

Report to: **Adult Social Care Scrutiny Committee**

Date: **4 March 2010**

By: **Director of Adult Social Care**

Title of report: **Putting People First, risk management and governance**

Purpose of report: **To update Scrutiny Committee on the actions in place to manage the 'Putting People First' Programme, in Adult Social Care**

RECOMMENDATION

The Adult Social Care Scrutiny Committee is recommended to consider and comment on recent developments in the PPF programme.

1. Financial Appraisal

1.1 There are no direct financial implications from this report. However the operation of Personal Budgets and a Resource Allocation System (RAS) from the 5/4/2010 may require ASC to make budget changes within year.

1.2 The Putting People First (PPF) change programme continues to be financially supported by the Department of Health via the Social Care Reform Grant. The Programme has identified some potential cash pressures associated mainly with improving 'choice' in social care services. These pressures are being managed through the RP&R process.

1.3 Personal budgets will be offered routinely to new service users in the next financial year, and to existing clients when their services are reviewed. There are several areas of potential financial risk implicit in offering personal budgets:

- aligning current resources with the system of resource allocation
- ensuring that support plans promote the most cost effect solutions to meet needs
- arrangements to deliver personal budgets through direct payments
- potential double running costs if people opt out of traditional services.

1.4 To accommodate these risks it is possible that ASC budget adjustments may be needed 'in year' during 2010/11.

2. Background and Supporting Information

Recent developments in the programme

2.1 Learning from the self-directed support demonstrator site in the Lewes and Wealden area since October 2009 has been incorporated into changes to the self-directed support pathway, tools and processes.

- The revised pathway more clearly illustrates how proportionate assessment and increased choice will be provided to people requiring 'simple support'. It also more clearly establishes reablement, recovery and rehabilitation early in the process.
- Business and information systems are being altered to facilitate the operational changes necessary to introduce Supported Self Assessment and Personal Budgets in April 2010.
- Training is being provided to staff to encourage a more personalised approach and to adjust to new practices. Where necessary policy and operational procedures are being amended.
- Support for operational managers in implementing the necessary changes is being planned and will include a team briefing pack and additional support to deal with snags and queries.

- To improve choice and quality of service a 'Buy social care with confidence' scheme is being developed along the lines of the established 'Buy with Confidence' scheme operated by ESCC Trading Standards team.
- 'Soft market testing' has started to draw a wider range of suppliers into providing 'brokerage' services – helping people design and devise their own support packages.

Progress against PPF milestones

2.2 The Department of Health and Association of Directors of Adult Social Services (ADASS) have provided a self assessment framework to help local authorities track their progress in meeting Putting People First milestones (see attached background documents).

2.3 Progress in East Sussex is good. We are very likely to achieve three milestones and two milestones we have reported as being fairly likely to achieve.

2.4 There are several challenges to the programme:

- The programme is planning for unfavourable financial circumstances and increasing demand driven by demographic pressures. Extensive discussions with Partnership Boards and a wide range of stakeholders identifies a clear preference locally for continuing to help as many people as possible. Every effort will be made to find creative and cost effective support solutions. However, if demand increases and resources stay the same, or are reduced, the value of care packages will inevitably reduce.
- The reintegration of mental health social services into mainstream adult social care is being managed at the same time as major operational change.
- There are many practical challenges, including complex interdependencies, in managing the business change process for both operational and support staff.
- Issues on the 'horizon' for the programme include: improving the point of first contact, milestones for October 2010 and April 2011 including developing reablement services, reviewing the wider workforce to address individual preferences and the choices being expressed in how people use personal budgets.

3. Conclusion and Reasons for Recommendation

3.1 Scrutiny Committee are asked to note that the progress against the PPF self assessment milestones is good, and to note the action taken to mitigate the risks inherent in the PPF Programme by:

- Fully integrating the PPF programme into the ASC 3 year business plan
- Providing a robust business change process
- Addressing current challenges in the programme in consultation with staff and adapting the programme in the light of lessons learned.

KEITH HINKLEY
Director of Adult Social Care

Contact Officer: David Liley, PPF Programme Manager

Tel No. 01273 336761

Local Members: All

Background Documents: None

PPF Programme progress update

1. Progress against PPF self assessment milestones & targets

No	Milestone	April 2010	October 2010	April 2011	Progress
1	Effective partnerships	Public communication Move to personal budgets well understood	Service users activity involved	One ULO directly contributing to transformation [Dec 10]	Very likely on all targets
2	Self-directed support and personal budgets	PB's introduced	New service users [with ongoing support needs] & existing users on review offered a PB.	At least 30% of service users have PB's	As above
3	Prevention and cost effective services	Clear joint [NHS] strategy for shifting resource towards prevention	Process in place to monitor & capture resource shifts & rtn on investment	Evidence of 3% cash able savings	Fairly likely on April 2011 target
4	Information and advice	Strategy in place	Arrangement in place	Infor' & advice being used	Very likely on all targets
5	Local commissioning	Strategies address likely future needs - JSNA	Increased range of choice – providers & third sector engaged. Investment requirements scoped	Stakeholders clear about the impact of PB's and ASC & PCT commissioning intentions	Fairly likely on October 2010 and April 2011 targets

2. Highlight issues

- Engagement in PPF based on well established Partnership Boards and special interest groups
- Service users involved through Personal Budget pilot and Mental Health 'In Control' Pilot
- Inclusion advisory group and Citizen involvement post established – clear evidence that engagement has influenced planning and decision making
- Staff and members consulted at an early stage – training in place & being delivered in personalisation and system changes
- Capacity building with ULO's underway, soft market testing for 'brokerage pilot', 3 specialist advocacy pilots one for carers, 'Buy social care with confidence' scheme: all underway and progressing well

3. Challenges

- Mental Health – structural changes in arrangements with Partnership Trust slow down PPF implementation for that area
- Joint Commissioning – Good legacy from the POPP Programme but progress slow in other areas

Putting People First Milestone Self-Improvement Framework

Purpose of this document

This has been co-designed by the Putting People First Social Care Consortium to accompany the milestones. It provides you with some brief descriptors for each of the milestones and also with some questions to help you with your planning for each of the milestones. These are not intended to be prescriptive.

How might you use this?

We have designed this as a self assessment tool. We hope that councils will find it a useful means to:-

- Stimulate strategic discussions, internal challenge and a review of existing plans in the light of the milestones
- Map and measure your own progress in implementing the Milestones and to enable reports to key Local Programme Management and Management teams
- To identify areas where you need to do more work
- To form the basis for a discussion with regional Transformation Leads, and to identify where the assistance of regional support staff from regional JIPs and partner bodies will be helpful
- To identify opportunities for sharing learning with other local authorities
- To identify areas for regional work/projects, to assist with particular common challenges

How often will you want to use this?

We think it will be sensible to update this self assessment at least quarterly, or at a time appropriate to the Authority taking into account the timescales for the milestones. The results should feed into normal reporting processes in your council.

How will Information be used regionally?

How this information is used will be a decision for each region.

It could provide regional Putting People First/TASC steering groups/JIP boards etc with progress and planning reports to assist with the ongoing development of regional programmes of support. Transformation Leads could use this information to better focus support to their regions and to highlight areas of innovative practise.

Progress with Putting People First milestones

Council: East Sussex

Underpinning Requirements

Are all stakeholders fully engaged and supportive of local planning for “Putting People First”	Red	Amber/Red	Amber / Green	Green
The full engagement of all service users.				X
The full engagement of all staff working to support the delivery of care, which includes people working in the provider services and third sector organisations.				X
The full engagement of Primary Care Trusts and the wider health community.				X
The full engagement of local politicians				X
The full engagement of all parts of local councils and of other key strategic partners.				X
The support of regional and national programmes.				X
Are the following Key Arrangements resolved and in place	Red	Amber/Red	Amber/ Green	Green
A system is in place, which manages the risks associated with the transformation that includes both the risks for individuals and financial and other risks				X
Clarity of the business models that will need to be adapted to support the transformation			X	
Financial systems, which support the delivery of personal budgets.			X	
A local project plan for the delivery of the transformation with clear projections and targets to reach locally identified milestones				X
Business cases, which track the new investments, and disinvestments that will be required to support the change.				X
A workforce strategy that supports the transformation				X

Milestone 1:	Effective partnerships with People using services, carers and other local citizens					
Description:	<p>Successful delivery of Putting People First will depend on citizens, people accessing care and support and carers working in a co-productive relationship with Local Authorities and their partners at all levels in the design, planning and delivery of new personalised systems and services.</p> <p>Formal and informal structures should be in place to allow citizens and the full spectrum of user and carer representatives to contribute to the local design and delivery of social care transformation. This should go well beyond traditional “consultation”</p> <p>User-led organisations can provide expertise (such as service user experience) that is not always available within local authorities and this expertise should be harnessed to co-produce the transformation of social</p>					
Key Dates and Deliverables:	April 2010		October 2010		April 2011	
	<p>That a communication has been made to the public including all current service users and to all local stakeholders about the transformation agenda and its benefits for them.</p> <p>That the move to personal budgets is well understood and that local service users are contributing to the development of local practice. [By Dec 2009]</p> <p>That users and carers are involved with and regularly consulted about the councils plans for transformation of adult social care.</p>		<p>That local service users understand the changes to personal budgets and that many are contributing to the development of local practice.</p>		<p>That every council area has at least one user-led organisation who are directly contributing to the transformation to personal budgets. (By December 2010)</p>	
How likely are we to achieve this milestone by this date?	Very likely	X	Very likely	X	Very likely	X
	Fairly likely		Fairly likely		Fairly likely	
	Fairly unlikely		Fairly unlikely		Fairly unlikely	
	Very unlikely		Very unlikely		Very unlikely	

Milestone 1:	Effective partnerships with People using services, carers and other local citizens	
Key Questions:	<ul style="list-style-type: none"> Does our Authority have plans in place to meet the DH target of a ULO in place by the end of 2010? 	<p>Yes – We are mapping out a commissioning approach to ensure that our contracted Disabled Living Centre service, which is currently delivered by a ULO, can become a service modelled on Centres for Independent Living.</p> <p>We are also working in partnership with the same ULO (East Sussex Disability Association) to deliver a ULO Development Project by March 2010. This will increase the numbers of local ULOs and organisations seeking to become ULOs as well as supplying mentoring to disabled consultants.</p>
	<ul style="list-style-type: none"> Is there a programme board for the delivery of PPF that has direct representation of users/carers? 	Y
	<ul style="list-style-type: none"> Does our Authority have a range of means at all levels to effectively co-produce transformation with people who use care and support? 	Yes through a well established system of Partnership Boards with user and carer representation.
	<ul style="list-style-type: none"> What are we planning to do next? 	Encourage greater ULO activity and ULO influence on the local market
	<ul style="list-style-type: none"> What could prevent us from achieving this milestone? 	Lack of resources to capacity build ULO sector – low starting point for some service user groups
	<ul style="list-style-type: none"> What external support would help? 	Clear DH leadership recognising local need to re-negotiate the service user / carer relationship
Key Risks and Mitigating Actions:	Carers fail to co-operate with assessments that discount care packages in line with the informal / family care arrangements	Continue to work in close partnership with local service users and carers.

Milestone 1:	Effective partnerships with People using services, carers and other local citizens
Useful Information:	The DoH document “User-led organisations project policy” sets specific criteria for ULOs: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078804

Milestone 2:	Self-directed support and personal budgets
---------------------	---

Description:	<p>Success on this milestone would mean systems are in place to allow citizens who require social care support to easily find and choose quality support, and control when and where services are provided, and by whom.</p> <p>For those citizens eligible for council funding, the amount available to those individuals should be known prior to starting person centred support planning.</p> <p>People should have the ability to spend part or all of their money in a way that they choose; including being able to mix directly purchased and council provided services.</p> <p>Extra help should be available to any citizen that needs help with information and advice or to negotiate their support.</p>
---------------------	--

Key Dates and Deliverables:	April 2010	October 2010	April 2011
	That every council has introduced personal budgets, which are being used by existing or new service users/ carers.	<p>That all new service users / carers (with assessed need for ongoing support) are offered a personal budget.</p> <p>That all service users whose care plans are subject to review are offered a personal budget.</p>	That at least 30% of eligible service users/carers have a personal budget.

How likely are we to achieve this milestone by this date?	Very likely	X	Very likely	X	Very likely	X
	Fairly likely		Fairly likely		Fairly likely	
	Fairly unlikely		Fairly unlikely		Fairly unlikely	
	Very unlikely		Very unlikely		Very unlikely	

Milestone 2:	Self-directed support and personal budgets	
Key Questions:	<ul style="list-style-type: none"> Have we started to issue personal budgets? 	Y
	<p>If No to the above</p> <ul style="list-style-type: none"> On what date are we planning to start issuing personal budgets? 	
	<ul style="list-style-type: none"> Is this a pilot or mainstream activity for all new customers? 	
	<ul style="list-style-type: none"> What are we planning to do next? 	PB's have been issued on a pilot basis in one area – move to full roll out by 5/4/10
	<ul style="list-style-type: none"> What could prevent us from achieving this milestone? 	Systems failure. RAS fails for one or more care groups and community care budget becomes difficult to manage.
	<ul style="list-style-type: none"> What external support would help? 	Re-focus national and regional priorities on system improvement. Supported self Assessment rather than self assessment. National RAS tool set that allowed for local modifications.
Key Risks and Mitigating Actions:	Systems to support the RAS weak and manual. Self assessment and assisted self assessment formats are a poor 'fit' with the single assessment arrangements.	Flexible working relationship with FACE drawing lessons from local and regional pilots.
Useful Information:	Upcoming SDS restatement / Legal advice / Operating Model document	

Milestone 3:	Prevention and cost effective services					
Description:	<p>This milestone looks at a whole system approach to prevention, intervention and cost effective services.</p> <p>This includes the support available that will help any citizen requiring help to stay independent for as long as possible. A key part of this is ensuring council-wide and partnership approaches to universal services e.g. leisure, adult education, transport, employment, healthy living and health improvement (backed by targeted intervention), along with housing and supported living options.</p> <p>Examples of intervention include reablement type services that help people regain independence to live in their own home. It also helps people to avoid becoming dependent on council provided services with national studies demonstrating many people finish reablement services with either a reduced need for care, or no ongoing requirement at all.</p> <p>It is important that the council and the NHS are jointly investing in early intervention and prevention and monitoring the effectiveness of services together eg. Joint interventions at best include telecare, case finding/case co-ordination and joint teams for complex and end of life care.</p> <p>Being able to evidence these types of savings is crucial, and reablement type services should form an intrinsic part of any Putting People First operating model.</p>					
Key Dates and Deliverables:	April 2010		October 2010		April 2011	
	That every council has a clear strategy, jointly with health, for how it will shift some investment from reactive provision towards preventative and enabling/rehabilitative interventions for 2010/11. Agreements should be in place with health to share the risks and benefits to the 'whole system'.		That processes are in place to monitor across the whole system the impact of this shift in investment towards preventative and enabling services. This will enable efficiency gains to be captured and factored into joint investment planning, especially with health.		That there is evidence that cashable savings have been released as a result of the preventative strategies and that overall social care has delivered a minimum of 3% cashable savings. There should also be evidence that joint planning has been able to apportion costs and benefits across the 'whole system'.	
How likely are we to achieve this milestone by this date?	Very likely	X	Very likely	X	Very likely	
	Fairly likely		Fairly likely		Fairly likely	X
	Fairly unlikely		Fairly unlikely		Fairly unlikely	
	Very unlikely		Very unlikely		Very unlikely	

Milestone 3:	Prevention and cost effective services	
Key Questions:	<ul style="list-style-type: none"> Do we have a strategy and/or an investment programme for Prevention and Early Intervention? 	Y
	<ul style="list-style-type: none"> Are health partners involved in this strategy? 	Y
	<ul style="list-style-type: none"> What are we planning to do next? 	Establish shared decision making criteria with health partners for investment and disinvestment
	<ul style="list-style-type: none"> What could prevent us from achieving this milestone? 	Heavily constrained budgets, need to dis-invest to balance budgets and limited capacity for new investment
	<ul style="list-style-type: none"> What external support would help? 	Require an update report from local NHS on National Service Frameworks – Older People and Long Term Conditions + Dementia Strategy
Key Risks and Mitigating Actions:	Securing local NHS support to refocus on reablement and prevention. Securing NHS investment in intermediate care, recovery and prevention.	Continued co-operative working through established partnership arrangements. More closely aligning Mental Health assessment & care management with Adult Social Care, community and Primary Care.
Useful Information:		

Milestone 4:	Information and advice					
Description:	All citizens should be able to easily find locally relevant quality information and advice about their care and support needs in order to enable control and inform choice. Information should be available in a range of formats and through channels to make it accessible to all groups. Provision of information, advice and guidance should move from being largely developed from separate initiatives to a single coherent service strategy.					
Key Dates and Deliverables:	April 2010		October 2010		April 2011	
	That every council has a strategy in place to create universal information and advice services.		That the council has put in place arrangements for universal access to information and advice.		That the public are informed about where they can go to get the best information and advice about their care and support needs.	
How likely are we to achieve this milestone by this date?	Very likely	X	Very likely	X	Very likely	X
	Fairly likely		Fairly likely		Fairly likely	
	Fairly unlikely		Fairly unlikely		Fairly unlikely	
	Very unlikely		Very unlikely		Very unlikely	
Key Questions:	<ul style="list-style-type: none"> Do we have a strategy for universal access to information, support and guidance for adult social care? 			Y		
	<ul style="list-style-type: none"> Are self-funders (i.e. all citizens) included in this strategy so they can make use of both universal and paid for services to stay independent? 			Y		
	<ul style="list-style-type: none"> On what date is it expected this strategy will be delivered? 			Joint strategy (health, social care, children's, wider county council) was completed in September 2009		
	<ul style="list-style-type: none"> Is the council helping voluntary organisations and other partners provide universal information and advice to a wide range of the population 			Y		
	<ul style="list-style-type: none"> What are we planning to do next? 			Initiate improved distribution of hard copy resources and joint signposting device across county and launch improved web-based info resources by April 2010.		

Milestone 4:	Information and advice	
	<ul style="list-style-type: none"> • What could prevent us from achieving this milestone? 	Delays due to securing agreement across multi-agency environment re detailed content
	<ul style="list-style-type: none"> • What external support would help? 	None
Key Risks and Mitigating Actions:		Securing agreement across multi-agency environment re detailed content. This is mitigated through detailed joint planning with key information experts in each agency.
Useful Information:	N/A	

Milestone 5:	Local commissioning					
Description:	<p>Councils need to ensure the development of a diverse and high quality market in care and support services to offer real choice and control to service users and their carers.</p> <p>Commissioning strategies based on the local JSNA, and in partnership with other local commissioners, providers and consumers of services should incentivise development of diverse and high quality services, and balance investment in prevention, early intervention/reablement with provision of care and support for those with high-level complex needs.</p> <p>User-led initiatives and a much wider range and scale of services to address local need should emerge, in a market that is increasingly populated by individual purchasers.</p>					
Key Dates and Deliverables:	April 2010		October 2010		April 2011	
	<p>That councils and PCTs have commissioning strategies that address the future needs of their local population and have been subject to development with all stakeholders especially service users and carers; providers and third sector organisations in their areas.</p> <p>These commissioning strategies take account of the priorities identified through their JSNAs.</p>		<p>That providers and third sector organisations are clear on how they can respond to the needs of people using personal budgets.</p> <p>An increase in the range of service choice is evident.</p> <p>That councils have clear plans regarding the required balance of investment to deliver the transformation agenda.</p>		<p>That stakeholders are clear on the impact that purchasing by individuals, both publicly (personal budgets) and privately funded, will have on the procurement of councils and PCTs in such a way that will guarantee the right kind of supply of services to meet local care and support needs.</p>	
How likely are we to achieve this milestone by this date?	Very likely	✓	Very likely		Very likely	
	Fairly likely		Fairly likely	✓	Fairly likely	✓
	Fairly unlikely		Fairly unlikely		Fairly unlikely	
	Very unlikely		Very unlikely		Very unlikely	

Milestone 5:	Local commissioning	
Key Questions:	<ul style="list-style-type: none"> • Are we working with providers so they understand how we want them to develop and how they can develop flexible support arrangements? 	<p>Yes: we have undertaken significant consultation into providers' views and thoughts about the challenges and opportunities of personalisation as well as their preferences for structured and transparent communication and engagement to support transformation. This is part of an ongoing plan to strengthen partnerships with providers and work with them to develop flexible support arrangements.</p>
	<ul style="list-style-type: none"> • Have we clear links between adults social care transformation and the NHS local services commissioning? 	<p>Partially – in the process of developing an Integrated Plan to support joined up health and social care commissioning and delivery locally in key focussed areas. There are strategic partnerships supporting all five joint commissioning strategies which have both adult social care and health members. There is also health representation on the PPF Programme Board. We are also considering the potential of joint commissioning services from the third sector with our PCTs.</p>
	<ul style="list-style-type: none"> • How have commissioning and contracting arrangements been changed to enable providers to offer choice and flexibility 	<p>We are in the process of re-tendering our home care block contracts into an outcomes-based (i.e. non time and task) Framework Agreement. This will offer more choice at the local level between providers and will also include requirements to deliver Individual Service Funds and support plans.</p> <p>We are also reviewing our approach to commissioning with the third sector to support personalisation. We have undertaken a review of third sector contracts for services and are at the stage of considering options to support a more third-sector friendly approach to commissioning.</p>

Milestone 5:	Local commissioning	
	<ul style="list-style-type: none"> • How are we shaping the market in order to develop a supply of services that will meet the needs of all citizens that require social care? 	<p>Commissioning strategies are either in place or are being refreshed for older people, disabled people, people with learning disabilities, people with mental health problems and carers. We also have three locality-based housing related support strategies and a Support People Commissioning Strategy. There is also a strategic commissioning framework in place for day opportunities.</p> <p>Ongoing commissioning is focusing on a rebalancing investment in residential and community-based care and support options across the spectrum of need.</p> <p>To implement comprehensive market shaping we have specific modernisation projects on older people’s day opportunities, and day and vocational/employment opportunities for working age adults. For accommodation-based support we have a supporting long-term independence for older people action plan, a mental health residential care review project, specialist supported housing programme board, Extracare Housing Development and the Supporting People Three Phase Commissioning Project</p> <p>Specific PPF development work includes: As part of strengthening partnerships and engagement with providers we are trialling a Provider Forum specific to Learning Disability services to enable focussed discussion on market development, business opportunities and diversification, and sharing intelligence etc. The first meeting was evaluated as a success and we are planning to roll out service-specific forums</p>

Milestone 5:	Local commissioning	
		across all client areas unless there are existing structures in place.
	<ul style="list-style-type: none"> To what extent are users, carers, providers and third sectors been involved in developing the commissioning strategy? 	Each commissioning strategy has been developed with full stakeholder involvement.
	<ul style="list-style-type: none"> What are we planning to do next? 	<p>Put in place a transparent structure for engaging with providers (by March 2010) Plan a programme of ‘personalisation’ training (for 2010 – 2011). Hold a conference to provide space for provider issues and workshops to look at practical examples of ways that providers can become more personalised in their service delivery (May/June 2010). Initiate a regular newsletter targeted at providers explaining opportunities and progress with TASC and SDS (January 2010). Develop a market development strategy and a market intelligence tool to improve market shaping capacity and build strengthened partnerships with the independent and voluntary sector, capture need and communicate it and foster innovation, good practice, peer support and staff development. The market development strategy will underpin the five commissioning strategies. (October 2010)</p>
	<ul style="list-style-type: none"> What could prevent us from achieving this milestone? 	<p>It will be hard to <i>guarantee</i> the right supply of services to meet local care and support needs as expressed on an individual basis by April 2011.</p> <p>All current service modernisation work is aimed at increasing the levels of choice and options that people will have for services but a sea-change from over-reliance on residential care options to</p>

Milestone 5:	Local commissioning	
		<p>community-based options is a longer-term change that we will have made significant progress with by April 2011. This will have been supported by the production of a market development strategy that will clearly communicate demand to current and potential providers of care and support services.</p> <p>There is also a dependency on the growth of other SDS functions such as support planning and brokerage which should influence the market's response to individuals needs once it is bedded in operationally. Realistically, although systems and services will be fully mainstreamed by April 2011 they will need longer to deliver the expected outcomes on the scale required for transformation.</p>
	<ul style="list-style-type: none"> • What external support would help? 	<p>We are feeding into the regional ADASS SE /IESE contracts and commissioning proposals including the market shaping project and third sector commissioning subgroup. We will also be the demonstrator authority for developing the market intelligence tool in the SE Region which involves working with IESE colleagues to develop the tool and share it with other LAs in the region.</p>
Key Risks and Mitigating Actions:	<p>There are potential viability issues for providers as we attempt to facilitate more choice for service users through using different contracting and procurement methods, which inevitably results in less guarantee of business. This may have a negative impact on cost and also sufficiency levels.</p>	<p>The Choice, Market Development and Engagement Steering Group and through this the PPF Programme Board keep this under review when looking at each new significant contracting change-situation so that new contracts and frameworks strike the right balance between choice, quality and use of LA purchasing power at the local level.</p>

Milestone 5:	Local commissioning
Useful Information:	