

Commissioning Academy



Draft for review

Local Government Association, Strategic Commissioning Options Appraisal

the Public Service Transformation Academy
with RedQuadrant



Introduction

- The strategic options assessment tool offers adult social care commissioners the possibility of strategically assessing the constraints and enablers that apply to their council and place in order to:
 - Better understand the relevant factors at play that constrain and enable effective adult social care commissioning;
 - Create a commissioning development plan; and
 - Select a strategic approach that suits the place
- This is a **draft** for review – most of the work is in bullet point form which will be written up in the final version
- The published version is likely to be an online interactive webform
- It is likely that the final version of the tool will also contain sections on the definition of commissioning, underlying principles, and comparing commissioning to systems change approaches

Comments by [email](#) please or you can respond directly on the [mural board](#)

Questions to which we are seeking responses

1. Are the aspects of commissioning right?
Is the naming of them right?
Is anything missing?
2. Does the options appraisal process look right?
3. Do the commissioning approaches look right?

And - if you are willing to dive into the details – do the sets of questions and things which shape context and room for manoeuvre, look right?

They are set out under each aspect on the mural board:

- <https://app.mural.co/t/redquadrant9812/m/redquadrant9812/1644015309200/e20e0564cb7277f742c6f3923f2cc0d6e90ca20e?sender=benjamintaylor2777>

Please hold questions to the end of the presentation



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THE OPTIONS APPRAISAL PROCESS USING THE TOOL

1. Assess your council / place / commissioning against the eight aspects
2. Use recommendations to create a commissioning development plan
3. Identify potential models to fit the context

1. Assess against the eight aspects of commissioning

- Answer the questions to self-assess your council / place / commissioning against what good might look like (and what bad looks like) for each of the eight aspects of commissioning (each gets a score out of 100)
- Identify which of the factors most enable and constraint you – what shapes your context and room for manoeuvre as a commissioner

Each aspect will have inspiration and recommendations for action

2. Create a commissioning development plan

For each aspect:

1. Which factors currently most hold you back?
2. Which most support you?
3. Which of the supporting factors could you boost?
4. Which of the inhibiting factors are:
 - a) in your control?
 - b) influenceable?
 - c) out of your control?
 - d) require innovation if they are to be changed?
5. Create an action plan to address the inhibiting factors and boost the supporting factors.

Worksheet mock-up

1. Factors that most hold us back	2. Factors that most support us
Action plan	
4. Constraints	
a) in our control	b) influenceable
c) out of our control	d) require innovation

3. Identify potential models to fit the context

Aspects (and factors, room for manoeuvre, balances)	Approaches	Self-assessment score
System design, place	Prevention and early intervention	45
Relationships	Leadership of a system in a place	55
Capacity and capability development	Community development focused / developing VCSE capacity Political economy approach	40
User and outcomes focus – vision	Individual focused	65
Insight and inspiration – capacity and capabilities of commissioners	Values-based commissioning Disruptive commissioning	66
Policy – core constraints	Strategic procurement of services against needs	70
Process – current state of commissioning	Contestability to drive down costs Market management Small government	72
Models and tactics / state of funding and delivery	In-house delivery, mutualisation etc	74

Look for the score above 50 which is highest up the arrow, and does not have weaker scores underneath it.

In this example, that would be ‘use and outcome focus – vision’.

‘Relationships’ is strong, but is undermined by a weak capacity development score.

This suggests that the ‘individual focused’ commissioning model might be the most fruitful one to concentrate on – and values-based and disruptive commissioning should also be considered.

These suggested models should then be compared against your action plan to see which approach (or which blended approach) gives the best focus to the actions needed to improve commissioning in your area.

This will only ever be a suggestion and blended approaches are likely



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EIGHT ASPECTS OF COMMISSIONING

For each aspect, the first page touches on definition and what good looks like, and the second page illustrates questions that might be asked and 'what bad looks like'.

Eight aspects of commissioning

System design – includes integration and partnership opportunities, the role(s) the council can play in the whole system, early intervention and prevention, where the big problems and opportunities lie

Relationships – how the critical relationships work at present and what could change to help outcomes improve

Capacity and capability development – provision from all sources to help needs to be met and people to achieve their purposes in life (includes market, social procurement, VCSE, asset-based work, workforce etc)

User and outcome focus – includes codesign, strengths-based working, choice, effective outcomes measurement

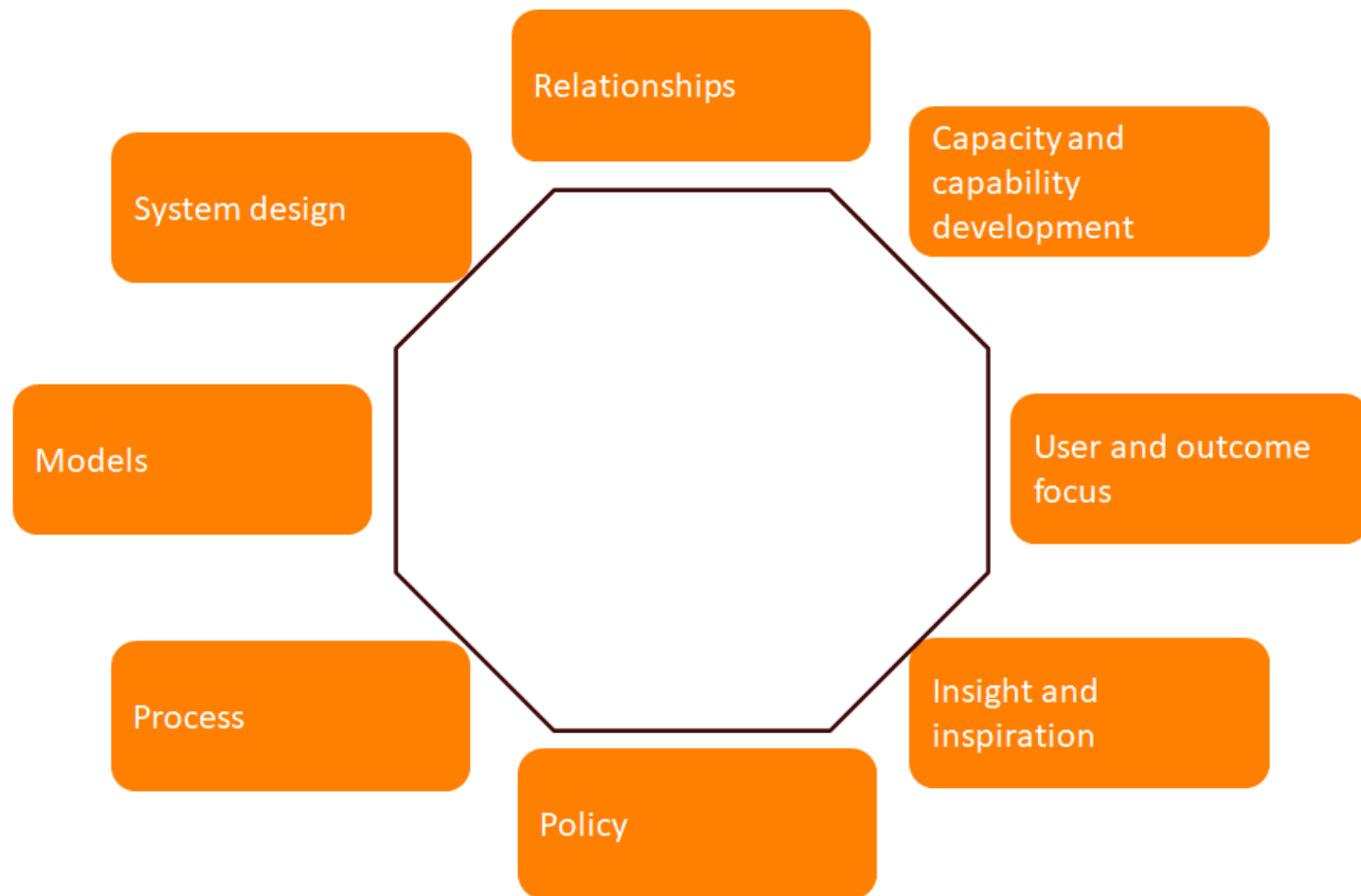
Insight and inspiration – the role of innovation, disruption and experimentation in changing the system, role and status of the commissioner

Policy – dealing with the core enablers and constraints of commissioning including the legal and policy framework, shaping and creating it

Process – developing commissioning process and practice using it for transactional improvement and as a mechanism for commissioning – competition, collaboration, commercials, clarity of contracting etc

Models and tactics – focus on service design and tactical delivery models – workforce, technology, innovation in models, aggregation etc, and joining up between models / reducing waste and user journey failures

A way to show the aspects non-hierarchically



It would also be possible – if helpful – to show how they all interact and interlink, and a version of this diagram could include the approaches?



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TWELVE APPROACHES TO COMMISSIONING

‘Branded’ approaches which give a focus and point to commissioners’ approaches and improvement goals.

These are the approaches we believe to be reasonably justifiable and that have been tried in real life – but many other possibilities exist.

Twelve approaches to commissioning – part one

1. **Prevention and early intervention**

Strong focus on keeping people 'out of care' and maximising conditions for people to be able to look after themselves.

2. **Leadership of a system in a place**

Acting as a convening body to shape the whole system of health, care, wellbeing, and need in place.

3. **Community development focused / developing VCSE capacity**

Creating the capability within the community to meet care need and meeting care needs through the voluntary, community, faith, and social enterprise sector.

4. **Political economy approach**

Maximising spend and re-spend locally where it will have maximum impact, minimising extraction of funding for external profit.

5. **Individual focused**

Creating conditions for individuals to manage, select, fund, and direct their own care needs.

Twelve approaches to commissioning /2

6. Values-based commissioning

An approach that aims to challenge the status quo based on citizen perspectives and equity.

7. Disruptive commissioning

Focus on innovation, creativity, novel approaches and technology

8. Strategic procurement of services against needs

Procedural focus on good service provision and management

9. Contestability to drive down costs

Focus on squeezing providers

10. Market management

Focus on mixed and healthy economy of providers

11. Small government

Reducing the involvement of democratic decision-makers in delivery through a focus on contracting for provider expertise and user empowerment

12. In-house delivery, mutualisation etc

Focus on reducing or removing market dynamics from the provision of care

How it fits together

Aspects (and factors, room for manoeuvre, balances)	Approaches
System design, place	Prevention and early intervention
Relationships	Leadership of a system in a place
Capacity and capability development	Community development focused / developing VCSE capacity Political economy approach
User and outcomes focus – vision	Individual focused
Insight and inspiration – capacity and capabilities of commissioners	Values-based commissioning Disruptive commissioning
Policy – core constraints	Strategic procurement of services against needs
Process – current state of commissioning	Contestability to drive down costs Market management Small government
Models and tactics / state of funding and delivery	In-house delivery, mutualisation etc

Factors and approaches map loosely to approaches not tightly

WORKED EXAMPLES – WHAT WOULD IT LOOK LIKE?

- A. moving from residential-based care to care at home
- B. radical market-making
- C. developing an integrated system

Council A – residential care to care at home

- System design – weak overall planning
- Relationships – weak relationships with health due to historic issues over non-contiguous boundaries, but good with VCSE
- Capacity and capability development – good basic market-shaping but not yet strong community capability development
- User and outcome focus – good, with strong carers engagement
- Insight and inspiration – some recent successes mean proposing a bold experiment is feasible
- Policy – good
- Process – good particularly with smaller providers, lack of large-scale procurement and capital programme capacity
- Models – good level of competence
- Good understanding of new requirements to purchase on behalf of self-funders
- The home care market is weak and dominated by one large national provider
- The local political ideology is also against significant outsourcing of care, however is very focused on VCSE (and faith) care, and would support development of community capability and micro-providers
- Excellent programme of community referrals and social prescribing
- Very good understanding of current and future demand thanks to recent analysis including ethnographic work
- Some local history of failed residential schemes
- Opportunities to pilot new assistive care and telecare

There are particular enablers and barriers:

- Land values and the local plan prevent the opportunity of developing significant volumes of extra care housing

The assessment points to the opportunity to build on some values-based and disruptive commissioning and target a community development / VCSE capacity approach and develop micro-providers and community provision for a 'stay at home' approach.

Council B – radical market-making

- There is some quite strong capability in system design and excellent relationships in the emerging ICS, though capacity and capability building and user and outcomes focus are not well explored due to a traditional reliance on one large provider.
- Some good insight has recently been gained into high levels of unmet need, and the current situation is that the provider is underperforming and struggling to manage workforce issues across the county.
- It is determined that the overall commissioning cycle and county-wide procurement has been too slow and unresponsive/uncreative. There is strong expertise though in delivery model development.
- The assessment points to the possibility of letting small local lots with limits on the amount of lots to one provider to stimulate a new type of market locally – focusing on Market management and Model development.

Council C – developing an integrated system

This council scores well across the board:

- Service delivery working well and balanced against demand
- Strong commissioning process and practice
- A strong place-based strategic commissioning strategy with good buy-in
- Well-developed commissioners with a decent reputation
- Good user and outcome focus driven by coproduction
- Reasonably good capacity and capability development with an emerging political economy focus
- Good relationships all round

However, there is a current provider failure, increasing unmet demand and volumes of demand in general, and lack of prevention and early intervention.

The decision is to focus on whole system design and prevention and early intervention, even with some emergency measures in place, to try to shift the whole system away from high-cost care.

SYSTEM DESIGN

- 1) What this aspect of commissioning covers and ‘when it’s good’
- 2) Assessment questions and ‘when it’s bad’
- 3) Factors to assess what constraints and what enables this aspect

If you rate strongly in this aspect, supported by the other aspects below, you are likely to want to consider the **prevention and early intervention** approach to commissioning.

What this covers and 'when it's good'

- This aspect of commissioning is about the design of a whole system of care – or even wellbeing – in a place.
- This means a holistic understanding of strengths, needs, and resources including the total funding available to all commissioning bodies and the voluntary, community, faith, social enterprise, family effort, the potential to use existing assets, to enable people to help themselves, and so on.
- Early intervention and prevention fit into system design and this aspect of commissioning inevitably takes us to a wider, place- and community-centred perspective, where the commissioner for any organisation is not at the centre, but simply part of a complex system.
- In an ideal world, this aspect covers integration and partnership across all parties in the system. However, in the absence of that, adult social care commissioning can play a system design role by understanding the whole system and seeking to intervene in ways that shape it positively.

A place that is optimally set up for wellbeing, mutual support, and care

Assessment questions and 'when it's bad'

- How are we working as a whole, place-based system?
- Is the whole system coherent? Do we have a plan as a whole system?
- Do we understand need and capacity as a whole?
- Are we putting social / environmental justice at the heart of the system?
- Can we shift the dial to strengths, enabling, prevention and early intervention?
- Are we learning as a system?
- Can we work systematically at a strategic, operational, and individual level?

When it's bad:

- People falling through the gaps, imbalance, lack of cohesion, increased pressure to focus in silos

Factors that constrain or enable, dynamic tension

what the place you are in is like
(demographics etc)

- underlying need / what is actually shaping behaviour or demand
- local views
- population density (rural/urban)
- geographical marginality / isolation
- transport ease / accessibility
- levels of deprivation
- population changes
- health of population
- age of population

- wage rates and employment market
- what matters to people and communities

funding and structures of the council and partners (and how they link together, or don't)

- degree of health and care integration and at what spatial level
- land value and planning issues
- workforce and workforce planning

Dynamic tension: silos <-> whole system view, prevention <-> later intervention

RELATIONSHIPS

- 1) What this aspect of commissioning covers and ‘when it’s good’
- 2) Assessment questions and ‘when it’s bad’
- 3) Factors to assess what constraints and what enables this aspect

If you rate more strongly in this aspect than approaches above, supported by the other aspects below, you are likely to want to consider the **leadership of a system in place** approach to commissioning.

What this covers and 'when it's good'

- At the heart of all commissioning, this is about the ways that sets of relationships enabled or disable care.
- This would ideally involve:
 - Strong, trust-based collaboration between all commissioning bodies and communities
 - Challenging and collaborative relationships between commissioners and providers – and between providers amongst themselves
 - Powerful relationships between carers and citizens receiving care,
 - Strong internal relationships between commissioners and key parties such as politicians, Finance Directors, Chief Executives, other departments, procurement and legal professionals etc
- All based on mutual trust, respect, an appreciation of each other's strengths, and a mentality of work as one team

A place where everyone is focused on achieving shared goals, together

Assessment questions and 'when it's bad'

- Do we have effective governance?
- Are we learning from the past?
- Can we look at the knock-on effects of our setup and our decisions?
- Do we have effective collaboration, partnership, and challenge across all key groups: commissioners, providers, politicians, communities,
- All stakeholders engaged and open communication
- Are we learning about and working on our relationships?

When it's bad:

- Poisonous relationships, negative competition, duplication, unproductive dissent, incentive to avoid engaging at all

Factors that constrain or enable, dynamic tension

- politician / senior officer / partner politics
- governance
- partnerships
- existing relationships
- different values that organisations and places put on commissioning
- digital and technical capability
- ethics and values of the organisation itself and people in it – culture
- level of trust and involvement (not just engagement of people/community)

Dynamic tension: politicians as directors <-> non-executive

CAPABILITY AND CAPACITY DEVELOPMENT

- 1) What this aspect of commissioning covers and ‘when it’s good’
- 2) Assessment questions and ‘when it’s bad’
- 3) Factors to assess what constraints and what enables this aspect

If you rate more strongly in this aspect than approaches above, supported by the other aspects below, you are likely to want to consider one of these approaches: **community development**, **developing VCSE capacity**, or **political economy**.

What this covers and 'when it's good'

- This aspect of commissioning is technically described as building the capacity and capability to help people to achieve their purposes in life.
- Traditionally, this is thought of as 'development of provision' across markets and mutual aid covering private and voluntary, community, faith, and social enterprise sectors. This perspective is limited in two ways:
 1. It is fundamentally deficit-based rather than strengths based – it is better to think about how people can be enabled to achieve what they want in life, rather than how needs (deficits) can be met
 2. It assumes that 'provision of service' is the goal of commissioning, whereas in fact positive life outcomes are the goal – people achieving what they want in their lives – which puts the locus with them and their capabilities, supported and enabled as appropriate.
- So this capacity and capability development is about an enabling place, whether through services, support, or self-efficacy.

A place where people have access to what they need to live their lives well

Assessment questions and 'when it's bad'

- Building capability of people to support themselves, carers, family, neighbours, place, community, providers from all sectors and sources (voluntary, community, faith-based, social enterprise, private, and public)
- An enabling, strengths-based, 'Good Help' approach
- Engagement with providers as partners, co-commissioning
- Effective balance of collaboration and contestability
- Asset-based commissioning approach
- Strong market insight, market making, and market management
- Funding and support that takes a long-term view and looks at impacts including social justice

When it's bad:

- Short-term, controlled, competitive contracting that creates pain and dependency across the system, push to increase these pressures

Factors that constrain or enable, dynamic tension

- asset and provision mapping
- potential for (dis)aggregation
- potential for funding models to better support capacity and capability
- major costs and pressures
- local sector strengths/weaknesses
- cost and quality of care
- markets
- state of the market
- levels of service user / carer / advocate satisfaction
- understanding current configuration of interventions

paternalism <-> self-direction by citizens

worker pay <-> cost of services

deficit and service <-> strengths and community

USER AND OUTCOMES FOCUS

- 1) What this aspect of commissioning covers and ‘when it’s good’
- 2) Assessment questions and ‘when it’s bad’
- 3) Factors to assess what constraints and what enables this aspect

If you rate more strongly in this aspect than approaches above, supported by the other aspects below, you are likely to want to consider the **individual focused** approach to commissioning.

What this covers and 'when it's good'

- Also a central concept to commissioning, this aspect is about remaining really focus on what the changes we make through commissioning are achieving for our citizens, in their lives, in terms they set for themselves.
- So this includes most centrally codesign – all the relevant people including especially the 'user' working together at all stages development, design, delivery, and management of services add the value that is desired.
- It includes citizen/user choice of what they receive and how.
- And it includes strengths-based working (starting from what people are able to achieve for themselves, not their problems), user choice, and ways of effectively assessing the outcomes that people get from the system, which must of course be both in their terms and in terms recognised in the relevant legislation. This requires that a user and outcome focuses starts from a real, deep understanding of what people want and need (confirmed by them), and a focus on unmet needs.

Everyone who engages with the care system is in charge of what they get

Assessment questions and 'when it's bad'

- Commissioning that drives real change on the ground, measure by real impact as reported by citizens and communities
- Outcomes-led approaches, learning from real change on the ground
- Real engagement with actual needs and understanding, including active identification of unmet needs
- Equity at the heart of the approach
- Coproduction at all stages of the commissioning cycle and commitment to co-producing analysis, design, decision-making, delivery, and governance with all users, stakeholders, and especially excluded groups
- Influencing the approach of the whole council and partners

When it's bad:

- Short-term, controlled, competitive contracting that creates pain and dependency across the system, push to increase these pressures

Factors that constrain or enable, dynamic tension

- how success is defined
- leadership and bravery of local system
- political aspirations
- political ideology or vision
- setting target configuration of interventions
- taking outcome-focused vs time-and-task approaches
- using technology to support care
- levels of coproduction – feasible and aspirational

(in)appropriateness of a one-size fits all approach <-> benefits of consistency

INSIGHT AND INSPIRATION

- 1) What this aspect of commissioning covers and ‘when it’s good’
- 2) Assessment questions and ‘when it’s bad’
- 3) Factors to assess what constraints and what enables this aspect

If you rate more strongly in this aspect than approaches above, supported by the other aspects below, you are likely to want to consider the **values-based** or **disruptive** approach to commissioning.

What this covers and 'when it's good'

- This aspect recognises that it is central to commissioning to keep open the possibility of 'thinking outside the box', that commissioning can never be formulaic or prescribed, and that insight and innovation tend to come from deep insight – which in any case is essential for good care.
- So this includes a deep focus on understanding the experiences of people and groups, and all the things that affect peoples' quality of life and possibilities relevant to care issues in your place and community.
- This is not just the sets of organisations that we might typically think of as providing health and care, but all factors from family to green spaces to urban design to the understanding of the general population around issues like dementia and mental health
- This aspect involves the creativity and capability of commissioners, not as their individual traits but in the ways they engage with all relevant people

A commissioning approach that allows for innovation and creativity

Assessment questions and 'when it's bad'

- Ambition and clear adaptive route map for change, active learning and insight development
- Values-driven, taking responsibility for outcomes while moving from 'heroic' mode of 'fixing everything' to an enabling approach where people feel involved and part of designing and implementing things that matter to them
- Culture of innovation, experiment and learning from failure (and success)
- Use of approaches that harness complexity and an appreciation of whole systems
- Understanding of and great leadership of transformational change
- Bridging strategic bets and small-scale tests of change
- Working across different paradigms as appropriate, based on multiple perspectives
- Quality, social value, and value for money evaluated proportionately, evidence based
- Seeking external challenge, peer review, coaching, development, and reflective practice
- Advocating for commissioning and leading by example

When it's bad:

- Commissioning as 'shopping', reprocurring with 'commissioning cycle' but little change, echo chamber with limited reflection and challenge, increased incentives to 'stick to the knitting'

Factors that constrain or enable, dynamic tension

- skills and knowledge of commissioners
 - ability to innovate
 - data analytics
 - communications, advocacy and influencing
 - capacity and resources
 - skills base, experience and confidence of commissioners and key stakeholders/decision-makers
 - reputation of commissioner(s) and commissioning
 - position of commissioners and their consciousness that they are commissioning
 - insight, understanding, and innovation
 - Insight-led
 - potential to design commissioning loops
- from information gathering through decision making, to commissioning
- understanding of the market
 - understanding of place, real underlying needs and issues etc
 - understanding unmet need versus disjointedness in the system
 - history of the market/area – levels of change and engagement
 - understanding around provision and outcomes
 - long term view – environment, customer, provider markets

cold analytic objective data <-> warm/thick data from the richness of peoples' lives

POLICY

- 1) What this aspect of commissioning covers and ‘when it’s good’
- 2) Assessment questions and ‘when it’s bad’
- 3) Factors to assess what constraints and what enables this aspect

If you rate more strongly in this aspect than approaches above, supported by the other aspects below, you are likely to want to consider **strategic procurement** approach to commissioning.

What this covers and 'when it's good'

- This aspect recognises that commissioning works within a clear legal and policy framework – but is not the passive recipient of boundaries and direction; commissioners actively interpret and shape the framework they work within.
- Real understanding of the framework(s) and an ability to communicate them clearly and accurately, and work creatively without going outside of what is acceptable – including being willing to challenge aspects of policy and requirements which are inequitable or counterproductive.
- Understanding and anticipation of policy changes, and working across the whole system to ensure that the way changes are introduced has the most good impacts and the fewest bad impacts possible.
- Working with insight and collaboration to shape the local policy framework and interpretation, and influence the broader framework.

A commissioning approach that meets and active shapes policy requirements

Assessment questions and 'when it's bad'

- Meeting core constraints and enablers of commissioning through active engagement with existing and current legislative and inspection requirements
- Strong analysis and performance management, presented honestly and effectively
- Understanding how to manage compliance and get permission to extend capabilities – explain why you might get better outcomes if you do things differently, jointly focus on why things should be done not ticking boxes
- A proactive and dynamic risk appetite approach
- Creating effective, good practice policy and guidance
- Active playing a role in shaping council, place, and national policy

When it's bad:

- 'Well, we do what we're told – and that's pretty much all we can do'

Factors that constrain or enable, dynamic tension

- interpretation of Care Act and other statutory requirements
- funding levels and drivers
- Medium Term Financial Strategy / long term financial situation
- Market Sustainability (White Paper)
- Other legal duties
- Requirements of inspection regime(s)

personal values / experiences <-> policy position <-> what the data says

PROCESS

- 1) What this aspect of commissioning covers and ‘when it’s good’
- 2) Assessment questions and ‘when it’s bad’
- 3) Factors to assess what constraints and what enables this aspect

If you rate more strongly in this aspect than approaches above, supported by the other aspects below, you are likely to want to consider the **contestability** or **market management** approach to commissioning.

What this covers and 'when it's good'

- This aspect recognises that commissioning:
 - needs its own effective processes and systems to work well
 - has to – at least in the current climate – be very focused on meeting urgent and high-priority needs, from financial savings to new legislative requirements to provider collapse and workforce issues etc
 - must 'do boring well' and be good at some basic processes if bigger ideas are to stand any chance of success
- So this aspect is about capabilities for engaging with providers from all sectors, citizens, communities, professional colleagues, politicians etc not primarily in terms of building strong relationships (see separate aspect), but in terms of having and engaging with appropriate professional competencies.
- Developing and applying appropriate processes and techniques.

Commissioning in this place is technical excellent and highly professional

Assessment questions and 'when it's bad'

- Balancing meeting urgent financial and other priority requirements with thinking about long-term impacts
- Developing commissioning process and practice using it for transactional improvement and as a mechanism for commissioning – competition, collaboration, commercials, clarity of contracting etc
- Timeliness of engagement in strategic commissioning process – not just on procurement and management of contracts but on thinking about what outcomes need to be achieved and how those outcomes can be met
- A positive approach to procurement that focuses on proportionality and outcomes
- Using a broad range of evidence to inform commissioning and contributing our own insight through reflection and evaluation.
- Strong focus on Nolan Principles, social value, equity, and ethics

When it's bad:

- A 'computer says no', 'jobsworth' approach forcing ever more compliance, failed procurements, lack of contact and relationship management

Factors that constrain or enable, dynamic tension

- risk appetite
- flexibility or alignment in terms of different commissioning teams in the same 'place' following the same approach
- flexibility of procurement approach – enabler or fixed?
- ability to de-commission to free up resources for unmet needs
- 'permission' to be innovative/use different approaches
- with council procurement people – and legal, finance etc
- Balancing meeting urgent financial and other priority requirements with thinking about long-term impacts
- Developing commissioning process and practice using it for transactional improvement and as a mechanism for commissioning – competition, collaboration, commercials, clarity of contracting
- etc
- Timeliness of engagement in strategic commissioning process – not just on procurement and management of contracts but on thinking about what outcomes need to be achieved and how those outcomes can be met
- A positive approach to procurement that focuses on proportionality and outcomes
- Using a broad range of evidence to inform commissioning and contributing our own insight through reflection and evaluation.
- Strong focus on Nolan Principles, social value, equity, and ethics

When it's bad:

- A 'computer says no', 'jobsworth' approach forcing ever more compliance, failed procurements, lack of contact and relationship management

dynamic tension: contestability or competition <-> collaboration

MODELS AND TACTICS

- 1) What this aspect of commissioning covers and ‘when it’s good’
- 2) Assessment questions and ‘when it’s bad’
- 3) Factors to assess what constraints and what enables this aspect
- 4) Which commissioning approach associates with this aspect

What this covers and 'when it's good'

- This aspect recognises that the design of delivery models is an important aspect of good commissioning, and that commissioning requires competence at designing and implementing the right delivery model at the right time for the right part of the whole system.
- However good the strategy, implementation will fail without this in place.
- This includes measuring and managing the technical aspects of delivery, and looking at optimisation across and between models, at a tactical level (as opposed to whole system design)

Delivery models are fit for purpose, effective, and sometimes innovative

Assessment questions and 'when it's bad'

- Investigating innovative delivery and funding models that deliver demand reduction, reduced costs and increased impact, used appropriately
- Effective engagement with disruptive technology
- A partnership approach to workforce challenges
- Measurable supply chain optimisation, strong focus on social value
- A proactive approach to cost of care, with genuinely proportionate unit costs and reducing demand for high-cost care
- Relationships not focused on costs but on improvement and outcomes
- Appropriate aggregation and joining up between models
- Reducing waste and user journey failures

When it's bad:

- Lack of innovation or attention to delivery models, technology, workforce, locked in battles over costs while driving the system to high-cost case

Factors that constrain or enable, dynamic tension

- Current funding models
- Workforce issues
- Level of maturity in use of technology
- Use of technology
- Supply chain
- Waste in delivery models
- Joining up between models

strategy <-> service design

We welcome follow-up and conversation!

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