

Certificate of Credit in Commissioning & Purchasing for Public Care

Module 1 Session 2

Welcome back.....



Quick review session 1....

In chat:

- **1 thing from session 1 that's still 'ringing in your ears'!**

Working online – hints/tips



Everyone enters on mute. Mostly stay on mute so we are not all talking at once



Use the chat to ask questions and make comments. This will be a dynamic learning experience



Turn on your video camera, please!
Unless you have a shaky connection! In that case, switch off your video



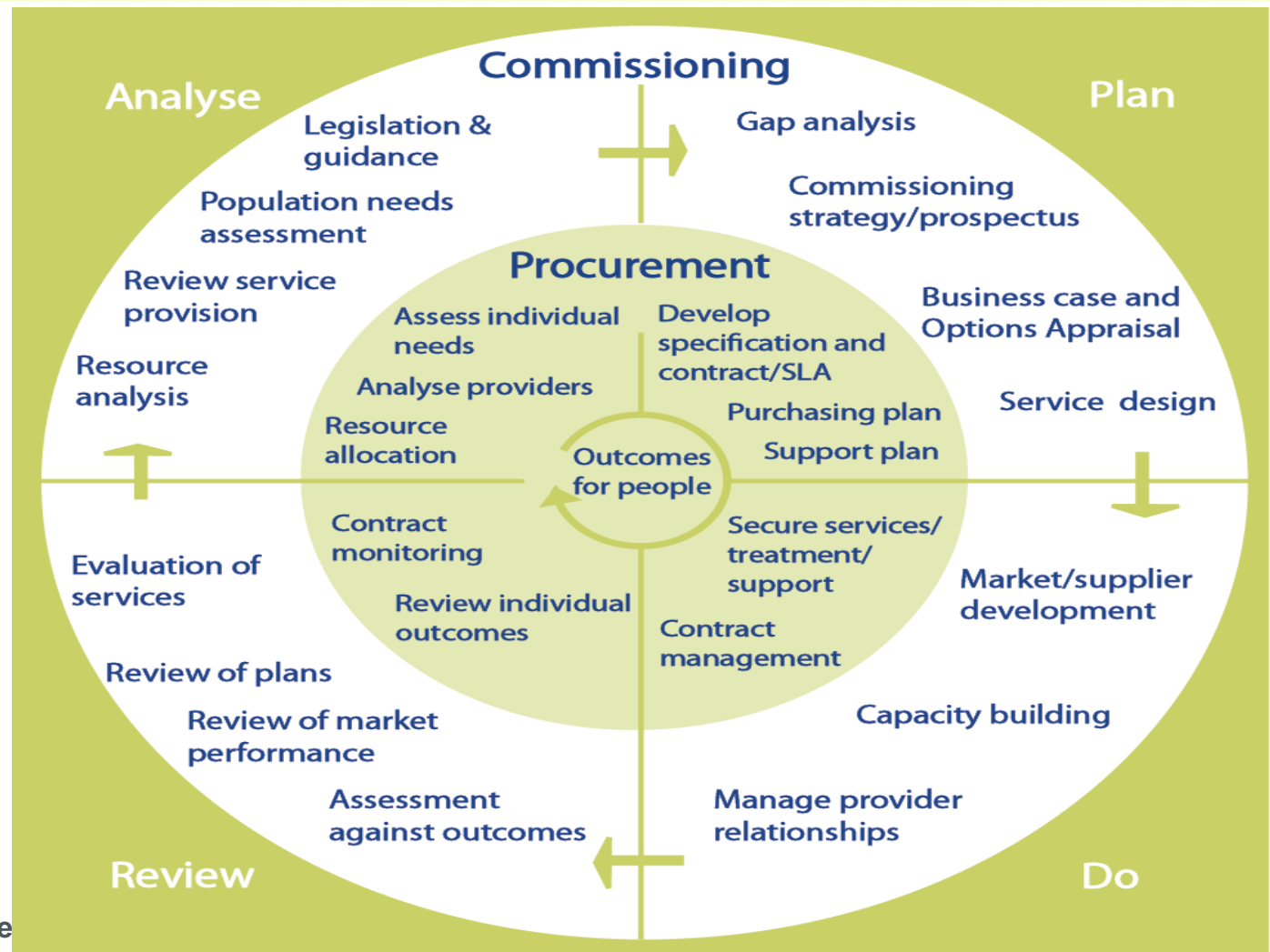
You will be going into breakout rooms, be prepared to be in rooms with 6 - 8 people



Raise your hand or click the hands up symbol if you want to speak in discussions



Be on time for breaks



Sessions 1 – 8 will cover

- The national and local agenda
- *What is commissioning and how well are we doing it? - ✓*
- *Needs and resource analysis - ✓*
- Planning and options appraisal
- Accreditation - overview
- Market shaping
- Commissioning for outcomes
- Contract management and procurement
- Monitoring and review
- Person centred approach to commissioning
- Delivering change
- Commissioning skills

What is Commissioning - and how well are we doing it?

What is commissioning?

“Commissioning is the means by which we secure the best value for local citizens and taxpayers i.e. the best possible health and wellbeing outcomes, and health and social care provision, within the resources available.”

Department of Health

“Commissioning is the process of assessing needs, planning and prioritising, purchasing and monitoring health services, to get the best health outcomes.”

NHSE

“Commissioning is the process for deciding how to use the total resource available for families in order to improve outcomes in the most efficient, effective, equitable and sustainable way.”

Commissioning Support Programme

Procurement and contracting are...

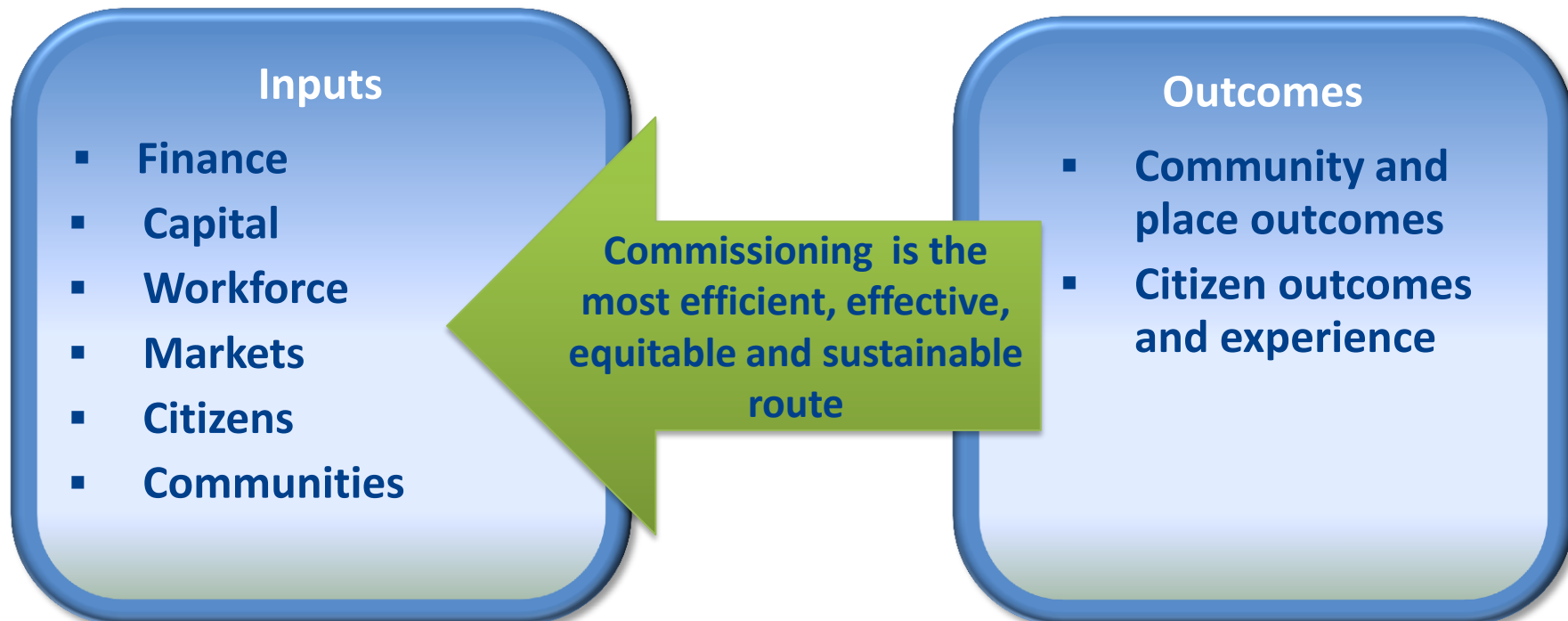
Procurement is the process of acquiring goods, works or services from (usually) external providers/suppliers and managing these through to the end of contract.

Contracting is the process of negotiating and agreeing the terms of a contract for services, and on-going management of the contract including payment and monitoring.

The commissioning system



The commissioning system



Multi-level commissioning

- Commissioning is practised on different levels across all local partners.
- Different services require commissioning at different levels, depending on factors such as population, needs, service volume and price.
- Commissioners are therefore likely to undertake multi-level commissioning i.e. at a mixture of levels to suit the needs of different services and populations.

Possible levels of commissioning

National



Regional



Sub-regional



Area or strategic



Locality or practice



Individual



Commissioning models

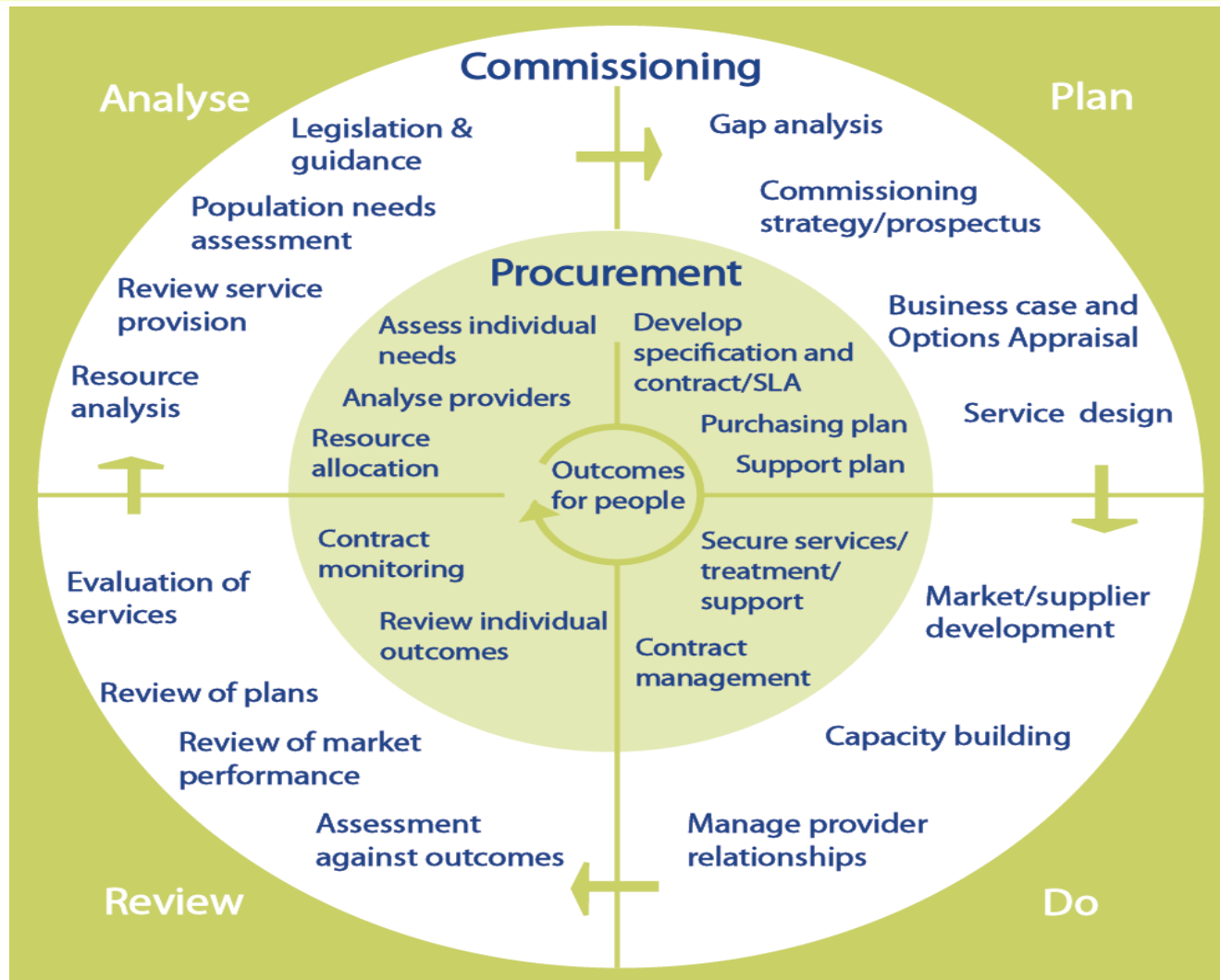
- There are a range of commissioning models.
- Ensure all local partners and key stakeholders have a shared vision for commissioning:
 - to promote agreement to and understanding of the commissioning process
 - that the process covers some form of needs analysis and planning, investment against this plan and review of the efficacy of the investment

NHS Information Centre commissioning cycle



NCVO Commissioning Cycle





IPC: strategic commissioning activities

- **Analysis - of guidance/best practice, population needs, market, risks and resources, and establishing common priorities and outcomes between agencies**
- **Planning – undertaking gap analysis, designing/ specifying services, and writing joined up commissioning strategies**
- **Doing – capacity building, developing good relationships with providers, ensuring service quality, and purchasing services**
- **Reviewing - the success of contracts in meeting needs and commissioning priorities, and reviewing market performance**

IPC: procurement activities

- **Analysis** - of the plan/strategy, assessment of children and family needs, allocation of resources, and analysis of provider strengths and weaknesses.
- **Planning** - by designing specifications and deciding contract type and terms, and developing purchasing and support plans
- **Doing** - through day-to-day care and contract management, tendering, and securing support.
- **Reviewing** – whether individuals' outcomes in support plans have been met, and the success of the contract in meeting needs and commissioning priorities

What is joined-up commissioning?

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

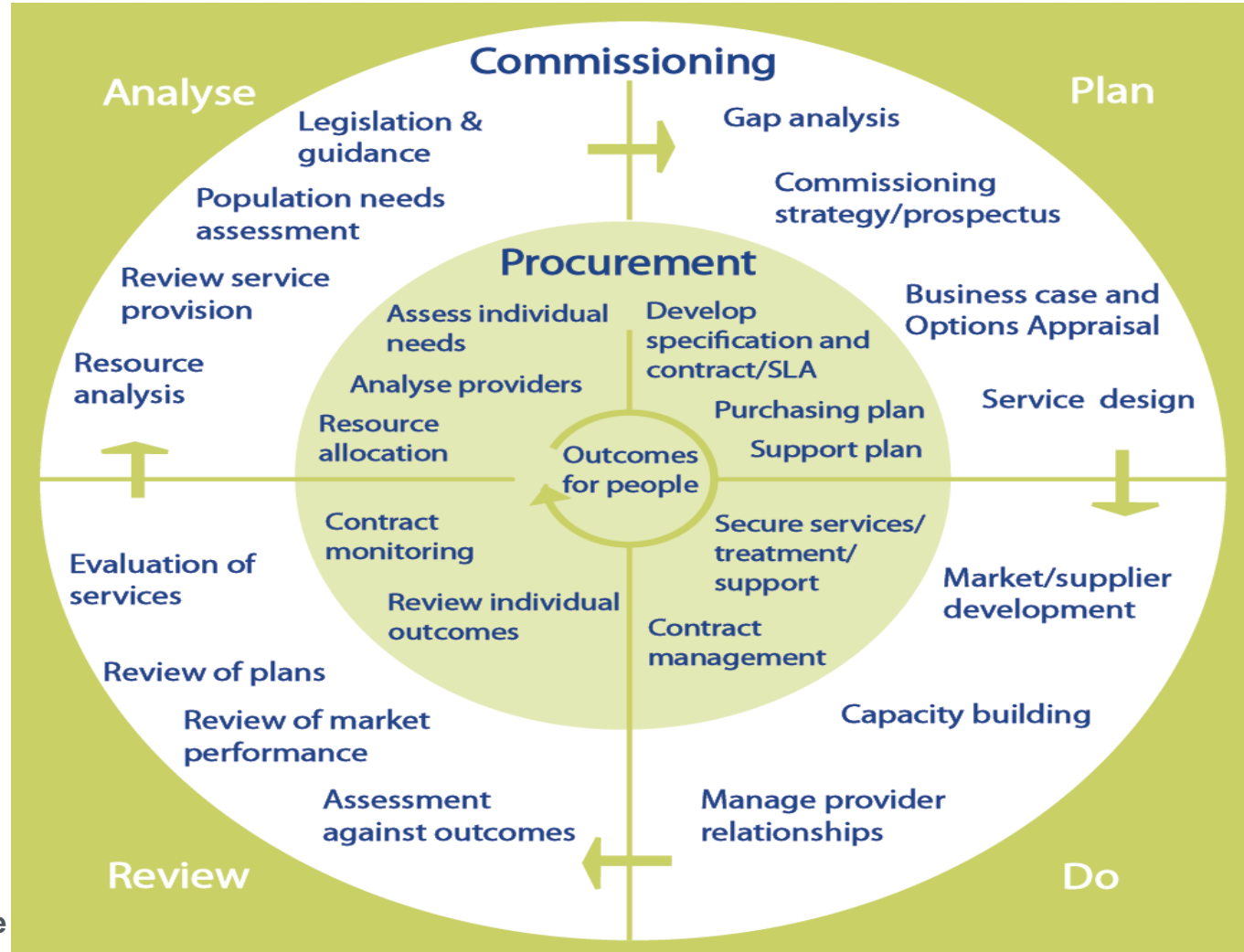
Institute of Public Care (2014) A Matrix for Analysing Approaches to Commissioning Across Agencies

Commissioning framework/toolkits

- **Definition and scope of commissioning, including locality arrangements**
- **Commissioning process**
- **Commissioning principles or standards**
- **Toolkits for commissioning activities**

Commissioning – what frameworks and tools have you got?

- **Sharing examples of commissioning frameworks and toolkits from your own agency/other places – any offers?**



Commissioning – how well are you doing it?



- Using the self-assessment template, evaluate the strengths and weaknesses of the commissioning and purchasing arrangements for your service or agency.
- Score each statement out of 5, where:
 - 5 = strongly agree with the statement
 - 0 = strongly disagree
- Explain / justify your score giving illustrative examples where possible.

Analyse



No formal statement of future population trends and implications for future service provision has been published

No analysis of research or good practice has been completed

Consultation has no real impact on commissioning activities

Equality impact assessments are not routinely done



Clear evidence base upon which services can be evaluated and designed for the future

Agreed budget purpose and priorities linked to JSNA

Future plans for service provision are aligned to the JSNA

We can benchmark our costs and performance of services to understand how they compare to other local areas

Plan



No (joint) strategic direction for the client group

No published (joint) outcomes and priorities

No business case or options appraisal used when designing or reconfiguring services

We don't communicate well with our stakeholders



Recent clear commissioning strategy and priorities

Recent and on-going dialogue with partners and providers to build consensus on the implications of the strategy

We have a person-centred approach to commissioning that enables local communities to influence commissioning decisions

Do



The development of the market has been based on the historical awarding of contracts

Relationships with providers are 'adversarial' focusing mainly on contract compliance and cost

Do not have an understanding of the range of providers in our area



Information about needs and service trends shared openly between commissioners and suppliers/providers

All of our providers are treated equally in respect of contract compliance

Regular and productive dialogue with providers encourages a "consensus" and partnership orientated relationship

Service specifications are evidenced-based and outcome focused where appropriate

Review



**Contracts are not influenced by
commissioning priorities**

**‘One size fits all’ procurement
activities regardless of risk**

**Poor compliance with
procurement regulations**

**We don’t decommission or
remodel services when they fail
to meet outcomes or provide**

VFM



**We review the learning from our
commissioning activities**

**Good service provider monitoring
allows us to negotiate
improvements to services**

**Arrangements are in place to
bring together relevant data on
activity, finance and outcomes
across agencies to benchmark
services**

Self-Assessment

Respond to the questions from your own perspective:

Consider key issues that emerge from your self-assessment.

What were the high and low points

- **What do you do well and should continue?**
- **What should you stop doing?**
- **What should you start doing?**

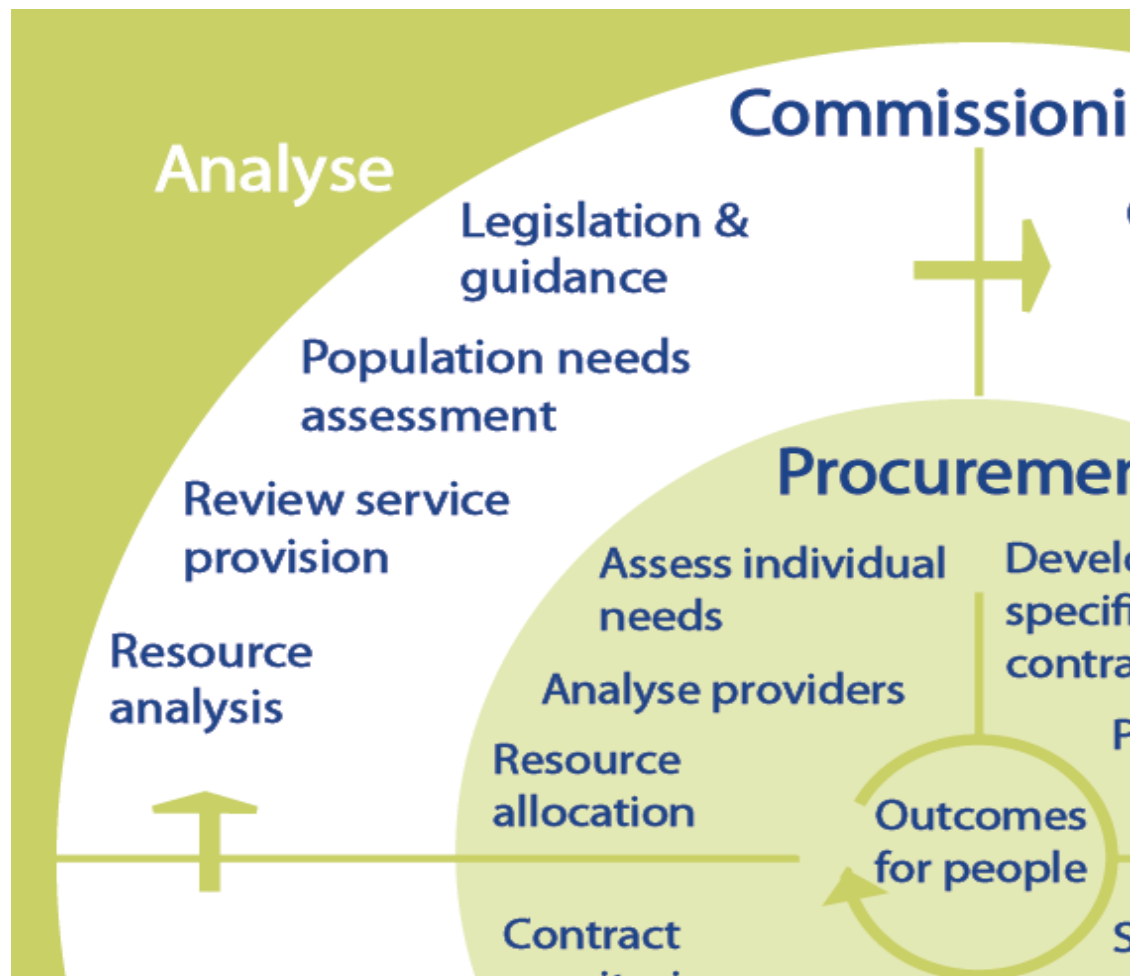
- **Be prepared to share your views on 28th April**

More Information

- Academy for Justice Commissioning
<https://www.gov.uk/government/organisations/academy-for-justice-commissioning>
- National Audit Office
<http://www.nao.org.uk/successful-commissioning/>
- Compact Voice: understanding commissioning and procurement
http://www.compactvoice.org.uk/sites/default/files/understanding_commissioning_and_procurement_guide.pdf
- National Council for Voluntary Organisations: What is commissioning?
<https://knowhow.ncvo.org.uk/funding/commissioning/commissioning-1/what-is-commissioning>



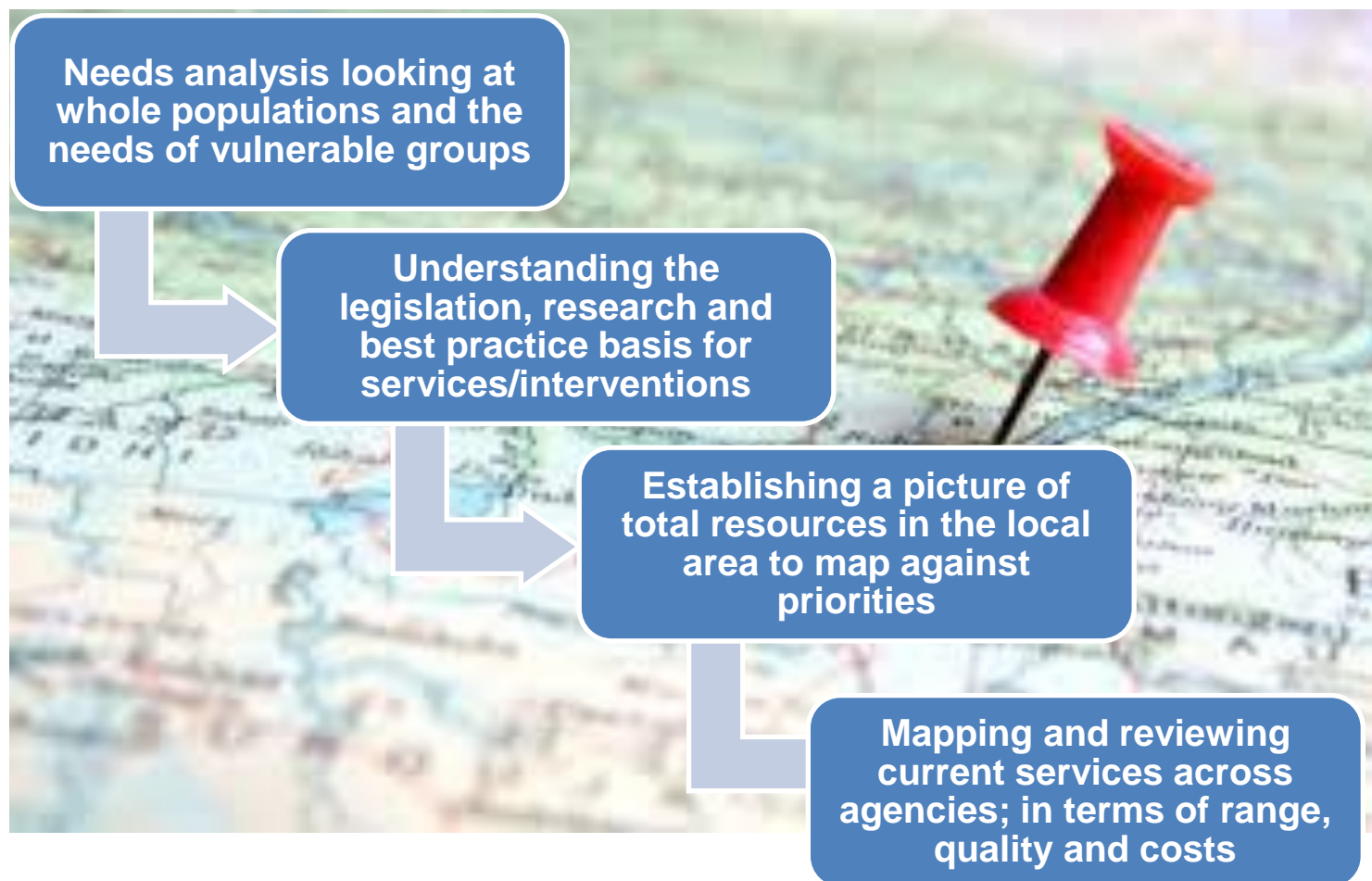
Needs and Resource Analysis



What is needs analysis?

What?	A needs analysis is a way of estimating the nature and extent of the needs of a population so that services can be planned accordingly.
Why?	The purpose is to help focus effort and resources where they are needed most.
How?	A robust needs analysis provides commissioning agencies with a range of information that can feed into and inform the planning stage of the commissioning cycle.

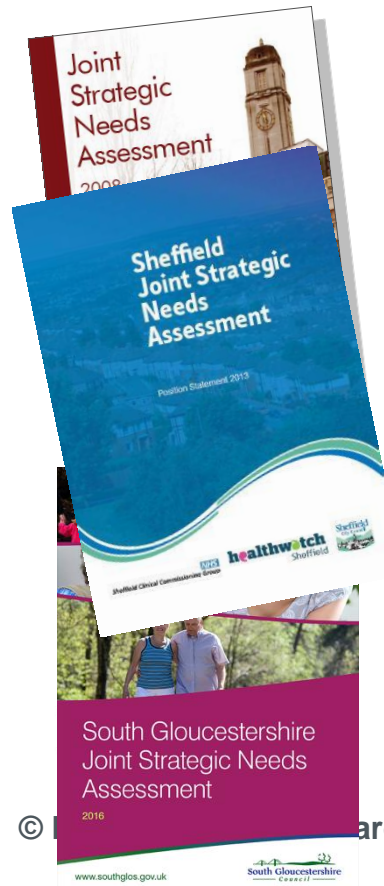
What does it involve?



Joint Strategic Needs Assessment

“A systematic method for analysing needs of populations to inform and guide commissioning of health, wellbeing and social care services within a local authority area.”

- A statutory duty since 2007; the JSNA will underpin the health and well-being strategies and commissioning plans
- It should draw on a wide range of data sources and focus on outcomes and the future
- Statutory Guidance DH 2013 - Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies



Data will include....

- 1. National Statistics such as demographic data, risk factors, prevalence and incidence data**
- 2. Local data collected by public bodies such as GP practice or hospital performance data**
- 3. Views of children and families/patients/service users and carers**
- 4. Information and performance data collected by private and independent providers**
- 5. National Research findings.**

Who are the populations we need to identify?



**Current
Population**



**Future
Population**



**Targeted
Population**

Who are your populations?

- In groups identify a key population you are concerned about. In discussion identify who are your:

- Current user population
- Future user population
- Target user population

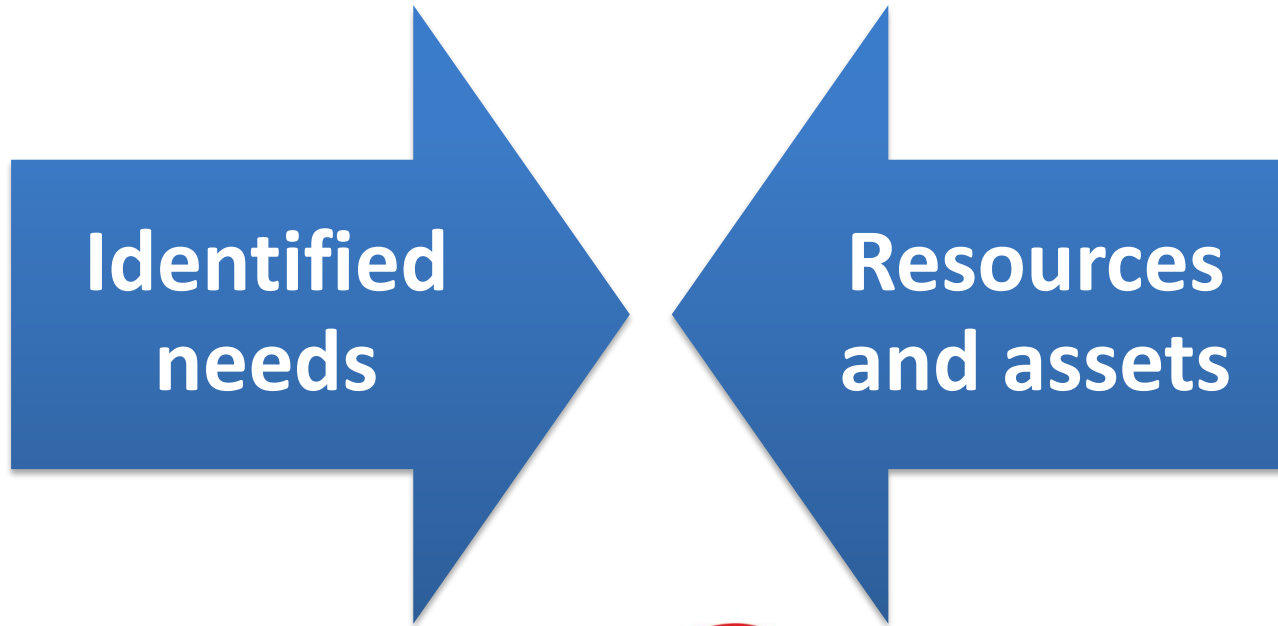
Are there any barriers to certain groups of people and/or individuals needs within our society/communities being identified and what are the implications of this?

Using data intelligently

- Trends can be changed by better utilising intelligence from research, best practice and service user experience
- This can help us understand:
 - Resilience / protective factors
 - Risk factors



Matching resources to needs



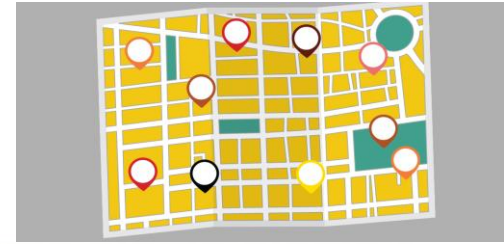
Do we know....



Can we find out...



Community Asset Mapping



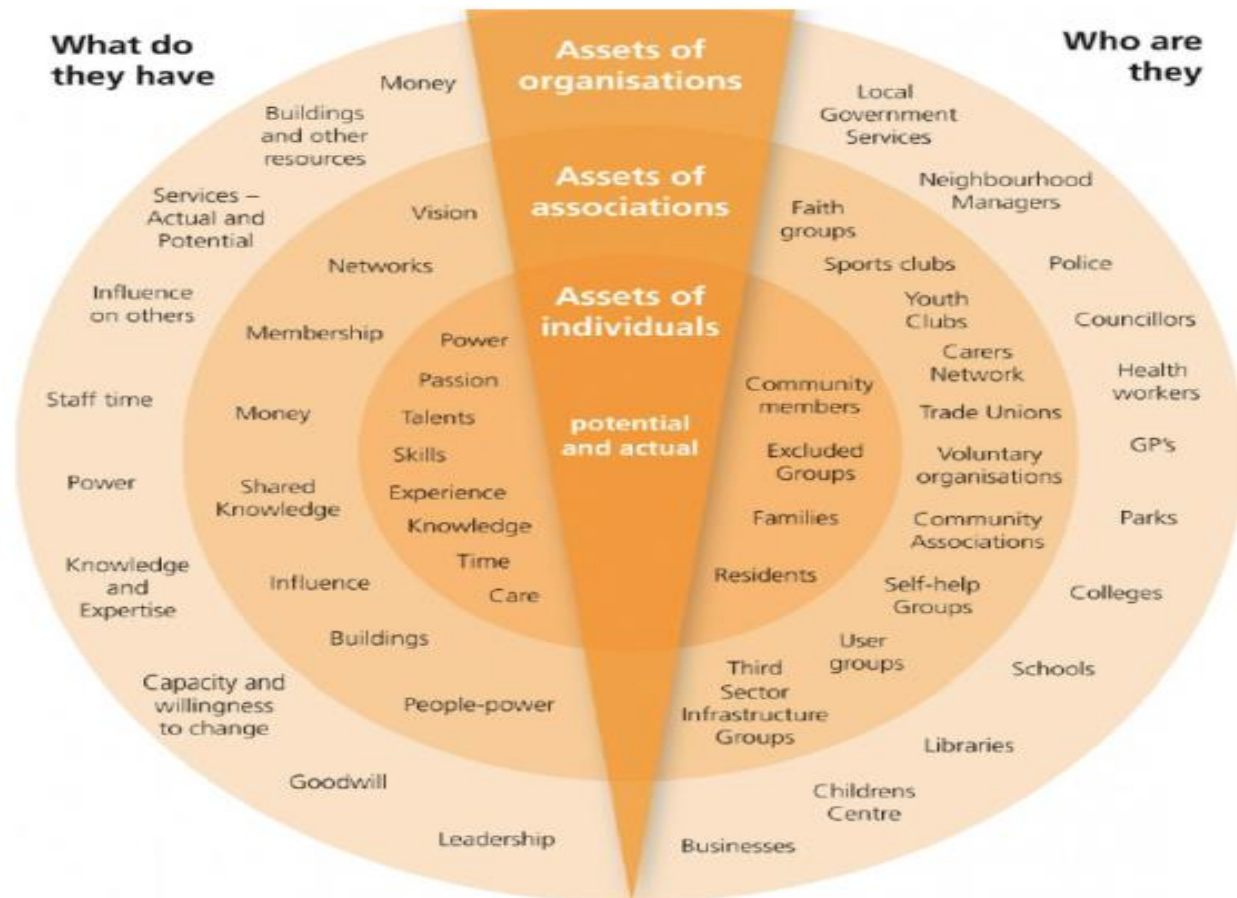
- A process where participants make a map or inventory of the resources, skills and talents of individuals, associations and organisations.
- Discover and assemble the links between the different parts of the community, associations and agencies.
- The knowledge is used to revitalise relationships and mutual support, rebuild communities and neighbourhoods, and rediscover collective power.

Brighter Futures Together Toolkit

The importance of asset mapping

- **The Care Act...**
 - **Places well-being at its heart: primary responsibility of LAs is the promotion of individual well-being of both those with care needs and carers**
 - **Shifts responsibility from providing services to meeting needs**
 - **Focuses on the need for services to be preventative, and stresses the importance of using existing strengths and assets of individuals and communities – an assets-based approach**

An asset mapping tool



Exercise

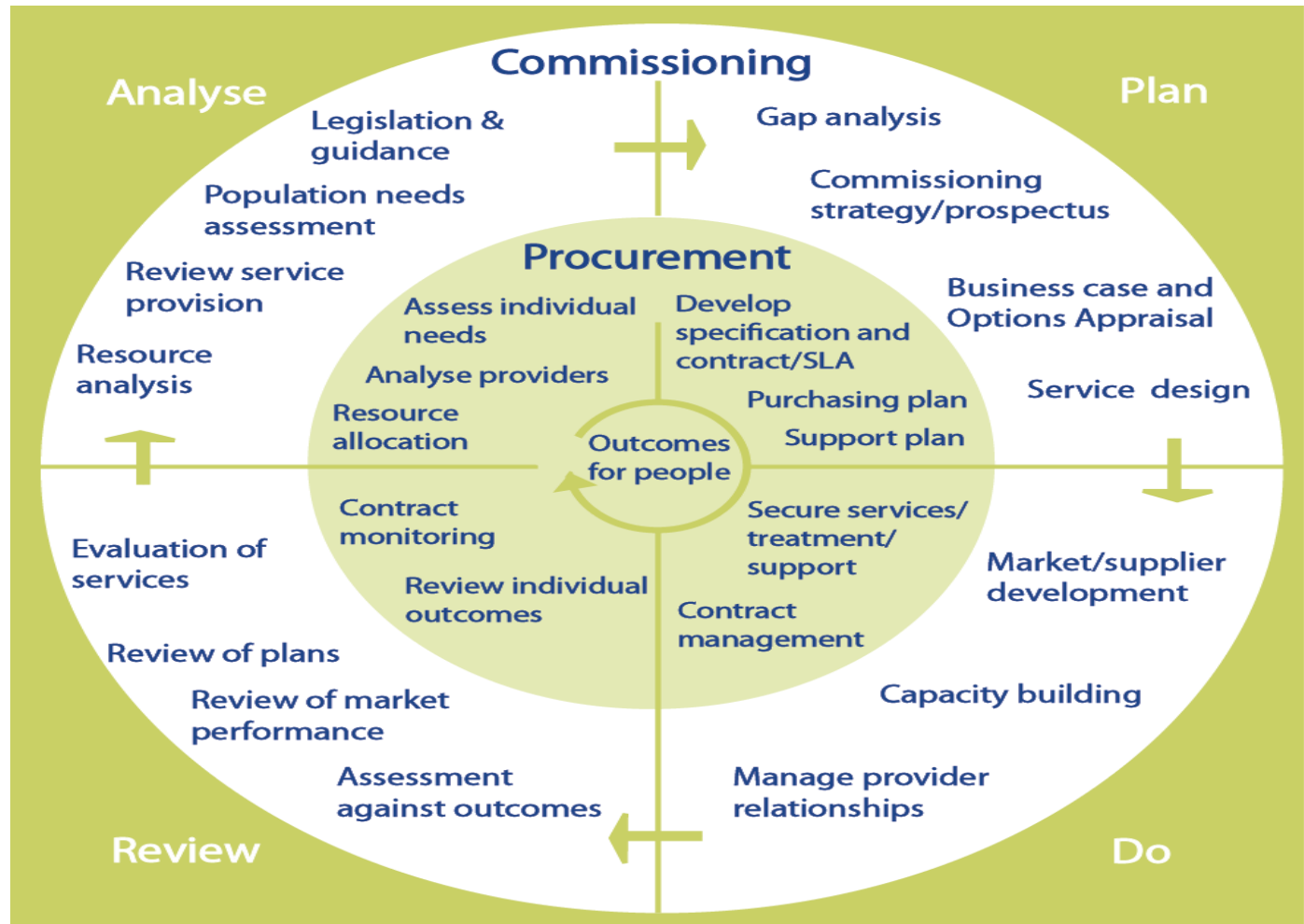
- Use the asset mapping tool to inform your commissioning approach in addressing the needs of a 'common target population' within your group.

- Is your commissioning task about:
 - More intervention/less intervention?
 - Facilitating change?
 - Remodelling existing service provision?

More information

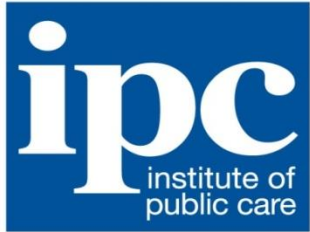
- **Department of Health (2013) Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies** <https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance>
- **NHS Confederation Briefing (2011) JSNA: A vital tool to guide commissioning**
- **LGA JSNA Toolkit** http://www.local.gov.uk/web/guest/health/-/journal_content/56/10171/3511245/ARTICLE-TEMPLATE
- **Public health observatory network** www.apho.org.uk
- **NHS information centre** www.ic.nhs.uk
- **IPC POPPI and PANSI systems** www.pansi.org.uk
www.poppi.org.uk
- **Anticipating future need**
http://www.csed.dh.gov.uk/library/Resources/CSED/CSEDProduct/Anticipating_Future_Needs_Toolkit.pdf
- **DfE (2010) How to: map resources**
<http://www.education.gov.uk/childrenandyoungpeople/strategy/a0065946/procurementskills>





Your reflections on today





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