

Social Services Improvement Agency

Joint Commissioning Skills and Capacity Project

Assessment framework

April 2016

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1 Introduction

The Social Services Improvement Agency (SSIA) wishes to develop a better understanding of current skills and capacity to deliver joint commissioning in line with the requirements of the Social Services and Well-being (Wales) Act. The Institute of Public Care (IPC) is working with the West Wales regional partnership to develop and test out an analysis and planning approach which can then be adopted by partnerships nationally.

The purpose of the project is to assist regional partnerships to:

- Understand what commissioning skills and capacity will be needed by local authorities and health boards to deliver the requirement to jointly commission services particularly under Part 9 of the Act.
- Map how current skills and capacity compares with this, and identify any gaps.
- Plan how these gaps might be addressed.

The approach will include a framework which describes the skills and capacity needed across local authorities and health boards, and tools which will be used to map out how current skills and capacity compare with this. The region will then be supported to plan how to address any gaps.

This framework has been developed following a review of a range of commissioning resources and examples from Wales and elsewhere. It considers the following questions:

- What is the commissioning task?
- What are the key legislative drivers affecting commissioning?
- What is joint commissioning?
- What are the main joint commissioning roles?

It concludes with a description of the proposed approach to carrying out the analysis, including key design questions to be explored through the pilot process.

2 What is the commissioning task?

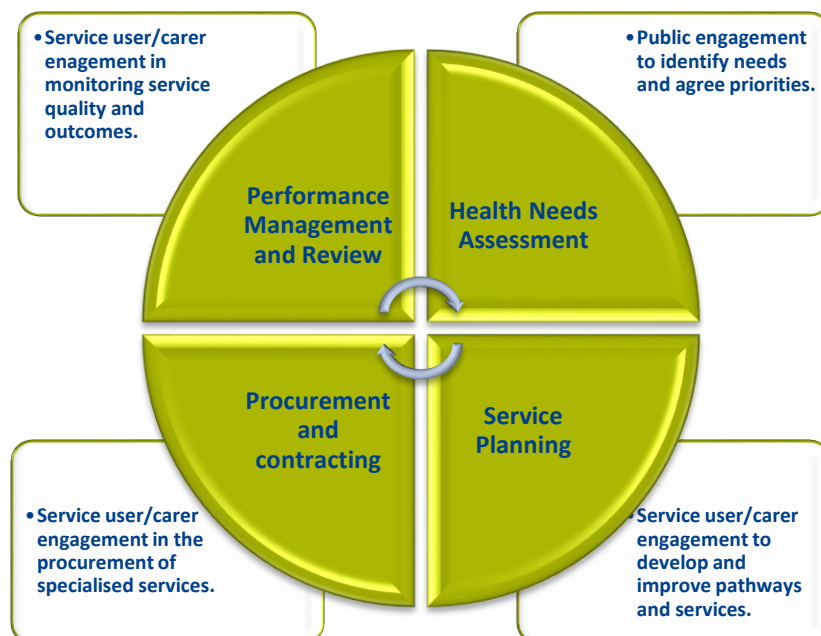
Given the wide range of people potentially contributing to the commissioning process, it is important for there to be a shared understanding of what is meant by “commissioning”.

The Welsh Government Fulfilled Lives and Supportive Communities commissioning cycle and its associated Commissioning Framework Guidance and Good Practice applies to commissioning by local authority social services but also applies to commissioning by wider partnerships where social services are engaged. The Commissioning Cycle (shown below) describes a range of activities and illustrates the relationship between them. It is underpinned by six key principles, namely:

- Focus on client group needs across agencies
- All four activities are equally important.
- The activities follow sequentially.
- Commissioning drives procurement.
- The procurement experience informs the ongoing development of the commissioning strategy.
- There is an on-going dialogue with service users/carers, case/care managers, providers and the third sector.



It should be noted that partners may use different models, although these usually reflect similar activities and relationships. The following model is taken from the Integrated Plan for Commissioning Specialised Services for Wales (2015-2018) draft 4¹, as an example of a health model:



Standards for what makes “good” commissioning apply equally whether activities are undertaken jointly or by individual commissioners. The FLSC Commissioning Framework’s standards² provide a benchmark for local authority commissioning, and centre on the development of evidence based commissioning plans and their delivery through effective procurement.

3 Key legislative drivers for commissioning

3.1 Fulfilled Lives, Supportive Communities

Welsh Government’s policy commitment in “Fulfilled Lives, Supportive Communities”³ sets out a vision for social services that are “*strong, accessible, and accountable, in tune with citizens’ and communities’ needs and promote independence, social inclusion, citizens’ rights and good outcomes*”. This vision is based on an assumption that services are delivered in a flexible and efficient way, in partnership with other local government services, the health service and private and voluntary organizations, and the service user and carers, to consistently high standards across Wales.

¹ Welsh Health Specialised Services Committee (2015) An Integrated Plan for Commissioning Specialised Services for Wales (2015-2018) draft 4

² Welsh Assembly Government (2010) Fulfilled Lives, Supportive Communities Commissioning Framework Guidance and Best Practice

³ Welsh Assembly Government (2007) Fulfilled Lives, Supportive Communities: A Strategy for Social Services in Wales over the next decade

Key elements in respect of commissioning within the strategy include:

- Making service users and carers pivotal to assessment and commissioning activity;
- Developing the contribution of the voluntary sector;
- Developing a new commissioning framework comprising guidance, skills development, promoting wider area commissioning especially for specialised services, developing stronger links to commissioning allied services including health, education and housing and promoting outcome based commissioning;
- Supporting new models of service including preventative and re-ablement services, support services for families and individualised budgets.

Since its publication public services organisations have been exploring and supporting a range of alternative models of service delivery such as trading companies, social enterprises, community-led services models, in order to meet the challenges of declining finances and demand management.

3.2 Social Services and Well-being (Wales) Act

More recently the national agenda has been strengthened through the direction set out in key legislation and developments: these include the Social Services & Wellbeing (Wales) Act⁴, the Prudent Health Care⁵ programme and the Well-being of Future Generations Act⁶ (2015). These require new and different approaches to delivering sustainable integrated health and social care services. Joint commissioning is fundamental within this in order to ensure the alignment of service priorities between commissioners, service providers and communities to ensure the best possible outcomes for the people of Wales.

3.2.1 Regional Partnership Boards

So, in particular, part 9 of the Social Services & Well-being (Wales) Act aims to deliver greater collaboration between organisations working with people with care and support needs. There are new duties in the Act for local authorities, local health boards and other public bodies to cooperate and work across service boundaries in partnership. The Regional Partnership Boards will manage and develop services to secure strategic planning and partnership working between local authorities and LHBs, to ensure effective services, care and support are in place to best meet the needs of their respective population.

3.2.2 Population needs assessment

Part 2 of the Act (section 14) sets out the requirement on local authorities and health boards to develop a clear evidence base which informs planning and operational decisions, and drives change. The jointly undertaken population needs assessment will identify:

⁴ Welsh Assembly Government (2014) The Social Services and Well-being (Wales) Act 2014

⁵ See <http://www.prudenthealthcare.org.uk/>

⁶ Welsh Assembly Government (2015) The Well-being of Future Generations (Wales) Act 2015

- The need for care and support, and the support needs of carers in the local authority's area.
- The extent to which those needs are not being met.
- The range and level of services required to meet those needs.
- The range and level of services required to deliver preventative services.
- How these services will be delivered through the medium of Welsh.

Partnerships are expected to engage with citizens and with service providers in carrying out the assessment. The first population needs assessment reports need to be produced and published by April 2017.

3.2.3 Pooled budgets

Boards will need to promote the use of pooled funds, and there is a requirement to establish pooled funds for care homes by April 2018. The guidance describes a number of specific expectations leading up to the establishment of the pooled budget:

- Population needs assessment and market analysis including the needs of self funders.
- An agreed integrated market position statement and commissioning strategy.
- An agreed common contract and specification.
- An integrated approach to agreeing fees with providers, and to quality assurance.
- The adoption of a transparent use of resources.

3.2.4 Additional relevant requirements

Additional relevant requirements in the Act include:

- The requirement on Regional Partnership Boards to prioritise the integration of services in relation, amongst others, to older people with complex needs and long term conditions, including dementia. There should be an integrated approach to the development of services, care and support, which focus on opportunities for prevention and early intervention.
- Regional Partnership Boards will need to ensure that services and resources are used in the most effective and efficient way to improve outcomes for people.
- Where local authorities and Local Health Boards “have a mutual interest in commissioning services” they should consider whether “alternative not for profit business models” will best meet local well-being needs.

This suggests the following joint commissioning characteristics will be needed:

- A whole system approach to commissioning decision-making including an understanding of impact and risks across sectors.
- Commissioning skills and capacity across different organisations, including providers.
- An ability to collate, analyse and report on evidence of demand for services from quantitative and qualitative sources.
- An ability to gather and analyse evidence of what works particularly in terms of prevention and the promotion of well-being.
- Stronger relationships with and levels of understanding of local markets.
- Strong engagement with local communities and citizens and appropriate structures in place to support this.
- Availability of robust performance data across services demonstrating performance against outcomes.
- Mechanisms for monitoring and responding to performance across the system.
- The ability to share information in a meaningful way across partners, including financial information.
- Access to strong technical skills, particularly in procurement, legal and financial areas.

4 What is joint commissioning?

The legislative drive to commission in partnership described above suggests that there needs to be a shared understanding of what “joint commissioning” looks like, and when it is appropriate.

The Welsh Government Social Care Procurement Route Planner⁷ identifies joint commissioning as being “*the process in which two or more organisations act together to co-ordinate the commissioning of services, taking joint responsibility for the translation of strategy into action*”. It describes the potential benefits as including seamless care but also achieving better value for money through:

- “*Improving service user experience by integrating care, extending choice and securing good outcomes;*
- *Achieving greater efficiency from minimising duplication and improving co-ordinations*”

Local authorities can jointly commission with a range of organisations but with each one there will be a different set of challenges and opportunities, for example:

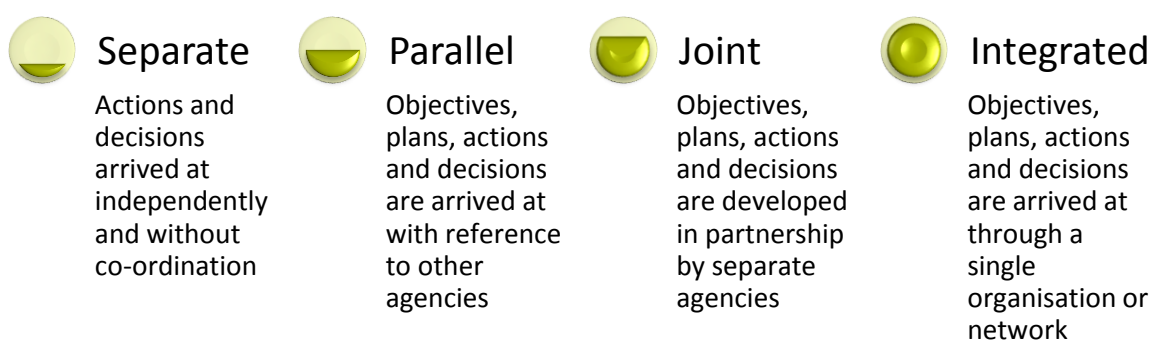
- **Health** - Local authorities and LHBs have very different cultures, different financial and accountability arrangements and different individual priorities. What they share, however, is a responsibility to deliver outcomes for their citizens, to

⁷ <http://prp.gov.wales/planners/social/>

ensure that people are able to access quality services, when they need them, knowing that services have been provided or secured at the best possible value.

- **Wider partnerships** – This can include jointly commissioning for local communities with colleagues in different parts of the authority, such as supporting people funded services, education, youth justice or environmental services. It also includes seeking where appropriate to commission jointly to meet regional or national needs with other authorities and the Welsh Government
- **Other local authorities** - Sustainable Social Services⁸ sets out an expectation of more efficient and effective service delivery through greater collaboration and integration of health and social services across local authority boundaries.

In practice it is helpful to understand the different levels of collaboration, and recognise that different approaches will be applicable in different circumstances. The key here is to have agreement as to the approach being taken, and the rationale for this.



Implications for an analysis of skills and capacity:

- There will need to be an understanding of and capacity to deliver commissioning either individually or otherwise across the different partnership organisations.
- Leaders and managers will need to be clear what approach is being taken to commissioning jointly (or not) in different circumstances.
- There will need to be a shared commissioning language which enables understanding across key partners.

5 What roles are involved in joint commissioning?

5.1 Types of roles

It is clear from the consideration of the key legislative drivers, and the exploration of both the commissioning and the joint commissioning task that there is a mix of roles potentially involved in the joint commissioning task for older people's health and social care services in Wales. These will include both strategic and operational roles which sit within a number of different organisations as well as in joint posts across organisations.

⁸ Welsh Assembly Government (2015) Sustainable Social Services for Wales: A Framework for Action

The following diagram maps the joint commissioning areas where appropriate skills and capacity will be required to deliver the joint commissioning agenda and thus help to achieve the best outcomes for older people. These have been grouped into four key areas to aid analysis.



This section describes the people who might be involved in these areas. This is not simply about job titles. So, for example, some people's work will require them to fulfil more than one role. In many instances no one individual can offer all of the skills required and it will be down to teams to operate together to match the role requirement. As we all know, skills are not static, and as the joint commissioning agenda moves on in the future, new skills will be needed.

5.2 Leadership and governance

This will apply to people with roles which involve:

- Maintaining an overview of the commissioning system, what outcomes it is trying to achieve and what risks need to be managed.
- Leading the development of joint commissioning plans and securing partners commitment to them.
- Ensuring that all partners engage with the implementation of agreed plans.
- Ensuring that the delivery of strategic service change and improvement across the system.
- Reviewing the strategic impact of services and getting partners to change direction when needed.

Examples of those who might be involved in the leadership and governance of joint commissioning include, for example; Partnership Board members; Chief Executives or Service Directors; Councillors, trustees and Health Board executives. Above and beyond the skills and experience that these leaders need to operate effectively in their own organisations, they need to build particular skills in the leadership and governance of the joint commissioning task.

5.2 Management

Managing the detailed design and delivery of joint commissioning arrangements is a second key area. Managers have to be able to look beyond arrangements which might work in their own particular agency or setting to understand the challenges that different partners are experiencing, and develop a response which promotes mature relationships. This applies to people with responsibilities such as:

- Designing and maintaining joint commissioning arrangements to improve outcomes for patients and users.
- Ensuring that commissioners engage effectively with all partners including patients, service users and carers.
- Ensuring there is proper management of joint resources, risks, finance, performance and quality.
- Leading joint commissioning teams to deliver evidence-based change through partnerships.
- Ensuring that locality groups are engaged in the joint commissioning process.
- Managing wider contributions to and from community plans and single outcome agreements.

People with these roles might include, for example: service directors within partner agencies; heads of functions such as planning, commissioning, procurement, support services or public health; provider executives with business management and development responsibilities.

5.3 Partnership

Working in partnership to deliver effective joint commissioning is the third key area involved in the joint commissioning agenda. Real partnership goes beyond the ability to negotiate with partners to get the best for your individual agency or service, and requires the desire to work across boundaries to get the best outcomes for service users, patients and their carers. This applies to people in health, wellbeing and social care with responsibilities such as:

- Working effectively together with partners in creating and implementing joint commissioning plans.
- Contributing to joint commissioning activities such as needs analysis, evidence-based service development, procurement, contracting.
- Working together in locality planning groups to implement local improvements.
- Working with partners to break down barriers between practitioners and services to secure better outcomes for users.

- Working together to review the performance and impact of services.

People with these responsibilities might include:- managers in regional health and social care partnerships including the voluntary and private sectors; locality groups including professionals and clinicians; service users, patients and carers; people with wider responsibilities for community planning; agencies with related responsibilities such as community development, benefits, housing, child health, social care and education.

5.4 Production

The final area is working within a partnership to produce, implement and monitor joint commissioning plans. There are commissioning professionals from many different backgrounds and organisations already involved in securing health, wellbeing and social care services, each with their own skills and experience. Joint commissioning demands that those skills and experiences are pooled in an effective way to ensure that joint commissioning plans really do reflect priorities across the whole system which will best help to secure the best possible outcomes for older people. These production skills apply to people with responsibilities in different parts of the commissioning cycle such as:

- Needs analysis, including locality based patient and service-user needs
- Market analysis
- Service quality
- Evidence-based service analysis and design
- Outcome-based strategic planning
- Public health and health economics
- Cost – benefit analysis
- Outcome-based procurement and service agreements
- Internal service specification
- Tendering and contracting
- Finance
- Equalities and diversity
- Service and contract monitoring and review
- Performance and data analysis
- Provider engagement and development
- User engagement

Joint commissioning producers might be part of different teams across the system such as; NHS acute and community planning and performance; local planning partnerships; public health; local authority strategic planning and commissioning; procurement; performance management; or community development. Often operational managers within health and social care services will carry some responsibility for some part of the commissioning process for their local area. Private and 3rd sector providers have much to contribute to the production and delivery of commissioning plans and will often need these skills.

6 The approach to analysis

The analysis will need to answer two specific questions:

- What is the current capacity in the region to commission jointly?
- What are the current skill levels, at an organisational and/or regional level?

The information that will need to be collected will include both quantitative data (so numbers of whole time equivalent posts and roles) and qualitative data (so opinions on the strengths and weakness in commissioning terms of these roles). It will provide an indicative snapshot of capacity and skills rather than an in-depth analysis of training needs on an individual basis. It will seek information about commissioning capacity and skills more generally as well as any joint commissioning capacity and skills that may currently exist.

The proposed approach is to use a survey monkey to gather data about current capacity and headline information on skills; this will be followed up by telephone interviews with 8 senior managers to test out the findings of the survey and explore the skills issues in more depth.

There are a number of issues that need to be considered by the steering group:

- Which organisations should be included within the mapping exercise? So for example, how should provider capacity (or that of representative provider organisations), and that of voluntary sector or other organisations which might support citizen engagement be included?
- Who will make the judgement about commissioning roles where these are part of wider roles? Are there any principles that need to be agreed about how this is to be done across different organisations?
- How should the distinction be drawn between capacity and skills within individual organisations and within partnership roles?
- Who should receive the survey seeking information on capacity and skills? The project proposal is that should include a mix of health and social care senior managers currently involved in commissioning at a leadership, management or commissioning role, and also include a small number of providers.
- Who should be included in the telephone interviews? The project allows for 8 interviews with survey respondents to include health and social care commissioners and providers.

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