

**AGENDA MANAGEMENT SHEET**

**Name of Committee** Cabinet

**Date of Committee** 12<sup>th</sup> October 2006

**Report Title** Developing Partnership Commissioning in Adult, Health and Social Care Services

**Summary** This report proposes a programme of work to develop Partnership Commissioning in Adult Health and Social Care. It gives the national policy and local context for partnership commissioning in Warwickshire and describes the current state of partnership commissioning in the county.

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**Would the recommended decision be contrary to the Budget and Policy Framework? [please identify relevant plan/budget provision]** No

**Background papers** Developing Adult Health & Community Services  
(Cabinet 27<sup>th</sup> June 2006)

**CONSULTATION ALREADY UNDERTAKEN:-**

Details to be specified

- Other Committees
- Local Member(s)
- Other Elected Members  Councillor A Farnell, Councillor F McCarney, Councillor R Dodd, Councillor M Stanley, Councillor Mrs J Compton
- Lead Cabinet Member  Councillor C Hayfield
- Cabinet Member

- Chief Executive
- Legal  Greta Needham
- Finance
- Other Chief Officers
- District Councils
- Health Authority
- Police
- Other Bodies/Individuals

**FINAL DECISION YES**

**SUGGESTED NEXT STEPS:**

Details to be specified

- Further consideration by this Committee
- To Council
- To Cabinet
- To an O & S Committee
- To an Area Committee
- Further Consultation

**Cabinet – 12 October 2006**

**Developing Partnership Commissioning in Adult, Health and Social Care Services**

**Report of the Strategic Director of Adult, Health & Community Services**

**Recommendation**

That Cabinet agree the proposals for the programme of work to develop Partnership Commissioning in Adult, Health and Social Care Services

**1. Introduction**

1.1 This report proposes a programme of work to develop Partnership Commissioning in Adult Health and Social Care. It gives the national policy and local context for partnership commissioning in Warwickshire and describes the current state of partnership commissioning in the county.

**2. National Policy Context**

2.1 Commissioning in Partnership

A recent key strand of public policy has been the need for local government to develop and enhance its role as a commissioner of services for local people.

For the purpose of this report the term 'commissioning' refers to the all the activities required to specify what services are needed and to secure those services. These activities include needs assessment and analysis, review of provision, user and public engagement, prioritisation, the development of commissioning strategies, shaping supply and market management, service development, service specification, procurement and performance management.

Much of this commissioning activity is more effective if it is undertaken with partners across the county, most particularly the PCT and Districts and Boroughs. Working with partners to align commissioning processes and agree strategic priorities should ensure that services are flexible and responsive to the needs and

requirements of different individuals and different communities.

This approach is given further impetus by the White Paper (Our Health, Our Care, Our Say). It is envisaged that Local Area Agreements will develop to be the key mechanism for joint planning and delivery. Further guidance is expected from the Department of Health on a national commissioning framework.

## 2.2 Commissioning in the NHS

Recent reforms in the NHS place an increased emphasis on the commissioning role of PCTs. In particular they are expected to:

- Support the development of practice based commissioning
- Improve joint commissioning with local authorities
- Make a more substantial contribution to multi-agency planning for example Local Area Agreements
- Ensure contestability through the separation of the commissioning function from the internal provider services

## 2.3 Joint Commissioning using the Health Act Flexibilities

Within the wider context of partnership commissioning there is an expectation that formal joint commissioning arrangements be established between adult social care and PCTs using the Health Act Flexibilities.

The Section 31 arrangements in the Health Act 1999 give NHS bodies and local authorities the flexibilities to work together to develop and improve services.

There are two aspects of the commissioning process that can be put in place using the flexibilities:

- **Lead/Joint Commissioning**  
This allows one partner to take on the function of commissioning of services as delegated to them by the other.
- **Pooled Fund Arrangement**  
This allows partners to bring money together in a discrete fund to pay for services. Regardless of what contributions each partner commits to the pool, the pooled resource can be used on the agreed services set out in the partnership agreement.

## 2.4 Supporting People Programme

The Supporting People Programme, the Government's long-term policy to provide housing related support services to help vulnerable people live independently, is a further area of partnership commissioning. The key partners in this context are Districts and Boroughs, PCTs and the Probation Service.

## 2.5 Cross Authority Commissioning

Some health and care services are configured across authorities. It is therefore also important to develop effective partnership working across neighbouring authorities as required.

## 3. **Local Context**

### 3.1 Strategic Commissioning in Adult Health and Community Services

In the Strategic Director's report to Cabinet 27<sup>th</sup> June 2006 the strategic direction for Adult Health and Community Services was set out. The importance of partnership work in general and specifically in relation to commissioning was emphasised throughout.

### 3.2 Establishing a Warwickshire PCT

The work undertaken to establish a Warwickshire PCT identified the opportunity for joint commissioning between the countywide PCT and the county council as a key benefit of coterminosity. There are substantial areas of health and social care for which a joint plan and joint commissioning arrangement are essential if people are to receive the kind of seamless services they need.

### 3.3 Existing Partnership Commissioning

Reports from CSCI, the Audit Commission in relation to the Supporting People Programme and from comparisons between Warwickshire and other local authorities demonstrate that partnership commissioning is very underdeveloped in this county. It has been made clear to the authority by CSCI that this is a key area for improvement and that a lack of progress in this area will count heavily against Warwickshire's performance rating for 2006/07. Therefore, it is essential that rapid progress is made in developing partnership commissioning for adult health and social care services in Warwickshire.

In order to take forward partnership commissioning a piece of work has been undertaken to scope the extent of existing arrangements. The initial findings from this work are attached as Appendix 1. This work has further emphasised the limited progress in this area.

## **4. Developing Partnership Commissioning in Adult, Health and Community Services**

4.1 Given the underdevelopment of partnership commissioning in the county this area presents huge challenges.

### **4.2 Developing Joint Commissioning with the PCT**

It has been agreed with the PCT Reconfiguration Board to employ a consultant to work with the Council and the PCT to establish the governance arrangements and framework for joint commissioning using Section 31 powers and to establish joint commissioning strategies within the existing resources. This work is underway and will be pursued in the overall context of the ongoing development of governance arrangements for the Local Area Agreement and its themed blocks.

The first meeting of a joint steering group has been held and joint leads are being identified for the areas of work identified.

### **4.3 Developing Wider Partnership Commissioning**

It has been further recognised that the work on joint commissioning with the PCT needs to fit with the wider partnership commissioning arrangement for adult health and social care, in particular the Supporting People Programme.

Therefore, it is proposed that the development work on commissioning in the Supporting People Programme is aligned wherever possible with the joint commissioning framework, strategies and plans.

There will be a number of benefits from undertaking this approach. It will help to integrate the commissioning across Adult Social Care Services and Supporting People. It will ensure that Supporting People becomes seen as part of the broad approach to commissioning rather than a separate part of the organisation. It will also reduce the duplication that currently takes place in the preparation of strategies and processes.

### **4.4 Commissioning in Partnership Work Programme**

In order to achieve significant progress, it is proposed to increase the resources available to work with the consultant. Resources will be freed up from the Adult Commissioning Unit to allow officers to work on the programme with the Head of the Unit and the consultant. In addition, it is proposed to release a major proportion of the time of the Head of the Supporting People Team to contribute to this work. This approach will also provide developmental opportunities for staff across the

Adult Commissioning Unit and Supporting People Team and will ensure that when the consultant completes her assignment she leaves a group of people who can take forward the work programme that has been agreed.

A work programme is being developed by the consultant setting out realistic timescales for delivering a governance framework which is aligned with the governance arrangements being developed for the Local Area Agreement, joint commissioning strategies and the implementation of a number of plans. An outline of the work programme is attached in Appendix 2.

## **5. Conclusion**

- 5.1 There is a national policy drive for commissioning to be carried out in partnership and a local context for Warwickshire to make rapid and significant progress in this area. The approach and work programme described in this report will deliver the required improvements.

GRAEME BETTS  
Strategic Director of Adult, Health &  
Community Services

Shire Hall  
Warwick

October, 2006

## **Appendix 1**

### **Initial Findings on Current Arrangements for Partnership Commissioning**

#### **General Context for Commissioning and Partnership Working**

There is an inherent challenge in working across three PCTs with different approaches to the commissioning of services and to partnership working

There is the added complexity of engaging five District and Borough Councils

CSCI judgement that partnership working is under developed

Supporting People Programme re-inspection reinforces that view particularly in relation to commissioning processes

Overall there has been limited implementation of commissioning for services as a distinct function from provision across the PCTs and WCC

There is a need to ensure that the Supporting People Programme is fully integrated as part of the commissioning function in AHCS and with partners

The Commissioning Unit in AHCS is making progress on developing guidance and protocols. Further clarity is needed on the interface between strategic commissioning functions and 'locality' commissioning in AHCS

Work is also being developed on needs assessment.

There is no partnership group that brings together health and social care across the county

Existing partnership boards e.g. Learning Disability are not connected to the commissioning process and it is not clear where such group report to.

User involvement and consultation is improving but needs to be embedded further in the commissioning process.

#### **Joint Commissioning with the three existing PCTs**

##### **Existing Section 31 Agreements**

There are three agreements in existence



- Community Equipment Services – this need some revision – the finance protocols and governance arrangements need further clarity -these weaknesses have been identified in a recent internal audit report
- Learning Disability Services - covers the Learning Disability Development Fund money - appear to be out of date
- Funded Nursing Care –has no financial component - allows WCC to collect and administer finance – a copy had not yet been seen and it may now be out of date

### Joint Commissioners

Originally there were six 6 posts covering older people, mental health and disability. Three were funded and managed by WCC and three had shared funding and management across the PCTs. There was limited infra- structure put in place to support the posts and they never functioned as joint commissioners

### Joint Commissioning Board

A Joint Commissioning Board was put in place however it seems to have stopped meeting in 2004. There was never a robust framework put in place to develop partnership working and joint commissioning

### Other Joint Arrangements

Significant resources are being spent jointly but not within any formal frameworks or agreements e.g. on residential placements, joint posts. Work is underway to identify all such resources in preparation for the new PCT.

## **Service Strategies**

Overall there is a lack of strategic vision for services and agreed service models across health and social care. There are no services strategies that have been developed jointly

The following documents are available

- Consultation Document: Warwickshire Health and Social Services Joint Commissioning Strategy - August 2001 – contains principles for joint working, sections on issues for key care groups, suggestions for implementation.
- Joint Commissioning Plan - Services for People with Learning Disabilities May 06 – March 2009 - contains basic information - lack strategic vision.
- Strategy for Older People (Social Services Department)2002 - currently being updated by commissioning unit
- Strategy for Supporting Physically Disabled People - three pages long
- There are various documents relating to mental health services which could form the basis from which to develop a joint commissioning strategy.

## Commissioning in Partnership Outline Programme Plan

### Programme Management Structure

**Overarching Aim** - to put in place structures and processes to ensure that services are commissioned effectively in partnership and deliver improved outcomes

**Timescale** – programme completed by end February 2007

### Programme Steering Group Terms of Reference:

- To deliver the programme implementation plan
- To ensure the engagement of all key partners particularly in the context of the development of the new PCT
- To ensure that arrangements being developed continue to fit with the local environment and take account of national policy
- To set the direction for the development of partnership commissioning beyond the delivery of this programme of work

### Membership

Strategic Director AHCS  
Head of Adult Commissioning Unit  
Head of Supporting People Team  
Consultant  
Chief Executive Warwickshire  
Director of Finance Warwickshire PCT  
Director of Commissioning Warwickshire PCT

### Work Streams

Six work streams currently identified:

1. Diversity
2. Public/User Involvement and Consultation
3. Contracting and Procurement
4. Needs Assessment
5. Governance and Partnership Structures

## 6. Commissioning Strategies

Each work stream will have joint leads responsible for delivering the outcomes, for identifying cross cutting issues and for reporting progress to the board on a monthly basis.

Each work stream has an implementation plan with an overall aim, key outcomes, timescales and links to relevant performance indicators/inspection outcomes. Some work streams will have working groups attached to take forward key tasks.

