

OXFORD
BROOKES
UNIVERSITY



institute of
public care

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...

Procurement is the entire process of sourcing goods, works or services from (usually) external providers/suppliers, risk management, and overall supplier management (including performance tracking) and managing these through to the end of contract.

Contracting is an essential part of procurement – it is the process of negotiating and agreeing the terms of a contract for services, and on-going management of the contract including payment, performance monitoring, and relationship maintenance.

The commissioning system



Commissioning Support Programme

The commissioning system



Commissioning Support Programme

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



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 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?

People "I..."	Population "We..."	Place "We..."
<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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 shared 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	<ul style="list-style-type: none">• 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"

What outcomes can be achieved by collaborative commissioning?

Example 1: Coordinated support for children and young people



Key enablers

4 Key Enablers for Strategic Planning and Commissioning



Collaborative Strategic Relationships



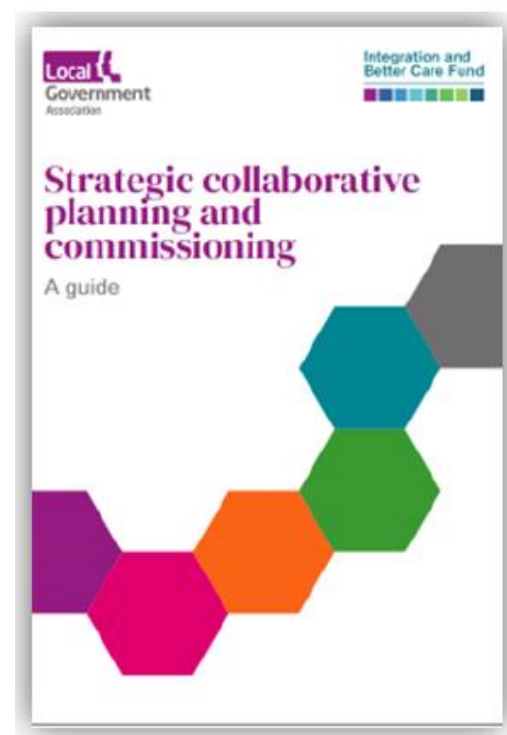
Collaborative Co-productions of Support and Interventions




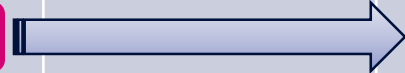
Collaborative sharing of both risks and achievements



Collaborative and creative allocation of resources



Where should your commissioning activities be better sited?

Service	Separate	Parallel	Joint	Integrated
For example...	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
Equipment to support people live at home	Currently here			
Drug and Alcohol and Mental Health Services			Currently here	More 'effective' here?
Community falls prevention service			More 'effective' here?	Currently here
Diagnostic Pathways for children with Learning Disabilities		Currently here		

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



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

No published (joint) outcomes and priorities

We don't communicate well with our stakeholders

✓

Recent clear commissioning strategy 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 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

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

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.

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

‘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

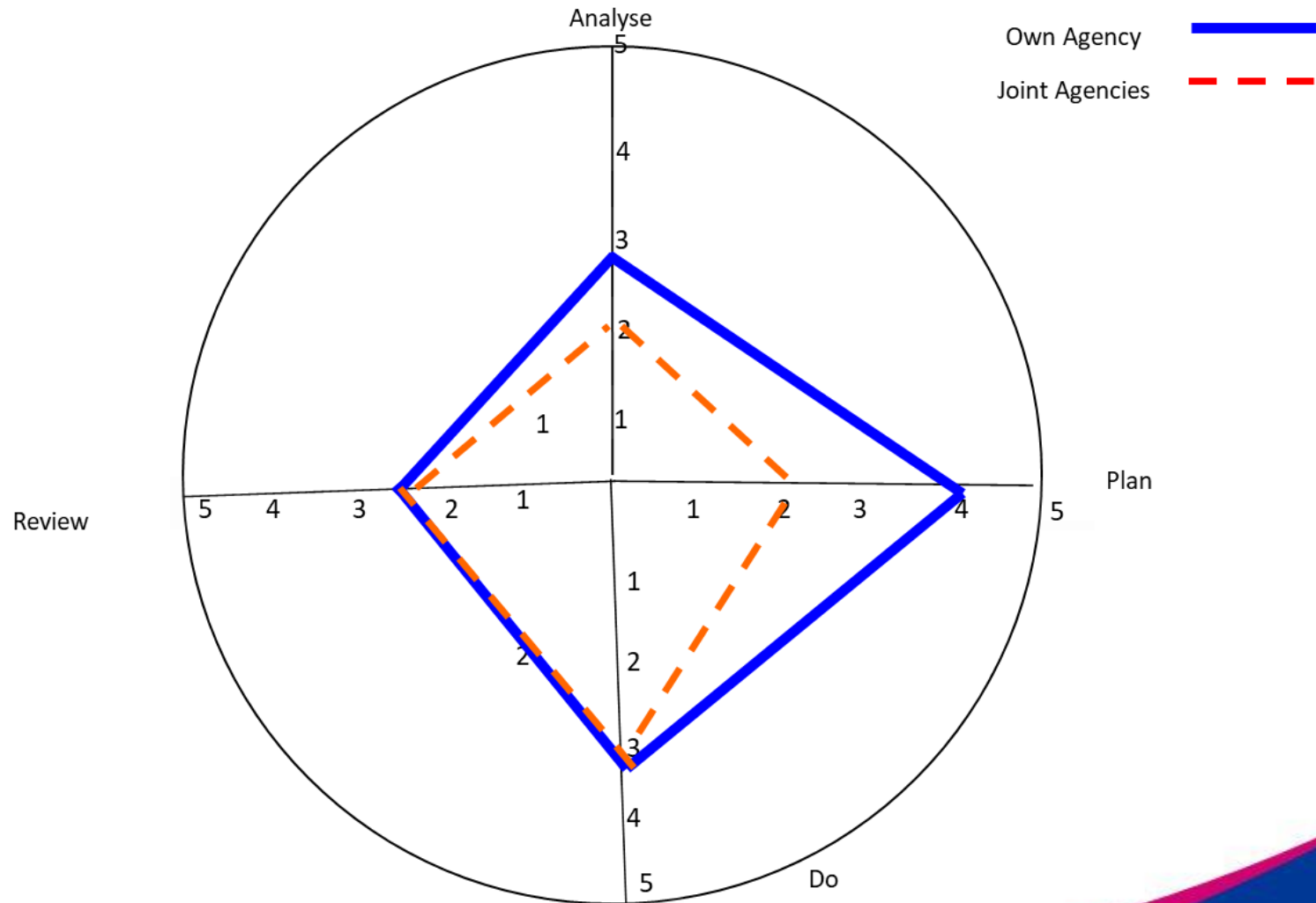
Arrangements are in place to bring together relevant data on activity, finance and outcomes across agencies to benchmark services

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

Contact us



<https://ipc.brookes.ac.uk>



ipc_courses@brookes.ac.uk



[@ipc_brookes](https://twitter.com/ipc_brookes)



01865 790312



[institute-of-public-care-brookes](https://www.linkedin.com/company/institute-of-public-care-brookes)