

Commissioning of human and social services in Ireland: Potential, opportunities and challenges.

Dr. Martin Power.

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Context: International and national.

- Demographic change – ‘greying of societies’.
- Increasing complexity of cases and co-morbidities.
- Informal carer supply diminishing (immigration).
- Socio-cultural shifts in notions of family.
- Increased user (societal) expectations.
- State retrenchment.

Commissioning.

“is the process of arranging continuously improving services that deliver the best possible quality and outcomes for patients, meet population health needs and reduce inequalities within the resources available” (South Australian Clinical Commissioning Framework).

“means securing the services that most appropriately address the needs of the individual service user, making use of market intelligence and research and planning accordingly” (Institute of Government, U.K.).

Principles:

- accessible and timely service delivery
- user-centred
- needs-lead (output rather than input measurement).
- quality
- evidence-based
- value for money

Levels of commissioning.

National – specialised services and centres of excellence.

Regional – often used for very specialist services, with regions joining commissioning a service.

Operational – department or agency level.

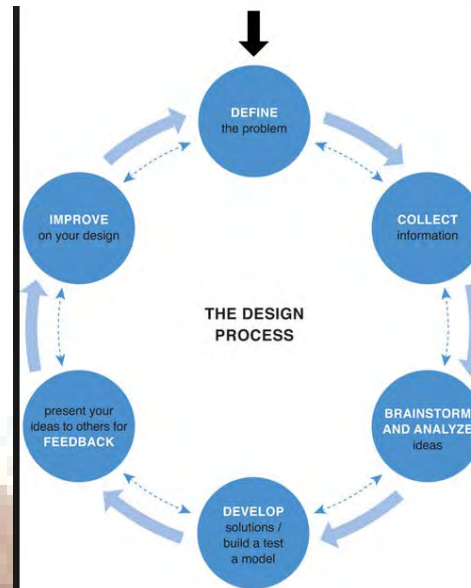
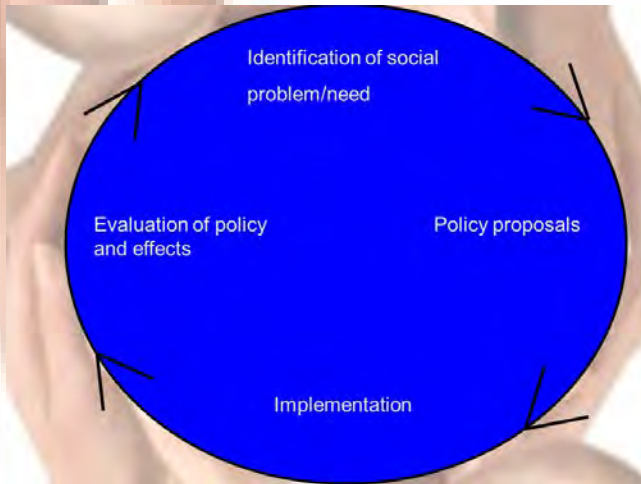
Individual – direct payments (personal budgets).



Institute of Public Care. U.K.



South Australia Health Commissioning framework.



Opportunities to increase visibility.

Professionals

Service users

Analyse

(what are the needs?)

Plan

(how can those needs be met?)

Do

Review

(have the needs been met?)



Ireland: A mixed economy of provision.

Children – state and private providers (block grants).

Older people – state and private providers (Fair Deal/community care).

Individuals with disabilities – state and voluntary providers (service level agreements).



Failings of the current systems.

Block grants are too crude an instrument (funding/service rather than individual driven).

Politicisation (health boards and relationships with larger providers).

Fragmentation/discretion (health boards – infrastructure is locally focused rather than nationally).

Recurring basis (annual) undermines strategic planning.

Drive toward cost cutting (cuts to homecare visits (down to as short as 30min calls).

Challenges: Can commissioning deliver?

Outputs and measurement –

How to measure success of preventative services?

Over what period of time to measure?

What instruments, if any, are available?

Quantification over quality?

Do organisations have the resources/expertise?

Payment by results? (Cherry picking).

Challenges: Can commissioning deliver?

Competitive tendering and competitive environment for services – privatisation?

Challenges for services –

Professionalisation versus local knowledge and trust.

Scaling up – get bigger or get pushed out.

Independence versus towing the line.

‘Prime organisations’ – risk managing or risk subcontracting.

Length of contracts (service level agreements continued).

Competition rather than collaboration between providers.

Challenges: workers.

Terms and conditions of employment – contracts (casualisation) rather than permanent employment.

Social care workers – impending registration and possible implications.

Commissioners.

Regulators (HIQA,
CORU).

Providers (public,
private, not-for-
profit).

Staff.

Service users
(clients/consumers).



Thank you.