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

What is commissioning?

“Commissioning is a (council’s) role to plan the services that are needed by the people who live in the area it covers, and make sure that services are available”

TLAP

Procurement and contracting are…

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.

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

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

Place 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

Courtesy of The NHS Information Centre for health and social care. Full diagram available at: www.ic.nhs.uk/commissioning

Institute of Public Care Commissioning Cycle

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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.

Collaborative Planning & Commissioning

- Health and care systems are increasingly working closer together, although the extent of collaboration often varies according to local circumstances and context

- The introduction of statutory Integrated Care Systems (ICBs/ ICPs) and the legacy of joined up working, particularly over the 2 years of the Covid-19 pandemic (2020-22) has shifted the scale and pace of collaboration across many systems

What is collaborative 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

What outcomes can be achieved by collaborative commissioning?

Example 2: Reducing hospital admissions for older people

Strategic collaborative health and social care system

Shared vision an agreed population outcomes

All older people are ageing well in our system, they experience good health and wellbeing

All older people can access support that helps prevent their loss of independence and wellbeing, where necessary through early intervention

All older people with additional needs, experience support that can help recover, improve, treat and maximise their independence

Individual outcomes

(aligned with the population outcomes above)

I keep fit and well

I don't feel isolated in my own home or community

I am kept safe in my own home

I have recovered from my operation and I now have a good level of mobility and independence

It's great to know that the support I need I can still get while staying at home

Strategic collaborative planning and commissioning of support across the 'system'

- Accessible universal services
- Safe pavements and accessible environment
- Health care
- Leisure and, libraries
- Befriending services
- Community based falls prevention services
- Carer support
- Handy person schemes
- Therapy
- Home care
- Specialist equipment (including AI and tech)
- Reablement
- Hip operations

What outcomes can be achieved by collaborative commissioning?

People "I…	Population "We…	Place "We…
• can live the life I want and do the things that are important to me as independently as possible • am treated with dignity and respect • feel safe and am supported to understand and manage any risks • have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and personal goals • have care and support that is co-ordinated and everyone works well together and with me	• are reducing health inequalities within our communities • have effective care and support in place that are of high quality, providing the agreed desired outcomes and that has been share and influenced by our local community • are assured that there is equitable access to all offers of support and care no matter where the person lives, their personal choices or what their needs are	• keep people in our local area safe and well • maximise and share our resources and capacity together to meet the needs of local people make shared decisions based on the best interests of local people and communities • avoid duplication and unnecessary use of public funds • are assured that people in our local area, as much as possible, grow up well, live well and age well"

Key Enablers

4 Key Enablers for Strategic Planning and Commissioning

- Collaborative Strategic Relationships
- Collaborative Co-productions of Support and Interventions
- Collaborative sharing of both risks and achievements
- Collaborative and creative allocation of resources

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 in your organisation?

Share examples of commissioning tools from your own agency/other places – any offers?

Institute of Public Care Commissioning Cycle

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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

x

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

√

Needs analysis data is disaggregated by ethnic group rather than the collective BAME categorization

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

x	√
No (joint) strategic direction for the client group	Recent clear commissioning strategy and priorities
No published (joint) outcomes and priorities	Recent and on-going dialogue with a wide range of diverse partners, including Black Asian and Multi Ethnic and Women owned provider organisations, to build consensus on the implications of the commissioning strategy or plan.
We don’t communicate well with our stakeholders	We have a person-centred approach to commissioning that enables local communities to influence commissioning decisions

Do

x	√
The development of the market has been based on the historical awarding of contracts	Information about needs and service trends shared openly between commissioners and suppliers/providers
Relationships with providers are 'adversarial' focusing mainly on contract compliance and cost	We proactively ensure that Black, Asian and Multi Ethnic and VCS organisations have equal access to procurement and grant opportunities and undertake capacity building where appropriate.
Do not have an understanding of the range of providers in our area	Regular and productive dialogue with providers encourages a "consensus" and partnership orientated relationship
	Service specifications are evidenced-based and outcome focused where appropriate

Review

x	√
Contracts are not influenced by commissioning priorities	We review the learning from our commissioning activities
‘One size fits all’ procurement activities regardless of risk	Good service provider monitoring allows us to negotiate improvements to services
Poor compliance with procurement regulations	Arrangements are in place to bring together relevant data on activity, finance and outcomes across agencies to benchmark services
We don’t decommission or remodel services when they fail to meet outcomes or provide VFM	

Before next session – 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?

Scoring matrix

What's next?

Keep your self assessment tool in mind during the course!

- What does this mean for your organisation?
- What does this mean for you in your professional role and personally?

You could:

- Take the self assessment tool back to the 'office' and complete with you team / colleagues
- Revisit at the end of the course to consider what actions or recommendations you would like to embed in your practice
- Consider how this might inform your assignment project

Your reflections on today

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