



Market Shaping & Short Breaks Lead Officer Network - Event Report October 2018

1. Introduction

This report shares the learning from an event in October 2018 hosted by Shared Care Scotland for the Lead Officer Network. Created from just one day's work together, it is not intended to be a 'how to guide', but a starting point for further explorations.

The event's theme and format arose because Lead Officers in different parts of the country had reporting facing similar challenges in:

- Determining how to meet existing and future demand for short breaks provision
- Traditional commissioning models being somewhat at odds with the principles of self-directed support
- Meeting the promise of greater choice and control for carers and service users.

The event sought to explore how to support the development of a financially sustainable 'marketplace' of short breaks opportunities that provides the choice and variety that people want. It was structured around the three stages of developing a Short Breaks Market Position Statement. 26 people from 13 Local Authority Areas took part, along with members of the Scottish Government Carers Policy team and the local Carer Centre.

2. Background and policy context

In England, the Care Act (2014) places a requirement on Local Authorities to produce a [market shaping strategy](#)¹ or a 'market position statement'². Although there is not a similar requirement in Scotland, the following sections of the Carers (Scotland) Act 2016 Statutory Guidance³ provide for the promotion of market variety:

Promoting variety in the market

3.2.75. Section 25(5) sets out that section 19(2) of the SDS Act applies in relation to support provided as a break from caring as it applies in relation to any other support.

3.2.76. Section 19(2) of the SDS Act provides for the promotion of options for self-directed support, i.e., promoting variety in the market. The express reference to breaks from caring makes clear that local authorities should promote a variety of options for these types of service provision (both in terms of support provided by the local authority directly, and other service providers). This can be alongside other preventative support for the carer.

¹ <https://www.gov.uk/government/publications/adult-social-care-market-shaping/adult-social-care-market-shaping#shaping-detail>

² Helpful examples and resources are available by here <https://ipc.brookes.ac.uk/publications.html> – use the keyword 'market shaping' to filter results.

³ <https://beta.gov.scot/publications/carers-scotland-act-2016-statutory-guidance/>

3.2.77. By proactively shaping a relevant and diverse market of provision to support carers, local authorities will be able to more effectively deliver breaks from caring that are appropriate and convenient for the carer’s individual circumstances, contributing towards a preventative and personal outcomes approach.’

During the event, the relationship between Short Break Services Statements (a requirement of the Carers (Scotland) Act 2016) and ‘market position statements’ was discussed, with the conclusion that they have different purposes and functions. See part 9 below.

3. Definition

The event was guided by the following definition of market position statements from the Institute of Public Care at Oxford Brookes University (IPC):

“A market position statement is a document produced by local authorities ideally following a co-productive process with providers, people who use services and other partners, and aimed at a wide range of care providers – both current and potential – which summarises supply and demand in a local authority area or sub-region and signals business opportunities within the care market in that area. The market position statement should be the basis for strategic commissioning and be published, reviewed and updated regularly. It is intended to be used by providers to plan for the future, informing business choices such as investment in capital or personnel.”
IPC Market Shaping Toolkit⁴

4. Event structure

Using Dumfries & Galloway as a live ‘case study’, the event worked through the three stages of developing a market shaping strategy identified by the IPC⁵:

Market Intelligence: Gathering intelligence about existing provision, gaps, aspirations, and available resources.

Market Structuring: Developing plans and ideas to achieve the right balance of short breaks provision.

Market Intervention: Taking action to deliver the kind of market required by commissioners and communities.

Participants were issued with these definitions in advance, along with a comprehensive ‘data pack’ containing key facts and figures from Dumfries and Galloway Health and Social Care Partnership’s Strategic Needs Assessment, Strategic Plan and most recent Annual Report.

*Note: Participants suggested that the three stages could have more straightforward headings (for example Intelligence, Ideas, Intervention) but they are retained as headings in this report.

⁴ http://ipc.brookes.ac.uk/docs/Market_Shaping_Toolkit-revised_2016.pdf

⁵ <https://ipc.brookes.ac.uk//>

5. Step 1: Market Intelligence

Market intelligence: Identifying the key information and data that need to be gathered to help commissioners make effective decisions about how to deploy resources.

Q. What information do commissioners need?

A definition of short breaks.

Although it might sound obvious, it is important to be clear on what constitutes a short break as this will inform what should be included in the scope of intelligence gathering. For example, is it just about direct services for carers, or should services for supported people that benefit carers be included (e.g. day services for supported people that effectively provide carers with a break)?

The level, quality and capacity of existing resources.

Commissioners need to identify the number and type of short breaks and short break services available and being used locally (including any condition-specific provision). Their capacity, effectiveness and cost-effectiveness should be assessed, with potential metrics including levels of demand and use; satisfaction rates; complaints; performance data; wellbeing scores; and inspection results. This requires detailed mapping of current provision and finding out how this is currently being commissioned. The time needed for this and the other steps below should not be underestimated.

Partnerships with providers can help to explore and identify alternatives, innovations and new business models. However, the market intelligence stage can be unsettling. While commissioners need to be clear in their own minds (and transparent with others) about what they are prepared to decommission, they should still attend to the sustainability of providers and the wider market. Providers are likely to be happy to contribute to market intelligence – and make any necessary adjustments – if they trust the process.

It is not always straightforward to access detailed financial information to inform these decisions. Knowing current commissioning costs, commitments, projections, and budgets available will be required as a minimum.

Identify carers and cared-for people and their needs and aspirations.

Information may already be available on the number and nature of carers in the region and in localities. Population-level profiles including carers' roles, age, location (including rurality and access to transport), inequalities and income/deprivation, along with trends and projections, are vital for market shaping. Qualitative information will provide extra richness and help to contextualise data. Stories about the impact of caring, the experience of using services and what people want and value are worth seeking out and sharing. Information about unidentified ('hidden') carers and the views of those who don't currently access services or short breaks should also be sought.

Local strategic intentions.

Strategic Plans and Locality Plans provide important data and context for market intelligence. For instance, what is the current and desired balance between preventative and reactive services? What eligibility criteria and thresholds are in place and how does that affect provision?

Q. Where will commissioners find or get this information?

Coproduction

The market intelligence stage should be coproduced to ensure it is informed by the voice and involvement of carers and cared-for people, including those not using services. One suggestion was to create a co-production team or 'lab' to lead the intelligence gathering process. Third and private sector services can also help (carer-specific or not), with carers centres and local carer groups being especially valuable potential partners.

Methods

A range of different methods should be used to find out what carers, cared-for people and providers are looking for, what's working, what's not, what could be done better. Tools include online surveys, focus groups, ethnographic research, consultation events, round table discussions and social media (e.g. polls).

Existing data – and data sets

Existing data should not be overlooked. For example, population-level data from the census and Scottish Health Survey⁶ will provide key data. Locally, information from carers assessments, individuals' SDS plans, Time to Live applications and commissioned organisation reports should be readily available and can be aggregated to identify patterns of resource use and unmet need.

Plans and strategies

Strategic Needs Assessments, Strategic Plans (and/or Strategic Commissioning Plans, and Locality Plans should all contain valuable information for this process.

Health and Social Care Partnership colleagues

Teams and services may do their own commissioning, so need to be included in this process, as do Finance teams. Analytical/Intelligence Teams may offer valuable insights and capacity (these appear not to be universal, but several participants have them within Strategic Planning teams).

Q. What kinds of people or organisations could help?

- Carers and their family and friends
- Carers organisations
- Children's services
- Commissioned care providers
- Community networks
- GPs
- Operational staff in Local Authority, NHS etc
- Paid carers
- Planners
- Politicians
- Universities

Example: In Dumfries and Galloway there is a panel of people with learning disabilities who examine the provision and suitability of building-based services. This helps to ensure that services are provided equitably and efficiently.

⁶ <https://www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey>

Market Intelligence - Closing Discussion

Market intelligence – or needs assessment?

The term 'market intelligence' can be confusing. It was noted that existing strategic commissioning processes already include needs assessments and the question was asked whether that was the same thing. The general view was that needs assessments differ from the market intelligence process in that:

- Needs assessments for strategic planning and commissioning may be too high-level.
- Strategic needs assessments are unlikely to identify and assess services and resources in the same level of detail that a short-break-specific market shaping strategy would. As the Dumfries and Galloway Strategic Needs Assessment⁷ notes, *'The large number and diversity of organisations across the third sector in Dumfries & Galloway is a significant challenge to collecting data. Consequently, there is little publicly available information available around workforce challenges, recruitment, target audience or outcomes.'*
- Strategic plans sometimes lack practical vision and intent as to how the strategies will be 'operationalised'.

Data gathering

Data collection needs careful planning and can't be rushed. Even understanding what is currently being commissioned (and why) can be extremely challenging. For example, in some areas commissioning is both centralised and devolved to localities; in others, social work teams might do their own commissioning, which may or may not be within formal frameworks. Nevertheless, it is important to start mapping existing provision. An appropriate metaphor might be looking in the cupboards and making a list before going shopping.

Data analysis

The importance of reliable data and clear reporting was a significant theme in this conversation and throughout the day. Participants noted the need for data to be tested, triangulated and properly analysed. Data and decisions are scrutinised closely, so must be accurate. Information should be presented clearly and concisely for everyone's benefit.

There was a strong view on the day that analytical skills and capacity within commissioning and planning teams was limited, particularly for analysing qualitative data. In one example, a Local Authority has established good links with the local University, providing student placements for good quality research and analysis to be carried out.

Market sustainability

Carer organisations are a valuable partner in the market intelligence process. But targeting them alone won't reach everyone with caring responsibilities. A stakeholder mapping exercise might be useful as a starting point: where else might carers and groups or organisations they engage with be identified?

⁷ Health and Social Care Strategic Needs Assessment 2016-2019, Dumfries and Galloway Integration Joint Board <http://www.dg-change.org.uk/strategic-plan/>

Commissioning for outcomes

The shift towards 'outcome-led' rather than 'service-led' commissioning is valuable but creates challenges in terms of predicting what services need to be commissioned as outcomes will be very personal.

The general view was that in future a mix of traditionally commissioned (block) and spot purchased services will be needed. For example, some people (especially older people) still feel more comfortable with traditional building-based day or overnight 'respite', so it is likely these services will continue. But how (and how long) can they be sustained if providers struggle to fill and maintain these type of services? Is there potential for greater sharing of resource across Local Authority areas to try maintain optimal capacity?

Finally, we mustn't forget that short breaks are part of a mix of support that carers need to sustain their caring role. Equally, the term 'short break' might limit our thinking on the full range of opportunities that might provide a break from caring (as the term respite has done in the past).

6. Step 2: Market Structuring

We read and discussed the definition below before identifying what should be included in a Market Position Statement.

Market structuring

- "A market position statement (MPS) is a document produced by local authorities,
- ideally following a co-productive process with providers, people who use services and other partners,
- and aimed at a wide range of care providers – both current and potential –
- which summarises supply and demand in a local authority area or sub-region
- and signals business opportunities within the care market in that area.
- The market position statement should be the basis for strategic commissioning and be published, reviewed and updated regularly.
- It is intended to be used by providers to plan for the future, informing business choices such as investment in capital or personnel."

(Adapted from:

http://ipc.brookes.ac.uk/docs/Market_Shaping_Toolkit-revised_2016.pdf)

Q. What should be included in a Market Position Statement?

High level description of direction of travel

The Market Position Statement (MPS) is a forward-looking statement of intent based on desired outcomes and how they will be achieved. It should be based on what people said they need during the Market Intelligence stage, while acknowledging any gaps in or limitations of the data available.

After setting out its purpose, remit and duration, it should explain the aims, objectives and priorities of commissioning, with links to relevant strategic plans. The MPS should explain commissioning intentions for short breaks, perhaps with a thematic approach to give providers an understanding of needs and opportunities in specific areas – learning disability, mental health, carers, older people and so on. Importantly, it should provide detail of how the vision will be achieved, for example with information on:

Facilitating choice

- How people will be supported to make informed choices
- How people can be supported to pool budgets/resources
- Sharing risks and responsibilities between professionals and families

Outcomes and effectiveness

- Outcomes to be achieved (including how carers' and supported peoples' outcomes will be balanced)
- Short break interventions at different levels of need
- The kinds of innovations that will be required and/or welcomed
- What quality looks like
- How progress and success will be monitored, evaluated and measured

Funding

- Budget and resource available
- Commissioning cycles
- Scope for flexibility in how needs are met, and services are purchased i.e. not only by traditional commissioning

Market supply

- Existing resources and assets (including list of current partners and core short break providers, areas of operation etc.)
- How any intended balance of provision will be shifted e.g. is demand for building based breaks likely to reduce, and if so what's the response?
- Opportunities available – attraction of local care market involvement
- Intentions regarding Small and Medium Sized Enterprises⁸

The MPS should be produced as a partnership document e.g. with relevant stakeholders such as communities, staff, service users, carers, providers, and carers centres.

⁸ See the Sustainable Procurement Duty

<https://www.gov.scot/Topics/Government/Procurement/policy/corporate-responsibility>

Strategic commissioning – and decommissioning – of short breaks in Dundee

Case study input from Laura Bannerman, former Chief Officer of Dundee HSCP

Market intelligence is a good basis for constructive debate and developing mutual understanding. It will come from a lot of different places all of which should be respected and used. It's ongoing and dynamic – this example spanned two years of data collection, analysis and action.

You need to resource the intelligence gathering activity. Use people who have credibility in their field, trust them with responsibility and support them with it: distribute power. Invest in the skills and development of people involved and work at building relationships so that people can collaborate effectively. You also need good people who have the ability and the time to extract the data, analyse it and contextualise it in ways that makes sense to those who matter (in this case carers, their representatives, those assessing their needs, and those delivering their services).

Intelligence needs to include good information about what works and what is acceptable to the recipients, but don't wait for perfection. Use the best information you have. Take into consideration how to get information that is sufficiently individual to be meaningful – understanding therefore not only how many carers, of what age and where they are, but also what from their experience would improve and make a difference to their situation.

Present and share you plans and proposals openly and honestly. Celebrate success and acknowledge when things don't go to plan. Fundamentally, successful collaborative commissioning will depend on the quality of relationships you are able to build. Build trust with the people you want to benefit from the work you are doing.

A good market shaping approach will not just be about how many or what, but *how* things are done. From the intelligence gathered in Dundee it was identified that short breaks were a key issue. Consequently, further research was commissioned to get a better understanding of preferred models for short breaks. What emerged was not so much about the satisfactory nature or otherwise of different forms of short break intervention, although this was useful. It was the other story it told about the need to be less prescriptive about 'what?' and more engaged in the process of assisting carers to identify what would help them deal with the challenges they were experiencing immediately and in the longer term.

Using high-level data combined with the results of individual research and projected financial implications, our group identified a sustainability gap between projected need and the projected budget to meet it.

Together, these things helped build a coherent and compelling case for change contextualised to the local situation. It also provided a basis for monitoring progress towards change.

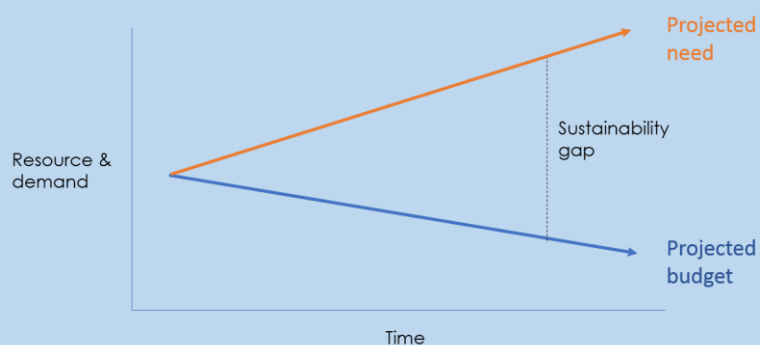


Figure 1: A sustainability gap between projected need and projected budget

7. Step 3: Market Intervention

Market Intervention: Generating ideas for ways that provision can be shaped in a climate of reduced funding and increased demand.

Q. What interventions can you make to shape provision, and how can you make them? How do we foster creativity and innovation? How do we ensure quality and continuous improvement? How do we avoid undesirable system consequences of our commissioning decisions?

Give it time

Market shaping is an iterative process. It takes time to build trust. It takes time to achieve culture change. But we can start by accepting or allowing 'good enough' market shaping strategies and interventions. It's important to be ambitious but also realistic.

Engage

Develop an engagement strategy not just with carers but 'up' and 'across' stakeholder groups. Invest in relationships and influence 'up' the management chain, including identifying how best to engage with local politicians. Again, engagement needs to be embedded to build trust over time. And, to be meaningful, it needs to be resourced appropriately.

Communicate

Develop a communication plan for market shaping. Work out key messages with focus groups or scrutiny panels. Find examples and share stories of non-building-based services, non-traditional short breaks⁹. A simple exercise could be to ask colleagues about the last time they had a short break: do they focus on trips away, outcomes or something else?

Facilitate change

Make realistic plans by identifying what can be changed, how quickly this can be done -and what can't be changed (at least in the immediate term). Use your opportunities to influence others by having the right conversations with the right people at the right time, with the right evidence. Help encourage creativity and innovation in others by:

- Sharing experience of delivering change
- Supporting 'tests of change'
- Giving permission to be creative and providing the systems and support for this
- Managing risk and uncertainty– e.g. indicate where it is intended to keep some current provision as well as innovation.

Create a Strategic Framework and interventions

Review the services and resources you already have. Do you have a provider database? Would it help to develop a coordination point for short breaks (like a Short Break Bureau or Brokerage Service as they have in Dundee and in some other areas)?

Find out what matters to people but remember you don't need to 'fix' it but focus on what matters to them and help facilitate options, for example use 'one-page profiles' to link people with Option 1&2 to pool their budgets for short breaks.

⁹ Visit <https://www.sharedcarescotland.org.uk/learning-exchange/short-break-short-stories/> for short break stories and examples like this

8. Market position statements (MPS) and short break service statements (SBSS)

The event concluded with a reflection on the relationship and difference between MPS and Short Break Service Statements, a requirement of the Carers (Scotland) Act. The Statutory Guidance identifies that SBSS can inform Local Authorities' future plans and market shaping in the following way:

'Preparation, publication and review

6.2.5. Section 35(4) allows Scottish Ministers to make regulations about the preparation, publication and review of short break services statements by local authorities. The Carers (Scotland) Act 2016 (Short Breaks Services Statements) Regulations 2018 have been made under this power.

6.2.6. Local authorities are required to consider the views of relevant carers and carer representatives in the preparation and review of the statement. This is intended to ensure that the statement remains fit for purpose and appropriate to the needs of local carers. It will also help to inform local authorities with future planning and market shaping of short breaks services. Local authorities may also wish to involve short break service providers when preparing the statement.'

On the day, MPSs were felt to be more of an articulation of *aspiration for the future* and how commissioners will *facilitate* the range and availability of provision. SBSSs were seen more as a statement of what is already available, and the options people have for short breaks.

This led to a question about whether the MPS does the same job as a Strategic (Commissioning) Plan. The MPS was believed to be beneficial because it is more operational than a higher-level strategic commissioning plan. By setting out a clear direction of travel and expectations in terms of future needs and balance of provision, it provides clarity to enable providers, service users and commissioners to adjust to and facilitate change.