



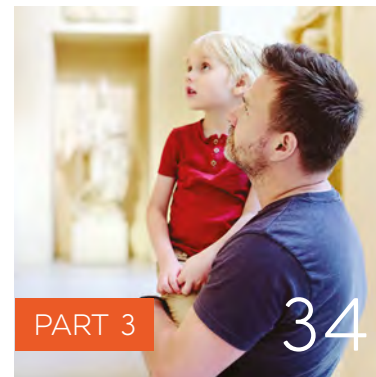
PROMOTING VARIETY

Shaping markets and facilitating choice in short breaks



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FOREWORD

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Chair, Shared Care Scotland

Supporting positive, sustainable caring relationships, through the provision of breaks from caring, is a priority for social care policy and practice here in Scotland and across the UK.

The shift to more personalised social care support has also seen major changes in how support is planned and delivered in all care settings.

However, there are considerable challenges to delivering more personalised short breaks to an increasingly diverse population, against a backdrop of rising demand and declining public budgets. This guidance has therefore been prepared to help local authorities and Health and Social Care Partnerships (HSCP) work through these challenges and establish the conditions in local communities to provide carers with good, and improving opportunities to access breaks from caring.

Having worked over many years in various leadership roles within social care, experience has taught me the value of collaboration in these situations, and that successful planning is very much about the art of the possible. Within these pages you will find ideas, rooted in co-productive

approaches, that are both realistic and challenging, and that can be picked up and adapted to your local circumstances.

Shared Care Scotland's recent scoping review of short breaks research referred to an emerging new role for commissioners as:

'facilitators of change, helping to bring together providers, people with complex care needs and their carers to shape the future development of short breaks provision.'

In this spirit, I am delighted to commend this guidance to you.

Let me conclude by thanking the team of people who gave their valuable time to produce this important guidance. I am sure you will find it useful and I wish you every success in your efforts to improve and commission successfully the provision of short breaks in your community.

"Within these pages you will find ideas, rooted in co-productive approaches, that are both realistic and challenging"



Laura Bannerman



1. BACKGROUND AND INTRODUCTION

INTRODUCTION

Promoting Variety is part of a coherent set of approaches transforming the way social care is experienced – and therefore commissioned. Created before the pandemic, the principles and practices it contains for increasing variety in the ‘market’ for short breaks are more immediate than ever.

The guide shares the learning from a year-long Think Tank of service commissioners and carer organisations. It explores how to support a financially sustainable ‘marketplace’ of short break opportunities that provides the choice and variety that people want.

It aims to help everyone involved in commissioning, procuring and planning short breaks to:

- Fulfil the duty and promise of ensuring variety and choice for carers and service users.
- Benefit from the expertise of carers, colleagues and partners.
- Determine how to meet existing and future demand.
- Transform traditional commissioning models and implement recommendations from the Independent Review of Adult Social Care¹ (‘the Feeley Review’) and Self-Directed Support (SDS) principles.

The Feeley Review sets the challenge of shifting to collaborative, inclusive commissioning. *Promoting Variety* shows how this can be done, with examples of creative, cost effective ways to commission and plan short breaks. We identify links to the Review’s recommendations throughout the guide. References to the Social Work Scotland SDS Framework of Standards² are also shown.

Post-Covid budgets will require sustainable commissioning and delivery models. Pandemic responses, and the Feeley Review, affirm our view that short breaks provision is most efficient and effective when it is shaped by the people needing this support, working alongside providers and commissioners.

We hope this guide helps you to continue devolving authority, enlisting community support and making it easy for people to co-produce solutions that make the best use of all available resources.

We hope the guide helps you to influence change and bring the principles of personalisation, choice and control to life.

Throughout the guide you’ll have opportunities to reflect on your role in promoting variety and facilitating choice:



REFLECTION



- What are you really trying to achieve?
- Who are your allies and what are your sources of influence?
- What do you need licence to do?
- What opportunities can you take to engage with colleagues in procurement, legal and finance roles?
- What really helps to change mindsets and shift culture in your area? What kinds of evidence, examples and stories are taken seriously?

¹ www.gov.scot/publications/independent-review-adult-social-care-scotland/

² www.gov.scot/publications/self-directed-support-framework-standards-including-practice-statements-core-components/

NOTE ON LANGUAGE

See Appendix 1 for more detail

The language of markets and market shaping is problematic. Social care markets aren't true markets, they are monopsonies, characterised by having a single purchaser and imbalances in information and power between purchaser and provider. This takes part in real-life communities, not markets.

For the purposes of this guidance, we have adopted the following terms and definitions:

MARKET SHAPING

*'The way in which a council looks at what people's care and support needs are in the local area, considers what care and support services are available in that area, and works out where the gaps are and how they can be filled. The aim is to make sure that people can find care and support that meets their needs, and that a variety of options are available to suit people's individual circumstances and preferences.'*³

MARKET FACILITATION

*'The process by which councils make sure that there is a variety of care and support services in their area to meet all the different needs of everyone who lives in the area.'*⁴

*'Based on a good understanding of need and demand, market facilitation is the process by which strategic commissioners ensure there is sufficient, appropriate range of provision, available at the right price to meet needs and deliver effective outcomes.'*⁵

STRATEGIC COMMISSIONING

Strategic commissioning is a structured process for exploring, planning and improving health and social care services – and outcomes.

SHORT BREAKS

A short break is any form of service or assistance which enables carers to have sufficient and regular periods away from their caring routines or responsibilities. The purpose is to support the caring relationship and promote the health and well-being of the carer, the supported person, and other family members affected by the caring situation.⁶ This contributes to National Health and Wellbeing Outcome 6:

*'People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.'*⁷

A short break is any form of service or assistance which enables carers to have sufficient and regular periods away from their caring routines or responsibilities.



- 3 www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/CareandSupportJargonBuster/
- 4 As above
- 5 Public Bodies (Scotland) Act Strategic Commissioning Plans Guidance, Scottish Government, 2015
- 6 www.sharedcarescotland.org.uk/resources/briefings/short-breaks-definition/
- 7 www.gov.scot/publications/national-health-wellbeing-outcomes-framework/pages/5/

THE NEED FOR MARKET SHAPING

“Carers don’t actually know what their short break choices are. The two options always seem to be residential or home-based respite; to my mind there’s very little awareness of other options, those that might be a bit more creative or innovative, so there’s work to do here.” – *Social worker*

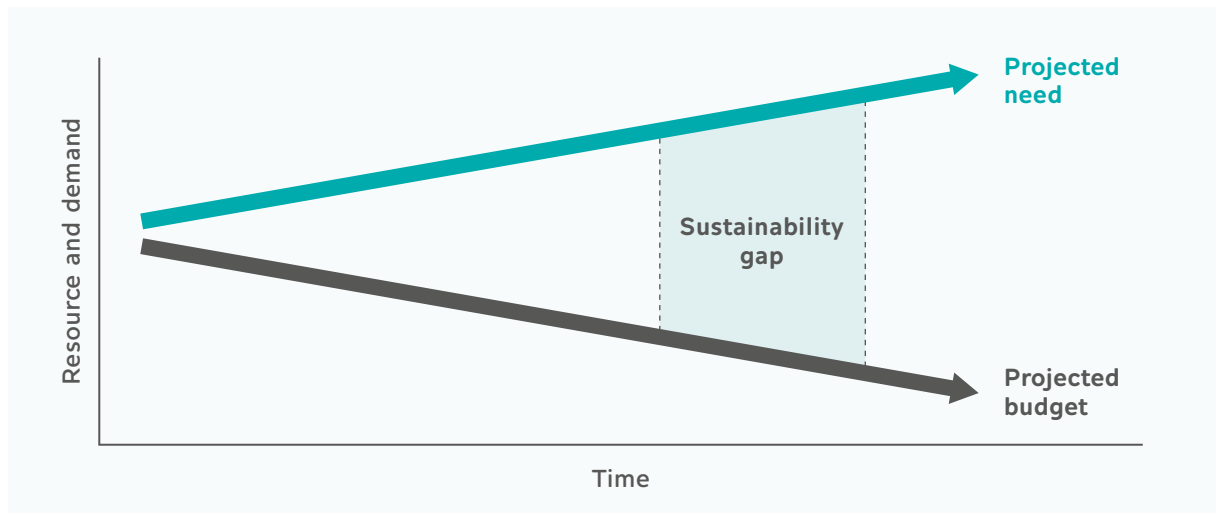
Access to breaks is critically important to carers, but flexible, creative short breaks are not available consistently (e.g. in different areas or across all SDS Options). The duty and challenge is to provide variety and choice, whichever option someone chooses.

Achieving carers’ outcomes requires innovative and collaborative approaches in the face of growing demand, increasing pressure on public finances and less capacity in services.

Access to breaks is critically important to carers, but flexible, creative short breaks are not available consistently.



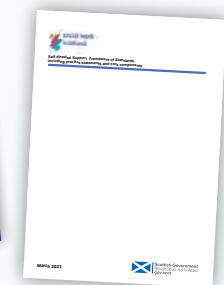
FIGURE 1: With a sustainability gap between projected need and projected budget, there’s an urgent need to do things differently



Further reference:

Independent Review of Adult Social Care: Recommendations 6,7,30,32.

SDS Framework Standards: 7,11.



This presents many challenges for commissioners, who require solutions to immediate needs while also investing in developing future options. Solutions are unlikely to come wholly from existing approaches, but how do commissioners facilitate change without destabilising the current market?

Left to normal market forces, and traditional procurement, there's a risk that there will be fewer options for people and that some groups could find themselves more marginalised. Personalisation presents challenges in ensuring a viable, sustainable mixed economy of short breaks provision.

More collaborative, outcome-led approaches to commissioning and providing breaks are also emerging, for example with the use of Public Social Partnerships, Alliance contracts, service provider and locality forums, and community-based support. These have potential to change the traditional power-dynamic between purchaser, provider and people, but there's a long way to go.

Market shaping therefore requires us to consider how approaches to commissioning can be adapted. The required shift is from transactional purchasing to facilitation, based on a clear vision of the mix and volume of provision that will be needed in future, and what needs to happen to achieve this.

Solutions are unlikely to come from existing approaches



TABLE 1: The shifts required by market shaping

From...	To...
Procurement-led	Outcome-led
Commissioning for time and task activities	Commissioning for individual outcomes
Limited choice	Diverse choice
Transactions	Relationships
Monitoring compliance	Evaluating outcomes and learning
Informing, consulting	Involving, collaborating, conversations
Support with critical need, specialist services only	Capacity-building, prevention, access to universal services
Deficits	Assets
Services	Support

Further reference:

[Independent Review of Adult Social Care: Recommendations 3,6,7,13,30,32,33,39,40,51.](#)

[SDS Framework Standards: 2,3,4,5,7,9](#)

Market shaping helps by setting out the commissioning authority's intentions regarding the range of approaches it will take to address the availability, affordability, sustainability and suitability of short breaks.

It can help:

- Carers and communities to know if other people share their needs/outcomes locally; to understand why services are (or are not) available to them.
- Providers to anticipate demand, develop services to fill gaps and prepare for market changes, decommissioning or sustainability.
- Carers Centres and others to carry out carer assessments and offer breaks to meet outcomes.
- Practitioners to promote choice and provide personalised support.
- Commissioners to understand and meet local needs, provide information and support to others – and support market variety.



Further reference:

Independent Review of Adult Social Care: Recommendations 4,5,7,13,27,30,32,33,39,52.

SDS Framework Standards: 1,4,5,7,8,9.

PRINCIPLES AND POLICY

Short breaks are commissioned within a specific policy context, set out below. First, it is important to note some overarching principles that are equally important for guiding the process. Facilitating choice and ensuring market variety are as much about following the spirit of the law as they are the letter.

PRINCIPLES

Individual choice is influenced by individual, social and material factors.⁸ Effective market facilitation should address each of these.

The voice and involvement of carers and cared-for people, including those not using services, should inform each stage of market shaping.

Outcomes should drive commissioning and procurement, not the other way around. The core outcome of short break market shaping should be supporting and sustaining the caring relationship.

Short breaks should be defined and interpreted as broadly as possible. This supports choice and encourages creativity. (See Appendix 1 for our definition).

The responsibility for provider and market sustainability is shared by commissioners and providers.

Commissioned support takes place in a wider ecosystem of support, which it should complement. In-house provision by local authorities should come within the scope of a market shaping plan.

Risks should be evidenced and discussed openly. There is always a balance to be found, between the risk of doing something and of not doing it.

Innovation. Provide time and space to enable practitioners, commissioners, carers and the people they care for to think creatively about how to meet outcomes through short breaks. Address other enablers and barriers to innovation. Remember most innovations are incremental improvements in what has gone before – something everyone is able to contribute to.

The voice and involvement of carers and cared-for people should inform each stage of market shaping



Further reference:

[Independent Review of Adult Social Care: Recommendations 3,4,6,7,11,13,27,30,31,32,39,40,41,51.](#)

[SDS Framework Standards: 6,7,9.](#)

⁸ 'Influencing Behaviours: Moving Beyond the Individual A user guide to the ISM tool' Andrew Darnton and Jackie Horne, Scottish Government 2013

POLICY

Although there is no statutory duty to produce a market shaping plan, several pieces of legislation confer a responsibility on public bodies to create a market shaping plan, summarised below.

THE CARERS (SCOTLAND) ACT 2016

The Carers (Scotland) Act 2016 Statutory Guidance⁹ provides for the promotion of market variety (see Appendix 1). The Act also requires local authorities to produce a Carers Strategy which must include:

- Information on carer population
- An assessment of the demand for support from relevant carers and
- Plans for supporting these carers (including addressing unmet demand).



Local authorities are also required to publish a statement setting out information about short breaks services available for local carers and cared-for people (the Short Break Services Statement¹⁰).

THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

This Act requires the NHS, local authorities, and other key partners – including carers – to work together to produce a strategic plan (sometimes also referred to as Strategic Commissioning Plans). Guidance accompanying the Act states that:

‘A Market Facilitation Plan, which is a summary of the key requirements to meet current and future demand, should be incorporated within the strategic commissioning plan, clearly stating the level and type of services required.’¹¹

Short break market shaping plans fill the gap between high-level Strategic Commissioning Plans (and their accompanying Market Facilitation Plans) and Short Break Services Statements – see Figure 2 overleaf.

By setting out a clear direction of travel and expectations in terms of future needs and balance of provision, they provide clarity to enable those who use, provide and commission services to adjust to and facilitate change.

Further reference:

[Independent Review of Adult Social Care: Recommendations 5, 11, 12, 41, 51, 52.](#)

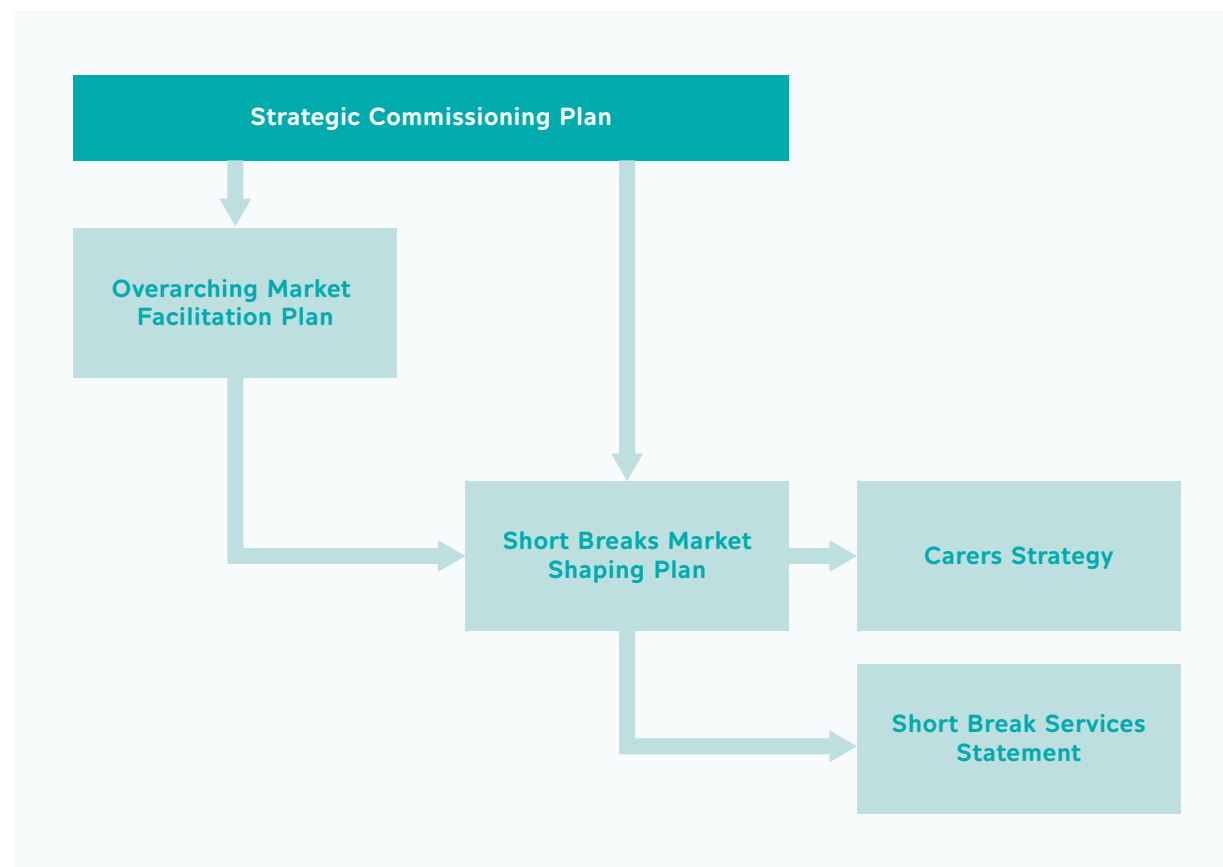
[SDS Framework Standards: 5, 7, 9, 11.](#)

⁹ beta.gov.scot/publications/carers-scotland-act-2016-statutory-guidance/

¹⁰ SBSSs themselves tend to be about what is already provided, and less about intentions for the future. Straightforward guidance on producing SBSSs is available in ‘Making a Statement’ from Shared Care Scotland.

¹¹ Public Bodies (Scotland) Act Strategic Commissioning Plans Guidance, Scottish Government, 2015

FIGURE 2: Short Break market facilitation plans provide a way to link different statutory publications



Example: In Falkirk Health and Social Care Partnership (HSCP), the Carer and SDS implementation teams came together to map the principles, values and outcomes

contained in the National SDS Work Plan and the Carers Act. This was useful for identifying core practices to include in the local approach to market shaping.

IDEAS FOR ACTION



- In your area, should you create a separate Market Shaping Plan for short breaks or integrate it into a wider Market Shaping Plan?
- Will you need one plan for short breaks, or different plans for facilitating breaks at home, in communities and in residential settings?
- What principles will underpin the development of your market shaping plan(s)?



2. THE THREE STAGES OF MARKET SHAPING

INTRODUCTION

The remainder of this document is structured around the three stages of market shaping, adapted from work by the Institute of Public Care (IPC)¹² and relating to the Scottish Approach to Service Design¹³ as shown below.

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

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

Implementation: Taking action to deliver the kind of market required by carers, communities and commissioners.



INTELLIGENCE



IDEAS



IMPLEMENTATION



TABLE 2: The stages of market shaping and service design

Promoting variety	IPC model	Scottish Approach to Service Design
Intelligence	Market intelligence	Discovery and definition
Ideas	Market structure	Develop
Implementation	Market intervention	Deliver

Naturally, these approaches also align with public service improvement methodology.

¹² ipc.brookes.ac.uk/

¹³ www.gov.scot/publications/the-scottish-approach-to-service-design/

Market shaping is a live process within an open system – it is not a static product. If strategies are developed, they need to relate to existing procurement strategies, but also to allow for iteration and responsiveness in the three stages.

For example, work might begin in Stage 2 (developing ideas for Implementation) and could progress by going back to Stage 1 (Intelligence) to test the evidence and demand, or straight to Stage 3 (Implementation) to test the concept.

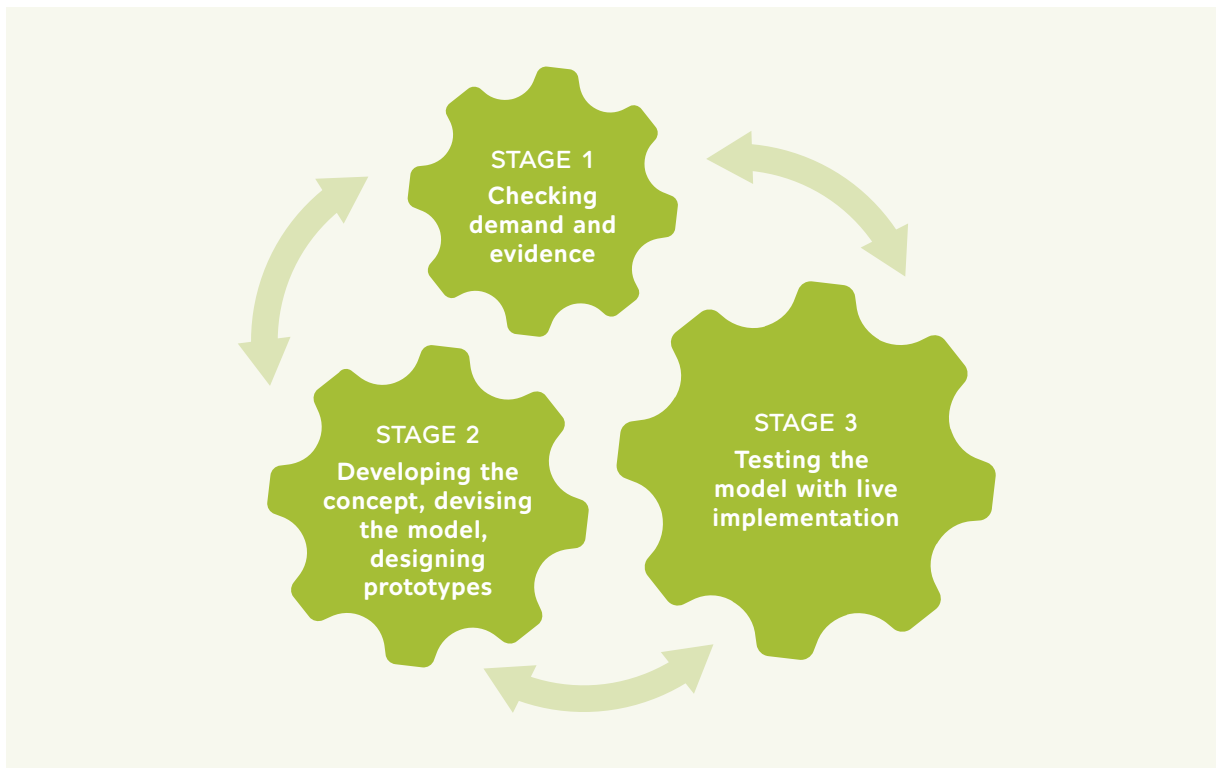
Testing would generate more evidence which could be reviewed (Stage 1) which might confirm the model is right and, therefore, would lead back to Implementation as the model is spread more widely.

The three stages are therefore iterative, not linear. In this way of thinking, the ‘Review’ stage of the traditional commissioning cycle is not a separate phase, but a learning process that is ongoing.

Market shaping is a live process within an open system – it is not a static product



FIGURE 3: Market shaping is iterative, not linear



STAGE 1: INTELLIGENCE

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

Strategic commissioning processes already include needs assessments, but these differ from the market intelligence process in that:

- Needs assessments for strategic planning and commissioning may be too high-level.
- Strategic needs assessments are unlikely to identify and assess services and resources in the same level of detail that a short-break-specific market shaping plan would.
- Strategic plans sometimes lack practical vision and intent as to how the strategies will be ‘operationalised’.

WHAT SHOULD DRIVE A COMMISSIONER’S APPROACH?

Principle: Outcomes should drive commissioning and procurement, not the other way around.

IDENTIFYING CARERS AND CARED-FOR PEOPLE AND THEIR NEEDS AND ASPIRATIONS

Each of the three market shaping stages should be informed by the voice and involvement of carers and cared-for people, including those who do not use services.

Develop an involvement strategy with carers and across different stakeholder groups (e.g. Integrated Joint Board (IJB) and HSCP colleagues; voluntary and private sector providers; locality groups; carers centres; community groups). Remember that involvement is an important part of all three stages of market shaping. Refer to local engagement and participation strategies, and look for opportunities and events that help reach new people.

An important facilitative role is to arrange or take part in locality meetings, providers’ forums and other events. Other ideas include setting up locality forums to co-produce or help lead the intelligence gathering process; surveys; focus groups; workshops; ethnographic research; consultation events; round table discussions; social media polls; and online engagement.

Further reference:

[Independent Review of Adult Social Care: Recommendations 4,7,8,11,13,27,30–33.](#)

[SDS Framework Standards: 3,7,9.](#)

Using a mix of different approaches will help ensure the widest possible range of carers' needs and desires are taken into account. Key points to consider include;

- **Diversity and inclusion** – care must be taken to ensure new voices are heard, including those of carers and their representatives from sometimes unintentionally excluded groups – working carers, travellers, BAME carers, young carers, known and unknown carers, including those who don't consider themselves to be carers. Tackling sensitivities and mistrust of formal agencies will require care and tact.
- **Reach** – going beyond carers' centres and traditional forms of representation through a small number of individuals. Connecting with a wider range of places, spaces and programmes people use (e.g. Community Led Support hubs; Facebook peer support groups; third sector services).

REFLECTION



- How do you know what carers themselves are looking for?
- How much involvement is 'enough' in this and the other two stages?
- What is your approach to balancing the needs of the carer and the cared for person?
- Who is best placed to facilitate involvement?

CARER ORGANISATIONS AND OTHER STAKEHOLDERS

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

DELIVERY PARTNERS

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

REFLECTION



- Should you aim to address internal or external audiences first, or concurrently? Together or separately?

A collaborative approach with providers can help to explore and identify alternatives, innovations and new business models



Further reference:

[Independent Review of Adult Social Care: Recommendations 4,7,8,11,13,27,30–33.](#)

[SDS Framework Standards: 1,3,7,9.](#)

HEALTH AND SOCIAL CARE PARTNERSHIP COLLEAGUES

Teams and services may do their own commissioning, so they need to be included in this process, as do Finance teams. Third and Independent sector services can also help (whether carer-specific or not), with carers centres and local carer groups being especially valuable partners.

What kinds of people or organisations could help?

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

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

LOCAL STRATEGIC INTENTIONS

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

REFLECTION



- Is there a pre-market shaping stage that comes before 'Intelligence?'
- What direction or permission do you have from the Integration Joint Board (IJB)?
- What decision making powers do you have?
- How clear are you on how IJB decisions are made and how its governance works?
- Who are your allies? And who you do want to influence?

PLANS AND STRATEGIES

Strategic Needs Assessments, Strategic Plans (and/or Strategic Commissioning Plans), and Locality Plans should all contain valuable information for this process. There will also be a range of other local strategies that could be relevant including those on learning disability, carers, older people, children and young people.

Further reference:

[Independent Review of Adult Social Care: Recommendations 6,8,13,27,30,32,40.](#)

[SDS Framework Standards: 1,7,8,11.](#)

REFLECTION



- Can you link up with other local commissioners to promote understanding of strategic commissioning and short breaks?
- Can existing local engagement and participation strategies guide you, or provide opportunities for joint engagement?
- Have you made a stakeholder engagement plan or communications plan?
- How will you handle any concerns or negative publicity about market shaping?

THE LEVEL, QUALITY AND CAPACITY OF EXISTING RESOURCES

Commissioners need to identify the number and type of short breaks and short break services available and being used locally (including any condition-specific provision). Their capacity, effectiveness and cost-effectiveness should be assessed, with potential metrics including:

- Levels of demand and use
- Satisfaction rates
- Complaints
- Performance data
- Wellbeing scores
- Inspection results.

This requires detailed mapping of current provision and finding out how this is currently being commissioned. The time needed for this and the other steps should not be underestimated.

Information may already be available on the number and nature of carers in the region and in localities. Population-level profiles including carers' roles, age, location (including rurality and access to transport), inequalities and income/deprivation, along with trends and projections, are vital for market shaping. Qualitative information will provide extra richness and help to contextualise data. Stories about the impact of caring, the experience of using services and what people want and value are worth seeking out and sharing. Note that the quality of information and insight you get depends on the quality of engagement and assessment you provide – the Short Break Consultation Toolkit can help.¹⁴

Information about unidentified ('hidden') carers and the views of those who don't currently access services or short breaks should also be sought. It would be of benefit to assess the value of carers' contributions locally in terms of cost savings and outcomes i.e. what would it cost to replicate the carers' role if they were unable to undertake it?

Example: In Angus it has been calculated that the value of unpaid care hours provided (as at the 2011 census) equates to £214.8m if paid at the current SDS hourly rate. This is 121% of the current IJB budget (£176.8m).¹⁵

Further reference:

Independent Review of Adult Social Care: Recommendations 5,7,13,27,30–33,40.

SDS Framework Standards: 3,4,5,7,9,11.

For more information on effective engagement tools for short breaks, see the **Short Breaks Easy Consultation Toolkit**.



¹⁴ www.sharedcarescotland.org.uk/resources/tools/consultation-toolkit/

¹⁵ www.angus.gov.uk/sites/angus-cms/files/2020-04/Angus%20IJB%2022%20April%202020%20Report%2014.pdf

It is important to note that inhouse provision by local authorities should come within the scope of a market shaping plan – its capacity, costs, services and outcomes are important part of the wider market. It may not be easy to get an accurate view of these, but they should be included in the market intelligence stage if possible. [Note: generally, hours provided by day centres and resource centres should not be counted as short breaks unless they genuinely provide carers with ‘time-out’ from their caring routines and responsibilities. If carers are at work during this time, then again this would not be regarded as having a break.]

REFLECTION



- What existing support do carers and cared for people value?
- Do carers and cared for people want something new or different?

FINANCIAL INFORMATION

It is not always straightforward to access detailed financial information to inform market shaping. But current commissioning costs, commitments, projections, and budgets available will be required as a minimum. Whilst cost effectiveness will be a driver in gathering market intelligence, it may be more prudent to focus on the projected savings from new business models, particularly as new models are likely to incur an initial higher cost as they will

often have to run in tandem with current models at first.

REFLECTION



- Can you help make the case by evidencing the costs or inefficiencies within the current system?
- What is the financial benefit of supporting carers to be able to continue to care?
- Are funding concerns a distraction, or can they help you make the case for doing things differently?
- How will you the balance the messages around increasing choice and saving money? Which are likely to have more impact?

DATA GATHERING AND ANALYSIS

Data collection needs careful planning and can't be rushed. Even understanding what is currently being commissioned (and why) can be extremely challenging. Reliable data, good analysis and clear reporting are vital at this stage. Data and decisions should be tested, triangulated and properly analysed – they will be scrutinised closely, so must be accurate. Information should be presented clearly and concisely for everyone's benefit.

Analytical skills and capacity within commissioning and planning teams are limited, particularly for analysing qualitative

Data collection needs careful planning and can't be rushed



Further reference:

[Independent Review of Adult Social Care: Recommendations 5,31,32,33,36,51,52.](#)

[SDS Framework Standards: 4,5,7,9.](#)

data. Some local authorities have established good links with universities, providing student placements for good quality research and analysis to be carried out.

REFLECTION



- What evidence and data do you have access to?
- How could you increase capacity for data gathering and analysis?
- How are other HSCP areas addressing similar challenges?

EXISTING DATA – AND DATA SETS

Existing data should not be overlooked. For example, population-level data from the census, Scottish Health Survey and Scottish Health and Social Care Experience Survey, will provide key data that may help make the case for change. Locally, information from carers' assessments, individuals' SDS plans, Time to Live applications, Respite uptake and commissioned organisation reports should be readily available and can be aggregated to identify patterns of resource use and unmet need.

LEVELS OF NEED

Strategies should also focus on forms of breaks that can address all levels of need, from specialist (for complex support/critical need) to generic (including universal

supports that meet the majority of needs or prevent escalation). A market shaping plan should articulate this clearly. This might be difficult, as your picture might be skewed if you only have evidence or experience of assessing critical levels of need. Sources of evidence about need include:

- Time to Live applications
- Existing services
- Needs assessments
- Active research into desired outcomes and short breaks
- Active involvement of people
- Understanding demand for innovation e.g. uptake of the four options for SDS and the reasons for this.

COMMISSIONING FOR OUTCOMES

The shift towards 'outcome-led' rather than 'service-led' commissioning is essential but creates challenges in terms of predicting what services need to be commissioned, as outcomes for each carer will quite rightly be very personal to them and their needs for support.

High-level outcomes are therefore needed in market shaping plans. These might be aggregated from carers' assessments but they shouldn't be expected to specify all the outcomes individuals will want or achieve. Instead, market shaping plans should identify:

- Outcomes to be achieved (including how carers' and supported peoples' outcomes will be balanced)

Further reference:

[Independent Review of Adult Social Care: Recommendations 4,5,13,27,29–33,36,39,52.](#)

[SDS Framework Standards: 3,4,5,7,9,11.](#)

- Estimates and information on current and future short break availability to improve the choice and supply of short breaks, based on intelligence gathering
- The kinds of innovations that will be required and/or welcomed
- What quality looks like, with an emphasis on feedback from people who have experienced short breaks
- How progress and success will be planned, monitored, evaluated and measured as part of continuous learning and review. Sometimes this will be done through contract monitoring if the short breaks service is a commissioned service. Where it is a more informal or innovative type of break then this will require feedback from individuals who have used the short breaks.

Short breaks are part of a mix of support that carers need to sustain their caring role. The term ‘short break’ might limit people’s thinking on the full range of opportunities that might provide a break from caring (as the term respite has done in the past). Therefore, information should be provided with examples of how breaks can be achieved creatively, using case studies, examples and non-exhaustive illustrations, including for example micro-breaks and replacement care alongside more traditional service-based models.

CASE STUDY: REFLECTIONS ON MARKET SHAPING FOR SHORT BREAKS IN DUNDEE



“Market intelligence is a good basis for constructive debate and developing mutual understanding. It comes from a lot of different places all of which should be respected and used. Use people who have credibility in their field, trust them with responsibility and support them with it: distribute power.

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

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

A good market shaping approach will not just be about how many or what, but how things are done.”

Laura Bannerman,
Former Chief Officer of Dundee HSCP



CONCLUDING REFLECTIONS: STAGE 1 INTELLIGENCE



- What is your end goal? What would be the outcome of a new approach to market shaping?
- Who are your stakeholders, i.e. who has the potential to affect or be affected by your plans?
- How well do you understand their needs and wants?
- Who are your allies? Who else has insight that would inform the Intelligence stage?
- Who else could help you explore market variety? Who else wants to make inroads to it?
- How can you assess demand for things that are not currently being provided?
- Can you work with other funders (e.g. the Short Break Fund) to identify other funded provision in your area – and get data on any cold spots?



STAGE 2: IDEAS

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

Commissioners and carers are finding it increasingly hard to access an appropriate choice of breaks and services. Challenges include the availability, flexibility and sustainability of service providers; constrained finances; workforce capacity; risk; internal processes and regulatory requirements. Commissioners need to understand whether traditional short break models are chosen because that's what people prefer, or because there is a lack of choice, alternatives – or information.

To meet the outcomes identified by carers, commissioning strategies need to balance a range of complex requirements and priorities including ease and equity of access to short breaks (urban and rural), simplicity for carers to arrange their break and the maximum possible choice and control for carers over their short break (as far as they want such choice and control).

The Ideas stage provides scope for innovation and exploring new models of support for carers, alongside what is known to already be in demand and successful. Encouraging collaboration between partners at this stage can open up the opportunities for support and sustainability. It will increase buy-in for Stage 3: Implementation.

When exploring options, care should be taken to avoid the message that only certain types of short breaks are suitable or possible. The Ideas stage is all about encouraging the exploration of a wide range of options and opportunities. A small but important pointer is to think about support not services.



IDEAS FOR ACTION



- A small SDS booklet to be given out during the assessment process for carers to read, in an accessible format to show the range of breaks available and funding options. This would help shape market facilitation from the bottom up and inform staff and carers at the same time. For example, sharing information about how carers can pool budgets with people with similar goals can give new options to carers.
- In some areas, commissioners support or help to organise things like time-banking, community volunteering, good neighbours schemes. They are not commissioned services but make a big difference to people's lives and to wider community (or market) capacity.
- Shared Care Scotland has developed an **Inspiring Breaks toolkit** of resources to help carers take an outcome-led approach to exploring alternative options for short breaks.



DEVELOPING TESTS OF CHANGE

Developing ‘Tests of Change’ is a way to open up ideas, identifying the need and evidence for a new approach. Care should be taken while developing new models not to over-specify them, as this inhibits innovation. At the same time, it is important that the evaluation criteria for pilots are agreed, and that plans for sustainability or scaling are built in from the start. A common criticism of tests of change is that they are only ever tested once, and nothing changes as a result.

REFLECTION

- What’s the difference between previous pilots and what you now have in mind?
- What happens if ‘proof of concepts’ don’t work? How will tests of change be evaluated? What criteria will be used to assess success and identify learning?
- How will decisions be made about sustaining tests of change?
- What exit strategies are likely?

SEEKING INSPIRATION AND EXAMPLES FROM ELSEWHERE

Remember short breaks are much more than residential respite or trips away. Inspiration can be found from a range of sources and approaches including:

- Reviews and reports on provision generated by professionals (e.g. Short Break Bureau Officers) and by people using those services, such as [Euan’s Guide](#) and the [Care Opinions website](#).
- Learning about micro enterprise/micro providers who can enable people to access breaks in remote areas where larger providers might not operate.
- Innovative building-based blended models of support – providing a mix of drop-in support and activities, respite and residential care.
- Core and cluster can be a cost-effective model with beneficial outcomes. For example, there might be learning from the way rural hubs have been used for Care at Home in Highland.
- Working with Registered Social Landlords to provide short breaks and fill gaps in provision during certain times.
- Providing in-home replacement care.
- Reading up on and sharing Short Break Stories¹⁶, which includes examples like:
 - *A treadmill to let a carer go for walks while being on hand for his wife.*
 - *An iPad so a daughter whose mother has dementia can go online without leaving her mum alone. The mother benefits from reminiscing over photos, listening to sermons and speaking to family and friends with Skype.*
 - *A spa day for reducing isolation and recharging the batteries for a return to caring.*
 - *A senior railcard and train tickets for parents to visit their daughter and son-in-law and help with housework.*

Further reference:

[Independent Review of Adult Social Care: Recommendations 11,29,31,33,40.](#)

[SDS Framework Standards: 6,7,8,11.](#)

¹⁶ www.sharedcarescotland.org.uk/learning-exchange/short-break-short-stories/

REFLECTION



- Can you explore models like Shared Lives, micro-enterprise and technology? What can your market offer you around that?
- How can community supports be enhanced?
- If the market is not giving you what is needed, should 'insourcing' be considered, bringing services back in house?
- What can be learned from other areas and countries?

REPLACEMENT CARE

Market shaping plans need to explore not just short breaks, but the replacement care that often enables them. This increases the complexity of commissioning because the market and availability of short breaks will be affected by the wider market and availability of health and social care.

Practical issues like identifying who benefits from and contributes to a break will need to be considered.

For example, a commissioner might explore whether couples might be able to live in sheltered housing or a B&B for a few nights, with catering and care in place, to help carers to spend time alone or away, knowing the person is being well looked after. The Market Ideas stage allows potential issues to be identified, like assessing the demand for

this model of short breaks and the potential need for the sheltered housing complex to change its registered care status.

REFLECTION



- Can you support carers by supporting the cared for person? Can these be tackled together or separately?
- Is the focus on all care groups or specific ones?
- What alternatives to formal care could be possible?

NEW FUNDING APPROACHES

New funding approaches might be needed to support a range of provision. This could include blended funding/commissioning arrangements with independent funders, such as been seen in some Public Social Partnerships.

Open-ended Challenge Funds or Innovation Funds are a way to invite innovative responses to complex problems. Rather than the commissioner setting out the contract specification, they set out the challenge they are trying to overcome and the outcomes to be achieved. Potential providers are then able to propose ways of achieving these, free from the constraints of an over-specified brief.

Market shaping plans need to explore not just short breaks, but the replacement care that often enables them



Further reference:

[Independent Review of Adult Social Care: Recommendations 11,29,31,33,40,51.](#)

[SDS Framework Standards: 6,7,8,11.](#)

In collaborative commissioning approaches, commissioners and providers work together to develop responses to identified needs. The resulting services may be competitively tendered, but collaboration can still be supported in different ways before, during and after this process.

REFLECTION



- How could you make the market more attractive to current providers and new entrants?
- What challenges do providers face and how can you help? For example, can you facilitate a collective approach to workforce recruitment and training? To IT and infrastructure?
- What resources do you have and what others could you draw upon?



STAKEHOLDER ENGAGEMENT

Facilitating novel approaches means that the solutions that emerge might not fit into existing regulatory or procurement frameworks. Engaging bodies like the Care Inspectorate, Scottish Social Services Council and Scotland Excel is critical if new models are to emerge and thrive as part of the market.

Involving procurement and finance colleagues is essential too, supporting them to understand the principles and requirements of Self-Directed Support. This is important because local custom and practice in the way procurement legislation is understood can create challenges for implementing SDS (particularly Option 2).

REFLECTION



- Who are your stakeholders (the people who could affect or be affected by your market shaping plans)?
- What drives them? What are their aspirations and concerns?
- What do you have in common?

Further reference:

Independent Review of Adult Social Care: Recommendations 11,29,31,33,40.

SDS Framework Standards: 6,7,8,11.

TIP: WORKING WITHIN THE RULES

Commissioners work within a complex environment with a wide range of rules and regulations at a national level and policy and procedure at a local level. These give structure and guidance but can often be seen as barriers to implementing change within an organisation. As identified in the Principles and Policies section, these are the ‘material’ barriers to change, often seen as the most inflexible barriers there are.

These barriers, and the scope for flexibility within them, are more easily understood when thought of as Red and Blue rules;

- Red Rules: Rules that cannot be broken (legal requirements)
- Blue Rules: Rules to keep operations running smoothly (custom and practice)

Red rules may seem rigid, but they often have a certain amount of flexibility built in to allow for interpretation and adaptation to fit with local need. Understanding legislation, particularly around procurement,¹⁷ helps you to recognise the built-in enablers which can influence wider change.

Blue rules are generally established through interpretation of red rules, opinions of those in leadership, and by the cultural norms around how people expect to work. Establishing new ways of working with regards to blue rules can cause a lot of uncertainty for people and therefore create resistance to change. To overcome the challenges presented by blue rules within your organisation it is important to think about risk from the perspective of your stakeholders.

Example: Falkirk SDS Team engaged directly with the Corporate Risk Coordinator to help them understand the organisational approach to risk and the help them to balance risk and opportunities. Common sense demystified the issue and supported sensible risk taking. A module on risk is part of their online learning platform.

REFLECTION



- What risks are current policy and procedures mitigating?
- What is the risk of changing policy and procedure? How can this be mitigated?
- What is the risk of not changing policy and procedure within your organisation?

Further reference:

[Independent Review of Adult Social Care: Recommendations 29,39.](#)

[SDS Framework Standards: 5,6,7,8,9,11.](#)

¹⁷ See these useful briefings from Social Work Scotland: socialworkscotland.org/wp-content/uploads/2018/09/Self-directed-Support-and-Procurement-Best-Practice.pdf;

and CCPS: www.ccpscotland.org/wp-content/uploads/2014/01/briefing-procurement-reform-and-social-care-1-1.pdf

STAGE 3: IMPLEMENTATION

Taking action to deliver the kind of market required by carers, communities and commissioners.

The Implementation stage is where ideas are put into action to shape short break opportunities. As with the other stages, using it as an explicit, iterative opportunity for learning is vital. This will help to ensure continuous improvement and measure quality and effectiveness. It will help to avoid the possible unintended consequences of commissioning decisions on the wider market.

GIVE IT TIME

Market shaping takes time to build trust and achieve culture change. But you can start by accepting or allowing 'good enough' market shaping plans and interventions. It's important to be ambitious but also realistic – participatory budgeting approaches can help with this, for example by planning and funding small tests of change.

ENGAGE AND INVOLVE

Principle: The voice and involvement of carers and cared-for people should inform each stage of market shaping.

It is important that carers and other stakeholders (internal or external) understand

what market shaping is. Make information easily accessible, explaining the language, concepts and practicalities involved.

- Communicate options – many things which could provide respite for carers aren't on people's radar. Carers need good information in order to make informed decisions.
- Run awareness-raising campaigns – communication and campaigns might be needed to ensure a range of professionals are ready to support carers and to ensure carers feel able to receive that support.
- Arrange or take part in locality meetings, providers' forums and other events.
- Demonstrate that you are listening – that you understand who you are accountable to and what this means.
- Invest in collaborative relationships with providers and communities.
- Influence 'up' the management chain, including identifying how best to engage with local politicians.

Engagement needs to be embedded to build trust over time. And, to be meaningful, it needs to be resourced appropriately.

Market shaping takes time to build trust and achieve culture change



Further reference:

[Independent Review of Adult Social Care: Recommendations 4,7,11,13,27,29–33,39,40,41,50,51.](#)

[SDS Framework Standards: 1,3,4,7.](#)

REFLECTION



- Are carers coming forward to use SDS options?
- What else is being used to provide breaks and achieve outcomes, beyond formal service provision?
- Are there other organisations based outside your area that might be able to offer services or support? If they're not coming forward, why not?
- What would a place-based approach look like, to find out what people want and what is possible?

CASE STUDY: SCOTTISH BORDERS

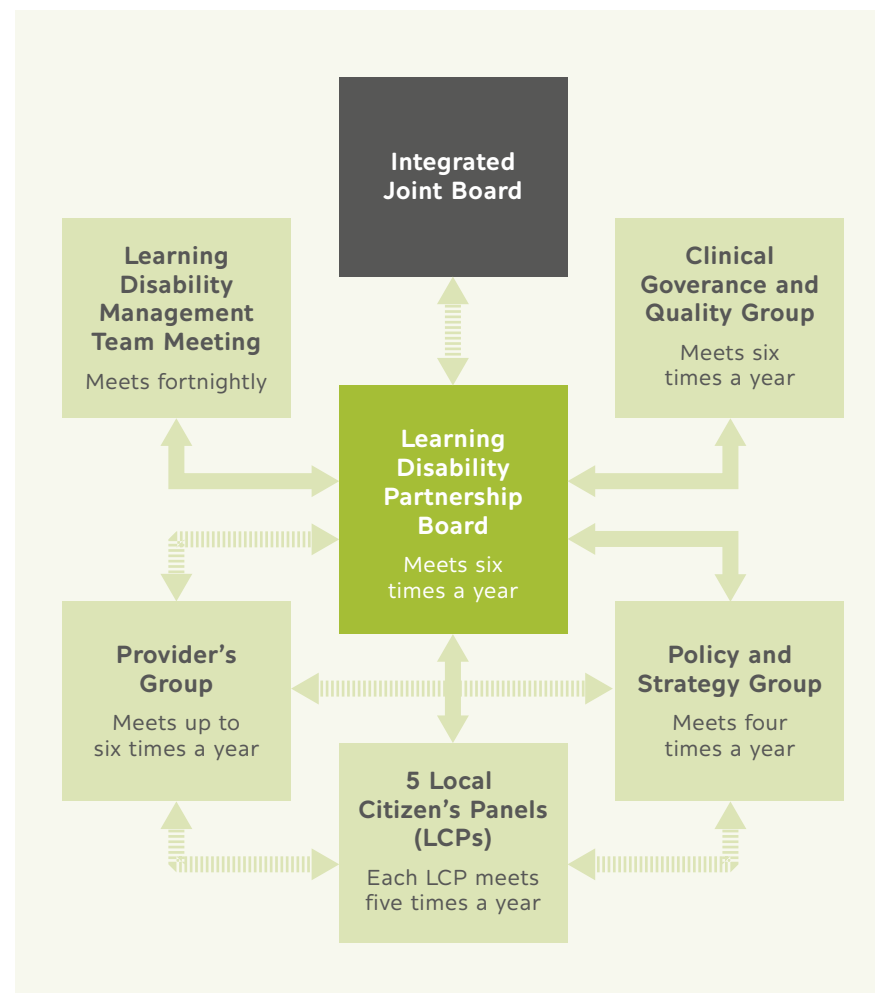


Scottish Borders support implementation by working with five Locality Citizens Panels for people with learning disability and their family carers that meet five times a year.¹⁸

The panels create a space for people to talk about the issues that are important to them, make positive contributions to their communities and influence from grass roots policy and strategic direction of the Learning Disability Service. Members are active in the service's Policy and Strategy Group and Learning Disability Partnership Board: see Figure 4 opposite.



Figure 4: Citizens Panels as part of Scottish Borders IJB structure



¹⁸ www.scotborders.gov.uk/info/20056/disabilities/328/learning_disabilities/5

COMMUNICATE

Develop a communication plan for market shaping. Work out key messages: who are you communicating with, why, about what, and for what purpose? Use focus groups or scrutiny panels to help. Having the right people in the room is essential – sometimes independent or external partners are best placed to facilitate change and deliver communications.

Find examples and share stories of different kinds of short breaks, including residential respite, non-building-based services, and non-traditional short breaks.¹⁹ A simple exercise could be to ask colleagues about the last time they had a short break: do they describe short breaks as trips away from home, time spent in activities, achieving outcomes or something else?



FACILITATE CHANGE

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

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

REFLECTION



- What is the local appetite for doing things differently? And what is the risk appetite?
- What are the long-term risks of carers not accessing breaks because services don't meet their expectations?

Further reference:

Independent Review of Adult Social Care: Recommendations 4,7,11,13,27,29–33,39,40,41,50,51.

SDS Framework Standards: 1,3,4,7.

¹⁹ Visit www.sharedcarescotland.org.uk/learning-exchange/short-break-short-stories/ for short break stories and examples like this

PROVIDE BUSINESS SUPPORT

Commissioners don't just award contracts, they oversee them and increasingly provide support with quality and sustainability. It is not unusual for HSCPs and commissioners to support providers to develop and review their business models, e.g. to increase their ability to offer more short breaks and activities.

Example: A local housing provider had capacity issues. Previously, the council funded targeted amounts of time for specific people, leading to several different care agencies coming into the housing unit to deliver care in short bursts. This was bewildering for staff and supported people. So the commissioner sat down with the provider to look at the issues and suggested block funding a set of hours for core staffing. This allowed staff, who were already on shift and caring for other people, to provide care when it was needed for council-funded places. This increased the housing unit's capacity to take on more work and removed the need to log hours spent on council-funded clients. It saved money on having a fleet of different care agencies coming into the unit and provided more consistent support to people.

EVALUATING AND LEARNING

Remember that market shaping is an iterative process of action and learning. However, during and after Implementation, it is important to step back properly to reflect on the needs and goals identified in Stage 1 and the ideas and models developed in Stage 2.

Review the market, services and support now being delivered to make sure they are achieving what they set out to. Evaluate the process – how successful has market shaping been and what impact has it made?



Further reference:

Independent Review of Adult Social Care: Recommendations 11,27,29,31–33,39,40,41,51.

SDS Framework Standards: 4,5,7.



3. WHAT TO INCLUDE

WHAT SHOULD BE INCLUDED IN A MARKET SHAPING PLAN?

DEFINITIONS AND SCOPE

It is important to be clear on what constitutes a short break as this will influence what should be included in the scope of market shaping. Lots of creative illustrations already exist here²⁰ and here²¹.

For example, is it just about support that directly benefits carers, or should services for supported people that benefit carers be included, e.g. day services for supported people that effectively provide carers with a break?

Definitions should be broad, encompassing all meaningful support for the cared for person (i.e. not a short home care visit) as well as support/opportunities for the carer to constitute a short break.

It is important to offer a definition of short breaks that challenges people to think creatively and to focus on outcomes. Set out what will be in the scope of the market shaping strategy:

- Which short breaks are included? Just those that are directly commissioned by the local authority?
- How will the strategy facilitate choice within all four SDS options?
- Are in-house services included?
- What is not included, and why?



It is important to be clear on what constitutes a short break as this will influence what should be included in the scope of market shaping

Further reference:

[Independent Review of Adult Social Care: Recommendations 11,12,32,51.](#)

[SDS Framework Standards: 5,7,9.](#)

²⁰ shortbreakstories.org.uk/

²¹ www.sharedcarescotland.org.uk/wp-content/uploads/2015/11/Short-Break-Stories-A41.pdf

HIGH LEVEL DESCRIPTION OF DIRECTION OF TRAVEL

The market shaping plan is a forward-looking statement of intent based on desired outcomes and how they will be achieved. These are likely to be high level outcomes, perhaps collated from individuals' needs and desired outcomes during the Intelligence stage.

It is very important that people understand why the strategy is being developed and what it is trying to achieve. Set out a clear rationale, being honest about financial sustainability or other drivers, like the effectiveness of the current model to meet future needs. For instance, you might set out your evidence or assumptions about past trends and likely trajectories in:

- Levels of funding
- Service capacity
- Demographics and care needs
- The number of carers being identified and supported
- Demand for short breaks

After setting out its purpose, remit and duration, the plan should explain the aims, objectives and priorities of commissioning, with links to relevant strategic plans.

The plan should also explain commissioning intentions for short breaks to give providers an understanding of needs and opportunities in specific areas. This will give providers a clearer picture of where their

particular area of expertise might tie in with local strategic intentions, priorities and standards. This might include:

- A thematic approach: e.g. learning disability, mental health, carers, older people.
- A geographic approach: e.g. localities.

RESOURCES

Principle: Commissioned support takes place in a wider ecosystem of support, which it should complement.

The plan should set out the budget and resource available and explain commissioning cycles and timelines. Resources might include not only the budget that is available through the Health and Social Care Partnership, but external funding opportunities and community assets.

Funding is not just about procuring large scale services but can be about small grants to support community initiatives or facilitate organic networks. For example, in one area a very small amount of money enabled families with autistic children to share babysitting arrangements, providing respite for each other in the same way other parents do.

The plan should also set out the resources and timescales that will support the transition from the current to the future

Further reference:

Independent Review of Adult Social Care: Recommendations 5,11,12,32,51,52.

SDS Framework Standards: 4,5,7,9.

market. What will providers be expected to offer and what will be given in return? For example:

- Can resources be provided to facilitate provider forums and events?
- Can providers access other sources of funding and business development support?
- How can they begin to adapt their business models now?
- What investment is needed in technology, infrastructure and the workforce? Is any disinvestment likely and how will this be managed?

FACILITATING CHOICE

Principle: Individual choice is influenced by individual, social and material factors. Market facilitation supports all three levels.

Choice is a core principle of the SDS Act and the Carers Act. Local authorities ‘must take steps to promote the availability of the options for Self-Directed Support’ by promoting ‘a variety of providers of support’ and ‘the variety of support provided by it and other providers.’²² The challenge is to provide the same level of variety and choice, whichever option someone chooses.

The plan should explain how people will be supported to make informed choices – and any limits on that choice. For example, it might illustrate how people have been supported to pool their budgets or resources.

RISK

Principle: Risks should be evidenced and discussed openly. There is always a balance to be found, between the risk of doing something and of not doing it.

The plan should explain how risks will be assessed and how appropriate risk enablement can support carers and cared-for people to have independence, choice and control.



Further reference:

Independent Review of Adult Social Care: Recommendations 4,7,13,27,29–33,39–41,51.

SDS Framework Standards: 1,6,7.

²² Social Care (Self-Directed Support) (Scotland) Act 2013, 22 19

VARIETY OF SUPPORT

Set out the breaks that are currently available in the market (using information gathered in Stage 1: Intelligence) along with a vision of what this will look like in the future. This will include discussion of the resources and assets available to provide breaks, including:

- Current partners and short break providers (this information should be available from Stage 1: Intelligence.)
- Their areas of operation
- What's currently on offer
- What else is available in the wider market or community that could complement these offers (this information might come from Stage 1: Intelligence or Stage 2: Ideas)

The Plan should explain how any intended balance of provision will be shifted e.g. is demand for building-based breaks likely to reduce, and if so what is the planned response? The market shaping plan should be clear about the opportunities available to providers, to attract them to be involved in the local care market and facilitate collaboration. It can be beneficial to set out the commissioning intentions regarding Small and Medium Sized Enterprises²³ to help facilitate a diverse supply of provision.

KEY FEATURES

Key features to balance to ensure a market shaping plan is outcomes led:

- Created by involving carers, carer representatives and provider partners.
- Makes choice and control easy to navigate for carers.
- Is open about what options are available to carers and why, with transparency and equity in decision making.
- Offers an element of universality – information and access to self-funding options.
- Includes traditional offers and contemporary, innovative options.
- Supports existing partners and welcomes market entrants as new partners.
- Is as futureproof as possible – dynamic, agile and flexible to changes.
- Provides commissioners with scope and freedom to think differently to meet current and emerging demands within limited capacity.

Further reference:

Independent Review of Adult Social Care: Recommendations 4,7,13,27,29–33,39–41,51.

SDS Framework Standards: 1,6,7,9.

²³ See the Sustainable Procurement Duty www.gov.scot/Topics/Government/Procurement/policy/corporate-responsibility

CONCLUDING THOUGHTS

During the process of creating this guide, two key pieces of learning emerged and kept recurring, both in discussion and as the ideas began to be tested on the ground.

Firstly, market shaping really is an ongoing learning process. The three stages identified here and elsewhere are useful for structuring plans and activities. However, it is vital to remember they are all part of the same process, working towards the same goal. Involvement, reflection and learning are core parts of all three stages identified here (Intelligence, Ideas, Implementation). These simple stages are designed to be easy to remember, but in reality the process isn't always straightforward to navigate. Keeping the key principles and outcomes in mind will help you to stay on course.

The second, most surprising, learning that emerged during the process of creating the guide is that the Ideas stage is when things really come to life. Exploring ideas for providing short breaks makes things more concrete, helping generate a sense of shared purpose and momentum for all involved. Whether new or old, practical or impractical, generating ideas together is the first step towards finding solutions together.

This guide is only the start. It doesn't have all the answers, but we hope it helps short breaks and commissioning to keep improving.

Contact us to find out more or get involved in our networks and events:

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APPENDICES

APPENDIX 1: UNDERSTANDING TERMINOLOGY

SHORT BREAKS

Principle: Short breaks should be defined and interpreted as broadly as possible. This supports choice and encourages creativity.

Shared Care Scotland offer this definition:

A short break is any form of service or assistance which enables the carer(s) to have sufficient and regular periods away from their caring routines or responsibilities.

The purpose is to support the caring relationship and promote the health and well-being of the carer, the supported person, and other family members affected by the caring situation.

Breaks from caring may:

- be for short or extended periods
- take place during the day or overnight
- involve the person with support needs having a break away from home allowing the carer time for themselves
- allow the carer a break away with replacement care in place
- take the form of the carer and the person they care for having their break together, with assistance if necessary, providing a break from the demands of their daily caring routines.



STRATEGIC COMMISSIONING

Strategic commissioning is a structured process for exploring, planning and improving health and social care services – and outcomes.

‘Well-planned strategic commissioning offers the opportunity to increase the value and financial sustainability of care by making the most effective use of available resources and the most efficient and consistent delivery. This ensures that the balance of resource is spent where it achieves the most, and focuses on prevention and early intervention.’²⁴

Strategic Commissioning is usually shown as a cycle of analysis, planning, implementation and review. A more iterative, open process of involvement, towards relationships not just transactions is suggested in Figure 5, from the Coalition of Care and Support Providers.^{25, 26}

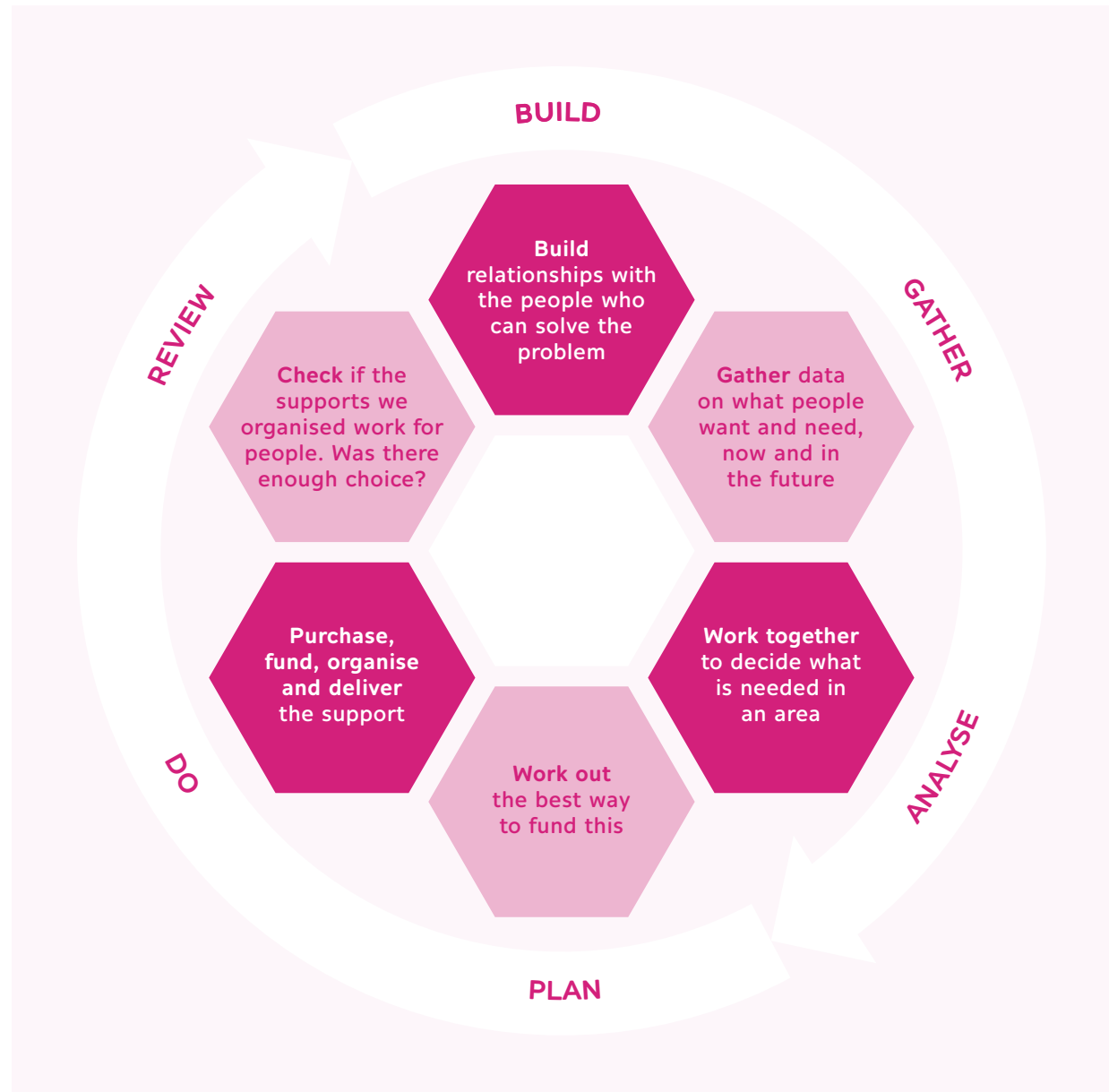
Commissioning takes place on two levels – strategic and operational

²⁴ ihub.scot/improvement-programmes/strategic-planning/strategic-commissioning

²⁵ www.ccpscotland.org/

²⁶ The Independent Review of Adult Social Care came to the same conclusion, that the traditional depiction of Strategic Commissioning ‘does not take account of our proposals for ethical and collaborative commissioning.’

FIGURE 5: an iterative, collaborative strategic commissioning cycle



MARKET SHAPING AND MARKET FACILITATION

This document uses the term ‘market shaping’ for consistency. However, commissioners are often not budget holders, so their role is best described as facilitators, bringing people and strategies together (see Figure 6). This means that ‘commissioning’ takes place at two different but related levels and performs different functions. One level is strategic and to some extent technical: identifying an overarching, forward-looking approach to ensuring choice. The other is the more operational, relational and perhaps responsive: brokering relationships between communities, providers and, importantly, HSCP colleagues.

Market shaping requires both roles to come together.

Everyone’s ability to shape a varied market of short breaks is limited. Facilitation is needed to bring people together, shape conversations and explore what everyone needs (and needs to do) to achieve their shared aims.

Market facilitation is only one part of how a market is shaped.

Providers’ resources and offers influence the size and shape of the market, as do the policy and regulatory environments.

This means acknowledging realities – helping people to look at existing models, work out what they need to look like, what needs to be achieved and how to start the ball rolling towards longer term change. Empowering

FIGURE 6: in a market shaping approach, commissioners’ key role is in facilitating links

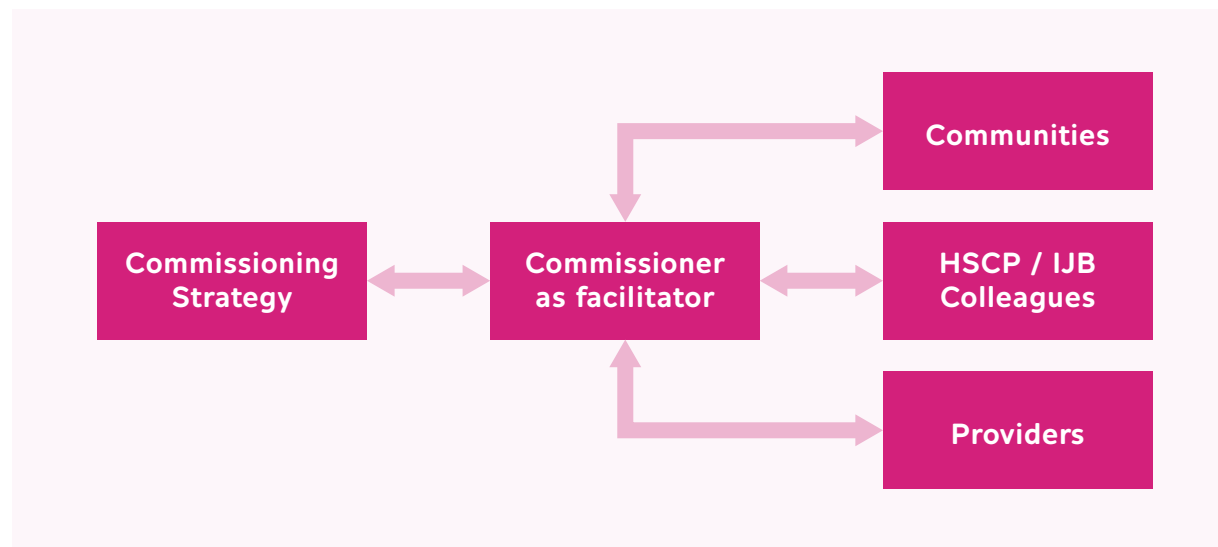
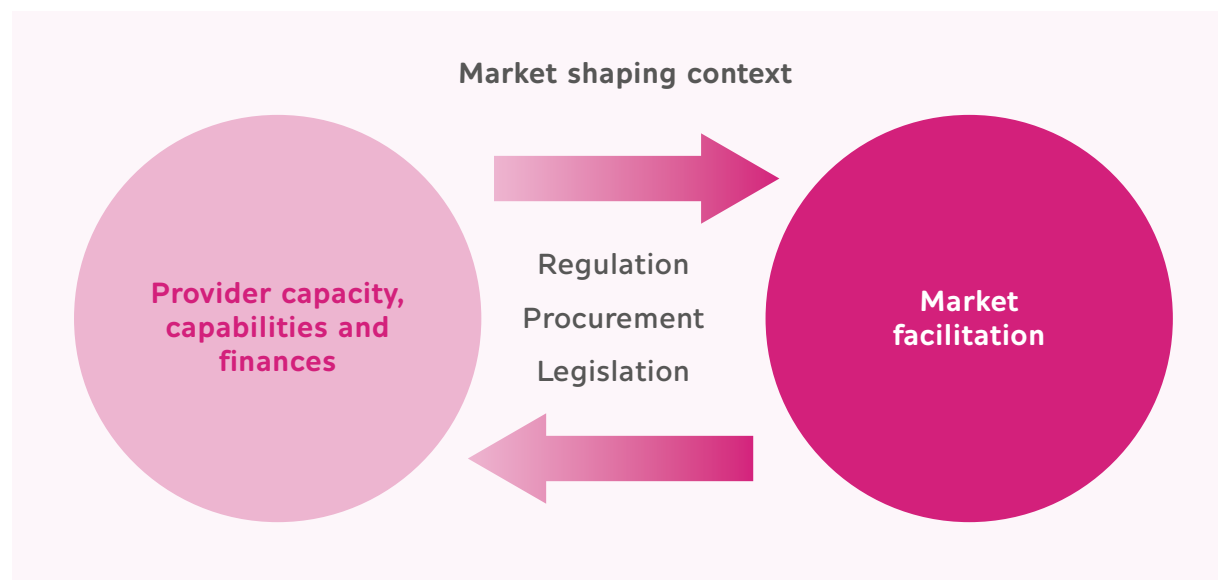


FIGURE 7: Markets are shaped by many things, not just market facilitation



messages must be balanced and congruent with other messages. For instance, if people are told ‘You can do things differently’ and ‘You need to save £5m’, which are they more likely to remember?

A lot of the right elements are probably already in place. Like a mosaic, it’s how they are put together that gets complicated. If you can see the system as a whole, you have a better chance of influencing it. Getting clear agreement on the local strategy narrative and commissioning intent is therefore vital.

There’s no blueprint. The market shaping structure in this guide can help, but remember the future isn’t a fixed state and nor are the three stages of market shaping set out in Part Two. Each stage can be continually revisited in an iterative process.

MARKET POSITION STATEMENTS

The following definition of ‘market position statements’ from the Institute of Public Care at Oxford Brookes University (IPC) is a helpful way to summarise the process and product of market shaping:

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

– IPC Market Shaping Toolkit

SUSTAINABILITY

Conversations about market shaping almost inevitably lead to questions about market sustainability. Market sustainability does not matter for its own sake – the core outcome of short break market shaping should be supporting and sustaining the caring relationship.

To achieve this, sustainable models of funding, capacity, service provision and workforces also need to be found. Resources are finite and if commissioning only takes place within existing models, they will only get scarcer. Market shaping provides opportunities to take a strategic approach to how needs, capacity, support and resources are defined.

Sustainability is threaded through the **Independent Review of Adult Social Care**, particularly Financial recommendations 49–53.

APPENDIX 2: WHAT THE ACTS SAY

PROMOTION OF OPTIONS FOR SELF-DIRECTED SUPPORT (FROM SECTION 19 OF SOCIAL CARE (SDS) ACT)

“(1) A local authority must take steps to promote the availability of the options for Self-Directed Support.

“(2) For the purpose of making available to supported persons a wide range of support when choosing options for Self-Directed Support, a local authority must, in so far as is reasonably practicable, promote—

- (a) a variety of providers of support, and
- (b) the variety of support provided by it and other providers.”

Section 10 of the SDS Act statutory guidance sets out in more detail the implications of this new duty on future commissioning.

“10.4 The authority should view its commissioning role as being a facilitator of choice. This involves both providing information about choices and commissioning and procurement processes that allow people to have a real choice of provider and type of support.”

“10.5 Commissioning in the context of the 2013 Act is not simply about ensuring there is a transaction between a supported person and a provider. It should be set in the wider context of the local authority’s activity including community capacity building, prevention and universal services. Commissioning should shift from approaches based on “time and task” activities and towards the commissioning of support to meet individual outcomes.”

PROMOTING VARIETY IN THE MARKET (FROM CARERS ACT STATUTORY GUIDANCE)

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

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

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

APPENDIX 3: READING AND RESOURCES

SHORT BREAKS

Shared Care Scotland short breaks briefing

www.sharedcarescotland.org.uk/resources/briefings/short-breaks-definition/

Making a Statement: guide to developing Short Break Services Statements

www.sharedcarescotland.org.uk/resources/carers-act-overview/making-a-statement-guide-to-developing-a-short-break-services-statement/

Short Break Stories: creative case studies

www.sharedcarescotland.org.uk/learning-exchange/short-break-short-stories/

Short Breaks Easy Consultation Toolkit

www.sharedcarescotland.org.uk/resources/tools/consultation-toolkit/

COMMISSIONING AND PROCUREMENT

Coalition of Care and Support Providers Scotland procurement briefing

www.ccpscotland.org/wp-content/uploads/2014/01/briefing-procurement-reform-and-social-care-1-1.pdf

Institute of Public Care market shaping guidance

ipc.brookes.ac.uk/publications.html
(filter for Market Shaping)

SDS Framework Standards

www.gov.scot/publications/self-directed-support-framework-standards-including-practice-statements-core-components/

Social Work Scotland SDS procurement briefing

socialworkscotland.org/wp-content/uploads/2018/09/Self-directed-Support-and-Procurement-Best-Practice.pdf

UK government Market Shaping guidance

www.gov.uk/government/publications/adult-social-care-market-shaping/adult-social-care-market-shaping#shaping-detail

PERSONALISATION AND INVOLVEMENT

Equal and Expert: best practice standards for carer engagement

www.carersnet.org/policy-legislation/best-practice-standards-for-carer-engagement/

Health Improvement Scotland Community Engagement

T: 0141 241 6308 | E: info@hisengage.scot
www.hisengage.scot/

Influencing Behaviours: Moving Beyond the Individual: A user guide to the ISM tool

Andrew Darnton and Jackie Horne, Scottish Government 2013

The Scottish Approach to Service Design

www.gov.scot/publications/the-scottish-approach-to-service-design/

The Short Breaks consultation toolkit

www.sharedcarescotland.org.uk/resources/tools/consultation-toolkit/

Think Local Act Personal

www.thinklocalactpersonal.org.uk/

POLICY AND LEGISLATION

The Carers Act

beta.gov.scot/publications/carers-scotland-act-2016-statutory-guidance/

Independent Review of Adult Social Care and Support

www.gov.scot/publications/independent-review-adult-social-care-scotland/

National Health and Wellbeing outcomes

www.gov.scot/publications/national-health-wellbeing-outcomes-framework/pages/5/

Public Bodies (Scotland) Act Strategic Commissioning Plans Guidance, Scottish Government, 2015

www.gov.scot/publications/strategic-commissioning-plans-guidance/

Social Care (Self-Directed Support) (Scotland) Act 2013

www.legislation.gov.uk/asp/2013/1/contents/enacted

Sustainable Procurement Duty

www.gov.scot/Topics/Government/Procurement/policy/corporate-responsibility

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