination** –all people have capacity for free choice and should be able to exercise autonomy.
- **Participation** – the right to live in mainstream society and participate in family, community and national life.
- **Contribution** – the right to contribute to economic and social life as workers, volunteers, parents, family and community members. All contributions are valued equally.

Underpinning these concepts is a recognition that:

- A need for support to make choices and take action does not mean that someone cannot exercise self-determination, participate or contribute.
- It is necessary to take action to remove barriers to citizenship and, for some disabled people, provide the resources to enable citizenship.
- Disabled people must decide what action to take to remove which barriers, and the types of extra resources they require.

Rights and citizenship involve full recognition of rights on a par with all other people. Having the same opportunities as everyone else to contribute and receive the support needed to live full lives. Rights are now enshrined in legislation and practice guidance (see Appendix 1, Table A 1.1). They move away from support and services being perceived as a gift, to them being a right, and from a narrow focus on providing specialist services and supports, to a broad focus on enabling equal citizenship. This aims to ensure that all citizens have the opportunity to contribute to their communities on a par with everyone else.

Conventional practice often unwittingly limits the extent of self-determination, participation and contribution of many groups of people who use services. Asset-based practice draws on the ideas of rights and citizenship and applies them to everyone.

Personalisation

In 2004, Charles Leadbeater[71] coined the term 'personalisation' to describe the move from a 'consumerist' to an 'empowering' approach to designing and delivering services led by people who use services. In a health context, Leadbeater contrasts the two approaches as follows:

Consumerist – *(service) 'users are patients in need of timely and effective services from the NHS that are personalised to their needs.... professionals – medical practitioners – must deploy their knowledge and skills in a timely and effective way to solve a problem for the user. The more that is done in a personalised, considerate and responsive manner the better'.*

Personalisation – *'the users are co-producers of the goods in question. They are active participants in the process – deciding to manage their lives in a different way – rather than dependent users... the key is to build up the knowledge and confidence of the users to take action themselves, to self-manage their health without turning to the professionals. The professionals deploy their knowledge to help the users devise their own solutions – smoking cessation programmes, exercise regimes – which suit their needs.'*

Leadbeater, C. (2004:16, 17)

Early developments in personalisation

A number of developments, such as care management, independent living, the use of direct payments and personal budgets, as outlined below, inspired Leadbeater's description of personalisation (see Appendix 1, Table A 1.2 for a chronology of milestones and impacts, to date).

Care management

In 1990, the Thatcher administration implemented the policy of community care and the marketisation of public services. Following the Griffiths Report[72] and the NHS and Community Care Act[73] the aim was to break away from the previous top-down, bureaucratic command and control system of organising social services and usher in a more efficient and customer responsive approach to service provision. This led to the development of the practice of care management and, within social services departments, the organisational separation of the functions of purchasing and providing services, the 'purchaser – provider' split.

Care managers, mostly front-line social workers, were to become front-line purchasers. They were to assess the needs of people who use services, identify the supports they require, and purchase them from whichever sector and provider could best deliver them. They would also identify people's unmet needs and strategic, wide-area planners would use this information to stimulate the market to provide any missing services. In practice, care managers were mostly restricted to offering people the choice of a pre-contracted menu of services. At the wide-area level, little use was made of the information they provided on unmet needs to reshape services.

Splitting the purchasing from providing functions within social services departments aimed to keep

the local authority providers at arm's length, freeing up the purchasers to choose whether to buy services from statutory, private or voluntary and community sector providers. Open competition for contracts aimed to create a mixed economy of care that promoted innovation, widened choice, and lowered costs. In practice, the use of competition varied across services and the practice of purchasing of large blocks of tightly specified services, at the lowest price, restricted service innovation.

Independent living and direct payments

The UK Independent Living Movement and the use of Direct Payments are examples of the social model of disability in action. Independent living recognises the right of disabled people to receive Direct Payments (cash budgets) which they can then use to purchase the supports they choose that will enable them to live as independently as anyone else, at home, and in the community. The Independent Living Movement drew its inspiration from the experience of the first Centre for Independent Living in Berkeley, California. In the early 1980s, UK disabled activists visited Berkeley and then began to create their own Independent Living arrangements. The pioneers, in Hampshire and Derbyshire, developed overlapping approaches and painstakingly negotiated their way around the financial, practice, policy and attitudinal obstacles. This resulted in their living in their own accessible housing and, with the support of personal assistants, in their local communities.

Nationally, campaigning by the British Council of Organisations of Disabled People (BCODP) and others enabled further important changes. A campaign against the government's proposed removal of a key benefit on which the funding of independent living relied, led to the establishment of the Independent Living Fund, an alternative and more flexible funding scheme.

As it was illegal for local authorities to give money directly to people to establish their own independent living arrangements, this required some creative accounting including, for some, making payments to people via a third party organisation. However, many local authorities thought this was too close to being illegal and hence the availability of independent living finance was highly restricted. To overcome the legal concerns of local authorities, BCODP campaigned for legislative change to make Direct Payments legal (see Box 2.4). With support from MPs, and organisations such as the Association of Directors of Social Services (ADSS), this led to the passing of the 1996 Direct Payments Act and the founding of the National Centre for Independent Living by BCODP. Run and controlled by disabled people, and funded by the Department of Health, the Centre promoted and developed the use of direct payments. In 2012, the Centre, with others, merged into a new organisation, Disability Rights UK. In England and Wales, in 2015, the government abolished the Independent Living Fund, transferring its budget to local authorities.

Box 2.4: Direct Payments

The 1996 Direct Payments Act was a big step forward, legalising the previously informal use of direct payments. It gave some of the people who used services the power to choose what supports to purchase and from whom. Some individuals did manage to develop highly personalised packages of support. However, eligibility was limited, putting direct payments out of the reach of many. The service market was also under-developed, limiting the range of services and supports available. Organising and running a direct payment required considerable knowledge and effort and there was scant local support available to enable people to do so. Active promotion of the availability of direct payments was not widespread.

Personal budgets

Direct Payments paved the way for the development of 'individual', later termed 'personal', budgets along with less onerous ways of managing them (see Box 2.5). In 2005, *Improving the life chances of disabled people*[74] made individual budgets available to disabled adults. The 2006 White Paper, *Our health, our care, our say*[75] extended these budgets to all adults who were eligible for state funded

adult social care. Personal budgets evolved from individual budgets[76]. In 2010, the Coalition Government affirmed the importance of personalisation and the use of personal budgets in social care by both adults and children and in 2014, in health.

Box 2.5: Different ways of running a personal budget[77]

There are three main ways to deploy a personal budget. As a:

- Direct payment
- Managed account held by the local authority with support provided in line with the person's wishes
- Managed account held by a third party (often called an individual service fund or ISF) with support provided in line with the person's wishes

Children and young people

In 2005, the consultancy Paradigm began working with local authorities to develop the use of individual budget style funding for use by disabled young people. The aim was to smooth out the transition for young people from children's services where individual budgets were not yet available, to adult services where they were available to all. In 2006, the Department for Children Schools and Families (DCSF) funded the budget holding lead professional pilots[78]. This extended the ethos of choice and control to families with children who have additional needs, and those, on the edge of, or in the care of the local authority. In 2007, Aiming high for disabled children[79] launched individual budget pilots for families with disabled children. In Control supported the pilots building on Paradigm's work[80] and its own development of the self-directed support process that enables children and their families to control their budgets[81]. The success of these pilots led, via the 2011 Special Educational Needs and Disability (SEND) Green Paper[82] and the 2012 Next Steps paper[83], to extending personal budgets to a broad group of disabled children along with personalised Education, Health and Care plans.

Health

The White Paper, 'Our health, our care, our say'[75]. restricted its vision for the use of personal budgets to adult social care. The 2006 NHS Act[84] opened the NHS to greater consumer engagement by requiring patient involvement where commissioning impacts on the manner and range of services they can access. The 2008 NHS Next Stage Review final (Darzi) report[85] incorporated the then Strategic Health Authorities' proposals for personal health budgets leading to the launching of the 2009 -12 Personal Health Budget Pilot Programme. Aimed at people with long-term health conditions, the budgets covered all their health expenditure except for that on primary and inpatient care[86]. This included services not normally provided by the NHS that will help patients achieve their agreed health goals. The evaluation of the pilots found the use of personal budgets improved people's quality of life and psychological well-being, consequently reducing their use of inpatient, A&E, and GP services. Patients with budgets above £1000 per year, and those accorded greatest freedom in their use, achieved the biggest benefit.

In October 2014, the government introduced the right for adults and children, eligible for NHS Continuing Care, to have a personal health budget[87]. At the discretion of the Clinical Commissioning Groups, the local NHS commissioning bodies, other groups of patients, for example children and young people, can also use personal health budgets. Personal health budgets[88] recognise patients together with practitioners as co-producers of health outcomes. Practice developments such as self-directed support and shared decision-making[89] enable patients to be in control. The Integrated Personal Commissioning programme[90] (Box 2.6) is now enabling the implementation of personal health budgets as part of a broader approach to personalisation across health, social care and other sectors.

Personalisation today

Personalisation has erroneously become a shorthand for the provision of personal budgets to people who are eligible to purchase the additional services and supports they require to meet their assessed support needs. Whilst personal budgets are an important means of enabling personalisation, the aim has always been much wider and the means for attaining it far broader. The definition of personalisation developed by the people who use services, organisational commissioners and suppliers and others who form the national Think Local, Act Personal (TLAP) partnership, illustrates this much wider perspective:

'Personalisation is fundamentally about better lives, not services. It is rooted in the power of co-production with people, carers and families to deliver better outcomes for all. It is not simply about changing systems and processes or individualising funding, but includes all the changes needed to ensure people have greater independence and enhanced wellbeing within stronger, more resilient communities.' [91]

Think Local, Act Personal (2014: 3)

The definition highlights the following key features of personalisation:

- **'better lives, not services'** – the aim is to enable people to live the lives to which they aspire. This goes beyond a service sector, e.g. heath or adult social care, deciding which of a person's needs it will aim to meet, and then enabling people to decide which of that sector's services and supports would best meet them.
- **'greater independence and enhanced wellbeing'** – being able to live well in your own home and community like anybody else. Being able to make full use of, and further develop your skills, gifts and talents. Having control over the what, who and how of the support you receive.
- **'rooted in the power of co-production with people, carers and families'** – outcomes are co-produced by the combined efforts of people and organisations. As co-producers of outcomes, and experts by experience, people should have an equal say in the design, delivery, choice and use of services and supports.
- **'not simply about changing systems and processes or individualising funding'** – there is much more to be done, beyond using personal budgets, to ensure that disabling barriers are removed and opportunities are equally available to all.
- **'strong, more resilient communities'** – recognising equal rights and citizenship of all through enabling the development of communities that empower those who are most in need, and in which everyone can make and sustain connections with others and contribute to their community.

More than budgets

Direct Payments enabled people to decide both what tailored support they needed and make greater use of universal services. The aim is to live an independent life like everybody else. In 2001, Valuing People[92] affirmed that people with learning disabilities have the same rights as all other citizens to pursue their aspirations and, with support, have the same opportunities to contribute to society as others. Consequently, their health and wellbeing would also improve. This affirmation and direct payments expanded thinking beyond the provision of specialist services and supports, the result being that people were to be enabled to make best use of statutory funded and commercially provided universal services, draw on and contribute to their local communities and, where possible, to gain employment. In 2008, the Department of Health, as part of its Putting People First policy, drew on work by the Office for Public Management[93], to incorporate this new perspective into the way it conceptualised personalisation in adult social care (Figure 2.1).

Since modified by In Control, as part of its whole life approach to personalisation[95] the four quadrants of Figure 2.1 show effective personalisation requires a set of interrelated changes at both the

individual and wide-area levels that go much further than personal budgets. It also changes the underlying logic.

Figure 2.1: Personalisation in the round[94]

Previously, personal budgets were designed to give people 'choice and control' when buying specialist supports. These aimed to compensate partly for people's de facto exclusion from both using universal services and active participation in their local communities. The new logic begins by focusing on people's abilities and making best use of what is available to all. It pro-actively seeks to open up 'universal services' to all and enable people to develop their 'social capital' within inclusive communities. This is both valuable in its own right and frees up people to use their personal budgets to purchase the extra supports that cannot be provided by universal services, community networks and opportunities open to all. This logic underpins the self-directed support process developed by In Control[81]. It also drives personalisation's focus on early intervention and prevention, working upstream to improve outcomes and consequentially reduce the necessity for extra support. In 2015, NHS England, Local Government Association incorporated this wider perspective in their Integrated Personal Commissioning programme (see Box 2.6)[90] which is now one of the key pillars of the health service transformations being implemented as part of the NHS Five Year Forward View[96].

Box 2.6: Integrated personal commissioning – the five key shifts in the model of care[90]

1. **'Proactive coordination of care** – a proactive approach to integrating care at an individual level around adults, children and young people with complex needs.
2. **Community capacity and peer support** – a community and peer support focus to build knowledge, skills and confidence in self-management.
3. **Personalised care and support planning** – a different conversation about health and care focused on what is important to each person through personalised care and support planning.
4. **Choice and control** – a shift on control over the resources available to people, carers and families, through personal budgets.
5. **Personalised commissioning and payment** – a wider range of care and support options tailored to individual needs and preferences, through personalised commissioning, contracting and payment.'

(Bennett (2016:5)

In 2016, the leaders of all the major organisations engaged in health and social care endorsed the role that communities play in this wider approach to personalisation (see Box 2.7). Hence, multi-level commissioning now supports personalisation in the community as well as the individual and wide-area levels.

Box 2.7: Engaging and empowering communities[97]

'Local areas can decide their approach, but there are some principles that underpin all community empowerment approaches. These include:

- Taking an approach, which recognises that people have skills and knowledge that can and should be used in their community.
- Using co-production because we know that when people's lived experience is valued alongside professional expertise, it leads to better-shared solutions.
- Cultivating 'social capital' - the social connections that lead to neighbourliness and civic engagement.
- Encouraging communities to value diversity and grant equal access to all their members.
- Shifting power and control from public services and professionals to the community and those who are marginalised and seldom heard.

Leaders, together with people who use services and carers, have agreed some actions to drive this work. This includes:

- 'Health and Wellbeing Boards to take a lead role in engaging and empowering communities.
- Commissioners to make sure that the strengths of citizens and professionals is central to public service planning and design. The health and social care sector to apply the same evidence and use simple measures to show the benefits of empowering and engaging communities.
- All stakeholders to drive the ambition that shows that communities are central to future health and social care systems'.

Think Local, Act Personal (2016:1)

Implications of User-Led Organisations and personalisation for the asset-based approach

The achievements, of disabled people, survivor and other ULOs contribute to both the principles and practice of the asset-based approach in a number of ways:

- **Rights and citizenship** – recognising and combating discrimination and providing people with the resources they need to exercise their rights.
- **A full and independent life** – as the aim of all services and supports, rather than a narrow focus on service sector defined needs and outcomes.
- **Experts by experience** – people who use services and their families and carers have knowledge on a par with that of practitioners and have the right to control the definition of their needs and what services and supports are appropriate.
- **Organisations run for and by people who use services** – are essential to the effective development and delivery of both asset-based practice and commissioning.

Personalisation draws on many different developments in children's services, health and adult social care integrating them into a set of linked practices. Key features of importance to asset-based practice are:

- **Whole life** – focusing on the whole life of a person and their aspirations rather than narrowly defined sector specific needs, outcomes or support tasks.
- **All people and communities have assets** – this is the starting point for the self-directed support model.
- **Citizenship** – enabling all people to contribute to their local communities and valuing their gifts. Redesigning universal services that are nominally open to all so they welcome and are useable by all.

- **All assets not just budgets** – recognising the importance of personal budgets but setting them within a much wider view of the assets that are available to people to live full lives.
- **Real control makes a big difference** – people as equal co- commissioners have real control over their lives, use the full combination of assets much more efficiently, and they and others benefit from the improved outcomes.
- **Multi-level commissioning** – commissioning does not just happen at the wide-area level. It also takes place at the level of individuals and communities.

Although the above key features are distilled mostly from practice developments in health and adult social care, they are applicable and increasingly being applied in all areas of personal and community life and across sectors such as community safety, housing, leisure, street scene, transport.

Summary - key points

- There has been a significant shift in how disability is viewed in the United Kingdom over the last 70 years, prime movers for which have been User Led Organisations (ULOs) run by, and for, disabled people and mental health 'survivors'.
- The independent living movement and the social model of disability have resulted in the recognition of the rights to self-determination, participation and contribution that are integral to full citizenship for disabled people and of relevance to all.
- Use Led Organisations have been, and continue to be, important sources of practice and commissioning innovation.
- Personalisation exploits the synergies available by focusing on the whole of people's lives, within the context of strong inclusive communities, universal services that are tailored to all, and supported by the use of personal budgets. Asset-based practice is most effective when it develops integrated sets of activities that multiply impacts.
- Personalisation practice and commissioning developments in children's services, health and adult social care have contributed a set of principles which can be applied well beyond these fields and inform asset-based practice.

3. Current asset-based practice

Chapter Objectives

By the end of this Chapter, you will:

- **Appreciate the principles that underpin asset-based practice**
- **Understand the key features of the emerging model of asset-based practice**
- **Recognise the differences between conventional and asset-based practice**
- **Understand the cost effectiveness of community-based practice**

This chapter comprises two sections. The first provides a working definition of asset-based practice and outlines five underpinning principles, before distinguishing it from conventional practice. The second describes the overall model of asset-based practice, illustrated with examples of personal and community, co-production and self-help that together comprise asset-based practice.

Definition of asset-based practice and underpinning principles

Chapters 1 and 2 show how asset-based practice has evolved from a wide range of different sources. The sheer variety of developments makes it easy to get lost in the detail and lose sight of what it is that makes asset-based practice unique. As a compass to keep thinking and practice on track, we have developed the following working definition:

'Asset-based practice uses a mix of personal and community co-production and self-help to make best complementary use of a wide range of assets. As co-producers of outcomes, people and communities have an equal say in decision-making with their lived experience being valued on a par with the expertise of practitioners.'

The principles underpinning asset-based practice

Five principles underpin the definition of asset-based practice (see Table 3.1), each of which marks a definite departure from those that implicitly underpin the conventional public service practice.

These principles derive from an analysis of examples of asset-based practice (see Chapters 1 and 2). As the practice has developed so has awareness of the underpinning principles, which new developments can then incorporate. Hence, it is important to bear in mind that, at the time of their conception, many of the earlier, ground-breaking examples of asset-based practice did not embrace all of the principles of asset-based practice.

Table 3.1: The principles of asset-based practice

1	**All assets**	All people and communities have assets on which they can, and do, draw and build. The aim should be to make best complementary use of these assets alongside those of organisations, and enable their further development, through personal and community self-help and co-production.
2	**Citizen driven**	Everyone is a citizen and has the right to self-determination. People and communities should be enabled to be equal decision-makers, alongside organisations, in the design of services and supports, choosing what works for them and producing improved outcomes through co-production and enhanced self-help. The aim is to make best joint use of the lived experience of people and communities and the expertise of practitioners.
3	**Strong and inclusive communities**	Strong communities improve outcomes by providing practical help, information, emotional support, and opportunities to contribute. They are safe and fun places to live but to benefit everyone they must also be inclusive. People, communities and organisations should be enabled to strengthen and open up communities to all.
4	**Whole life**	People and communities should be able to be in control of, and live, full and independent lives. Organisations should focus on whole lives and communities rather than on single or narrowly connected sets of sector-defined outcomes. Collaborative, whole life, cross-sector action between organisations as well as between people, communities and organisations, should be the norm.
5	**Everyone**	Universal services, whether state funded or commercially or independently provided, are essential to everyone's daily life and are places where people bump into one another and socialise. However, many are only designed for the 'average citizen'. Universal services should be designed to meet the needs of all and, consequentially, help foster inclusive communities.

All assets

Conventional practice seeks to mobilise an extensive range of organisational assets from across the public, private and voluntary sectors, including:

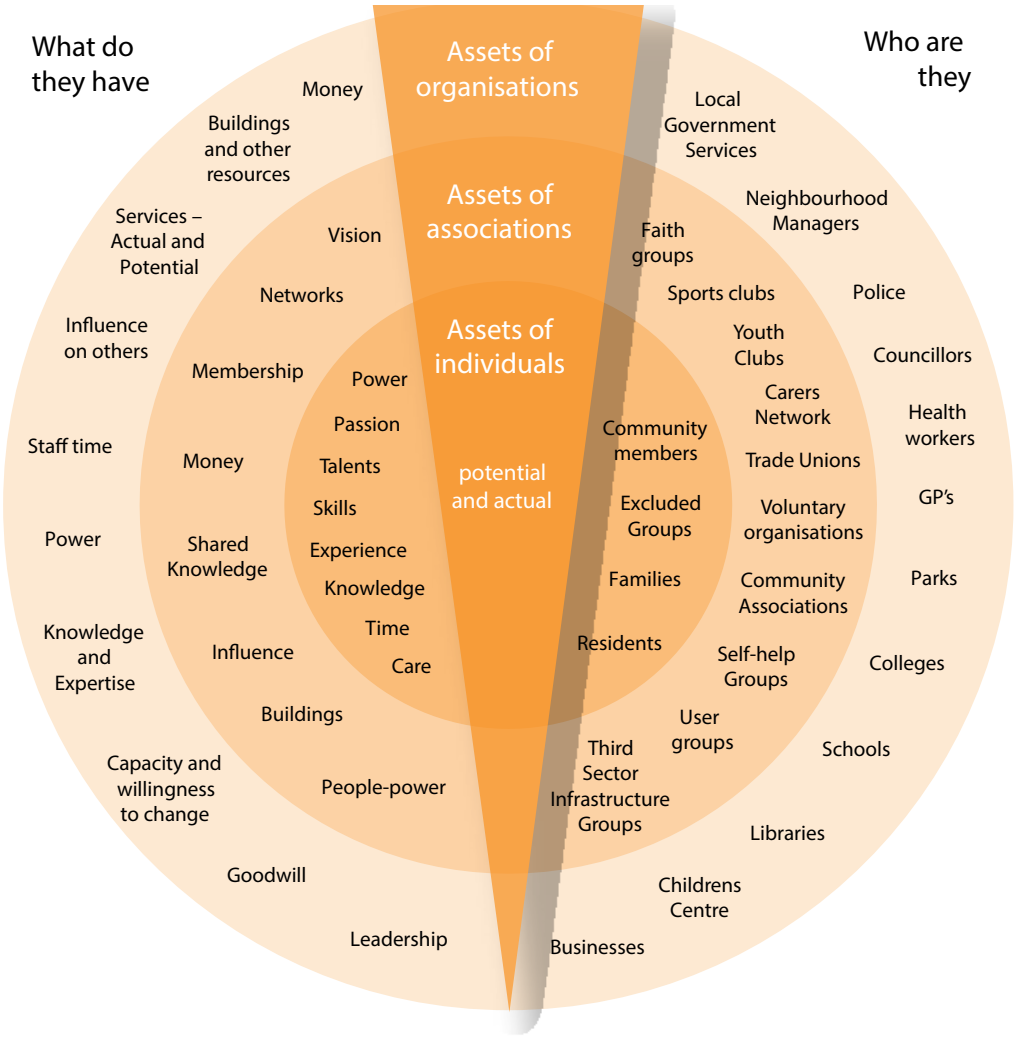
- Funding - from taxation, borrowing, match funding, charitable giving and payments for services by individuals.
- Human and physical assets – practitioners, managers, staff, board and executive team members, local politicians along with services, buildings and equipment.

Whilst sometimes requiring people and communities to contribute their assets, conventional practice is predominately concerned with making best use of organisational assets, in particular revenue budgets. It views people and communities primarily as having deficits and needs, requiring organisationally provided services and supports to meet them. Thus, it underestimates the assets and the potential of everyone, particularly those in marginalised groups such as disabled people and struggling communities, to contribute. Hence, it fails to provide them with the support they require to realise their full potential. Its narrow focus on sector-defined sets of outcomes, restricts the range of cross-sector collaborations and hence the ability to exploit the synergies between different sets of outcomes.

Asset-based practice starts from seeing everyone, and all communities, as having assets. Together these personal and community assets comprise the 'core economy' or 'real wealth' of communities (see Chapter 1). The assets include time, skills, talents, interest, abilities, personalities, relationships, shared histories and aspirations, funds, buildings and equipment. Asset-based practice supports people and communities to make best use of, and further develop these assets, alongside those of organisations via co-production and through self-help.

Asset-based practice encompasses a wider range of outcomes and seeks to make the best complementary use of the total range of organisational, personal and community assets (see Figure 3.1) to achieve them.

Figure 3.1: Assets of people, communities and organisations[4]



Asset-based practice redesigns existing conventional practice-based services and supports (see Box 3.1), and develops new ones which enable personal and community co-production and self-help. This opens up new ways of using assets and improving outcomes that go well beyond conventional practice.

Box 3.1: Courts – co-producing justice with victims and witnesses

The achievement of just outcomes is more likely when victims and witnesses are willing to both come to court, and provide a clear account of the evidence. Hence, the finding[98] that a significant proportion of victims and witnesses find courts daunting and distressing, the support processes unsatisfactory, and that only 52% would do it again, indicate major challenges to the effectiveness of the justice system. This is leading to a re-modelling of court processes. Changes[99] will include pre-briefing victims that the defence will question them about certain topics, providing at court support to vulnerable people, rescheduling cases so that there is time to prepare people beforehand and the redesign of court buildings to provide screens for more victims and witnesses, together with space for confidential briefings.

Citizen driven

Conventional practice aims to make best use of predominantly organisational assets by drawing mostly on practitioner expertise. Front line practice is practitioner-led, aiming to secure a tailored

response for each person's needs and deficits. It treats people and communities as passive consumers of services and supports or, at best, customers. Hence, whilst making effective use of practitioner expertise, it fails to make active use of citizen-lived experience. It also has the unwitting effect of denying people and communities decision-making power over important decisions that affect their lives.

Most conventional practice makes at least some use of the assets of people and communities to produce outcomes. This use may or may not be explicitly recognised. Where it is, its use tends to be organisationally determined, as for example:

- Home-school learning contracts, which describe what parents are required to do to complement the education provided by schools.
- HMRC requirements regarding the completion of self-assessment tax forms in order to calculate and collect the correct amount of personal taxation.
- Doctors who require patients to take their medication at the times and in the quantities prescribed.

In all these cases, the involvement of people and communities is organisationally prescribed requiring either their tacit or explicit, but passive, consent. Hence, ways of making better use of the combined assets of the organisation and people are missed, detrimental outcomes may occur and organisational costs may rise (see Box 3.2).

Box 3.2: Impact of non-involvement of people in decisions about prescribing and taking medicines[100]

'Reviews across different disease areas report that between 30% and 50% of patients do not take or use their prescribed medicines as recommended by their prescriber … Medicines supplied on prescription cost the NHS £8.1 billion in 2007–08'… 'If as many as 50% of patients don't take their medicines as recommended, this could mean that £4.0 billion of medicines are not used correctly.… the costs of admissions resulting from patients not taking medicines as recommended is estimated to be between £36 million and £196 million in 2006–07'.… 'The recommendations within the guideline focus on involving patients in making decisions about prescribed medicines, assessing adherence and tailoring interventions for supporting adherence to the needs of individual patients.'

National Institute for Health and Clinical Excellence. (Undated: 1, 3)

The conventional approach to commissioning, when designing or redesigning services, also gives greatest weight to practitioner expertise. While people and communities may be involved through consultations, these tend to be constrained to fit with organisational or sectoral aims and the consideration of organisations' pre-formulated options. Even where citizens are involved right from the beginning in identifying the key issues, designing possible responses and giving their views on which ones to implement, it is still organisations that take the final decisions.

Asset-based practice recognises that all people and communities are assets, have something to offer others, and the right to an equal say in the decisions that affect their lives. They are active agents in living their own lives and, with organisations, co-produce the outcomes that they choose to pursue. Hence, front line asset-based practice puts people and communities in the driving seat and begins with an appreciation of the assets that people and communities have, not those of organisations. It helps people and communities reflect on and value their lived experience, how they currently use their assets and explore uses that they see as more efficient and effective. The aim is to use practitioner contributions to complement and help people further develop their assets (see Box 3.3). At a community level, for example, this might involve enabling communities to reinforce social networks and create community-led organisations.

Box 3.3: Disabled people employing Personal Assistants

Many disabled people, rather than drawing on conventional services use personal budgets (see Chapter 2) to employ their own personal assistants (PAs). PAs enable budget holders to decide the support they want, and when, to complement their own abilities so that they can live independent and full lives.

Strong and inclusive communities

Conventional practice adopts a rather molecular or myopic approach, focusing mostly on specific aspects of life and services, rather than whole communities. Where there is a focus on communities, it is often through partnerships concerned with improving the impact of services and supports on communities via greater inter-organisational and cross-sector collaboration. Few partnerships focus on working with communities as a whole, strengthening social networks and enabling effective collective action.

Asset-based practice explicitly values and pro-actively works with communities to develop and support local collective action and the friendships and support networks that are essential to people's lives. Enabling everyone to give as well as receive contributes to the sense of worth and wellbeing of both people and communities (Box 3.4).

Box 3.4: Everybody has something to give

No one is without assets. Everybody is able to gain from giving. The wheelchair-bound older woman with arthritis, living in residential care, still retains her great ability to engage anyone in conversation. She contributes by being part of a local contact line, regularly chatting by phone with other housebound isolated people. She has a role that she knows is valued and both she and others enjoy the chance to chat. The person suffering from mental ill health who can fix your computer gets the chance to do so through membership of his local time bank. In all cases, it is the person's assets rather than lack of assets that count.

Where conventional practice-based organisations do work with communities, organisational imperatives can clash with community realities (see Box 3.5).

Box 3.5: Youth Ambassadors – neglect community boundaries at your peril[101]

Agencies enabled partly paid young people to work as Youth Ambassadors with their peers on issues of concern to them in their own local communities. Provided with training and support, the ambassadors used their own networks and knowledge of their local area to make contact with other young people and help them take action. The project evaluation showed how a clash between the requirements of funders and local youth networks work greatly restricted its effectiveness. In particular, the funders wished to focus on specific super output areas where the most disadvantaged did not match with the geographical reach of the local social networks of young people. This inhibited the effectiveness of the ambassadors. The lesson here is that targeting work with communities will require work within the community rather than organisationally-determined boundaries and networks to ensure success.

Asset-based practice focuses on whole communities. Where needed, it enables the provision of community-controlled support to help communities build on, and further develop their existing assets and tackle issues of local concern. This can lead to the development of 'strong ties' that enable a range of continuing contributions. For example, mentoring a young person, being a neighbourhood watch organiser, providing meals. Fun is important, hence social and special interest clubs around sports, arts and other interests are both valued for their activities and as ways of developing and sustaining social networks.

'Weak ties' between people are also important and take many forms including

- Practical help, such as giving lifts to friends, lending a ladder, or getting children to or from school.
- Providing information in response to questions, for example, 'Who is a good childminder?', 'What jobs are around?'
- Offering advice such as what to do when faced with situations such as housing eviction.
- Being a source of kindness and empathy at times of stress.

Weak ties can also provide a crucial bridge between individuals' separate, more densely knit, networks. Box 3.6 draws on research[102] that shows the role that public places can play in enabling the development of these weak ties.

Box 3.6: How 'Public Places' promote weak ties between people

Research shows that public places such as sports facilities, parks, squares, community centres, cafés, and shops where people can meet others, whether deliberately or by chance, can be important in enabling the development and sustaining of weak ties. Examples include:

Dog walking in parks - having a dog is a good icebreaker and allows conversations to develop into other areas. By meeting regularly, relationships strengthen between the dog walkers.

Children's Centre and school gates – provide times at which parents can drop off and pick up their children and opportunities for incidentally-creating social ties.

Marketplaces – well designed, with a diverse range of products and good public transport bring in a wide range of customers and lead to conversations whilst shopping.

Allotments and community gardens - create the opportunity to engage with others, providing access to resources, advice, and support beyond the allotment itself.

Asset-based practice recognises that communities must be inclusive as well as strong if they are to use their strength to enable improved social outcomes. Isolation can have a toxic effect on people's physical and mental health[103]. Those with fewest assets fare the worst and, hence, may have to make more use of services, leading to rising demand. At the extreme, social exclusion in the form of harassment and violence can lead to suicide[104]. Clubs and activity groups, with their associated social networks in strong communities are not necessarily open to all. This is often not a conscious policy but rather a lack of understanding of what it means to be inclusive and the ways in which clubs and groups can also gain from it. Enabling community organisations to be open to all (see Box 3.7) is a key part of asset-based practice.

Box 3.7: Darts and dementia, a win-win

John, a crack darts player, initially dropped out of his team as his dementia made it difficult for him to continue participating as a consequence of which he and the team lost out. It was only when the team worked out that it was the scoring, and deciding which numbers to aim for, that were preventing John from participating that things changed. Helped by team members to get oriented in front of the board, he was once again able to use his skills. John is now back in the team and the team is winning again. Everyone benefits from focusing on assets.

Whole life

Conventional practice focuses predominately on the provision of services, or pursuit of sector-determined outcomes, drawing primarily on organisational assets. This tends to screen out consideration of factors and motivators that link different aspects of the lives of people and communities that may be critical to them achieving the goals they seek (see Box 3.8).

Box 3.8: Losing weight, context is all

Losing weight can be essential to improving a person's health. Jane wants to do this, understands and is committed to the why and how, but cannot really face the endless regime of dieting and exercising involved. However, by linking weight loss with an important tangible goal that she would like to achieve, i.e. being able to drop a dress size prior to a wedding, she finds the motivator that gets and keeps her going. Linking specific outcomes to life goals can make all the difference.

Examples of the problems that arise from a narrow focus are:

- A focus on organisational rather than community boundaries - the objectives, priorities and geographical boundaries of a single organisation or sector, e.g. a police unit, or the health sector, often set the bounds of conventional practice which may not of course coincide with how people or communities view and live their lives.
- People detached from their personal networks - services often directly support individual people, e.g. the child or patient, neglecting the key role played by others such as parents, family members and local support networks.
- Isolating service outcomes from context - mostly addressing outcomes in their own right, e.g. education or health. This accords only secondary priority to the critical role that other factors play, e.g. the impact of poor housing, low household income and domestic violence on educational achievement, physical and mental ill health.

These problems can compound one another. For example, where schools mostly focus on the educational achievement of children and young people, this can deflect attention away from the potential roles played by parents, grandparents and other significant adults in a child's education, and the wider challenges faced by the family network. This lack of understanding and appreciation of family assets, replicated across other sectors, can lead to the provision of a fragmented set of services and the provision of a set of parallel responses. Families then have the task of trying to coordinate them into a whole life response.

Conventional practice seeks to tackle this lack of a whole life focus through cross-sector collaboration. However, this is neither automatic nor easy to achieve. Increasingly tight financial constraints can lead to an even greater concentration on each sector delivering on its own 'core business'. Where defined in terms of services rather than outcomes, this increases the inward focus. The often unspoken question that slows the development of collaboration becomes 'is there anything in this for my service?'

Where collaboration does take place, it tends to involve only those organisations whose services have obvious immediate links, for example health with adult social care. Although they focus on a wider set of outcomes, the range is still limited. Hence, in health and adult social care, outside of public health, these collaborations often pay only lip service to the contribution that housing, employment, trading standards and others make to the general well-being of people and their health outcomes. They also typically neglect the critical role played by commercial suppliers of universal services, e.g. banks, pubs, shops and the independently-funded voluntary and community sector.

Asset-based practice focuses on whole lives, valuing interdependence, the roles that families, living groups and wider networks play in the lives of all people. It seeks to strengthen these relationships as essential ways in which people, communities and organisations together improve lives. Asset-based practice starts by enabling people and communities to gain control over their whole lives (see Box 3.9). The key question is not 'does a particular set of actions taken by people and communities on their own, and with organisations as co-producers, produce a specific outcome?' Rather, 'how does this set of actions enhance the quality of, and the control that people and communities have over their lives as a whole?'

Box 3.9: Community Circles[105]

'A Community Circle starts with a person and a purpose. The person's purpose may be to meet new people, deal with a particular problem, follow a dream or ambition, or get some help or support. Community Circles identify people in that person's life who can help and are happy to do so.

We have an informal meeting and, together, we decide on an action plan. The people in the circle carry out the actions that will help the person start to do or carry on doing things that are important to them. The focus person gets the help and support that is just right for them. The people in the circle have made a real difference to someone's life. Everyone in the circle gains by being part of something shared, focused and often life changing.'

Who does what?

'At the centre of every circle is a focus person whom the circle supports. Each circle has a volunteer facilitator who helps the people in a circle to plan actions and put these actions into practice. They give a few hours a month to facilitate meetings and help make sure the circle is making good things happen with the focus person. Facilitators are supported by volunteer mentors who are experienced facilitators. Facilitators and mentors are supported by paid Community Circles Connectors'.

Community Circles UK (Undated: 1)

Asset-based practice requires wide, cross-sector collaboration, rather than single sector action. People and communities are central to all collaborations and have an equal say in decision-making. The focus is on whole life rather than organisationally specified outcomes. It uses the full range of organisational assets to complement those of people and communities and develops creative ways of addressing funding barriers to enable cross sector sharing of costs and savings.

Everyone

Universal services that are open to all are essential to everybody's lives. The public sector provides some of these services, either directly and under contract or through not-for-profit or private sector organisations. Other organisations provide universal services commercially or through independent funding. Universal public sector services include community policing, leisure centres, primary health care, public transport, schools, social housing and waste collection and recycling. Commercial universal services include banks, cafés, entertainment, legal services and shops for food and clothing.

Universal services are often tailored to the 'average' person or community. Hence, whilst nominally useable by all, they can unintentionally exclude people who have additional, or a different mix of prioritised needs. People must then rely on more scarcely available and costly to provide targeted services specifically tailored to their needs, which those deemed ineligible will have to go without. Hence, conventional practice unwittingly further disadvantages the already disadvantaged by reducing their access to universal services.

Not being able to use universal services also excludes people from important day-to-day opportunities to interact with other people in their local community who use these services. This, in turn, reduces their opportunities to develop and maintain social networks. A current example of this is the growing practice of restricting the means by which citizens access information, services, jobs and other services to digital channels. This disadvantages and excludes the significant number of citizens who may not have the technical knowledge and skills or opportunity to access the required technology.

Asset-based practice redesigns universal services and opportunities so that they are more immediately usable by a much wider range of people. The aim is for all citizens to have the same access to the services, and the networking opportunities they provide (see Box 3.10).

Box 3.10: Opening up universal services to all

Public toilets - a lack of public toilets can inhibit people, who need frequent access, from getting 'out and about'. Collaboration between local authorities with cafés, pubs and others to make their facilities available to all creates community toilets[106] and increases provision.

Buses[107] - free bus passes are of little use if older people are worried about falling should their bus take off from a bus stop before they have time to reach their seats. Agreements with bus companies to reschedule buses so that drivers have the time to allow people to reach their seats before moving off have reduced people's concerns, increased bus use and maintained people's access to a wider range of facilities, social networks and opportunities.

Asset-based practice also aims to redesign targeted support to increase its availability and open up opportunities to network with other local people. Making better use of community assets is one way: for example, the replacement of day centres with day activities such as an allotment gardening group. Alternatively remodelling existing universal services (see Box 3.11)

Box 3.11: Bradford library: 'Changing Places'[108]

People with profound and multiple learning disabilities can miss educational opportunities due to barriers to meeting their physical needs. Bradford Central Library adapted its facilities, providing a classroom and a "Changing Places" changing and feeding facility (the only one in the city centre). Disabled people now make extensive use of the library's Learning Zone and café area where they can also socialise with other library users. The service also provides the support people need to be able to access the rest of the city centre.

A model of emerging asset-based practice

Chapters 1 and 2 describe some of the many streams of innovation that have contributed to what we now term asset-based practice. These innovations, which continue, have provided underpinning principles, new ways of conceptualising assets and new ways of working together that underpin current day asset-based practice. Figure 3.2 builds on work by the national Think Local, Act Personal partnership (TLAP)[109], bringing together the key practice features identified in the two previous Chapters with the five principles (see above) into a model of the emerging asset-based practice.

Figure 3.2: The emergent model of asset-based practice: principles, actions and outcomes

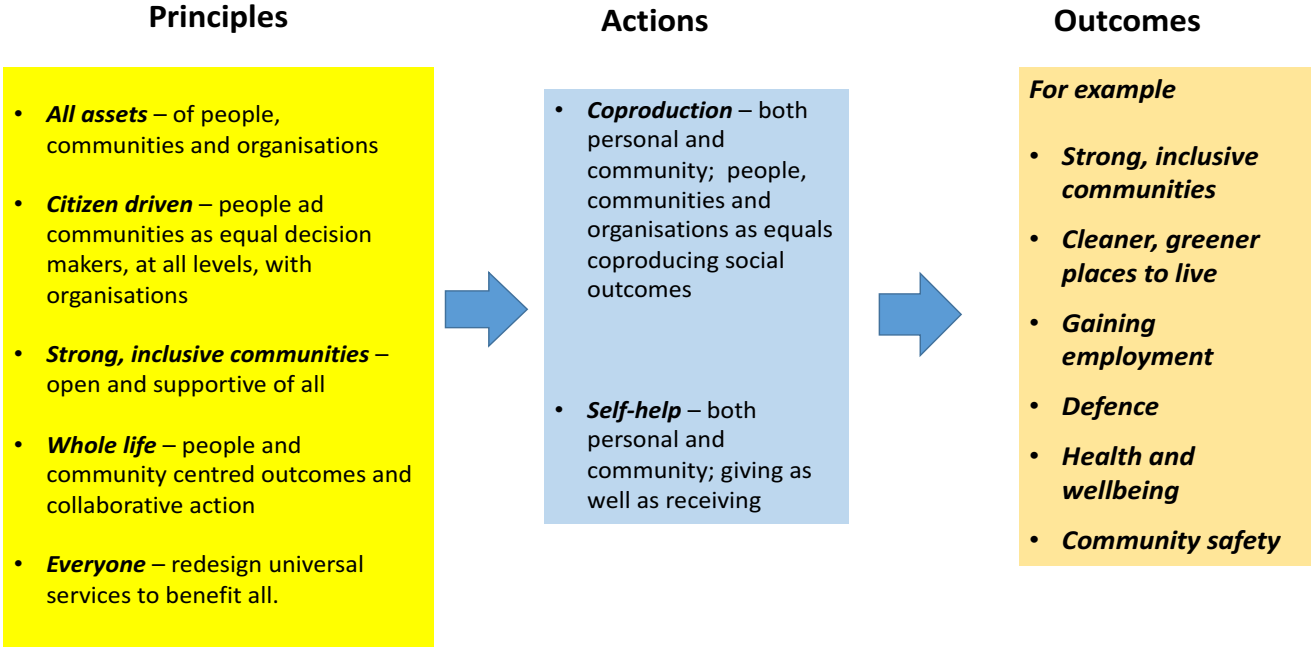


Figure 3.2 shows how the five principles of asset-based practice underpin the combined use of personal and community assets, through co-production and self-help (see Table 3.2 for examples) to

produce a wide range of economic, environmental social outcomes. Personal co-production brings together individuals with suppliers, as equal decision-makers, to co-produce improved outcomes for them. Community co-production brings together members of the community with organisations, as equal decision-makers, to achieve outcomes for part or all of the community. Personal and community self-help involves individuals or communities drawing on their own assets and deciding to take action that directly benefits themselves and/or others. Where organisations enable self-help, this overlaps with co-production but retains a very strong emphasis on individuals or communities, providing the majority of the assets and controlling all or most of the decision-making.

Table 3.2: Personal and community level co-production and self-help

LEVEL	Personal	Community
TYPE OF ACTION **Co-production**	• Parents and family nurse practitioners • Disabled people employing Personal Assistants	• Community involvement in waste management • Tenants involved in estate maintenance
Self-help	• Caring for relatives and friends • DIY	• Community shops • Baby-sitting circles

Co-production is a widely used term that is often misused. At first glance, some aspects of conventional practice may look like co-production; however, when checked against the principles of asset-based practice, this proves not to be the case. A common example of misrepresented co-production is the substituting of volunteers for paid staff in local libraries. Typically, this involves 'plugging' volunteers into a conventional service, designed and controlled by commissioners, with or without listening to what the community really wants.

This and other aspects of conventional practice that may or may not involve co-production are outlined in Box 3.12

Box 3.12: Aspects of Conventional Practice – Co-production or not[110]

User voice: making sure that people are 'heard' does not necessarily mean that they have had any say in deciding what to discuss, or that follow on changes are made, or that these changes meet their requirements. Whilst it can be a step towards co-production, on its own it fails to change the conventional approach.

Third sector provision: the third sector is where co-production is most common, but being a voluntary or community-based organisation does not automatically mean that they are co-producing. Hence, in itself, the existence of third sector provision does not guarantee co-production.

Personal budgets: enable people to control service purchase, but co-production goes much further. For example, enabling people to focus on the whole of their lives, rather than just particular tasks, and all assets, rather than simply what the budget will buy.

Engagement and consultation: engagement and consultation can be valuable, but traditional engagement keeps power in the hands of practitioners, overlooks the role that people play and communities play as co-producers of outcomes and restricts their opportunities to have a say in the co-designing of services.

Volunteering: many examples of co-production include people working in a voluntary capacity, but not every volunteering scheme is co-production. For example, where organisations tightly define volunteering roles, with few opportunities for volunteers to influence their prescribed tasks.

Co-production and self-help enable people and communities to make explicit and creative use of their own assets. The total pool of assets they draw on include:

- **People and communities** - aside from paying central and local taxes, people and communities pay directly for some services and draw on their own and others' skills, knowledge, time and social networks through self-help, and as co-producers, with organisations.
- **Organisations** – including commissioners and suppliers. The public sector funds direct provision,

e.g. court service and defence, and procures voluntary and private sector supply. Other sources of finance fund some voluntary sector provision and the private sector provides services and support on a commercial basis.

Sometimes, organisational assets complement the assets of people and communities (see Box 3.13). In other cases, as in self-help, people and communities draw solely on their own assets.

Box 3.13: People, communities and organisations delivering outcomes together

Effective recycling happens when people separate out their household waste and local authorities provide the separation bins and the rest of the recycling process. Communities can reduce or prevent some flooding by clearing leaves from off their streets' drains and local authorities can enable and equip communities to do so.

How personal and community co-production and self-help embody the principles of asset-based practice

Personal and community co-production and self-help improve conventional practice by redesigning conventional services and supports and creating new asset-based ones that embody the principles of asset-based practice. This section shows how.

Personal co-production

Conventional services and supports draw on the expertise of practitioners and the assets of organisations to enable improvements in personal outcomes for people but can, at the same time, miss wider opportunities to improve outcomes (see Box 3.14).

Box 3.14: Self-managed health care: an opportunity missed

Enabling people to cope with, and minimise, the impact of illnesses on their lives can be critical to their recovery and/or effective continuing condition management. In conventional practice, a short consultation with a GP may yield some advice on managing an illness and be accompanied by the prescription of medication. After that the treatment of the illness, or the self-management of the long-term health condition, e.g. diabetes, is down to individuals, with or without community support. Hence, the current model of primary health care consultations provides insufficient support to help people effectively self-manage their health and can undermine people's independence.

Personal co-production changes the conventional relationship between practitioners, people and communities to enable them to co-produce outcomes to benefit individuals. Instead of an expert directing what people should do and deciding how to support them, it is 'citizen-driven'. People with their lived experience become equal decision-makers alongside practitioners. It draws on the assets of people and communities as well as those of organisations to achieve 'whole life' rather than narrow service outcomes. The focus of the conversation changes from 'what is the matter with you' to 'what matters to you', broadening the range of outcomes considered. Together they jointly decide who, including the person, their local community and organisations, should do what. In health, this has led a new approach to supporting first time, teenage parents (see Box 3.15).

Box 3.15: Parents and family nurse practitioners

Family nurse practitioners support first time teenage parents ensure their child's health, school readiness and educational achievement and enable parents to gain employment or return to education. Instead of being directive, the practitioners use a strengths-based approach, working alongside families helping parents recognise, build on, and use the skills they have, developing their confidence. This improves the lives of both children and parents and produces savings of £3 or more for every £1 invested in support. (http://fnp.nhs.uk/evidence/proven-results-us)

Community co-production

In line with the 'all assets' principle of asset-based practice, community co-production aims to make best, explicit and complementary use of the assets of communities and organisations. Drawing on this, and other principles of asset-based practice, an analysis of waste management, for example, shows how community co-production can further enhance the efficiency and effectiveness of conventional practice.

The legislation and regulations that require local authorities to minimise the amount of domestic and other waste being disposed of via landfill sites resulted from protracted, grass roots, pressure group activity. This campaigning was part of a wider 'citizen-driven' movement to minimise the deleterious impact of people, communities and organisations on the environment. It also raised awareness of how people and communities contribute to the problem and what they can do about it. All this activity led to changes in the practice of domestic waste management.

At a personal level, people are now much more actively involved in waste management, separating different types of waste, storing them in separate containers and either putting them out for collection and/or transporting to a collection point. Although often subject to consultation, organisations prescribe this division of labour between the waste collection contractors and communities, rather than it being 'citizen-driven' and negotiated.

A good way of understanding how any practice works is to imagine that a formal contract exists between people, communities and organisations that spells out who will do what (see Table 3.3).

Table 3.3: A prescribed contract for domestic waste management[111]

SERVICE SPECIFICATION	Home Collection	Bulky refuse dump	Home composting
User Tasks	Separate waste into approved containers Put containers out for collection at right time	Transport rubbish to appropriate place during opening times Place rubbish in the right containers	Separate and compost waste Ensure use of compost
Organisation Tasks	Provide rubbish collection schedule and information on separation requirements and containers Provide containers Ensure collection, procession and use	Information on location opening times and usage. Rubbish separation containers Direction and help at the dump Ensure processing and use	Information on and encouragement of composting Subsidised compost bins

Spelling out the roles played by people, communities and organisations both clarifies the division of labour and prompts the further analysis of the assets of people and communities that the contract requires them to contribute (see Table 3.4).

Table 3.4: Implied use of the assets of people and communities in waste management[111]

SERVICE SPECIFICATION	Home Collection	Bulky refuse dump	Home composting
User Skills and Knowledge	Know collection days and what to separate Ability to lift or wheel bins	Know location and opening times of dump Ability to drive and lift bulky items Knowledge of collection services (e.g. voluntary groups who reuse/redistribute items)	Why and how to make compost Ability to handle refuse and compost
User Resources	Space to store separate bins	Own transport	A garden or allotment A compost bin Space for the compost bin
Access to social capital	Prompting about collection day Someone to lift or wheel bin	Someone to lift and transport Network of people who might be able to make use of unwanted items	Someone to help with composting Someone to use compost if not needed yourself

Applying the 'everyone' asset-based practice principle to the analysis in Table 3.4 raises questions about what happens to people who do not possess some or all of the required assets. As it stands, the current design disables sections of the community in playing their part in the recycling process. For example, someone who experiences periods of mental confusion may have difficulty in remembering collection days and which waste to store in which containers. This dis-empowers people, requiring them to rely on others for support, or leads to breakdowns in the recycling process.

The asset-based practice redesign of services can start by applying the 'all assets' principle to the current service to make the existing implied contract between people, communities and organisations explicit. The 'citizen-driven' and 'everyone' principles then underpin the process of involving people, communities and organisations in co-producing this analysis and the resulting redesign and delivery of the system. However, as this version of the redesign process works within the narrow service focus of current conventional practice, it will not necessarily produce the best asset-based solution. Instead, it is wise to stand back and use the 'whole life' principle to view the service in a broader context, before beginning its redesign.

When applied to waste management the 'whole life' principle questions the outcomes of the process. This leads to the recognition that one person's waste can be another's gain. Refurbishing and then reselling or donating, for example, textiles, computers, furniture and white goods, can provide good quality, affordable items to others. The refurbishing, recycling and up-cycling organisations, many of whom are social enterprises, also create jobs and contribute to their local economies. Box 3.16 provides an example of how the application of the 'whole life' principle can produce a wide range of social, economic and environmental gains.

Box 3.16: Redesigning waste management to reduce costs, provide affordable goods and create employment[112]

The conventional model

- One tonne of waste costs a local authority at least £100 to deal with.
- Every 10,000 tonnes of waste incinerated or buried provides one job.

The co-production potential

'Hidden in every tonne of waste are:

- **Textiles** – worth hundreds of pounds per tonne in the UK and overseas, providing 85 jobs for every 10,000 tonnes of material recycled or re-used.
- **IT equipment** – seeing a huge demand for educational purposes in the developing world, providing a staggering 296 jobs for every 10,000 tonnes of equipment recycled or re-used. A refurbished PC can be sold on for hundreds of pounds.
- **Furniture and white goods** – providing around 65 jobs per 10,000 tonnes dealt with.'

London community resource network. (Undated: 1)

The application of the 'whole life' principle can still further broaden the view of waste management by considering what can be done upstream of consumption to both reduce waste and extend the environmental, social and economic gains. For example, by working with manufacturers on product redesign so that their products are easier to refurbish and recycle (see Box 3.17).

Box 3.17: Stylish, quality affordable furniture: re-engineering the manufacturing process[113]

A sofa in good condition and highly reusable, has its fire label cut off, rendering it unsellable by re-use organisations. Every year in the UK, 1.6m tonnes of furniture and bulky waste are unrecyclable. Research shows that changes to the labelling, manufacture and certification of refurbished goods could reduce waste and costs and make affordable furniture more available.

Personal self-help

There are almost limitless examples of personal self-help, including activities that individuals have always done for themselves, or have had to learn or re-learn due to changed circumstances, for example child care, cooking and DIY. In many cases, personal self-help occurs naturally but sometimes other members of the community or organisations provide enabling support, for example through community circles (see Box 3.9).

Personal self-help makes a massive contribution to the achievement of economic, environmental and social outcomes. The contribution of people who provide care for older, disabled and seriously ill relatives and friends is a case in point (see Box 3.18). Asset-based practice explicitly recognises and values this contribution by providing services and supports that enable and complement it.

Box 3.18: Caring for relatives and friends[114]

'6.5 million people in the UK provide unpaid care for older, disabled and seriously ill relatives and friends. The UK's health and care system is heavily dependent on the support they provide which is worth a staggering £132 billion a year.... The need to work longer means caring roles are increasingly coinciding with work and 1 in 4 women between 50 and 64 already combine work with a caring role.... The growing cost of providing good quality care and support to an ageing population with more complex care needs means that putting in place the right support for carers is both a way of limiting the rise in health and care costs and a way of supporting carers to have a good life balance, freeing carers up to contribute in other ways to the economy and society'.

Carers UK (2017:1, 2)

Community self-help

Community self-help involves communities taking action that will benefit part or whole of their community. Community shops (see Box 3.19) and 'First aid' approaches to defusing conflict and tackling anti-social behaviour are examples of community level, self-help; the latter also incorporating personal level self-help (see Box 3.20).

Box 3.19: Community shops

Most community shops are managed and run directly by the community and trade primarily for its benefit. A common model is for the community to employ a paid manager and staff the shop with volunteers. Community shops benefit communities by:

- Securing local retail outlets, especially important to people who have limited mobility or lack access to personal or affordable public transport.
- Providing employment and volunteer opportunities.
- Being a potential focus for community life.

First aid approaches to conflict handling[115]

Conflicts can arise in many different situations and involve a range of participants, including perpetrators and victims, local people and communities, non-specialist conflict handling organisations, e.g. housing associations and shops as well as specialist organisations such as the police and trained security personnel. Citizens can use first aid approaches to conflict handling, ranging from dialogue through to intervention, to tackle low-level community safety issues and anti-social behaviour. Aligned with the 'all assets' principle, first aid approaches enable a wider range of assets to be mobilised.

Training plays a major role in enabling people to develop the skills and knowledge they will require (see Box 3.20) to read a situation, protect themselves and others, defuse and mediate. These skills enable 'citizen-driven' practice where people take effective and safe decisions about when to

intervene directly and when to call in other help. The result is a reduction in low-level crime and anti-social behaviour, which is critical to enabling the asset-based principle of 'strong, inclusive communities'.

Box 3.20: Training in first aid approaches to conflict handling

Defuse[116] - experienced police trainers and hostage negotiators provide the training in defusing social conflict and responding to crime and anti-social behaviour. Course participants include organisations, residents, children and young people, ex-offenders, those at risk of offending and victims of crime and domestic violence.

Restorative Justice Council[117] - offers training in restorative practice that help deal with antisocial behaviour and neighbour disputes, resolving conflicts before they escalate into crime.

Citizens' University[118] – The U - developed a 90-minute course, 'Give and Take' to give people the personal skills and confidence to address low-level conflicts in their neighbourhoods and daily lives.

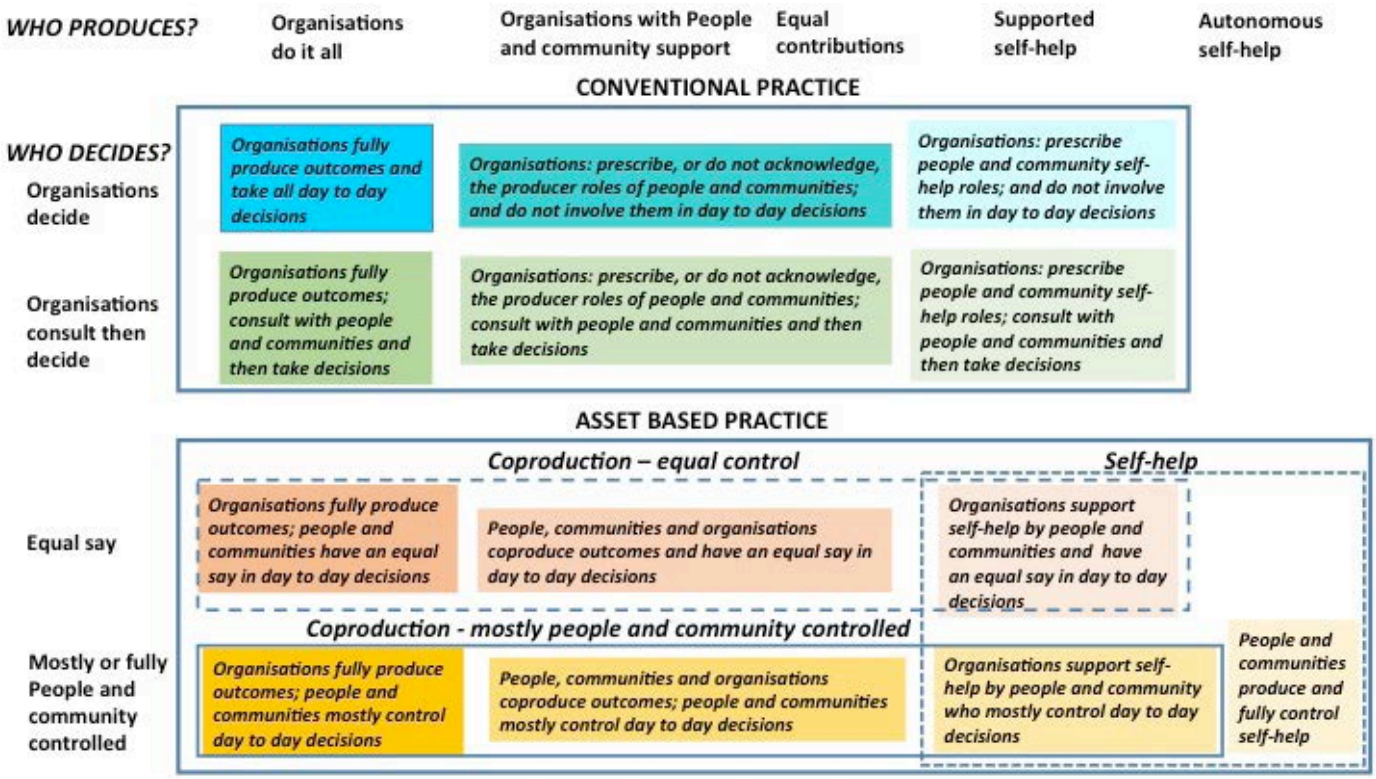
How asset-based practice differs from conventional practice

Both conventional and asset-based practice produce outcomes via a continuum of different mixes of assets from organisations and from people and communities (see Figure 1.3). Whilst both conventional and asset-based practice make use of the same asset-mix continuum, there are two distinct differences in how they do so, namely:

- **The extent to which the use of the assets of people and communities is explicitly taken into account** - regardless of where it is on the asset-mix continuum, conventional practice focuses predominantly on the use of organisational assets. Hence, where the assets of people and communities are used they are either overlooked or simply assumed to be available. Service design and specification either omit any mention of, or accord only secondary importance to, the use of these assets. Asset-based practice views the assets of people and communities as being as important in producing outcomes as those of organisations. It takes them explicitly into account in both the co-design of services and supports and in enabling self-help. The aim is to make far more efficient and effective use of the combined assets of organisations, people and communities.
- **How the mix, and use of, assets is decided** – in conventional practice decision-making is either completely controlled by organisations or, where people and communities are consulted, organisations take the final decisions. Asset-based practice is citizen-driven, with people and communities having an equal say, with organisations in designing services and supports and co-producing outcomes. Where people and communities supply all of the assets, with the exception of where there is legal oversight, e.g. planning regulations, they are in full control. Having an equal say in both commissioning and day to day practice is an essential requirement of asset based practice.

Figures 3.3 and 3.4 build on the framework developed by Tony Bovaird (see Table1.1), to highlight the different mixes of roles played by people, communities and organisations in conventional and asset-based commissioning and practice. However, Figures 3.3 and 3.4 differ from Table 1.1 in focusing solely on practice i.e. who is directly producing outcomes. The vertical axis 'who decides' explores who has how much say , when taking the day to day front-line decisions that ensure that a service or support meets the requirements set by the commissioners. The horizontal axis explores 'who produces outcomes?' by incorporating the 'asset-mix continuum' (see Figure 1.3). This describes the differing proportions of assets that a particular service or support requires to produce outcomes that are contributed by people and communities as against those by organisations. The body of Figure 3.3 comprises generalised descriptions of the different roles played in producing outcomes and decision making. Figure 3.4 provides specific examples.

Figure 3.3 Who makes decisions, and who produces outcomes – how asset-based differs from conventional practice



Together Figures 3.3 and 3.4 show how, in conventional practice, albeit sometimes in consultation with people and communities, supplier organisations control day to day, front line decision-making. This includes where organisational suppliers are supporting self-help (see the example of organisationally prescribed volunteering such as hospital portering). In all cases, conventional practice seeks to make best use of organisational assets. Where it does use the assets of people and communities, this is either implicit in service design or, where made explicit, is as substitutes for, or augmenters of, conventional practice. For example, doctors prescribe treatments on the assumption that patients will carry them out. Asset-based practice actively seeks to make explicit use of all assets and fully involves people and communities in all decision-making, for example in Brazil (see Chapter 1), where communities designed and contributed to the continuing maintenance of sewerage systems.

Whilst Figures 3.3 ad 3.4 focus solely on practice it is important to recognise that practice reflects, and is reinforced by, the commissioning environment (see Chapter 6). Conventional commissioning, like its practice, focuses solely on the use of organisational assets to produce outcomes and either does not involve, or only consults, people and communities when making decisions. Asset-based commissioning, also like its practice, makes explicit use of all available assets with people and communities having, at least, an equal say in decision-making.

Figure 3.4: Examples of the roles that people, communities and organisations play in conventional and in asset-based practice

WHO PRODUCES?	Organisations do it all	Organisations with people and community support	Equal contributions	Supported self-help	Autonomous self-help
WHO DECIDES? (Conventional) Organisations decide	**Organisation:** maintain road side grass verges **People and community:** no involvement	**Organisation:** assess personal tax liabilities and collect taxes **People and community:** complete personal tax returns and pay taxes. No involvement in day to day decisions	**Organisation:** schools develop and deliver the curriculum **People and community:** actively participate in learning. No involvement in day to day decisions	**Organisation:** develop volunteering schemes **People and community:** undertake prescribed volunteer activities. No involvement in day to day decisions	
Organisations consult, then decide	**Organisation:** consult on, and deliver safer roads **People and community:** participate in consultations	**Organisation:** develops place based, service integration augmented by some organisationally prescribed community development **People and community:** participate in consultations and prescribed community development	**Organisation:** conventional GP consultation and prescription of treatment **People and community:** provide information, comply with prescribed action e.g. exercise and diet	**Organisation:** community consulted, organisationally prescribed volunteering. **People and community:** participate in consultation, undertake volunteer roles e.g. as hospital porters	
(Coproduction) Equal say	**Organisation:** surgical procedures decided through shared decision making and delivery **People and community:** engage in shared decision making and agreed follow through actions	**Organisation, people and community:** co-manage and run waste collection, storage and recycling process. **People and community:** co-manage process and provide sorted waste	**Organisation, people and community:** co-management, co-delivery and maintenance of local connections to the mains sewerage system (Brazil)	**Organisation, people and community:** co-manage; organisations support; and people and communities undertake self-help activities	
Mostly or fully People controlled and community controlled	**Organisation:** operationally manages and delivers the service **People and community:** hire the organisation and take all key decisions, e.g. resident controlled residential care	**Organisation:** operationally manages and delivers most of the service **People and community:** hire the organisation, take all key decisions, co-manage and deliver some of the service e.g. community shop	**Organisation:** co-manages and part delivers the service **People and community:** hire the organisation, take all key decisions, co-manage and part deliver the service e.g. community café	**Organisation:** provides support and advice **People and community:** Decide on, and undertake most of the self-help e.g. a community run credit union	**People and community:** do it all e.g. baby sitting circles, tending own garden

Figure 3.3 shows how, in conventional practice, albeit sometimes in consultation with people and communities, organisations control the decision-making. This includes where they are supporting self-help (see the example in Figure 3.4 of organisationally designed and controlled volunteering

opportunities). In all cases, conventional practice seeks to make best use of organisational assets. Where it does use the assets of people and communities, their use is either implicit in the service design or, where made explicit, as substitutes for, or augmenters of, conventional practice. For example, doctors prescribe medication on the assumption that patients will take it correctly. Organisationally designed volunteer opportunities that enable people and communities to take on staff roles, e.g. acting as porters in hospitals.

Asset-based practice actively seeks to make explicit use of all assets and fully involves people and communities in all decision-making, for example in Brazil (see Chapter 1), where communities designed and contributed to the continuing maintenance of sewerage systems.

The cost effectiveness of asset-based practice

Evidence of cost effectiveness is essential to making the case for moving from conventional to asset-based practice. Cost effectiveness assessments bring together two sets of data:

- **Outcomes** – experienced by people and communities
- **Costs and savings** – comparative costs of existing conventional practice and new asset-based practice together with savings made through improved outcomes, reduced demand on services and improved efficiency.

Outcomes

There is an extensive and still growing evidence base about the impact of personal and community co-production and self-help on health and wellbeing. As this is well reviewed elsewhere[119,120,121] we only provide below some examples that typify the range of impacts, and evidence available:

- Peer support[121] – improves social skills, helps build friendship networks and increases community inclusion.
- Health condition self-management[121] – can improve health outcomes for people with long-term health conditions, such as diabetes and heart disease by up to 100%, including for terminally ill patients.
- Social capital - the creation and use of social capital (see Chapter 1) is both valuable in itself, and is shown to be an important factor in promoting a range of other outcomes. Examples[119] of the available evidence of how different aspects of social capital promote other outcomes are:

  - Improved physical health
    - Social networks reduce illness and death rates.
    - People looking out for and helping each other reduces obesity.
    - Community development can be more effective than screening and anti-cholesterol drugs in reducing heart attacks in men.

  - Improved mental health
    - Social networks and community participation help prevent mental ill health and cognitive decline.
    - Active participation in social and community life promote a sense of belonging, feelings of happiness and life satisfaction.

  - Crime and community safety
    - There is less crime and delinquency in communities with stronger social networks.
    - Time banking schemes for young people that incorporate time credits can reduce crime.

- Educational attainment

  - Being part of social networks and community associations increases the educational attainment of children and their families.

Costs and savings

The evidence on costs and savings, and the results of combining this with outcomes to produce cost effectiveness assessments, is growing. Briefly outlined below are three seminal studies of the cost-effectiveness of asset-based practice, each employing a different method of assessment and working at a different level of analysis.

Martin Knapp[122] chose decision modelling to draw on existing research findings as a quick and affordable method to assess the cost-effectiveness of particular asset-based practices. Applied to three examples of asset-based practice, it showed that, within a short time period, they yielded the following savings:

'Time-banking - Cost per member per year = £450; savings per member per year = more than £1300 (conservative estimate)

Befriending - Cost per older person per year = £80; savings per person per year = £300

Community navigator scheme - Costs = £480; savings = at least £900 per person in the first year alone'.

Knapp M et al (2011:3)

Table 3.5: provides examples of the costs and outcomes included in the above assessments.

Table 3.5: Examples of the costs and outcomes used in decision-modelling three asset-based practices

	Time-banking	Befriending	Community navigators
Outcomes	Attracting members from socially excluded groups. Improved physical and mental health, employment prospects and increased independence.	Alleviating social isolation, loneliness and depressive symptoms. Earlier identification of health needs, heading off later complications or emergencies.	Improving vulnerable groups' emotional and social wellbeing, debt management and ability to gain or maintain employment through practical support and enabling them to use mainstream services.
Costs	'Time-broker', and computer to stimulate, record and coordinate activity.	Recruiting, training and supporting volunteer befrienders.	Recruiting, training and supporting community volunteers or employing paid navigators.
Savings	Reduced reliance on services for support.	Reduction in overall demand for services.	Reduction in overall demand for services. Gains from employment.

Impact on communities

The New Economics Foundation (NEF) used social return on investment (SROI, see Box 3.21) to analyse the cost-effectiveness of community development in producing whole community impacts[123]. Compared with decision modelling, NEF's use of SROI involved a more detailed, and time consuming analytical approach, including primary community research.

Box 3.21: Social Return on Investment

'SROI is a measurement framework that helps organisations to understand and manage the social, environmental, and economic value that they are creating. It takes into account the full range of social benefits to all stakeholders, rather than simply focusing on revenue or cost savings for one stakeholder. SROI enables a ratio of benefits to costs to be calculated. For example, a ratio of 3:1 indicates that an investment of £1 delivers £3 of social value'.

New Economics Foundation (2010:1)

Assessing the cost-benefit of providing community development support in four different local authority areas NEF found:

'community development creates £2.16 of social and economic value for every £1 invested; an SROI of 2.16:1'

New Economics Foundation (2010:4)

NEF notes that this finding is likely to be an under-assessment of the cost-effectiveness due to the use a common outcomes framework to enable comparability between all four local authorities. This meant that additional gains in outcomes, specific to only one or two of the authorities, were not included in the overall assessment.

94.9% of the value of the benefits assessed by the study accrued directly to people in the local communities, the balance to organisations. In terms of benefits accrued, the study divided each community into three groups: individuals who volunteer to deliver community projects, those who participate in the activities of community projects and members of the wider community who do not participate. Table 3.6 displays the study's findings on the proportion of the total benefits, split by type of benefit that accrued to each of these three groups from community development activity.

Table 3.6: Proportion of total community development benefits accruing to local people

WHO BENEFITED	Local volunteers delivering projects	Project participants	Members of the wider community
TYPE OF BENEFIT **Supportive relationships**	7.3%	2.5%	26.2%
Trust and belonging	2.0%	2.9%	23.2%
Positive functioning	1.5%	2.1%	16.3%
Resilience and self-esteem	0.4%	0.6%	9.9%

Table 3.6 shows that the total percentage of benefits accruing to those who delivered, or participated in, the community projects stimulated by community development is much smaller than, that for non-participating members of the wider community. However, given the much smaller numbers of people actively involved in volunteering, the benefit per person they experience is much higher than for members of the wider community. The value of community development lies in its ability to engage and directly benefit local people through community organisations, in ways that also provide a much greater volume of knock-on benefits to the wider community.

Wide-area impacts

NESTA's People Powered Health Project[121] used logic-modelling, drawing on existing research and cost data to estimate the likely cost-effectiveness of employing a set of asset-based practices across

geographically wide-areas, namely those covered by a NHS Clinical Commissioning Groups. The set comprised a mix of co-production and self-help enabling interventions (see Table 3.7), supported by asset-based changes to commissioning, aiming at improving both physical and mental health.

Table 3.7: Mix of personal and community level co-production and self-help employed by the People Powered Health project

LEVEL	Personal	Community
TYPE OF ACTION **Co-production**	• Self–management support • Professional coaching and health trainers	None for this example
Self-help	• Buddying and peer mentoring	• Local community support, e.g. social walking groups. • Time banks

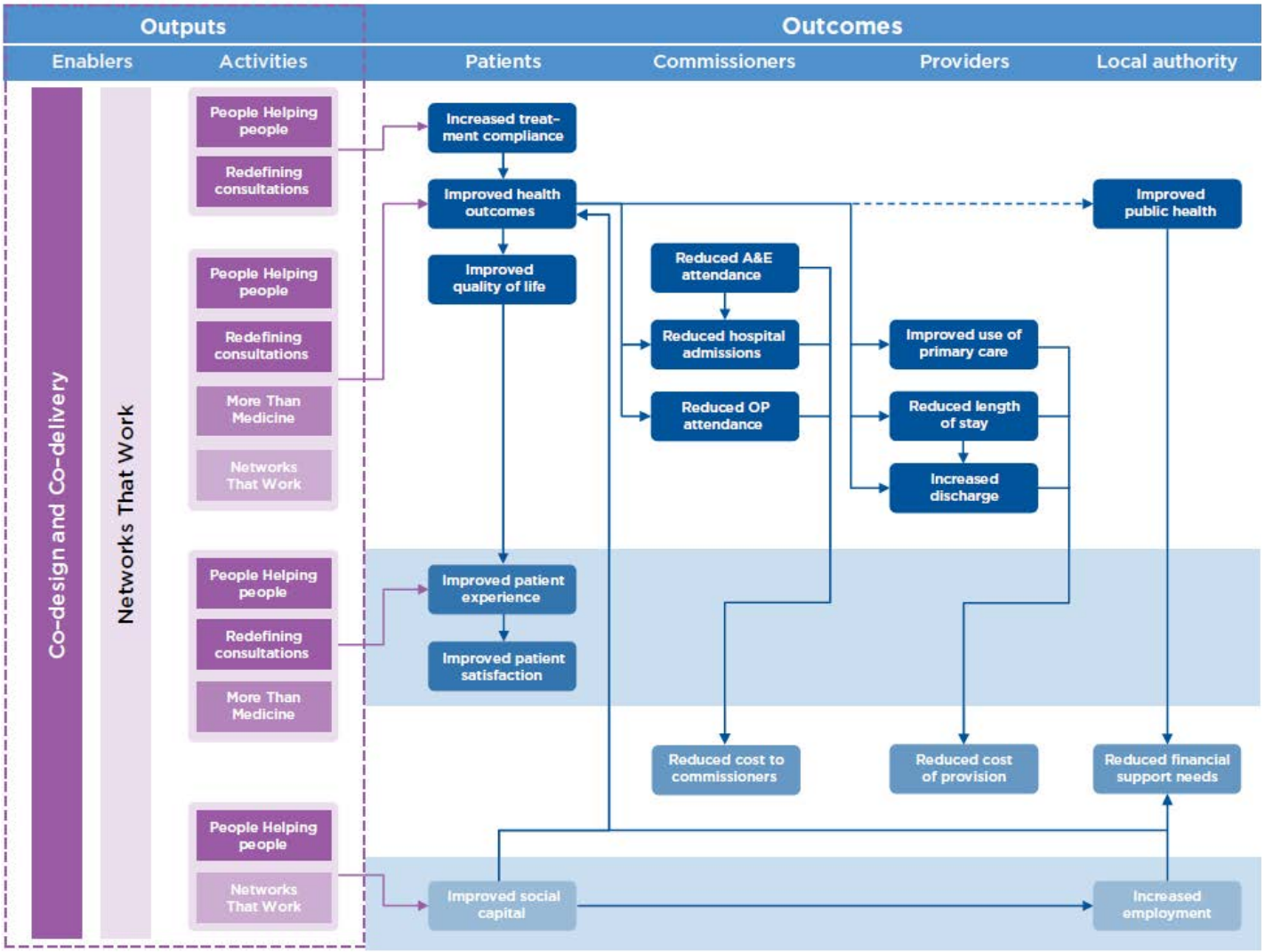
The set of asset-based practices encompassed a range of activities each aimed at enabling two or more outcomes, which overlap and reinforce one another. For example, peer mentoring can support people to gain control of, and better self-manage, their health conditions as well as, with participation in social walking groups, widen or rebuild their social network. Changes to commissioning at individual, community and wide-area levels (see Chapter 4) enable the new practice. At the individual level, remodelling and extending the length of primary care consultations sessions enables shared decision-making while social prescribing and community navigators enables access to opportunities for personal and community self-help. At the wide-area level, changes to commissioning encourage and support the changes to individual level commissioning and support the community level commissioning of personal and community self- help.

The People Powered Health Project employed logic-modelling (see Figure 3.5) to overcome the challenge of producing a cost-effectiveness assessment of this heavily interlinked set of asset-based practice, commissioning activities and outcomes. The starting point was to identify the key activities associated with the practices and their intended outcomes, which were then clustered. This produced four clusters of activities and six of patient outcomes (see Figure 3.5). Examples of the way in which the practices mapped on to the activity clusters are:

- People helping people, e.g. peer support
- Redefining consultations, e.g. shared decision-making
- More than medicine, e.g. community navigators
- Networks that work, e.g. time banks

As in decision modelling, use was then made of existing data on effectiveness of interventions, reinforcing links between different patient outcomes, along with financial data to complete the logic modelling. This included linking together activities and patient outcomes and further linking them to organisational outcomes.

Figure 3.5: Logic model[121] of how People Powered Health interventions improve patient and organisational outcomes.



Using best current evidence, and based on very conservative assumptions, the modelling showed that the set of People Powered Health interventions could deliver savings of 7 per cent, an average of over £21 million per clinical commissioning group, or £4.4 billion across England. The financial savings come from two sources.

- Providing support to enable patients, communities and organisations to make much more effective and joined up use of their assets.
- Better condition management and social support, reducing the number of unplanned admissions and the requirement for expensive, acute health care.

NESTA concluded that 'there is evidence that related interventions do produce real benefits to both individuals and the health economy with the potential to scale'.[121]

Key Differences between conventional and asset-based practice

There are a number of key differences between conventional and asset based practice that are drawn together in Table 3.8.

Table 3.8: Key differences between conventional and asset-based practice

	Key features	Conventional practice	Asset-based practice
Asset-based principles	Assets – perception of whose assets contribute most to outcomes.	Organisations	People, communities and organisations
	Citizen driven – who makes decisions?	Practitioners based on their training and expertise sometimes drawing on consultations with people and communities	People and communities have an equal say in decision-making complementing practitioner expertise with their lived experience
	Strong, inclusive communities – what role do they play?	Communities are an important context but it is services and supports that deliver outcomes	Strong, inclusive communities are central to producing outcomes complemented by co-produced services and supports
	Whole lives – and increasing impact through joined up action	Focus on own organisation's or sector's outcomes. Cross sector links acknowledged. Some collaborative action	Focus on whole lives. Cross sector collaborative action is the default
	Everyone – state funded and commercial universal services fit for all and places to socialise	Universal services designed for the 'average citizen'	Universal services are an essential part of life to be opened up to all, providing services as well as opportunities for people to meet and socialize
Co-production (personal and community)	Redesigning services – using whose assets?	Make best use of practitioner expertise, time and other organisational assets	Utilising the combined assets of people, communities and organisations to enable improved outcomes through co-production and self-help
	Delivering outcomes – what role do people and communities play?	Passive customers to be served	Active co-producers of outcomes and through self-help
	Deciding what services and supports to deliver, and how - what is the role of people and communities?	People and communities are consulted, practitioners decide	Joint decision-making between people, communities and practitioners
Self –help (personal and community)	Personal and community assets – who has what?	Disadvantaged people and communities have deficits, others assumed to be non- problematic	All people and communities have assets and developmental potential
	Role of unsupported self-help	Not taken into account or taken for granted or exploited	Explicitly valued and nurtured
	Agenda setting – who decides what should be the focus of self-help	Organisations and practitioners consult on and set the agenda	People and communities decide with or without support from external organisations
	Enhanced self-help - who delivers it?	Organisations see themselves as the major agents of change allocating defined self-help roles to people and communities	People and communities are the main agents of change, with support if and as required from external organisations

Summary - key points

- Asset-based practice is still evolving, however a clear set of practice principles have emerged. They are valuing 'all assets' those of people and communities as well as organisations, the importance of practice being 'citizen driven' and of 'strong, inclusive communities', a 'whole life' focus supported by collaborative action and universal services that are immediately usable by 'everyone' not just the average person.
- Asset-based practice requires people and communities to have an equal say in commissioning as well as day to day decision making when co-producing outcomes.
- Underpinned by the asset-based practice principles, the two key streams of asset-based practice are personal and community co-production and self-help.
- There is a growing evidence base for the cost-effectiveness of asset-based practice.
- Conventional and asset-based practice differ significantly as summarised in Table 3.8.

B. The Evolution of Commissioning

Compared to asset-based practice, the discipline of commissioning is relatively new. This section comprises two Chapters, the first of which, Chapter 4, traces and analyses the origins and development of commissioning to date. Chapter 5 explores how conventional commissioning is becoming asset-aware, moving towards the adoption of asset-based principles and practices.

4. Commissioning - origins and development

Chapter Objectives

By the end of this Chapter you will

- **Be able to define commissioning and appreciate how its practice differs according to context**
- **Be aware of typical ways in which the commissioning process is presented**
- **Understand how commissioning has developed over the last 40 years**
- **Understand the importance of commissioning levels**

What is commissioning?

In response to the growing interest in commissioning around the time of Prime Minister Cameron's election in 2010 a number of definitions emerged. Most echoed the one introduced by the Department for Communities and Local Government a year earlier, which defined commissioning as:

'the means to secure best value and deliver the positive outcomes that meet the needs of citizens, communities and service users'.[124]

There is still no single definition of commissioning, nor should there be as for each organisation the practice needs to reflect the different policy context, and operational environment.

Commissioning is often confused with other processes such as business planning, strategic management, procurement and outsourcing, yet differs from them in that commissioning:

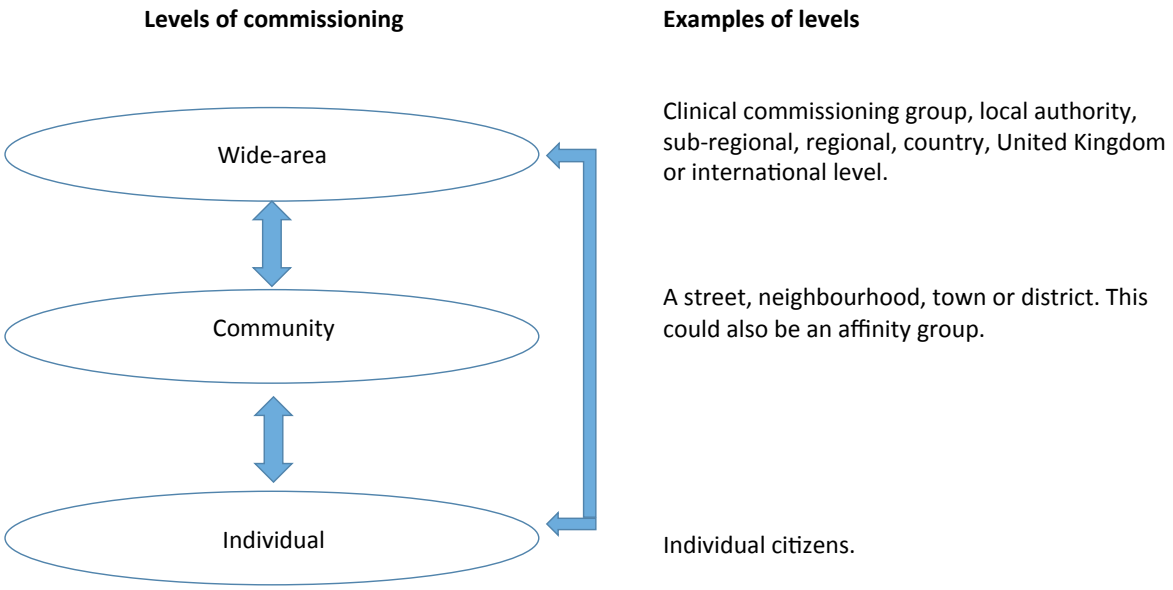
- **Is wider than business planning and strategic management.** Whilst many of the tools used to generate business plans are also relevant to commissioning, business planning is a process used primarily by organisations supplying goods and services rather than those buying them. Traditionally the focus of strategic management has been how to meet the needs of shareholders. However, commissioning is wider in that organisations need to work towards two visions. Firstly, one that reflects the economic, environmental and social outcomes for the geographic area concerned, and secondly, the role of the commissioning organisation(s) in bringing this about. Additionally, it should differ from strategic management by involving a wider range of stakeholders that are more fully engaged.
- **Uses all available means.** The common use of commissioning and procurement as inter-changeable terms is plainly incorrect. Commissioning seeks to achieve outcomes by all appropriate means, not just the procurement of state funded goods and services. For example, working with communities to remove organisational obstacles and open up avenues for funding for self-help projects and influencing non-contracted suppliers to redesign goods and services. Hence it is a much more significant and complex process. Procurement does, however, have a role to play where meeting the desired outcomes involves the purchase of goods or services.
- **Should adopt the principle of 'right sourcing'.** In the early days of commissioning there was a tendency, particularly in organisations politically committed to using external suppliers, to equate commissioning with outsourcing. This is wrong. Organisations should have no bias towards either in or outsourcing. In the widest sense commissioning should be about 'right-sourcing', that is determining the best way of meeting outcomes, including through the contributions of people and communities. When purchasing goods or services this means selecting the best internal or external supplier, taking into account their contribution to the wider commissioning vision as well as quality and price.

Commissioning levels

The specific arrangements for commissioning will vary by sector; for example, health and adult social care services are similar to, but different from, other people services such as the National Offender Management Service and Department of Work and Pensions. People-based services are different again from place-based services such as highways and economic regeneration. Likewise, commissioning in the Ministry of Defence, Department for International Development and HM Revenue and Customs needs to be quite different.

One increasingly obvious manifestation of these differences is the level, or levels, at which commissioning is currently undertaken, and could or perhaps should be undertaken in future. We suggest that most commissioning takes place at one, two or three levels as illustrated in Figure 4.1 below.

Figure 4.1: Multi-level commissioning



The three levels are described as follows;

- **Individual level** - commissioning by, or on behalf of, individual citizens; for example when targeting individual outcomes in health and adult social care.
- **Community level** - commissioning designed to benefit a particular road, neighbourhood, town or district targeting; for example, outcomes such as cleaner streets, faster yet safer car journeys. This could also be an affinity group.
- **Wide-area level** – including commissioning by a clinical commissioning group or local authority or at a sub-regional, regional, country, United Kingdom or international level. This is appropriate, for example, where, wholly or in part, outcomes have ramifications beyond individuals or communities, for example, major transport infrastructure projects.

At first glance at least, it may seem that the national level is the most appropriate one to address certain outcomes, for example those associated with defence and national security. However, defence also has to address community and individual issues, for example, location of bases and provision of welfare support for families and injured veterans. In health and adult social care, it is essential to make decisions about outcomes for individuals at that level. However, enabling health and wellbeing in a local area is best achieved through commissioning at a community level. Major services such as hospitals are best commissioned at a wide-area level, e.g. via a Clinical Commissioning Group or nationally in the case of facilities for rare heath conditions.

It is important to distinguish between the level at which commissioning currently occurs and the level at which it might best take place. For example, the commissioning of outcomes associated with getting people into work has traditionally occurred at the wide-area level. This raises the question of whether further devolution of commissioning to community or individual levels would be more effective. As with health and social care, the answer to this question is often that commissioning needs to occur at two or three linked levels. Considering the following questions can be helpful in exploring which levels to use:

- To what extent is it more effective for individuals and communities to define and pursue their own tailored outcomes and means of achieving them?
- What is the likely cost-benefit of changing the level or levels at which commissioning takes place?
- How would any single commissioning level or combination of levels enable the best use of all available assets, including those of people, communities and non-contracted organisations, as well as promote outcomes such as equality, improve risk management and align with overall policy?

At present commissioning is most often located at the wide-area level. The increasing demand from people and communities, cities and regions that they take control of their own commissioning suggests that it is currently taking place at too high a level and there is scope for greater devolution. Commissioning for central government departments and related bodies can be complex with significant and understandable variations in practice. Part of this complexity is due to how policy and commissioning interface, which raises questions such as:

- Can policy-making and commissioning be combined into a single process?
- If policy-making and commissioning are two processes, how might they inform each other?
- Is policy-making a fourth level of commissioning?

It is our belief that policy-making does not constitute a fourth level of commissioning. Instead it is an influence in the 'analysing' cluster of commissioning activities at the wide-area and sometimes community level of commissioning (see Table 4.1).

The commissioning process

The most common representation of commissioning is as a sequential, four-stage process involving the activities of analysis, planning, doing and reviewing. Table 4.1 broadly outlines the tasks that are commonly involved in each of these activities.

Table 4.1 Commissioning Activities

Activities	Tasks include
Analysing	Gathering and interpreting data relating to anticipated changes in the environment, desired outcomes, evidence of what works, assets, actual and potential demand, performance, suppliers and market, etc.
Planning	Deciding priorities, identifying different ways of addressing need, designing services and other responses, determining desired market shape, aligning and allocating resources, etc.
Doing	Managing demand, launching and decommissioning services, influencing other agencies and people, procuring supply, shaping the market, managing contracts
Review	Evaluating impact, measuring performance, sense making, reporting performance, sharing learning

More sophisticated representations of the sequential model exist, such as the cyclical form used by the Department for Education and Skills and the Department of Health (see Figure 4.2) to explain the process as it relates to children and young people[125].

Figure 4.2 Joint planning and commissioning process: children and young people's services[125]

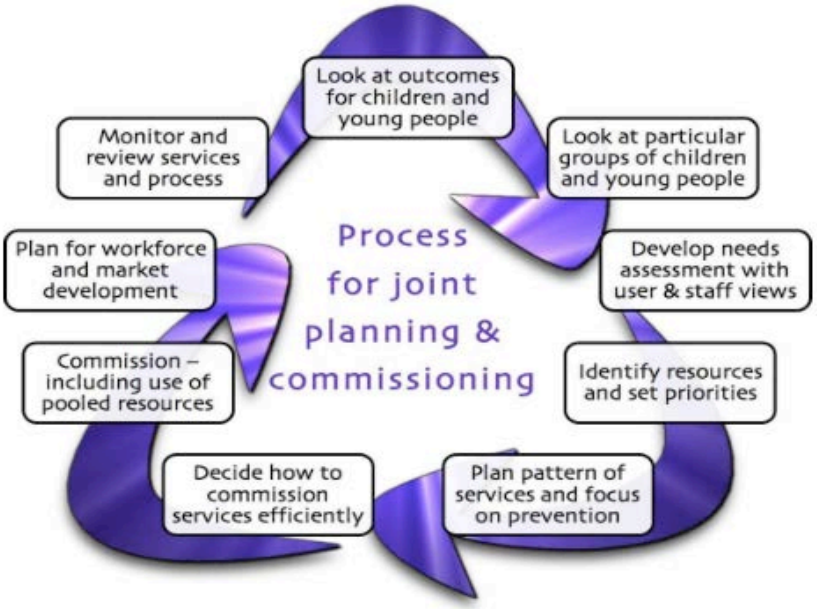


Figure 4.3: Commissioning as an interlinked, cogwheel, set of activities[126]

The problem with sequential and cyclical representations is that they over-simplify commissioning by implying it is a nice, orderly process. Truly embedded commissioning is far less neat and tidy with continual interaction between the activities, much more like inter-linked cogwheels than a cycle (see Figure 4.3). In this presentation, and from this point on, the term 'knowledge and strategic thinking is used instead of 'analysis'.

Who commissions?

Whilst some organisations have begun to develop multi-level commissioning, most only recognise commissioning as taking place at the wide-area level and by staff formally designated as commissioners. However, viewing commissioning as a set of activities, rather than a whole process or role, may reveal that it is taking place at other levels, and also involves a wider range of actors. For example, through self-help, people and communities, at the individual and community levels, in effect commission by deciding how best to make use of their own assets and making changes (see Chapter 3). Every day within organisations, front-line practitioners make individual level, commissioning decisions, by assessing the needs of individual people, and referring them to others to provide services and supports. At the community level, local partnerships may be acting as commissioners by bringing together organisations to enable collaboration on shared or linked outcomes. At a wide-area level, people and communities may contribute their views on a range of issues such as identifying needs, and the design of appropriate services and supports to meet them. Hence, those who commission may de facto include people, communities and managers as well as front-line staff of organisational suppliers of service and supports, alongside staff formally designated as commissioners.

The development of commissioning

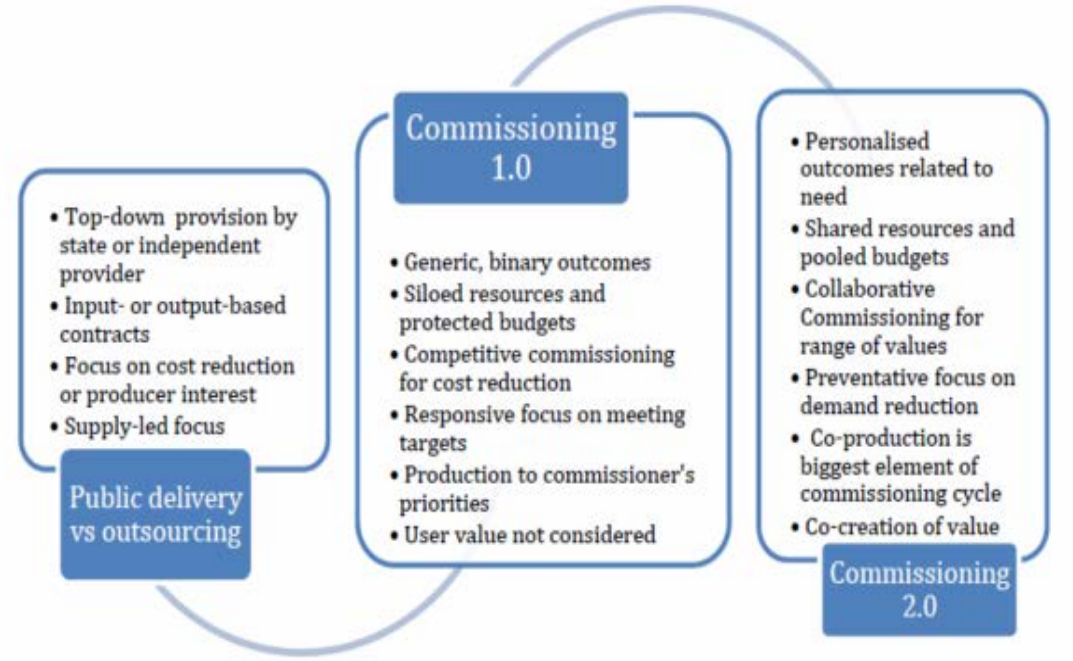
Current leading edge, public sector commissioning practice has come a long way from its primitive beginnings. In 2014, the Institute for Government (IFG)[127] coined the phrase 'complex commissioning' and identified two versions of it labelled Commissioning 1.0 and 2.0. These contrast with public

delivery vs outsourcing, a precursor, single sector, service-centric model. One way of using this model is to show evolution of commissioning as a journey (see Figure 4.4). The first stop is public delivery vs outsourcing, the second, Commissioning 1.0, retains the single sector focus but begins to target outcomes. Commissioning 2.0, the third stop has a system and consumer focus.

Whilst the journey is one on which public services in the wider sense have collectively embarked, progress is neither as even or as linear as the diagram might suggest.

Public delivery vs outsourcing

Figure 4.4: The commissioning journey[127]



The public sector commissioning journey began before commissioning was a term in common use in the UK public sector. Historically much of the public sector relied on direct provision with no distinction between commissioners, often referred to as purchasers, and internal supplier functions. In 1979, the Thatcher administration began the journey towards commissioning through a series of measures including the Local Government Planning and Land Act 1980 and the Local Government Act 1988. The combined intention was to reduce costs, open up the public sector to private sector suppliers, encourage value for money and introduce private sector practice. As a result, there was a widespread separation of the roles of purchaser and provider, increased private sector involvement, introduction of business units, business planning and the use of return on investment as a performance measure. Generally, there was a focus on economy, efficiency and effectiveness although at this stage the focus was very much on costs, inputs and outputs rather than outcomes[128]. There was a move away from generally passive contractual relationships with suppliers towards stronger supplier management and more vigorous approaches to procurement. The aim was to provide low cost, professionally designed services to people and communities in their roles as 'passive service users'.

Expanding on the headings included in the Figure 4.4, the key characteristics[1] of this form of public service management are:

- **Top-down provision by state or independent suppliers** – local politicians, practitioners and organisations are perceived as having all the knowledge and resources required to determine objectives for their organisations, create programmes, allocate resources, monitor performance, problem solve and act to achieve the plan. People and communities are 'passive service users' who do not need to be involved in any aspect of service design or provision.
- **A reliance on input and/or output based contracts** – accompanied by a tendency towards more adversarial purchaser – supplier relationships. Tight contract management features contracts or

1 The IFG analysis provides a series of headings that identify the key characteristics of each of the three models, the more detailed explanation for each characteristic is provided by the authors of this book.

service level agreements containing detailed technical specifications rich in input and output measures.

- **A focus on cost reduction or producer interest** - sustained pressure to reduce expenditure with typically small percentage reductions each year met through incremental cuts, otherwise known as 'salami slicing'.
- **A supply led focus** – supplying organisationally provided services is of prime importance with little attention paid to managing or even understanding demand, markets, outcomes or the use of the full range of available assets.

Commissioning 1.0

Early developments in commissioning such as that broadly described as Commissioning 1.0 were a natural extension of a number of the early initiatives of the 1979 Margaret Thatcher government, built on by the later administrations of John Major, Tony Blair and Gordon Brown. After 2010, with David Cameron's emphasis on commissioning, many public sector organisations moved towards Commissioning 1.0.

The Griffiths report[72] followed by the 1990 NHS and Community Care and the Best Value Act 1999 had a big impact on commissioning. Social care implemented the 'purchaser-provider split. This included 'care management' (see Chapter 2), a limited form of individual level commissioning aimed at treating people as 'customers' instead of 'passive service users'. The NHS developed an internal market and began to purchase services from independent sector hospitals. National performance indicators and best value reviews focused on the four 'c's (challenge, compare, consult, compete) increasing the rigour of, and introducing an outcomes focus into, commissioning.

Expanding again on the headings used by IFG, in Figure 4.4, to describe Commissioning 1.0, this is a relatively rudimentary approach characterised by:

- **Generic binary outcomes.** Early on outcomes were often generic, and partial in coverage. Outcome measurement was often crudely binary, as in achieved or not, whilst in practice, degrees of outcome achievement were possible.
- **Siloed resources and protected budgets.** The early experience of working with outcomes challenged the viability of commissioning based on the use of the assets of a single organisation or sector, which led to the recognition that real gains require coordinated cross-sector use of assets. This proved difficult to achieve with power and assets locked into vertical sector silos and is hence limited.
- **Competitive commissioning for cost reduction.** Developed as a way of achieving ever-tighter performance targets and cutting costs, competitive commissioning was particularly risky where service specifications, contracts and performance metrics did not properly reflect the full range of outcomes. While relationships with suppliers may have improved, they were still rather formal and arms-length.
- **A responsive focus to meeting targets.** Partial coverage of outcomes, expressed in crude terms, along with pressure on both targets and costs, tends to skew services. Aspects of the service covered by measurable outcomes or, worse still, objectives have priority, often at the expense of those that are not. There is game playing between commissioners and suppliers, the end-result of which can be harmful to people who use services, staff, taxpayers and the wider community.
- **A focus on producing to commissioners' priorities.** Whilst often focused on narrow, sector framed sets of outcomes, commissioning processes now extend beyond procurement. However, most service design does not adequately take into account the links between sector-specific and wider sets of outcomes even when these are acknowledged in strategies.
- **Value to people who use services not considered.** Despite the beginning of periodic involvement

of people and communities in planning and the customer-focused aims of individual level commissioning developments such as care management, the views of organisations dominate the processes of assessing needs, establishing value, determining outcomes and deciding priorities.

Commissioning 2.0

Aspects of Commissioning 2.0 began to emerge in the late 1990s under the Blair administration; its development continuing under the Coalition and Cameron administrations. Key developments such as the Every Child Matters[129], the work of the Social Exclusion Unit[130] along with the creation of Community Safety Partnerships (1998), Local Strategic Partnerships (2000), Children's Trusts (2003), and Health and Well Being Boards in 2012, further reinforced by the creation of the Better Care Fund[131], required cross-sector collaboration. The Gershon Review (2004)[132], Localism Act 2011[133] and the Public Services (Social Value) Act (2012)[134].

- Reinvigorated the focus on public sector efficiency, this time through sharing 'back-office' costs and procurement;
- Encouraged community involvement and control through a community right to: bid to buy, or construct buildings and facilities; challenge to run local authority services and reclaim underused or unused land.
- Required commissioners to secure additional social value when commissioning.

In health, social care and children's services, a number of developments moved commissioning practice on, including the introduction of World Class Commissioning in 2007[135]. This was an early and important example of commissioning, complete with a commissioning cycle and competency framework, the later guiding the annual assessment of Primary Care Trusts, the forerunners of today's Clinical Commissioning Groups. Over this period, the importance of prevention in balancing the long-term books of the state became increasingly clear including in 2010, the Marmot Report[17] that brought together the evidence and practice base to underpin commissioning for prevention. Personalisation in adult social care (2005), children's services (2012) and health (2014) introduced individual level commissioning in the form of personal budgets for people who use services (see Chapter 2), aimed at giving people choice and control over the support they receive. This was part of a wider move to bring commissioning closer to people and communities, leading to a recognition of the multi-level nature of commissioning, including the development of community level commissioning.[136,137,138]

In the late 1990s, Every Child Matters[129] in children's services, the work of the Social Exclusion Unit[130] on tackling complex 'wicked issues', and the 2011 Whole Place Community Budget[138] pilots all focused on linked, cross-sector sets of outcomes. This led to experimenting with multi-sector commissioning, pooling of budgets and service integration. In adult social care, the Care Act (2014)[139] confirmed this holistic approach by requiring: a focus on wellbeing and prevention, person-centred practice, providing information advice and advocacy, collaboration with other sectors, and ensuring provider diversity.

Alongside this, campaigning by an increasingly strong movement of people who use services (see Chapter 1), and a growing recognition of the role that they play in co-producing outcomes, led to far greater involvement of people who use services in wide-area planning and service design.
Taken together the above initiatives stimulated collaboration among state bodies, encouraged pursuit of social value, prompted community involvement and control and increased recognition of the role of people and communities, all while pursuing best value. This made Commissioning 2.0 significantly different, and more demanding than Commissioning 1.0, requiring whole systems leadership operating at individual and community as well as wide-area levels.

Expanding on the headings used by IFG in Figure 4.4, Commissioning 2.0 is characterised by:

- **Personalised outcomes related to need.** Wide-area commissioning on its own cannot deliver

truly personalised outcomes so commissioning must also take place at the individual and community levels (see Figure 4.1). The individual level aims to enable people to be in control and have a wider choice of state funded services and support. The community level aims to support the individual level by ensuring that the services provided are accessible, joined up and relevant to local people and communities, e.g. local community safety schemes. The role of wide-area commissioning is to identify overall needs, decide priorities, allocate state resources and commission wide-area services and support for the community and individual commissioning levels, e.g. roads maintenance in a local authority area. However, underdeveloped markets for the organisational supply of services and supports, and a mostly narrow focus on using personal budgets rather than all available assets, limits the development of personalisation and its impact (see Chapter 2).

- **Shared resources and cross-sector, pooled budgets.** The formation of cross-sector, joint service delivery teams and other forms of operational level integration move commissioning forward, but often on only a bi-lateral basis. Cross-sector budget pooling and alignment is used, but is more the exception than the rule.
- **Collaborative commissioning for a range of values** – partnership working definitely increases cross-sector dialogue and collaboration but much commissioning remains sector focused. Cross-sector collaboration is typically limited to state agencies with an 'obvious' interest in achieving certain outcomes. At times, collaborative commissioning might include service suppliers, which is a break from the past where there was a tendency to exclude suppliers from all aspects of commissioning other than contractual delivery.
- **Preventative focus on need reduction.** The recognition, particularly in health and adult social care, of the need to manage demand by eliminating or delaying the onset of certain health conditions, e.g. diabetes, has higher priority. The aim is to reduce the impact on individuals, bring into play non-statutory responses and thus reduce the impact on commissioning budgets. Whilst more resources are now devoted to prevention, it is still not central to all commissioning. Arguably, practice now needs to extend beyond preventative activity to consider how to improve well-being, a longer term and more holistic outcome.
- **Co-production as the biggest element of the commissioning cycle.** This leads, in principle, to the acceptance that people and communities should be involved as co-designers in all parts of the commissioning cycle. However, the range of involvement varies and the degree of devolution of decision-making power is still generally quite low.
- **Co-creation of value.** There is growing recognition of the role that people and communities play in contributing assets and co-producing outcomes through autonomous self-help and in collaboration with organisations. Whilst there is much practice innovation, the development of explicitly co-production based services and supports is ad-hoc and remains outside mainstream commissioning.

Future commissioning practice - the next steps in the journey?

Commissioning practice, in much of the traditionally defined public sector, is increasingly close to that which IFG defines as Commissioning 2.0. This begs the question, 'Might there be the equivalent of version 3.0 and beyond?'

We believe the answer is 'yes' and in the following chapters offer our own commissioning framework. Whilst this is similar in some respects to the IFG framework, it differs significantly to show how asset-based practice is beginning to transform how commissioning is conceptualised and practiced, ultimately leading to asset-based commissioning. Our framework comprises 'conventional commissioning of which there are two versions, 'embryonic' and 'outcomes-focused' along with 'asset-aware' and 'asset-based commissioning'. Conventional commissioning and asset aware commissioning are covered in Chapter 5 while asset-based commissioning is the focus of Chapter 6.

Summary – key points

- A commonly used definition of commissioning is 'the means to secure best value and deliver the positive outcomes that meet the needs of citizens, communities and service users'[124]
- Commissioning involves four interlinked processes: knowledge and strategic thinking, planning, doing and reviewing.
- Commissioning can take place at the level of individuals, communities and wider-areas.
- The actual practice of commissioning varies significantly between organisations and sectors.
- The Institute for Government (IFG) conceptualises the development of public sector commissioning as a three-stage journey that starts with public delivery vs. outsourcing, develops into Commissioning 1.0 and ultimately becomes Commissioning 2.0.
- The idea of a journey applies at sector level where generally social care commissioners are more likely to be closer to Commissioning 2.0 than perhaps say the Ministry of Defence. Within a sector, each commissioning organisation is on its own journey so within social care, some organisations will be clearly at 2.0, others will barely have reached 1.0. The operating context, history, culture and intent of leaders will determine the extent to which Commissioning 1.0 or 2.0 is appropriate and/or pursued.
- Developments in commissioning and the potential offered by asset-based practice open up the possibility that the commissioning journey goes beyond 2.0, at least for some organisations.

5. From conventional to asset-aware commissioning

Chapter Objectives

By the end of this chapter, you will:

- **Be able to describe the factors that are leading to current interest in asset-aware commissioning**
- **Appreciate the differences between conventional and asset-aware commissioning**

State organisations are increasingly interested in bringing into commissioning decisions assets that are not within their direct ownership or control. These include those of people and communities as well as commercial organisations providing non-state funded services, e.g. shops, banks, pubs that directly or indirectly contribute to outcomes. This, along with the improved outcomes achieved through new services and supports based on the principles of asset-based practice (see Chapter 3), has led to the natural emergence of what we term asset-aware commissioning, which for some commissioners might be the end of their commissioning journey. For others it is a precursor to asset-based commissioning. It is, however, possible to progress from conventional commissioning to asset-based commissioning, without going through asset-aware.

The asset-aware model aims to exploits the potential for incorporating the use of a wider range of assets within conventional commissioning as well as developing ad hoc, bolt-on examples of asset-based practice. In turn, this is leading to both the conceptual and practical developments that are now fuelling the emergence of the asset-based model of commissioning.

This chapter explores the factors driving the development of asset-aware commissioning. It then looks afresh at the commissioning journey through asset-based practice eyes, to show how asset-aware commissioning is beginning to break away from the previous conventional models of commissioning.

Factors leading to the development of asset-aware commissioning

A number of factors are driving current interest in asset-aware commissioning, all of which are likely to remain topical for some time. These include:

- Citizen control - increasing demand from people who use services and communities to be fully involved in decisions that impact their lives and to be fully recognised as co-producers of outcomes.
- Infeasibility of the current approach to further improving outcomes - conventional practice has reached, or is about to reach, the limit of its potential to meet increasing demand for services. This, coupled with extreme financial pressure on state organisations and continuing 'salami slicing' cuts to traditional services, now demands a step change in how outcomes are realised. Asset-based practice provides a more effective and affordable alternative.
- New practice developments and research evidence - that demonstrate the cost-effectiveness of explicitly combining personal and community, co-production and self-help to produce outcomes.
- Continuing evolution of commissioning - the natural evolution of approaches to commissioning as described in the previous chapter, the development of whole systems thinking and collaboration and emerging asset-based commissioning practice that is breaking new ground.

Moving to asset-aware commissioning

Chapter 4 explored the IFG framework that describes three models of commissioning: 'Public delivery vs outsourcing', 'Commissioning 1.0' and the more sophisticated 'Commissioning 2.0'. We believe that, since the IFG proposed its framework, commissioning and practice has evolved to such an extent that it merits a new framework. The development of the asset-based approach represents a paradigm shift in practice and commissioning and the commissioning journey should be re-analysed to take on board the practice and commissioning changes embodied in this paradigm shift.

We believe the paradigm shift changes the standpoint from which we view commissioning, leading to the identification of four broad models: 'embryonic', 'outcomes-focused', 'asset-aware' and 'asset-based'. The 'embryonic' and 'outcomes-focused' models we refer to are examples of conventional commissioning where conventional rather than asset-based practice principles underpin the commissioning of services and supports. The asset-aware model, by taking into account a wider range of assets and the roles played by people and communities, shows how commissioning is already moving towards making explicit use of the assets of people and communities alongside those of organisations. However, it does not embrace the principles of asset-based practice or the paradigm shift required by asset-based commissioning. Below, Table 5.1 summarises the embryonic and outcome-focused models, along with asset-aware commissioning before showing how their practice differs by comparing them with six key features of asset-based commissioning. Chapters 6 and 7 provide a detailed analysis of asset-based commissioning paradigm shift and how it impacts commissioning processes and activities.

Table 5.1: An overview of the embryonic, outcomes-focused and asset-aware models of commissioning

CONVENTIONAL COMMISSIONING		Asset-aware commissioning
Embryonic commissioning	**Outcomes-focused commissioning**	
Aims to make best use of an organisation's assets. Relies on organisationally controlled, service centric procurement processes. Some rudimentary use is made of outcomes. Keeps organisational suppliers at arms-length. Does not engage with people and communities, viewing them as 'passive' service users.	Aims to make best use of own and some closely linked sectors' organisational assets. Uses the full commissioning cycle and initiates multi-level commissioning. Wider and more sophisticated use of outcomes. Seeks to ensure that conventional practice-based services and supports deliver 'customer' informed, organisationally-determined outcomes. Some structured engagement with suppliers and consultation of people and communities. Limited market management.	Aims to make use of a wide range of organisational assets and bolt-on use of those of people, communities and non-public sector funded services. Further develops multi-level commissioning with limited devolution and more sophisticated market management. Commissions mostly conventional practice-based services. Incorporates some of the assets of people and communities to deliver cross-sector, citizen-informed outcomes. Some joint problem solving with organisational suppliers. Consults people and communities but organisations decide.

Six key features encapsulate the new commissioning journey. Represented as continua, Figure 5.1 uses these key features to illustrate the journey from conventional to asset-aware and asset-based commissioning.

Table 5.2 summarises the six key features of asset-based commissioning. The content is framed so that it can be used to reflect on how far existing commissioning practice is asset-based. The following section explores each feature in detail.

Figure 5.1: The journey from conventional to asset-aware and asset-based commissioning

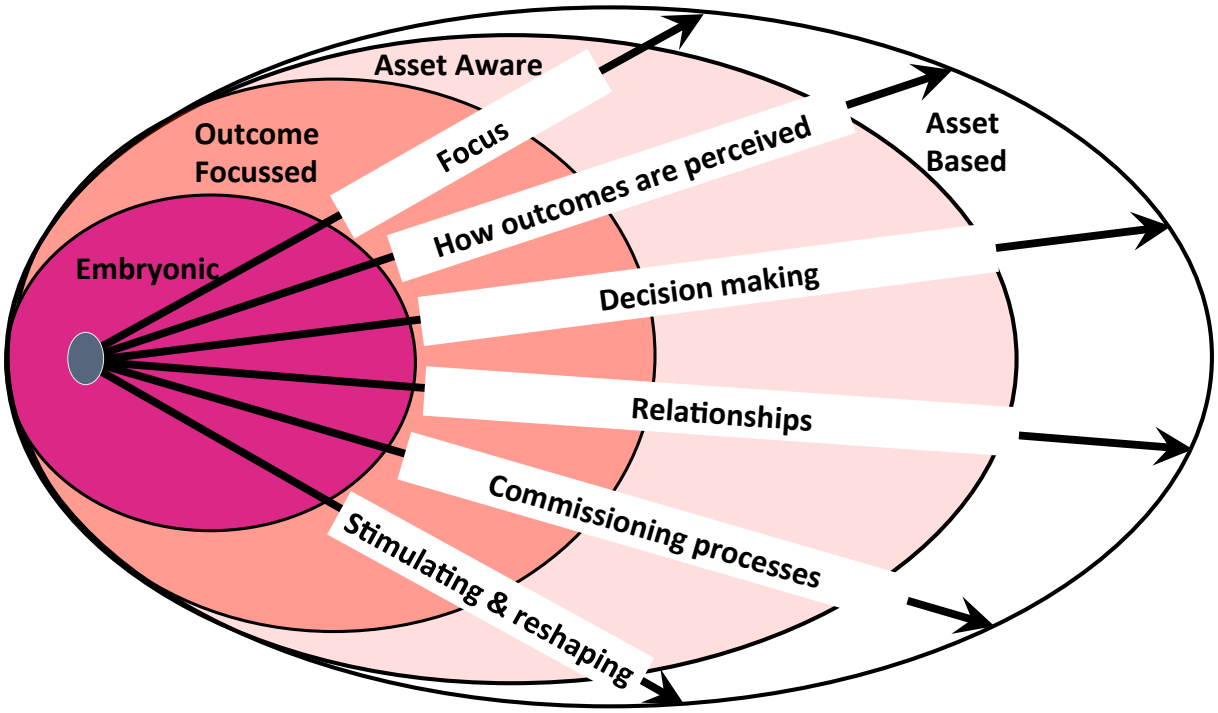


Table 5.2: The paradigm shift from conventional to asset-based commissioning

Features	The extent to which
Focus	Whole life rather than organisational or sector-defined outcomes are pursued and explicitly taking into account the assets of people and communities alongside those of organisations
How outcomes are perceived to be produced	There is a recognition that it is not organisations on their own, rather people and communities, alongside organisations, through a mixture of personal and community co-production and self-help, that produce outcomes.
Decision-making	People and communities, alongside organisations, are equal decision-makers, not just consultees, whose lived experience is valued on a par with that of practitioner expertise.
Relationships	People and communities are full co-commissioners and co-producers, not passive service users or customers. Organisational suppliers are fully engaged in commissioning rather than kept at arms-length. In-sector and cross-sector collaboration between organisational suppliers is the default position. All co-commissioners act as systems leaders across broad co-commissioning networks. Personal and community self-help are fully valued and actively supported improving outcomes as well as empowering people and communities at all levels of commissioning.
Commissioning processes	Commissioning processes enable multi-level, cross-sector commissioning and devolved decision-making, The use of the assets of people and communities are considered to be on a par with those of organisations and support the new working relationships.
Stimulating and reshaping who produces what	There is in-sector and cross-sector stimulation and reshaping of the use of all assets of people, communities and organisations, not just those of organisations, transforming conventional to asset-based practice.

Focus

The embryonic model of commissioning whilst making occasional, ad hoc use of single- sector outcomes is predominantly service-centric. It concentrates on procuring best value delivery of, and improvements to, existing types of services by drawing on its own organisational assets. The

outcomes-focused model makes wider and more sophisticated use of outcomes, some of which are cross-sector. This reflects the reality that many outcomes cut across organisational and sectoral boundaries as well as the wish to make some use of cross-sector organisational assets. Whilst aiming to be customer-centred, the remits of the key organisational partners inhibit their ability to collaborate fully.

The asset-aware model pursues a broader range of cross-sector outcomes and hence seeks to make active use of a much wider range of assets. These include the assets of non-public sector funded suppliers of commercial goods and services as well as bolt-on use of the assets of people and communities.

How outcomes are perceived to be produced

Commissioners' perceptions of how outcomes are produced greatly influence who they turn to, and what they look for, when searching for ways of producing outcomes. Conventional models of commissioning work from the perception that it is commissioned, organisational suppliers of services and supports that produce outcomes. There is little or no awareness of co-production of outcomes with people and communities or mainstream consideration of enabling personal or community self-help. The result is an organisation-centric approach to commissioning that concentrates on making best use of organisational assets, either solely within the commissioning organisation's own sector or sometimes with partner organisations in closely linked sectors. In the embryonic model, this manifests itself in mostly procuring more efficient or lower cost versions of existing conventional practice-based services designed to meet the needs of 'passive' service users. The outcomes-focused model retains the focus on conventional practice-based services but makes them 'customer friendly'.

Whilst being aware of co-production and the role of self-help, the perception that organisations produce outcomes also dominates asset-aware commissioning. Where it does make explicit use of the assets of people and communities it is mostly by incorporating them into conventional services and supports. The motive for doing this is often to replace state assets that are about to be withdrawn. There might also be ad hoc commissioning of new or completely redesigned services and supports based on asset-based practice principles. The result is that services and supports based on conventional practice dominate the commissioning portfolio with the bolt-on addition of a few asset-based developments.

Decision-making

The focus of embryonic model on providing within-sector services to 'passive' service users coupled with its perception that outcomes are produced by organisationally supplied services and supports, logically leads to non-engagement in decision making with people and communities as well as commissioners from other sectors. Perceived as likely to be self-interested and wishing to avoid 'provider capture' of the commissioning process, organisational suppliers are not involved. Whilst still perceiving that organisations produce outcomes, the outcomes-focused model's customer orientation leads it to consult people and communities, but organisational commissioners take the final decisions. Traditional commissioner attitudes to suppliers tempered by a growing recognition of the value of their expertise and cross-sector impact on shared outcomes leads to limited supplier and cross-sector involvement.

Whilst recognising that people and communities have a role in producing outcomes, asset-aware commissioning predominately focuses on conventional services and supports designed by practitioners. However, asset-aware commissioning explicitly incorporate the assets of people and communities into some of these services as well as in asset-based practice developments. This leads commissioners to valuing and making greater use of the lived experience of people and communities by involving them in all aspects of commissioning; however, organisations still make the final decisions. Its focus on achieving a broader range of cross-sector outcomes by making active

use of a much wider range of assets leads the asset-aware model to increase the involvement of organisational suppliers in commissioning and more fully consult commissioners from other closely linked sectors.

Relationships

Underpinning all of the models of commissioning are five key sets of relationships:

- Organisational commissioners and organisational suppliers with people and communities
- Organisational commissioners across sectors
- Organisational commissioners and organisational suppliers
- Organisational supplier to supplier
- People and communities

Organisational commissioners and organisational suppliers with people and communities – under the embryonic model, organisational commissioners and suppliers relate to people and communities as service-users. This fits with the perception that the organisation is there to meet needs and do so by providing services and supports it designs for public use. The outcomes-focused model treats people and communities as customers. Whilst retaining the perception that organisations produce outcomes, it recognises that people and communities have something to contribute to tuning-up practitioner-designed services to meet their needs. It also incorporates aspects of a more commercial approach that sometimes includes customer rights, satisfaction and choice.

The asset-aware model of commissioning starts from the perception that organisationally provided services, designed to meet the needs of their customers, produce most of the desired outcomes. However, it also explicitly recognises the value of the assets of people and communities, sometimes incorporating them as substitutes to fill a resource gap, or in response to offers of help, for example volunteers in libraries. It also realises that people and communities can bring skills, knowledge and experience that augment those of practitioners. It draws on these to co-design, remodel conventional practice-based services and supports, or commission new asset-based practice in which people and communities have explicit roles as co-producers of outcomes.

Organisational commissioners across sectors – embryonic commissioning is single sector-focused, and hence does not involve relationships with commissioners in other sectors. Outcomes-focused commissioning recognises that some outcomes require cross-sector collaboration and hence involves limited links with commissioners in other closely linked sectors. The asset-aware model's recognition of the value of tapping into a wider range of assets leads it to develop multi-sector strategic partnerships. However, cross-sector commissioning occurs mostly with closely linked sectors.

Organisational commissioners and organisational suppliers – within conventional commissioning, organisational commissioners specify services and take decisions based solely on what they see as the most appropriate way forward and best value. To forestall any suggestion of acting unfairly, organisational commissioners avoid developing closer relationships with some suppliers than others. Coupled with a suspicion that suppliers will act in their own best interests, this leads in the embryonic model to commissioners keeping suppliers at arms-length and somewhat adversarial relationships. In the outcomes-focused model, commissioners recognise the value of supplier expertise and tap into it by developing more constructive yet formalised relationships.

The asset-aware model of commissioning values the expertise of organisational suppliers, their ability to lever in other assets and to innovate. Hence, it develops more opportunities than conventional commissioning for supplier involvement in overall planning and service design, whilst still ensuring that commissioners have the final, independent say on decisions.

Organisational supplier-to-supplier – embryonic commissioning focuses on contracting with

individual organisational suppliers and encourages competition between them as a means of obtaining best value. Hence, apart from where they are required to formally link with others, commissioners tend to discourage supplier-to-supplier collaboration. The result is a within-sector market where organisational suppliers act independently of one another. Within-sector, the outcomes-focused model of commissioning features broadly the same approach to supplier-supplier relationships as the embryonic model. However, its focus on some cross-sector outcomes leads it to build in more requirements to collaborate within contracts stimulating ad hoc and limited cross-sector organisational supplier integration.

Its focus on delivering on shared outcomes with other closely linked sectors also leads the asset-aware model to promote cross-sector supplier-to-supplier links and some organisational supplier integration. It values organisational supplier expertise and innovative potential and uses both competition and the encouragement of some, within sector, supplier-to-supplier collaboration, including with community organisations as a means of tapping into community assets and enabling innovation.

People and communities - The embryonic model makes no explicit use (and the outcomes-focused model very little) of personal and community self-help in commissioning. The asset-aware model seeks to make some use of personal and community assets to augment conventional practice-based services. It may also commission ad hoc asset-based practice developments to support existing, or stimulate new self-help. Thus, outside of the organisational commissioning process, everyday life for people and communities mostly carries on regardless, with people and communities making their own decisions about how best to use their assets, whether or not to further develop them and how.

Commissioning processes

The embryonic model of commissioning is limited to centralised wide-area processes. The outcomes-focused model, however, with its more granular understanding of outcomes and its customer orientation, recognises that commissioning could be more effective if it took place closer to the people and communities it is intended to benefit. This leads to early stage development of multi-level commissioning (see Chapter 4) and a degree of customer engagement. The asset-aware model further develops multi-level commissioning. Boxes 5.1, 5.2 and 5.3 draw on the experience of adult social care to exemplify this developmental process.

Box 5.1: Individual level commissioning

Individual level commissioning aims to enable people to take the lead in setting their desired outcomes and in deciding how to make best use of all available assets to achieve them.
The outcomes-focused model of commissioning first introduced individual level commissioning in adult social care, through the process of care management (see Chapter 2). This aimed to enable individuals to choose the specialist supports and services that they saw as best meeting their needs. However, the use of restricted pre-contracted menus of services and a failure to give front-line, care managers budget responsibility greatly restricted individual level choice and control. Personalisation (see Chapter 2) introduced individual level, personal budgets as a means of increasing individuals' 'choice and control' over the targeted services and supports they would receive. However, organisational commissioners' fears over potential misuse of monies and their ability to control overall spending led to restrictions on the flexible use of personal budgets and requirements for higher-level organisational sign-off on purchasing decisions.

The asset-aware model recognises that where individual level commissioning is appropriate, devolving control over the use of state assets is essential. It also moves away from the previously exclusive focus on making best use of organisational assets. For example, through ad hoc exploration of the use people could make of their personal and community assets. However, lead organisational commissioners still tend to define overall needs and the range of choices mostly in terms of the remit of their sectors, and available organisational assets. Hence, there is only limited realisation of the full potential of the use of personal and community assets.

Box 5.2: Community level commissioning

Community level commissioning aims to enable collaborative working between organisations, people and communities. It also ensures that, where required, the local supportive infrastructure for individual level commissioning is in place.

Enabling collaborative community-focused working

Outcomes-focused commissioning aims to increase, mostly bi-lateral, cross-sector collaboration. Examples include co-located teams and the adoption of coterminous geographical boundaries. Some places employ community development workers and innovations such as 'patch working' (see Chapter 1) to connect organisations with their local communities as well as enable community development.

Some asset-aware commissioning legwork takes place at the community level, with budget devolution linked to special projects. Community-level organisational commissioners identify the need for new services and supports, spot opportunities to create local organisational suppliers and make changes to existing contracts that would better meet local needs. However, decision-making still takes place at the wide-area level. Special projects which provide a means of widening cross-sector collaboration, tend to be ad hoc or in response to top-down central government requirements. Initiatives such as Whole Place Community Budgets[138] and Think Family[140] aimed to make far more effective and efficient use of organisational assets across a number of sectors. These create multi-sector commissioning platforms supported by some budget devolution and varying degrees of budget alignment or pooling. Whilst there is community involvement, the agendas are mostly organisationally controlled and focused on making best use of existing organisational assets. Where community assets are used, it is as bolt-ons to existing conventional services and supports.

Supporting individual level commissioning

The outcomes-focused and asset-aware models mostly concentrate on supporting individual level commissioning by ensuring the systems and supports are in place to enable practitioners to play their part in the use of personal budgets. Information and advice services enable people to identify their support needs and choose from the full range of locally available services. Service delivering voluntary organisations enable community links and collaborative working processes enable person-centred working with the closest linked sectors, e.g. adult social care with health, education with children's services.

Box 5.3: Wide-area commissioning

The wide-area level is used to directly commission services and supports and, where required, to enable effective commissioning at community and individual levels.

The embryonic model, which pioneered the development of wide-area commissioning, focussed on centralised organisation and service-centred commissioning processes. The aim was to ensure an overview of total demand and the organisation's assets, enabling centralised commissioning teams to secure best value, largely through tighter procurement practices. The outcomes-focused model of commissioning developed the wide-area commissioning process beyond procurement, by introducing wide-area needs assessment and service planning including 'customer' engagement and the use of market management to stimulate innovation in conventional services and supports.

Whilst asset-aware commissioning coordinates wide-area level commissioning through cross-sector partnerships, most still takes place through the processes of individual partners. People and communities are involved in all stages of the commissioning cycle but organisations make final decisions. Achieving organisationally-determined outcomes mostly by making best use of their own assets is the focus. This includes enabling community level collaboration, supplier practice development and individual level service choice and control. The assets of people and communities are incorporated into conventional practice-based services and supports or via bolting-on ones that are asset-based. Feedback from community level commissioning and the involvement of people and communities aims to inform all parts of the wide-area commissioning process.

Stimulating and reshaping who produces what

The perception with conventional commissioning that outcomes are produced by organisations, leads to a focus on stimulating and reshaping who produces what. The embryonic model attempts to achieve this by using the bid process to send signals out to suppliers about the direction in which commissioners would like to see them develop. The outcomes-focused model complements the bid process with use of the full commissioning cycle, for example the development of market analysis and market development strategies, often expressed in Market Position Statements. It also uses a wider range of commissioning levers, for example influencing, to effect changes in provision procured by other closely linked sectors.

Asset-aware commissioning extends the practice of market management and cross-sector influencing to include actively encouraging organisational suppliers to incorporate the assets of people and communities into the way in which they provide conventional services and supports. There is an ad hoc focus on the development of asset-based practice.

Benchmarking current commissioning practice

As commissioning practice is always evolving, few organisations will find that their practice aligns completely with one or other of the commissioning models. More likely, there will be a spread of practice across the models. Hence, on any one feature, e.g. decision-making, some of their practice might align with the embryonic model, other aspects the outcome-focused, and still others the asset-aware. This variation is also likely to be seen between features, some of which, for example, may be predominantly outcome-focused, others of which are asset aware, etc. Table 5.3 enables the benchmarking of current commissioning practice against the three commissioning models by comparing it with each of the six key features of asset-based commissioning.

Table 5.3: The differences between conventional and asset-aware commissioning

COMMISSIONING MODEL	CONVENTIONAL COMMISSIONING		Asset-aware commissioning
	Embryonic commissioning	Outcome-focused commissioning	
FEATURE **Focus**	Needs, services, and within-sector organisational assets. Ad hoc use of single sector outcomes.	Needs, wider, and more sophisticated use of outcomes, some of which are cross-sector. Within and, some cross sector, organisational assets.	Needs plus full use of outcomes, of which many are cross-sector. Within-sector and more cross sector use of organisational assets. Bolt-on consideration of the assets of people and communities.
How outcomes are perceived to be produced	Solely produced through services procured from within sector organisations. No consideration of self-help.	Produced through services mostly procured from within sector organisations and sometimes by closely linked sectors. Little consideration of self-help.	Outcomes mostly produced by conventional services procured from within-sector organisations and closely linked sectors sometimes incorporating explicitly the assets of people and communities. Ad hoc asset-based practice developments.
Decision-making	People, communities, organisational suppliers and other sectors' organisational commissioners not involved.	Limited supplier and some consultation of people, communities and other sectors' commissioners. Organisational commissioners decide.	People, communities and other cross-sector organisational commissioners fully and suppliers partly, consulted. Organisational commissioners decide.

Relationships •Organisational commissioners and organisational suppliers with people and communities	Service user	Customer	Empowered customers, some augmenters or substitutes, a few co-producers
•Organisational commissioners across sectors	None	Restricted to commissioners in close linked sectors	Partnership working, strongest with close linked sectors
•Organisational commissioners and organisational suppliers	Arms-length, adversarial	Formal, constructive	Some joint problem-solving
•Organisational supplier-to-supplier	Cross-sector - siloed. In sector – competitive	Cross-sector - some links, ad-hoc integration. In sector – competitive	Cross-sector many links, some integration. In sector – competitive with some collaborations
•People and communities	Personal and community self-help continue outside of the organisational commissioning process	Little recognition of personal and community self- help which continue outside of the organisational commissioning process	Organisational commissioning makes some use of personal and community assets. Self-help continues with ad hoc asset-based support
Commissioning processes	Solely centralised, wide-area commissioning. Development of organisation-centred bid process	Partially developed multi-level commissioning but little or no devolution. Development of a wider range of organisation and conventional practice-centred commissioning processes	Fully developed multi-level commissioning but little devolution. Use of people's and communities' assets bolted-on to a wide range of conventional practice centric commissioning processes.
Stimulating and reshaping who produces what	Solely, within sector, focused on organisational assets via bid process	Solely organisational focused. Within-sector use of the full commissioning process including market management and some cross-sector influencing.	Mostly organisational focused via extensive market management, cross-sector influencing and the incorporation of the assets of people and communities into conventional practice based services. Ad hoc focus on developing asset-based practice and self-help.

Summary – key points

- Increased demand for citizen control, the infeasibility of conventional practice to further improve outcomes, new asset-based practice developments and research evidence, coupled with the continuing evolution of commissioning are driving current interest in asset-based commissioning.
- The asset-based approach is a paradigm shift in both practice and commissioning. Six key features encapsulate the asset-based commissioning paradigm shift: focus, how outcomes are perceived to be produced, decision-making, relationships, commissioning processes and stimulating and reshaping who does what. The six key features can be used to benchmark current practice and identify potential areas for development
- When viewed from the new perspective of the asset-based commissioning paradigm shift, there are four broad models of commissioning. The embryonic and outcome-focused models representing different stages of development of conventional commissioning. Asset-aware commissioning which, whilst making explicit use of the assets of people and communities does so mostly as a means of supplementing conventional practice. Asset-based commissioning which fully embraces the new commissioning paradigm aimed at transforming all conventional into asset-based practice.
- For some commissioners, asset-aware commissioning is the end point of their developmental journey. For others the desired end point is asset-based commissioning, something which needs commitment to a paradigm shift which might involve direct progression from conventional commissioning or after a period of asset-aware commissioning.

C. Asset-Based Commissioning

This section describes the final stage in the evolution from conventional to asset-based commissioning and then brings together, and builds on, developing practice to outline what for most organisations is a new commissioning model. Chapter 6 outlines the emerging model of asset-based commissioning and the paradigm shift involved in moving on from asset-aware or conventional commissioning. Chapter 7 details and exemplifies what the asset-based paradigm shift looks like in each of the major clusters of commissioning activities and levels of commissioning.

6. Asset-based commissioning – a new paradigm

Chapter Objectives

By the end of this chapter, you will:

- **Be able to define asset-based commissioning**
- **Understand the key features of asset-based commissioning**
- **Appreciate the differences between conventional, asset-aware and asset- based commissioning**

This chapter provides a brief outline of the asset-based model of commissioning with successive chapters providing more detail on how this transforms commissioning processes and roles.

Definition

We define asset-based commissioning as:

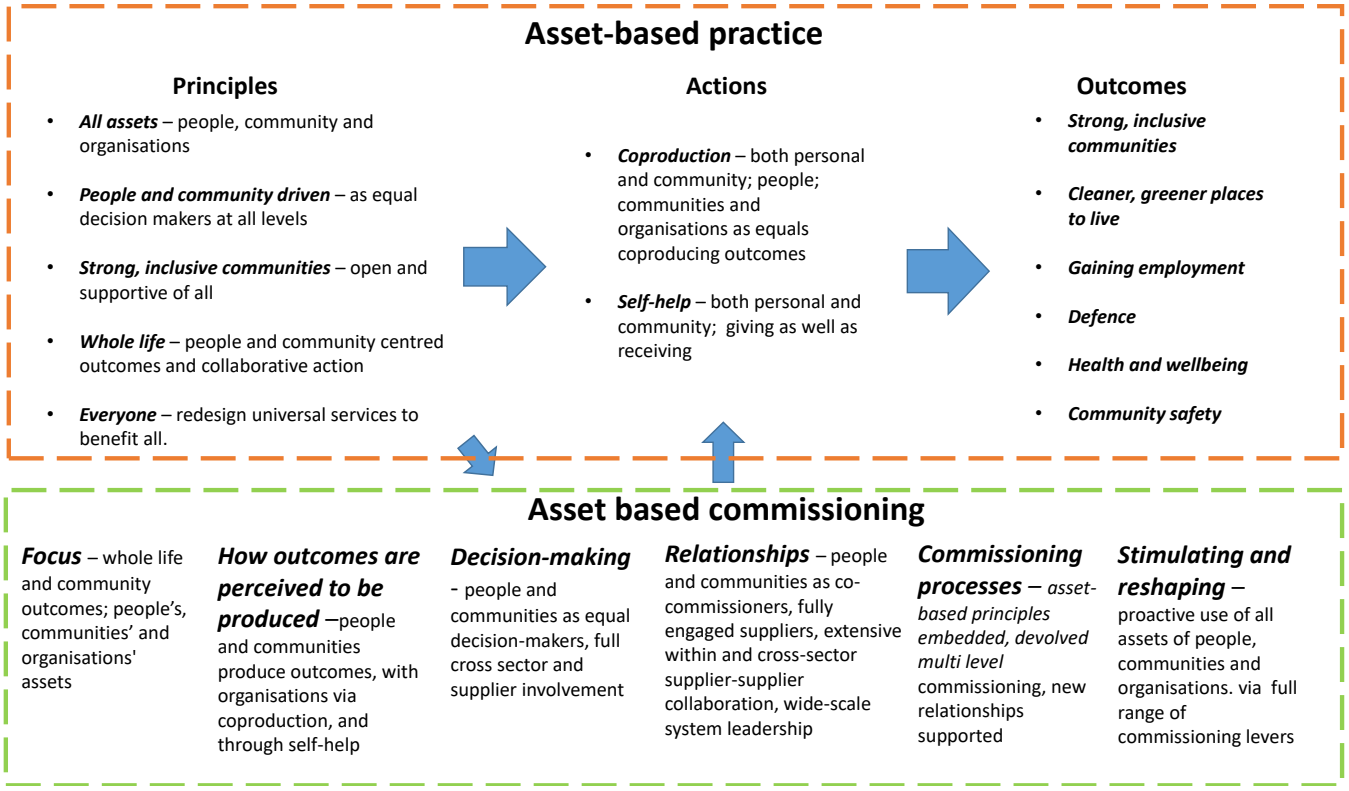
'Enabling people and communities, together with organisations, to become equal co-commissioners and co-producers and, also via self-help, make best complementary use of all assets to improve whole life and community outcomes.'

The model

Asset-aware commissioning begins to challenge the conventional commissioning paradigm by explicitly incorporating the assets of people and communities into conventional practice and bolting on asset-based developments to its predominantly conventional practice-based set of services and supports. Asset-based commissioning goes much further by completely replacing conventional commissioning with a new paradigm. With people and communities as equal co-commissioners, it aims to redesign conventional practice-based services, supports, and commissioning processes and supplement them with new ones that fully incorporate the principles of asset-based practice. The aim is to improve outcomes by making best complementary use of the assets of people and communities alongside those of organisations through enabling the development of personal and community co-production and self-help.

Figure 6.1 incorporates the work of TLAP[109], the principles of asset-based practice (see Chapter 3), the six key features of asset-based commissioning (see Chapter 5) and the definition of asset-based commissioning into the new commissioning paradigm. The implementation of the new paradigm will require root and branch change in the way practice and commissioning are conceptualised and implemented.

Figure 6.1: Asset-Based Commissioning: enabling the production of outcomes through asset-based practice



Asset-based commissioning actively encourages, enables and incorporates **asset-based practice**. It changes six key features of commissioning by shifting the **focus** of commissioning away from delivering sector-determined outcomes through using only organisational assets, to wider whole life and community outcomes by making explicit use of all available assets. It changes **how outcomes are perceived to be produced,** recognising people and communities produce outcomes with organisations via co-production, and through self-help. People and communities engage as equals in **decision-making**, with a very wide range of organisations supported by systems leadership. **Commissioning relationships** are collaborative with people and communities as co-commissioners, strong cross-sector links, fully engaged organisational suppliers and active promotion of supplier-supplier collaborations. Devolved multi-level **commissioning processes** actively support the new collaborative relationships and devolved decision-making. **Stimulating and reshaping** new and existing services and supports to enable best joint use and to further develop the assets of people, communities and organisations through proactive commissioning.

The approach to each of the six key features within asset-based commissioning is explored below.

Focus

Asset-based commissioning starts by identifying the full range of the assets of people, communities and organisations that are available at each level of commissioning. It then looks at the outcomes to be achieved and how they relate to the whole lives of people and communities rather than just organisational or sector missions. The assets that people and communities draw on to improve outcomes are explicitly recognised as being as important as those of organisations. The assets that organisational suppliers contribute by breaking new ground in the development of asset-based practice are also explicitly valued.

The Five Ways to Wellbeing framework[141] is an example of how asset-based commissioning can focus the use of all assets on improving whole life and community outcomes. This evidence-based framework describes a set of outcomes, rooted in the lives of people and communities, which will improve overall wellbeing, the aim being to enable people and communities to connect, be active,

take notice, keep learning, and give. In Table 6.1 the new economics foundation uses these outcomes to illustrate the range of ways in which different parts of a local authority (Child Services, Adult Social Care, Housing and Community Services, Environmental Services and Work, Unemployment and the local community) can enable more effective use of personal and community co-production and self-help to improve overall wellbeing.

Table 6.1: Improving overall wellbeing by focusing all assets on whole life and community outcomes through personal and community co-production and self-help[142]

	Child Services	Adult Social Care	Planning and Transport	Housing and Community Services	Environmental Services	Work, Unemployment and the Local Community
Connect	Inter-generational activities *(e.g. Merton Council)*	Local area coordination (e.g. Middlesborough Council)	Designing in traffic-free spaces (e.g. Sutton Council)	The Big Lunch (e.g. St Albans City District Council)	An area-based growing competition (e.g. Rushmoor Borough Council)	A local procurement policy (e.g. Camden Council)
Be active	Sports support buddies for disabled young people (e.g. Bristol City Council)	Healthy walks scheme (e.g. Adur District Council)	City centre cycle paths (e.g. Herefordshire Council)	Enabling council tenants to grow their own food (e.g. Southwark Council)	Green Gym (e.g. Bath and North East Somerset Council)	Green space apprenticeships (e.g. Tamworth Borough Council)
Take notice	Public art projects devised in collaboration with young people (e.g. Bristol City Council)	Arts festival for social inclusion (e.g. Lambeth Council's Straightforward)	Auditing green space provision (e.g. South Gloucestershire Council)	Gardening support for vulnerable residents (e.g. Hampshire County Council)	Residents involvement in wildlife protection (e.g. Fareham Borough Council)	Helping local people understand the local economy (e.g. South Somerset District Council)
Keep learning	An online directory of informal learning activities for young people (e.g. Essex County Council)	Adult learning on prescription (e.g. Northampton County Council and partners' Learn 2b scheme)	Identifying sites for self-builders (e.g. Swindon Borough Council)	Providing training as part of residents' involvement (e.g. South Kesteven District Council)	Community planting day events (e.g. Banbury Town Council)	Local entrepreneurship coaching (e.g. Norwich City Council)
Give	Peer support awards for young people (e.g. Bradford Metropolitan District Council)	Time-banking to encourage skills swapping and reciprocal volunteering (e.g. Bromley Council)	Supporting volunteer-led walking bus schemes (e.g. Thurrock Council)	Using peer-support models to enable independant living and residential support (e.g. Lincolnshire County Council)	Encouraging volunteers to 'adopt' their local area (e.g. Manchester City Council)	Local business support networks (e.g. Malvern Hills District Council)

How outcomes are perceived to be produced

Asset-based commissioning enables improved outcomes by pro-actively supporting the development of **personal and community co-production and self-help.** It does so by using the five principles of asset-based practice (see Chapter 3) to transform existing and develop new services, activities and supports. These make explicit use of **all assets**, including those of people and communities, to be **citizen driven** with people and communities as equals in decision-making, to build and support **strong, inclusive communities** and to focus on whole lives rather than just deliver sector bound sets of outcomes. This includes the tailoring of both publicly funded and commercially provided universal services and supports to benefit **everyone**.

Asset-based practice changes the perception of how, and who produces outcomes as well as equalising the power relationship between practitioners, people and communities (see Chapter 3). Table 6.2 outlines what this practice shift would look like in health and Box 6.1 describes innovations it could stimulate in enabling people to gain employment. In Table 6.2, the use of the term 'deficit approach' is synonymous with the terms 'conventional practice' and 'asset-aware practice'.

Table 6.2: Moving from a deficit approach to asset-based practice in health[143]

Deficit approach	Asset-based approach
Start with deficiencies and needs - what a community needs	Start with strengths and potential - the assets of individuals and communities
Treat the illness and symptoms	Promote wellbeing and positive health Treat the whole person
React to problems	Foster strengths and assets to prevent problems
Do to	Work with
People are consumers of health services	People are co-producers of health outcomes
Emphasise the role and knowledge of professionals and agencies	Emphasise the role and knowledge of communities, networks and neighbourhood organisations Citizens act as peers and agents in their own health and work alongside professionals
Fix broken people	Empower people to take control of their lives and health Act as brokers, facilitators, catalysts, collaborators
Deliver intervention programmes	Work with local people to support their ideas, potential and priorities
View the social causes of ill health and inequality as outside the remit of health and care services	Work with citizens to tackle the social, economic and environmental determinants of health and challenge health inequalities
Focus on what a community does not have	Focus on what a community has and could have Collaborate and work alongside people to mobilise community, family and local care and support networks and resources Self-organisation and community organisation Support peer groups , social prescribing and local networks
Consult residents about health services	Work alongside citizens to improve health and care outcomes

Box 6.1: Participatory, strengths-based employability assessments[144]

Employability assessments should ensure the provision of quality employment support to job-seekers. In practice, they fail to properly assess job-seekers' needs and abilities; instead rapidly segmenting people into 'streams' of support. If inappropriate, then employment support can drastically undermine job-seekers' confidence in their abilities to gain employment. Research to improve the assessment process found that job-seekers understand their own needs and abilities better than anyone does. A more participatory assessment is recommended taking into account their strengths and abilities instead of just addressing their barriers and needs. This would put job-seekers on a more equal footing with their advisors, allowing them to actively contribute to their assessment and shape their support offer. It would work best if underpinned by Deep Value relationships between job-seekers and advisors that 'nourish confidence, trust and self-belief'.

Decision-making

Asset-based commissioning changes the role that people and communities, organisational commissioners and suppliers play in commissioning.

People and communities

Asset-based commissioning explicitly recognises and values the assets that people and communities contribute as active co-producers of outcomes and through self-help. Critically this includes their lived experience about what does and does not work, and what is important. Lived experience is valued equally alongside the expertise of practitioners and organisational commissioners. It is this joint expertise, and explicit use of a much wider range of assets, that enables asset-based commissioning to deliver further improvements in outcomes and make best use of all available assets. It achieves this by according equal decision-making power to people and communities as co-commissioners and co-producers of outcomes alongside practitioners and organisational commissioners in all key decisions. This helps ensure that best use is made of complementary expertise and assets and that people and communities explicitly consent to use of their assets in co-production and self-help.

Organisational commissioners and suppliers

Alongside people and communities, asset-based commissioning fully engages a very wide range of supplier and commissioning organisations including:

- Commissioners with remits that have inter-related effects on the lives of people and communities.
- Commercial and non-commercial suppliers that are contracted to the public sector to provide services and supports.
- Non-contracted commercial suppliers, e.g. banks, cafés, shops who impact on the lives of people and communities.
- Non-contracted voluntary and community sector suppliers whose facilities, goods and services impact on the lives of people and communities.

The assets that suppliers contribute through services, activities and supports together with their independent development of innovative asset-based practice are valued by asset-based commissioning. This logically leads to the pro-active involvement of all types of suppliers in all aspects of commissioning.

The asset-based model recognises the value of the contributions of commissioning organisations whose organisational missions directly impact on closely related outcomes together with those that do so indirectly, through knock-on effects. For example, health and adult social care are inextricably linked but good quality, affordable housing, access to shops and facilities via public transport and controlling the road traffic air pollution also have major impacts on health. Hence the asset-based model seeks to engage fully with a wide range of commissioning organisations.

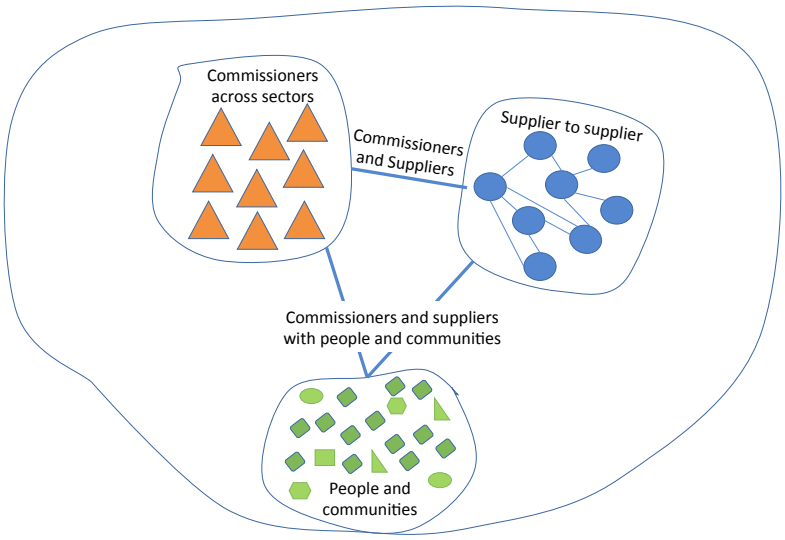
Relationships

Engaging people and communities as equals along with a wide range of commissioning and supplier organisations in asset-based commissioning changes the nature of relationships. Critical changes are between

- Organisational commissioners and suppliers with people and communities
- Commissioners across sectors
- Organisational commissioners and suppliers
- Organisational supplier-to-supplier
- People and communities

In addition to these specific relationships, there is a general recognition of the need to stimulate and support commissioning networks.

Figure 6.2: Critical sets of asset-based commissioning relationships



Organisational commissioners and suppliers with people and communities

Asset-based commissioning explicitly recognises the roles that people and communities play as active co-producers of outcomes with organisations, and via personal and community self help. The assets they contribute, including their lived experience logically leads to them being recognised as full blown co-commissioners and co-producers, alongside organisations.

Commissioners across sectors

Asset-based commissioning seeks to make best use of all assets. However, the formal authority of organisational commissioners is limited, mainly to directing the activities of contracted organisational suppliers. They have little or no authority over people and communities, non-contracted commercial or voluntary sector suppliers or commissioners in other parts of the public sector. Hence, the continued use of conventional, top-down, organisational-based approaches to commissioning leadership would fail to meet the asset-based commissioning aim of reshaping the use of all organisational assets. Instead, with multiple leaders at all levels of action and commissioning, systems leadership is needed (see Box 6.2) to create shared, asset-based, mutually acceptable solutions to achieve joint ambitions.

Box 6.2: Key features of system leadership

Leadership not individual leaders - teams of people collectively have the 'leadership skills' needed to effect wholesale change; no single person will possess all the necessary qualities, nor should any one person hold all the responsibility for doing so.

Vision and purpose - a collective broadly based and compelling vision capable of engaging diverse groups around a shared purpose without the use of positional authority or hierarchical power is needed.

Work through alliances, collaboratives and partnerships – doing things differently in the interest of the wider system, recognising the importance of interconnections and drawing on diverse perspectives.

Build the autonomy of those in the system to act - set a few simple rules, e.g. equal involvement of people and communities alongside organisations, marry flexibility with quality assurance within a clear overall framework.

Support autonomy – design systems and processes to help individuals solve problems together and share learning, provide feedback on the performance of the system; maintain an open and vibrant learning culture.

Commissioners and organisational suppliers

Asset-based commissioning makes full use of the assets and innovative potential of organisational suppliers by opening up two-way relationships, fully engaging them in all parts of the commissioning process. It also requires organisational suppliers to take the initiative to apply asset-based practice principles to their own practice and work with people and communities to develop new forms of coproduction and self-help. Hence organisational supplier initiated development is as important in achieving the practice shift as that led by commissioners.

Asset-based commissioning ditches previous formal distinctions between who does and does not contribute to producing outcomes and their commissioning. This applies as much to organisational suppliers as to people and communities. Hence, when identifying who is currently, and should be, involved in commissioning it looks beyond formal commissioner job titles. Instead, it views the activity of commissioning through the prism of who contributes what, to which commissioning activities and at which levels of commissioning. This may show that many staff employed by organisational suppliers, previously designated as solely producers of outcomes, are also playing a vital wider role in commissioning (see Chapter 4). Thus, as with people and communities, asset-based commissioning recognizes and supports the participation of these groups as co-commissioners and co-producers of outcomes.

Organisational supplier-to-supplier

Working from the principles of asset-based practice, asset-based commissioning recognises that no one organisational supplier on its own is likely to be able to co-produce the desired full range of whole life and community outcomes. Hence, it supports suppliers to work in close collaboration and consortia with one another and develop strong links with local communities including community organisations. This goes beyond organisational suppliers mutually reconfiguring and linking their services, to their engaging with people and communities as co-producers in helping other organisational suppliers make the shift from conventional to asset-based practice.

People and Communities

Asset-based commissioning explicitly values, and seeks to actively support, the roles that personal and community self-help play in producing outcomes. Resilient and resourceful people and strong, inclusive communities are able to provide practical help, information, emotional support, opportunities to contribute, and are safe, fun places to live. However, sometimes personal self-help and relationships between individuals and groups comprising a community may need to be nurtured. Asset-based commissioning uses community development in its many forms (see Chapter 2) and other approaches, to enable people and communities to realise, value, utilise and further develop their assets and to ensure their communities open up to all. This also has the knock-on effect of strengthening the role people and communities can play as co-commissioners, at all levels of commissioning.

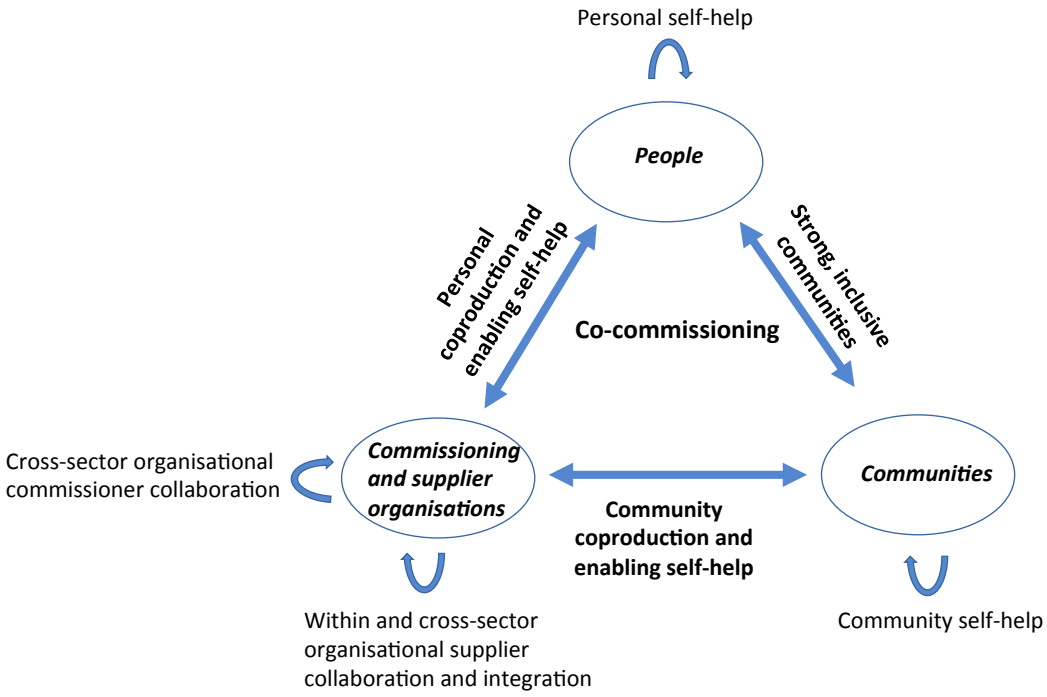
Co-commissioning networks

Asset-based commissioning's recognition of the active roles that people and communities as well as a wide range of organisations can play radically expands the range of stakeholders involved in explicitly co-commissioning and co-producing outcomes. Hence, it enables collaborative commissioning between people and communities, cross-sector organisational commissioners and contracted and non-contracted organisational suppliers of services and support.

Asset-based commissioning enables the wide range of stakeholders to work together through what we term 'co-commissioning networks' (see Figure 6.3). The prefix 'co' signals the involvement of people and communities as well as organisational stakeholders. 'Network' recognises that many of the groups of stakeholders are likely to be linked via overlapping and changing sets of informal and formal

relationships rather than just through the predominate current use of formal partnerships and wide-area level commissioning processes.

Figure 6.3: An asset-based co-commissioning network



At all levels, co-commissioning networks support collaboration within each stakeholder group, e.g. people and communities enabling self-help, organisational suppliers developing collaborative and integrated services and supports, cross-sector collaboration between organisational commissioners. Alongside co-commissioning, the networks also support cross group collaboration. Co-production between organisational suppliers, people and communities, personal and community self-help and the development of stronger and more inclusive communities.

Asset-based commissioning supports co-commissioning networks, aiming to maximise the possibilities, explicitly drawing on the lived experience and assets of people, communities and the practitioner expertise and assets of organisations, through enabling co-production and self-help. It achieves this by devolving commissioning activity and power to the levels that are closest to those intended to benefit and actively supports people and communities to engage as equal co-commissioners. Commissioning processes focus on all assets, whole life and community outcomes as well as supporting the development of asset-based practice. Collaborative working changes the balance of decision-making power and a new set of commissioning relationships emerge.

Commissioning processes

Multi-level commissioning supports co-commissioning at three levels: individual, community and wide-area (see Chapter 4). The commissioning processes used at each level are exemplified below and described in greater detail in Chapter 7.

Individual level

Individual level commissioning aims to enable people to take the lead in setting personal desired outcomes and in deciding how to make best use of all available assets to achieve them.
At the individual level, in health and adult social care, commissioning processes have been developed to empower individuals to take control of their lives and how they wish to be supported to do so. In adult social care, individual level commissioning plans were originally designed to help people decide how to access practice-based services to achieve sector framed outcomes. Asset-based commissioning

builds on and transforms this approach by explicitly taking into account personal and community, as well as organisational assets and creating new asset-based services and supports that enable co-production and self-help. For example, in children's services, family group conferencing (see Box 6.3) enabled wider family and social networks to take the lead in deciding how they will reconfigure so that they can safeguard and care for their children who are in need of protection.

Box 6.3: Family group conferencing, safeguarding children in need of protection[145]

In conventional practice, practitioners, in consultation with parents, decide how best to safeguard children who are in need of protection. Asset-based practice starts with people and their networks. For example, facilitators of Family Group Conferences broker meetings of the wider family network and enable families, on their own, to devise ways of safeguarding their children who are in need of protection. In particular, they decide what it is the family will contribute to safeguarding and negotiate the supports they require from organisations to be able to do so. This leads to both effective safeguarding and enables more children to remain safely within their own family networks.

The development of the asset-based, whole life approach to personalisation in children's services (see Box 6.4) also broke away from focusing solely on the use of a personal budget, service purchasing and narrowly circumscribed outcomes. Instead, it starts with the assets of people and communities and enabling people to identify their own whole life outcomes. It helps them explore what they can, and would like to do for themselves, and find the community assets on which they could draw, or to which they could contribute. People then consider which organisationally provided services and supports to purchase to complement these activities. Together, what people do for themselves, their potential engagement in community activities, along with their involvement as co-producers of services and supports enable the achievement of whole life outcomes.

Box 6.4: The whole life approach to personalisation[95]

This approach re-centres individual level commissioning away from a narrow focus on needs and services to enabling people to decide how to best use their individual and community assets, i.e. their Real Wealth (Figure 7.1) and live as active and healthy citizens. This is supported by the development of co-productive relationships between local services, partners, people, and communities.
For children, young people and their families, the whole life approach requires changes to the culture and practice of self-directed support, affecting for example:

Initial Contact: operating multiple points of access and referral including, for example, children's and community centres. Providing all members of the local community with information and guidance about activities, local groups, community support networks, self-help organisations and community participation opportunities. Promoting mainstream and universal opportunities as a key part of tackling isolation and exclusion. Providing links to early intervention services and information on individual budgets.

Resource allocation: having a simple, transparent, outcomes-based approach to setting personal budgets resource allocation that has been co-designed with people who use services

Planning: a free offer of community-based support to all, complemented with access to relevant practitioner expertise, to help people develop self-directed support plans that make best use of what is available locally and in the community. Support plans will set out clearly the individualised outcomes, and how a mix of wider community opportunities, individual budgets and referred services will help produce them. This includes ensuring that individuals who lack the capacity to manage their budgets have the same flexibility as others in how they use them.

Review: a transparent and efficient approach to both reviewing and monitoring the use of resources to meet identified outcomes, accompanied by a long-term approach to ensuring quality and outcomes achieved by local people.

Safeguarding: a community-wide approach to safeguarding where citizens and communities see it as their responsibility to support more vulnerable children and adults. This would include community and voluntary organisations supporting people with personal budgets, developing user-led organisations and a wider commissioning approach that enables safeguarding within the local community.

In health, support for people to self-manage their long-term health conditions has led to a redesign of GP consultations to enable an asset-based approach (see Box 6.5).

Box 6.5: Redesigning consultations[146]

In England, supporting people with long-term health conditions (LTCs) accounts for 70% of the combined health and adult social care budget. Patients, especially those living with one or more LTCs, want to do more to self-manage their health. Traditional practitioner-led consultations must be replaced by conversations between equals, and a focus on patients' own goals and outcomes. Developments such as the Year of Care, group consultations and social prescribing show how to best support this new relationship. These change the way in which patients and practitioners work together, the structure of consultations, and the continuing support provided. This both improves outcomes and consequentially reduces GP attendances and inpatient stays.

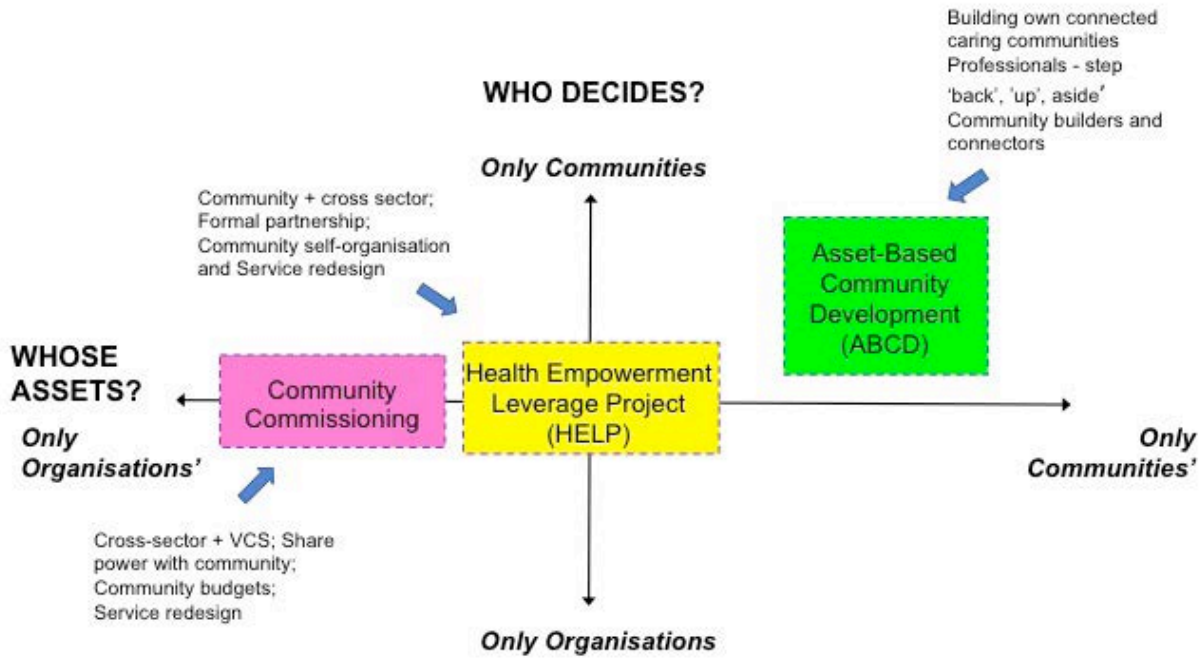
The aim of first considering the use of the assets of people and communities before those of organisations is neither to minimise state support nor to enforce unsupported self-help. Rather, it is to enable people and communities to deploy organisational resources in the way that best complements the use they wish to make of their other assets. This will only happen when people and communities have equal decision-making power alongside organisational commissioners and practitioners.

Community level

Community level commissioning aims to benefit a particular road, neighbourhood, town, district or perhaps, affinity group. It enables best use and further development of the assets of people, communities and organisations through collaborative working that supports community level co-production and self-help as well as devolved asset-based individual level commissioning.

The development of collaborative community level commissioning has led to the creation of a number of different approaches that vary in the degree to which they focus on all assets and enable co-commissioning. However, all provide a basis for the further development of community level asset-based commissioning. Figure 6.4 compares three examples. The vertical axis shows the extent to which communities and/or organisations make commissioning decisions whereas the horizontal axis indicates the extent to which they explicitly draw on community or organisational assets.

Figure 6.4: Emergent community level, asset -commissioning systems



Asset-based community development (ABCD) is an example of an approach that sits in the top right quadrant of Figure 6.4. It is completely citizen driven, enabling communities to define their own agendas and take autonomous action. ABCD is one of a number of asset-based community development methods devised to provide support where communities require help to make best use, and further develop their existing assets. ABCD starts from the asset-based principle of 'all assets' by asking[147]:

- 'What is it that communities can do best?
- What do communities require help with?
- What do communities need outside agencies to do for them?'

Nurture Development. (Undated: 1)

Two key ingredients are required to catalyse change:

- **Professionals** - who step back to let local people decide their own priorities; step up to become catalysts and facilitators for change; and step aside from being gatekeepers, one-way service suppliers and commissioners of projects delivered by professional strangers. This is the essence of being 'citizen driven'. ABCD recognises that citizens want ways to balance lives, involving time spent working and time spent as active citizens - caring for each other. This aligns with the 'whole life' and building 'strong, inclusive communities' asset-based practice principles. The ABCD process shifts organisations from a 'find it - fund it - fix it' approach to a 'step-up, step aside and step back' approach thereby encouraging local people to collaborate and to do what they are collectively best placed to do – build connected and caring communities.
- **Community builders and Connectors.** Community Builders are paid staff trained in facilitating community development. They work with the community by identifying local people who are unpaid Community Connectors. These natural networkers are relationship builders who have the energy and kindness to bring people together. They are essential to community development as no one organisation, individual or group of people will ever know enough about a community, and the people within it, to bring about the level of citizen-driven social change ABCD strives to achieve. Community Builders find, support and train Community Connectors, who in turn liberate the skills, knowledge, energy and connections that already exist among local people and within communities. Together, Community Builders and Connectors facilitate dynamic knowledge and talent sharing, along with creating and driving the momentum needed for lasting change.

The Health Empowerment Leverage Project (HELP) is an example of asset-based commissioning that sits near the centre of Figure 6.4. HELP uses a seven-step approach to community development[148] (see Box 6.6) to enable the community-driven improvement in health. This enables organisations to engage with communities on broad organisationally-defined agendas, e.g health and wellbeing. Within these agendas, it works with people and communities to enable them to develop their own analysis of the key issues and who should do what to tackle them. This includes people and communities making best use of their existing assets and further developing them in the process.

Box 6.6: The seven step Connected Communities (C2) process[101]

HELP uses a seven-step process known as C2[149]:

1. '**Identify and nurture key residents** - establish steering group of front line local service providers with a small reference group of key residents and other stakeholders to undertake a joint development process and action plan.
2. **Deliver workshop** - to consolidate steering group and embed skills needed to support residents to lead change and become self-managing. Jointly plan a 'listening to community' event to identify and prioritise neighbourhood health and well-being issues.
3. **Listening event** – plus a report on identifying issues, fed back to residents within 10 days. Commitment established for resident-led, multi-agency partnership to tackle
4. **Constitute partnership** - which operates out of easily accessed hub within community setting, opening clear communication channels to a wider community, e.g. regular newsletter, estate 'walkabouts', links with other community groups and interface with strategic organisations. Exchange visits undertaken to meet communities who successfully self-manage.
5. **Monthly partnership meetings** - providing continuous positive feedback loop to residents. Celebration of visible 'wins', e.g. successful application to funding streams which support community priorities, and promote positive media coverage, leading to improved community confidence, more volunteering and increasing momentum towards change.
6. **Evidence of community strengthening and self-organisation** - characterized by setting up new groups and activities increasing social capital, catering for wide spectrum of age groups and targeting health priorities. Accelerated responses in service delivery from partnership agencies, leading to increased community trust, co-operation and reciprocal uptake.
7. **Partnership firmly established and on forward trajectory of improvement** - two or three key residents employed and funded to co-ordinate activities. Measurable outcomes from community action plan and evidence of visible transformational change, e.g. new play spaces, improved residents' gardens, reduction in ASB, all leading to measurable health improvement and parallel gains for other public services.'

Fisher et. al. (2011: 19)

Community commissioning[150] sits midway on the 'who's assets?' axis and close to the organisational end on the 'who decides?' axis. This approach widens the focus of commissioning to take a more whole life view of issues. Building on developments such as Total Place[38], it engages a much wider range of organisations in outcome-focused commissioning. Whilst there is active support for community engagement, making best use of organisational assets is the major focus of commissioning. An example of Community Commissioning is the Local Integrated Services (LIS) Approach (see Box 6.7).

Box 6.7: Community commissioning – the Local Integrated Services (LIS) Approach[150]

Based in local communities, and committed to community involvement, LIS areas varied in the priority they gave to making best use of community as well as organisational assets. Typically, wide-area partnerships set the broad overall objectives for the community level commissioning, for example, reducing offending, environmental improvement, stimulating economic activity and supporting families with multiple challenges.

Communities were at the heart of devolved commissioning setting local outcomes. A key aim was to integrate and reshape local services to enable more effective co-production between people, communities and organisations. Explicit investment in building community capacity ensured that local residents had the skills and knowledge to influence commissioning effectively. It used a partnership approach supported by actively devolving aligned or pooled organisational budgets. Partnership vehicles varied from Community Trusts, through the modification of existing neighbourhood forums to local sub groups of wide-area partnerships.

Community-level commissioning supports the move to asset-based individual level commissioning that focuses on using personal budgets to purchase services and supports to making best use of all available personal, community and organisational assets. It does this by enabling the development of community and personal self-help alongside explicitly co-produced services and supports, including ensuring that universal services are tailored to all. Local area coordination (see Box 7.5) is an example of how to enable these changes. User-driven commissioning[151] (see Box 6.8) directly involves people in de-commissioning existing and re-commissioning new services that make best use of people's own and community assets and produce improved outcomes.

Box 6.8: User-driven commissioning comprises the three stepping-stones[151]

One – supporting initiatives for people to pool their personal budgets to maximise (previously inaccessible) outcomes on people's terms and achieve greater economies of scale. Bringing people together based on shared interests rather than needs to share a PA, for example, to access or fund new activities and ventures and build up collective insights.

Two – evolving into mature conversations about de-commissioning and re-commissioning to free up resources for more innovative ideas and personalised approaches. For example, co-produced, whole life and cross-sector care and support pathways enabled by bundled, proportionate outcomes-based tariffs for particular stages.

Three – user-led, hybrid mutual organisations or micro social enterprises (the latter led jointly led by disabled people and staff) enable the delivery of peer support as an integral element of those pathways, facilitating choice and support and helping others create their own solutions. Examples of efficiency savings being shared include buying group training or tickets for cinemas, concerts, theme parks, football; organising a group holiday between users of services, commissioners and wider local community.

Wide-area level

The wide-area level includes commissioning at the clinical commissioning group, local authority, and sub-regional, regional, country, United Kingdom or international level. It directly and indirectly commissions services and supports where the individual or community level cannot wholly or in part, realistically deliver an outcome, and enables effective commissioning at community and individual levels. Area-wide commissioning tends to be more strategic with associated costs and benefits accruing over many years, for example, outcomes associated with the transit of people and goods over considerable distances.

The wide-area level of commissioning is where the broad outcomes, overarching principles of asset-based practice and model of commissioning are agreed. Outcomes include ensuring strong and inclusive communities, which in turn enable collaborative use, and further development of the assets of people, communities and organisations. People and communities are equals in all wide-area level decision-making. Commissioning processes are transformed (see Box 6.9) to enable equal co-commissioning, co-production and self-help. They promote active collaboration between organisational suppliers and make working with people and communities as co-producers and enabling self-help a basic contractual requirement.

Box 6.9: Commissioning for Outcomes and Co-production[142]

Developed by new economics foundation (nef), 'Commissioning for Outcomes and Co-production' enables the shift from conventional to asset-based commissioning. It involves commissioners working collaboratively with local people and organisational suppliers to maximise the value created by public spending across the economic, environmental and social bottom line, and to co-produce services and supports to meet people's needs and achieve their aspirations. People and communities are involved in lead roles at all stages of the commissioning process. All contracts incorporate co-production and the use of community assets, e.g. via alliance contracts (see Chapter 7).

Seven shifts are required to move from conventional to asset-based commissioning:

1. **From buying very tightly defined services and activities to commissioning for economic, environmental and social outcomes** – both within specified 'services' and for the wider community.
2. **From unit costs and short-term efficiencies to promoting long-term value creation:** across economic, environmental and benefits. Emphasises importance of prevention, and awareness of false economies.
3. **From being led by needs and deficits to needs and assets:** build a picture of what works and current strengths, as well as what support is needed. Uses a range of methods to develop insight and apply this throughout the commissioning process.
4. **From being hierarchical and paternalistic to co-production:** the commissioning process is co-produced with the expectation that organisational suppliers will begin to co-produce their services and supports.
5. **From closing down specifications to promoting the space for innovation:** moving away from over-specified services, asking organisational suppliers and people using services to come up with ideas and activities to meet the outcomes.
6. **From being rigid and inflexible to iterative and adaptive:** continuous reflection, evaluation and flexibility for services to adapt to the interests, needs and assets of local people.
7. **From being competitive and siloed to collaborative:** strong relationships across and between local authorities, other statutory agencies, organisational suppliers, use-led organisations, the voluntary and community sector, civic groups and local people.

Joint and strongly aligned cross-sector commissioning coupled with wider systems leadership enables the involvement of a large range of sectors, including universal services and non-contracted commercial suppliers. This provides the wide-area collaboration that in turn enables community and individual level commissioning.

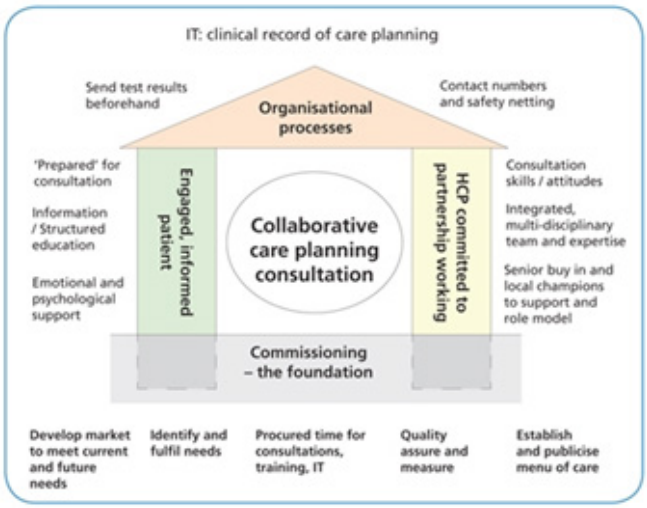
Wide-area contracts need to allow for local tailoring, and devolution of cross-sector budgets and decision-making and the development of collaborations, systems and supports that enable effective community and individual level commissioning (see Box 6.10).

Box 6.10: Year of care

In the health service, the Year of Care approach incorporates both a wide-area and operational level focus[152] on service redesign and practice culture change to empower and support patients to better manage their long-term health conditions. Both the NHS Five Year Forward View[96] and the Coalition for Collaborative Care[153] have adopted this approach. The former, as the basis for its national diabetes programme and the latter in working to ensure that all people with long term health conditions become the main decision makers in designing their support and managing their conditions.

The Year of Care uses a House of Care model (see Figure 6.5) to describe the way a linked set of changes enable patients and health care practitioners (HCP) to work together to better co-produce improved outcomes.

Figure 6.5: House of care model[154]



The house has four components, each of which reinforces the others and enables the house to remain standing.

At its centre - is collaborative care planning which gives equal weight to patients' lived experience alongside clinical expertise.

The walls - of the house represent the changes in the current expectations and behaviours of patients and practitioners required to make this a reality. It recognises that, for example, many patients and staff will require a range of forms of help to achieve this shift.

The roof - redesigned systems and processes support the new practice and relationships. This includes ways of identifying and contacting patients with long-term conditions, flexible appointment systems that allow for longer consultations when necessary, and record systems that document and share care plans and monitor outcomes.

The floor - represents the responsive local commissioning system that: explicitly commissions the change; supports the training and systems changes; and enables the linking with community resources.

Health link workers play an essential role in enabling people to self-manage their health conditions and make use of support from community organisation. Referred to as non-traditional providers (NTPs) of health support they cover, physical activity, e.g. community gardening project, healthy eating e.g. cookery club in a community centre, arts for health e.g. 'knit and natter' groups, befriending e.g. local volunteer led befriending scheme, welfare rights e.g. local Citizens Advice Bureau or advocacy centre, and volunteering e.g. volunteering at the community hub.

Wide-area commissioners can contract with community level NTPs directly or via lead non-traditional organisational suppliers[155]. These would employ the health link workers, contract with some community organisations and link people to others and local universal services.

Stimulating and reshaping who produces what

Asset-based commissioning's recognition that people and communities produce outcomes through co-production with organisations, and self-help leads it to reframe what is involved in stimulating and reshaping who produces what outcomes. Instead of focusing mostly on reshaping the organisational supplier market, the new economics foundation (see Box 6.11) widens the scope to include people and communities.

Box 6.11: From market to asset stimulation and shaping

'We don't use the language of market shaping (or 'making') as we feel it focuses too much on what contracted providers can supply and often reflects certain assumptions about how markets can 'work' properly. Markets focus solely on what providers can supply, not on the assets that are abundant in the community at large (or the 'core economy') – the time, wisdom, skill and expertise of people using the service, their families and neighbours. These resources are not counted or valued by the market, and will stay out of sight unless we ask some searching questions about what the 'market' is when it comes to co-producing public services. Instead of having a section here on market shaping, we provide practical guidance on identifying the different resources available to provide support for people using services and collaborating throughout the commissioning cycle. We have emphasised how an assets-based approach can be used to develop a better understanding of how formal and informal support and activities combine to achieve better outcomes.'

Slay, J. Penny, J. (2014:74)

Many of the assets that are needed to achieve outcomes are under the control of people, communities and organisations over whom organisational commissioners have no direct control. Hence, asset-based commissioning has to make use of a much wider range of commissioning levers for change than just contracting or organisational market management (see Table 6.3, expands on work by J. Smyth[156]).

Table 6.3: Co-commissioning levers

Commissioning lever	Co-commissioning examples
Influencing and negotiating	Local politicians broker contacts between community organisations and statutory sector commissioners Community organisations bring organisational suppliers together with local people to enable a dialogue on service co-design
Mutual realignment of assets	Organisations, whether contracted, commercial or community, align their assets to take complementary action on an agreed set of shared outcomes. Funding community builders (see Chapter 3) who support communities to decide how they wish to use their assets and take action.
Incentivising others to change the use of their assets	Extended families offered Family Group Conferencing (see Box 6.3) support so they can decide who will do what within the family to safeguard children. Offering incentives to organisational suppliers in the form of flexible contracts to develop co-productive relationships with people and communities.
Contracting for particular actions or services	Organisational commissioners specify 'alliance contracting' (see Chapter 7) to enable the participation of small community groups as suppliers. Refocusing universal service supplier contracts on widening provision to everyone.
Direct service provision	Reviewing and monitoring services directly provided by contracted organisational suppliers or by groups of citizens against asset-based practice principles. Reshaping services and supports through agreeing new asset-based specifications.
Quality assuring and managing performance	Organisational commissioners contract with people and communities to provide support to suppliers to develop more effective co-production People, communities and organisations co-develop whole life, people-centred quality markers for suppliers of services and supports.
Procurement	Build in time within the commissioning process for people, communities and organisations to work together to co-design new asset-based services and supports before formal procurement. In bid assessment, rebalance the price-quality ratio in favour of quality and co-production, score achievement of whole life and community outcomes separately
Working through existing catalysts and innovators	Contact, work with and support existing community builders and connectors. Work with informal entrepreneurs to further develop and regularise their activities (see Box 6.121)

Table 6.3 illustrates how the wider range of commissioning levers are used by co-commissioners at all three levels of commissioning. For example, family group conferencing at the individual level, community organisations enabling commissioning dialogue at the community level and, at the wide-area level, organisational commissioners stimulating the engagement of community organisations through alliance contracting. Asset-based commissioning does use existing conventional commissioning levers. However, it does so in ways that embed the principles of asset-based practice and support the new co-commissioning relationships between people, communities and organisations. For example, building in time within the procurement process to enable co-design of services and supports with people and communities. Recognition of the importance of all assets also leads co-commissioners reaching out beyond the usual range of stakeholders using innovative approaches to engage and support them as active partners in improving outcomes. Box 6.12 offers two examples of how one group of stakeholders, informal entrepreneurs, can be engaged in improved outcomes.

Box 6.12: Incentivising the informal entrepreneurs to register their activities[157]

An informal entrepreneur is somebody who engages in the remunerated production or sale of elicit goods and services not declared for tax, benefit or labour law purposes. In 2010, in England around 20% of firms traded wholly in the informal economy, 31% in deprived localities and 6% in affluent areas. Informal entrepreneurship is a major route to formal employment creation, with about half moving towards declaring their activities. Research shows that government can most easily increase formalisation by providing incentives and supports rather than just through punishing 'bad behaviour'. A personalised rather than a 'one size fits all' approach is required to take into account the great variation in motivations and perceived and actual barriers to formalisation faced by different types of informal entrepreneurs, for example:

Ich Ach – this German scheme gives unemployed people starting up as self-employed a tapering monthly subsidy for three years. Between 2003 and 2006, the scheme supported 400,000 entrepreneurs, three-quarters of whom were still in operation some 28 months after their launch. It both formalised start-ups and existing informal firms.

CUORE – Italy has a network of service centres for 'hidden' entrepreneurs in low-income neighbourhoods, providing information, advice and customised regularisation and development paths to support their formalisation. A further incentive is the creation of business consortia that regularise tax affairs for firms. The consortia provide training, arrange trade fairs, help protect the originality of members' labels and products, and offer assistance with the internationalisation of their markets.

Differences between conventional, asset-aware and asset-based commissioning

There are a number of key differences between conventional, asset-aware and asset-based commissioning. Incorporating Table 5.3, which showed the differences between conventional and asset-aware commissioning, Table 6.4 summarises the differences enabling organisations and areas, making the transition to asset-based commissioning, to track their progress from left to right of the table.

Table 6.4: The journey to asset-based commissioning

COMMISSIONING MODEL	CONVENTIONAL COMMISSIONING		Asset-aware commissioning	Asset-based commissioning
	Embryonic commissioning	Outcome-focused commissioning		
FEATURE Focus	Needs, services, and within sector organisational assets. Ad hoc use of single sector outcomes.	Needs, wider and more sophisticated use of outcomes, some of which are cross-sector. Within and, some cross-sector, organisational assets.	Needs, plus full use of outcomes, some of which are cross-sector. Within and more cross-sector use of organisational assets. Bolt-on consideration of the assets of people and communities.	Needs, whole life and community outcomes. People's, communities' and within-sector and cross-sector organisational, assets.
How outcomes are perceived to be produced and its impact on services and supports	Solely produced through services procured from within sector organisations. No consideration of self-help.	Produced through services mostly procured from within sector organisations and sometimes by closely linked sectors. Little consideration of self-help.	Outcomes mostly produced by conventional services procured from within sector organisations and closely linked sectors, sometimes incorporating explicitly the assets of people and communities, Ad hoc asset-based practice developments.	Fully co-produced by people, communities and organisations and by people and communities via self-help.
Decision-making	People, communities, organisational suppliers and other sectors' organisational commissioners not involved.	Limited supplier but some consultation of people, communities and other sectors' commissioners. Organisational commissioners decide.	People, communities and other cross sector organisational commissioners fully and suppliers partly, consulted. Organisational commissioners decide.	People and communities have an equal say in all key decisions. Wide-scale cross sector and supplier consultation and influence.

Relationships				
•Organisational commissioners and suppliers with people and communities	Service user	Customer	Empowered customers, some augmenters or substitutes, a few co-producers	Co-commissioners and co-producers
•Commissioners across sectors	None	Restricted to commissioners in close linked sectors	Partnership working, strongest with close linked sectors	Systems leadership across broad co-commissioning networks
•Commissioners and suppliers	Arms-length, adversarial	Formal, constructive	Some joint problem-solving	Fully engaged
•Organisational supplier-to-supplier	Cross-sector - siloed. In sector – competitive	Cross-sector - some links, ad hoc integration. In sector – competitive	Cross -sector many links, some integration. In sector - competitive, with some collaborations	Cross sector - many links, extensive integration. In sector - competitive, many collaborations
•People and communities	Personal and community self-help continue outside of the organisational commissioning process	Little recognition of personal and community self-help which continues outside of the organisational commissioning process	Organisational commissioning makes some use of personal and community assets. Self-help continues with ad hoc asset-based support	Personal and community self-help continues and is fully valued and supported by community level commissioning which also empowers people and communities at the individual and wide-area levels.
Commissioning processes	Solely centralised, wide-area commissioning. Development of organisation-centred bid process	Partially developed multi-level commissioning but no devolution. Development of a wider range of organisation and conventional practice-centred commissioning processes	Fully developed multi-level commissioning but limited devolution. Use of people's and communities' assets bolted-on to a wide range of organisation and conventional practice centric commissioning processes.	Fully developed, devolved, multi-level commissioning. Transforms all aspects of the commissioning process to treat the assets of people and communities on a par with organisations and supports the new working relationships.
Stimulating and reshaping who produces what	Solely, within sector, focused on organisational assets via bid process	Solely organisational focused. Within-sector use of the full commissioning process, including market management and some cross-sector influencing.	Mostly organisational focused via extensive market management, cross-sector influencing and the incorporation of the assets of people and communities into conventional practice based services. Ad hoc focus on developing asset-based practice and self-help.	Systematic use of an extended range of commissioning levers to stimulate and reshape the use of all assets of people, communities and organisations on asset-based principles.

Summary – key points

- There are four main models of commissioning. Two conventional models of commissioning, embryonic and outcomes-focused, which commission only conventional practice-based organisational services and supports. The other two models are, to differing degrees, asset-based. For many commissioners asset-aware commissioning begins the movement towards asset-based. It incorporates the assets of people and communities into conventional practice based services and supports and develops ad hoc examples of asset-based practice. Asset-based commissioning goes all the way making a paradigm shift to only commissioning services and supports that are fully asset-based.
- The asset-based commissioning paradigm shift completely remodels existing services and supports and develop new ones in line with the principles of asset-based practice. These recognise that all assets are valuable, that practice should be driven by people and communities with a drive towards strong inclusive communities and a focus on whole life outcomes with services and supports open to everyone.
- A root and branch change in commissioning services and supports is required, one that prompts and maintains a paradigm shift. This changes the focus of attention, how outcomes are perceived to be produced, decision-making, commissioning relationships, commissioning processes and how the use of the assets of people, communities and organisations are stimulated and reshaped.
- For many commissioners the journey to asset-based commissioning will include an asset-aware stage. However, this is not always the case as the shift in paradigm required for asset-based commissioning starts at the point when there is a shared commitment to its pursuit, in particular the asset-based principles. It is therefore quite possible to go direct from conventional to asset-based commissioning.

7. Asset-based commissioning processes

Chapter Objectives

By the end of this chapter, you will:

- **Recognise how asset-based commissioning processes differ from those of conventional commissioning within each of the four core activity clusters of commissioning, knowledge and strategic thinking, planning, doing and reviewing.**
- **Appreciate how asset-based commissioning processes both differ and complement one another at each of the three levels of commissioning.**
- **Describe many different ways in which asset-based commissioning processes are evolving.**

Overview

The principles and practices of asset-based practice and commissioning (see Chapter 6) represent a paradigm shift from previous conventional commissioning. While the four core clusters of commissioning activities, knowledge and strategic thinking, planning, doing and reviewing remain (see Figure 4.3), the practice within each of them change and will vary from sector to sector (see Table 7.1, illustration for health and adult social care).

Table 7.1: Potential impact of the new asset-based commissioning paradigm in health and adult social care.

Cluster of activities	From conventional	To asset-based commissioning
Knowledge and Strategic Thinking	Understanding needs and demand	Understanding assets, needs and demands
	Identifying desired outcomes	Identifying desired ways of living and outcomes
	Understanding the current market	Understanding which people, communities and organisations contribute to producing which outcomes
	Understanding current services	Understanding what each contributor does to produce the outcomes
Planning	Deciding priorities	Deciding priorities
	Identifying ways of addressing priorities	Co-designing, personal and community self – help, co-produced services and supports
	Designing services and reshaping the supplier market	Reshaping which people, communities and organisations do what to produce outcomes
	Aligning and allocating resources	People, communities and organisations aligning and allocating their assets
Doing	Managing demand	Tackling the causes of the causes
	Managing the market	Strengthening what people, communities and organisations do
	Procuring supply	Procuring and influencing co-produced services and supports and enabling inclusive personal and community self-help
	Contract compliance	Community support and challenge and contract compliance
Reviewing	Monitoring Impact	Monitoring outcomes and assets
	Striving for continuous and discontinuous improvement	Striving for continuous and discontinuous improvement and asset development
	Reporting Performance	Regular self-reflection and understandable reporting of performance
	Learning	Learning from a constructive, three-way, dialogue

Whilst conventional commissioning operates mostly at a wide-area level, asset-based commissioning can take place at up to three linked levels, individual, community and wide-area. The emergent multi-level asset-based commissioning systems, along with other examples of specific commissioning processes and practices, that are described in Chapter 6, illustrate what asset-based commissioning might look like. In the context of health and adult social care, Table 7.2 provides one example of the many changes that asset-based commissioning will require at each of the three levels of commissioning, within each of the four clusters of commissioning activities.

Table 7.2: Potential impact of asset-based commissioning in health and adult social care at each level of commissioning

LEVEL/ CLUSTER OF ACTIVITIES	Individual	Community	Wide-area
Knowledge and strategic thinking	Analysis of individual asset-based 'whole life' plans	Community based asset assessment	Joint Strategic Needs and Assets Assessments (JSNAAs}
Planning	Starting from personal aspirations make best use of own and community assets, then consider using state funded supports	Organisational suppliers are challenged to redesign their services and collaborate to complement the use of personal and community assets	Adopt the TLAP strategic 'Strong inclusive communities' framework[109]. Develop asset-based commissioning principles
Doing	Active help provided to enable people to make best use of own and community assets. People and organisations as co-producers of outcomes	Support user-driven commissioning by personal budget holders, enabling them to draw on peer support and community assets. Users are able to pool their personal budgets to purchase services/supports	Work directly and through key strategic partners to personalise critical commissioned and commercially provided universal services
Reviewing	Track growth in, and use of, personal and communities' assets to achieve whole life goals is a major focus of reviews	Local Area Coordinators draw on their knowledge of local supports and opportunities to identify gaps and how local assets and co-produced services could be mobilised to fill them	Use whole life focused individual journey mapping to assess collective impact of changes in asset-based practice and commissioning

Commissioning Activities

The next sections address each of the four clusters of commissioning activities in more detail.

Knowledge and strategic thinking

Table 7.3 summarises the main changes in the way the knowledge and strategic thinking cluster of commissioning activities is conceptualised and undertaken in the shift from conventional to asset-based commissioning.

Table 7.3: Knowledge and strategic thinking – the shift from conventional to asset-based commissioning

Conventional commissioning	Asset-based commissioning
Understanding needs and demand - involves mapping and understanding the drivers of needs and demand, establishing patterns, trends and forecasting future demand	**Understanding assets, needs and demands** – takes a 'whole life' view of needs. Maps needs and the availability and impact of the use of the assets of people, communities and organisations. Establishes patterns, trends and forecasts future asset availability and demand
Identifying desired outcomes – organisations' remits define the breadth of the analysis and the sources of evidence. Heavy reliance on paid experts.	**Identifying desired ways of living and outcomes** – together people, communities and organisations define outcomes within the context of whole lives.
Understanding the current market – which contracted organisations are currently supplying or not supplying services and the health, strengths and weaknesses of the organisational supplier market. Beginning to redefine markets to include any organisation that in some way contributes to outcome achievement.	**Understanding which people, communities and organisations contribute to producing which outcomes** – identify which people, communities, contracted and non-contracted organisations contribute to the production of what outcomes.
Understanding current services – how effectively and efficiently services produce outcomes.	**Understanding what each contributor does to produce the outcomes** – how effectively and efficiently are the assets of people, communities and organisations deployed to produce outcomes through co-production and self-help.

The conceptual and practice shifts required by asset-based commissioning have their roots in the principles of asset-based practice (see Chapter 3). People are equals in the development of all aspects of knowledge and strategic thinking. The commissioning analysis expands to cover the assets of people and communities alongside those of organisations, and their joint impact on need and demand. This includes how people and communities produce outcomes through self-help and the degree to which they are also supported, or not, by organisations to co-produce outcomes. People and communities with a direct stake in outcomes frame the understanding of these and related wider chains of cause and effect. This 'whole life' view directs attention to the role played by the full range of universal services, rather than just the contracted services that are conventionally perceived to be most closely associated with producing specific sector outcomes.

Examples of emergent asset-based, **knowledge and strategic thinking** activities at each of the three levels of commissioning are:

Individual level commissioning

In health and adult social care, asset-based approaches to self-directed support and the self-management of long-term health conditions (see Chapter 2) improve understanding of how outcomes are co-produced. Examples include the

- **Year of Care**[157] which enables people to take stock of their own skills, abilities and aspirations as well as the opportunities available in their local communities.
- **Eugenie**[158] – computer based social network mapping, helps people understand and develop their personal networks.
- **User driven commissioning (Box 6.8) and RUILS (see Box 7.1)**[151] – which makes use of services and supports supplied by micro-social enterprises developed and run by people who use services.

Box 7.1: The Richmond Users Independent Living Scheme (RUILS)

Enables people with shared interests to set up their own micro social enterprises: *"Stepping on Out"*: a group of people with learning disabilities formed a non-profit micro-enterprise to design, make and sell cards.

"Out and about consortium": young people set up a friendship group and shared personal assistants to support them to access diverse leisure activities in the community. This has given the group a sense of being on their own and feeling more like adults.

"Mereway Friends": mutual friends hired a regular place to get together, socialise and offer peer support to each other. A couple of the members take on certain responsibilities to make sure the group runs properly.

"Buddy Travel Solutions" – setting up a tailored transport use support service'.

Sass, B. Beresford, P. (2012:14)

In Control's Real Wealth framework (see Figure 7.1) enables people to map their own assets, those of their local communities and the broad range of universal services and community activities on which they may wish to draw. Information on how asset use and development affects individual people's lives is analysed and then used at both the community and wide-area levels of commissioning.

Figure 7.1: Real Wealth of children and families[14]

'People – The people they know, close friends, extended family, work colleagues, social friends and neighbours.

Access – The place they live, local resources, shops, health services, schools, leisure facilities and community activities of which they are part.

Assets – The money they have control over, their income, benefits, savings, and if they have one, a personal budget.

Skills and Knowledge – Their strengths, abilities, knowledge and decision making skills.

Resilience – Their well-being, the inner strength that keeps them going when times get tough, their physical, emotional and mental health, and for some, their faith, belief system or religion.'

Crosby, N. Duffy, S. and Murray, P. (2012: 3)

Community-level commissioning

Community level commissioning brings communities and organisations together to share information on individual people's assets, community assets and organisationally supplied services and supports. Information on needs is combined with this to inform community level action, the joint redesign of local services and supports, the use of community assets and the development of self-help projects as well as individual and wide-area level commissioning. Examples of ways to enable information collection and analysis are:

- *Asset-based community development (ABCD)*[16], which involves recruiting 'community builders' to find and bring together 'early connectors' (see Chapter 3).
- *Health Empowerment Leverage Project* – involving 'listening events' (see Chapter 6)
- *Ageing Well*[159] *(see Box 7.2)* – which facilitates asset-based workshops.
- *Connected care (see Box 7.8)* – which uses locally recruited community researchers.

Box 7.2: Ageing well – older people mapping individual and community assets[159]

As part of Ageing Well, OPM developed a 'quick and dirty', two workshop approach to enabling older people to map and decide how best to make use of their own individual assets and those of the community.
The first workshop focused on mapping;

Individual assets - working in pairs, people listed examples of the personal assets that they would like to share with others to make their local area a place in which to age well. These included both hard assets such as cars, gardens and equipment and soft assets such as skills, knowledge and experience. Often people said that they only have ordinary skills and knowledge to offer. Explaining that what is ordinary to them, e.g. jam making, is a completely new skill to others unlocked an avalanche of suggestions.

Community assets – groups used large-scale maps of the local area, pens, sticky dots and other materials to identify the locations of community assets they use and value. This included community groups such as allotment associations, voluntary organisations such as lunch clubs, commercial outlets such as shops and pubs and public sector facilities such as GP surgeries.

The second workshop focused on deciding what to do in response to the mapping exercise.

Participants found the workshops a fun, energising way of bringing people together, and building confidence in their ability to make a difference.

Wide-area level commissioning

Overlapping frameworks that support the knowledge and strategic thinking required at the wide-area level of asset-based commissioning include:

- *Five ways to wellbeing*[141] (see Table 6.1) offers a framework to understand the range of services and community activities that might affect well-being across a clinical commissioning group or local authority area. It can also be used at the individual level of commissioning.
- *Demand management*[160] is an approach that combines behavioural science insights along with community development and co-production approaches to understand what drives demand and how to better manage it.
- *Commissioning for better outcomes*[161] provides a health and wellbeing framework, based on the Making It Real markers[162], developed by people who use services, for use in peer reviews by local authorities.
- *Early Action Task Force*[163] developed 'bucketing', a methodology to enable local statutory, voluntary and community sector organisations identify approximately which parts of their spend contributes towards prevention and asset building rather than coping with problems
- *Surveys of assets and resilience* – a number of survey approaches and measures have been developed and tested. These include:
  - The Yorkshire and Humber Public Health Observatory[164] which analyses readily available local assets data against the six critical Marmot Review policy themes.
  - The Wellbeing and Resilience Measure (WARM) approach[164], featuring five iterative stages, tested in three councils, which begins by measuring wellbeing in terms of self, support and structures and systems at a neighbourhood level. Matching the wellbeing with vulnerability data and benchmarking it against council-wide and national data produces a map of neighbourhood resilience.
  - Positive mental wellbeing[164] – the North West Mental Wellbeing Survey incorporated the shorter, seven question version of the Warwick-Edinburgh Mental Wellbeing Scale, of positive mental wellbeing that covers feelings, relationships, health, life events, lifestyles and place.
- *Joint strategic needs and assets assessments (JSNAAs)*[165]- within health and wellbeing, the extension of joint strategic needs assessments to incorporate community assets. Wakefield shows how to make best use of these assessments (Box 7.3).

Box 7.3: Wakefield's asset-based JSNAA pilot: examples of follow on actions[166]

Following on from pilot work on a JSNAA, Wakefield identified a number of further steps to improve local understanding of community assets:

Culture change and organisational change management - the development of a training programme on asset-based approaches for non-community development specialists working in front-line communities, including local politicians.

Development of integrated methodologies and tools - close working with the Priority Neighbourhood teams, adding asset-based items to the questionnaires used by the Wakefield District Housing tenants' Smarter Lifestyles project.

Development of the Data Hub - and tracking system for feeding information more effectively into future JSNAAs.

Work with communities - re-focusing community development staffing on the areas of the district, which are least rich in assets.

Maintaining a developmental overview

It is easy to lose track of the range of knowledge and strategic thinking shifts required by asset-based commissioning across all of the three levels of commissioning. Table 7.4 provides an illustrative overview of the shift and possible enabling activities.

Table 7.4: Asset-based commissioning: development of knowledge and strategic thinking – illustrative activity examples

LEVEL	Individual	Community	Wide-area
ACTIVITIES **Understanding assets, needs and demands**	Year of Care methodology helps people map own skills, abilities and aspirations	Ageing Well facilitated workshops help people map community assets	Joint Strategic Need and Assets Assessments aggregate data on community assets, from a range of sources
Identifying desired ways of living and outcomes	Real Wealth framework helps people take stock and make use of their own and community assets	Aggregate information from individual level commissioning, e.g. neighbourhood level Wellbeing and Resilience Measures (WARM)	Commissioning for Better Outcomes framework based on the Making It Real markers
Understanding which people, communities and organisations currently produce what outcomes	Eugenie, social network mapping helps people understand their personal networks	Community Builders bring together 'early connectors' to map how their communities work	Demand management helps understand what is driving demand and ways of managing it
Understanding what each contributor does to produce the outcomes	'Five Ways to Wellbeing' tracks the role of both self-help and co-production	Community Researchers identify how community self-help and services work.	Early Action Task Force 'bucketing' methodology tracks prevention spend

Planning

Table 7.5 summarises the main changes in the way planning is conceptualised and undertaken in the shift from conventional to asset-based commissioning.

Table 7.5: Planning – the shift from conventional to asset-based commissioning

Conventional commissioning	Asset-based commissioning
Deciding priorities – even when it is person-centred, conventional commissioning views priorities through the lens of the outcomes that are relevant to the sectors, which are commissioning the services. Organisations consult people and communities, and then decide priorities.	**Deciding priorities** - puts the outcomes into the context of the lives of people and communities, considers knock on effects on other aspects of their lives. People and communities have an equal say in setting priorities alongside organisations.
Identifying ways of addressing the priorities - uses a practitioner-led design process that sets the agenda for change and then consults people and communities.	**Co-designing, personal and community self – help, co-produced services and supports** – enables people, communities and organisations to have an equal say in co-designing the planning process and developing better ways of addressing priorities.
Designing services and reshaping the supplier market - focused on the provision of conventional practice-based services and the role of practitioners in producing outcomes.	**Reshaping which people, communities and organisations do what to produce outcomes** - focuses on people and communities, as producers of personal and community self-help, and with organisational suppliers of services and supports, as co-producers of outcomes.
Aligning and allocating resources – focuses on the use of organisational assets, including cross-sector working with closely related sectors, to pool or align the use of assets.	**People, communities and organisations aligning and allocating their assets** - widens the scope to include the assets of people and communities as well as the full cross-sector range of organisations.

Planning within asset-based commissioning takes the assets of people and communities as well as organisations explicitly into account. People and communities have an equal say in setting overall priorities and allocating assets. The role that people and communities play as asset holders and co-producers of outcomes is central to service design. Planning encompasses a broader (whole life) range of linked outcomes, involves a wider variety of organisations as well as people and communities and includes all universal services that affect their lives. Enabling personal and community self-help is as important as redesigning services and supports. Reshaping who does what to improve outcomes focuses as much on people and communities as on the availability, quality and capacity of organisational suppliers.

Examples of emergent asset-based, planning activities at each of the three levels of commissioning are:

Individual level commissioning

In health and wellbeing, individual level asset-based commissioning enables people to consider how they live in the round, and prioritise the changes they would like to make:

- *Asset-based, self-directed support (see Chapter 6)* – planning starts by enabling people to consider what they could be better enabled to do for themselves and what community assets could offer them, both the support they require and opportunities to contribute they desire. They then consider what use could be made of universal services that are open to all. Finally, they explore the ways in which their personal budgets or self-funding could complement the use of the other assets. The aim is not to reduce the need for, or the level of, personal budgets or self-funding but rather to amplify their impact.
- *The Year of Care's collaborative care planning approach (see Chapter 5)* – exemplifies the culture change that must underpin asset-based planning by being based on equality of decision-making power between people and practitioners.

- *User-driven commissioning (Chapter 5)* - shows how collective planning and pooling of individual assets and personal budgets can augment individual planning, opening up new possibilities.
- *Peer mentoring (Box 7.4)* - enables people to share their expertise in supporting one another to develop asset-based plans.

Box 7.4: Gateshead peer mentoring consortium[151]

'A consortium of voluntary community sector (VCS) agencies in Gateshead was formed (led by Sight Service28 together with Age UK; Alzheimer's Society; Your Voice Counts; Mental Health Matters) to develop a social enterprise that would create employment for disabled people to support peers in navigating the health and adult social care system'. Volunteer peer mentors support other disabled and older people in accessing personal budgets – directly building on their own experience. It has 20 peer mentors reaching 350 people with a wide range of support needs every month. The mentors also work with care suppliers as independent 'quality checkers' and contribute their insights from this and their wider mentoring role at the council's strategic level Personalisation Board. Peer advocacy both enhances positive health and service quality outcomes and also improves efficiency by spotting bottlenecks in the system and enabling them to be more readily rectified.

Community level commissioning

As co-commissioners, communities have a major contribution to make in ensuring that planned services and supports provided by organisations complement, and further develop what communities can and wish to do for themselves as well as deliver the outcomes they desire. This changes the way in which the commissioning process is organised and supported. Examples include:

- *Asset-based community development (ABCD, Chapter 3)* - there will be some things that communities can best do for themselves, others where organisations working in tandem with communities would work best or where organisations should do most of the work. Asset-based community development supports communities to work out what they want to change and how.
- *Partnership working* – the Health Empowerment Leverage Project (HELP, Chapter 6) uses monthly community partnership meetings to enable co-produced planning.
- *Community Commissioning (Chapter 5)* - focuses on organisational involvement, including community organisations, in community level commissioning.
- *Support for people and communities to engage effectively in commissioning* - Community Commissioning provides training for local residents. In Control provides a family and citizen leadership programme[167]. User led organisations (see Box 6.8) develop their own commissioning expertise[151]. Community builders (Chapter 3) and local area coordinators (see Box 7.5) facilitate involvement in planning.

Box 7.5: Local Area Coordination (LAC)[168]

Local Area Coordinators, embedded in geographically small local communities work with around 50 to 65 individuals and their families. LAC offers a single point of contact and helps people solve their own problems and build a good life as a member for their local community. It sees people as having gifts and talents rather than being needy.

The four key elements of LAC are:

1. Starting at the start – reversing the crisis-led pattern of the current system
2. Building on assets – helping people solve problems, their own way
3. Connecting to community – identifying solutions that the community can create
4. Transforming the system – changing the whole service system around these positive values

Wide-area level commissioning

Asset-based commissioning reframes wide-area strategies, principles and commissioning processes, for example:

- *Cross sector partnerships* – can play a key role in enabling the shift to asset-based commissioning by reframing their strategies and commissioning principles to ensure more effective personal and community, co-production and self-help. For example, Health and Wellbeing Boards could make systematic use of the TLAP 'Strong, inclusive communities' strategic commissioning framework[109].
- *Devolving commissioning power to the community level* – as in Community Commissioning, which provides high level backing and pooling of budgets to enable devolved, community level, asset-based commissioning.
- *Co-design planning activities* – co-produce a wide-area Asset-Based Strategy and action plan with people, communities, organisational suppliers and commissioners (see Chapter 9).
- Support people and communities so they can shape and influence the design of the planning process.
- *Service redesign* – ensure that full use is made of the lived experience of people by ensuring they have an equal say in all stages of service and support re-design. For example, 'user driven commissioning' (see Box 6.8) enabling people and organisations to make difficult decisions around de-commissioning and re-commissioning services to free up resources for more innovative and personalised approaches.
- *Tapping into organisational supplier expertise* - suppliers can be a major source of innovation and should have a central role in the redesign of their services and supports to help people maximise the use of, and further develop their personal and community assets. The asset-based approach involves suppliers as active participants including, for example, through ongoing dialogue about how their actual and proposed services and supports feature the principles of asset-based practice in the ways they enable more effective personal and community co-production and self-help.
- *Re-engineering procurement to support collaboration*[142] – so there is the space and support to both develop collaborations between organisations and involve people and communities in service redesign.
- *Enabling the development of small scale, community-based organisations* – which do not have sufficient assets to engage in contracting. For example, through collaborative approaches to commissioning that bring together a number of suppliers with people who use services and local communities to operate an alliance contract. (see Box 7.6)

Box 7.6: The differences between traditional and alliance contracts

Historically, public service procurement has relied on contracting with multiple suppliers. These contracts have sometimes been for the same service, for example a number of home care agencies or for different aspects of a service or patient pathway. Operating this way poses a number of problems for commissioners including duplicated transaction costs associated with contract letting and management, the need to coordinate supply, a lack of collaboration between suppliers and a lack of responsibility by them for the overall outcome. As outcomes become broader and more sophisticated having multiple separate contracts makes accountability and performance measurement difficult.

Over time commissioners have mitigated some of these problems by reducing the number of suppliers they contract with, introducing framework contracts or adopting a prime contractor model.

Alliance contracting is a relatively new development whereby a group of suppliers comes together with one or more commissioners to form an alliance in pursuit of a set of outcomes. Key features of this way of working are that

- There is one contract between the commissioner and the alliance with performance judged overall
- Those involved are equal partners working within an overall agreement, not through sub-contracting
- Transaction costs should be lower for the commissioner due to the use of a single contract and performance framework with coordination undertaken by the alliance. However, this saving will be offset to an extent due to the additional costs associated with commissioners working closely with the delivery team.
- There is a sharing of risk, reward, opportunities and problem solving
- A requirement for high levels of trust and transparency, aligned objectives and a commitment to work towards overall outcomes.

Alliance contracting can be a useful way of enabling small community organisations to contribute alongside other suppliers without having to bear many of the overheads incurred by participation in commissioning process.

Maintaining a developmental overview

It is easy to lose track of the range of planning shifts required by asset-based commissioning across the three levels of commissioning. Table 7.6 provides an illustrative overview of the shift required and possible enabling activities.

Table 7.6: Asset-based commissioning: planning – illustrative activity examples

LEVEL	Individual	Community	Wide-area
ACTIVITIES **Deciding priorities**	Self-directed support helps people prioritise outcomes based on the impact on their whole lives.	ABCD enables communities to decide what they can do best by themselves and what to co-produce with organisations.	TLAP 'Strong, inclusive communities' strategic commissioning framework supports priority setting.
Co-designing personal and community self – help, co-produced services and supports	Year of Care equalises power between people and practitioners in planning condition self-management.	User-led organisations develop their own commissioning expertise. Community commissioning and citizen leadership programmes enable people and communities to engage effectively in commissioning.	Devolve commissioning powers to neighbourhoods. Restructure commissioning processes to support the asset-based approach.

Reshaping which people, communities and organisations do what to produce outcomes	Peer mentoring helps people to share self-directed support planning expertise. Local Area Coordinators enable people to solve their own problems.	ABCD and LAC – use asset-based approach to enable people and communities to reshape and develop self-help, services and supports.	User-driven commissioning enables people and organisations to make difficult decisions around de-commissioning and re-commissioning.
People, communities and organisations aligning and allocating their assets	Self-directed support starts by helping people make best use of personal and community assets, and universal services. People pool personal budgets to purchase collectively.	HELP enables people, communities and organisations make best use of, and further develop their assets.	Alliance contracting enables small community groups to contribute and grow, and the sharing of expertise between organisational suppliers.

Doing

Table 7.7 summarises the main changes in the way doing is conceptualised and undertaken in the shift from conventional to asset-based commissioning.

Table 7.7: Doing – the shift from conventional to asset-based commissioning

Conventional commissioning	Asset-based commissioning
Managing demand – acting to delay, reduce or channel demand, for example, by 'nudging' the behaviour and expectations of people and communities, and investing in services and supports that have an immediate impact on the core business of an organisation or sector.	**Tackling the causes of the causes** – recognising that prevention may also have to occur earlier in the causal chain away from an organisation's 'core business', e.g. tackling poverty, to produce a long-term improvement in outcomes.
Managing the market – focus on organisational suppliers as deliverers of outcomes. Stimulate and strengthen the organisational supplier market, e.g. through incentives, training and development and provision of information and support. Joint problem identification and resolution.	**Strengthening what people, communities and organisations do** - provide developmental support to people, communities as well as to existing and new organisational suppliers. Enable them to move to, or improve their joint effectiveness as co-producers and enablers of personal and community self-help.
Procuring supply – formal consultation and arms-length contracting with organisational suppliers to supply services.	**Procuring and influencing co-produced services and supports and enabling inclusive personal and community self-help** – active involvement of people, communities and suppliers in procurement and the development of services and supports. Making co-production of outcomes, within a whole life framework, a prime contractual requirement and a basis for influencing procurement by other commissioners. Enabling participation of community organisations and working with communities to provide the supports they may require for inclusive development.
Contract compliance - acting on quality concerns, ceasing to use an organisational supplier and encouraging new ones.	**Community support and challenge and contract compliance** – people, communities, organisational commissioners and suppliers together highlight concerns, challenge those that do not address concerns and, if required, intervene to prevent harm or cease to use a supplier. Encouraging and stimulating people, communities and organisations to become involved as new co-producers.

Asset-based commissioning focuses on both enabling the procurement of co-produced asset-based services and supports as well as supporting personal and community self-help. The redesign of all of the doing commissioning activities enables people and communities to be involved as equal co-commissioners.

Providing support for self-help requires commissioning organisations to develop relationships with people and communities when required yet stand back when appropriate. Enabling everyone to be able to both give and receive is essential. Commissioning processes must be flexible and inclusive enough to work with this variation. People, communities and organisations must have the legitimacy and strength as co-commissioners to challenge and take action to prevent harm.

Procurement of co-produced services and developmental support for self-help must take into account the knock on effects on all aspects of everyday life. Co-commissioners should be prepared to reshape both public sector commissioned and commercially provided services. This includes developing their ability to influence service reshaping in the parts of the statutory sector that local organisational commissioners do not directly commission. The wider the constituency that can be involved in co-commissioning, e.g. people, communities and organisations, the greater the likelihood that influencing will be successful.

Examples of emergent, asset-based ***doing*** activities at each of the three levels of commissioning are:

Individual level commissioning

Conventional commissioning focuses the 'doing' of commissioning on organisational commissioners who, in varying degrees, consult with people and communities and decide how to best use organisational assets. In adult social care, where consultation is perhaps better developed than elsewhere, 'doing' focuses on the use of personal budgets, or self-funding, to purchase specialist services and supports. Asset-based commissioning accords equal decision-making power to people and practitioners as co-commissioners and co-producers, drawing on the assets of people and communities as well as organisations. It also widens the scope of commissioning to include personal and community self-help, linking people into community activities, and reshaping universal services. This involves:

- *Encouraging an equal relationship between people and practitioners* – Year of Care (Chapter 5) shows that this requires changes in practice protocols and systems as well as working culture.
- *Linking people with community activities and universal services* – planning to do this is one thing, actually doing it can be a big step for many. Whilst some people will feel confident and be able to do so on their own, others will welcome some help. Examples of ways of helping include:
    - **Front line staff 'making every contact count'**[169] – involving cross-sector action where staff through their everyday contacts are encouraged to talk to people who use services about their lives and link them to community activities. In Southwark, for example, Age UK coordinates this process as part of a social prescribing initiative.
    - **Community navigators or connectors** who actively help people find particular activities that suit them and, if required, enable them to make the link. This may involve simply making the introduction or accompanying someone on a series of occasions until they have built up the confidence to participate unaided.
    - **Travel buddies**[170], who help people to develop the skills and confidence to use public transport.
    - **Gig buddies**[171], who provide company and support so people can enjoy music venues.
- *Challenging and preventing harm* - people and communities play a key role in challenging one another's behaviour and preventing harm.
    - **Family group conferences (Box 6.3)** can help families work out how best to safeguard their

children from harm and negotiate the support they may require to do so.

- **Training communities in first aid approaches to defusing conflict (Box 3.20)** - helps people improve relationships in their neighbourhood.

Community level commissioning

Using devolved processes and budgets to develop the quality, capability and numbers of local people, communities, existing and new local organisations producing outcomes through co-production and self-help. Examples of innovative forms of community level commissioning are:

- *Procurement* - based on Community Commissioning (Box 6.7) where a community commissioning body brings together people, community and organisations to procure services as well as supports for self-help.
- *Brokering collective purchasing* - to connect people who want to pool personal budgets or their own assets by helping them to work out what they want to do and how to purchase the collective supports they require.
- *Organisational supplier development* – the active involvement of people and communities, as equal partners, is essential to the design and implementation of new asset-based practice. Organisational commissioners can broker introductions and support effective joint working to enable existing organisational suppliers, for whom this is a new approach, to gain the required depth of involvement. Organisational commissioners can also enable the development of micro-social enterprises and community organisations, through supporting start-ups and small scale commissioning[33].

Wide-area level commissioning

'Doing' involves strategically supporting prevention as well as re-engineering commissioning processes to enable more effective personal and community co-production and self-help. Examples are:

- *Prevention, tacking the causes of the causes* – work from Marmot's[17] recommendation that prevention should be rooted in tackling 'the causes of the causes'. The Lambeth and Southwark Early Action Commission[172] identified a common group of social and economic factors and used the findings of the Early Action Task Force[163] to develop a graded, asset-based model of prevention (see Table 7.8) to target them. This tackles specific issues when they are 'downstream', i.e. acute, for example domestic violence, 'midstream' stopping problems getting worse and 'upstream' tackling the causes of the causes. Like Marmot, the Commission found that the further upstream they looked, the more convergence there is between the measures needed to tackle the 'causes of the causes'. The table shows possible actions for addressing childhood obesity, social isolation among older people, long-term unemployment and job security and violent crime.
- *Adapt procurement processes*[142] to support personal and community, co-production and self-help through, for example:
    - *Clarifying objectives* by explaining the rationale for the shift to asset-based commissioning, what it involves and commissioning priorities such as encouraging partnership and consortia working
    - *Designing an appropriate procurement schedule* – ensure enough time for organisational suppliers to co-design their plans and activities with people and communities using the services and supports.
    - *Incorporating flexible objectives and targets in contracts* – for example, where organisational suppliers want to develop them with people who use the services once the contract has commenced, use break points within contracts to review to revise the suppliers' impact maps.

- *Reviewing procurement paperwork and financial requirements* to be understandable to all and remove any obstacles to asset-based procurement.
- *Reviewing the scoring and assessment system for bids* by changing the price to quality ratio in favour of higher rating on quality. Weighting community outcomes, service level outcomes and co-production separately from other aspects of quality.

Table 7.8: Example of an asset-based prevention strategy[163]

	OPTIONS FOR ACTION TO ADDRESS PROBLEMS			
Problem	Downstream Action targeted at individuals to cope with a problem they have.	Midstream Action targeted at at-risk group to prevent more serious problems.	Upstream Action aimed at whole populations to prevent problems from happening in the first place.	
Childhood obesity	Clinical interventions to reduce food intake by obese children.	Advice to parents of overweight children about diet and exercise.	No high-calorie food outlets near schools. Nutritious free school meals for all. Affordable fruit and veg in local shops.	Measures to reduce poverty and inequality; to improve education for all; to support universal high quality childcare; to help families to support children's and young people's development; and to enable all to have secure, satisfying work. Housing policies to support affordable high-quality homes for all and to help families and friends to stay together. Measures to build resourceful communities, preventative local conditions, strong collaborative partnerships between civil society and the local state, and system change for early action.
Social isolation among older people	Admission to day or residential care centre.	Good Neighbour schemes aimed at visiting isolated older people.	Local housing policies help families and neighbours to stay together and connected. Plenty of accessible meeting places and activities for older people.	
Long-term unemployment and job insecurity	Work experience, help with CVs and job interviews for unemployed.	More education and training for those not in education, employment or training (NEETs) and others with few or no qualifications.	Schools focus on life skills, including readiness for employment, incentives to local employers to take on apprentices. Living wage and no zero-hour contracts in publicly funded jobs, including those contracted out. Support for local enterprise and jobs, and accessible affordable high-quality childcare.	
Violent crime	Special units for disruptive children, women's refuges, and rape crisis centres. More street policing. Removal from family home of perpetrators of domestic violence.	Weapons amnesty. Self-help groups for violent offenders, and for survivors of violent crime. Intensive support for 'troubled families'.	As above, plus: support for life skills, non-violence and anger-management as part of school curriculum for all children.	

Maintaining a developmental overview

It is easy to lose track of the range of doing shifts required by asset-based commissioning across the three levels of commissioning. Table 7.9 provides an illustrative overview.

Table 7.9: Asset-based commissioning: doing – illustrative activity examples

LEVEL	Individual	Community	Wide-area
ACTIVITIES **Tackling the causes of the causes**	Stimulate recruitment of travel and gig buddies to actively support people in using universal services.	Influence all organisational suppliers to implement 'making every contact count.'	Use a preventive framework built on Marmot and Early Action Task Force.
Strengthening what people, communities and organisations currently do	Engage community navigators to provide active support to people to use community assets.	Broker links between organisational suppliers and community networks. Enable people and communities to develop micro social enterprises.	Change protocols and support systems to enable effective co-production and support for self-help.
Procuring and influencing co-produced services and enabling inclusive personal and community self-help	Brokerage to enable personal budget holders to jointly commission by pooling their budgets.	Support community level commissioning networks to enable community level commissioning.	Re-engineer the procurement process to support personal and community, co-production of outcomes and self help.
Community support and challenge and contract compliance	Commission family group conferences that help families safeguard children by reshaping and negotiating essential supports.	Commission first aid ways of defusing community conflict.	Embed community challenge and support in the overall commissioning principles.

Reviewing

Table 7.10 summarises the main changes in the way reviewing is conceptualised and undertaken in the shift from conventional to asset-based commissioning.

Table 7.10: Reviewing – the shift from conventional to asset-based commissioning

Conventional commissioning	Asset-based commissioning
Monitoring impact – regular checks on the relevance and realisation of outcomes, quality and budgets. Understanding what leads to results and amending or decommissioning services as appropriate.	**Monitoring outcomes and assets** – regular checking and action on outcomes and their impact on everyday life, the quality of services, the assets of people, communities and organisations, and the effectiveness and efficiency of co-productive relationships and self-help.
Striving for continuous and discontinuous improvement – looking for adaptations that improve all aspects of existing organisational service delivery and innovations that produce step improvements in outcomes.	**Striving for continuous and discontinuous improvement and asset development** – looking for adaptions and innovations that improve outcomes through personal and community co-production and self-help. Making best use of all assets and enabling asset development.
Reporting performance – regular, transparent reporting on organisational supplier performance to enable accountability and stimulate idea generation.	**Regular self-reflection and understandable reporting of performance** - about the roles that people, communities and organisations play in enabling personal and community self-help and the co-production of outcomes. Using reporting processes and formats that are easily understood by all.
Learning – and continuous improvement rather than a culture of blame. Systems to capture knowledge and stimulate thinking from current organisational practice and elsewhere.	**Learning from a constructive, three-way dialogue** - enabling people, communities and organisations to have an open and constructive dialogue. Capturing and using learning from local practice, networking with people, communities and practitioners from elsewhere.

The shifts in reviewing activities have their roots in the principles of asset-based practice (see Chapter 3). Assets, whether of people, communities or organisations can be depleted by over, ineffectual or inefficient use. Everyday life is the context for assessing the achievement of sets of outcomes, asset use and development. Reviewing aims to enable everyone to keep track, make more effective and efficient use of all of their assets and further develop them. This includes those of universal services both contracted and commercially provided.

The engagement of people and communities as co-commissioners enables the monitoring of the effectiveness and efficiency of personal and community co-production of outcomes and self-help. Lived experience is valued equally alongside practitioner expertise. This includes understanding the roles that people and communities play in achieving outcomes and barriers to further participation.

Examples of emergent, asset-based ***reviewing*** activities at each of the three levels of commissioning are:

Individual level commissioning

Asset-based commissioning moves away from the perception that services and supports provided through organisational suppliers produce outcomes, to a focus on how people and communities via personal and community self-help, and with organisations through co-production produce outcomes. This changes both the what, and who, of performance review. For example, at the individual level of commissioning:

- *Working Together for Change*[173] enables bottom-up performance review working from reviewing the outcomes of individual level, co-produced asset-based commissioning plans and aggregating their results to inform community and wide-area level commissioning (see Box 7.7):
- *The EU-GENIE project*[158] – involves people in social network mapping, as part of social prescribing to: encourage patient reflection on long-term condition (LTC) management supports; inspire positive change; and link patients with useful resources. An on-line navigational tool captures details of networks and local assets.

Box 7.7: Working together for change (WTfC)

This uses person-centred information taken directly from individual reviews, support plans or person-centred plans to inform all levels of commissioning. The six stages are:

1. 'Gathering the person-centred information – e.g. from individual outcomes-focused reviews.
2. Transferring the information into a usable format – involves transferring statements to individual cards which captures the top three things that are working and not working in people's lives and the three things most important to them for the future.
3. Clustering the information into agreed themes – this happens during the course of a full-day workshop and includes naming each cluster with a first-person statement to best describe the theme of the information.
4. Analysing the information – this also happens during the workshop and includes analysis of possible root causes for things that aren't working in people's lives and a consideration of what success might look like if people's aspirations for the future were realized.
5. Action planning – conducted on the basis of the clustering and analysis, different stakeholders plan what they will do differently.
6. Sharing information – information about the process is shared with others, particularly the actions that have resulted. The process should be conducted cyclically – perhaps annually, so that the impact of previous action is understood, further actions can be taken to change the things that are not working for people and people's aspirations for the future can continue to drive local strategy and commissioning.'

Bennett, B. Sanderson, H. (2009:6)

Community level commissioning

The review process enables communities and organisations to track and improve the effectiveness of co-production and self-help. Examples are:

- *Understanding how access to personal and community assets is changing* – asset-based commissioning aims to help people and communities to develop and share their assets. Continuing local dialogue with people and communities can identify what is working, for whom and what needs to be improved. Community connectors and LACs who work with people who typically have lower access to assets will be able to provide useful information as well as broker direct links with people and community organisations.
- *Organisational supplier adoption of asset-based practices* – within a local community, assess progress by all types of organisational suppliers, in the round and in different ways. Focus on the degree to which the culture of equal valuing of lived experienced alongside practitioner expertise, an equal say in decision-making, the complementary use of all assets and impact on whole life outcomes is developing. Use peer reviewing by people, communities and experienced asset-based practitioners employing a variety of different approaches, for example, mystery shopping, to identify progress and emergent good practice, and provide advice and support in further reshaping services.
- *Using Making It Real Markers* – to assess community strengths and inclusivity - communities experienced as strong and inclusive by some may be hostile and excluding of others. Looking at a community through the eyes of groups of people who often experience marginalisation is a useful way of gauging the impact of initiatives to strengthen and increase the inclusivity of communities. Table 7.11 builds on a subset of the Making It Real (MIR) markers[174] developed by disabled and older people that describe what it would feel like to be part of a strong, inclusive community. The table provides a set of descriptive phrases that exemplify a continuum of experiences of communities. At one end, being part of a strong, inclusive community, at the other, living in a community that is both hostile and excluding. Involve people from marginalised and other groups in mapping their experiences to build a rounded picture of local communities.

Table 7.11: See it my way – communities through the eyes of marginalised groups[175]

Key outcomes	Strong, inclusive communities (Making It Real markers)	Mostly safe, some active inclusion	Less hostile, some passive inclusion	Hostile, excluding communities
Strong support networks	I have a network of people who support me – carers, family, friends, community and if needed paid support staff	Typically disabled and older people have some family members or carers, and a few friends or members of the local community who will provide them with support	Typically disabled and older people have, at most, one family member or carer, and one or two friends or members of the local community who will provide them with support	Typically disabled and older people have, at most, one family member or carer, and no friends or members of the local community who will provide them with support
Membership of groups	I am welcomed and included in my local community All community associations around here go out of their way to include everyone. I am supported by people who help me to make links in my local community	Many community run organisations actively engage some of the disabled or older people or marginalised groups. Many examples of help to enable isolated disabled and older people and other marginalised groups, including those in residential care, to get involved in community activities	Some community run organisations passively engage the 'easy to reach' disabled or older people or marginalised groups. Some examples of help to enable isolated disabled and older people, including those in residential care, to get involved in community activities	Community run organisations don't do anything to encourage disabled or older people or marginalised groups to participate in their activities. No or little help to enable isolated disabled and older people, including those in residential care, to get involved in community activities

Inclusive community	I have opportunities to train, study, work or engage in activities that match my interests, skills, abilities I feel that my community is a safe place to live and local people look out for me and each other	Mainstream training and employment opportunities or opportunities to get involved in community activities are available to many disabled and older people Universal services, including shops, make marginal adjustments to tailor their services to disabled or older people or marginalised groups to use their services. Occasional fear and likelihood of verbal. Many people are willing to intervene. Very few actively encourage abuse.	Mainstream training and employment opportunities or opportunities to get involved in community activities are only available to a few disabled and older people Universal services, including shops, make marginal adjustments to tailor their services to disabled or older people or marginalised groups to use their services. Some fear and likelihood of verbal or physical abuse. A few people are willing to intervene. Some actively encourage abuse.	Mainstream training and employment opportunities or opportunities to get involved in community activities are not available to disabled and older people Universal services, including shops, don't do anything to encourage disabled or older people or marginalised groups to use their services. Fear and high likelihood of verbal or physical abuse. Others actively encourage abuse; stand by and let it happen; or are too frightened to intervene.
Being able to contribute	I feel valued for the contribution that I can make to my community I know where to get information about what is going on in my community. I know about all the local community associations and groups that I can join, how they can help me and how I can contribute	Disabled and older people are seen as having needs but also many are recognised as people with skills, abilities and assets and a contribution to make in their own right Information about local community activities, groups and facilities is promoted widely and seen as a priority by many front-line staff; easily accessible advice on advocacy, self-advocacy and peer support is widely available.	Most disabled and older people seen as having needs and as a drain on resources. A few are recognised as people with skills, abilities and assets and a contribution to make in their own right Information about local community activities, groups and facilities is promoted sporadically and seen as a priority by some front-line staff; there is some easily accessible advice on advocacy, self-advocacy and peer support	Disabled and older people are seen as having needs and as a drain on resources and not as people with skills, abilities and assets and a contribution to make in their own right Information about local community activities, groups and facilities is not promoted and not seen as a priority by front-line staff; there is limited easily accessible advice on advocacy, self-advocacy and peer support

Wide-area level commissioning

Tracking changes for people and communities over time rather than just drawing on snapshots of changes in specific needs can enable a whole life focus. Examples of this and developing performance review processes that enable learning and improved use of all assets are:

- *Re-peopling the world* - move away from a service-dominated view of the world by starting with people and communities. Begin by understanding how people and communities live their lives and their assets. Then assess how services and supports enable their whole life outcomes and the more effective use and development of their assets. For example, appreciating the role that families play as a whole in caring for grandchildren and elderly relatives by removing the artificial organisational divide between commissioning for children's and adult social care services.
- *Community generated wide-area reviews* - Connected Care (Box 7.8) engages local people in reviewing the effectiveness of services and supports in their community, aggregating the results to produce a wide-area level analysis.

Box 7.8: Connected care: community level change and wide-area review[176]

The connected care approach recruits and trains people from a local community who often have had links with, or need for the local health and adult social care services to work as Community Researchers. Tasked to talk to between 10 and 15 per cent of the local community, they gather people's views and experiences of their local services, identify gaps in provision and local community needs. A local steering group then works alongside commissioners to design bespoke services and provide support for integrated health, housing and adult social care services. This includes the development of sustainable community-led social enterprises.

The connected care approach feeds back to wide-area level commissioning in a number of forms. An outcomes framework measures the benefits for the individual, the community and organisational commissioners in each area. A cost benefit model maps the current flow of resources and the consequences of new decisions. There is an evaluation of community engagement and service redesign.

- *Asset-based performance review* - which remodels performance review (see Box 7.9) as a collaborative process, tracking the use of all assets and improved performance by drawing on the expertise of people, communities and organisations.

Box 7.9: Re-modelling performance review[142]

Re-modelling the conventional performance review process by:

- *Changing systems and processes* - including removing elements that impede the asset-based approach by changing performance management criteria, monitoring forms, processes and IT systems. Adding new elements that support the asset-based approach including questions or measuring tools to assess the degree to which co-production is in place.
- *Co-producing monitoring* - with people who get support through mystery shopping, regular community events, user-led evaluations and peer research.
- *Transforming overview and scrutiny* - by moving away from current practice that is often adversarial, focuses on crises and specific services and only minimally involves people who use services. Developing a new approach that embodies challenge within a collaborative approach to problem solving focuses on the development of co-production to deliver improved outcomes and takes a system-wide perspective. Allowing people who use services to move beyond just inviting them to 'tell their story' to contributing fully, enabling change and tracking how their views have an impact.

Maintaining a developmental overview

It is easy to lose track of the range of reviewing shifts required by asset-based commissioning across the three levels of commissioning. Table 7.12 provides an illustrative overview of the shift and possibly enabling activities.

Table 7.12: Asset-based commissioning: reviewing – illustrative activity examples

LEVEL	Individual	Community	Wide-area
ACTIVITIES **Monitoring outcomes and assets**	Working together for change (WTfC) enables people to analyse the effectiveness of their outcome-focused plans	Mystery shopping for services and community activities by people who use services. Community researchers audit local people's views	Aggregating key themes from WTfC reviews and the results of community audits.
Striving for continuous and discontinuous improvement and asset development	WTfC brings together people, communities and organisations to improve outcomes through better use of complementary assets	Organisational suppliers work with people and commissioners to review progress in moving towards the asset-based approach.	Remodel performance review to focus explicitly on asset use and development

Regular reflection and understandable reporting of performance	Participatory social network mapping to improve support for LTC self-management.	Community connectors and LACs help link excluded groups into the reflection process	Use of reflective tools to evaluate the effectiveness of co-production and self-help
Learning from a constructive, three-way dialogue	Reviews bring together people with organisational commissioners and suppliers to celebrate successes and identify required improvements	Peer reviews by people, communities and practitioners	Embedding challenge within a collaborative approach to problem solving. People and communities as co-reviewers in overview and scrutiny

Summary - key points

- The asset-based commissioning paradigm shift requires both conceptual and practical changes to all four clusters of commissioning activities at each of the three levels of commissioning. Table 7.13 summarises the new set of commissioning activities.

Table 7.13: A summary of asset-based commissioning activities

Cluster of Activities	Asset-based commissioning activities
Knowledge and Strategic Thinking	Understanding assets, needs and demands
	Identifying desired ways of living and outcomes
	Understanding which people, communities and organisations contribute to producing which outcomes
	Understanding what each contributor does to produce the outcomes
Planning	Deciding priorities
	Co-designing personal and community self-help together with co-produced services and supports
	Reshaping which people, communities and organisations do what to produce outcomes
	People, communities and organisations aligning and allocating their assets
Doing	Tackling the causes of the causes
	Strengthening what people, communities and organisations do
	Procuring and influencing co-produced services and supports and enabling inclusive personal and community self-help
	Community support and challenge and contract compliance
Reviewing	Monitoring outcomes and assets
	Striving for continuous and discontinuous improvement and asset development
	Regular self-reflection and understandable reporting of performance
	Learning from a constructive, three-way, dialogue

- A number of emerging frameworks, methods and approaches are available for use within each of the clusters of activities and levels of the commissioning process. Many of these contribute to more than one cluster and level providing an efficient means of enabling the overall asset-based commissioning process.

D. Getting going

This section recognises that the move from conventional to asset-based practice and commissioning is complex, presents major challenges to all involved, and will take time to implement.

Chapter 8 examines the changes involved and the supports required to make them, from the point of view of three key groups of actors, people and communities, local politicians and organisational suppliers of services and supports.

Chapter 9 reprises the basic asset-based principles that should underpin the required changes, examines a range of starting points and approaches, and explores how to implement asset-based practice and commissioning at scale.

8. The changing roles of people and communities, local politicians, and organisational suppliers

Chapter Objectives

By the end of this chapter, you will be able to:

- **Describe how asset-based commissioning is likely to impact on the roles of people and communities, local politicians and organisational suppliers of services and supports.**
- **Summarise the role shifts involved for each group and the abilities, knowledge and behaviours they need.**
- **Understand the support these three groups of stakeholders may need to fulfill their new roles.**

Asset-based commissioning changes the roles played by people and communities, local politicians, organisational commissioners and suppliers of services and supports. A change for any one of these groups may require complementary changes by others. Those who have been in the vanguard of creating asset-based practice and commissioning are likely to be familiar with these changes and welcome them, but for others these may be completely new and will take time to understand and accommodate.

Previous chapters have explored, in depth, the role changes for organisational commissioners and outlined the changes that people and communities, local politicians and organisational suppliers will experience. This chapter explores the role changes for these latter three groups in greater depth and the support required by those for whom the asset-based approach is new. Chapter 9 shows how the design and management of the overall change process can further support role change.

People and communities

Table 8.1 outlines some of the role shifts that people and communities may experience when moving to asset-based commissioning. These fall within three clusters; self-help, co-production and commissioning.

Table 8.1: The asset-based role shifts for all people and communities

Features	Asset-based role shifts
Self-help	
View of self and community **Own self-help**	**Moving from** a view dominated by having needs and deficits and requirements for services and supports, that pays little or no attention to personal and community self-help **To** focusing on using and developing personal and community assets and capabilities with support when required **Moving from** having limited awareness of how to make best use of own personal assets and how to further develop them **To** being fully aware and knowing how to make best use of and develop own personal assets and, where required, complementary supports
Membership of face-to-face, social networks	**Moving from** not being connected with, or aiming to develop, a social network beyond close family or other people who use the same services **To**, if desired, pro-actively building, or connecting to a variety of networks with both strong and weak ties

Community organisations and social enterprises	**Moving from** being unaware of opportunities to create or contribute to community organisations and social enterprises **To** being aware and, if desired, involved in establishing, running or contributing to community organisations and social enterprises
Co-production	
Understanding and valuing own contribution to outcomes	**Moving** from not recognising or valuing own contribution to achieving outcomes **To** explicitly understanding and valuing own contribution to achieving outcomes
Valuing own lived experience	**Moving from** mostly valuing practitioner expertise **To** recognising and valuing own lived experience as equal in value to practitioner expertise
Being an equal decision maker alongside practitioners	**Moving from** accepting, willingly or otherwise, that practitioners have the final say in making decisions **To** being willing and able, with support if required, to assert own right to be treated as an equal decision-maker with practitioners
Commissioning	
Individual level:	
a. Planning to make best use of all assets	**Moving from** focusing entirely on planning how to use existing contracted support services **To** knowing how to use own assets and capabilities, exploring the potential of community activities and universal services before considering specialist support
b. Select most effective specialist supports	**Moving from** having to select from a fixed menu of available supports and organisational suppliers **To** knowing about and actively exploring all options, with help if required
c. Collectively commissioning with others	**Moving from** no consideration of the option of collective commissioning with other people who use services **To**, if desired, knowing how to contact others, explore collective commissioning options and implement them, with support if required
Community level	**Moving from** only responding to invitations to participate in organisationally-led community consultations **To** actively creating opportunities, setting the agenda, and fully participating in community level co-commissioning
Strategic level commissioning	**Moving from:** participating when asked to do so, with little or no idea about whether and how own views influence decision-making **To** pushing for, engaging and having an equal say in all commissioning activities, including as a leader, and knowing when and how own and others' ideas are used.

The role-shifts for people and communities are a consequence of the shift from conventional to asset-based commissioning. These promote and support personal and community self-help, co-production as well as co-commissioning, underpinned by the principles of asset-based practice. People and communities experience a fundamental shift away from being passive service users or customers who are 'done to', to being active agents of change. They make explicit use of their personal and community assets, both on their own and with organisations. Their lived experience is valued equally alongside the expertise of practitioners. People and communities are co-commissioners with an equal say, alongside organisations in setting the agenda and taking decisions within all clusters of commissioning activities and levels of commissioning. Box 8.1 lists some of the roles that older people play that exemplify this set of role shifts.

Box 8.1: Older people creating 'Win-wins' for their communities and themselves

Below are some of the many ways in which older people may make use of their own assets to create opportunities for themselves that also have either a direct or a spin-off benefit for their local communities.

Improvements to universal services – older people campaigning to improve pavements and secure low step access to buses, which also helps parents with children in buggies.

Caring and mentoring – older people acting as grand mentors and adopted grandparents to children and young people.

Micro-social enterprises - created by older people, for example providing affordable local repair services and employment opportunities for people of working age.

Participation in community groups – by older people, which enables many community groups to retain or expand their membership and keep going.

Local businesses – older people forming lunch groups that meet and eat together, bringing trade to cafés and pubs enabling them to keep going, providing employment and services to everyone.

Volunteering – by older people in schools and elsewhere brings benefits to children and other groups.

Employees – older people returning to the workforce provide skills and experience that are often in short supply.

Activists who use services, and have created or been in the vanguard of demanding a move to asset-based practice, and equal relationships with practitioners, will welcome the role shifts. Similarly, communities who have, by their own efforts, or with external support, strengthened their social networks, developed their own community organisations and become more inclusive, will welcome the change. However, many others will only have had the experience of being 'customers' of services rather than 'co-producers' of their own outcomes. They may be unaware, or sceptical, of the nature and value of the change and require some support to decide whether to embrace it. There may be some resistance to the shift to asset-based practice and commissioning because people are used to a contract with the state based on 'we pay taxes, you provide services'. Others may be concerned that it is another means of cutting services, or lack confidence and be fearful of whether they will cope with the required shift. Some may have yet to discover their voice. If they are to make the shift, these different groups of people and communities will need varying types and levels of support including help:

- **In understanding and valuing** what it is that they already do for themselves and others. Learning to think of other ways in which they can make best use of their own and collective assets. Specific mind shifts include being aware of:
  - Own and the community's assets and how to make best use of them
  - How own lived experience and practitioner expertise complement one another leading to better outcomes
  - How own assets could be valued by the community

  Support to people and communities can take many forms including briefings, websites and training. Peer support and hearing how people and communities with similar experiences have made the shift are likely to be invaluable.
- **To take the first steps** – for some people there is a big difference between being aware of what they could and would like to do and having the confidence and knowledge to get going. This would be helped by them knowing how to:
  - Access assets from within and without communities
  - Offer own assets to the community
  - Gain support in approaching and joining community organisations

- Work with practitioners as equal co-producers

Linking people up with others who can provide them with initial support can make all the difference. User-led organisations, community connectors and buddying can help, as can coaching, mentoring and action learning.

- **To learn the ropes** – whilst people and communities have the capacity to self-organise and co-commission, some may want to acquire further organisational skills and knowledge. This might include:
  - Knowing how to set up and run a community organisation or social enterprise
  - Being able to ensure existing community organisations are open to, and value contributions from all
  - Understanding the commissioning process and how to participate and transform it to enable equal co-commissioning and asset-based practice
  - Understanding what is involved and directly help service suppliers transform conventional practice into asset-based services.

  Useful sources of support include other community and user-led organisations, community builders, social enterprise development organisations, provision of tailored training and development, on-line materials, etc.

Local politicians

Asset-based commissioning values the ability of local politicians to enable people and communities to shape their own lives and the places in which they live. Instead of just looking inwards to the formal democratic and public engagement processes, asset-based commissioning also faces outwards. Alongside the formal processes, it recognises the political power that people and communities wield through their day-to-day decisions and actions, for example:

- The impact of parents drawing on their own knowledge of the availability of employment, and personal experience of education, in deciding whether it is worthwhile or not for their children and themselves to engage with schools.
- Neighbours deciding to support one another through the millions of small bits of support that help people with their day-to-day lives.

It is through the myriad of such decisions and actions that people contribute to shaping their own lives, and the communities and places in which they live.

Looking at politics in this way reverses the telescope that currently sees the public as turning away from politics. Instead, it reveals that the public have always been intimately involved in decision-making and action, but mostly through informal processes. Asset-based commissioning widens the focus of politics to include that of everyday life and the roles that not just organisations, but also people and communities play in changing lives. Its use of personal and community co-production and self-help both widens the focus of politics and changes the role of local politicians. In particular, it changes the nature and style of conversations and engagement between local politicians and people and communities, putting a greater emphasis on enabling communities to strengthen ties and other assets and be inclusive.

Ultimately, the asset-based role of local politicians has three strands:

- Co-creating the right environment or conditions for people and communities to act
- Nurturing, challenging and coaching people and communities to step in and step up
- Helping in a variety of important, but minimally invasive ways when needed, and withdrawing as soon as their help is no longer required

These interwoven strands are part of a wider shift, from local politicians being those who directly sort out problems for people and communities, to the ones who help people sort things out for themselves. This does not mean that members abdicate responsibility, or leave people to their own devices, rather it changes the way they enable the provision of services and supports. Leading from the front may sometimes be required. More likely, it will be about empowering others to lead, or simply stepping back because people or communities are already leading or willing to do so.

Some of the political asset-based role shifts are already happening, for example, where local politicians are taking on community leadership roles (see Box 8.2).

Box 8.2: Community Leadership

'Community leadership concerns more than the services and functions delivered by the council. The focus of community leadership has to be the whole range of public services delivered locally together with the contribution and impact of the private, voluntary and community sectors.'[177]

Local Government Association (2012:8)

'Leadership in this context does not mean taking centre stage – it is about creating the right environment for others to act. It is less directing and controlling, more stimulating, enabling and empowering'.[177]

Local Government Association (2012:8)

This programme aims to facilitate a transformation of the relationship between people, public services and governance. It includes nurturing and tapping into the latent capacity of citizens and communities, mobilising a range of assets across public, private and civil society, and embedding citizen engagement and bottom-up service accountability as key principles of service reform. It brings the role of democratic politics back into play through the parallel processes of service redesign and the re-engagement of local politicians with their communities and officers.

Sunderland City Council's Community Leadership Programme[178]

Asset-based leadership builds on community leadership to focus on[111]:

- 'Everyday concerns and engagement – understanding the day-to-day concerns of people and what people themselves do that increases or decreases these concerns.
- How life could be – providing information and experiences about how life is lived elsewhere and what local people and communities have done to secure it.
- Mobilisation and support – enabling people and communities to decide how they want to change and providing them with the supports to do so.'

Cummins, J. Miller, C. (2007:22)

Alongside the assets of people and communities, asset-based commissioning aims to make use of the assets of a much wider range of organisations than just close state partners. As local politicians have no direct decision-making control over this wider set of assets, they must work through influence. Hence the role of local politicians as 'fixers' moves from directly doing, to having a much bigger focus on setting up the relationships and conditions that enable people and communities, with organisational partners, to fix things for themselves. Local politicians also hold their direct representative role in reserve. Instead, they use their formal position and authority to ensure that people and communities can put their own views and have them taken into account.

Table 8.2 provides brief examples of some of the role shifts that local politicians will experience as they move from conventional leadership to their roles as asset-based leaders.

Table 8.2: Shifts for local politicians moving from conventional to asset-based leadership

Leadership/ Aspects	Asset-based leadership shifts
*W*hich services and supports to cover	**Moving from** a focus on just the role of publicly-funded services and supports **To** engaging with all services and supports that impact on the local communities
How outcomes are produced	**Moving from** perceiving that conventional services and practitioners are the way to produce outcomes **To** recognising that outcomes are co-produced by people, communities, services and practitioners working together combined with personal and community self-help
Ensuring people's and community voices are heard	**Moving from** seeing the local politician's role as being the only direct and legitimate voice of the community **To** being one of the many enablers of the voice of people and communities
Dialogue between people and communities and organisations	**Moving from** trying to be the channel for representing views of people and communities to organisations **To** acting as advocates or brokers, bringing organisations to the table and enabling a direct dialogue with people and communities
Handling differences between organisations and people and communities	**Moving from** local politicians representing and defending the council and other organisations when organisational policies and actions differ from those desired by people and communities **To** helping everyone understand different perspectives, interests and motivations, and mediating.
Who should lead	**Moving from** always being visibly engaged and leading from the front **To** knowing when to lead from the front and when to stand back so that others can lead

In practice, this means that the asset-based approach requires local politicians to take on four interlinked roles (see Table 8.3).

Table 8.3: What asset-based local politicians do

Political roles	Actions
Community self-help - helping communities to:	• Identify and effectively deal with concerns • Develop and realise a positive future • Organise for themselves • Enable all sections of the community to contribute • Stimulate local organisations and individuals to take up opportunities that are available
Community voice - enabling the council, partners and others to hear the voice of the community	• Enabling people and community to make effective use of the opportunities that exist to have their voices heard • 'Warming up' organisational contacts so that direct conversations between them, people and communities are more likely to be productive • Where helpful, speaking up for, and on behalf of, individuals and groups
Effective co-production – bringing together officers, organisational partners people and communities	• Brokering links and agreements between people, communities, organisational commissioners and suppliers • Helping establish and, where required, contributing to community level collaborative arrangements
Using the system - communicating the work of the council and partners to the community	• Being aware of what partners do and their policies and the opportunities or potential concerns these create for people and communities • Identifying sources of information, enabling access and helping people understand • Explaining where the views of organisational leaders differ from those of people and any options available for change

The asset-based leadership, role shift changes not only the relationship between local politicians, people and communities but also the behaviours required (see Box 8.3).

Box 8.3: The seven behaviours to realise good community leadership[177]

1. **Good communication** – shifting from communication to conversations through adaptable style, facilitation and feedback
2. **Openness** – being transparent, approachable and open minded
3. **Empathetic** – listening and hearing, being receptive and responsive
4. **Negotiating** – 'holding the space', conflict resolution, reconciliation, mediation
5. **Motivating** – encouraging, stimulating confidence
6. **Managing expectations** – helping to set realistic expectations and meet them
7. **Sharing** – learning to let go, working with different agencies and organisations

Some may see this new profile of local politician roles and activities as sidelining members and downgrading their position. It does not. Instead, it uses their talents, abilities and positional authority much more efficiently and effectively, enabling them to provide the right type of support to a greater number of people and communities. It does this by freeing politicians from the expectation that they should always be doing things for others. Instead, they provide the right support at the right time including, if not needed, none at all. The aim is always to help enable people and communities, on their own, and with organisations, to fix things for themselves. Further to this, politicians should work in ways that help people and communities develop supports and assets by, and for, themselves.

The support that local politicians need to make the shift to asset-based commissioning varies according to how far they have already adopted community leadership and their willingness to embrace changes in their roles. Support can take many forms including briefing, training, coaching, mentoring and action learning. It can also be helpful to provide opportunities for local politicians to meet with other politicians, people and communities that are already engaged in asset-based commissioning. It is important that they have space to consider how asset-based practice fits with their political maps of the world. A further option would be to encourage self-assessment against the seven community leadership behaviours (See Box 8.3) or use a 360-degree inventory as part of tailored individual and collective development.

Organisational suppliers

Asset-based commissioning aims to replace conventional services with ones based on co-production and active support for personal and community self-help. This explicitly recognises that it is people and communities alongside organisations who jointly co-produce outcomes. Hence, the traditional concern to manage organisational supplier markets widens to include all individuals and organisations who contribute to the production of outcomes. This wider group includes people and communities, directly contracted organisational suppliers and those contracted by others as well as non-contracted commercial, community and voluntary organisations.

Traditional organisational suppliers must move away from their conventional focus on making best use their own assets to deliver customer focused, organisationally-specified outcomes using few links with other suppliers. Instead, they should aim to contribute to the full range of outcomes that affect the lives of people and communities, working with them as equal co-producers. Hence, people and communities are involved as equals in service design, co-production of outcomes and quality assurance.

Organisational suppliers operating to asset-based principles are pro-active and collaborate closely with other suppliers of complementary services and supports as well as other commissioners. This is the default position rather than being a desirable extra. It both enables a whole life focus on people

and communities and encourages best use of all assets. The relationship between organisational suppliers and commissioners shifts from being reactive, arms-length and often adversarial, to a pro-active, collaborative relationship within all parts and levels of the commissioning process.

Table 8.4 provides brief examples of some of the shifts that organisational suppliers will experience when moving to asset-based practice and commissioning.

Table 8.4: The asset-based role shift for suppliers

Feature	Asset-based role shifts
SUPPLIER FOCUS	
Outcomes focus	**Moving from** only focusing on those outcomes that relate directly to the provision of the service. **To** a focus on the full range of economic, environmental and social outcomes
Responsibility to person using services	**Moving from** responsibility beginning and ending with the provision of the specified service **To** joint responsibility for outcomes with people, communities and other organisational suppliers
Universal services for all	**Moving from** designing services to fit the 'average customer' **To** tailoring services to fit all people and communities
Inclusive community organisations	**Moving from** support and activities that are not inclusive, or only providing special activities for marginalised groups **To** providing support, activities and opportunities inclusive of all
CO-PRODUCTION AND SELF HELP	
Co-design of services	**Moving from** people and communities being consulted and organisations leading and deciding with little or no supplier involvement **To** people and communities having an equal say in all parts of the service design process with the involvement of suppliers
Co-production of outcomes	**Moving from** making best use of only own organisational assets, services and supports **To** making best use of the combined assets of people, communities, own and other organisations to co-produce outcomes and enable self-help, with people and communities as equal decision-makers.
Co- assurance of quality	**Moving from** people and communities being consulted about the quality of their services, with organisations deciding priorities and suppliers making improvements **To** people and communities playing an equal role with commissioners and suppliers in reviewing quality, setting priorities and assuring improvements.
Facilitating personal and community self- help	**Moving from** personal or community self-help either not being considered or taken for granted by organisations and suppliers **To** the facilitation of personal self-help and strong, inclusive communities being central to all service provision.
ORGANISATIONAL COLLABORATION	
Contracted supplier collaboration	**Moving from** suppliers just meeting contract requirements for collaboration and doing what is necessary to run own services **To** active dialogue and collaboration between organisational suppliers, leading to mutual re-design of services and provision of organisational support to deliver a range of outcomes including enabling greater personal and community self-help.
Community organisations	**Moving from** community organisations being ignored or used as direct add-ons to own conventional services **To** pro-active collaboration and support for community organisations in developing and delivering asset-based services and supports.
New supplier development	**Moving from** little or no involvement in the development of other suppliers **To** contributing to development agencies, forming alliances, sharing expertise, staff development and other activities.

ENGAGEMENT IN COMMISSIONING	
Individual level commissioning	**Moving from** little or no involvement of suppliers in individual level commissioning **To** enabling people to make best use, and further develop their own assets, draw on, and contribute to community activities and have full control and make best use of their personal budgets.
Community level commissioning	**Moving from** reactive involvement in community level commissioning and limited use of sub-contracting to deliver a pre-agreed range of services **To** being a proactive contributor, for example, using alliance contracting to achieve joint outcomes and facilitation of commissioning by communities
Wide-area level commissioning	**Moving from** reactive involvement in wide-area planning, service design and procurement **To** being a proactive contributor and innovator in all wide-area commissioning activities

Asset-based commissioning poses a number of challenges for organisational suppliers, potentially increasing uncertainty, shifting risk and altering financial returns. For example, instead of just directly providing services and support to people and communities, commissioners require organisational suppliers to enable self-help and work as co-producers of outcomes. This may have the twin effect of reducing the amount of support required per person or community, and hence organisational supplier income, whilst they are also being required to remodel their practice. However, it may also open up the potential to re-invest the cost savings in extending the number of people and communities receiving the new form of support or other asset-based practice. This degree of change may prompt some organisational suppliers to withdraw whilst stimulating new suppliers to come forward. Organisational suppliers who wish to embrace the change will need to:

Develop asset-based practice

- Becoming aware of the full range of assets available, and be able to bring personal and community assets explicitly into play
- Really understanding and helping place a value on outcomes
- Redesigning activities, services and processes so that they
  - Fit all citizens
  - Are inclusive
  - Ensure people and communities have equal role, say and status alongside practitioners

Embrace the new commissioning model

- Working with new contracts that are much more flexible with rewards that recognise both service and support delivery and their contribution to co-producing outcomes through asset-based practice
- Developing new relationships and forms of contracts with other organisational suppliers. This may necessitate the adoption of new organisational arrangements, for example, providing back office and other supports to collaborating community organisations
- Being able to work with new reward systems that reflect the new way of working, for example, through gain-share contracts covering not just savings but also making demonstrable improvements in outcomes

Assure financial viability

- Balance flexibility for people and communities with sufficient financial return
- Find ways to finance capital and set up costs for new services or activities where the lack of certainty makes them difficult to finance by conventional means or being prepared to operate contracts where commissioners fund and own capital assets

Be innovative

- Be prepared to flex their involvement according to the extent to which the assets of people and communities become available
- Work with the whole system, collaborating with other suppliers and community organisations to enable people and communities to get the best deal
- Keep abreast of anticipated changes in the far and near environment, thinking and acting strategically

Organisational supplier initiated, innovation has delivered many of the current advances in asset-based practice. Others have learned from them and are already engaged in asset-based practice. Many others, for whom it is a new approach, will benefit from developmental support to make the shift from conventional to asset-based practice (see Box 8.4). It is likely that some suppliers and practitioners will feel that "we do this already", and will be resistant to the idea that the commissioners want something different, or new. This can be partly due to misunderstandings about what does and does not constitute asset-based practice and within this co-production (see Box 3.12). In other cases, it may be that important steps made by a supplier towards asset-based practice are being confused with practicing it fully, in the round. The New Economics Foundation has developed a series of co-production evaluation matrices[179] for suppliers to identify their current position and decide where practice needs to be further developed.

Box 8.4: The East Dumbartonshire Partnership – Kirkintilloch[143]

'Some staff found this (asset-based working) valuable – mainly those who felt that this was the way they did things anyway and that the approach linked with their personal values, rather than from any knowledge of the theory or evidence for asset working… Other staff were more resistant to the approach. This may be as a result of their profession especially clinical, training and experience, the health service culture and a history of nursing approaches in psychiatric hospitals.

Some of the service users liked the new approach and found it helpful. Others found it difficult to engage with or of little value. Some staff reported that some service users were 'habituated' into more traditional approaches and resistant to change. This might be explained by staff or service users not being introduced to the principles, theory or evidence of asset-based working, so they were not able to fully engage with the approach.'

Hopkins, T. Rippon, S. (2015:23)

Where organisational suppliers need help to embrace and further develop asset-based practice, the type of support required will vary. For some, understanding the evidence base and rationale is key, for others it's 'seeing is believing,' so hearing from trusted colleagues can be more helpful. A twin-tracked approach of further developing the asset-based practice of those who already understand and value the new approach, buddying them with others to address their concerns can work. Further supports may include workshops, practice exchange networks, drop-in sessions and coaching to enable the change.

On its own, a programme of personal development will not be sufficient to bring about the required changes. Commissioners need to play a consistent and pro-active role in creating the conditions for the new practice and relationships to develop, through:

- Providing a consistent direction of change that maintains momentum.
- Developing a strong working relationship between commissioners, organisational suppliers, people and communities, engaging on a regular basis to reflect on and adapt the services (see Box 8.5). This strong relationship, underpinned by contract, has to be based on a shared vision, values, trust, openness and shared problem solving.

- Being prepared to challenge some of the common procurement myths and take appropriate account of risk in decision making
- Considering encouraging new arrangements such as alliance contracting and dynamic purchasing
- Developing new forms of contract, payment mechanisms, etc.
- Enabling suppliers to understand and meet the new requirements of the commissioning process.
- Challenging, linking and supporting organisational suppliers to develop alliances (see Box 8.5), review share and develop their current co-production practice.
- Frequent, consistent and positive communication to reinforce the change using stories, amplifying quick wins and celebrating success

Box 8.5: Earl's Court Health and Wellbeing Centre[186]

This primary care centre has an ethos of community-led design and delivery. Run by a consortia of Turning Point, Greenbrook Healthcare, NHS Dentists and the Terrance Higgins Trust, the centre integrates GP, dentist and sexual health services with a range of community and social value services including peer support groups, a time bank, exercise and diet classes, a job club and space for community-run groups.

Supported by Turning Point people who use services and the local community have been included, at all stages, in: asset and needs mapping; commissioning in-centre organisational suppliers; and building up community skills and capacity, to develop services from the bottom up. Community Researchers, a team of service users who provide a link between the centre, patients and the wider community have been central to the change. They are members of the social value steering and the interview panels for the centre's staff.

Summary - key points

- Alongside organisational commissioners, three key groups of stakeholders, people and communities, local politicians and organisational suppliers need to shift their thinking, behaviour and relationships in order for asset-based commissioning to work.
- For some stakeholders, understanding the evidence base and rationale for the change is key to making the shift, for others it is talking to those who have already made the shift and seeing it in action
- The nature and extent of shift involved varies by stakeholder group as well as within each group, depending on individual context and culture. People, communities, local politicians and organisational suppliers of services and supports have different interests, concerns and development needs that should be addressed sensitively
- All stakeholders should be involved in developing and implementing an Asset-Based Strategy and Action Plans (see Chapter 9) to enable the sympathetic development of practice, relationships, systems, processes, ways of operating and culture by all.

9. How to do asset-based commissioning

Chapter Objectives

By the end of this chapter, you will:

- **Appreciate some basic principles that should underpin all aspects of changing to asset-based practice.**
- **Be aware of the range of different starting points for developing asset-based practice and commissioning**
- **Understand key change inhibitors and the range of change ingredients to overcome them**
- **Be able to prepare an Asset-Based Strategy and Action Plan**

Introduction

This chapter makes extensive use of signposting to examples and frameworks elsewhere in this book to explore the many ways of developing and using asset-based commissioning. Successful introduction and continued effective operation also requires a full range of leadership and management skills that are outside the scope of this text. Therefore, we provide Appendix 2 which contains guidance to useful reading.

Whilst there are certain basics that need to be considered at all times, where to start and what to do next will depend on the specific local situation. When starting from scratch it should be remembered there are always assets to build on. Those who are further advanced in their journey towards asset-based commissioning will be looking for opportunities to build on practice and commissioning that is either already asset-based, or moving in that direction. Hence, this chapter starts with a reminder of the basics that should inform all stages of development and outlines two sets of starting points for developing asset-based commissioning. It then explores the reasons why, despite its effectiveness, the adoption of asset-based practice has yet to occur at scale. Asset-Based Audits are then introduced as a means of keeping track of the wide range of changes needed when implementing at scale. Finally, there is an outline of the contents of an overall Asset-Based Strategy and accompanying Action Plan.

In Chapter 6 we emphasise that asset-based commissioning is more than just another stage in the evolution of commissioning. Instead, it is a paradigm shift in the underlying rationale of commissioning and its practice. Its aim is to improve outcomes and make best use of all assets by transforming existing conventional practice in line with asset-based principles. This, in turn, requires a transformation of all commissioning processes and activities in line with the six key features of asset-based commissioning.

The scale of transformation in practice and commissioning that is required to implement the asset-based approach inevitably raises the question of how best to achieve it. Our experience suggests that many organisational commissioners are already on a journey that typically starts with embryonic commissioning, develops into outcomes focused and then starts to move onto asset-aware commissioning. This later step could be considered a necessary intermediary stage between conventional and asset-based commissioning. After all, asset-aware commissioning makes explicit use of the assets of individuals and communities and, alongside conventional commissioning, may be accompanied by special, encapsulated commissioning projects beginning to operate on asset-based lines. Hence, superficially asset-aware commissioning may look as if practice is moving towards the asset-based approach. However, on closer inspection, this may not to be the case for, apart from ad hoc development of specific asset-based practice, the conventional commissioning perception that it is organisationally-provided services and supports that produce outcomes remains. Hence, the assets

of people and communities are used to support and extend the effectiveness of existing conventional practice, e.g. by substituting volunteers for staff in libraries. Whilst using the assets of people and communities this way can yield benefits, this does incorporate the key features of asset-based practice and commissioning needed to achieve a step change in effectiveness and efficiency. It is only when commissioners are committed to transforming conventional to asset-based practice via asset-based commissioning that the full benefits can be achieved. Hence asset-aware commissioning, in and of itself, is not asset-based. The way in which a specific innovation is operationalized is critical to whether it constitutes asset-based practice, e.g. simply bolting social prescribing onto conventional primary care practice so that GPs can help people access community activities and supports should lead to improved outcomes and make explicit use of community assets. But if the prescribing decision is solely made by the GP based on their expertise with no recognition of the patient's own assets and views it falls well short of asset-based practice. However, done differently, social prescribing could be an example of asset based commissioning.

As soon as a conscious decision is made to adopt asset-based principles and move towards asset-based commissioning the paradigm starts to shift. Moving from either conventional outcomes-focused or asset-aware commissioning, to asset-based commissioning cannot be achieved overnight, so early in the shift there is likely to be a preponderance of conventional practice and commissioning. The difference between this and situations where the aim is to just implement asset-aware commissioning is the integrated use of asset-based practice principles and commissioning as both the ultimate aim and continuing driver for change. Hence, instead of aiming to supplement existing conventional with asset-based practice, the aim is to transform it to being asset-based. It is this approach to change that underpins the rest of this chapter.

The basics

A number of basics should inform the successful development of asset-based commissioning, namely:

Always use an asset-based approach to change

An asset-based approach to enabling the change from conventional to asset-based commissioning should always be adopted. There will always be assets of people, communities and organisations on which to build and there is likely to be some practice and commissioning that is already moving in the asset-based direction. Identifying, and capitalising on this is an essential first step. This applies as much to starting from scratch as enhancing or spreading already developing practice.

Co-produce the change

Recognise the roles that people and communities, as well as organisational suppliers currently undertake, and should be able to play, as co-commissioners of services and supports as well as co-producers of outcomes. Remember they bring a vast range of assets and experience that is essential to producing further improvements in overall effectiveness and efficiency. Ensure these stakeholders are involved, from the beginning, as system leaders, equal co-designers and participants in all parts of the change process. This is not optional; rather it is essential to ensuring the successful transition to, and continuing development of, asset-based commissioning.

It is both what you do, and the way that you do it

The asset-based approach changes what people, communities, commissioners and organisational suppliers do and their relationships, as well as the broader culture. From the outset, the change process should be designed to model the new desired asset-based culture. The full culture change will involve a paradigm shift, which can be enabled by embedding asset-based principles in both asset- based practice (see Chapter 3) and asset-based commissioning, (see Chapters 6 and 7). This will shift who does what with whom and who values whom for doing what.

Value small changes but keep your eye on the prize

No matter the scale of the overall change involved, it will nearly always comprise small steps. These should not be dismissed as being anything other than 'the real thing'. They are the stuff of change, showing what is possible and building confidence in taking the next step. At the same time as celebrating small successes, do not lose sight of the ultimate goal of improving outcomes through asset-based practice. The real value of asset-based practice is as a paradigm shift, not an incremental add-on to conventional practice and commissioning.

Getting started

There is no one single set of steps to enable the change from conventional to asset-based commissioning. As the pattern of current assets, extent of asset based practice and commissioning varies from place to place, so will the best route to developmental. Below, two sets of examples highlight some of the many starting points. Both aim to get change moving in the asset-based direction rather than trying to deliver the whole approach in one go. The examples help develop asset based practice and commissioning, initially as relatively separate processes which over time develop into asset based commissioning.

The first pair of examples start from a wide-area perspective. One employs a fairly, conventional systematic planning process, the other an incremental, organic and opportunistic approach guided by a clear shared high-level vision.

The second set of examples describe starting points at each of the three levels of commissioning. Each example builds on examples of asset-based commissioning that may already exist, further transforming current examples of conventional commissioning that are beginning to move in the asset-based direction.

From a wide-area perspective

Because conventional commissioning has largely been a wide-area process, the term commissioning has become synonymous with macro-level planning and action. Asset-based commissioning recognises the value of wide-area level commissioning as an enabler, rather than director of community and individual level commissioning. The aim is to combine wide-area level commissioning with empowering individual and community level stakeholders to seize opportunities to change both asset-based practice and commissioning processes. Below, the first starting point shows how wide-area level commissioning can use base-lining to build a picture of current practice and commissioning, and plan further moves towards an asset-based approach. The second example works by identifying incremental opportunities for change, who can enable them, and how multi-level commissioning can support these developments.

Base-lining current practice and commissioning

Base-lining enables comparison of current practice with asset-based practice and commissioning. The aim is to identify where current practice and commissioning is already asset-based, as well as other changes that are moving in that direction. Creating a perfect baseline is both massively time consuming and unnecessary. Instead, the aim should be to produce an impressionistic baseline that is good enough to provide an overview and identify change priorities.

The process of producing the baseline is as important as the resulting analysis. It provides a means of bringing together people, communities, organisational commissioners and suppliers to build a jointly owned analysis. Some of those involved may fully understand and be involved in asset-based practice or commissioning while others may have little or no experience or understanding. Hence, the base-lining process should begin with an opportunity for everyone to share experiences, get their heads around the key principles and features of asset-based practice (see Chapter 3) and asset-based commissioning (see Chapter 6), leading to an understanding of the way these differ from the

conventional approach. Using these analytical frameworks to develop the baseline will further reinforce the learning.

The baseline has two key dimensions:

- Depth – this assesses how far practice and commissioning have progressed towards fully embodying all the principles and key features of the asset-based approach. For instance, have examples of practice change only just begun to take on board, and to some degree, one or two of the asset-based principles, or have they fully embraced all of them? Are the examples of commissioning change only starting to shift, to some degree, on one or two of the key asset-based features, and at only one level of commissioning? Alternatively, is there greater movement towards fully embodying the principles and features of the asset-based approach in examples of asset-based commissioning?
- Breadth – assesses how widespread any one example of practice and commissioning is. For example, is a particular practice change taking place in a few places, projects or processes, or only with particular groups of people who use services or particular communities, or is it more widespread? In commissioning, is the change confined to a particular cluster of activities or processes and only at the wide-area level, or is it multi-level and across most of the key clusters of commissioning activities and processes?

Box 9.1 shows how to use Tables 3.1 and 6.4 to create a baseline.

Box 9.1: Base-lining asset-based practice and commissioning

Step 1. People, communities and organisational commissioners and suppliers as equals:

- **Develop an understanding of asset-based practice and commissioning** – by helping one another understand the key principles and features of asset-based practice and commissioning.
- **Randomly select examples of practice** - including self-help, services and supports across differing groups of people and communities and commissioning (from across all the key clusters of activities and levels).

Step 2. For each of the selected examples of practice and commissioning, identify the depth and breadth of change by:

- **For depth:**
  - *Practice* - use Table 3.1 (The principles of asset-based practice) to score each of the examples against each - of the principles using a five point scale (0 = not used, to 4 = fully incorporated)
  - *Commissioning* – against each of the key features in Table 6.4 (The journey to asset-based commissioning), select the description in the body of the Table that best describes each example.
- **For breadth:**
  - *Practice* - Use a five-point scale to score each of the selected examples (1 = one-off, to 5 = used everywhere and with all relevant groups of people who use services or communities)
  - *Commissioning* - Use a five-point scale to score each of the selected examples (1 = one-off, to 5 = used in all relevant clusters of activities and processes and levels of commissioning).

Step 3. Build on emerging asset-based practice - use the resulting analysis to identify where examples of asset-based practice and commissioning already exist and where there are the beginnings of change from conventional to asset-based practice and commissioning.

The base-lining process and outputs offer a number of benefits including:

- Raised awareness of asset-based practice and commissioning – by the end of the base-lining process a diverse group of participants will have developed a shared understanding of asset-based practice and commissioning. This knowledge together should enable them to help others to develop their understanding of asset-based practice and commissioning. Consideration should

be given to supporting cascaded learning.

- Enabling tracking of movement and identifying change priorities – the depth and breadth scores for examples of practice and commissioning provide a basis on which to begin to decide change priorities. This will include, for example, what the balance should be between, starting from scratch, building on early examples of movement, or spreading existing fully, or partially developed practice and commissioning? Repeat base-lining over time will provide an indication of how much movement is occurring, which can further inform priority setting.

Logical incrementalism

Logical incrementalism focuses solely on identifying and building opportunities for change. This is a systematic, rather than random process targeted on achieving the full development of asset-based commissioning. The roots of this approach lie in the work of James Quinn[180] who coined the phrase 'logical incrementalism' to describe an approach to strategy development not based on a fully developed plan, but one that proceeds adaptively. The aim is to get change moving quickly, not by centrally planning how this will happen, but by enabling and encouraging action by all sub-system leaders to take opportunities, as they arise, to move towards the vision.

Applying logical incrementalism to developing asset-based commissioning enables people and communities, along with the other key stakeholders to have an equal say in the development and realisation of an Asset-Based Strategy (see below). This Asset-Based Strategy provides the broad vision within which all can act. Hence, rather than preparing a detailed, blueprinting, action plan based on the strategy, progress will occur in a non-linear, incremental fashion.

Incremental change can be encouraged, stimulated and accelerated in number of ways. Rapid scanning, for example, (see Box 9.2) spots examples of successful asset-based commissioning and broadcasts them widely.

Box 9.2: Rapid scanning - spotting opportunities, innovations and existing system leaders

Enable people and communities along with organisational commissioners and suppliers to:

- **Identify innovations** – selecting examples of current practice or commissioning that appear to fully, or to some degree, incorporate the principles of asset-based practice or the key features of asset-based commissioning.
- **Understand the innovations** – explore how the examples are embracing the asset-based approach by:
    - *For practice examples* – using Table 3.1 (The principles of asset-based practice), to score each example against each principle using a five-point scale (0 = completely conventional; 4= fully asset-based) and describing what it is about the example that is moving it from conventional towards asset-based practice.
    - *For commissioning examples* – finding the descriptive phrases in Table 6.4 (The journey to asset-based commissioning) that most closely sum up the commissioning example and describing what it is about each example that is moving it from conventional to asset-based commissioning.
- **Spot existing system leaders -** for each practice and commissioning example identify who enabled or produced the innovation.

Use these scans (see Box 9.3) to identify the people who use services, community members, organisational commissioners and suppliers who are already acting as de facto systems leaders in producing the changes. Empower these de facto systems leaders to continue producing change and support others to do so. In this way, develop the devolved systems leadership on which asset-based practice and commissioning relies.

Box 9.3: Using the opportunities for change

Ways in which people, communities and practitioners can use the Box 9.2 analysis and build on the opportunities include:

- **Capturing the practice** – those who develop new practice often do not have the time to document it. Use this exercise as an opportunity to find ways of capturing practice to make it more widely available to others.
- **Further developing practice** – identify which of the examples of developing practice are most likely to be taken up by others, and/or have scope for further development. Focus on spreading the practice and its further development.
- **Stimulating action by example** – there are always asset-based things that people, communities and organisations can just get on with and will change current practice or commissioning. Use the process of identifying innovations and spotting existing system leaders to celebrate success and empower others to move things forward.
- **Building a systems leader innovation network** – use this exercise to identify and bring together those people, community members and practitioners who have been involved in spearheading the development of the new practice. Help them form a continuing systems leader innovation network. Provide it with support, empower it to spread innovation and expand it as further leaders arise.

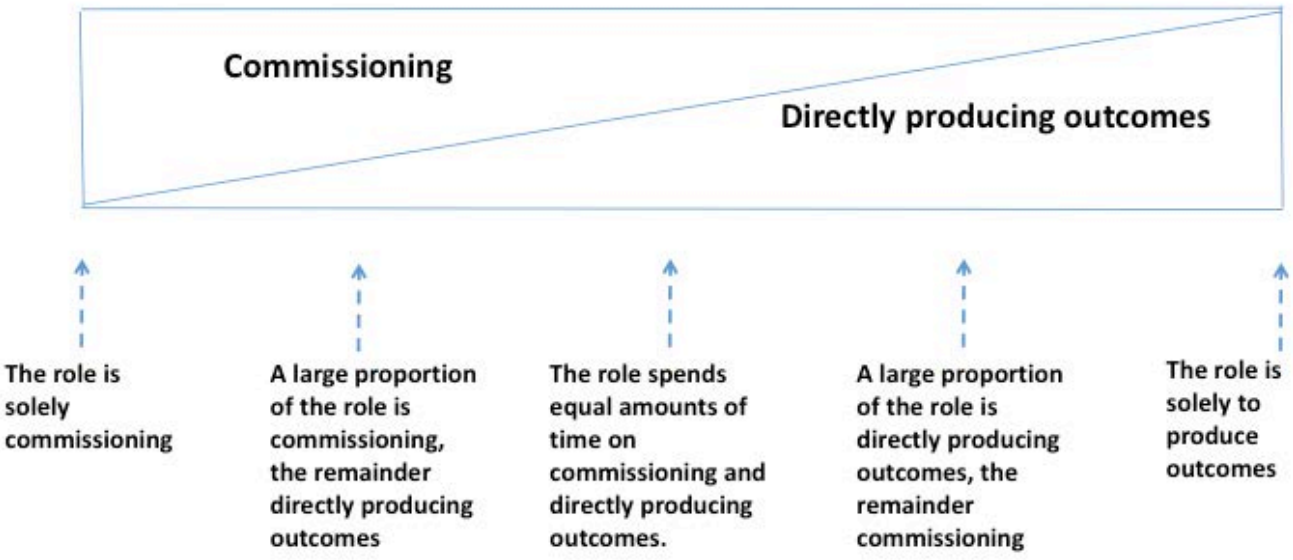
Using multi-level commissioning

The second set of examples for getting started focus on different levels of multi-level commissioning, an essential feature of asset-based commissioning (see Chapter 6). However, as the conventional model mostly recognises commissioning as a formally designated, wide-area level activity undertaken only by staff formally designated as commissioners, developing multi-level commissioning may seem to be a Herculean task. In practice, this may not be so, particularly if instead of viewing commissioning through the prism of the conventional model, an asset-based view is adopted. Look at what people, communities, organisational commissioners and suppliers are already doing at the community and individual level that contributes to each of the key clusters of commissioning activities. The resulting picture is likely to show that some of these stakeholders are already, to some degree, involved in commissioning (see examples in Chapter 4). Hence, even where the conventional approach to commissioning is dominant there may be the beginnings of multi-level commissioning practice on which to build and transform.

The first step in developing or extending multi-level commissioning is therefore to understand who, in each of the four groups of key stakeholders, is currently involved in commissioning, at what level and to what degree. The resulting picture is likely to reveal that some of the roles undertaken by these people are largely or entirely dedicated to commissioning. Other people may spend some or most of their time directly producing outcomes, making little or no contribution to commissioning. As an example, the actions of a GP diagnosing a health condition and then prescribing medication do not, in themselves, directly produce an improvement in the health of the patient. This only occurs when the patient takes the prescription to the pharmacist who then provides the medication, which the patient then takes as prescribed. Hence, in this case the GP plays a vital role as a commissioner of action by others and less in terms of direct outcome production. However, the extent to which the latter is true will depend on whether the outcomes are narrow or wide in scope. For example, if outcomes included patient confidence in the accuracy of the diagnosis and likelihood that the prescribed treatment will work, the GPs plays a more important production role.

Figure 9.1 is a useful aid to identifying the different mixes of involvement in commissioning and producing outcomes in any one role.

Figure 9.1: How much of a role is comprised of commissioning



It should be recognised that many stakeholders, other than formally designated organisational commissioners, are already engaged in commissioning activities and, in the future, should at least to some degree act as co-commissioners.

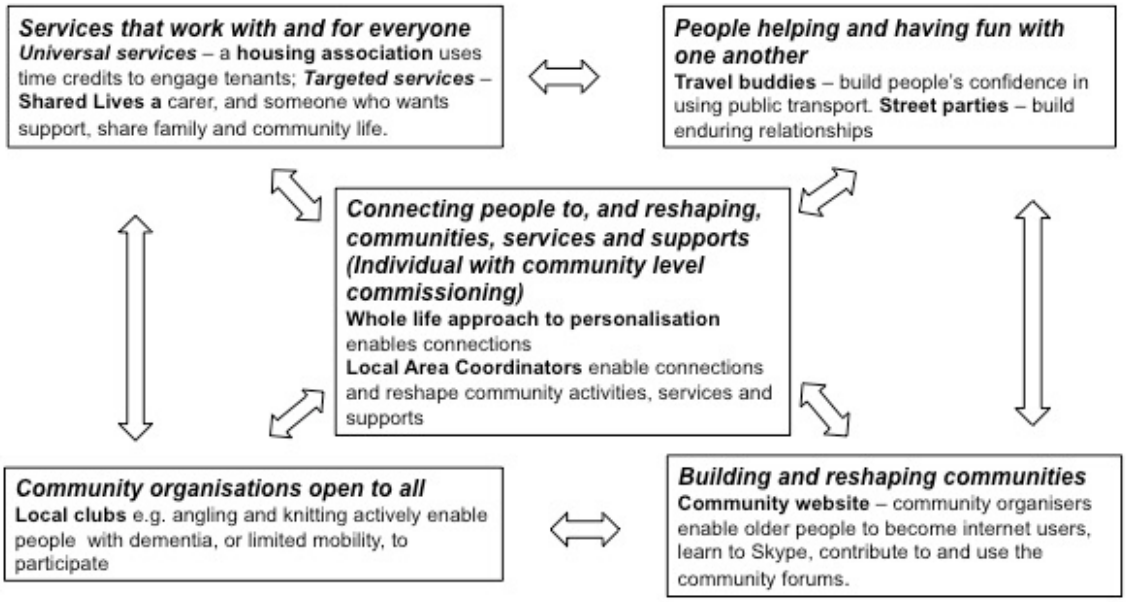
Role analysis is central to the three following examples of starting points for building on and transforming conventional into multi-level, asset-based commissioning. Each example focuses on a different level of commissioning using an asset-based approach.

Example 1. Individual level commissioning: linking self-help and co-production for maximum impact

Whilst personal and community co-production and self-help are each valuable in their own right, linking them potentially multiplies their impact. Some links will develop organically but often people, communities and organisational suppliers benefit from support to make this happen. This is where asset-based commissioning at any of the three levels can help. Figure 9.2, which is an example focused on reducing the isolation experienced by many older people, exemplifies the way in which individual level commissioning (at the centre of the Figure) can help connect people to communities, services and supports (in the outer part of the Figure) in a way that multiplies their impact.

Figure 9.2 also shows how community-level commissioning (also at the centre of the Figure) can improve the contribution that personal and community co-production and self-help make to tackling isolation by reshaping services, supports and community self-help. Linking two levels of commissioning, either through the same, or linked sets of co-commissioners, is a common feature of asset-based commissioning. These fuzzy and flexible, rather than neat and tidy, approaches to commissioning often produce the best results.

Figure 9.2: Reducing the isolation of older people: individual commissioning helps build vital links[181]



At the centre of this figure is:

- **Connecting people to, and reshaping, communities, services and supports (Individual and community-level commissioning)** – at the individual level of commissioning the whole-life approach to personalisation (see Box 6.4) enables isolated older people to make use of the full range of personal and community self-help opportunities as well as linking them into services and supports. It starts by helping individual older people value their own abilities, identify their interests, decide what they would like to do, and with whom. It then helps people work out which community opportunities, services and supports, best complement their interests and abilities. Where necessary, people should be helped to make contacts and build the confidence they need to be able to take part.

  In any one community, existing community opportunities, services and supports may fit some people really well. However, for others this will not be so. Here, the community level of commissioning enhances the individual level, to ensure the relevant services and supports, and community organisations and activities, are open and tailored to all. Community-level commissioning does this by enabling feedback from individuals to communities and information to flow from communities to individuals as well as enabling change. Local Area Coordination, (Box 7.5) both enables this form of community-level commissioning as well as individual level commissioning.
- **People helping and having fun with one another** – the role that social networks and peer support can play in combating isolation is important. Social networks grow and strengthen through use and many people like to both receive help and reciprocate. However, there is nothing quite like a bit of fun to bring people together, as for example through street parties (see Box 9.4).

Box 9.4: Street parties[182]

Street parties enable residents to have their street closed to traffic for a day and to organise a simple 'meet the neighbours' tea party and/or to provide games, events (film-screenings are popular), live music and other entertainment. Children enjoy the freedom to play in the street. Adults meet new people and feel more confident about asking neighbours for help. A survey found 50% to 80 % of people take part, including those from 'hard to reach' groups, because the event is right outside their door. Residents meet on average eight new neighbours. Parties bring together people of different backgrounds, especially across generations.

- **Building and reshaping communities** – community self-help often develops through free-standing activities but can also be reinforced and further developed by the community developing its own infrastructure, further building a wider sense of community and enabling collective action (see Box 9.5). Individual and community-level commissioning can link free-standing community self-help activities into the existing infrastructure, or create new infrastructure that can enable self-help to tackle isolation more effectively.

Box 9.5: W14: Creating real communities via the web[183]

The W14 website is unusual in going beyond the creation of a 'virtual community' to developing the face-to-face community. It has spawned coffee mornings and other events where members can meet each other. It not only informs people about what is going on but also enables them to have 'conversations' about issues that concern them and feeds information to the local authority or other agencies for consideration and action. This has led to campaigns bringing people together to challenge local service providers or local decisions.

- **Community organisations open to all** – whilst some community activities may welcome some isolated older people, they may neither recognise nor welcome others as potential members. Hence, there may be a need to work with those running some community activities to enable them to open up to all. Individual level commissioning does this on a case-by-case basis. The benefit to clubs and other activities is that they gain new members. Isolated older people gain by either being able to continue with past skills and interests or develop new ones and make friends as with a knitting circle (see Box 9.6).

Box 9.6: Knitting circle

Mary lives in a care home, is an expert knitter but her arthritis means she can no longer knit. Young women in the local community wanted to learn to knit but had no one to teach them. Care home staff linked them together and now a knitting club meets regularly at the home with Mary acting as consultant. Mary feels she has some of her old life back again. The young women have developed skills but also new friendships that have grown beyond a shared interest in knitting.

- **Services that work with and for everyone** – whilst there are likely to be a whole range of universal and targeted services that could be of help to isolated older people, they may not fit everyone's needs or enable them to make best use of their assets. Linked individual and community-level commissioning can help redesign both commercially-provided and state-funded services so that they are tailored to all and make best use of people and communities' assets, as is the case with Taff Housing Association (see Box 9.7) and Shared Lives (see Box 9.8).

Box 9.7: Time credits – housing association engaging tenants[184]

Taff Housing Association provides a range of accommodation and support including specialist, supported housing projects for young women. Rather than being passive recipients of services, they have opportunities to contribute to the running of the hostel and to participate in projects in exchange for time credits. Tasks include participating in decision-making meetings and peer learning, helping to run activities and taking on additional household tasks. The credits buy entry to house events, e.g. BBQ's, parties, bowling and picnics. Now rolled out to all Taff's tenants, the range of uses of time credits have been extended to include access to local arts centres, theatres, sports and leisure clubs.

Box 9.8: Shared lives[185]

In Shared Lives, a Shared Lives carer and someone who needs support get to know each other and, if they both feel that they will be able to form a long-term bond, they share family and community life. This can mean that the person who would like support becomes a regular daytime or overnight visitor to the Shared Lives carer's household, or moves in full-time with the carer. People report feeling settled, valued, and that they belong, perhaps for the first time in their lives. They make friends and get involved in clubs, activities and volunteering.

Example 2. Community-level commissioning: reshaping existing services and supports

Community-level change may be commissioned by people, communities or organisations either on their own or together. Asset-Based Community Development (ABCD, see Chapter 3) provides an example of how to support community-level commissioning driven by communities. The Health Empowerment Leverage Project (HELP, see Chapter 6) and Community Commissioning (see Chapter 5) provide examples of organisationally initiated but community engaged commissioning. Whatever the starting point, asset-based commissioning aims to ensure that people and communities have an equal say in commissioning, that their own assets are fully and explicitly into account alongside those of organisations, and that communities are strengthened and made inclusive.

Where organisations are starting from scratch with community level commissioning and do not have well-developed routes into communities they may feel more comfortable using an organisational starting point that is itself rooted in the local community. The example below shows how to do this by drawing on practices from HELP, Community Commissioning and other developments.

- *Use anchor services* – anchor services are the universal services with whom local people have most day-to-day contact, for example, primary health care, primary schools, local cafes, shops and social housing suppliers. The anchor service must be relevant to the outcomes the organisations wish to target, and have adopted, or be willing to adopt asset-based practice to co-produce outcomes. Those involved must be willing to work in an equal partnership with people who use services and, with the local community, make active use and contribute to the development of community self-help as well as collaborate flexibly with other services.
- *Start from communities* – work through the anchor service to make contact with the local community. Enable the community to take the lead rather than falling back into community consultation mode, for example by recruiting, training and supporting community researchers (see Box 7.8). Tasks will include identifying which needs, affecting whom, are of greatest concern to them, formulating 'whole life outcomes', and developing solutions. The resulting negotiations will lead to changes to the initially targeted outcomes and the forms of personal and community self-help and co-produced services and supports that are explored.
- *Rapid prototyping* – consider using rapid prototyping (see Box 9.9) to develop new practice by taking small steps, quickly checking whether they make a difference and changing tack if they do not. The aim is to learn as quickly as possible about what seems to work and what does not. Begin by working with a small number of the people, from the target group, for example isolated older people, who use a service or support. With their agreement, help them devise and try out new ways of enabling them to better meet their needs, draw on community support and contribute to their community. Increase the number of people supported in the new ways as the development of practice progresses.

Box 9.9: Rapid prototyping - Lambeth Living Well Collaborative[186]

The Collaborative used rapid prototyping to create an evolving structure for pathways in mental health for people with changing needs. The 6-week project involved a small cohort of 12 people who were long-term users of services, isolated from support networks and at high risk of moving back into secondary care services. Teams of professionals from Community Mental Health Teams (CMHTs), the Community Options Team, psychiatric nurses, peer support groups and GPs, looked at each person's route through services, the effects on every aspect of their lives and interactions with services. These services include housing, personal budgets, peer support, Improving Access to Psychological Therapies (IAPT) services, employment, home treatment teams and other support from the wider voluntary sector. The prototype was successful both in terms of better care provided to people who use services and the number of new ideas, problems and questions it generated.

A one-day scoping workshop that brings together people who use services, other members of the local community, practitioners and commissioners to scope out a project and imagine the prototyping process can be a useful starting point. Box 9.10 provides an example focused on older peoples' outcomes, working from a primary health care anchor location.

Box 9.10: Aims of the scoping workshop[186]

The aims of the scoping workshop were to focus on improvements for older people experiencing two or more long-term health conditions by:

Forming a design group – by bringing together a small group comprising: people who use services and carers; lead primary care and other practitioners associated with the primary care anchor location; community self-help organisations and senior managers who were backing the project.

Identifying personal and community assets – which the older people are likely to be able to access and would like support in using to achieve improvements in their health and well-being.

Developing a draft vision of the new practice – explore the range of practice change that may be required and the variety of different types of community self-help that may be needed. Use this to develop a draft vision of what the new approach might look like when developed fully via prototyping.

Imagining the prototyping process - explore what this might involve and how best to organise in order to support and learn from it. This will include: recruiting and supporting older people; briefing and supporting practitioners and community organisations; enabling process and practice change together with community development; using existing data and systems to track activity and outcomes; enabling others to learn from the prototyping as it progresses.

Identifying next steps – who should do what and by when to move the project forward in the anchor locations.

Example 3. Wide-area commissioning: transforming commissioning perceptions and processes

The shift from conventional to asset-based commissioning involves a paradigm shift in the perception and ways of producing outcomes that incorporates the principles of asset-based practice, and transforms commissioning processes. The two changes are equally necessary; making one without the other reduces the principles to little more than a mantra.

Making the paradigm shift in perceptions

The dominant perception within conventional commissioning is that organisationally provided services and supports, drawing solely on organisational assets, produce outcomes. This makes it difficult for organisational commissioners and other stakeholders to 'break the mould' and make the shift to asset-based practice. In particular, they have difficulty recognising, valuing and supporting personal and community self-help, and people and communities along with organisations as co-producers of outcomes.

One way of beginning to break the mould is to enable stakeholders to stop thinking about which services or supports will best produce which outcomes. Instead, begin by focusing on whole-life outcomes, and searching for the mix of personal and community co-production and self-help that would make best use of the assets of people and communities, alongside those of organisations. Table 9.1 supports this process by posing a series of questions that prompt consideration of the level of self-help and co-production. The objective is not to find ways of replacing services and supports with self-help, rather by starting from the contributions of people and communities it emphasises the role they play, either through self-help or as co-producers. The questions and ratings in the table aim to stimulate ideas and the discussion of their viability.

Take, for example, the problem that many people who visit hospitals as patients, carers, family and friends face if they do not have a car and public transport is either sparse, inconvenient and/or too expensive. Starting with self-help, this might lead to co-commissioning the use of a car sharing app promoted in GP surgeries, outpatient clinics and elsewhere, to encourage informal home-to-hospital car sharing. Community self-help might take the form of the establishment of a social enterprise to provide home-to-hospital transport, which also helps with navigating the hospital system and the collection of prescriptions. Innovative examples of co-production could be hospitals providing free parking to car shares and community transport. Bus companies, hospitals and local authorities could liaise to identify changes in bus routes and timetables, and negotiate concessionary fares/parking discounts for people who have to make frequent journeys.

Table 9.1: Co-commissioning a mixture of self-help and co-production to make best use of the assets of all.

Target 'whole life' outcomes:	
Question: In what way could the following bring about the desired outcomes:	**Ideas rating**
Individuals, on their own or with others, changing what they do by drawing solely on their own assets?	Yes/No/Maybe Partly/Fully
Existing or new user-led and community organisations or micro-social enterprises opening up to all, and fully adopting asset-based practice?	Yes/No/Maybe Partly/Fully
Existing or new shops and other commercial businesses, tailoring their goods and services to all, fully adopting co-production and supporting self-help?	Yes/No/Maybe Partly/Fully
Existing or new publicly commissioned, universal services, tailoring their goods and services to all, fully adopting co-production and supporting self-help?	Yes/No/Maybe Partly/Fully
Existing or new, publicly commissioned, specialist services, fully adopting co-production and supporting self-help?	Yes/No/Maybe Partly/Fully

Whilst it may be relatively easy to improve ease of access to hospitals, the limited number of people wanting this may be insufficient to make many of the above ideas viable. Public transport and social enterprises may not generate enough revenue from fares. Car sharing apps rely on familiarity and usage to advertise their availability. Hence when exploring how to tackle any one outcome it is wise to look for other outcomes that could also be met through the same range of actions (the asset-based practice 'whole life' and 'everyone' principles, see Chapter3). For example, broadening the range of travel covered from just hospital visits to shopping, travel to work and leisure might generate the critical mass of travellers to make it viable.

Transforming commissioning processes

Transforming wide-area commissioning is an essential part of enabling the transition from conventional to asset-based practice. This will involve a root and branch redesign of the four main clusters of commissioning, i.e. knowledge and strategic thinking, planning, doing and reviewing. One way of systematically doing this is to focus on each cluster of commissioning activities in turn at the wide-area level, and

- **Assess progress towards asset-based commissioning** – compare current practice to the

descriptions (see Tables 7.3, 7.5, 7.7, 7.10) of how the asset-based commissioning transforms each of the clusters of commissioning activities, and answer the following questions:

- What is it about current practice that exemplifies, or moves towards asset-based commissioning?
- Is anything missing, if so what?

- **Act to bridge the gap** - where current commissioning practice does not fully match asset-based commissioning, draw on examples in Chapters 6 and 7 to develop ideas about how to bridge the gap. Examples include:
  - **Understanding** – revise all commissioning documentation so that is easily understandable by all (see Adapt procurement processes, Chapter 7).
  - **Commissioning levers** – focus on using the full range of commissioning levers (see Table 6.3).
  - **Multi-level commissioning** – develop commissioning at individual, community and wide-area levels (see Table 7.4 example for the 'knowledge and strategic thinking' cluster of commissioning activities).
  - **Procurement** – transform the process, for example by reviewing and changing as necessary:
    - **Timing** – to ensure there is sufficient time to enable the engagement of co-commissioners together with small and new providers in the commissioning process (see Adapt procurement processes, Chapter 7).
    - **Bid scoring** – so that the benchmarking and decision criteria support asset-based practice, e.g. the price – quality ratio (see Adapt procurement processes, Chapter 7).

Making asset-based practice happen at scale

With years of successful development of conceptual models, front-line practice and supportive, organisational processes, it is reasonable to ask 'Why is asset-based practice not widespread and embedded?' and 'What is inhibiting the adoption of asset-based practice at scale?' A number of factors inhibit adoption, including the need:

- **For it to be both local and tailored** - the need to tailor much asset-based practice to differing personal and community circumstances makes applying the same detailed practice and commissioning blueprint within each of the three levels of commissioning problematic.
- **For cross-sector collaboration** - whilst there is general agreement that cross-sector collaboration is essential, the conventional approach of focusing on delivering to sector missions, supported by siloed allocation of resources is strongly embedded, making it difficult to ensure the level of cross-sector collaboration required by asset-based practice.
- **For organisational myths to be dispelled** - such as the widespread belief that standardisation of practice, with its accompanying policies and procedures, will bring greater effectiveness and economies of scale than tailored approaches that make best use of all available assets.
- **To value co-production and self-help** - conventional practice of ignoring the roles that people and communities play through self-help and, as co-producers of outcomes, is a mainstream consideration in the way organisations plan, commission and enable the achievement of outcomes.
- **To avoid short-termism** – in particular, the reluctance to properly value, and take into account the longer-term benefits of moving to asset-based practice, including prevention and well-being that continue to accrue outside the current financial year in which the investment takes place.
- **To counter a tendency to be risk adverse** - it being easier, and less politically risky, to carry-on providing the same services, to the same people, in the same way, with the same results than to invest in something new, even though this may offer far greater benefits.
- **For power sharing** – in the face of a general reluctance to relinquish power and significant

- control to people and communities along with a perceived loss of status, power and visibility for practitioners, organisational commissioners and local politicians.

No matter how desirable asset-based practice is there is a risk that progress is glacial, patchy and half-hearted. Integrating asset-based practice with commissioning, especially if the latter is already embedded in commissioning organisations, puts it centre-stage, making it more likely that it will spread and become permanent. All co-commissioners have a role to play in overcoming the above inhibitors to make asset-based practice and commissioning a high priority and a reality for people, communities and organisations. Working together on a complex mix of changes, keeping track of them and enabling continuous development will be a major challenge.

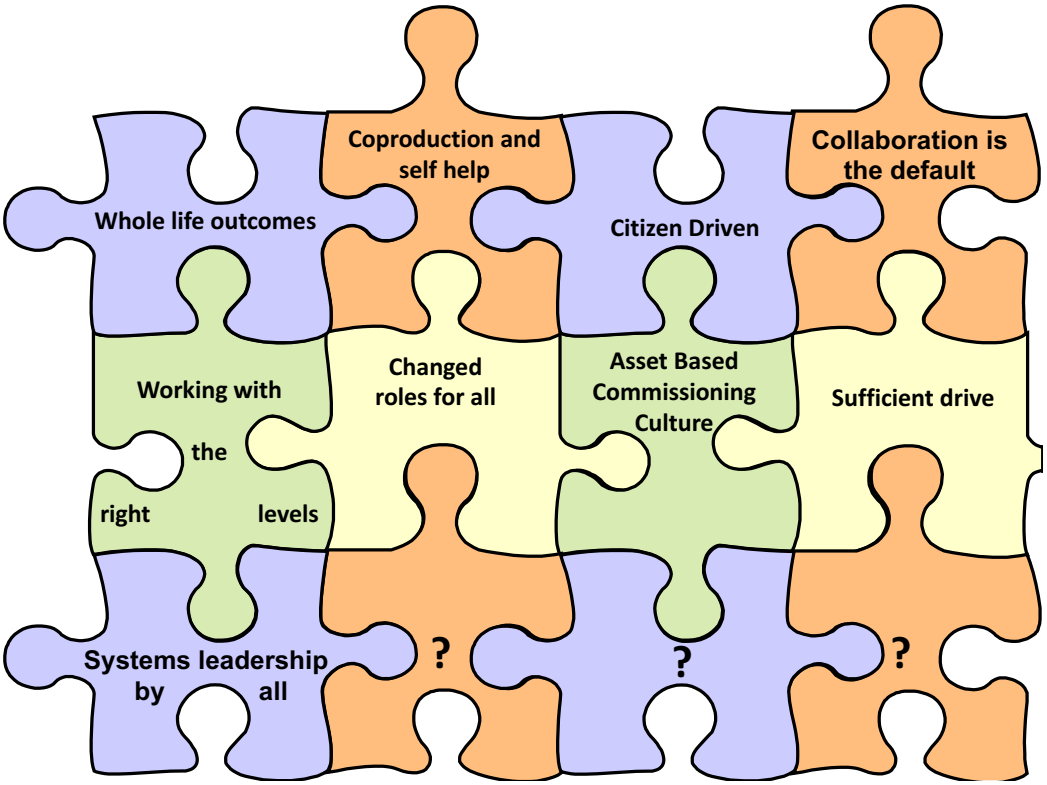
Making asset-based practice occur at scale is possible but not in the sense of blueprinting across communities or wide areas. The principles of asset-based practice are universally applicable and lessons from doing it in practice can be learnt and shared. However, what works for one individual, one community or one wide area will only work elsewhere when tailored to the specific context – so asset-based practice is not so much scalable as replicable with contextual adjustment.

Asset-Based Audit

An Asset-Based Audit, as outlined below, can help co-commissioners maintain an overview of commissioning practice, identify sticking points and find new ways forward when enabling change at scale. The audit comprises a mix of key areas for change and ways of delivering them. Its results provide much of the material required to develop an overall Asset-Based Strategy and Action Plan, also outlined below.

The Audit framework comprises a set of ingredients that form a jigsaw puzzle of interlocking pieces (see Figure 9.3), any one of which, if missing, will reduce the chances of overall success. The puzzle also contains a number of blank pieces enabling the addition of other ingredients when tailoring the audit to particular circumstances. Hence, before use, it is advisable to involve co-commissioners, at all levels, in reviewing, editing and extending the set of jigsaw pieces to fit the local context. Designed to support the active development of asset-based commissioning, Asset-Based Audits work best when used as a day-to-day checklist rather than solely as a tool for periodic overall appraisals. The audit can be used to identify where change in practice and commissioning, at any and all of the individual, community and wide-area levels, is already occurring, where it is starting from scratch and how to enable further change. Below is a description of each ingredient of the audit with an accompanying audit question.

Figure 9.3: The asset-based audit jigsaw puzzle



Whole life outcomes

Conventional practice and commissioning mostly focus on outcomes that are specific to an individual service or sector, or those of other closely linked sectors. Asset-based commissioning focuses on wider linked sets of outcomes enabling engagement with whole people within their living context (see 'whole life' principle, Chapter3). Cross-sector collaborations, and flexing geographical boundaries within which organisations work should be encouraged, ensuring these coincide with how people and communities view and live their lives. This is an important enabler of whole life outcomes.

How far, and in which ways is the pursuit of whole life outcomes embedded in all aspects of practice and commissioning?

Co-production and self-help

Conventional practice predominantly focuses on delivering outcomes via practitioner-supplied services and supports that make best use of organisational assets. There is either little or no focus on the role of self-help. Asset-based practice recognises people and communities as co-producers of outcomes and seeks to make best complementary use of all of their assets through a mixture of personal and community self-help and co-production. Use the four quadrants (Table 3.2) to build a picture of the mix of self-help and co-production that is currently in place and planned developments.

In which ways, and to what degree, does asset-based co-production and self-help feature in achieving outcomes?

Citizen driven

The focus of conventional commissioning on making best use of organisational assets to supply services and supports to mostly passive customers leads it to draw almost exclusively on the expertise of organisational commissioners and practitioners. Whilst organisations do consult people and communities, their staff take the final decisions. Asset-based commissioning recognises people and communities as full co-producers of outcomes who contribute vital assets, including their lived experience. Hence, it ensures that both their assets and lived experience are valued on a par with the contribution and expertise of practitioners by ensuring that they have an equal say at all levels of decision-making.

How is the lived experience of people and communities being valued and how are they enabled to have an equal say in decision-making at all levels?

Collaboration is the default

Conventional commissioning features limited collaboration with closely linked sectors, to improve practitioner links between separately organised services and supports, focusing on narrow, sector defined, sets of outcomes. This produces a compartmentalised experience for people and communities, wastes their assets and reduces the opportunities to exploit cross-sector synergies. Asset-based commissioning focuses on whole-life outcomes, making best use of the assets of people, communities and organisations, to provide an integrated experience for all. This may require organisational changes, such as the integration of different groups of staff, changing organisational boundaries and the development of collaborations and alliance contracting.

How far, and in which ways is commissioning supported by cross-sector collaboration focused on whole life outcomes thereby enabling an integrated experience for all?

Working with the right levels

Conventional commissioning operates mostly at the wide-area level and in many cases still with a heavy focus on procurement and contract management. Asset-based commissioning devolves decision-making as close to individuals and communities as possible, in order to enable citizens to

drive commissioning, and ensure best use of the assets of people and communities as well as those of organisations. Whilst devolution is the default option, wide-area commissioning has a key role to play in actively enabling devolved individual and community level commissioning as well as taking on commissioning tasks best performed at the wide-area level.

How far, and using which means, does the devolution of commissioning enable people and communities to participate effectively as equal co-commissioners at the individual and community as well as the wide-area levels of commissioning?

Changed roles for all

The move from conventional to asset-based commissioning changes everyone's role:

- *People and communities* move from being passive customers and consultees to full co-commissioners, being in control of the development of self-help and equals in outcome co-production.
- *Organisational suppliers* move from working in isolation from one another, at arms-length from commissioning decision-making, and to organisational commissioner prescribed specifications, to proactively linking with one another and engaging fully in the commissioning process.
- *Practitioners and managers* at the individual and community levels of commissioning, who previously perceived their roles as being suppliers of services and supports, now realise that some of the tasks they used to perform, as well as new ones, are commissioning. They also discover that increasingly the way to enable outcome realisation is via various supports rather simply through services.
- *Organisational commissioners* move from being sole commissioners undertaking all of the commissioning tasks to being co-commissioners. They facilitate the design and direction of the commissioning process, share decision-making and undertake some of the commissioning tasks.
- *Local politicians* move from being up front organisational leaders mostly focused on making best use of public sector assets to community leaders working with people and communities to enable them to take the lead in deciding how to make best use of all assets. Where necessary, local politicians lead from the front using their formal authority to either direct or influence the roles played by other organisational commissioners, public, private and voluntary sector contracted and non-contracted organisations.

To what extent, and in which ways, have each of the key groups of stakeholders made the role change from conventional to asset-based practice and commissioning?

Asset-based commissioning culture

Commissioning structures, policies and processes as well as roles, relationships, behaviours, symbols and stories express the assumptions, principles, norms and values of any commissioning culture. For example, asset-based commissioning changes the procurement process requiring organisational suppliers to show how their proposed services and supports incorporate the principles of co-production. The meanings of everyday terms change. Commissioner now automatically means co-commissioner, and commissioning, a multi-level activity within which procurement and contract management are but component parts. Behaviours change so people who use services automatically expect to be in control of their individual commissioning plans and practitioners expect to tap into and make use of the lived experience of people and communities as the most obvious equal complement to their own expertise.

How far, and in what forms, has the culture changed from conventional to asset-based commissioning?

Sufficient drive

The drive for change from conventional to asset-based commissioning must come from people,

communities, organisational commissioners and suppliers, and local politicians alike. However, levels of energy and drive may vary between, and within, these groups. Within each group, ally with those who 'get' the asset-based approach and use a recognised approach to change, such as Kotters' eight steps (Kotter: 21), to energise and align all these groups.

Deploy a mix of strategies to ensure sufficient energy and drive behind the change, including for example:

- Selling the positive benefits of the change in terms of both outcomes and improved experience of people, communities and practitioners.
- Telling and retelling stories of where asset-based practice and commissioning are beginning to work, creating a sense that this is happening, is working, will continue and will deliver the vision.
- Helping everyone understand that doing nothing is not a viable option for tackling the developing demand/resource crisis facing public services and that risk of doing nothing is greater than that associated with adopting the asset-based approach.

Who is doing what to energise which groups of key stakeholders, to drive forward the change to asset-based commissioning?

Systems leadership by all

As conventional commissioning focuses on making best use of organisational assets, it makes sense for organisational commissioners to use their positional authority and control over these assets to lead the commissioning process. Asset-based commissioning however, makes use of a much wider range of assets, some of which conventional lead commissioners have little or no authority over. These include people and communities, non-contracted commercial and independent suppliers and commissioners in other parts of the public sector. Hence it shifts from relying on top-down, organisational-based commissioning to systems leadership at all levels of commissioning. Systems leaders work through teams, alliances, collaboratives and partnerships, with shared visions and purposes that are in the interest of the whole system. Together system leaders should possess the set of leadership skills and connections required to enable change. Instead of trying to develop and implement blueprints for change these teams develop action frameworks that enable others to have the autonomy to get on with producing change.

To what extent, and in which ways, are all the key groups of stakeholders engaged and supported as asset-based system leaders at all levels of commissioning?

Asset-Based Strategy and Action Plans

While it is possible for asset-based commissioning to evolve in an organic, incremental and unplanned way this is likely to be inefficient, relatively slow and the whole development process may stall. To counter this, it is advisable to develop an Asset-Based Strategy and use this as a basis for action planning.

Asset-based strategy

The Asset-Based Strategy should be co-produced by people, communities, organisational commissioner, suppliers and local politicians, and produced in a format and language that is easy for all to understand. High-level sign up by local politicians and senior managers is essential to enable organisational change. The strategy should aim to develop asset-based practice and commissioning as a 'way of being' rather than top-down blueprinting the change process.

The strategy should include:

- The **reasons for the change** - why the move from conventional to asset-based practice and commissioning is now essential, stressing the benefits it brings to people and communities.

- An explanation of **asset-based practice** – the roles of personal and community self-help and co-production, the key principles of asset-based practice, and how it differs from conventional practice.
- An explanation of **asset-based commissioning** – its key features and how it differs from conventional commissioning.
- Some examples of how **asset-based commissioning works** in practice, together with key learning.
- A summary of the **role and relationship changes** – for, and between, each of the key groups, people, communities, organisational commissioners and suppliers, and local politicians, and across sectors.
- Details of **how the change will be driven** - how people and communities as equal systems leaders with organisations and local politicians will determine and drive the change.
- A summary of **opportunities and priorities** – an overall assessment, against the practice principles and key features of commissioning of the current state of development of asset-based practice and commissioning, and the key change opportunities and priorities.
- An explanation of **asset-based action planning** – its aims and how it will be facilitated at each of the levels of commissioning.
- **High level, wide-area actions** – that will support the implementation of the strategy including what commissioning organisations will do in terms of infrastructure development, direct support and enabling practice, commissioning and culture change.

Asset-based Action Plan

Action plans at each level of commissioning should be co-produced, ensuring that people and communities have an equal say alongside organisations. The plans should be short, in a format and language that is easy for all to understand, avoid blueprinting and encourage development in line with the overall aims and principles outlined in the Asset-Based Strategy.

Key features of an action plan may include:

- **Asset-based practice and commissioning, aims, principles and roles** – a brief reprise of those in the Asset-Based Strategy but tailored to the level of commissioning targeted by the action plan.
- **Opportunities for change** – a brief overview of practice (both self-help and co-production) as well as commissioning developments that are already begin to embody, or fully embody, asset-based practice principles and key features of the asset-based commissioning model. Further developments should be identified as key targets for change.
- **Devolving decision-making and systems leadership** – the next stages in devolving decision-making and developing systems leadership, including people and communities as equal co-commissioners and systems leaders, alongside organisations, should be specified.
- **Next steps** – the major areas and ways in which asset-based commissioning processes will be further developed, who will provide the systems leadership and how.

Take great care to ensure that the planning process in general, and plan writing in particular, does not

- Put off or exclude people and communities who experience marginalisation
- Become an 'industry' in itself
- Make it difficult to seize unexpected opportunities
- Cause a power and influence imbalance between organisational commissioners and suppliers on the one hand and people and communities on the other.

These potential problems can be mitigated by ensuring that people and communities at the individual, community and wide-area levels are equal co-commissioners along with organisations, co-designing and co-enabling the action planning process, producing and signing-off the action plans. The planning process should use inclusive engagement processes, simple planning formats and

language readily understood by all. Where required, extra support to individuals and communities to enable their effective engagement should be provided.

The relationship between co-commissioners at different levels also needs careful consideration. For example, as long as individual and community level action plans fit broadly within the overall, co-produced asset-based strategy and are legal, co-commissioners working at a higher level should not expect to approve or reject plans prepared at lower levels. Their role should be to enable planning in line with the overall asset-based strategy and agree/disagree requests for further support or finance to enable change.

As the amount of support and finance available for change will be finite, it will be important to agree allocation criteria in advance. Any decision to abandon or modify an action plan to fit the resources available should rest with the individual or community that generated them. They should also have the right to find other ways of achieving their desired outcomes. Anything else risks wide-area co-commissioners using their position and control over organizational assets to exert top-down control on individuals and communities.

Summary – key points

- Asset-based commissioning aims to transform conventional into asset-based practice. This contrasts with Asset-aware commissioning where the assets of people and communities are either substituted for, or used alongside, those of organisations without changing conventional practice. Hence, whilst asset-aware and asset-based commissioning may sometimes appear to be superficially similar, there are fundamental differences in both practice and intent.
- Use an asset-based approach to co-produce change that uses all available assets, builds on evolving asset-based practice and reflects the new culture and relationships. Value small changes but do not lose sight of the full paradigm shift required by the asset-based approach.
- There is no one place, or way, to start the change. Consider using a mixture of overall planning and active support for incremental change at all levels of commissioning.
- There is a set of ingredients that form a jigsaw puzzle of interlocking pieces; any one of which, if missing, will reduce the chances of successful asset-based commissioning.
- Making the asset-based approach happen at scale will require the co-production of an overall Asset-Based Strategy that enables, but does not blueprint, multi-level planning and action.

Final Thoughts

We hope you have found this text interesting and useful. We certainly enjoyed many hours of discussion, writing and editing, in the process consuming copious amounts of coffee. As a result, we have become convinced that combining asset based practice and commissioning is a significant route to explicitly recognising and actively supporting the role that people and communities, along with organisations, play in coproducing better outcomes and better value.

The adoption of asset based practice and commissioning has to be tailored. How it is best implemented depends on context, culture and desired outcomes. The risk of pale imitations is high, with the potential for organisational leaders to claim they are using an asset based approach when all that has happened is that conventional practice has been tweaked and commissioning remains unchanged. Asset based commissioning requires a paradigm shift that is under-pinned by clear, robust principles. We offer ideas about how to move towards asset based commissioning, ensure it is embedded and develops over time.

We are conscious that both asset-based practice and commissioning are evolving quickly across the country, with different approaches being tried and lessons learnt. Building on the work of others we have offered definitions, models and frameworks to stimulate further thinking and development. As more experience is gained, alternative views of what asset-based practice and commissioning are and how to implement them effectively, will emerge. In time, some or perhaps all of our thinking will be challenged and over-taken, which is fine, for together we will have learnt how to realise better outcomes and better value.

We encourage you to freely share your learning so that asset based practice and commissioning become widespread and effective. We certainly intend to contribute to the ongoing conversation via articles, blogs, leading workshop sessions and other means.

Appendix 1: Origins of asset-based practice – some key dates and events

This appendix complements Chapter 2 by summarising in tabular form some of the key milestones and impacts of two of the origins of asset-based practice, User Led Organisations (ULOs) led, and run by people who use services and personalisation.

Organisations led and run by people who use services

Table A1.1 draws on a number of sources (see Chapter 2) to highlight some of the post-1945 context and development of User Led Organisations (ULOs) at a national level and the policy and practice impacts achieved by their actions. The Table does not attempt to be comprehensive. Instead, it provides a flavour of what has been happening that is particularly pertinent to understanding the current and future development of asset-based practice and commissioning. It mostly focuses on the work of national organisations controlled by disabled people and mental health survivors and therefore omits the role played by other groups of people and their organisations. Milestones in bold print describe actions by ULOs and by individual disabled people.

Table A 1.1: Some movements of people who use services, post-1945: milestones and context

Dates	Milestone events and policy	Impacts
1946	National Association of Parents of Backward Children founded (now Mencap)	Established by parents of children who were learning disabled
1959	Mental Health Act (England and Wales; 1960 Scotland) repealed the Mental Deficiency Acts	Espoused 'community care'. Only admit patients on a voluntary basis unless they are seen as a being a danger to themselves or others.
1960 – 67	RD Laing publishes The Divided Self[187], Erving Goffman, Asylums[188], Szasz, The Myth of Mental Illness[189] and D. Cooper, Psychiatry and Anti-Psychiatry[190]	Anti-psychiatry movement, critiques institutions, compulsory hopsitalisation and the dominance of drug-based treatment.
1962	Ministry of Health Report: A Hospital Plan for England and Wales[191]	10-year closure plan for long-stay hospitals that included the development of hostels.
1964	Jack Tizard publishes Community Services for the Mentally Handicapped[192]	Argues for small residential units.
1965	The Disablement Income Group is founded	Pushes for reform to social security for disabled people.
1967	Ely Hospital in Cardiff – expose of inhumane treatment and conditions inquiries into conditions in big institutions.	Media expose and subsequent government inquiry is followed by exposes and enquiries into a further 30 hospitals. Popular, political and practitioner opinion turns against the old institutions.
1967	Stanley Segal's publishes, No child is uneducable[193]	Paved the way for education for all.
1970	Education (Handicapped Children) Act	Compulsory to provide education and training to children previously viewed as 'severely subnormal' and 'uneducable'.
1970	Chronically Sick and Disabled Persons Act.	Local authority duty to meet the needs of disabled people who are assessed as requiring assistance, equipment or adaptations

1970	Attendance allowance	An attempt to cover the extra costs of disability in the widest sense.
1971	White Paper Better Services for the Mentally Handicapped[194]	Advocated care in the community.
1972	Union of the physically impaired against segregation (UPIAS)	Replacement of all segregated facilities for physically impaired people replaced by arrangements for them to participate fully in society
1972	Wolf Wolfensberger publishes The Principal of Normalisation in Human Services[64]	One of the early pioneers of normalisation.
1973	Mental Patients Union founded	Campaigns against compulsory hospitalisation and treatment, for choice of treatment and access to accommodation and adequate financial support.
1974/5	Union of the Physically Impaired Against Segregation publishes its Policy Statement and Fundamental Principles of Disability[65]	Lays the foundation for the social model of disability
1980	Kings Fund publishes An Ordinary Life[195]	Advocates the right of each people with learning disabilities to live an ordinary life, in ordinary houses, with the same range of choices as other citizens and to mix equally as members of the community; 'an ordinary life' i.e. normalisation for people with learning disabilities.
1981	The British Council of Organisations of Disabled People (later the UK Disabled People's Council) is founded	A national coalition of organisations controlled by disabled people to campaign for equality, human and civil rights.
1981	Education Act	Children should be educated in mainstream schools or classes wherever possible.
1981 and 1982	Three residents of Calderstones Hospital (for people with learning difficulties) and three residents of Gogarburn Hospital successfully campaign for the right to vote in General Elections.	Right to vote gained for hospital patients
1983	'We're Not Mad, We're Angry', Channel 4 TV programme made by people who use services/ survivors	Critiqued the psychiatric system and described personal experiences of treatment.
1983	Michael Oliver publishes, Social Work with Disabled People	Based on the UPIAS principles, develops the social model of disability
1984	People First founded	Organisation run by and for people with learning disabilities
1985	The first Centres for Independent Living are established in the UK in Derbyshire and Hampshire	Enabled disabled people choice and control over their own support.
1986	Survivors Speak Out is founded	A networking and self-advocacy organisation
1986	Disabled Persons (services Consultations and Representation) Act.	Strengthened the 1970 Act with an entitlement to an assessment of needs
1986	The first closure of a large long-stay institution for people with learning difficulties – Starcross, Exeter.	
1987	Mind Link set up	A network of survivors working within MIND

1988	The Independent Living Fund established	Enables disabled people to continue living in the community if they choose, rather than move into residential care.
1989	Caring for People White Paper	Set out principles for shift to community care, later incorporated in the in NHS and Community Care Act
1990	National Health Service and Community Care Act.	Eligible people have the right to: a full assessment of their needs; be fully involved in that assessment; and expect that the services they receive are tailored to meet their needs, where reasonably practicable.
1990	Hearing Voices founded	Setting up self-help groups.
1992	Disabled People's Disability Action Network (DAN) founded	Using non-violent civil disobedience to effect change for disabled people.
1992	Disability Living Allowance introduced.	Payable to people under 65 years who have personal care and, or mobility needs as a result of being mentally or physically disabled
1995	Disability Discrimination Act.	Outlawed discrimination against disabled people in relation to employment, the provision of goods and services, education and transport.
1996	The National Centre for Independent Living (NCIL) is founded by BCODP and funded by the Department of Health	Run and controlled by disabled people, the Centre promotes and develops the use of direct payments.
1999	The Disability Rights Commission is established	Investigates and enforces disability legislation, and advises employers on how to secure equal treatment of disabled employees.
2001	Special Educational Needs and Disability Act.	Strengthened right of access to mainstream education; made educational discrimination unlawful.
2001	White Paper Valuing people: A New Strategy for Learning Disability for the 21st Century[92]	Emphasis on consultation with parents. Principles of rights, independence, choice and inclusion.
2005	Mental Capacity Act	Protects and empowers individuals who may lack the mental capacity to make their own decisions about their care and treatment.
2007	UN Convention on Rights of Persons with Disabilities	UK, a signatory to this Convention, which commits States to uphold human rights for disabled people.
2007	Equality and Human Rights Commission established. Takes over the role of the Disability Rights Commission	The Commission has powers to issue guidance on, and enforce, all the equality legislation, covering race, gender, disability, religion and belief, sexual orientation and age.
2007	Putting People First[76], Department of Health	Commitment to making individual budgets a choice for anyone receiving adult social care.
2007	Mencap report Death by Indifference[196]	Exposes the fatal consequences of inequalities in NHS healthcare for people with learning difficulties.
2008	Department of Health's report Healthcare for All: The Independent Inquiry into Access to Healthcare for People with Learning Disabilities[197].	Emphasises need for urgent change to improve grossly inadequate NHS healthcare.

2010	The Right to Control pilots begin.	Disabled adults are able to combine the support they receive from six different sources and decide how best to spend the funding to meet their needs.
2011	Winterbourne View Hospital scandal	BBC Panorama programme revealed widespread abuse by staff of people with learning disabilities.
2011 and 2012	Launch of the 'Hardest Hit' campaign, organised jointly by the Disability Benefits Consortium and the UK Disabled People's Council (UKDPC). Around 8,000 disabled people march on Parliament in May, 2012	Lobbying the government about the impact of welfare cuts.
2012	Disability Rights UK formed from a merger of the Disability Alliance, NCIL and RADAR	Run and controlled by disabled people it works to create a society where everyone with experience of disability or health conditions can participate equally as full citizens.
2102	Reclaiming Our Futures Alliance	Provides a united voice for disabled people and grassroots Disable People's Organisations, groups and networks across England. (UKDPC has folded).

Personalisation

Table A 1.2, based on Lazarus et al., [78] provides a brief summary of key legislative, organisational and practice development milestones and impacts of personalisation. It covers developments both prior to, and after the coining of the term personalisation in 2004.

Table A 1.2: Personalisation – milestones and impacts

Dates	Milestone events and policy	Impacts
1988	Community care: agenda for action[72] [72](Griffiths Report)	Recommends care management and marketisation of social services
1990	NHS and community care act	Implementation of Griffiths proposals
1996	Direct payments act	Legalises direct payments
2001	White Paper Valuing people: A New Strategy for Learning Disability for the 21st Century[92]	Goal of citizenship
2003	In Control	Concept of self-directed support
2004	Charles Leadbeater, Personalisation through Participation: a new script for public services[71]	Coins the term 'personalisation'
2005	Improving the life chances of disabled people[74] Paradigm's Dynamite project	Individual budgets In the N.E. Region, uses personal budgets to smooth the transition for disabled young people into adult services
2006	Department of Health (DH), White paper Our health, our care, our say[75] DH funded individual budget pilots begin Department for Children, Schools and Families (DCSF), budget holding lead professional pilots for children begin NHS Act	Individual budgets for all adults Budget holding lead professionals CCGs to involve individual people in commissioning where it would impact the manner in which services are delivered or the range of service available to them.

2007	Putting People First: A shared vision and commitment to the transformation of Adult Social Care[76]. DCSF, Aiming High for disabled children[79] In Control	Individual budgets for adults, now termed, personal budgets Commitment to pilot individual budgets for families with disabled children and young people Starts work with LAs on individual budgets for disabled children
2008	High Quality care for all; Next steps review (Darzi Report)[85] Department of Health, Putting People First: the whole story[94]	Includes the use of personal health budgets Widens the scope of personalisation beyond personal budgets and targeted services
2009	DCSF funded individual budget pilots DH funded personal health budget pilots	Pilots individual budgets in adult social care Pilots individual budgets in health
2010	Coalition confirms its support for personalisation and individual budgets	Evaluation of individual budgets for disabled children published
2011	Department for Education (DfE) Green Paper Support and aspiration: A new approach to special educational needs and disability[198]	Proposes extending, what are now termed personal budgets (PBs) to children and young people with SEN
2012	DH issues 'Liberating the NHS: no decision about me, without me, Government response'[199] DfE Policy paper Support and aspiration: A new approach to special educational needs and disability – progress and next steps[200]	Further consultations on the proposals for shared decision-making Confirms the extension of PBs to all families in receipt of the new Education, Health and Care Plans or a statement of SEN, from 2014
2013	NESTA People Powered Health project	Describes and models the implementation of shared decision-making and self-management at scale
2014	Care Act Right to have a personal health budget – implementation begins NHS Five Year Forward View (FYFV)[96]	Legal requirements include: focus on wellbeing and prevention, collaborate with other sectors, be person-centred including providing information advice and advocacy, ensure provider diversity Initially only available to adults and children eligible for NHS Continuing Care Mainstreams health condition self-management
2015	DH and the Local Government Association launch Integrated Personal Commissioning (IPC) Programme[90] as part of the implementation of the FYFV	IPC enables individual level commissioning across health, social care and other sectors

Appendix 2 – Useful leadership and management texts

Outside the scope of this text is the wider set of skills associated with leadership and management, in particular change leadership. Below are a few texts we believe to be generally helpful in developing the skills and processes needed to achieve the paradigm shift to asset-based commissioning.

Hawkins, P, Smith, N, Coaching, Mentoring and Organisational Consultancy, 2013, Open University Press

Kotter, J. Leading Change, 2012, Harvard Business School Press

Kouzes, J. Posner, B, , The Leadership Challenge, Fourth Edition, 2012: Jossey Bass

Moore, M, Creating Public Value: Strategic Management in Government, 1997, Harvard

Morgan, G, Imaginisation, Second Edition, 1997, Sage

Pedler, M, Burgoyne, J, Boydell, T, A Manager's Guide to Leadership, Second Edition, 2010, McGraw Hill

Chrislip, D, The Collaborative Leadership Fieldbook ; A Guide for Citizens, 2002, Jossey Bass

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