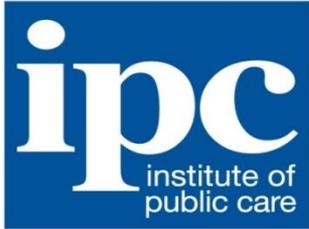


North East Commissioners Workshop

**Market Position Statements:
What does “good” look like?**

1st March 2019

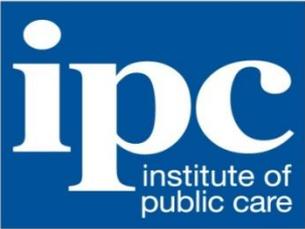


The Institute of Public Care

- **We are part of Oxford Brookes University**
- **We work with our clients to deliver better health and social care outcomes**
- **We use our professional experience and academic rigour to drive improvement and innovation, and to generate new learning for the benefit of people, organisations and communities**

Driving improvement and innovation in care for people including:





What we do

Independent and voluntary sectors	Local government	Health organisations	National government
Leadership and change			
Commissioning and market shaping			
Demand management and efficiency			
Early intervention and prevention			
Collaboration and integration			
Outcomes and impact			
Practice and service delivery			
Performance management and quality assurance			
Policy development and implementation			
Consultancy	Informatics	Partnership	Research and evaluation
			Skills development

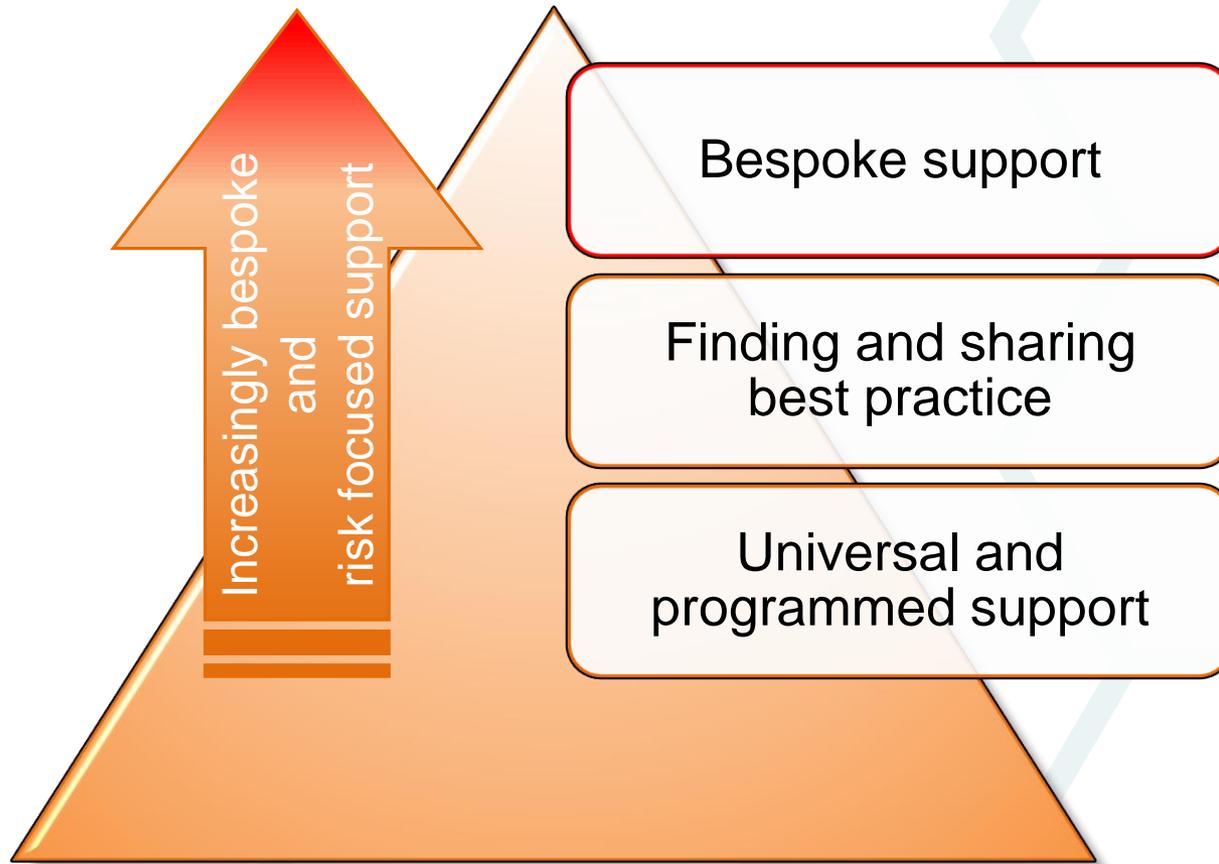
**Care and Health Improvement
Programme (CHIP)**

Market shaping & commissioning workstream

CHIP- sector-led improvement for social care

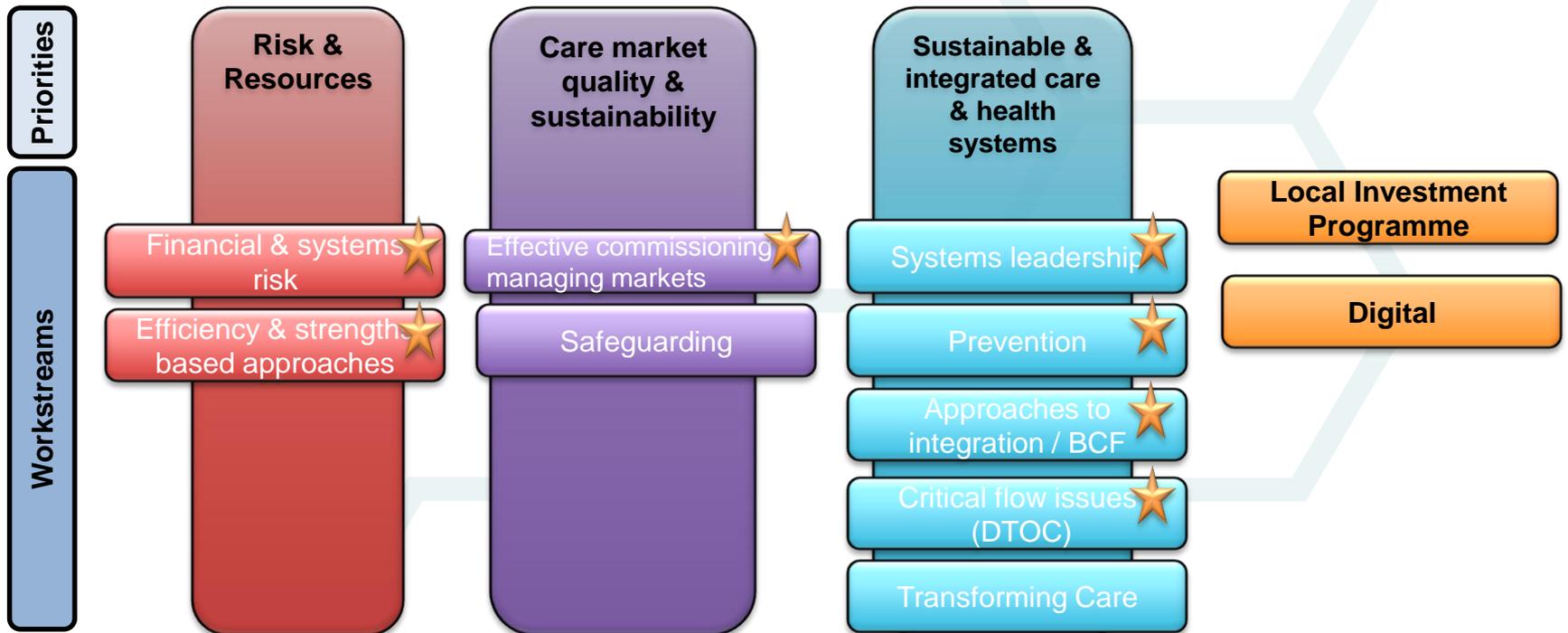
- *CHIP* is the SLI programme for adult social care and health integration delivered with the Association of Directors of Adult Social Services delivered in the context of the LGA's SLI approach
- LGA and DHSC have been working in co-operation since 2012 on a range of social care improvement and health integration programmes. Including discrete programmes focused on Health and Wellbeing Boards, the response to Winterbourne View (now Transforming Care), implementing the Care Act and more recently integration and informatics
- In 2014/15 the programmes were brought together as the *Care and Health Improvement Programme (CHIP)* to strengthen the strategic oversight and ensure a coherence
- In 2017/18, it is funded by the Department of Health with contributions from NHS for Transforming Care and some digital and information activity.

Facilitated sector-led approach



Sector-Led Improvement for Care and Health

Care and Health Improvement Programme Framework 2018/19



Market shaping & commissioning workstream

Offers

- Comparative market analysis data tool available to all participating councils
- Co-development of predictive modelling tool for testing and use by regions and councils
- [Bespoke support offer](#) to individual councils and regions on market shaping and sustainability of provision including MPS and specific commissioning issues
- Further regional workshops tailored to local market shaping and MPS needs
- [Flexible resources](#) to support actual provider failure
- Markets and commissioning learning points identified and shared with councils
- Online [resources and case studies](#)
- Joint working initiatives with national provider organisations to support innovation and sustainability of provision at national and local level

For more about our work see

[Commissioning and market shaping | Local Government Association](#)

Or email marketsandcommissioning@local.gov.uk

Purpose of the workshop

- **IPC review of MPS guidance**
- **Key features of good practice in developing an MPS**
- **Components of a strong MPS**
- **Moving forward as a region**
 - **Achieving consistent good practice**
 - **Adding value through collaboration**
- **Next steps**



Review of MPS Guidance

- First [IPC MPS Guidance](#) published in June 2016
- Additional “best practice” published
- Feedback from providers
 - Round table discussion
 - 1:1 interviews
- Reviewed 35 MPSs published since October 2017
- IPC experience supporting LAs to develop MPSs

- <https://ipc.brookes.ac.uk/what-we-do/market-shaping.html>

Key issues from the review

1. **Governance (incl joint MPSs)**
2. **Process**
3. **Format**
4. **Content**
5. **“The commissioner offer”**

Process: Good Practice Developing an MPS

Key features of good practice

- Co-production
- Whole system approach
- Carefully defined scope
- Regularly refreshed
- Web-based?

Good practice: Co-production

- **Co-produce from the outset**
- **How will you co produce your priorities with citizens?**
- **What is the level of mutual trust with providers?**
- **What is the appropriate influence for providers to have on an MPS?**
- **By what process will you engage and co-produce?**

Good practice: Whole system

- **Where can strategies be aligned?**
 - **Within Councils?**
 - **Between Councils?**
 - **With Health?**
 - **With others?**
- **Place based?**
- **Does alignment exist already – or does it need to be built?**

Good practice: Scope and format

- **Where is the MPS “owned” in the organisation?**
- **What influence do commissioners need to have in the market to support which strategic priorities?**
- **Is there recognised benefit on a broad scope or should (a series of) MPSs focus on specific aspects of the market?**
- **Have providers been involved in discussions about the scope of MPSs?**

Good Practice: Regularly refreshed

- What is the appropriate level of detail for the MPS?
 - High level, long term strategic objectives?
 - Specific procurement initiatives?
- At what rate do these change?
- What capacity is available to commissioners?
- What parts need to be refreshed?
- Format? Web-based?

Good Practice: Five Key Issues

- 1. Market shaping should be owned at a senior level within the local authority and health partners**
- 2. Update your MPS regularly**
- 3. Think carefully about its scope**
- 4. Work closely with providers on an ongoing basis**
- 5. Provide clarity to service providers to allow for business planning**

Components of a strong MPS

- **Understanding demand**
- **Market overview**
- **Vision**
- **Approach to engagement with the market**

Key Components: Understanding demand

- **Analysis of:**
 - **current population,**
 - **unmet demand and**
 - **projections of future demand**
 - **people supported by the local authority**
 - **spend by the local authority or with partner commissioning agencies**

- **How much detail is needed?**
- **How much capacity is available to keep it fresh?**

Key components: Market overview

- **Overview of services**
 - **Where?**
 - **Who provides them?**
 - **Under what contractual arrangements?**
- **Self-funders and direct payment/individual service fund holders**
- **Workforce**
- **Quality**
- **Sustainability issues**

Key components: Vision

- **Service Model**
 - **Core values**
 - **Principles**
 - **Service model description**
 - **Key strategic priorities**
 - **Implications for providers**
- **Resources available**



Key components: Vision and implications

- **Services required**
- **Opportunities to innovate**
- **Timetables for service transformation initiatives**
- **Forthcoming procurement initiatives**
- **Timetable for service remodelling**
- **Initiatives to mitigate risks to sustainability**
- **Commissioners approach to contingency planning**

Key components: managing the relationship

- **How will the commissioner/provider relationship be managed?**
 - **Provider forums: properly resourced, reliably attended by senior officers and promoting a genuine two-way debate**
 - **Liaison officers**
 - **Web-based updates**
 - **Open sessions**
 - **Co-production arrangements for future iterations of the MPS**



Key components: “The commissioner offer”

- Whole system approach to workforce? eg
 - Support with recruitment and retention
 - Joint training initiatives (especially if made available at reduced or no cost)
- Practical support in addressing quality issues
- Specialist support (such clinical guidance or cyber security)
- Mentoring
- Potential land availability and buildings
- Help with planning consent
- Grants, loans and other capital support

Comments and Questions?

Summary

1. Governance

- **MPSs require high-level ownership**
- **Building trust with providers**
- **Setting the scope**
- **Agreeing the format**
- **Allocating resource and project managing the production of MPS**
- **Committing to partnership**
- **Committing to the “offer” to providers**
- **Clear intentions**
- **Delivering!**

2. Whole system – considering collaboration

- It's a governance issue
- Where are the obvious collaborations?
 - Within LA (eg with housing)
 - Regional
 - With NHS commissioners
 - Children's
 - Planning
- Pros/Cons
 - Achieving alignment vs comprehensive whole system priorities
- Build on existing (and established) collaborations
- Depends on scope? (High level vs detailed)
- Build collaborative approach incrementally

3. Process

- **Co production**
 - **People using services and other stakeholders**
 - **Providers**
- **Resourcing and project managing the development of MPS content**
- **Good enough data?**
- **Detail?**
- **Refreshing**

4. Format

- From follows function
- Agree scope
- Keep it simple
- What do (and don't!!) providers need to know?
- Language
- Web-based?

5. Content

Consider carefully the emphasis and balance in the following subject areas

- Demand
- Market issues – especially
 - Quality issues
 - Risk factors
 - Resilience
 - Contingency planning
- Resources
 - Honest approach to cost issues
- Strategic priorities
- Implications for providers
- Procurement plans
- “The commissioner offer”

6. “The commissioner offer”

- Building a mature “two-way” relationship
- Based on co production
- Mechanisms for promoting partnership
- Specific initiatives
 - Workforce
 - Business support
 - Capital?
 - Innovation
 - Maintaining strong and meaningful liaison

Benefits of Regional Working

- **A common approach**
 - **Process**
 - **Contents**

- **Joint MPSs**
 - **Collaborating to shape appropriate regional markets**

Discussion 1

Common Approach

- What are the pros and cons of adopting a common approach to MPSs across the region in terms of:
 - Process?
 - Content?
- What would be the key components of a common approach?

Collaborating (Joint MPSs)

- Where are the natural opportunities for collaboration in the NE in the production of MPSs?
- What are the pros and cons?
- What will be the key features of strong governance

Discussion 2:

- **What are the next steps to achieve the benefits you have identified of a regional approach**
- **Produce a proposal for consideration by the regional group.**



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