

Catalyst //



A Catalyst for Change //

**Tackling the long ascent of improving
commissioning**

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Catalyst II



Contents

Section 1: Introduction

Foreword	6
Introduction	7
Definitions	8
The Commissioning Cycle	10
Purpose of this workbook	11
Starting on the ascent	11
The change philosophy	12
Testing for outcome clarity	14
The process	15

Section 2: Team Readiness

Where do we start?	18
The key routes	19
Self-assessment and scoring process	20
Scoring	23
Site expertise	23
Investing in partnerships	24
Maximising capital and all resources	26
Understanding local needs & markets	28
Enabling viable market conditions	30
Commissioning & contracting	32
Scoring summary	34

Section 3: The Current Position

Where are we today	36
Managing our stakeholders	37
Travelling light	38

Section 4: The Summit Route

Creating a summit route	40
Strategy mapping	40
Map construction	41
The summit map	42

Section 5: Re-balancing

Action planning	45
Detailed action planning	46

Section 6: Sustaining the momentum

Thinking through the issues of change	48
<i>Methodology and approach</i>	50
<i>Acknowledgement and thanks</i>	50
<i>Bibliography and useful references</i>	51
<i>Management References</i>	53
<i>Addresses</i>	53

Catalyst II



Catalyst II



Introduction

Foreword

This workbook is the first major revision of the original *A Catalyst for Change* and has been produced for CSIP by the National Older People's Programme and Warwick-i *business insight*.

This update comes at a time when commissioning activity, in particular, joint or joined-up commissioning is developing in children's services and adults/older peoples' services, and is a central theme of the new Commissioning Framework for Health and Well-being launched in March 2007.

A Catalyst for Change is produced to help local authorities and health organisations to improve their strategic commissioning, principally – but not exclusively – of non-acute services for adults and to help them re-balance services to meet compelling new government directions to develop person-centred services. The requirement of this is to put people in receipt of these services more in control of what, how and when they are delivered.

Whilst observing the aspirations of the White Paper *Our Health, Our Care, Our Say* and taking into account McKinsey's fitness for purpose review of PCTs, this latest version of the workbook is intended to reflect the realities of commissioning non-acute services across whole health and social care systems, including the third sector, and acknowledges the developing agenda for PCTs and non-acute Trusts in delivering community care services for all service user groups. We

believe *A Catalyst for Change* will help them in developing and improving their commissioning activities.

The leadership and vision which drives the quest for constant service improvement needs to both draw from and reflect back on-the-ground working practices within, across and through partner organisations to remove impediments to more effective service delivery. Even the 'healthiest' and most-starred systems need continually and critically to examine their own activities and appraise the extent to which they are effective in meeting the needs and expectations of end users.

The key to effective services for older people is that they are the *right services* delivered at the *right time* in the *right place*. To ensure that these are achieved, commissioners need to understand better their local population needs and expectations, and to know what service options are available, the extent to which they are capable of being developed and managed, and how best to engage with their partners in optimising service outcomes.

As we enter more connected and inter-dependent worlds in our health and social care economies, broader ideas of capital, investment and return become more significant. Our ability to work as cohesive networks for the greater benefit of the public generally will increasingly determine the quality of the service outcomes, as delivery becomes more integrated across a range of

organisations. It is to this point that *A Catalyst for Change* aims to provide support – helping service networks to ensure that they have the right approaches to stewarding and using their various forms of capital wisely, effectively and efficiently to maximise outcomes for their local populations.

It is intended to be used alongside other guides and advice from the Department of Health and other government sources, and to draw on the expertise of other agencies in planning, commissioning and reviewing services.

This workbook may be used as a self-audit tool to assess current effectiveness of working relationships and practices and makes some suggestions (in the separate Appendix) on how these can be optimised. It is not an exhaustive appendix. The end result may be a wider and more integrated menu of services meeting a greater range of local people's needs more appropriately. We recommend, however, that the process of using this document as a workbook, ideally in multi-agency groups, is best facilitated (free-of-charge) by CSIP, to ensure that NHS and local authority partners identify, embrace and embed change into the very core of their commissioning existence.

Richard Humphries, CEO of CSIP
January 2007

Introduction

Since the publishing of the original *Catalyst for Change*, more than 30 different health and social care networks across the United Kingdom have benefited from its facilitative approach, and used the tool to help them determine more objectively their strategic commissioning fitness. These networks have then gone on to create and implement their change plans to deliver more effective services for the greater benefit of local populations.

Part of the learning for us, however, has been to identify some opportunities for improving the original document that will help health and social care systems recalibrate their activities to meet ever-pressing challenges, especially those set by the Green Paper, *Independence, Well-being and Choice*; the White Paper *Our Health; Our Care; Our Say; Choosing Health* and *Every Child Matters*. What follows draws on the original research, but we have now incorporated some significant improvements to *Catalyst* which include the following benefits:

- A more supportive approach to change planning, and especially to ‘climbing the mountain’ of improving commissioning effectiveness
- Introducing the concept of commissioning for outcomes and investing in resources to deliver them

- Helping systems navigate their way through a maze of objectives/targets to get to the point where outcomes (not outputs) truly meet their needs
- Encouraging incremental innovation, building on some excellent examples of innovative practice in many sites
- Through facilitation, helping whole systems achieve agreement of a local vision meeting local needs
- Additional and more detailed action support based on observed best practices from the research phase and detailed guidance from government (now in a separate and more user friendly appendix) to provide a source of implementation ideas and practical guidance along the route. It is best used as supporting information to assist with detailed action planning

The single most important aim of *Catalyst* is to provide local health and social care communities with the **ability to identify where they most need to focus their improvement and development energies**. This can then be followed up, with CSIP support, to develop practical approaches to enable network partners to make the needed improvements and demonstrate health and social care gains within their communities.

Janet Crampton, CSIP

Simon Ricketts, Director, Warwick-i
business insight

Catalyst Appendix

This is the main participant booklet for the catalyst process, which takes the community through the main processes of planning and self-assessment.

In addition to this workbook there is a separate document which supports the action planning phase, with details and examples of good practice at the various different assessment levels, and keyed in to the structure of this workbook.

It can be downloaded from
www.csip.org.uk.

We recommend that you have this appendix available during your facilitated sessions to provide a rich vein of ideas and possible actions to help take your community to the next level.

Please send any comments or suggestions on the improvement of this product to
Janet.Crampton@dh.gsi.gov.uk at CSIP or simon@warwick-i.com.

Thank you.

Definitions

Commissioning for outcomes - within this document the phrase strategic commissioning is used in its broadest sense and in this respect covers the following cyclical sequence of events (known as the virtuous cycle – see next page):

1. Understanding, mapping and forecasting the nature of supply and demand within the market to meet the current and evolving needs of the users/recipients of care services
2. Ensuring that there is alignment between all system partners on what needs to be achieved to ensure this demand is met, including working within legal and political frameworks
3. Involving all system partners (including end users and service deliverers) in the development of plans and strategies to achieve these goals
4. Ensuring that the resources across the system are applied for the best effect to maximise attainment of the strategic commissioning goals (including providing a clear context for partner organisations to align their activities, budgets and processes behind the strategic commissioning plan) including those the children and young people
5. Reviewing and evaluating the services provided with a view to any necessary re-provisioning of those services to

meet ever-changing population needs and outcomes for priority groups

Outcomes – the results of interventions that lead to an improved result for young people and adults; this, that the services received have measurably improved their circumstances and that their experience of service delivery is positive and unofficial; in addition, outcomes identified in *Every Child Matters*, and *Our Health, Our Care, Our Say* be delivered

Priorities/Key Priorities – those aspects of market activity that influence the performance of the market and, as such, represent the key dimensions on which market assumptions are predicated.

Network – regional, sub-regional and local groups of health and social care organisations, and their wider partners in the local community, intending to work more closely together to improve service standards, increase capacity in the system, and to achieve best possible outcomes for their principal customers

Network Partners – refers to all of the associated organisations within local strategic partnerships, including formal Children's Trusts, who work together to develop common approaches to maximise resources and optimise outcomes. These may include local authority services and housing, health, voluntary agencies, private companies, etc. Essentially, system partners include those who **use** the services, those who commission and provide them, and those who have influence

over their effectiveness, and are akin to **stakeholders**

Partnering – behaviours that are actively aligned to the needs, objectives and aspirations of the network as a whole rather than a parochial view of the needs of each individual network partner organisation - the concept of partnership accepts the mutually beneficial nature of the relationship between organisations and the purpose. Multiagency working is at the heart of the Children Act 2004, which sets out guidance for the duty of organisations to co-operate



Investing in a Market Economy

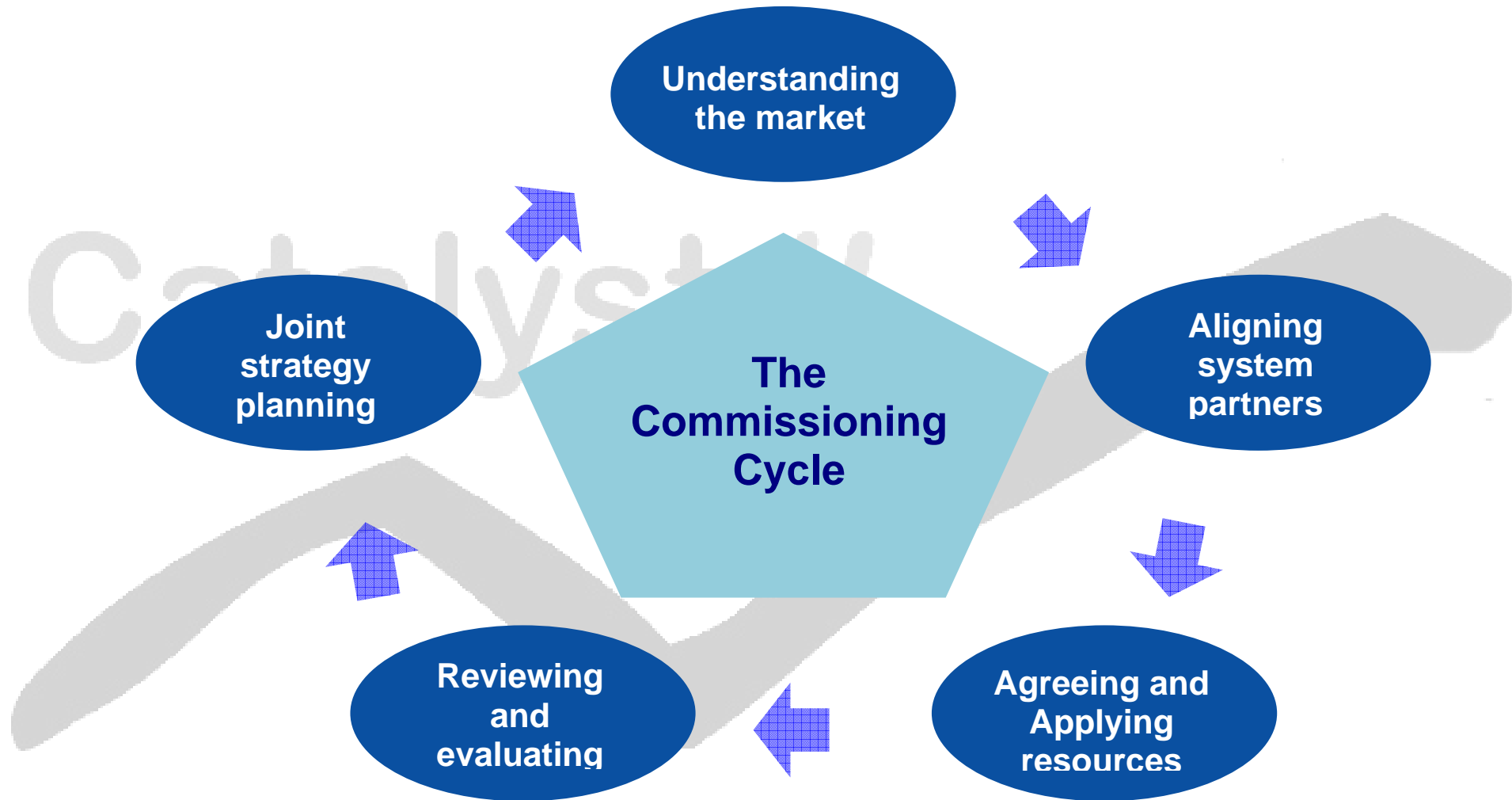
Market – a mixed economy of heterogeneous services provided by a variety of organisations whose range and complexity of services needs constant mapping, understanding and development

Capital – the idea that a capital resource existing within a system can be grown, invested in, maintained and exploited to achieve the best returns on investment. Capital includes people, ideas, working relationships, reputations, and capabilities as well as financial resources, property and assets

Investment – process of applying resources to a situation with a realistic expectation of a return in terms of improved outcomes. Whilst not wanting to use the language of the trading floor, you do, however, need to make cash resources work and the “point of celebration” comes, not when the investment is decided but when it achieves the desired results

Innovation- in this workbook innovation means doing things better rather than just differently. **‘Better’ is defined by improved outcomes for local populations**





A conceptual framework for the process of strategic commissioning

Purpose of this workbook

The core objectives for the workbook are to:

- Facilitate agreement on the outcomes derived from the commissioning of person-centred services which meet local needs and government expectations
- Provide practical inputs and ideas for actions that can be taken to progress an outcomes focus in service orientation
- Investing the necessary resources to accomplish and sustain improved service outcomes

It aims to fulfil these objectives through each of the following features which will help health and social care economies:

1. Create a framework to support commissioners to manage change in a cohesive, coherent and sustainable manner.
2. Benchmark commissioning capabilities and competencies of self and system partners within each locality and each sector.
3. Help clarify which service “summits” are to be scaled and identifying a route up.
4. Share and disseminate previous experience and good planning that may facilitate progress.
5. Diagnose their own effectiveness in ways that will focus on fitness for

purpose in planning for successful change.

Starting on the ascent

The ultimate purpose of this ascent is to provide a systematic and practical approach to people in health and social care organisations and their system partners to help them identify what level they are at in their commissioning roles, and subsequently identify the critical activities that will help them in the successful development of the non-acute services their communities need.

The context for this work is to encourage a network approach to change. By definition, network means the inclusion of all related partners from public, independent and third sectors who are involved in the purchase and provision of non-acute care services, including private and voluntary organisations, housing providers etc. At the centre of the whole system are the end-users (the patients, service users, clients or customers) and their families, who use the services that the whole system provides.

This workbook is aimed at senior managers in these whole-system partnerships to assist them in identifying and acting upon their key priorities for change. The workbook is facilitative rather than prescriptive in its approach.

In meeting these objectives, this workbook provides an assessment methodology and, more importantly, helps systems prioritise what they need to do to achieve higher levels of performance. In using this

What *Catalyst* offers:

The principal aim of this document is to promote more effective partnering between health and social care delivery organisations through:

- Acknowledging the difficult path that partners have to negotiate together
- debate and conclusion around the state of the network today
- reaching agreement on desired future outcomes and measures of success
- defining the key actions that need to be taken to move up towards this vision of the future

Catalyst will deliver an opportunity to:

- summarise the strategic issues that will impact upon the network's development
- develop a unique ascent plan to define outcome and action
- conduct a self-assessment to review the fitness of partners in the system to improve and deliver
- build a robust implementation plan

Ultimately, success will be measured when flags are planted on the summit and the outcomes of commissioned service more effectively meet the needs of local people

workbook as a self-audit tool, systems need to ask themselves 4 fundamental questions:-

1. Do we and our partners in the whole system know where we are heading?
2. In setting our sights on future services have we got commonly agreed outcomes and success measures for them?
3. Have we a realistic and honest grasp on what things are done well and what could be done better?
4. Can we agree with our partners the actions needed to do things even better yet?



As a practical tool, working through the processes outlined in the next pages will help network partners clarify their own next steps to secure improvement. It may be helpful to consider this process as catalysing discussion and mapping change in order to arrive at the agreed actions to achieve improvement rather than as prescriptive advice.

The change philosophy behind the workbook

Change is now an integral part of peoples' organisational, professional and personal everyday lives. In today's working culture it can sometimes make people feel that they are at the mercy of change rather than driving it.

Some of the key challenges in change are, however, within control. Influence over change can be exercised by seeking answers to questions about **why** change is necessary to achieve different outcomes, **when** change should happen, and **how** improvements can be made to **stick**.

Catalyst II will enable network partners to work more cohesively to be in control of the change process.

This version responds to the **quickenning pace of change** and the realisation that the path may be an arduous one, the need for a focus on the process of planning based on sound information, processes of re-alignment, re-investment and a re-balancing of resources and approaches. Above all it is about embarking on change with energy, enthusiasm and optimism for service improvement.

In this respect, there are some core principles around which the workbook is based:

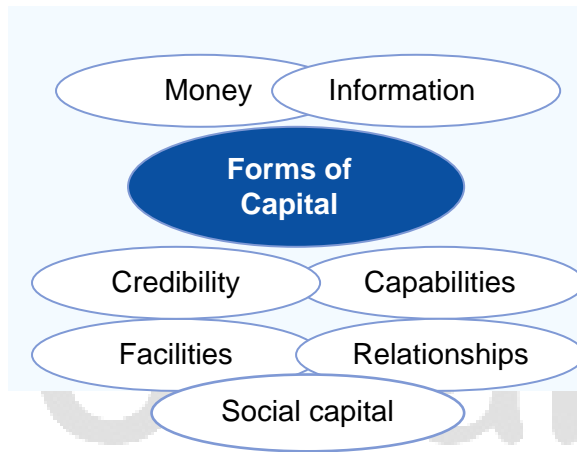
1. Whilst all partners in the system are 'roped together' even though each

may have a unique role, progress can only happen if everyone moves forward in a coordinated and integrated manner.

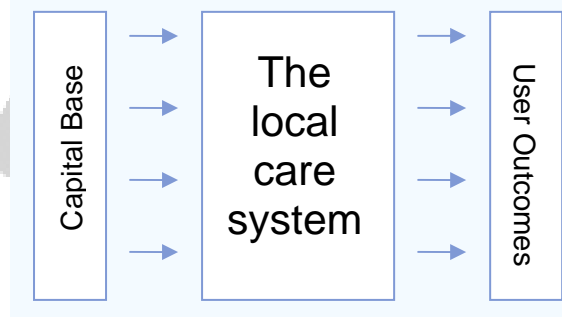


2. That everyone in every part of the system need to invest in the various forms of capital that exist within partnership frameworks. The necessary organisational or network capital that provides the basis for stronger performance in the future, regardless of the nature of the changes that will come about in society and government policy, will

underpin future performance. The capital framework is built up by:



3. As a result of pooling or sharing capital, everyone shares responsibility for achieving the best possible returns on that investment (human gain) for end users. The outcomes will be dependent on the capabilities that exist within the system and its network partners.



4. Risk is minimised with careful planning, but all new ventures bear some risk. A partnering approach means that risk is more equitably

shared between stakeholders fostering greater confidence in a more collaborative style of working. Unilateral attitudes to risk do not move the whole network forward.



5. End-users' needs are paramount and should be at the centre of everything that is done. This optimises service user outcomes, however they are measured.

Catalyst for Change takes the whole idea of team relationships and joint working (within a whole system to the next level. It is a change tool facilitating debate, encouraging the sharing of perspectives, focus attentions on key priorities and provide support in making and sustaining the necessary changes.

As with all forms of partnering approaches, positive behaviours and attitudes are as crucial as the investment of time, effort and creative energy.

Above all, this tool is intended to help demystify commissioning for outcomes to

support those who use it in their thinking and planning.

How Catalyst works:

Through a free and facilitated process by

1. Encouraging debate, planning and performance review amongst network partners
2. Promoting clarity, agreement and effective partner behaviours that will underpin future network performance
3. Facilitating thinking around the issues of change, and how the desired improvements can be both implemented and sustained over the longer term
4. Encouraging groups to establish monitoring of the progress of agreed actions and the delivery of the change plan

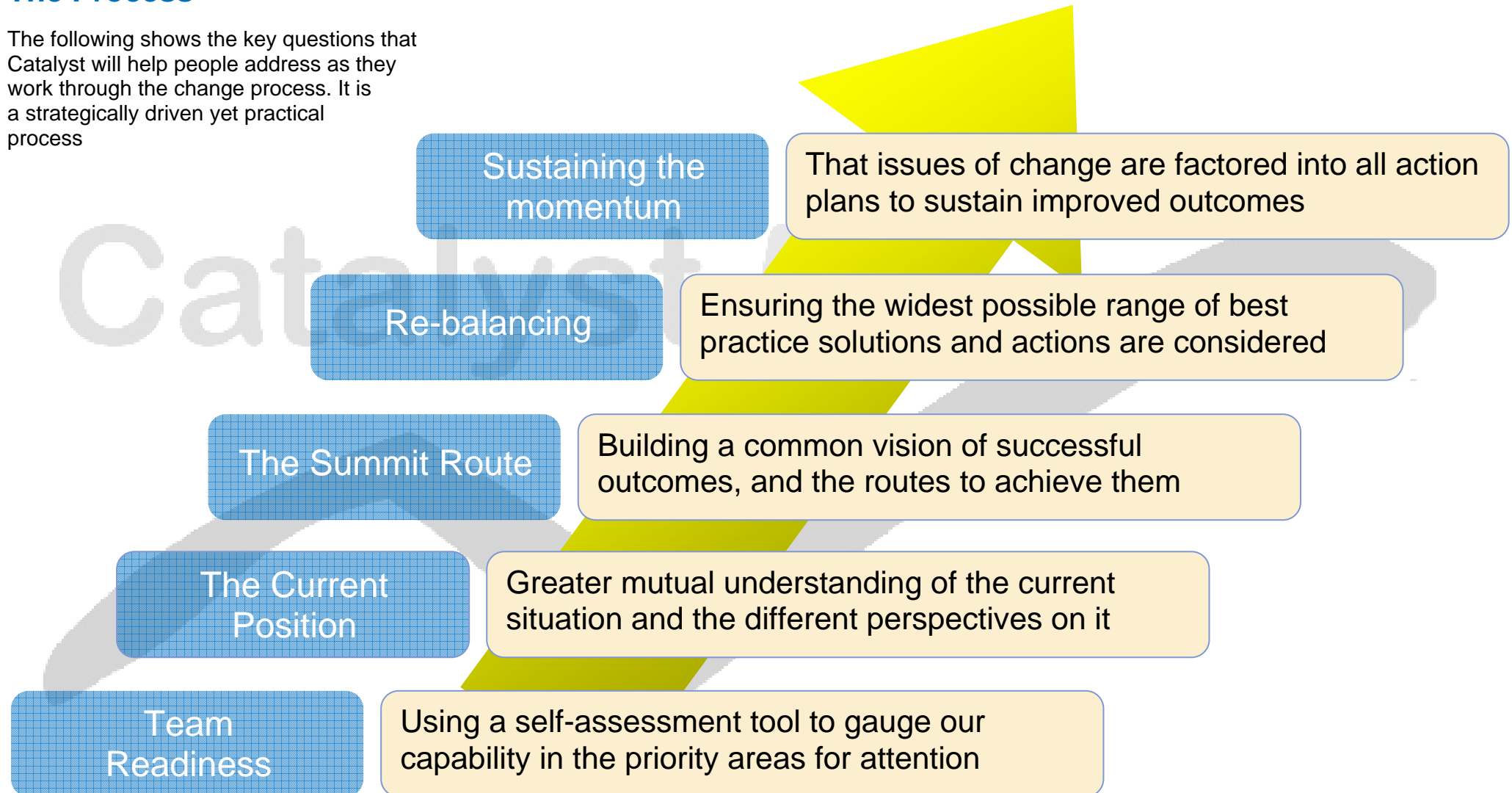
Testing for Outcome Clarity

It is clear that all network partners need to be committed to delivering the same joint outcomes, and of course this includes all current and potential service providers, third sector or otherwise. In order to test for a clear outcome focus on their part we would recommend that answers be sought from the providers to the following questions:

1. How do you define success for your clients/service users?
2. How and when do you know that success has been achieved?
3. How will we know that during the delivery of the contract we will know whether we are on target, have sufficient resources to get to the end results and what are the milestones to keep you on track?

The Process

The following shows the key questions that Catalyst will help people address as they work through the change process. It is a strategically driven yet practical process



Catalyst II



Catalyst II



Team Readiness

Where do we start?

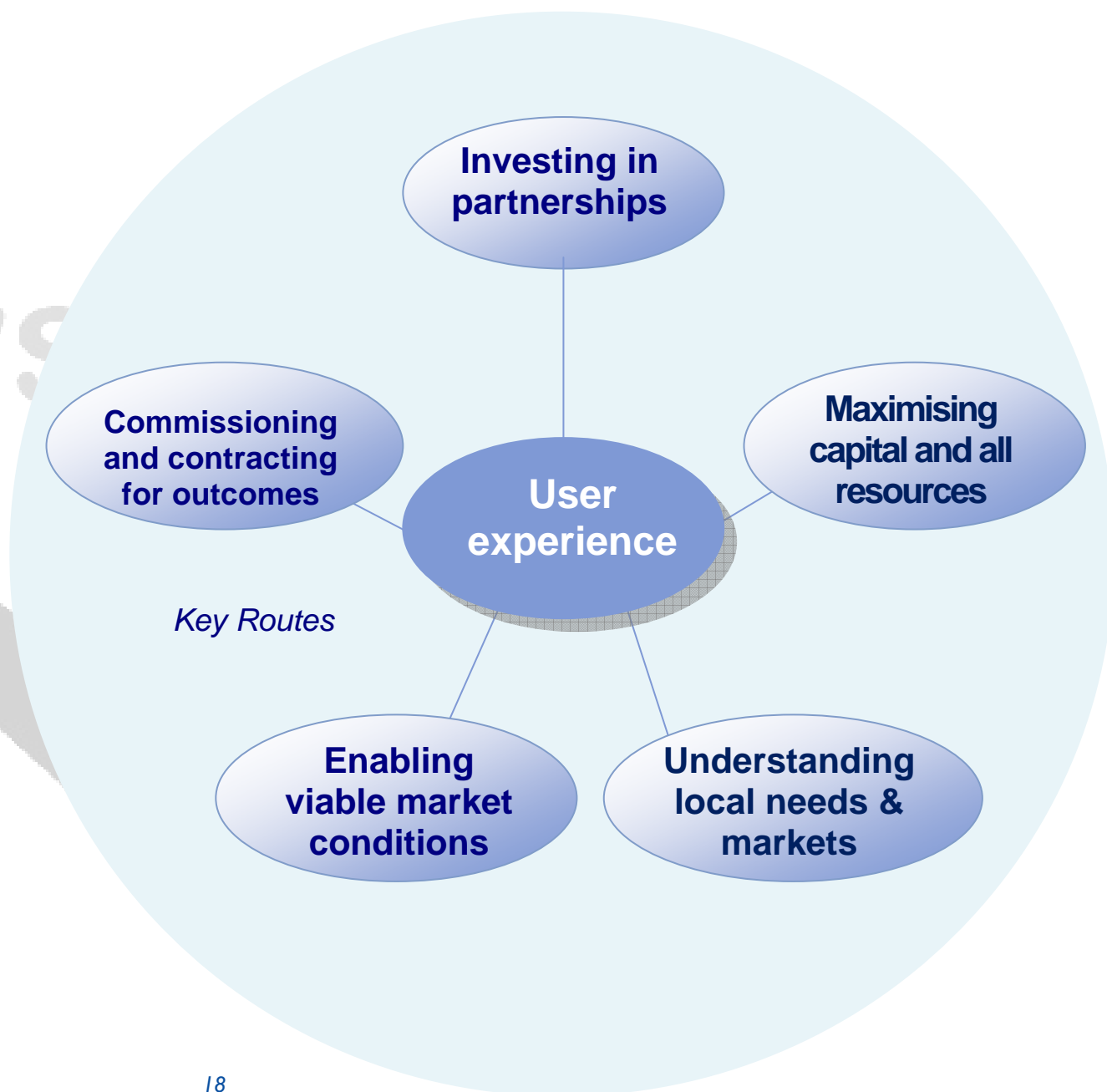
The Key Routes

The research that underpins the workbook identifies the 5 Key Priorities which create the environment in which user experience is central. All measures of success relate to how the end user benefits from the outcomes of services provided.

These high level priorities break down into their constituent performance criteria. The performance criteria show the ways in which each Theme is apparent within the system. These are largely perceptible. Each stakeholder will have a view as to how effectively these performance criteria are being demonstrated. It is this perception of stakeholders that will determine their behaviour towards the system as a whole and their engagement with it. Used together, these performance criteria offer a framework in which health and social care communities can assess their fitness for purpose in bringing about the necessary changes in the future.

These priorities can be seen as investment choices within which we can choose to create more capital to allow greater outcomes to be created. As with all things in life, the supply of capital is limited and so we must collectively make the hard choices about the key investments, and also critically where we will not invest or no longer invest.

Note: in the DFES *Processes of Commissioning* there are nine drivers on similar lines.



Investing in partnerships

- We have open communications with all partners
- High degree of trust within all relationships
- Wide inclusion into planning and decision processes
- Effective integration with all system partners
- Ability to manage and resolve conflict positively
- Clearly defined purpose that creates group alignment

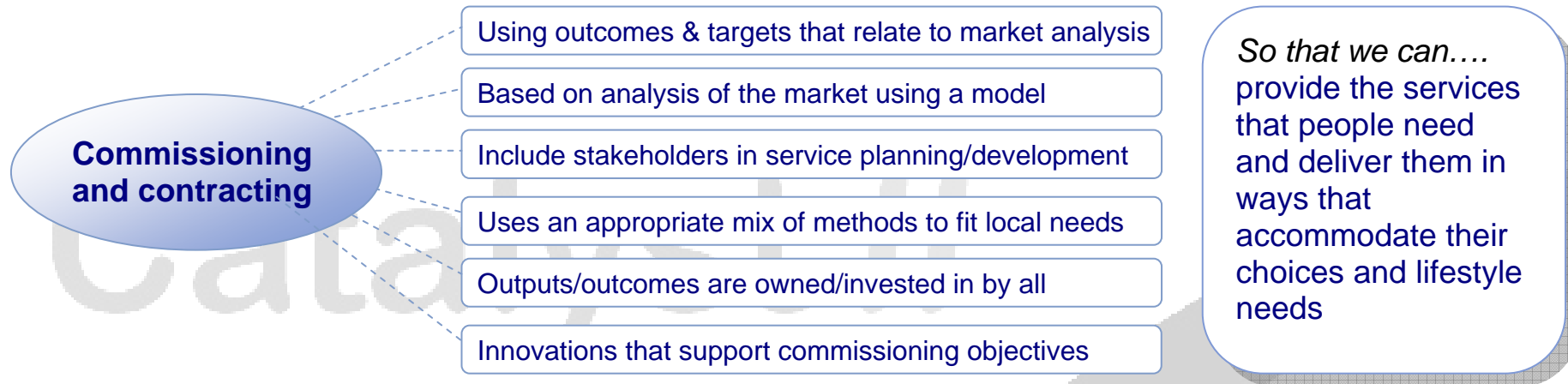
So that we can....
operate as a cohesive group with aligned actions and objectives, mutually accountable and with confidence in each other

Enabling viable market conditions

- Monitoring use of resources to ensure best value
- Understanding how finances impact market behaviour
- Discussions on compensation include business issues
- Understanding of the costs and risks of providing care
- Managing the market – plan, monitor, learn
- Continuous monitoring of effectiveness of incentives

So that we can....
work in partnership to create the market conditions within which all partners have a stake and recognise the need to “invest”





Self-Assessment and Scoring Process

In essence, the key questions that need to be answered are:

- **What is a fair summary of our current position?**
- **What have been identified as areas of weakness?**
- **What needs to be done to improve as a matter of priority?**
- **How can these improvements be made?**

To answer these questions this workbook needs to be used in 2 stages:

1. **Self-assessment** as a whole system across all 5 key routes or outcome areas, rated against the elements. This may be done either by the system partners agreeing the ratings as a group following debate *or* by rating themselves from a single-agency perspective before convening as a group to explore the differences and agree a common set of ratings
2. **Detailed assessment.** Once sites have identified which of the 1-2 Driver areas are the most important/urgent, to use the relevant detailed sheets contained in the separate Appendix to scope their current position and consider some of the approaches to change that have been suggested, or others of their own

generation, in order to progress to higher levels of involvement and operation

In taking a systematic approach to using the workbook, the process is almost more important than the outcome. In going through the process, sites need to:-

- **Define common objectives** and achieve commitment by all respective system partners or stakeholders
- **Evaluate the system as a whole** - not as a vehicle for criticism but as a realistic and constructive appraisal of what shortfalls exist in current service provision and where there is scope for a more diverse and more integrated range of solutions
- **Arrive at a better understanding** of stakeholder differences and perceptions and
- **Facilitate an exploration** of these differences, uncovering the key assumptions that are driving current system behaviour
- **Attend to any deficits or inconsistencies** that prejudice the development of a better commissioning practices
- **Facilitate a joint action plan** to address the issues, setting targets for progress in the performance criteria as appropriate within the score thresholds framework.

Getting the best from the process

The principles that must underpin this process are:

- committing to shared outcomes and objectives
- conducting the assessment with all system partners
- being honest about current organisational positions
- using help from external sources where appropriate
- making sure that everyone's input and view is sought and valued

It is well understood however that different areas will be at different stages, and have their own particular strengths, sensitivities and challenges which they must take account of within this process

Scoring

For each element, a level 1 assessment will score 1, level 2 scores 2 and so on. No mixed health and service care community starts at the same point as any other. Each site will be achieving some things very well, others less well. Each level is given a simple name to reflect the level the site is at, i.e. at base camp, in the foothills, climbing confidently and in reach of the summit, reflecting levels one through four respectively.

It is worth noting that scoring in a multiagency group, including users of service, often challenges assumptions and provides an acid test, which provides valuable objectivity.

The objective of the next section is to give sites a means of comparing performance and to help them identify the actions needed to improve effectiveness in a planned, systematic and prioritised way.

We recommend that you can complete all of the self-assessment section, but if your site already knows which are the weakest areas that need addressing first, by all means use the sections that most closely fit your needs.

In this event, however, check all sections are subsequently visited, and that a holistic approach is taken to the collective sum of these commissioning priorities.

In essence whilst sites should not get too preoccupied with numerical scoring, it is important to attribute values which can be

measured and compared. From this will follow the debate and dialogue that will lead to improvement

Site expertise

We have quantified site expertise (see sections 2 and 3) into 4 main levels as shown in the table below.

In scoring, it is important not to get too focused on the scores; rather, sites should be using them as an indicator of where activity needs to be concentrated in order to achieve some gains, both short and long term, for all system partners – and ultimately for all end-users of commissioned services.

We recommend that individuals work in mixed, multi-agency groups but that each quickly works through all of the self-assessment sections starting on page 23. This should not take longer than six minutes per Driver (one minute per element).

More time needs to be set aside for the detailed discussion that will inevitably follow comparison of scores. Agreed group scores will be the sum of individual scores that may have become amended following group discussion.

These scores should be inserted into the table on page 33 and inform the priorities of the action planning process in Section 4.

Scoring

Level 1 - *at base camp* -- Consolidating the basics in terms of commissioning expertise

Level 2 - *in the foothills* -- Where they are thinking differently about engaging with partners and approaching new ways of working

Level 3 - *climbing confidently* - For sites which are developing strategic visions of future commissioning

Level 4 - *in reach of the summit* -- For sites that have reached high levels of competency and effectiveness, who wish to sustain high performance and continue to strive for ever higher levels of effectiveness

In line with the general philosophy of operation with this workbook, agreement on the scores is key as these scores will represent the basis on which action planning will be started

Various scoring descriptors may be applied including those in CAP/JAR self assessment frameworks (1 – inadequate/poor; 2 – adequate; 3 – good; 4 – excellent)


Investing in partnerships						
Level and score	Open Communications	Trusting relationships	Inclusive planning	Decision-making	Resolving conflict	Compelling purpose
1	Information is shared via formal routes only when required or requested	Working practices assume expectations of relationship including penalties for poor performance	Information only, limited consultation through formal mechanisms	Partners operate independently within their own plans and priorities	Transactional, adversarial purchaser-supplier relationships exist	Ideas are generated and evaluated on the basis of their apparent merit
2	Information is easily accessed and readily shared as required	Partners enter into all discussions consistently and with some mutual understanding	Consultation takes place before key decisions are made	Active seeking of other partners' perspectives, issues and concerns	Conflict management protocol promotes win – win solutions	All innovations have clear objectives that are supported by all system partners
3	Information is shared freely on a 2-way or multi-agency basis	High degree of understanding and accommodation of other partners' needs and requirements	Involvement in main decision-making processes	All partners understand and take account of each others perspectives	Creative approaches are found for existing problems	Innovations are continuously monitored and reviewed for fit and effectiveness
4	Information needs are understood; shared data forms the cornerstone of joint working and service planning	Implicit trust and understanding where all commitments are honoured by all partners	Decisions are made on a firm consensus basis with all partners	Health, Housing and others are included in all planning and decision processes as an integral partner	Conflicts are always resolved to a win-win solution for all stakeholders	Clear understanding of what incentives have to achieve in order to ensure a stable market in the future
Score						
Total score for Investing in Partnerships (max 24):						

These tables are intended as a means to capture the main elements of the conversation that inevitably ensues following comparison of scores between the people within the facilitated group. The main headings are there in the rows of the table to help collect information in ways that will be useful during the action planning and change planning phases of the facilitation.

Investing in partnerships						
	Open communications	Trusting relationships	Inclusive planning	Decision-making	Resolving conflict	Compelling purpose
What we need to fix						
Capital investment required *						
Capabilities we need to develop						

Maximising capital and all resources						
Level and score	Aligned innovation	Understanding available resources	Resource flexibility	Resource utilisation	Developing resources	Workforce quality
1	Innovations are sporadic and are from a stakeholder rather than system perspective	Resources are only considered at the level of traditional forms of care i.e. nursing, residential, home care	Existing modes of delivery are relied upon with creation of more agile supplies of care	Clear planning exists to maximise the efficiency and effectiveness of resources	Better identification of key resources needed to achieve future outcomes	Quantification of workforce constraints and availability issues
2	Stakeholders are innovating to support shared objectives	Physical resources are optimised by inclusion of housing and health communities into planning	Flexibilities are built into the system by all partners to best use resources	Inclusion of resource utilisation into performance indicators	All system partners are committed to developing their resources to support joint outcomes	Workforce skill and availability issues are understood and are being addressed
3	Innovations drive performance improvement directly in line with commissioning outcomes	Inclusion of all system resources to create initiatives that ensure flexibility and versatility	Alignment of processes and systems that afford flexibility of all resources to deliver planned outcomes	Ongoing monitoring of resource utilisation with suitable reviews and feedback	Resources are proactively and jointly developed in anticipation of market need	Coordinated action across the system to facilitate workforce development
4	Effective mix of monetary and non-monetary incentives are used to develop a stable market	Creative approaches to use staffing, property and financial resources flexibly and efficiently	Resources are able to be deployed at the right time and place for the patient/end user	The use of resources ensures fit with specific objectives which are then managed	Plans are being executed to build patterns of resources to create future opportunities	Workforce development plans exist, with a highly motivated and skilled workforce
Score						
				Total score for Maximising capital etc (max 24):		

These tables are intended as a means to capture the main elements of the conversation that inevitably ensues following comparison of scores between the people within the facilitated group. The main headings are there in the rows of the table to help collect information in ways that will be useful during the action planning and change planning phases of the facilitation.

Maximising capital and all resources						
	Aligned innovation	Understanding available resources	Resource flexibility	Resource utilisation	Developing resources	Workforce quality
What we need to fix						
Capital investment required						
Capabilities we need to develop						

Understanding local needs & markets						
Level and score	Supporting the market	Understanding the market	Market intelligence	Planning rationale	Market forecasting	Market information
1	No specific monitoring or review processes for market incentives	Anecdotal evidence is used to determine the state of the market, with no real focus on hard data	Formal, communications are relied upon – real market intelligence limited and not used	Assumptions are made implicitly without specific exploration of the risks	Gut feelings and personal/anecdotal experience used to ascertain the future condition of the market	Broad assumptions made on key priorities of supply and demand e.g. population growth, market viability, etc
2	Alignment and tight fit between incentives and desired commissioning / market objectives	Data is collected on a real-time basis to enable informed shorter term decisions	Informal channels of communication are used sporadically to ascertain market condition and mood	Planning assumptions made more explicit and account taken of them	Using existing data to view the future prospects for the market to inform commissioning and contracting	Identification of the key priorities and influencers of current and future supply and demand
3	Mix of incentives used is regularly monitored and updated for alignment with commissioning objectives	A model is used with explicit assumptions to simulate the impacts of changes in capacity	Organised method of communication representing the market as a whole to achieve objectivity	Some attempt at identifying and managing the risks and assumptions impacting our plans	Adoption and use of a predictive modelling technique to forecast future market possibilities and their potential implications	Understanding how these priorities can impact on the market in the future and looking at the risks to the system, as a whole
4	Incentives reliably deliver desired market changes to create high standards of care in an efficient manner	Dynamic modelling is used to create a fluid and powerful scenario planning tool to help manage market dynamics	Regular use of formal and informal communications methods to ensure that accurate, useful information is used	Strategies and contingency plans are in place for coping with disappointing outcomes	Broad range of scenarios and market sensitivities used to plan and create a range of possible futures and potential impacts	Sophisticated modelling and forecasting used to support clear scenario analysis to identify key risks and dependencies
Score						
Total score for Understanding the Market (max 24):						

These tables are intended as a means to capture the main elements of the conversation that inevitably ensues following comparison of scores between the people within the facilitated group. The main headings are there in the rows of the table to help collect information in ways that will be useful during the action planning and change planning phases of the facilitation.

Understanding local needs & markets

	Supporting the market	Understanding the market	Market intelligence	Planning rationale	Market forecasting	Market information
What we need to fix						
Capital investment required						
Capabilities we need to develop						


Enabling viable market conditions						
Level and score	Effective incentives	Monitoring best value	Market viability	Market management	Knowing the costs	Market performance
1	Partners operate within their own plans and priorities in an independent, isolated manner	Funds are allocated and used on the basis of assumed patterns of demand	Assumption that fees are the main issue and driver of market behaviour	Reliance on fees as the main basis for discussions and effecting market behaviour change	No specific regard is made to the real costs of providing care and support	Building a clear understanding of what constitutes a successful and stable local market
2	Active seeking of other partners' perspectives, issues and concerns in order to establish links and opportunities	Budgets are aligned with the commissioning strategy with regular value- for-money monitoring by commissioners	Understanding and categorisation of risks for provider viability	Incentives are used to encourage desired responses from the market	Understanding has been achieved of the local costs of providing services, and maintaining a viable local market	Use of a range of performance indicators that reflect the performance of the system as a whole
3	A common frame of reference exists for all partners – we all understand each others perspectives	Linking non-monetary performance indicators with budget control to ensure that funds are developing the market	Aligning financial resource allocation with desired stability of market behaviour – funds are used to develop the market	Mix of reward structures is used to influence market behaviour in a way that supports commissioning targets	Alignment of fee and cost structures with local cost analysis – private and public sector working together to achieve viability of services	Joint monitoring and review of performance indicators by system partners to ensure continuous improvement
4	Health, Housing and others are included in all planning and decision processes as an integral partner	Complete understanding of how funds are being performance managed with full involvement in financial planning, monitoring and learning	Mature use of resources to influence future care market needs	Wide range of business impacting factors are used to encourage a sustainable and effective market	Mature understanding of the costs of providing care and support and creative ideas on how they can be influenced positively	All key stakeholders are involved and committed to a market performance management framework
Score						
Total score for Enabling a viable market (max 24):						

These tables are intended as a means to capture the main elements of the conversation that inevitably ensues following comparison of scores between the people within the facilitated group. The main headings are there in the rows of the table to help collect information in ways that will be useful during the action planning and change planning phases of the facilitation.

Enabling viable market conditions						
	Effective incentives	Monitoring best value	Market viability	Market rewards	Knowing the costs	Market performance
What we need to fix						
Capital investment required						
Capabilities we need to develop						

Commissioning & Contracting						
Level and score	Strategic linkage	Planned commissioning	Effective modelling	Inclusive service planning	Contract flexibility	Joint planning
1	Innovative ideas may or may not link to commissioning plans or proposals, with no real clarity of purpose behind them	Plans and contracts are built on intuitive assessments of what is required based on experience	Demand and supply factors are understood but not accurately quantified	Service planning is done mainly in isolation within agencies	Standard contracts are used without specific regard to aligning them to deliver local needs	Local authorities are driving and prescribing required market activity and output., based on their own needs
2	Clear evaluation of ideas on the basis of whether they fit with and help to deliver a commissioning strategy objective	Assumptions are made explicit on key market factors, and these are used to inform plans, contracts and decision-making across system partners	Existing information is used to factor into a simple model to assess current capacity needs, availability and gaps	System partners (see Definitions on p6) are involved in planning, with final accountability at local authority level	Volume contracts are used appropriately and to the right extent to afford greater local market stability and viability	Required market conditions are understood by all partners, but full commitment is not yet achieved
3	Using commissioning strategies and whole system partnerships to drive innovation at the system level with partners working collaboratively	A dynamic modelling approach is used to examine scenarios and potential impacts of supply and demand changes	Local contingent factors are understood and are used to produce simple local capacity models	Joint responsibility exists for development of plans and contracts that deliver to local needs	Alignment of contracting methods with the commissioning strategy to identify a suitable mix of contracting methods	Joint planning on the basis of the exploration and understanding of stakeholder expectations and required outcomes
4	Incentives are targeted clearly at desired market changes that will support the commissioning strategy	Total clarity exists over market influences and dynamics and plans are formed from explicit understanding	Sophisticated modelling is used to predict future needs and inform commissioning strategies	A real whole system approach is used which factors in and takes account of the input from all key stakeholders	A range of contracting methods are used to ensure the effective and efficient delivery of commissioning objectives	Commissioning plans have gained the necessary level of commitment from all partners
Score				Total score for Commissioning & Contracting (max 24):		

These tables are intended as a means to capture the main elements of the conversation that inevitably ensues following comparison of scores between the people within the facilitated group. The main headings are there in the rows of the table to help collect information in ways that will be useful during the action planning and change planning phases of the facilitation.

Commissioning & Contracting						
	Strategic linkage	Planned commissioning	Effective modelling	Inclusive service planning	Contract flexibility	Joint planning
What we need to fix						
Capital investment required						
Capabilities we need to develop						

Now enter the scores in the shaded row, and identify for each theme at which of the levels your system is at. This will then help you identify where you need to focus your effort in order to move forward cohesively across the 5 priorities.

	Investing in partnerships	Maximising capital and all resources	Understanding local needs	Enabling viable market conditions	Commissioning and contracting
At base camp	6-11	6-10	6-9	6-10	6-13
In the foothills	12-16	11-15	10-16	11-15	14-17
Climbing confidently	17-20	16-19	17-22	16-21	18-21
In reach of the summit	21-24	20-24	23-24	22-24	22-24
TOTAL SCORES					
What are our key priorities, and where we most need to focus our attention?					
What are the outcomes that need to result from this focus?					

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The Current Position

Where are we today?



A starting point for effective commissioning is a detailed understanding of local population needs (present and future), current capacity to meet needs and information on future needs in order to shape and inform market development.

Only when commissioning is based on this understanding can it drive the necessary changes in the marketplace.

Some key questions (which will form part of the facilitation) need to be asked to ensure that the current market is understood:

1. Reflecting back into the past (last 10-20 years) – what can we learn from how we have progressed (or not)?
2. What do we want for the future that is better than what we have got now?

3. What are the main trends, pressures and patterns shifting the landscape now and in the short- and medium-term future?
4. What are the underlying reasons for some of these shifts?
5. What types of capital are needed, to grow and use the capital base to deliver the returns on investment?

By following these lines of questioning, the outcome of this section will be the identification of the key areas in which resources and capabilities need to be focused in order to ensure strategic success. The four or five points identified will shape commissioning strategies and drive active change.

There exists then the basis for proceeding with the exercise with a good degree of **alignment** as to what the key priorities are based on a shared understanding of the current situation.



What's really important... is that...

Service users are at the centre of all decision-making and plans

Open, honest and constructive debate leads to clear conclusions and shared commitment to action

There is commitment to beneficial outcomes (human gain) for local populations, as well as delivering the objectives of individual network member organisations

Action plans are stretching and inspirational, but also achievable, costs effective and realistic -- planning only ever delivers any value once those plans are realised!

Managing our Stakeholders

Stakeholders are those people or organisations on whom we depend for delivery of the outcomes, and, in the context of the outcomes we are trying to achieve, who depend on us. Some initial key questions that may help to scope the stakeholder position are:

- Are they interested in us?
- Can they influence us?
- From where does their influence/authority derive?
- Do we understand their needs?
- Do we enable them to reach their own goals?
- Are they important to us?
- How should they influence our priorities?
- What is our responsibility to them?

It is clear that much of organisational life could be spent managing stakeholders, and so a strategic approach becomes necessary to ensure the right effort is being directed into the right places.

The process for this is very straightforward; agree how stakeholders fit into the map to the right in terms of where they are today, then once the summit route is agreed, re-plot them and determine how we need to collaborate to ensure their alignment in order to support the planned outcomes and direction.



Travelling Light

Is what we need already in the 'sack'? What else do we need? What may weigh us down or hinder progress that we should leave behind?

What are our preferences regarding how we move forward as a network?

Where are the places where we are most likely to make some progress and change?



Have we the appetite to change what we have – and should we?

Do we understand fully our capabilities based on experiences in the past?

What do we believe that may be unhelpful, and how can we change this?

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The Summit Route

Creating a Summit Route

Research from the Massachusetts Institute of Technology shows that successful change is driven by three key factors and the degree to which they are managed and achieved:

1. **Clarity** – making sure that everyone across the network of partners is clear on what needs to be achieved and consequently what success looks like (“the what”), how all of this will be implemented (“the how”) and why this is important and should be prioritised (“the why”). This degree of collective understanding is built by giving people the time and space to explore the situation, work out what it all means, and see how the solutions will create successful outcomes
2. **Commitment** – ensuring that everyone involved is fully consulted on, engaged with and committed to the outcomes and implementation plan. They see why it is important to the network, their own organisation and to themselves in their individual role. This is necessary to encourage everyone to see the change programme or initiative as part of their day job, rather than a discrete or imposed additional project to be given time when it is available.
3. **Implementation** – making sure that everyone involved, at all levels of network organisations understands

the case for change, and what the change plan looks like. This is about giving people more certainty and visibility about the future

Strategy mapping

The following page contains a simple strategy map format that is aimed at capturing a picture of the strategy for the network in a succinct yet comprehensive way. There are 2 elements that are key in its creation:

- **Content** – it provides an effective mechanism for articulating the agreed strategy to stakeholders, staff and any other necessary parties. A really good strategy map tells a story in a way that is able to be understood by anyone, providing sufficient clarity for others to understand the big picture, but without being too prescriptive on the details
- **Process** – the process of debate and discussion that goes behind the creation of the strategy map is critical as it promotes mutual understanding of different partners’ issues, needs and aspirations, and ensures that participants all share a **consistent interpretation** of what the strategy means overall and for them



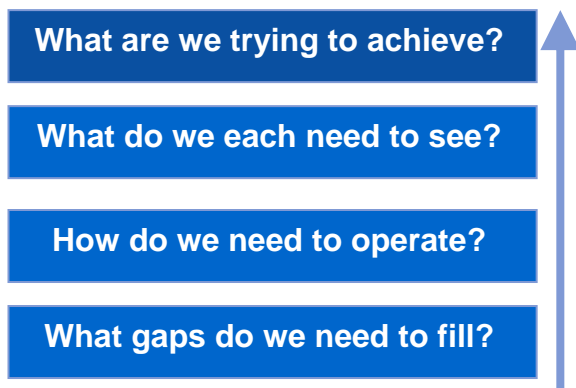
The aim of the strategy mapping exercise is to define what success would look like for us as a whole group/network, i.e. to provide a picture of the final destination that all partners can own and relate to, and then use to create strategies and plans for their own organisations that will be clearly aligned with the plans of others.

Map Construction

The strategy map is composed of four layers that define answers to the following questions respectively:

1. *What overall outcomes are we trying to achieve?*
2. *What outcomes do partner organisations seek?*
3. *How do we work symbiotically to deliver on these outcomes?*
4. *What else needs to happen and what support do we need to achieve those outcomes?*

This can be expressed most simply in the following way:



A useful aide memoire in developing the map is that the lower rows should define how the strategy is to be achieved, and the higher rows show what is to be achieved.

The key end result of this process is to ensure that all partner organisations are clear about what we are trying to achieve and why, and committed in terms of their role in bringing about successful outcomes.

Summary of strategy mapping

The concept of the strategy map can be summed up most succinctly by the following structure:

The 'Why' - ensuring that network partners have an explicit understanding of what strategic success looks like

The 'Who' - defining what the impacts and outcomes are for all partners, users and stakeholders

The 'What' - consequently articulating how we need to operate in order to deliver the defined outcomes

The 'How' - the developments, changes and gaps that must be addressed in terms of capital, resources and capability to deliver all of the above

With clear agreed statements on the above, it becomes explicit what needs to be delivered, how, when and by whom. Clarity and commitment are the keys here

Success for us is:

What we want to achieve

Key outcomes for stakeholder

The operational changes needed

The gaps we must address

Investing in partnerships

Understanding local needs

Enabling viable market conditions

Commissioning and contracting

Maximising capital and all resources

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Re-balancing

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Keep this section simple and achievable.
Smooth progress may not be possible across all fronts simultaneously – in giving priority to some actions, others may need to go on hold in the short term. Repeat the exercise from time to time to re-prioritise and re-focus.

Action Planning

The key priorities	So that we can achieve these outcomes	By doing...	What barriers might we need to overcome	Involving these people	By when...	Resources needed...
		1.				
		2.				
		3.				
		1.				
		2.				
		3.				
		1.				
		2.				
		3.				

Detailed Action Planning

One of these sheets for each action identified in the above plan

What we are trying to achieve: Clarifying the purpose and outcome of the focus of our activity

Lead person for delivery: Who will be the central owner/coordinator of the outcomes?

Support roles and what is required: Who and how do they need to support?

What will really make the difference? What is really important here? What are the critical dimensions that will ensure successful delivery?

Delivery plan


Review Points	What we expect to have achieved	What we have achieved	Learning points and plan to progress

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Sustaining the momentum

Thinking through the issues of change

What can we do to prevent the things that may slow us down?	What are the issues about which we do not know enough?	What can we do to accelerate progress?
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Appendix 2

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Further Information, Acknowledgements and Thanks

Methodology and Approach

Despite the success of the original *A Catalyst for Change*, we have recognised that the whole landscape in which health and social care systems are operating appears to change on a regular basis and that the new version needed to help those systems navigate their way through a sometimes confusing and conflicting set of performance expectations. Sound commissioning is at the base of all service improvement and this version of *Catalyst* has incorporated what people have told us they need. In addition, we draw on the experience of using *Catalyst* as well as incorporating influences from other parts of the health and social care world.

We acknowledge that many places are doing most things well, but that few give themselves the time to reflect and learn from experience, or to find out how other systems resolve service deficits. At the heart of *Catalyst* is the wish to help systems to help themselves by drawing on good examples and best practice and assisting them in embedding the best and most transferable into their workplaces, work practices and co-lateral relationships.

Acknowledgements and Thanks

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