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Outcome commissioning: Resting commissioning responsibility with locally accountable bodies

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Commissioning

Part 1 – of 4

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Characteristics of an outcome model: from Funding to Investment

THE FUNDER	THE INVESTOR
• Seeks proposals and allocate available money • Likes widespread participation in selection decisions • Considers funding decisions the high point of their work • Hands-off – from grant deciders to contractors to monitors • Focuses on compliance with procedures and activity • Monitors and 'holds accountable'	• Seeks and funds promising opportunities as presented • Asks small teams to make investment decisions • Considers the initial investment only the starting point • Views the investment as part of a partnership • The investor sticks with the investment • Focuses on getting intended results • Asks "How can I help?"

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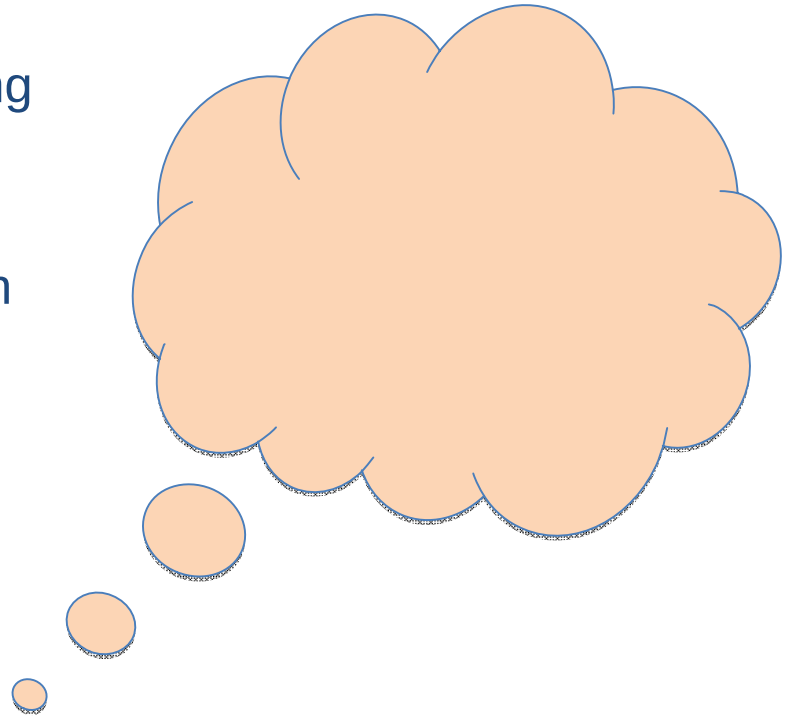
What outcomes?

- Improved health and wellbeing
- Improved quality of life
- Making a positive contribution
- Choice and control
- Freedom from discrimination
- Economic wellbeing
- Personal dignity



Our Health, Our Care, Our Say (2006)

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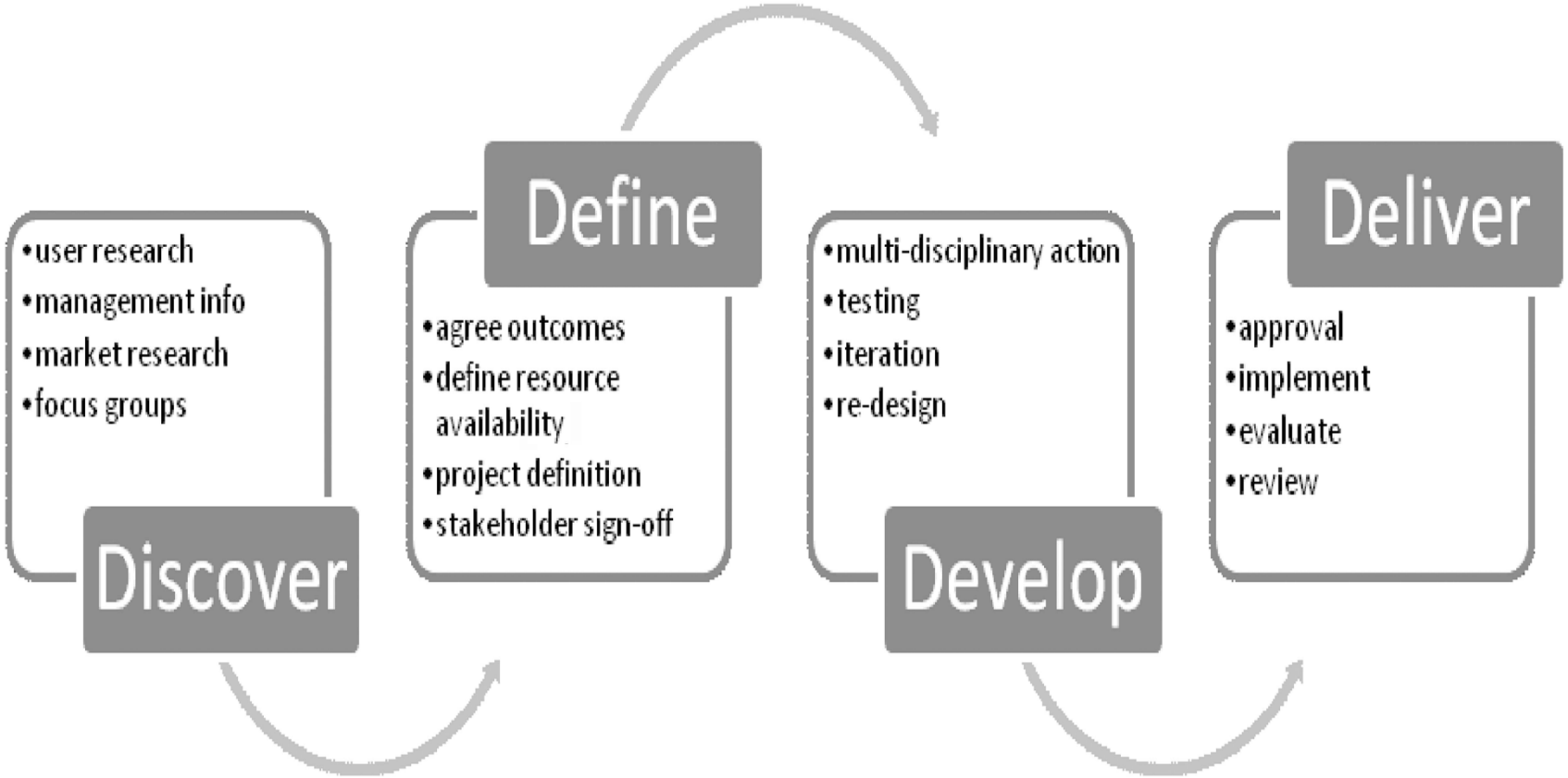
The outcome journey



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Eight steps to more effective commissioning

- ✓ Putting people at the centre of commissioning
- ✓ Understanding the needs of populations and individuals
- ✓ Sharing and using information more effectively
- ✓ Assuring high-quality providers for all services
- ✓ Recognising the inter-dependence between work, health and wellbeing
- ✓ Developing incentives for commissioning for health and wellbeing
- ✓ Accountability for making it happen
- ✓ Capability and leadership to make it happen

Commissioning Framework for Health and Wellbeing (2007)

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How good are you at commissioning?

The journey

Intelligent commissioning
(where we need to get to)

Intelligent commissioning
- Maximise value from total local public sector budget
- Outcome driven
- Empowering users and local communities
- Widespread embracing of behavioural change
- Some community-led commissioning
- Semi-autonomous personalisation

Effective commissioning
- Local Authorities/LSPs engaging with communities on the pattern of services required
- Local Authorities/LSPs (LAAs) shaping structure of delivery
- Active redesign of services
- Stewarded personalisation & behavioural change

Reactive commissioning
(where we are now)

Weak commissioning
- Historically & provider led
- Little effective challenge

Adequate commissioning (status quo)
- Good control over existing contracts
- Narrow approach to commissioning around procurement and purchasing

In most areas of the public sector we need to see a step change in how commissioning is viewed and how it is discharged.

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Accountability

Part 2 – of 4

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Lines of accountability: from Autonomy to Integration

	Autonomy	Co-ordination	Integration
Vision of system	Individual perception	Shared commitment to improvement	Common values, all accountable
Nature of partnership	Own rules with occasional partnership	Time-limited or co-operative projects	Formal statements, legislation
Use of resources	To meet self determined objectives	To meet complementary objectives	Used according to common framework
Decision making	Independent	Consultative	Authority delegated in single process
Information	Used independently	Circulates among partners	Orients working towards agreed needs

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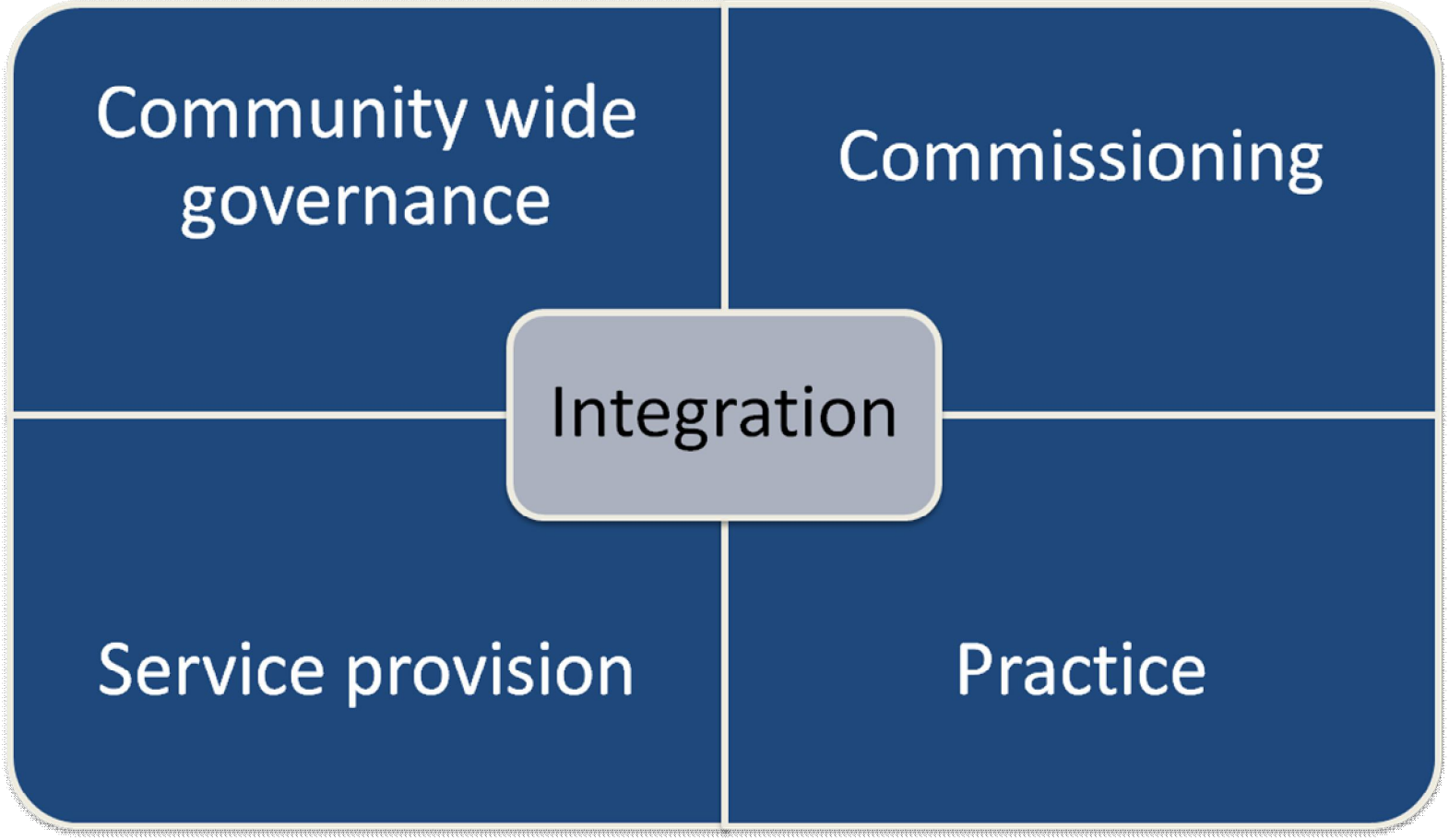
Four components of integration



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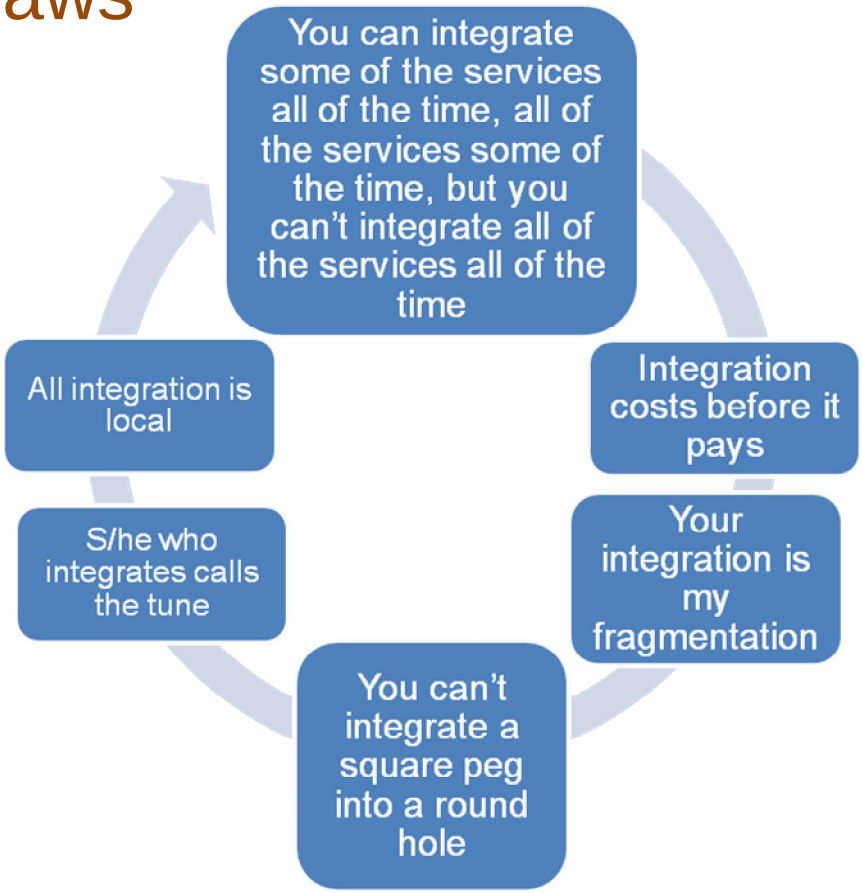
Luetz's 6 laws



Leutz, W (1999) Five laws for integrating medical and social services: Lessons from the USA and UK – Milbank Quarterly. 77(1): 77-110) . Leutz proposed the sixth law in Journal of Integrated Care Vol13, No 5)

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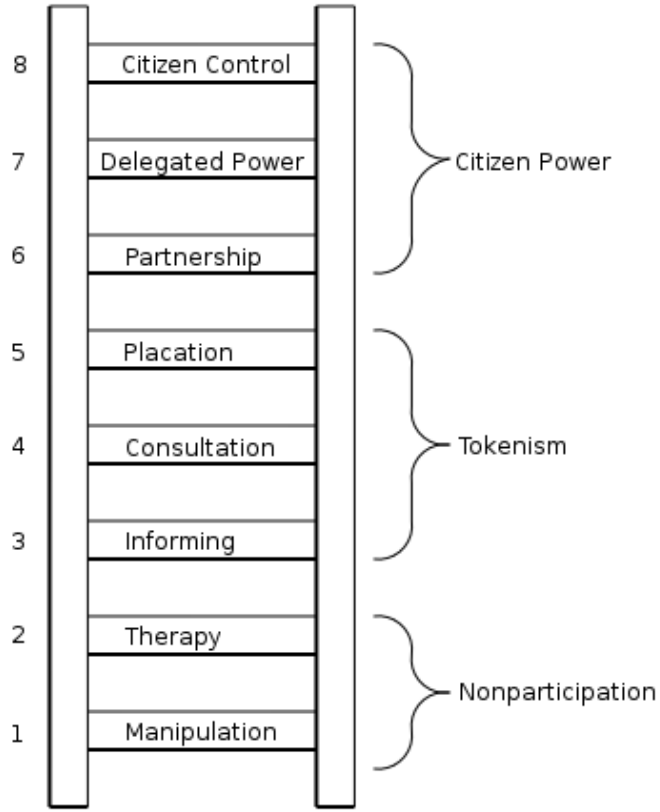
How good are you at participation?

Participation must be real and not manipulative or tokenistic. Sherry Arnstein's *Ladder of Participation* can help you think about which stage you are at……



http://lithgow-schmidt.dk/sherry-arnstein/ladder-of-citizen-participation.html

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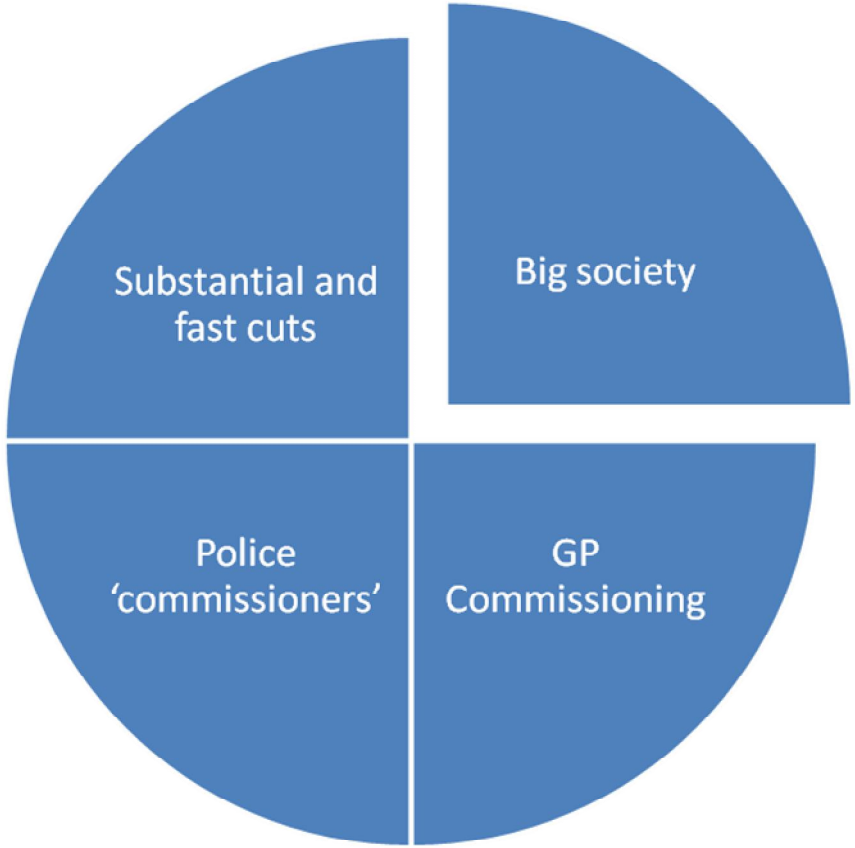
Tackling the ‘too difficult’ mentality



Issues:

- Mechanisms for determining local target outcomes
- Performance framework/incentives

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Case examples

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Rebalancing the local health system: Liverpool PCT

- Significant Health inequalities
- Poorly developed facilities in old buildings
- Wanted to:- support people to look after their own health:
- Address top health problems- Nearly a quarter of people in Liverpool have a long term illness like heart disease or diabetes. This means improving community health services so that you only go to hospital if you need to;
- Meet everyone's higher expectations- People want good health care services near to where they live. They want better help and advice about how to stay healthy – but if they do become ill they want choice about their care and timely treatment. They want care that is joined up.
- Although hospitals are important, need in Liverpool to re-balance the system with effort and money developing local community health services.
- Aim to provide the right services in the right place delivered by the right professional at the right time for the patient and thereby guaranteeing a personalised and joined up experience from the first contact.

http://www.liverpoolpct.nhs.uk/Library/Your_PCT/Hearing_your_voice/Big%20Health%20Debate.pdf

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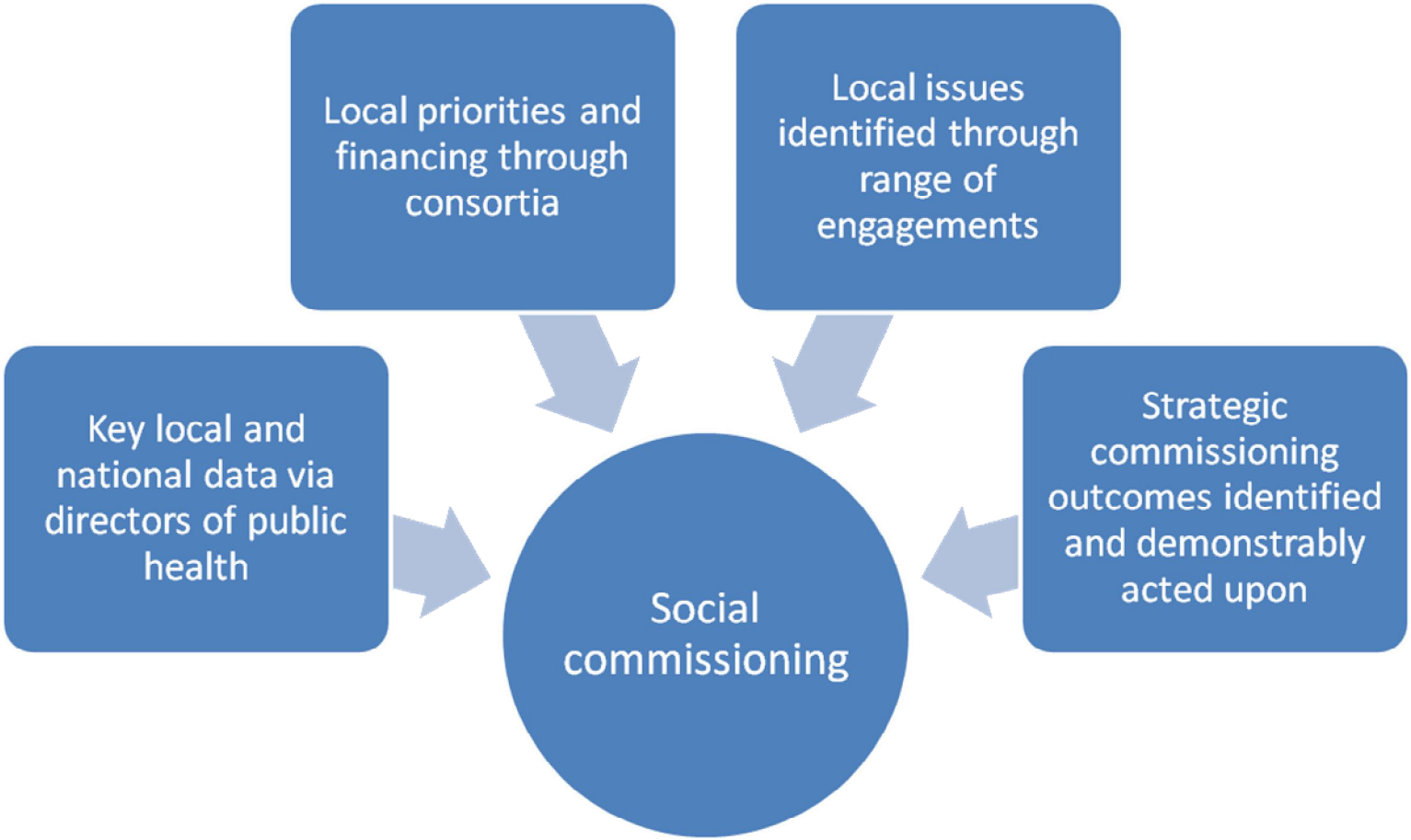
GPs – social commissioning model



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Devon Children's Centres

- 32 Centres. Lots of data but needed local priority setting to deliver better outcomes
- Group – GPs, Community, Councillors etc – take decisions and run local commissioning process
- Each Centre has identified budget delegated from many sources
- Core offer at each Centre delivered by partnership of willing organisations not by a separate organisation
- Reduced local Children's Trust responsibility at this level in favour of Monitoring Group
- *Population* not *service* accountability
- 4 year track-record
- Already signs of improved outcomes
- Local control best when over the whole commissioning cycle
- Training and support crucial
- 'new' money attracted by delegated funds

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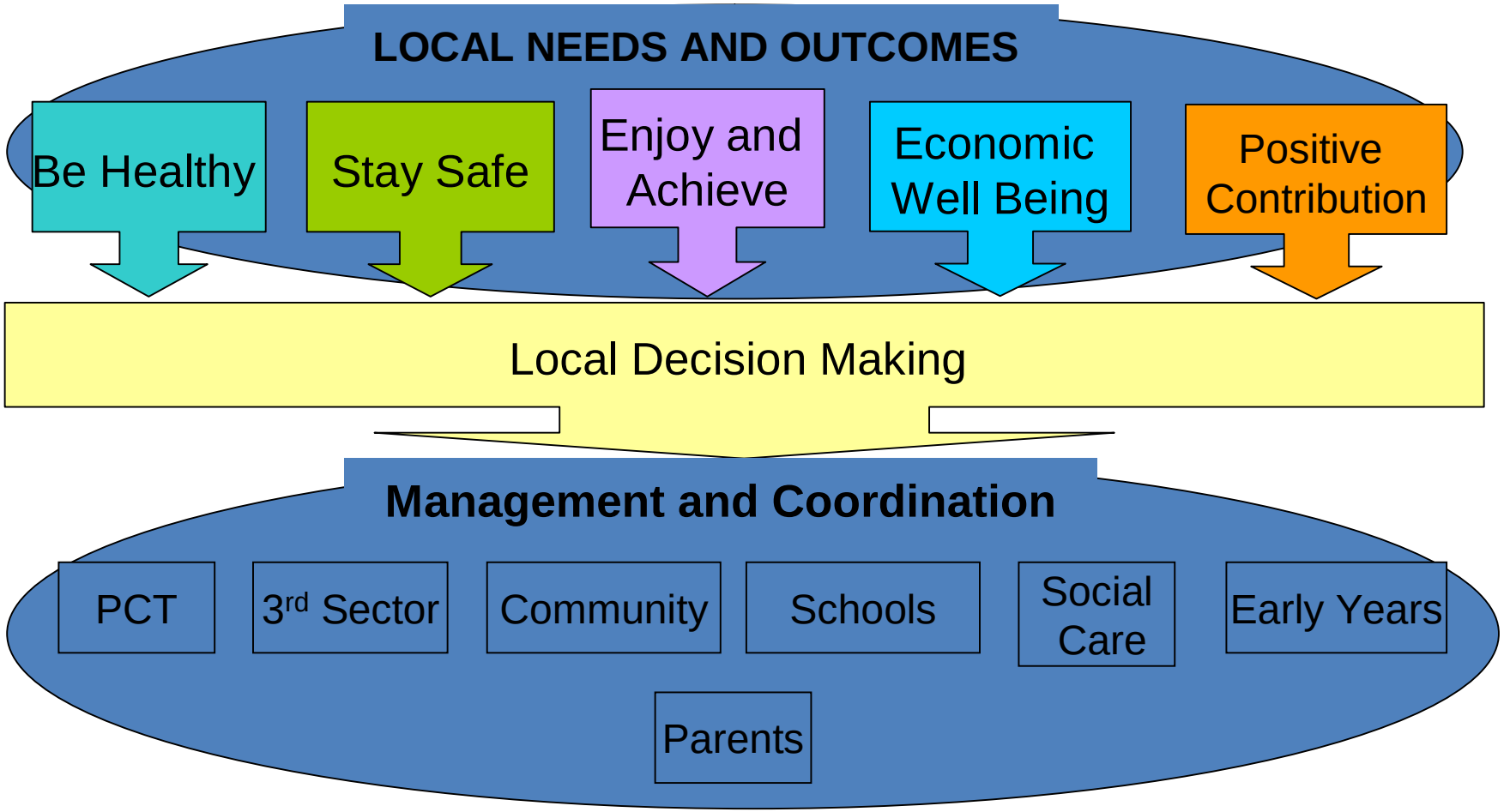
Outcomes and co-ordination



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Performance framework

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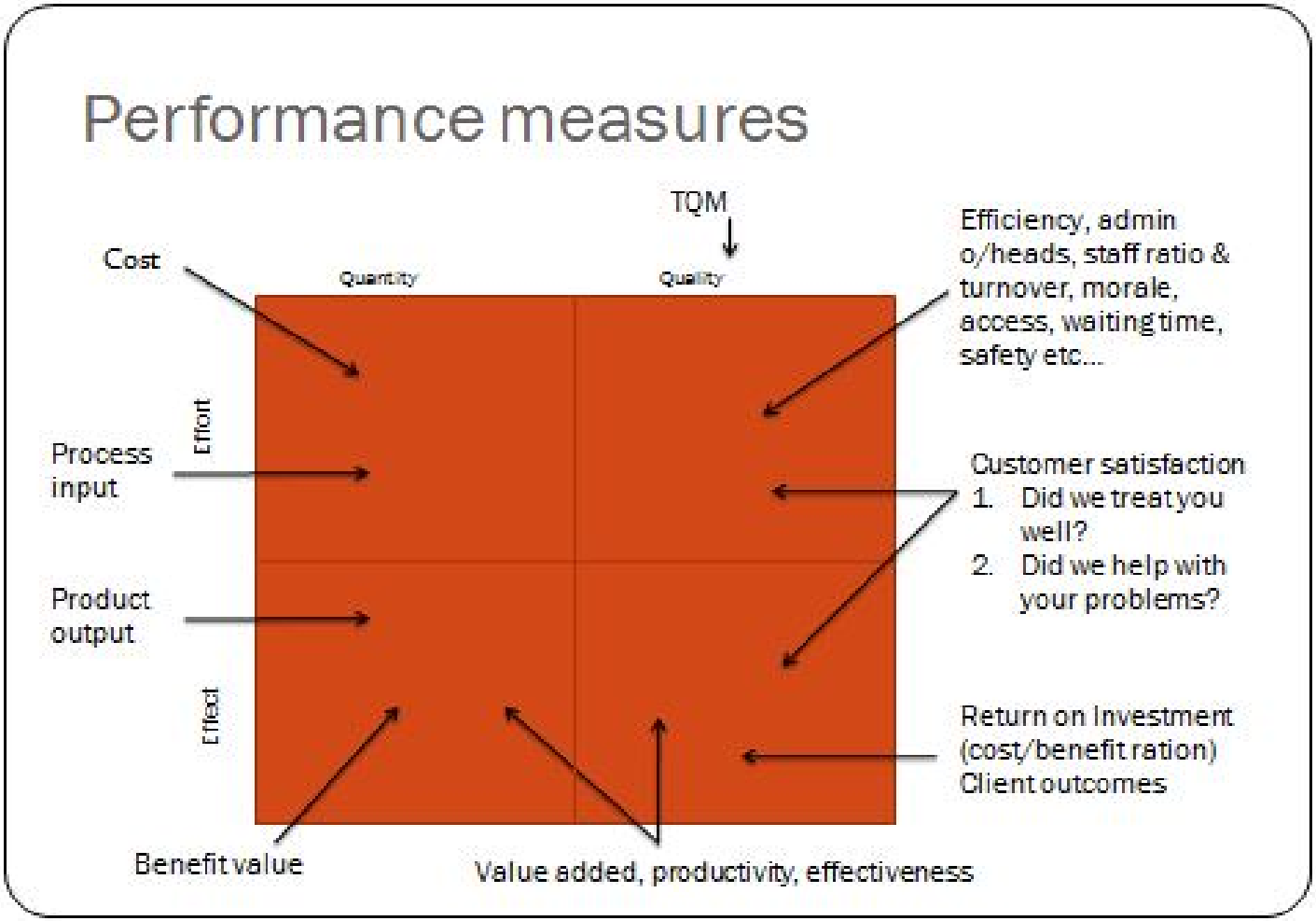
Towards a performance framework



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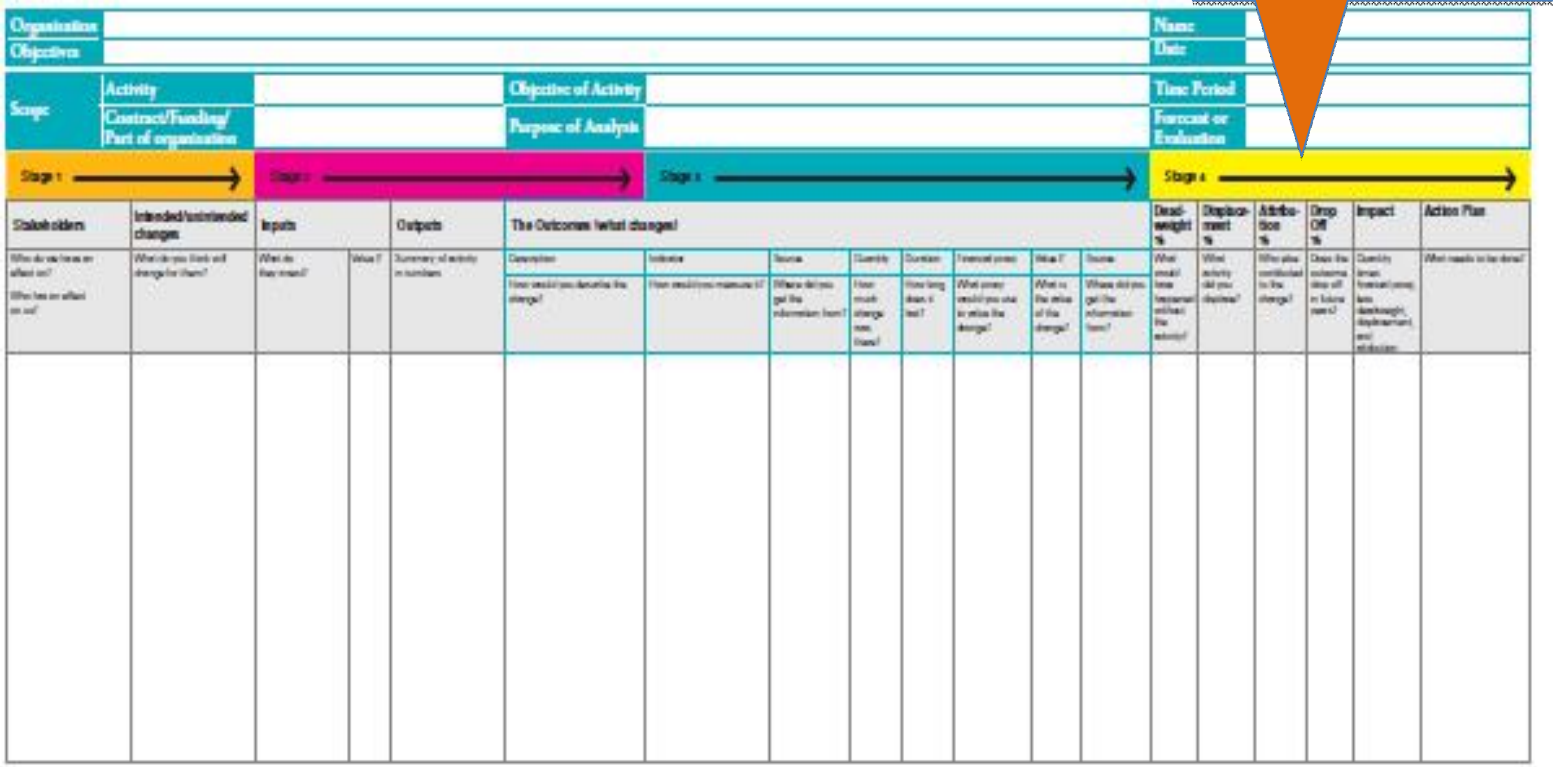
Social Return on Investment (SROI) – Impact Map

Four Stages



The SROI network - http://www.sroi-uk.org/

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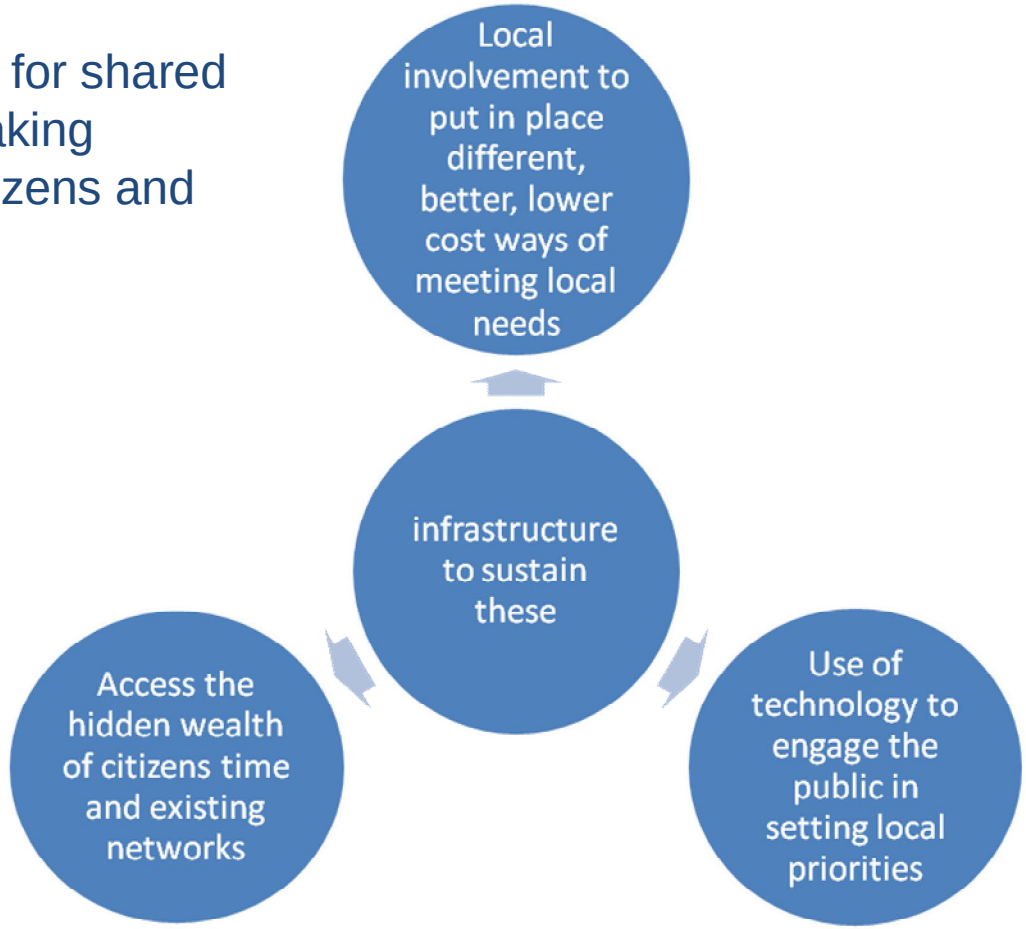
Participatory budgeting - checklist

"..a process for shared decision-making between citizens and the state"



NESTA: Your Local Budget – Unlocking the potential of participatory budgeting

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Comments and questions

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