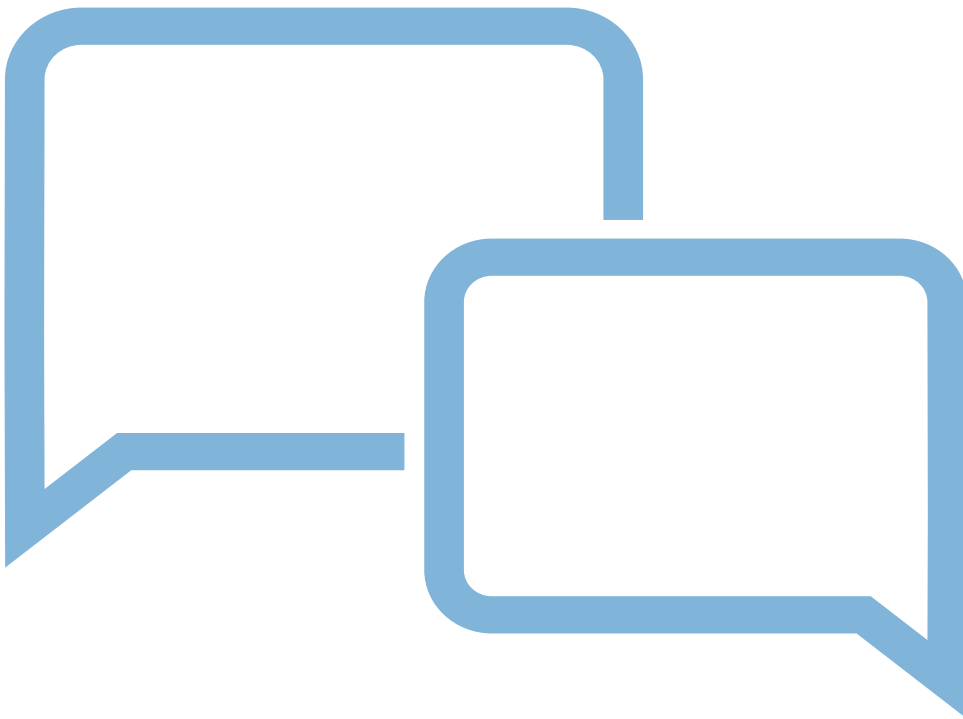


# Commissioning jargon buster



The world of commissioning is full of long words that are sometimes hard to understand – this document contains a list of the key words and what they mean.

Thanks to Think Local Act Personal (TLAP) for their jargon buster used to help create this list - if there is a word in this report that isn't listed it may be [found on their website.](#)

**Access** - The opportunity to use, get or benefit from something. If the person has a disability, the person may need changes to be made to enable them to have full access to everything in their community, including services, facilities, and information.

**Acute care** - Health care that the person receives in hospital following an injury, operation, or illness. It is different to any care the person may receive for an ongoing health condition from their GP, community nurse or other professionals in the community where the person lives.

**Adult Social Care** - Care and support for adults who need extra help to manage their lives and be independent - including older people, people with a disability or long-term illness, people with mental health problems, and carers. Adult social care includes assessment of a person's needs, provision of services or allocation of funds to enable the person to purchase their own care and support. It includes residential care, home care, personal assistants, day services, the provision of aids and adaptations and personal budgets.

**Advocacy** - Help to enable the person to get the care and support they need that is independent of their local council. An advocate can help the person express their needs and wishes and weigh up and take decisions about the options available to them. They can help the person find services, make sure correct procedures are followed and challenge decisions made by councils or other organisations.

The advocate is there to represent a person's interests, which they can do by supporting the person to speak, or by speaking on a person's behalf. They do not speak for the council or any other organisation. If the person wants to make their own needs and wishes heard, and does

**After care** - Support that is provided in a person's home, or in the community the person lives in, after the person leaves hospital. The term is used in relation to mental health to refer to specific support the person may receive, free of charge, from a community psychiatric nurse, counselling, therapy, or support with employment, accommodation, family relationships, managing money and other things.

**Assessment and treatment unit** - An inpatient unit that someone with a learning disability or mental health problem may go into for a brief period, while their needs are assessed, and plans are made to meet these needs. It should not become a person's permanent home. There are various reasons why a person may go into an assessment and treatment unit, including their existing placement ending or their behaviour becoming a challenge for the people who care for them. The unit may be run by the NHS or by the independent sector.

**Asset based approach** - A way of helping people by looking at what they have, rather than what they lack. This approach helps people make use of their existing skills, knowledge, and relationships. It is also called a 'strengths-based approach' and can be used as a way of improving local areas, by promoting what is good about an area rather than focusing on problems. See also co-production.

**Autism** - A condition that someone is born with that affects their ability to communicate and interact with the world around them. It covers a wide range of symptoms. It affects people in different ways, and some individuals need much more help and support than others.

**Best interests** - Other people should act in a person's 'best interests' if the person is unable to make a particular decision for themselves (for example, about a person's health or a person's finances). The law does not define what 'best interests' might be but gives a list of things that the people around the person must consider when they are deciding what is best for the person. These include a person's wishes, feelings and beliefs, the views of a person's close family and friends on what the person would want, and all a person's personal circumstances.

**Block contract** - An agreement between a commissioner (such as a council) and an organisation to provide a service to a number of people, for a fixed amount of time, for a fixed sum of money. The number of people who receive the service may not be fixed, and the exact type of care and support they receive may not be specified. This type of contract is not tailored to people's individual needs.

**Broker/brokerage** - Someone whose job it is to provide the person with advice and information about what services are available in a person's area, so that the person can choose to purchase the care and support that best meets their needs. They can also help the person think about different ways that the person can get support, for example by making arrangements with friends and family. A broker can help the person think about what the person needs, find services, and work out the cost. Local councils, voluntary organisations or private companies can provide brokerage.

**Capacity** - The ability for someone to make their own choices and decisions. In order to do this, the person needs to be able to understand and remember information and communicate clearly - whether verbally or non-verbally - what they have decided. A person may sometimes lack capacity because of a mental health problem, dementia or learning disability.

**Care Act 2014** - A law passed in England in 2014 that sets out what care and support people are entitled to and what local councils have to do. According to the law, councils have to consider a person's wellbeing, assess a person's needs, and help the person get independent financial advice on paying for care and support.

**Care market** - The full range of care and support services that are available in a particular area. This may be the local area covered by a single council, or it may be the whole country.  
**Carer**-A person who provides unpaid support to a partner, family member, friend or neighbour who is ill, struggling or disabled and could not manage without this help. This is distinct from a care worker, who is paid to support people.

**Carer's assessment** - If someone is an unpaid carer for a family member or friend, they have the right to discuss with their local council what their own needs are, separate to the needs of the person they care for. A carer can discuss anything that they think would help them with their own health or with managing other aspects of their life. The council uses this information to decide what help it can offer the carer.

**Case management** - A way of bringing together services to meet all a person's different needs, if someone has an ongoing health condition, and it helps the person stay independent. If the person chooses this option, a single, named case manager (sometimes known as a 'key worker') will take the lead in coordinating all the care and support provided by different agencies, offer person-centred care, and enable the person to remain in their own home and out of hospital as much as possible.

**Challenging behaviour** - Behaviour that may cause harm to the person or to those around them and may make it difficult for them to go out and about. It may include aggression, self-injury or disruptive or destructive behaviour. It is often caused by a person's difficulty in communicating what they need - perhaps because of a learning disability, autism, dementia, or a mental health problem. People whose behaviour is a threat to their own wellbeing or to others need the right support. They may be referred by their GP to a specialist behavioural team. The specialist team will work on understanding the causes of the behaviour and finding solutions. This is sometimes known as positive behaviour support.

**Clinical commissioning group (CCG)** - A group of GP practices in a particular area that work together to plan and design health services in that area. Each CCG is given a budget from NHS England to spend on a wide range of services that include hospital care, rehabilitation, and community-based support. A person's local CCG should work with the council and local community groups to ensure that the needs of local people are being met.

**Commissioning** - The process of planning services for a group of people who live in a particular area. It does not always mean paying for services- but making sure that the services people need are available in that area.

**Community capacity** - What people in local communities are able to do to help and support each other. It involves making use of resources that already exist - such as neighbourhood groups and befriending schemes - and developing new ones. It helps people find ways of meeting their own needs, and the needs of others, in the place where they live.

**Community learning disability team (CLDT)** - A team made up of a number of different professionals, including therapists, nurses, psychologists, and others. This team provides health advice and support to adults with a learning disability, their families and others who are involved in their care and support. Local teams support people with learning disabilities to live full and healthy lives within their communities.

**Co-morbidity** - When a person is living with more than one health condition at the same time.

**Continuing Health Care (CHC)** - Ongoing care outside hospital for someone who is ill or disabled, arranged, and funded by the NHS. This type of care can be provided anywhere and can include the full cost of a place in a nursing home. It is provided when a person's need for day-to-day support is mostly due to their need for health care, rather than social care. The Government has issued guidance to the NHS on how people should be assessed for continuing health care, and who is entitled to receive it.

**Co-production** - When the person as an individual is involved as an equal partner in designing the support and services they receive. Co-production recognises that people who use care and support services (and their families) have knowledge and experience that can be used to help make services better, not only for themselves but for other people who need them.

**Crisis intervention** - A way of helping people cope at a time of crisis when they are overwhelmed and enabling them to remain in their home. It is used with people who have mental health problems, and with families who are facing challenges.

**Decommissioning** - Removing or replacing a service. In the case of a local service that provides care or support, the council or NHS as commissioner may stop using it or paying for it. This may mean the service will close.

**Deprivation of Liberty Safeguards (DoLS)** - Legal protection for people in hospitals or care homes who are unable to make decisions about their own care and support, property, or finances. People with mental health conditions, including dementia, may not be allowed to make decisions for themselves, if this is deemed to be in their best interests. The safeguards exist to make sure that people do not lose the right to make their own decisions for the wrong reasons, and a clear process needs to be followed.

**Direct Enhanced Service (DES)** - An additional service provided by a person's GP, beyond what they would normally provide, to meet a particular need – such as working out which of their patients may be at risk of an unplanned hospital stay and finding ways to avoid this happening. GP practices are paid extra for these services and can choose whether to provide them.

**Direct payment** - Money that is paid to the person (or someone acting on a person's behalf) on a regular basis by their local council so the person can arrange their own support, instead of receiving social care services arranged by the council. Direct payments are available to people who have been assessed as being eligible for council-funded social care. They are not yet available for residential care. This is one type of personal budget.

**Disabled facilities grant (DFG)** - A grant the person might be able to get from their local council in order to make changes to their home because they have a disability. Changes include things like widening doors, adding ramps, or installing a downstairs bathroom. If the person with a disability is an adult, a person's household income and savings will be looked at, and the person may need to pay towards the cost of the work. If the person is under eighteen, the family can get a grant without the parents' income being considered. If the person wants to apply for a DFG, the person should contact a person's local council. This applies to England, Wales, and Northern Ireland, but not Scotland.

**Education, Health and Care Plan** - A legal document for a child or a young person up to the age of twenty-five if they have a disability or special educational needs (SEN). It describes the child or the young person's particular educational, health and social needs, and sets out the support and extra help they should have to meet those needs, and how this will support them to achieve what they want in their life. EHC plans replaced SEN statements on 1 September 2014. EHC plans are developed by the child or the young person's local council, which is responsible for carrying out an education, health and care needs assessment and deciding whether a EHC plan is needed.

**Eligibility** - When a person's needs fit the criteria that allow the person to receive a service.

**Extra care housing** - Similar to sheltered housing, but with additional care and support available for people with illnesses or disabilities who wish to have a home of their own. Extra-care housing may be an option if living alone at home is difficult, but the person does not wish to opt for residential care. It allows the person to have their own home, either rented or bought, with personal care and domestic help readily available.

**Forensic services** - Services for people with a mental disorder who may be a risk to others, or who have been involved in the criminal justice system. Services may be provided in a secure hospital or in the community.

**Functional assessment** - When a care professional looks at what the person is able to do for themselves, and how well the person is able to manage everyday tasks such as dressing themselves, preparing food and looking after their home. They will look at how a person's ability to do these things might have changed as a result of illness or disability.

**Gap analysis** - The process of looking at what exists and what is needed. This can apply to looking at what services are needed for people in a particular area, comparing it with what already exists, and seeing where the gaps are. This enables commissioners to plan for the future.

**Health and Wellbeing Board (HWB)** - Every council area in England has a HWB to bring together local GPs, councillors and managers from the NHS and the council. Their job is to plan how to improve people's health and make health and social care services better in their area. Members of the public have the chance to be involved in the work of their local HWB through a person's local Healthwatch.

**Health inequalities** - Differences in how healthy different groups of people are, and how easily they are able to get the health care they need. These differences may be affected by things like poverty, housing, and education.

**Hospital passport** - A way of helping someone with communication difficulties or learning disabilities communicate what they need when they are in hospital. It is a document that provides information for hospital staff about the person, including their likes and dislikes, interests, and other things. Many hospitals have their own version for the person to fill in if the person have a hospital stay coming up.

**Improving Access to Psychological Therapies (IAPT)** - A programme to help people with mental health problems such as depression or anxiety get a limited number of sessions of 'talking therapies' through the NHS. The person can refer themselves to this programme online, or a professional can refer the person.

**Inclusion** - Meeting the needs of everyone in a community by taking action to create an environment where everyone feels comfortable, respected, and able to achieve their potential. It means treating people as equals and removing barriers that may stop them participating in an event or activity.

**Independent Mental Capacity Advocate (IMCA)** - An independent person who is knowledgeable about the Mental Capacity Act and people's rights. An IMCA represents someone who does not have capacity to consent to specific decisions, such as whether they should move to a new home or agree to medical treatment. The law says that people over the age of sixteen have the right to receive support from an IMCA if they lack capacity and have no-one else to support or represent them.

**Independent Mental Health Advocate (IMHA)** - A service that should be offered to the person if the person is being treated in hospital or somewhere else under the Mental Health Act. Independent Mental Health Advocates are there to help the person understand a person's legal rights, and to help make a person's views heard. This is different from Independent Mental Capacity Advocacy (IMCA), which is for people who are unable to make certain decisions and have no one to support or represent them. But there may be times when someone needs both an IMHA and an IMCA.

**Independent sector** - Organisations that are independent of the NHS, councils and other publicly run bodies. Independent sector organisations may be voluntary and non-profitmaking, or they may be private organisations that exist to make a profit. The majority of care and support services are provided by the independent sector (even if they are funded by a person's local council). Some health services are also provided by the independent sector, with NHS funding, so that they are free for the person when the person use them.

**Individual Service Fund (ISF)** - If the person wants to use a person's personal budget from the council to pay for support (such as home care) from a particular provider, the money can be held by that provider in an Individual Service Fund. The person remains in control of what the money is spent on, but the person does not have the responsibility of managing the budget alone.

**Institutional abuse** - Harm that is caused to people by poor care or support provided by an organisation, caused not just by the actions of individuals but by the way the organisation works (such as their routines or structures). It can happen in care homes, hospitals, schools, and other places.

**Integrated care** - Joined up, coordinated health and social care that is planned and organised around the needs and preferences of the individual, their carer and family. This may also involve integration with other services for example housing.

**Integrated Care System (ICS)** - An organisation that brings together different health and care services – such as a hospital, a clinical commissioning group, a council, an ambulance service, local GPs, local mental health services and other things – in a specific local area. The aim is to work together to make better use of public money and provide better care for people who live in the area.

**Integrated Personalised Commissioning** - A programme that is available in some areas that combines health and social care funding for the person as an individual, if the person has complex needs. It allows the person to decide and plan for themselves how the money should be spent to meet their needs, keep the person well and avoid a crisis.

**Joint commissioning** - When two or more organisations in a local area - usually the NHS and local council - work together to plan services to meet the needs of people who live in the area. Together the commissioners plan what kind of services should be available, who should provide them and how they should be paid for.

**Joint Strategic Needs Assessment (JSNA)** - The process of identifying the future health, care and wellbeing needs of the population in a particular area, and planning services to help meet those needs. This process is led by a person's council, working with the NHS and private and voluntary organisations in their area.

**Key Lines of Inquiry (KLOE)** - This is a term used by the Care Quality Commission and others, to describe the questions it asks when it inspects care homes and other services, to decide how good these services are: Are they safe? Are they effective? Are they caring? Do they meet people's needs? Are they well run?

**Learning difficulty** - A term that refers to the difficulty someone may have with learning and processing new information, such as difficulties with reading, spelling or maths. It is different to a learning disability because the person's underlying intelligence is not affected. The two terms are sometimes used interchangeably, but the distinction between them lies in whether a person's intelligence is impaired.

**Learning Disabilities Mortality Review Programme (LeDeR)** - A national research programme looking at why people with learning disabilities often die at a younger age than other people. LeDeR reports to NHS England on the main causes of these deaths and on how they could be prevented.

**Learning disability** - A term that is used to describe a brain impairment that may make it difficult for someone to communicate, to understand new or complex information, or to learn new skills. The person may need help to manage everyday tasks or live independently. Learning disability starts in childhood and has a lasting effect on a person's development. It can affect people mildly or severely.

**Local offer** - This relates to services for children and young people up to the age of 25 who have special educational needs or a disability. All councils are required to publish a local offer that sets out in a single place what services are available in their area, so that parents and carers can see what exists and how to access it.

**Market Position Statement (MPS)** - A description of what care and support services are available in a particular area, what services will be needed in the future, and what the commissioner will do to make sure that the services people need are available (regardless of who funds them). Every council has to produce an MPS, which should contain detailed information on what is needed in the area and what the council's plans are.

**Market shaping** - The way in which a council looks at what people's care and support needs are in the local area, considers what care and support services are available in that area, and works out where the gaps are and how they can be filled. The aim is to make sure that people can find care and support that meets their needs, and that a variety of options are available to suit people's individual circumstances and preferences.

**Mental Capacity Act** - A law that is designed to protect people who are unable to make decisions about their own care and support, property, or finances, because of a mental health condition, learning disability, brain injury or illness. 'Mental capacity' is the ability to make decisions for themselves. The law says that people may lose the right to make decisions if this is in their best interests. Deprivation of Liberty Safeguards are included in the law, to make sure that people are treated fairly.

**Natural support** - Support that may already be there for the person, provided informally by a person's family or friends. It exists 'naturally' and in the relationships the person has and does not have to be formally planned or commissioned.

**NICE guidelines** - Recommendations on health and care produced by an organisation called NICE, based on the best evidence about what works and what is best value for money. The guidelines set out the care and services that are suitable for most people with a specific condition or type of need. They are put together by professional experts and people who use health and care services and are based on evidence from research. They apply to England only.

**Notional budget** - A type of personal health budget. It is the amount of money that is set aside for a person's care and support. The person does not receive this money but decides how the person want it to be spent to meet their needs. Care is then arranged for the person, based on the amount of money that is available and the decisions the person make about how to spend it.

**Ordinary residence** - The place where the person lives, or main home, which determines which council will assess their needs and potentially fund any care and support they need. If the person has more than one home, councils follow guidance from the Government to help them decide which one is a person's main home, and which council should fund the required care.

**Out of area placement** - If the person needs residential care and a person's council is arranging this, the person may be offered a place outside their home area. This may be because there is nowhere suitable for the person to move into in their home area, or because the person may want to move to a different area. A person's home council remains responsible for checking that the care the person is receiving is right for the person and continues to meet a person's needs.

**Outcomes** - In social care, an 'outcome' refers to an aim or objective the person would like to achieve or need to happen - for example, continuing to live in a person's own home, or being able to go out and about. The person should be able to say which outcomes are the most important to the person and receive support to achieve them.

**Performance indicators** - Ways of checking that an organisation is doing what it is supposed to be doing, by measuring progress towards particular goals. An example of a performance indicator might be how long people have to wait after requesting an assessment.



**Personal budget** - Money that is allocated to the person by a person's local council to pay for care or support to meet their assessed needs. The money comes solely from adult social care. The person can take a person's personal budget as a direct payment or choose to leave the council to arrange services (sometimes known as a managed budget) - or a combination of the two. An alternative is an individual service fund, which is a personal budget that a care provider manages on a person's behalf. A personal health budget may also be available: it is a plan for a person's health care that the person develops and controls, knowing how much NHS money is available.

**Personal care** - Help with personal matters such as eating, drinking, washing, going to the toilet, getting up, getting dressed, going to bed, taking medicines and other things.

**Personalisation** - A way of thinking about care and support services that puts the person at the centre of the process of working out what their needs are, choosing what support they need and having control over their life. It is about the person as an individual, not about groups of people whose needs are assumed to be similar, or about the needs of organisations.

**Person-centred care** - An approach that puts the person receiving care and support at the centre of the way care is planned and delivered. It is based around the person and their own needs, preferences, and priorities. It treats the person as an equal partner and puts into practice the principle of 'no decision about me without me'.

**Personal Health Budget (PHB)** - An amount of NHS money to pay for a person's specific health needs, given to them - or managed by them. It is based on a person's own individual care plan, which sets out their health goals and how the personal health budget will help the person reach them. The person can spend it on things like therapies, personal care, and equipment, or identified, agreed activities that have a health benefit. The person cannot use it to pay for emergency care or care the person usually get from a family doctor. Using a personal health budget is a choice: the person does not have to have one unless they want to. See also personal budget.

**Place based commissioning** - When organisations work together to plan, develop, and pay for services to meet the needs of people in a single local area. The aim is to improve the health and wellbeing of the population of a particular area, and to focus on this rather than on the organisations that provide services.

**Pooled budget** - When two different organisations, such as an NHS organisation and a council, agree to each put an amount of money into a single pot to pay for a particular health or care service.

**Population Health Management** - A way of improving the health of people in local communities by looking at which groups in the local population are most likely to become unwell and working out how to prevent and treat ill-health.

**Positive Behaviour Support (PBS)** - A method of addressing "challenging behaviour," with the aim of improving a person's quality of life. It involves looking at things from the perspective of the person and working out how their environment could be improved and helping them to learn new skills. People are treated with dignity and are not punished.

**Positive risk taking** - Supporting people to take everyday risks as safely as possible and enabling people to have more choice and control over their lives. It is about looking at the benefits of doing something in comparison with the risk of harm if it goes wrong and recognising that protecting someone too much may mean they live a less good life.

**Primary care** - The first point of contact in the health service, usually a person's GP, practice nurse, local pharmacist, dentist, or NHS walk-in centre. Primary care doctors deal with a wide range of health problems. They treat common illnesses, help the person manage long-term conditions and refer the person to a specialist doctor when necessary.

**Procurement** - The process by which organisations such as councils or the NHS find and pay for things such as goods and services, check that the service can genuinely be provided, and make sure that money is well spent.

**Provider** - An organisation that provides services, such as care and support services.

**Quality and Outcomes Framework (QOF)** - A summary of what GP practices should do for patients and what information they should collect. GP practices get extra money for providing specific services that the QOF says they should, such as keeping records of patients' blood pressure and making sure that people in at-risk groups receive things such as flu jabs.

**Quality assurance framework** - A structure for explaining, measuring, and improving the quality of services provided by an organisation. Quality is measured in a variety of ways, including hearing the views and experiences of people who use services.

**Reasonable adjustments** - Changes that public services, buildings and employers have to make to make it possible for people with disabilities to use a service or do a job. These changes include things like adjusting a person's working hours or providing the person with a special piece of equipment to do the job. It is against the law to discriminate against someone because the person has a disability.

**Restraint** - When a person's movements or behaviour are deliberately restricted by someone. Restraint may be used in an emergency, to prevent someone harming themselves or other people. It may also be used in a planned way to prevent someone who is unable to make decisions for themselves causing harm. If restraint is used wrongly, it may be abuse.

**Rights** - What the person is entitled to receive, and how they should be treated, as a citizen. If the person has a disability or mental health problem, is an older person or acts as a carer for someone else, the person has the right to have a person's needs assessed by a person's local council. The person has a right to a service or direct payment if their assessment puts them above the eligibility threshold their local council is using. The person and a person's carers have the right to be consulted about their assessment and about any changes in the services they receive.

**Risk assessment** - An assessment of a person's health, safety, wellbeing, and ability to manage their essential daily routines. The person might also hear the term risk enablement, which means finding a way of managing any risks effectively so that the person can still do the things they want to do, safely.

**Risk management** - The process of working out what situations might be risky for a person's health or wellbeing and taking steps to help reduce or prevent the risk of harm.

**Safeguarding** - The process of ensuring that people at risk are not being abused, neglected, or exploited, and ensuring that people who are deemed 'unsuitable' do not work with them. (If you believe that you or someone you know is being abused, you should let the adult social care department at a person's local council know. They should carry out an investigation and put a protection plan in place if abuse is happening.) Councils have a duty to work with other organisations to protect adults from abuse and neglect. They do this through local safeguarding boards.

**Safeguarding Adult's Board (SAB)** - A formal group set up by a person's council to prevent abuse or neglect of adults in a person's area who have care and support needs, and to make sure that action is taken if abuse occurs. Every area has to have a SAB, which is made up of different professionals from the council, NHS, and police, working together and sharing information. SABs also include representatives from groups that work with older people and people with disabilities.

**Secure hospital** - A hospital that provides care and treatment to people who are deemed to be a danger to themselves or others because of their mental illness and who need to be held securely and prevented from leaving. Most people who stay in a secure hospital have committed a criminal offence while mentally ill or been diagnosed with a mental illness while in prison and cannot be safely supported anywhere else. There are three main categories of secure hospital: high, medium, and low secure.

**Self-directed support** - An approach to social care that puts people at the centre of the support planning process, so that they can make choices about the services they receive. It should help them feel in control of their care, so that it meets their needs as an individual.

**Service specification** - A description given to an organisation that provides a service by the organisation that is paying for the service. The description says what the service should look like, what should be provided to people and what the outcomes should be.

**Shared Lives** - A type of care for people who are unable to live independently or may not wish to live alone, and an alternative to supported living, home care or residential care. Shared Lives carers offer care and support in their own home to older people, people with mental health problems, or people with physical or learning disabilities. This may take the form of regular visits, or the individual who needs care and support may live with a Shared Lives carer on a permanent basis. Shared Lives schemes are usually managed by local councils or voluntary organisations and overseen by the Care Quality Commission.

**Short breaks** - When a person with care and support needs spends regular short periods of time away from their main carer, in order to give the carer a break and to give the person with needs a chance to do something different. These breaks may take place in the person's own home, in the home of an approved carer or in a place such as a hospice. Councils in England are required to provide short breaks services for children and young people with disabilities.

**Social capital** - The connections that are made between people who live in the same area or are part of the same community, and who are able to do things with and for each other. Strong neighbourhoods, clubs and groups help create a sense of community, enabling people to trust each other, work together and look out for each other.

**Social care** - Any help that a person needs, such as personal care or practical assistance, to live a person's life as comfortably and independently as possible, because of age, illness, or disability.

**Social prescribing** - A way of improving a person's health and wellbeing other than through medicine. A person's GP writes a 'prescription' for them to take part in activities in their community that they might benefit from.

**Social value** - The wider contribution something makes to a community, rather than how much it costs or how it benefits an individual person. The law says that organisations such as councils that plan services should consider the wider benefits to their area when making decisions.

**Specialised commissioning** - The process of planning specialist services for people who have rare or complex conditions. These types of treatment - such as chemotherapy, transplants, or brain surgery - are not available in every local hospital and have to be provided by specialist teams who have the necessary skills and experience. They are planned nationally and regionally by NHS England, not by local commissioning authorities.

**Spot purchase** - When a service is bought by or on behalf of an individual as and when they need it rather than as part of a block purchase. Spot purchases can give people more choice about who provides their care and what they receive.

**Stakeholders** - People or groups who have an interest in what an organisation does, and who are affected by its decisions and actions. When an organisation such as a person's local council or NHS trust is planning to make changes to the way it works or the services it offers, it may hold a consultation with stakeholders, to find out what they think and what a person's experiences are.

**Strengths based assessment** - An assessment that looks at a person's strengths and what they are able to do, rather than on a person's weaknesses. The focus is on a person's abilities, and on what keeps them well and helps them remain independent.

**Supported living** - An alternative to residential care or living with family that enables adults with disabilities to live in their own home, with the help they need to be independent. It allows people to choose where they want to live, who they want to live with, how they want to be supported, and what happens in their home.

**Tendering** - When an organisation such as a council or NHS body is looking for an individual or organisation to carry out some work for them and invites people to set out formally how they would provide a particular service and how much they would charge the council or NHS for it.

**Transforming Care** - This was a national programme to make sure that people with learning disabilities or autism can live at home, or in their community close to their family home, rather than staying in hospital for a long time. Transforming Care developed into Building the Right Support.

**Transition** - The process by which young people with health or social care needs move from children's services to adult services- sometimes called "Preparing for Adulthood." It should be carefully planned, so that there are no gaps in the care young people receive. Young people and their families should be fully involved in the planning process.

**Universal personalised care** - A national plan to extend to everyone in England choice and control over the way their physical and mental health care is planned and delivered.

**Universal services** - Services such as transport, leisure, health, and education that should be available to everyone in a local area and are not dependent on assessment or eligibility.

**User Led Organisation (ULO)** - An organisation that is run and controlled by the people it serves - such as people with disabilities or older people - to help them live independently and have choice and control over their lives.

**Voluntary sector** - Organisations that are independent of the Government and local councils. Their job is to benefit the people they serve, not to make a profit. The people who work for voluntary organisations are not necessarily volunteers - many will be paid for the work they do. Social care services are often provided by local voluntary organisations, by arrangement with the council or with individuals. Some are user-led organisations, which means they are run by and for the people the organisation is designed to benefit - e.g. disabled people.

**Vulnerable adult** - An adult who may need care and support because of their age, disability, or illness, and may be unable to protect themselves from harm, neglect, or abuse.

**Wellbeing** - Being in a position where a person has good physical and mental health, control over their day-to-day life, good relationships, enough money, and the opportunity to take part in the activities that interest them.

**Wellness Recovery Action Plan (WRAP)** - A plan the person creates and shares with others as they wish, to help them recover from mental illness and stay well. It focuses on helping people manage their symptoms and gain control of their life if they have a crisis. It also supports them to spot the early signs of ill-health and helps them think about what they need to keep well.



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