

A Matrix for Analysing Approaches to Commissioning Across Agencies

IPC have drawn on a range of national materials, plus its own experience of working on the commissioning of public care services throughout the country to develop a matrix for analysing the extent to which different areas of the commissioning and contracting process are integrated across the agencies. The matrix uses the 4 elements of the commissioning cycle:

- Analyse
- Plan
- Do
- Review

The matrix also differentiates between the following 4 levels of collaboration:

- Separate Approaches: Actions and decisions are arrived at independently and without co-ordination.
- Parallel Approaches: Objectives, plans, actions and decisions are arrived at with reference to other agencies.
- Joint Approaches: Objectives, plans, actions and decisions are developed in partnership by separate agencies.
- Integrated Approaches: Objectives, plans, actions and decisions are arrived at through a single organisation or network.

Examples of activities at each level are described in the table below.

Areas	Separate Approaches	Parallel Approaches	Joint Approaches	Integrated Approaches
Analyse	<ul style="list-style-type: none"> Needs analysis is undertaken independently. Public meetings, conferences, feedback are designed and delivered independently. The financial impact of services and policies on other agencies is not considered. 	<ul style="list-style-type: none"> Separate needs analyses shared by agencies. Separate cost, benchmarking and general market intelligence shared by agencies. Agencies allocate some resources to address issues of common concern 	<ul style="list-style-type: none"> Jointly designed population needs analysis informs commissioning priorities. Agencies jointly design and manage consultation and feedback activities. Agencies identify pooled budgets for particular areas, and a joint approach to decision making on budget allocation to meet common objectives. 	<ul style="list-style-type: none"> Single projects undertaking needs analysis and using these to inform common commissioning and contract priorities. Single research, analysis, or public health teams. Pooled budgets within a single agency or network, to meet combined needs identified for the population via the JSNA.
Plan	<ul style="list-style-type: none"> Agencies develop services to meet their own priorities. Single agency planning documents do not include key partner's priorities and drivers. Single-agency commissioning strategies. 	<ul style="list-style-type: none"> Systematic analysis of partner agency perspectives, issues and concerns. Liaison in the production of separate strategies. Strategies and plans reference and address partners' issues. 	<ul style="list-style-type: none"> Shared commitment to improve outcomes (across client group) clearly outlined in the Health and Wellbeing Strategy. Joint strategy development teams producing common commissioning strategies and documents. 	<ul style="list-style-type: none"> Inclusive planning and decision process as an integral partner. A transparent relationship between integrated bodies.

Areas	Separate Approaches	Parallel Approaches	Joint Approaches	Integrated Approaches
Do	<ul style="list-style-type: none"> • A fragmented approach to use of providers and resources. • Market facilitation sited in separate organisations. 	<ul style="list-style-type: none"> • Agencies inform each other of purchasing intentions. • Market development information shared across agencies when clearly relevant. 	<ul style="list-style-type: none"> • Agencies develop joint service specifications and contract or share contract risk. • Joint appointments of commissioning staff • Jointly researched and produced market position statement. 	<ul style="list-style-type: none"> • Integrated commissioning function, e.g. a single manager with responsibility for managing commissioning and contracting within a single organisation or network.
Review	<ul style="list-style-type: none"> • Contract compliance information is used independently of other sources and solely within the organisation. • Provider performance information not shared between agencies. 	<ul style="list-style-type: none"> • Agencies share information about contracts and intelligence about performance where relevant. • Agencies inform each other of performance improvement needs. • Information from patients/service users or service providers is shared when clearly relevant. 	<ul style="list-style-type: none"> • Multi-agency review groups ensure robust joint arrangements for the collection and interpretation of performance information. • Agencies jointly design monitoring frameworks. 	<ul style="list-style-type: none"> • Integrated monitoring and review arrangements that result in a shared understanding of the effectiveness of current services and the evidence for changes in the future. • A single function is responsible for managing and monitoring contracts to meet a single commission agenda.