

CCPS

COALITION OF CARE
AND SUPPORT PROVIDERS
IN SCOTLAND

Collaborative Commissioning



Collaborative Commissioning

A collaborative, rapid response to implementing recommendations from the Independent Review of Adult Social Care.

Learning from an online working group of CCPS members and commissioners working together to improve the way support is commissioned and provided.

The group was hosted by CCPS and facilitated by Graeme Reekie from Wren & Greyhound.

In this document:
Practices

Practices

This resource aims to help you explore different collaborative practices – processes that can be used to bring commissioners, providers and supported people together. The specific models of collaborative commissioning that these practices could lead to are set out in a separate guide to Possibilities.

'We also have to look beyond the current crisis and devise a model of public services that is both financially sustainable and is capable of meeting the significant longer-term challenges society faces.'¹

Commission on the Future Delivery of Public Services, 2011

'Current approaches to delivering social work services will not be sustainable in the long term.'²

The Accounts Commission, 2016

'We want to see an end to an emphasis on price and competition and to see the establishment of a more collaborative, participative and ethical commissioning framework for adult social care service and supports, squarely focused on achieving better outcomes for people using these services and improving the experience of the staff delivering them.'³

Independent Review of Adult Social Care, 2021

The current model of commissioning, funding and delivering social care in Scotland is unsustainable and often fails to put people's rights and needs at its centre. New, collaborative approaches are needed to achieve individual and community outcomes and sustain a viable social care market that provides people with choice.

The pandemic further demonstrated that without good quality relationships and funding arrangements, there isn't enough tolerance and resilience in existing systems to cope with significant change. Trusting relationships between social care commissioners, those with lived experience, and providers must be re-established and sustained in order to deliver the long-term change required to address this.

Currently the effort put into, and effectiveness of, collaborative commissioning is reliant on individual relationships, capacity and goodwill. More consistent understanding and application of collaborative commissioning is needed. Although one size won't fit all, the following good practice approaches increase the chances of achieving positive outcomes for those accessing social care and sustaining support.

¹ <https://www.gov.scot/publications/commission-future-delivery-public-services/documents/>

² <https://www.audit-scotland.gov.uk/report/social-work-in-scotland>

³ <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/>

Whichever approach is used, commissioners should consider how much unpaid time and resource it is reasonable to expect providers to invest in developing and piloting new service models. Providers will often invest in the spirit of learning and relationship-building, but it is impossible for them to do this in every geographic or thematic area they work in. It is also unlikely that collaboration will be sustained if the ideas that emerge, and the intellectual property that is shared, are then put up for competition.

Reflection

Thinking about your area...

- What are relationships like between commissioners and providers?
- Is service provider sustainability a shared responsibility?
- How do commissioning practices influence
 - Provider levels of capacity
 - Provider levels of innovation
 - Workforce recruitment and retention?

1. Collaborative commissioning spectrum

There is a spectrum of practice which influences the power balance in a commissioning or funding relationship. This in turn affects the levels of trust, openness and collaboration in planning, delivery, monitoring and reporting. Both ends of the spectrum (below) require minimum standards such as evidence of good governance, compliant finances and accountable reporting. Both have limits on the length and amount of funding, along with what can be included in the funding calculation (e.g. level of management fee payable).

	Traditional commissioning		Collaborative commissioning
Identification of need	Funder identifies and defines need.	↔	Applicants and funder identify and define need together.
Level of specification	Specifies outputs, targets and measures.	↔	Outcomes, outputs and measures may be negotiated. Funder may set high-level outcomes for applicant to align to.
Assessment process	In-house assessment.	↔	Independent assessment (e.g. grants panel; user panel).
Monitoring and reporting	Seeks delivery, compliance with planned outputs,	↔	Seeks learning, accepts innovation from planned outputs and outcomes.
Source of evidence	External review.	↔	Self-evaluation and external oversight.
Role in portfolio	Encourage competition.	↔	Facilitation, coordination, capacity building.
Fundholder relationship with funder	Transactional, passive.	↔	Relational, participative.
Fundholder relationship with peers	Competition, protection.	↔	Collaboration, sharing. No price-based competition.
Allow underspend/surplus	No, surplus returned to funder.	↔	Yes, surplus re-invested in development.
Uncertainty tolerance	Low	↔	High
Power difference	High	↔	Low

Figure: A spectrum of collaborative commissioning

Reflection

In a collaborative environment:

- Who decides the terms of collaboration?
- Who defines success? Who decides how good is good enough?
- What are your criteria, or measures, for success?

2. Market facilitation⁴ and provider forums

"Where commissioners and providers are trying to get to isn't always consistent, because we don't have a level playing field in the information available."

Collaborative commissioning group participant

Market facilitation is 'the process by which councils make sure that there is a variety of care and support services in their area to meet all the different needs of everyone who lives in the area.'⁵

It is a collaborative approach where one of a commissioner's main roles is as a facilitator; bringing people together to explore challenges, identify and share data, and generate and implement solutions.

Common models include service provider forums and commissioning consortia. These might be facilitated by the commissioner or independently, and may include only commissioners and providers, or wider partners and community members.

Market facilitation aligns with public service improvement methodology: it is an iterative process of discovering and defining issues, developing ideas and delivering solutions. Different models use different language, but the core elements are the same:

IPC model ⁶	Promoting Variety ⁷	Scottish Approach to Service Design ⁸
Market intelligence	Intelligence	Discovery and definition
Market structure	Ideas	Develop
Market intervention	Implementation	Deliver

Reflection

- How does provider and commissioner engagement work in your area?
- What works well and what would you want to do differently?
- How diverse is the local 'market'? Does it attract and sustain service providers and their workforces?

⁴ 'A Market Facilitation Plan, which is a summary of the key requirements to meet current and future demand, should be incorporated within the strategic commissioning plan, clearly stating the level and type of services required.' Public Bodies (Scotland) Act Strategic Commissioning Plans Guidance, Scottish Government, 2015

⁵ www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/CareandSupportJargonBuster/

⁶ <https://ipc.brookes.ac.uk/>

⁷ <https://www.sharedcarescotland.org.uk/resources/tools/promoting-variety/>

⁸ www.gov.scot/publications/the-scottish-approach-to-servicedesign/

3. Coproduction

Coproduction is 'a way of working with, rather than doing to, people and communities to achieve better outcomes.'⁹

Although collaborative commissioning can take place just between service commissioners and providers, it can't be fully collaborative until the people who use the services and their carers are genuinely involved, with parity of esteem and an equal voice.

Start by identifying the stage at which people need to be involved and how much involvement is 'enough'. For example,

- Who defines the outcomes for coproduction?
- Who defines the outcomes that need to be achieved in the commissioning process?
- Who defines the people who need to be involved?
- Who can best reach people to ensure representation and avoid tokenism?
- Who sets the questions or issues to be explored?
- Who leads the involvement process?
- Is it a process, or a one-off event? Does it take place as part of a procurement process or as a longer-term commitment?

Take care when it comes to 'representation'. Service users and carers are sometimes unfairly expected to be 'representative' in ways that paid officials aren't. Who do you represent?

Consider enlisting independent support or facilitation. There may be real or perceived barriers to people telling public officials what they really want. Can these be broken down by organisations that people already know and trust?

Enlist internal stakeholder support too, e.g. from the IJB, procurement and operational colleagues. The earlier people are involved, the more likely they are to recognise the final outcome.

Reflection

- Where is the best focus of your efforts – equipping people with a voice to speak or equipping those in power with the ears to hear?
- What community assets are already in your geographical area that you could tap in to?
- Is information available equally to all (e.g. local needs assessments, service provision and resources)?

⁹ <https://www.iriss.org.uk/resources/tools/co-production-project-planner>

4. Market diversity: attracting and retaining providers

When commissioning frameworks don't guarantee work for providers, it can be hard to attract or sustain them in the market. This limits the choice available to people.

Commissioners who are considering attracting new providers into their area or onto their commissioning frameworks should also consider how they can work with existing partners differently. Can relationships be nurtured so that existing providers can better meet the needs, expectations and challenges of communities?

If there are no current partners sufficiently willing or able to meet emerging needs, commissioners may then need to invest time and resources in attracting new providers. Providers' decisions to join a framework are influenced by a range of factors including:

- **Geography:** is the provider already established locally or are they intending to be? Set-up costs may be too high otherwise.
- **Learning and innovation:** will the framework provide opportunities to develop (or demonstrate) new services, approaches or models?
- **Barriers to entry:** tenders, paperwork, due diligence, employer checks and IR35¹⁰ requirements can be onerous for providers, particularly small ones.

Reflection

- Do current commissioning arrangements support or inhibit market variety and individual choice?
- How diverse is the market of provision in your area? How much choice is available across all SDS options?
- How attractive are current contracts and commissioning arrangements to providers, in terms of set-up costs and other barriers to entry?
- How can providers' ability to contribute learning and innovation be encouraged?

5. Recruiting and investing in skilled, valued, diverse workforces

Social care recruitment is a longstanding but rapidly growing challenge. Ethical commissioning (see 'Definitions'), with a focus on Fair Work and a valued workforce is an increasingly important way to tackle this.

Part of this is about money: contracts need to allow for providers offering sufficiently attractive employment terms and conditions to attract and retain skilled workers.

¹⁰ <https://www.gov.uk/guidance/understanding-off-payroll-working-ir35>

Other approaches can be used alongside this. One HSCP identified the significance of the recruitment challenge and launched a campaign encouraging people to consider careers in social care. A college partnership has also been arranged, to attract and prepare people for joining the workforce.

One provider has decided to avoid contracts requiring electronic monitoring systems to oversee the delivery of support. They recognise that effective social care can't be reduced to billable minutes. Electronic monitoring and other contract requirements can inhibit workforce supply, flexibility and efficiency, for example:

- Specifying a set number of hours and minutes of delivery rather than the outcomes to be achieved
- Prohibiting workers from 'doubling up' to care for more than one person in the same visit.

Reflection

In your area...

- To what extent are the commissioner's systems contributing to the recruitment problem?
- Is staffing the same as capacity? Or can staff's schedules be configured differently to increase efficiency and effectiveness?
- Are people supported on the basis of an allotted time or to have their needs and personal outcomes met?
- How do local opportunities link into national campaigns for recruiting social care staff?

6. Relationships

Collaborative commissioning supports learning and improvement. The hard work starts after a contract is awarded, with commissioners and providers working together flexibly, responding to learning about what works.

To achieve this, providers need to feel able to highlight changes that could be made to contracted services without being fearful of losing them. Commissioners need to be able to respond in the spirit of learning together.

In practice, providers might hold back from suggesting improvements or changes, fearing it will sour the commissioning relationship. Collaborative commissioners see this as a missed opportunity to learn from practice and improve things for supported people.

Formally, governance and review meetings can ensure there are opportunities for providers and commissioners to talk about development, not just compliance. Informally, the quality of individual relationships and the extent to which there's a shared commitment to improvement influence the likelihood of current assumptions and practices being

questioned. Facilitated provider forums or commissioning consortia can help, giving ways for everyone involved to discuss challenges, consider evidence and make suggestions.

Reflection

- How much is your organisation prepared to invest in relationships between commissioners and providers?
- How do your structures and practices support innovation?
- How much evidence and learning do you have to share?
- How likely is it that learning will be shared in a competitive environment?

7. Power, soft influence and culture change

Whether you are a commissioner or provider, the scale of culture change that collaborative commissioning involves for colleagues shouldn't be underestimated.

For individual commissioners and providers who recognise that they have the same goals, influencing internal colleagues and culture is often the main challenge.

Whether influencing colleagues or other stakeholders, consider how you can do the following:

Unite around a shared vision

- Set out a clear vision for what collaboration can achieve.
- Agree common goals – what do people want to achieve or change?
- Choose the right people – identify those with the right behaviours and attitudes, people who are the change leaders and the early adopters.
- Encourage people to share questions and concerns (but remind them, and yourself, that the answers can only be found by working together).
- Spend time listening and understanding people's perspectives and expertise.
- Understand people's challenges with making changes and help where you can (in collaboration, 'your problem is my problem').

Show leadership

- Be true to your own values. Leading change takes bravery and professional integrity.
- Prepare for resistance with examples of what's possible and how it can be done.
- Acknowledge where you or your organisation may have been wrong in the past. Don't take any criticisms or feedback personally, people may just be frustrated with the system.
- Be honest about what you can change and have control of (e.g. you may not be able to change the finance and funding situation).

Reflection

- How are decisions made locally? What kind of evidence and arguments lead to change?
- Who are your allies? What are your sources of influence?

8. Short term urgency, long term vision

It's easy to find reasons not to change. Today's needs will always seem more urgent and immediate than those of tomorrow. Right now, it's potentially overwhelming to look back on the pandemic and ahead to the National Care Service. However, after two years of 'cliff-edge commissioning', collaborative commissioning is forward thinking.

To avoid getting stuck on only the immediate and urgent challenges, make a start.

- Commissioners can manage priorities by analysing data (e.g. quarterly and annual spend), reviewing contract registers and identifying trends. They can set out to their IJBs how collaborative commissioning helps make the transitions required by the Feeley Review.
- Teams can arrange short sessions to step back from crisis and identify future focus.
- Managers can share responsibility and encourage ownership.
- Resources can be redeployed to address the planned priorities and the unplanned requirements.
- Long-term contracts can set out how requirements are expected to vary over time, allowing dynamic responses to the dynamic challenges facing different communities.

When everyone has access to the same data and discussions about how to meet those challenges, there can be a coordinated, collaborative approach to managing risks and achieving positive outcomes.

Reflection

- Do you have the right balance between what's urgent and what's important?
- How do today's challenges give you opportunities for a better tomorrow?

Collaborative and ethical commissioning checklist

This checklist encourages you to review your practice against the elements identified above, ideally in collaboration with others.

You can assign a score to each element using this suggested scoring guide:

- 2 = We have good consistent evidence
- 1 = Our evidence is mixed or patchy
- 0 = We cannot evidence this

There is also space for comments, which can help you compare notes with partners and colleagues, or just review progress over time. These notes will often be more meaningful than just a score.

Element	Score	Comments
1. Our commissioning is person centred, facilitating choice, control and enabling risk.		
2. Our commissioning is effective, focusing on quality, values and outcomes, not price.		
3. Our commissioning is ethical, with a workforce that is well regarded, rewarded and supported.		
4. Our practice is sustainable, supporting financial transparency, commercial viability and reinvestment in services.		
5. We facilitate participation, benefiting from the expertise of a range of people in all stages of commissioning.		
6. We invest time and resources in relationships, capacity building and collaborative commissioning.		
7. We commission for learning by fostering innovation, identifying outcomes and embedding good practice.		
8. We are mutually accountable, sharing information and intelligence, with proportionate monitoring arrangements.		

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