

## Appendix 2

### Commissioning Principles

1. **Improving outcomes** for the local population will be at the heart of the commissioning process with commissioners taking shared responsibility for outcomes on a City wide basis.

2. Commissioning should seek to meet needs in an **evidence based** way and contribute to the development of the local evidence base for effective practice.

3. The commissioning process will integrate services around the needs of **individuals and families**, recognise local diversity and support greater personalisation and choice so that people are empowered to take personal responsibility, shape their own lives and the services they use. The market will be developed to reflect the needs of a diverse local population.

4. Residents will be **active participants** in the commissioning process – planning, design, monitoring and evaluation.

5. There will be an increasing **focus on prevention** and early intervention and on tackling long-standing inequalities in outcomes.

6. Resource allocation and commissioning decisions will be transparent, contestable and locally accountable and driven by the goal to achieve optimum **quality, value for money** and outcomes. The importance of investment in the local community will be prioritised.

7. The commissioning process should aim to ensure that the same approach (e.g. service specification and performance monitoring) is applied to all commissioned activity to ensure **fairness** and that no delivery vehicle is given or gain unfair advantage. This will require a clear distinction between commissioning and provider functions and responsibilities regardless of whether they co-exist within a single organisation.

8. Commissioning arrangements will be sufficiently flexible and fluid to support a variety of different **partnership approaches**, e.g. with education, housing, other Local Authorities, the voluntary sector or other health partners, depending on the best way of delivering the required outcomes.