



Strategic Planning (Joint Strategic Commissioning)

Joint Improvement Team Advice Note

February 2014

Introduction

This Advice Note focuses upon work that should be underway regarding strategic planning during the 2014-15 transitional year. It includes five appendices which provide more detailed information on aspects of the strategic planning agenda. Appendix One provides weblinks to the Public Bodies (Joint Working) (Scotland) Bill 2014 (the Bill), as amended at Stage 2, and related background information. An Action Note which outlines what partnerships will need to do in 2014-15 is set out in Appendix Two, whilst Appendix Three contains a number of items providing guidance, definitions, resources and learning tools and Appendix Four contains suggestions as to the scope and structure of the various planning documents that partnerships may consider producing. Appendix Five sets out the draft national outcomes that Integration Authorities will be accountable for delivering.

Statutory guidance underpinning the Bill will be consulted upon and issued by the Scottish Government later this year.

Terminology

The term Joint Strategic Commissioning (JSC), which has been adopted by the National Steering Group for Joint Strategic Commissioning is defined in Scotland as being:

“the term used for all the activities involved in assessing and forecasting needs, linking investment to agreed desired outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place.”

It includes the four aspects of the commissioning [cycle, analyse, plan, do and review] and as such encompasses all of the activity described here, as falling under a Strategic Plan for adult services and a financial plan, plus the delivery and review aspects of the cycle. The complete Joint Strategic Commissioning process is set out in the Institute for Public Care at Oxford Brookes University (IPC) model which has been adopted by the JSC National Steering Group, and which is included in Appendix Three, below.

Within the Bill the term 'strategic planning' is used to describe the process of undertaking a joint strategic needs assessment (needs, population dynamics and projections, service activity, demand and gaps in provision) and the associated task of using the output from this assessment for service planning the re-design of services to deliver better personal outcomes and to address key policy priorities.

Scope of the Strategic Plan

The Bill sets out the functions of local authorities and of Health Boards that may be delegated to Integration Authorities. Regulations will require the delegation of those functions as they relate to adults and all functions for delegation set out in an integration scheme will be included within the scope of the Strategic Plan.

Strategic Plans are also expected to incorporate and fully reflect the important role of informal, community capacity building and asset based approaches to delivering more effective preventative and early interventions, in order to maximise the potential to reduce demand at the front door of the formal health and social care system.

As with prior Joint Strategic Commissioning Plans, Strategic Plans should focus upon delivering improved outcomes for users and carers through better aligning investment with what the evidence tells us about the needs of people in local communities, currently available services and supports and what works in delivering better outcomes. The *draft* nationally agreed outcomes that Integration Authorities will be accountable for delivering are set out in Appendix Five.

The financial guidance concerning the scope of the integrated budget has not been finalised at the time of writing and but it is anticipated that it will set out the minimum scope of the functions and resources that are to be delegated.

Care groups such as Criminal Justice and Children's Services may also be included within the scope of the Strategic Plan if it is so decided locally. However, in this case the financial resources associated with them will be unlikely to form part of the Financial Plan unless it is decided locally that this should be the case. Consultation with important local stakeholders such as Education and Community Justice Authorities would be required before such provision could be included within the scope of Integration Authorities' Strategic Plans.

Raising the Bar – what needs to happen in 2014-15

A number of steps will need to be taken to migrate from current Joint Strategic Commissioning Plans for Older People (and other care groups), to Strategic Plans that incorporate a Financial Plan, relating to all integrated resources by April 2015. The Bill will provide some flexibility to enable partnerships to go live during 2015, whilst supporting local variation in terms of readiness. However, partnerships are strongly encouraged to make this transition as early in 2015/16 as possible. An action note for 2014-15 is set out in Appendix 2.

Each Integration Authority's first Strategic Plans must set out the date on which functions are to be transferred. If they don't, the functions will be delegated on the prescribed date.

Upon commencement of the first Strategic Plan and each year thereafter, each Integration Authority must publish an annual financial statement that sets out the total amount that it intends to allocate under the provisions of the Strategic Plan. Guidance on integrated resources will be issued by the Scottish Government shortly.

While a Strategic Plan can be for a longer period, plans must be reviewed and revised at least every 3 years. It can be reviewed at any other time within the 3 years but if it is, a new 3 year period will commence from the new start date.

Establishing a Strategic Planning Group (SPG)

Partnerships are required under the Bill to establish a Strategic Planning Group for the purpose of preparing a Strategic Plan, but the group's role should be ongoing in order that it can input to the ongoing review of the Strategic Plan.

Membership of the group will be at the final discretion of the integration authority although Ministers will prescribe a minimum membership in regulations. Membership may change over time, but should include:

- People who use services and unpaid carers;
- Third and independent sector providers, representative organisations and advocacy groups;
- Local authority and Health Board nominees;
- Social work and social care professionals;
- GPs, clinicians, nurses, AHPs and other professional groups;
- Housing representatives;
- A representative from each locality planning group;
- Staff side and/or trade union representatives.

Partnerships will be expected to consider how to make best use of the well established, organised and informed local user, carer and advocacy groups and national representative bodies that already exist and which contribute a significant and very positive influence upon services for a number of care groups. The development of a Strategic Plan for all adult care groups provides an important

opportunity to share good practice and disseminate learning between those care groups that have developed a strong and widely regarded representative capacity and those that have made less progress.

Joint strategic commissioning activity to-date has primarily focussed upon older people's services where experience from implementing the Reshaping Care for Older People Change Fund has resulted in significant progress being made in cross sector engagement and consultation. Looking to the future, other adult care groups often reflect a much fuller role and engagement by national and third and independent sector bodies so partnerships should consider how best to provide opportunities for a more productive dialogue with these stakeholders (strategic partners) to take place.

Joint strategic needs assessment

The bedrock of good Strategic Planning is a clear, robust strategic needs assessment. A number of national initiatives are underway to develop and support partnerships capabilities in this regard, but it will take time for them to bear fruit. It will be important from the outset that Integration Authorities recognise the significant uplift in the scale and scope of the information they will require, in planning across the full range of adult care groups. Whilst substantial information may be available, analysing and interpreting this range of data will be extremely challenging and is likely to require substantial input from specialist information professionals working with each of the care groups.

In the meantime there are steps that partnerships can take to ensure at least the beginnings of a soundly based analysis of local needs and a better understanding of relevant issues for all care groups. Many partnerships will already use IRF data relating to Health Board and local authority programme budgets for the major care groups. Where these are not readily available partnerships should go to: www.isdscotland.org/Products-and-Services/Health-and-Social-Care-Integration/ to access the local data profile for their area. All partnerships already have access to the detailed local authority information that provides the basis for their annual LFR3 return. This information should be readily available and should provide a more up to date and informative picture of local activity than the annual return itself.

NHS ISD is developing a platform to inform intelligent local commissioning strategies, support decision making on investment and disinvestment, and enable service redesign to support preventative and anticipatory care. ISD will link health and social care data at an individual level to build an understanding of how people use services, particularly in terms of patterns of use. This level of detail will enable health and social care partnerships to understand the drivers behind local variation in patterns of service use, and to plan for more effective use of resources in future.

Interesting and illuminating information concerning service activity, outcomes and user/carer views is also available from procurement and contract management activity, case records, service providers and local advocacy or care group stakeholders. Access to and the nature of this information will vary for different care groups, so it will be vital that existing networks and planning/strategic processes are

scoped and incorporated as appropriate, into any new Strategic Planning arrangements.

Locality planning – providing a place-based focus

Integration Authorities are required to put in place locality planning arrangements for their area. The Bill requires that the strategic plan sets out how the integrated functions will be carried out in each locality. Localities should enable local people, professionals, carers and third sector organisations to exercise greater control over the planning and delivery of services and supports that are available to them. Localities should be the prime means for ensuring a more community-focussed, personalised approach to understanding and delivering better outcomes through the Strategic Plan.

In determining the shape of locality planning arrangements for a particular partnership, Integration Authorities will be required to involve and consult with a wide range of stakeholders as prescribed in regulation by Scottish Ministers. At this early stage of their development partnerships should seek to meet with their key local stakeholders to involve them in discussions that will assist in developing the most suitable arrangements. Establishing effective ongoing links between the work of the SPG, locality planning arrangements and CPPs will also help to strengthen community cohesion and promote flexible responses to identified community needs.

Chief Officers will be expected to ensure that quality indicators for locality planning are developed in order to provide a sound basis for performance reporting arrangements regarding the planning and delivery decisions that localities will make.

Whilst locality budget arrangements may vary between Integration Authorities, it will be important that utilisation of the dedicated GP support resources, is overseen by localities in order to support good decision making in support of national health and well-being principles.

A weblink to the Community Empowerment (Scotland) Bill that is designed to strengthen and nurture community participation and encourage enterprising community development is included in Appendix Three.

Commissioning and procurement

Whilst the Integration Authority will be responsible for preparing the Strategic Plan including the Financial Plan, the Health Board and relevant Local Authority will continue to be responsible for delivering or procuring the required services and supports that are necessary to meet the objectives of the plan. In addressing the 'delivery' and 'review' aspect of the commissioning cycle in the Strategic Plan, ongoing discussions between the Integration Authority and the two parent bodies should ensure that dialogue between key stakeholders involved in commissioning and those with a responsibility for procuring or otherwise securing services, enable both aspects to be fully informed about the other.

The Procurement Reform (Scotland) Bill and ongoing discussions regarding European Procurement Regulations are likely to change the procurement landscape for health and social care services in the foreseeable future. A weblink to the Procurement Reform (Scotland) Bill is included in Appendix Three as is a more detailed update on the current situation regarding possible changes to procurement rules.

Re-setting the local planning landscape

Unlike previous joint strategic commissioning plans, the new Strategic Plans will be expected to demonstrate how they have taken into account their impact on the plans of neighbouring partnerships and of any partners involved in relevant regional or Managed Clinical/Care Networks arrangements. This will ensure that the cumulative effect of any proposed arrangements are taken into account during preparation of every Strategic Plan, be it the first, subsequent or replacement plan.

Partnerships should also consider how their Strategic Plan relates to the purpose and scope of pre-existing or forthcoming plans, such as the, Single Outcome Agreement, NHS Local Delivery Plan, Local Housing Strategy, Local Development Plan, Integrated Children's Services Plan, NHS Clinical Strategy, Community Plan and particular care group plans and/or strategy documents etc.

Planning across the Integrated Partnership boundary

Whilst Integration Authorities will create new opportunities for joint working and collaboration between partnerships, it is also true that existing ways of working with services that are not included in the scope of the Integration Authority may come under pressure as a result of the changes. Integration Authorities will want to ensure that any such potential pressures are identified and addressed as early as possible in putting in place revised Strategic Planning arrangements. Provision that is of particular significance, including planning arrangements and access to services include:

- Transitions from children's to adult services
- Housing and housing services
- Education services
- Criminal Justice services
- Drug and alcohol related services
- Child, Adult and Public protection
- Universal services, including economic development and transport

Strengthening the delivery of Self Directed Support (SDS)

Strategic Plans will be a crucial means for ensuring that SDS becomes a reality for users and carers across Scotland. The role of the SPG will be particularly important in providing a voice for all parties impacted by the SDS agenda and partnerships should consider how best to secure the place of the 'individual commissioner' across

the full range of Strategic Planning activities that are undertaken on behalf of the Integration Authority.

For statutory commissioners, SDS marks an important shift in their role and in particular requires them to become more focussed upon facilitating the local market for services and supports, to ensure that the necessary choice (and control) is available to individual commissioners/users. Many partnerships have already begun to compile market facilitation plans and have recognised the importance of such an external-facing document as part of their core suite of plans. An outline Market Facilitation Plan is set out in Appendix Four.

Human rights

Scotland's National Action Plan for Human Rights (SNAP) is a roadmap for the realisation of all internationally recognised human rights, and fits with the ethos of Public Service Reform; particularly ensuring that public services and economic decisions promote human dignity for all. The model for change which SNAP promotes is a "human rights based approach" emphasising participation, accountability, non-discrimination, empowerment and legality, (the PANEL approach). It is expected that this approach is evident within Integration Authority's Strategic Planning arrangements, through the promotion of innovation and adoption of good practice examples to meet on-going needs in a sustainable way.

A weblink to the Scottish National Action Plan for Human Rights is included in Appendix Three.

Improvement Support over the next 12 months

Partnerships will have access to a dedicated integration and strategic commissioning development programme, organised through a national Improvement and Support Collaborative. Supported by the JIT and available over the course of 2014-15 and beyond, the work of the collaborative is designed to equip the new Integration Authorities to meet the expectations that are placed upon them by the Bill, and includes:

- Integration improvement support programme (JIT in conjunction with colleagues from the Improvement and Support Group (ISG));
- The Joint Strategic Commissioning National Improvement Support Programme for 2013-15. This programme sets out the considerable range of activity undertaken by national learning and development stakeholders to support the strategic commissioning agenda, and also provides a means of facilitating and co-ordinating dialogue between the national partners;
- JIT JSC course and learning programme (in conjunction with IPC Oxford Brookes);
- JIT JSC partnership support programme;
- Development of JIT tools and advice notes relating to specific aspects of JSC.

The particular initiatives available from the Scottish Government and partners are:

- Workforce development;
- Financial advice on joint planning and arrangements.

The Scottish Government's Division of Integration and Reshaping Care is available to give advice and guidance on the provisions of the Bill and amendments.

If you have any queries regarding this advice note or would like to know more about the support that is on offer please contact:

JIT: Tony Homer on 01361 890 615 (anthonyhomer695@btconnect.com), or

SG: Brian Slater on 0131 244 3635 (brian.slater@scotland.gsi.gov.uk)

Appendix One

Summary of the Bill

Follow the link below to the Public Bodies (Joint Working) (Scotland) Bill [AS AMENDED AT STAGE 2]:

[http://www.scottish.parliament.uk/S4_Bills/Public%20Bodies%20\(Joint%20Working\)%20\(Scotland\)%20Bill/b32as4-stage2-amend.pdf](http://www.scottish.parliament.uk/S4_Bills/Public%20Bodies%20(Joint%20Working)%20(Scotland)%20Bill/b32as4-stage2-amend.pdf)

And the links below to background information on the Bill:

<http://www.scottish.parliament.uk/parliamentarybusiness/Bills/63845.aspx>

<http://www.isdscotland.org/Products-and-Services/Health-and-Social-Care-Integration/>

Appendix Two

Action Note – What needs to happen in 2014-15?

Things that you can be getting on with over the course of the next few months in order to ensure that you are making sufficient progress to be ready for the enactment date of April 2015.

- **Establish a Strategic Planning Group.** Where appropriate consider revising any existing arrangements to address the requirements of all care groups in-scope and agree the process by which localities will engage with the wider Strategic Planning process.
- **Identify your locality areas** for the partnership and develop a shared understanding with your neighbouring partnerships of any potential new mutual impacts/flows as a result of your Strategic Plans and reaffirm any existing arrangements/impacts.
- Progress discussions at your partnership's current principal governance group regarding the **form and scope of integrated arrangements**. In particular, confirm the functions that are to be delegated, if these extend beyond those set out in regulation. In developing your integration arrangements consider future links with the CPP, in particular governance and locality planning.
- **Review the nature and extent of delegated authority** over finance, delivery of services etc. for locality planning arrangements, as set out in regulation. Liaise with local Directors of Finance to scope the resources associated with the delegated functions, establish shadow financial reporting arrangements and scope acute resources and performance reports.
- **Review your use of local data** and establish the means to focus on the task of refreshing/strengthening your analytic capability.
- Discuss with Senior commissioners and Council/NHS procurement officers the likely implications of the proposed **new arrangements for statutory-host procurement functions**.
- **Determine the form of governance** that should be put in place to enable localities to plan, fulfil their delegated functions and engage effectively with other aspects of the planning arrangements.
- **Review arrangements for considering SDS and commissioning**, in particular the role of 'individual commissioners' within the wider planning process.

Appendix Three

Web links, Tools and Contacts

Community Empowerment Bill

<http://news.scotland.gov.uk/News/New-powers-for-Scotland-s-communities-5e5.aspx>

Scottish Human Rights Action Plan

<http://www.scottishhumanrights.com/actionplan/readfullreport>

Existing JIT partnership support resources include:

[Success Factors for Integration: Readiness for Integration Checklist](#) – designed to be used in partnership as a discussion aid and quick indicator of readiness for integration and focusses on 13 areas: Outcomes; Leadership; Decision Making; Structure; Engagement; Communication; Roles; Behaviours; Skills, Knowledge and Capability; Resources – Money; Resources – Information; Resources – Time; Improvement and Scrutiny.

[Joint Strategic Commissioning Learning Development Framework](#) – in order to assist those responsible for improving joint commissioning skills and capacity *across the Partnership*, the JIT and the Scottish Government commissioned the Institute of Public Care to produce a Learning Development Framework focusing on joint commissioning. Whilst it explores the skills needed to deliver effective joint strategic commissioning of older people's services, it is intended that the material is useful for other groups of patients and service users as well – the joint commissioning skills involved are relevant to all populations, service users and patients. It is of particular use to:

- Senior Partnership leaders, executives and commissioning managers;
- Officers with responsibility for training, organisation development and HR;
- Individuals wanting to develop their own joint commissioning skills.

[Talking Points: A Personal Outcomes Approach](#) – An outcomes approach to assessment, planning & review that aims to shift engagement with people who use services away from service-led approaches. The philosophy of this approach is one that emphasises the strengths, capacity and resilience of individuals, builds upon natural support systems and includes consideration of wider community based resources. Part of the development work has included supporting staff to conduct outcomes focused conversations, including with people with communication support needs through the creation of [staff development and leadership materials](#). As part of ensuring the continued roll-out of the Talking Points Approach, the JIT is providing expert support to NES and SSSC to develop capabilities of the workforce in relation to personal outcomes.

[Briefing Notes for Partnerships](#) – these are a series of guides aimed at helping members of health, housing and social care partnerships understand and apply the evidence of best practice in partnership and as a tool for development.

[Partnership Outcomes Performance Improvement Tool](#) (POPIT) – a diagnostic tool to help partnerships assess their current readiness for partnership outcomes based performance management. It signposts respondents to various resources according to their responses to the questions.

Current public procurement legislative framework and future changes

The new procurement Directives, which will replace the current Directives 2004/17/EC and 2004/18/EC don't come into force straight away; Member States have a period of two years for transposition into national laws. Procurement is a devolved matter and the Directives contain a number of optional elements which can be adopted in Scottish procurement regulations, in such a way as to reflect the unique circumstances of the Scottish landscape. Stakeholders will be consulted on the options with a view to bringing forward new regulations in 2015, within the deadline set by the EU.

The current rules distinguish between Part A services which are subject to the full application of the procurement rules and Part B services which are only subject to limited technical and procedural requirements. Under the new proposals, the Part A and Part B distinction will be removed, and recognising that these 'person centred services' have a limited cross-border dimension will typically not be of interest to providers from other Member States, a specific lighter- regime for the procurement of certain social, health and education services will be introduced with a higher threshold of €750,000 applying.

For these specific services the new procurement Directives, when implemented, will introduce the following:

- public bodies will be required to publish a contract notice and a contract award notices;
- public bodies may take into account the need to ensure quality, continuity, accessibility, affordability, availability and comprehensiveness of the services, the specific needs of different categories of users, including disadvantaged and vulnerable groups, the involvement and empowerment of users and innovation;
- Member States must as a minimum introduce national rules which must ensure compliance with the Treaty principles. These rules may mandate the use of "Most Economically Advantageous Tender" as the basis for awarding contracts, i.e. to banning the use of "lowest price".

The Procurement Reform (Scotland) Bill, which was introduced to the Scottish Parliament on 3 October 2013, will establish a national legislative framework for sustainable public procurement that supports Scotland's economic growth. The

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focus of the Bill is on sustainable public procurement that supports Scotland's economic growth by delivering social and environmental benefits including community benefits, supporting innovation and promoting public procurement processes and systems which are transparent, streamlined, standardised, proportionate, fair and business-friendly.

Here is a link to the Bill lodged in October 2013,
<http://www.scottish.parliament.uk/parliamentarybusiness/Bills/68170.aspx>.

Appendix Four

Strategic Planning Documents

Suite of planning documents

The suite of the planning documents that each partnership produces should incorporate a cross cutting strategic framework that sets out common contextual, policy and financial imperatives is developed, as a means of enhancing coherence in the planning approach across what have to-date been relatively unconnected service areas. The suite of documents should also provide clarity and reassurance to stakeholders concerned with each particular care group that their views and concerns have been heard and are reflected appropriately. This should enable the particular characteristics and commissioning intentions for each care group to be clearly articulated.

The list below reflects the need to produce clear and robust plans relating not only to the overall strategy, but also to address implications for particular care groups, and to create a form for the locality plans that will be required. Other documents that might assist in explaining the local strategy to key stakeholders such as provider organisations and service users should also be considered.

- Partnership Strategic Commissioning Framework
- Care Group Commissioning plans
- Locality Plans
- Other commissioning documents – stand alone Joint Strategic Needs Assessment, Market Shaping Plans

Partnership Strategic Commissioning Framework

Scope

- Partnership level for all services, care groups and localities

Content

- Governance
- Process and engagement
- Suite of documents
- Rationale for the chosen planning approach/documents: achieving coherence, consistency and minimising duplication
- Links to area/regional/NHS/LA planning structures/processes
- Outline of policy and financial drivers and local context
- Scoping and addressing complex care and out of area high cost placement issues
- Dealing with pre-existing ring fenced funding
- Scoping the integrated funding pot

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- Determining care group budgets

Care Group Commissioning Plan

Scope

- Partnership level for each care group

Content

- Governance
- Process and engagement
- Where each care group plan fits in the wider suite
- Where each care group is 'at' regarding the history and process of strategic planning (joint strategic commissioning)
- Rationale for the chosen planning approach/documents: e.g. have different care groups been grouped together in a particular plan, what links have been established between care groups in the preparation of different plans
- Links to area/regional/NHS/LA planning structures/processes
- Scoping and addressing complex care and out of area high cost placement issues for the particular care group
- Dealing with pre-existing ring fenced funding (if relevant)
- Scoping the care group budget and related services, supports and activities

Locality Plan

Scope

- Locality level reflecting local structure and relevant place based agenda with outline of interface with Strategic Framework / Partnership Commissioning Strategy, Care Group Plans and Community Plan

Content

- Governance arrangements
- Scheme of delegation
- Control of resources
- Process and engagement
- Developing a local place-based agenda
- Prioritising community, complexity and the 'real lives' perspective

Other Plans

Market Facilitation Plan

The following outline of the contents of a Market Facilitation Plan are adapted from a

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Department of Health document “Developing Care Markets for Quality and Choice - What is a Market Position Statement?” The document was prepared by IPC Oxford Brookes.

Topic	Developing a Market Facilitation Plan
A summary of the direction the local authority and its commissioning partners wish to take and the purpose of the document	<p>Summarises the key care and wellbeing outcomes to be achieved and any, and which, elements of policy, legislation and regulation will have an impact on the market.</p> <ul style="list-style-type: none"> Contains a summary of the key elements of the analysis presented in the individual sections below. (This section should be written last of all and ideally be no more than one page)
The LA’s predictions of future demand, identifying key pressure points	<p>An analysis of the current population and anticipated projections for the coming five - ten years for the relevant market sector and the impact any population change may have on future demand for services.</p> <ul style="list-style-type: none"> The analysis should cover the whole population of potential service users, including those who fund services themselves and those funded by the LA either in part or in total. Consumer perspectives should be represented here. Highlights particular aspects of demand now and in the future, for example, by geography (which wards have high density) and by nature of particular problems, e.g., dementia, profound and multiple disabilities, etc and whether this is likely to increase, remain the same or diminish. This will include the rationale on which such estimates are being made.
The LA’s picture of the current state of supply covering strengths and weaknesses within the market	<p>A review of current spend on services.</p> <ul style="list-style-type: none"> A quantitative picture of supply, looking at what services are provided, to whom, where and in what volume. Particular issues to look out for could be; does the profile of service provision match likely future demand, are services located in the areas of highest need? Do the services available offer genuine choice? A qualitative picture of current supply indicating those areas where services appear not to be.
Identified models of practice the LA and its partners will encourage	<p>A review of how the commissioning organisation sees the supply side in terms of the latest evidence about the best approaches and methodologies.</p> <ul style="list-style-type: none"> An explanation of the desired models of care and an analysis of whether they are matched by current provision.

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	<ul style="list-style-type: none"> • Suggestions as to how the market might deliver change. • A statement about whether commissioners will provide or directly purchase any services, whether it will seek framework agreements with providers, whether these will be based on outcomes etc. • An explanation of areas where the LA will seek to influence CI, service users, carers, or government.
The likely future level of resourcing	<p>Which areas of supply the LA sees as a high priority, where it wishes to see services develop and those areas where it would be less likely to purchase or encourage service users to purchase in the future.</p> <ul style="list-style-type: none"> • A description of likely future public care resourcing, and how this might drive the vision from the previous section. • If less funding is to be made available, an explanation about this and of the opportunities for the market to propose or be involved in ideas for service re-design and new delivery models. If particular service areas are vulnerable to funding reduction, an analysis of the likely service areas which might be de-commissioned or discouraged and how the LA will seek to achieve these changes
The support the LA will offer towards meeting the ideal model	<p>An analysis of what the authority anticipates will be the impact of more service users purchasing or negotiating their own care, and the impact this might have on the market.</p> <ul style="list-style-type: none"> • Opportunities to shape future thinking and also any particular offers that may be available to providers, e.g., outcome based contracts, land availability, help with planning consent, guaranteed or underwritten take up of services, training and development, business and management support, if they develop certain types of provision

More information can be found on IPC's website at

http://ipc.brookes.ac.uk/services/documents/DCMQC_What_is_a_Market_Position_Statement.pdf

Appendix Five

Draft National Outcomes

Healthier living

Individuals, families and local communities are able to look after and improve their own health and wellbeing, so that more people live in good health for longer with reduced health inequalities.

Independent living

People, including those with disabilities, long term conditions, or who become frail, are able to live as independently as reasonably practicable in their community.

Positive Experiences

People have positive experiences of health and social care services, which are centred on meeting individuals' needs and providing choices that help to maintain or improve quality of life.

Carers

People who provide unpaid care are able to maintain their own health and wellbeing, including having a life alongside caring.

Safety and dignity

People using health and social care services are safeguarded from harm and have their dignity respected

Workforce

People delivering health and social care services are positive about their role, and supported to continuously improve the information, support, care and treatment they provide.

Resources

Best value is achieved with resources used effectively within health and social care, without waste or unnecessary variation.