

# Making the Best of Hard Times

Annual Conference 2017



**#sppc17**



**Username: RCPE-WIFI**  
**Password: chiron1681**





**Cat Macaulay**

@operanomad

Follow



As always inspired and energised  
[@hekermum](#) - strategic commissioning is the  
new rock n roll, who knew :)



# Guidance on Strategic Commissioning

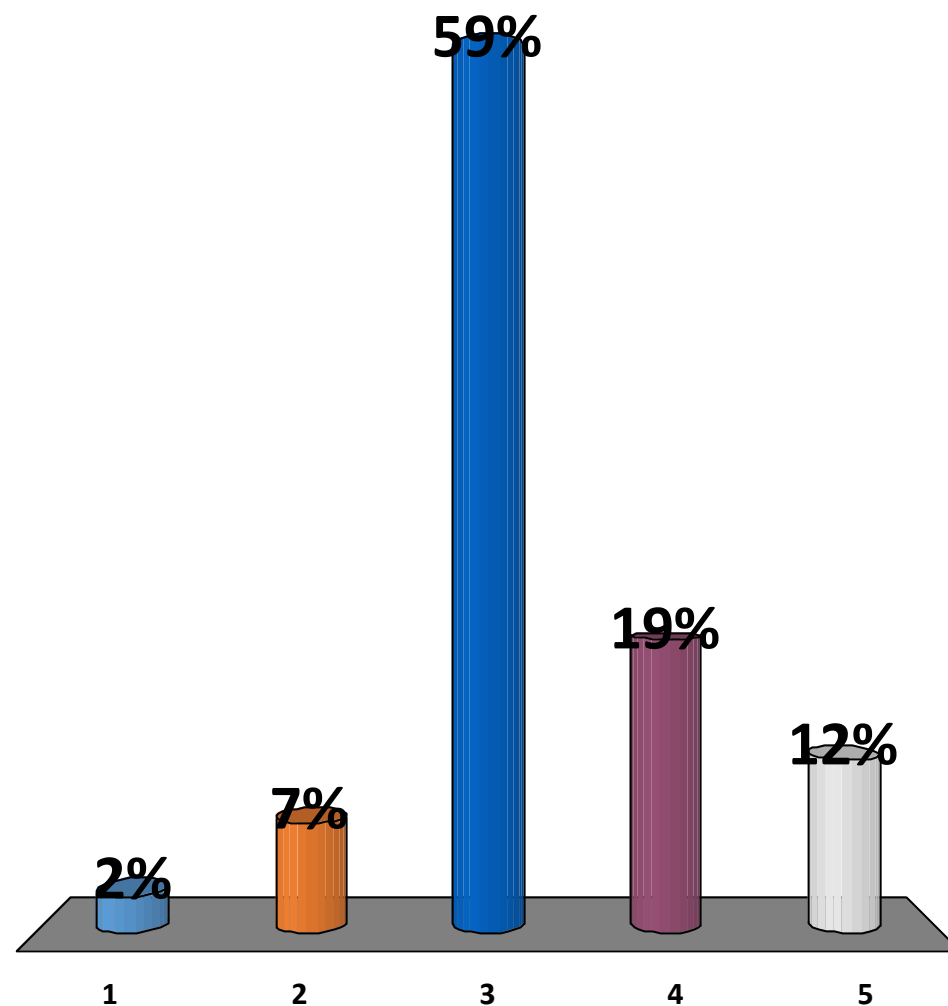
6.1 [...] strategic commissioning, as envisaged for this programme of reform, which is co-produced, fully inclusive, and spans health and social care, has never been done before. This is a new, and relatively untried, process. We will share good practice as it emerges.

***In the meantime, Integration Authorities and their partners will be expected to collaborate with revised national improvement and support arrangements to ensure the maximum potential of this approach is realised.***

# What sets palliative care commissioning apart?

## Warm up...

1. I totally get strategic commissioning for palliative care
2. I understand it enough for my work
3. I would like to know more
4. I know nothing
5. It sounds like the dulllest thing ever

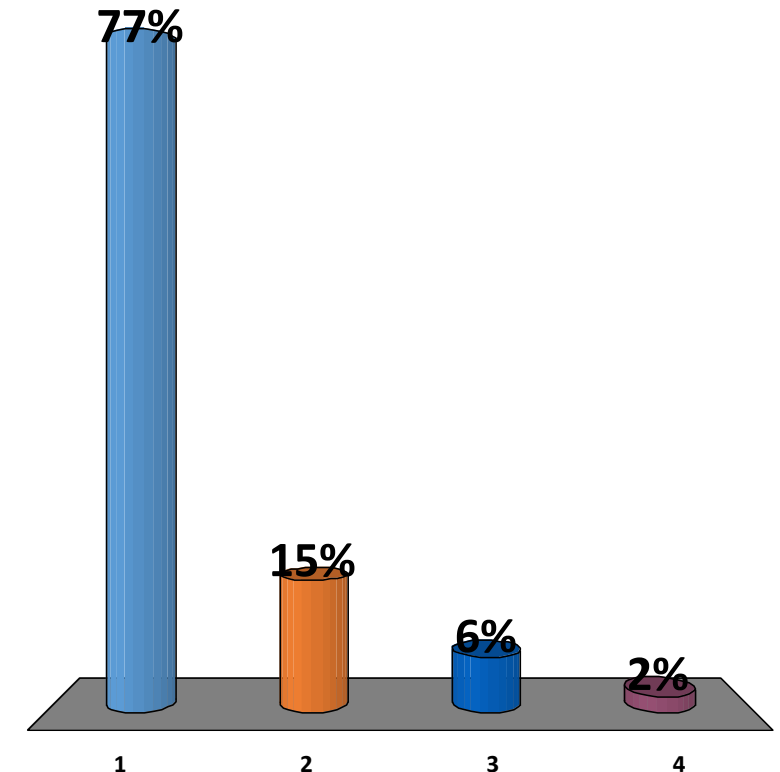


## Q1: The new jargon....

1 Strategic Commissioning 2 Coproduction 3 Market facilitation plans 4 Strategic Commissioning plans 5 Barcelona Model 6 Outcome based commissioning framework 7 Population needs assessment 8 Performance reports 9 Public Social Partnerships 10 Alliance Contracting

How many terms could you define?

1. 1 -3
2. 4-6
3. 7-9
4. 10



# Definitions

- **Market facilitation** is the process by which strategic commissioners ensure there is sufficient, appropriate range of provision, available at the right price to meet needs and deliver effective outcomes.
- **Co-production** is a *relationship where professionals and citizens share power* to design, plan and deliver support together, recognising that *both partners have vital contributions* to make in order to improve quality of life for people and communities
- **Public Social Partnerships** (PSPs) are strategic partnering arrangements, based on a co-planning approach, through which the public sector can connect with third sector organisations (voluntary, charity and social enterprise organisations) to share responsibility for designing services based around service user needs. Once designed and trialed, such services can then be commissioned for the longer term through a competitive tendering process.

## Q2 - Who wants coproduction?

X% think people should be involved in **making decisions** about how local services are planned and run.

X% think local people should be able to **volunteer alongside paid staff** to provide public services

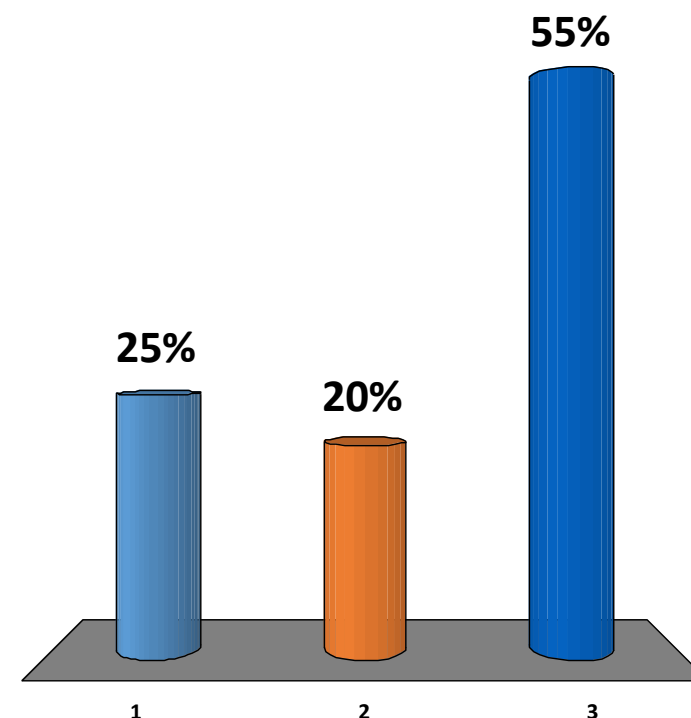
X% think people should be involved in making decisions about **how money is spent** on different local public services

2015 Scottish Social Attitudes Survey

1. 52%; 30%; 56%

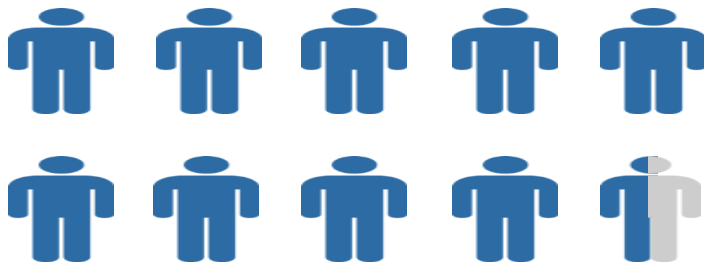
2. 81%; 75%; 71%

3. 96%; 86%; 81%

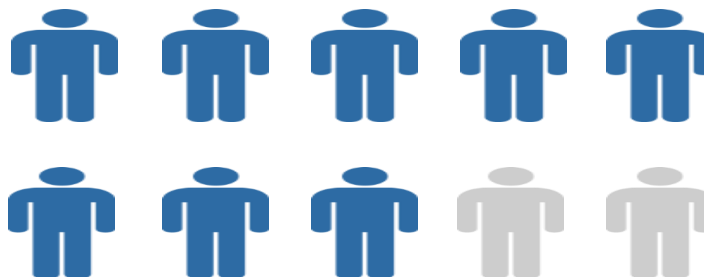




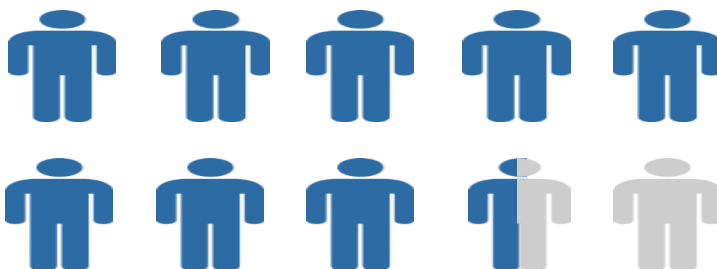
## There is a huge appetite within communities across Scotland to get involved



**96%** think people should be involved in **making decisions** about how local services are planned and run



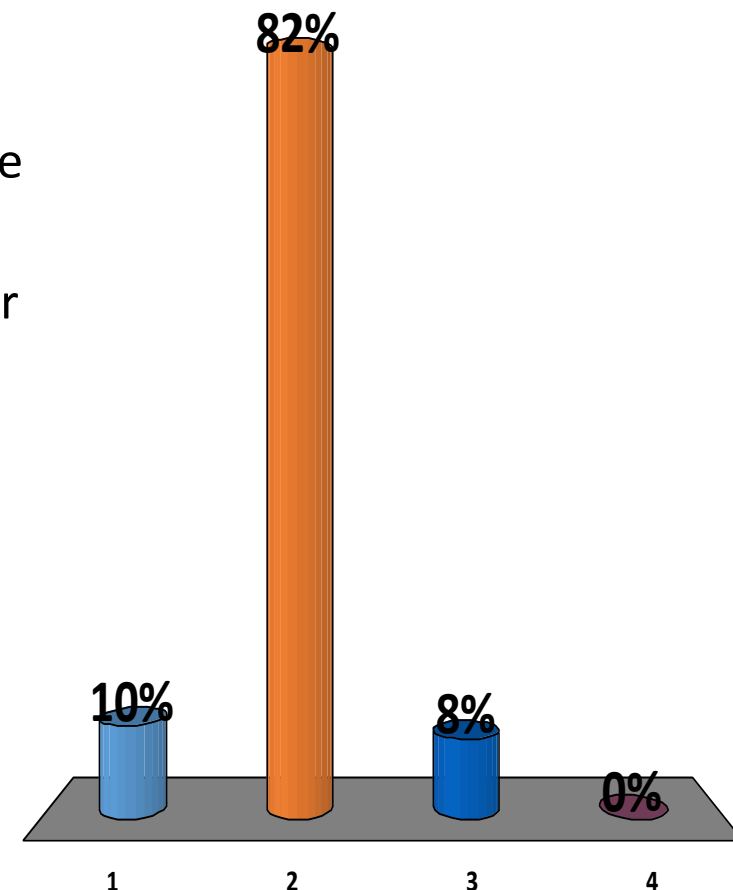
**81%** think people should be involved in making decisions about how **money is spent** on different local public services



**86%** think local people should be able to **volunteer alongside paid staff** to provide public services

## Q3 Why is Market Facilitation important in palliative care?

1. It aims to drive the Integration Authorities to bring competition and lower costs to the provision of care home & hospice beds
2. It aims to create a shared understanding of outcomes between users, funders and providers and encourages more organisations to support people with palliative care
3. It aims to drive home care services to increase the marketing budget of their services directly to the public at end of life?
4. It aims to create a publicly sponsored event where hospices and care homes can fundraise for services by selling goods?



The development of a common and shared perspective of supply and demand, leading to an evidenced, published, market position statement for a given market.

The activities of commissioners designed to give any market shape and structure, where commissioner and provider behaviour is visible and the outcomes they are trying to achieve agreed, or at least accepted.



**Market  
Intelligence**

**Market  
Intervention**

**Market  
Structuring**

The interventions commissioners make in order to deliver the kind of market believed to be necessary for any given community.

# What is a Public Social Partnership?

3 stage commissioning process

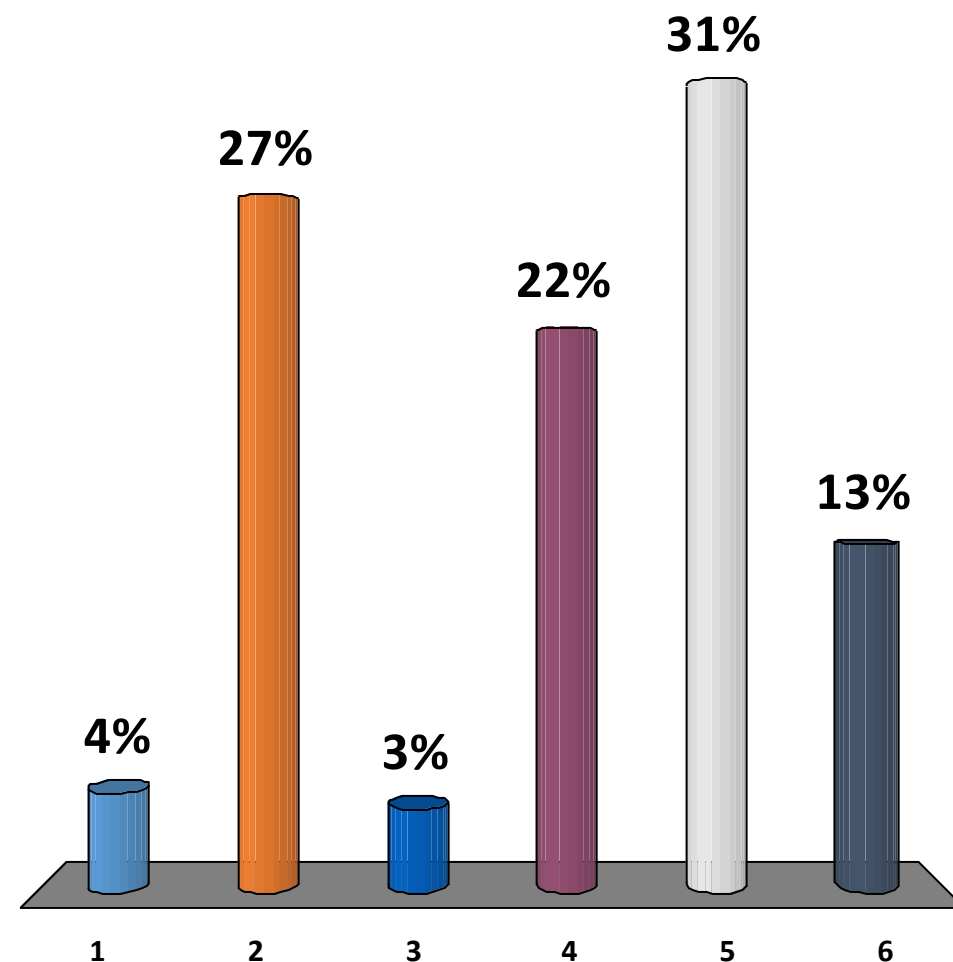
Design

Pilot

Longer term  
commissioning  
decision/process

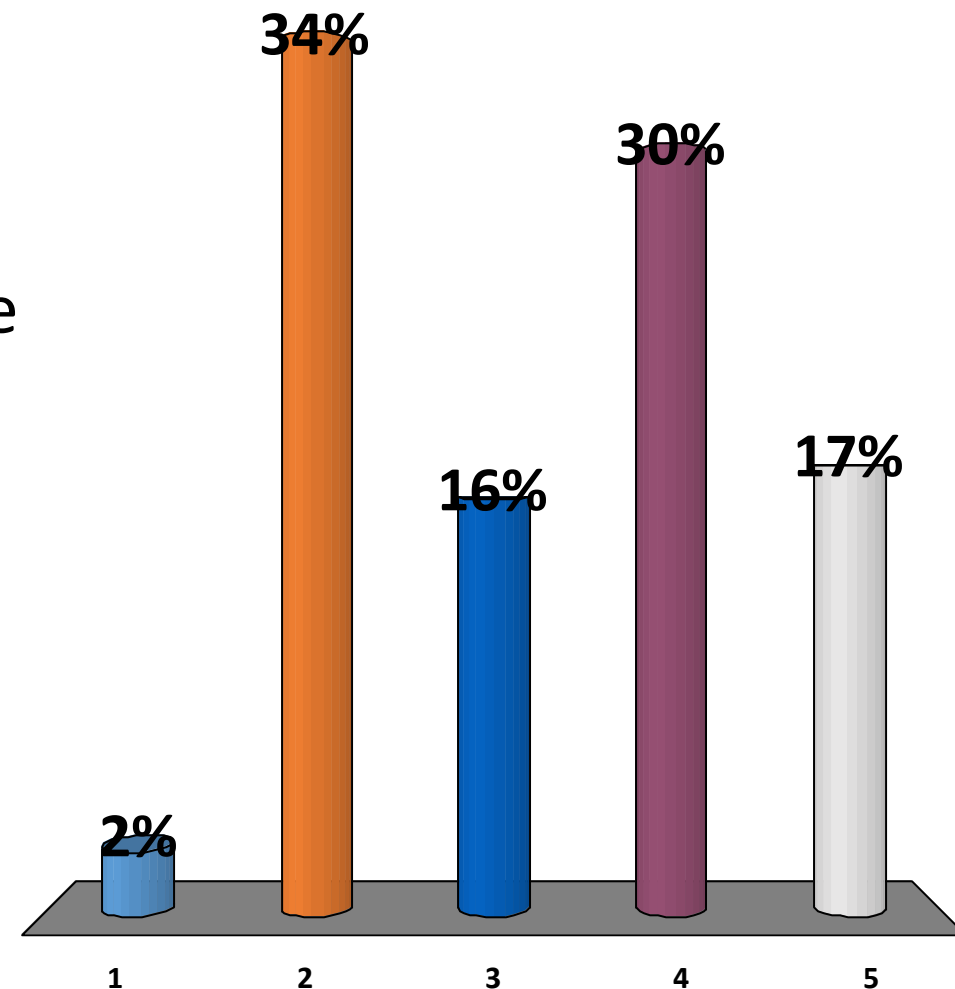
## Q4 If you could set up a Public Social Partnership what solution would you look for first?

1. Improved outcomes for people with learning difficulties in supported living to be wishing to be cared for in their home
2. Improved use of advanced care planning across all settings of care
3. Improved use of non-physical support for community palliative care
4. Increased participation of people with palliative care needs and end of life needs in service planning
5. Improved engagement by communities in supporting community based palliative care
6. Improved communication with families for palliative patients in hospital



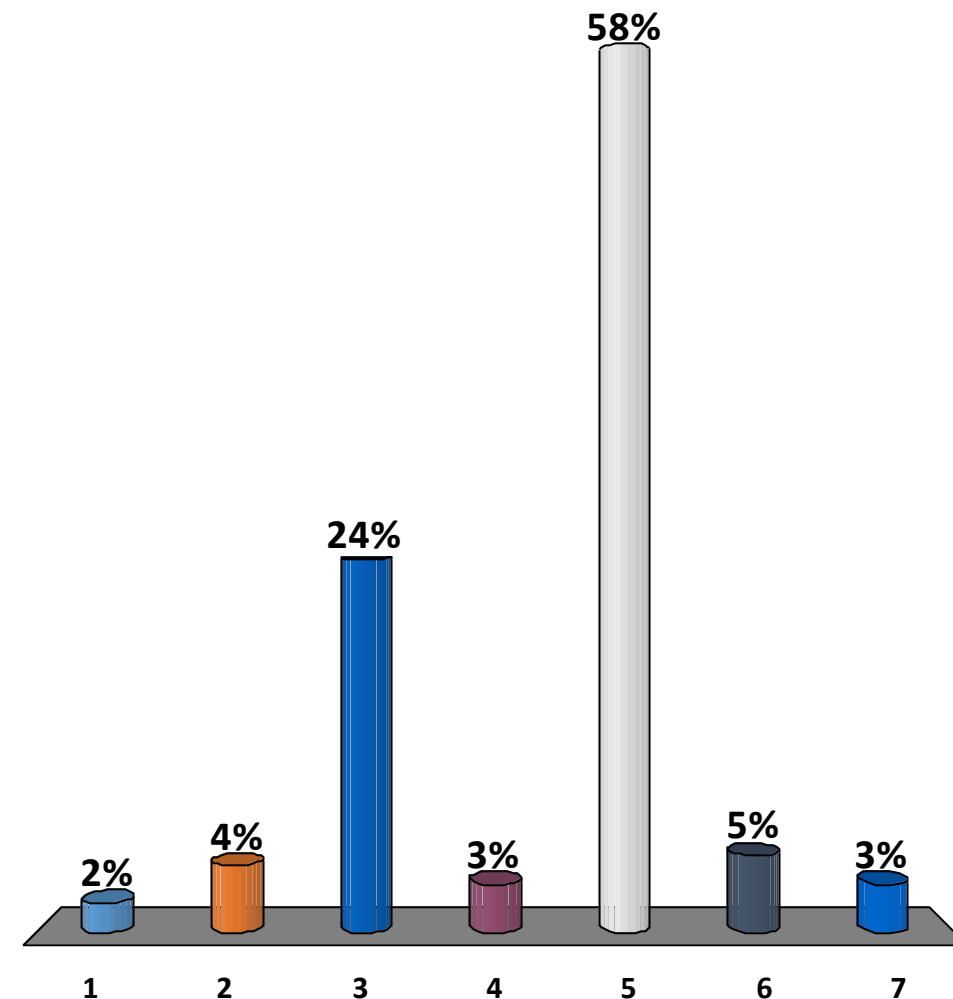
## Q5 – Measuring success in palliative care: which ONE measure would you look at first?

1. Number of people dying at home
2. Voices of the bereaved annual survey
3. Days spent in community in last 6 month of life
4. % of population with an ACP
5. Something else



## Q6 The strategic planning challenge – where would you put more money?

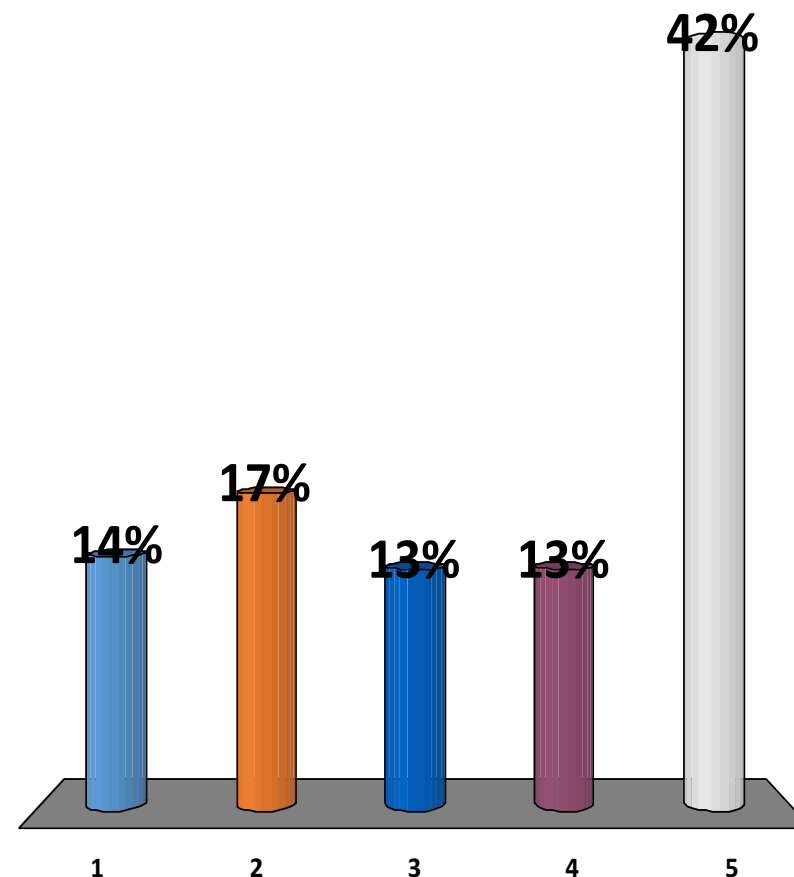
1. Additional AHPs in hospitals
2. Increased funding for local community organisations
3. Increased funding for carers social care support
4. Increased hospice beds
5. Increased nursing & healthcare support in community
6. Increased training for social care
7. Increased training for health care



## Q7 Where does your role deliver care / support delivery of care?

Person's own home , Care Homes, Community NHS inpatient, Acute NHS Beds inpatient, Outpatient / day facility

1. 1 of these
2. 2 of these
3. 3 of these
4. 4 of these
5. all of these

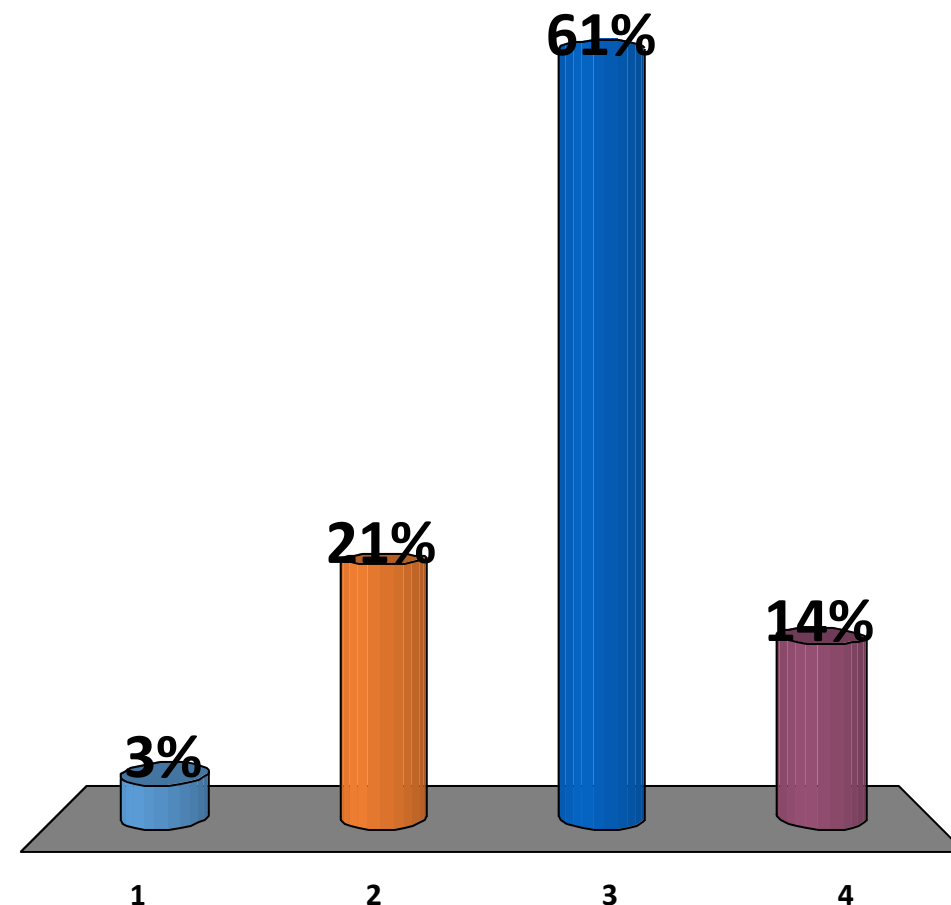




## Q8: Regional Planning v Locality Planning

Have you been involved with:

1. Regional Planning discussions
2. Locality Planning discussions
3. Neither
4. Both

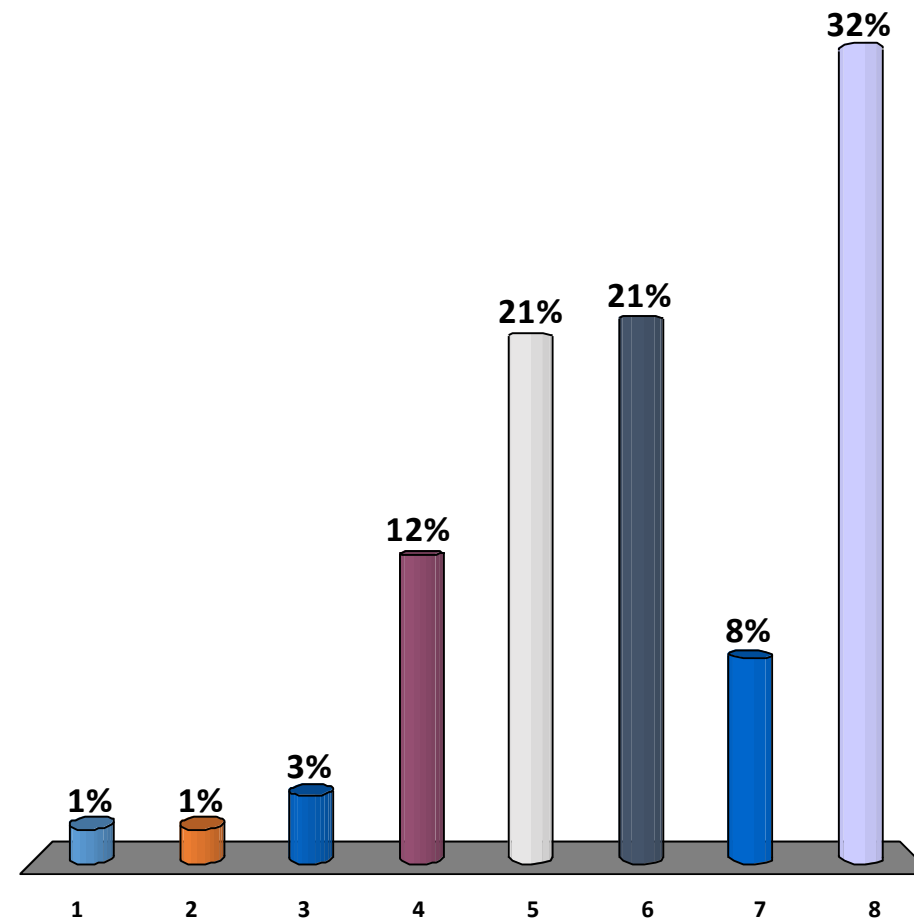


## Q9: Policies on person centred care.

How many of these statements apply to your work?

1. [it] allows people, carers and families to make informed choices
2. [it is a] two-way relational process of helping people to reflect on, and express, their preferences based on their unique circumstances, expectations, beliefs and values.
3. Good **risk management** is also dependent on communication of risk with other services.
4. **[we need] Risk enabling practice [to]** better support people to achieve their agreed outcomes creatively whilst balancing the need for protection.
5. Digital technology now makes it feasible to provide information in more engaging, multimedia formats to enhance people's confidence and skills in sharing decisions.
6. Technology is being used more effectively to give people greater choice and control.
7. People are able to live their lives and achieve the outcomes that matter to them.
8. Good conversations empower people

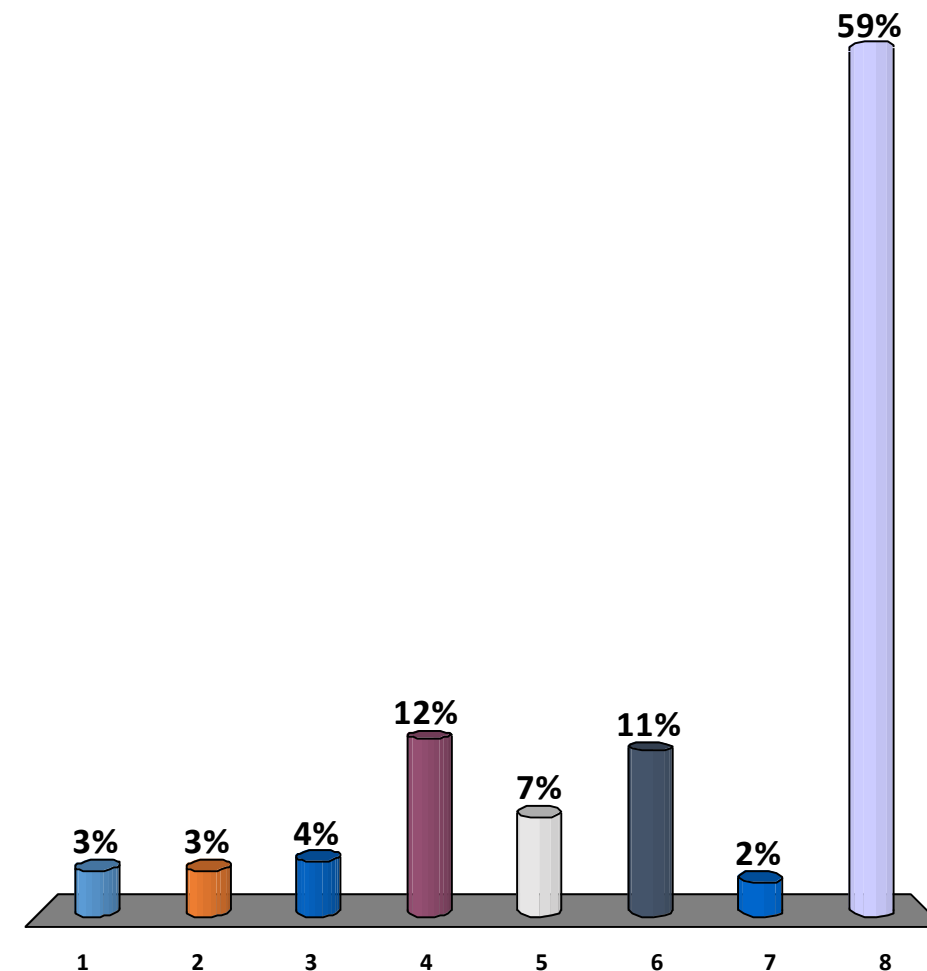
1. one
2. Two
3. Three
4. Four
5. Five
6. Six
7. Seven
8. Eight



## Q10: Policies on person centred care. How many are from realistic medicine?

1. [it] allows people, carers and families to make informed choices
2. [it is a] two-way relational process of helping people to reflect on, and express, their preferences based on their unique circumstances, expectations, beliefs and values.
3. Good **risk management** is also dependent on communication of risk with other services.
4. **[we need] Risk enabling practice [to]** better support people to achieve their agreed outcomes creatively whilst balancing the need for protection.
5. Digital technology now makes it feasible to provide information in more engaging, multimedia formats to enhance people's confidence and skills in sharing decisions.
6. Technology is being used more effectively to give people greater choice and control.
7. People are able to live their lives and achieve the outcomes that matter to them.
8. Good conversations empower people

1. one
2. Two
3. Three
4. Four
5. Five
6. Six
7. Seven
8. Eight

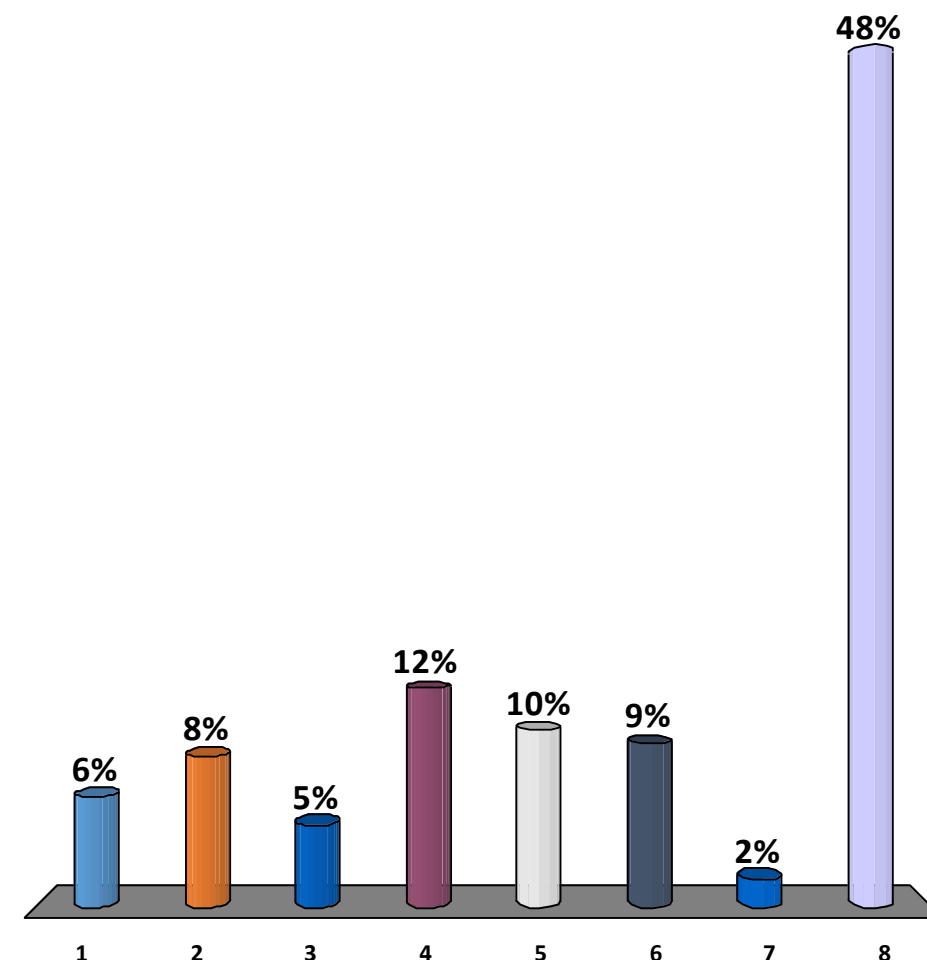


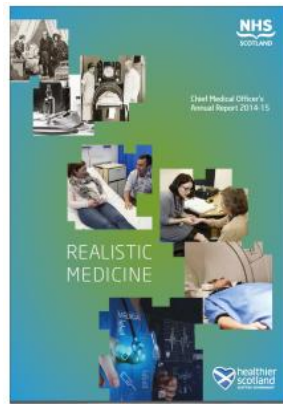
## Q11: Policies on person centred care.

### How many are from the Self Directed Support Implementation Plan?

1. [it] allows people, carers and families to make informed choices
2. [it is a] two-way relational process of helping people to reflect on, and express, their preferences based on their unique circumstances, expectations, beliefs and values.
3. Good **risk management** is also dependent on communication of risk with other services.
4. **[we need] Risk enabling practice [to]** better support people to achieve their agreed outcomes creatively whilst balancing the need for protection.
5. Digital technology now makes it feasible to provide information in more engaging, multimedia formats to enhance people's confidence and skills in sharing decisions.
6. Technology is being used more effectively to give people greater choice and control.
7. People are able to live their lives and achieve the outcomes that matter to them.
8. Good conversations empower people

1. one
2. Two
3. Three
4. Four
5. Five
6. Six
7. Seven
8. Eight





## Realistic Medicine

1. [it is a] two-way relational process of helping people to reflect on, and express, their preferences based on their unique circumstances, expectations, beliefs and values.
2. Good **risk management** is also dependent on communication of risk with other services.
3. Digital technology now makes it feasible to provide information in more engaging, multimedia formats to enhance people's confidence and skills in sharing decisions.



## Self-Directed Support

1. allows people, carers and families to make informed choices
2. **[we need] Risk enabling practice [to]** better support people to achieve their agreed outcomes creatively whilst balancing the need for protection.
3. Technology is being used more effectively to give people greater choice and control.
4. People are able to live their lives and achieve the outcomes that matter to them.
5. Good conversations empower people



## Q12 - Do you think people with palliative care needs want more digital & technology innovation as part of their care and support?

1. Yes
2. No
3. Don't know

