

# National Assessment of Health and Social Care Commissioning Skills and Capacity in Wales (Older People Services)

## Appendix B

<b>1</b>	<b>Survey Responses: breakdown of job roles by region and organisation</b>	<b>2</b>
<b>2</b>	<b>Commissioning skills average ratings by organisation</b>	<b>4</b>
2.1	Leadership and governance commissioning skills	4
2.2	Management commissioning skills	6
2.3	Operational commissioning skills	8
2.4	Production commissioning skills	10
<b>3</b>	<b>Comments on enablers and barriers</b>	<b>12</b>
3.1	Leadership enablers and barriers	12
3.2	Management enablers and barriers	20
3.3	Production enablers and barriers	26
3.4	Partnership enablers and barriers	32

## 1 Survey Responses: breakdown of job roles by region and organisation

Region	Organisation	Leadership	Management	Production
Cardiff and Vale	Cardiff	1	10	1
	Vale of Glamorgan	2	3	6
	Cardiff & Vale University Health Board	8	1	0
Cwm Taf	Merthyr Tydfil	0	3	0
	Rhondda Cynon Taf	3	4	3
	Cwm Taf Health Board	3	0	0
Gwent	Blaenau Gwent	0	3	8
	Caerphilly	3	3	6
	Monmouthshire	No responses		
	Newport	0	1	3
	Torfaen	0	1	0
	Aneurin Bevan Health Board	No responses		
North Wales	Ynys Mon	0	1	0
	Conwy	No responses		
	Denbighshire	1	2	3
	Flintshire	0	1	2
	Gwynedd	0	2	1
	Wrexham	0	2	0
	Betsi Cadwaladr University Health Board	1	0	2

<b>Powys</b>	Powys	0	2	1
	Powys Health Board	No responses		
<b>West Wales</b>	Carmarthenshire County Council	1	4	11
	Ceredigion County Council	2	4	3
	Pembrokeshire County Council	2	5	3
	Hywel Dda University Health Board	2	2	0
<b>Western Bay</b>	Bridgend	1	0	0
	Neath Port Talbot	0	0	8
	Swansea	2	0	2
	Abertawe Bro Morgannwg University Health Board	1	0	0

## 2 Commissioning skills average ratings by organisation

### 2.1 Leadership and governance commissioning skills

	Leading partnerships in a political environment	Leading whole system redesign for better outcomes	Leading whole system evidence based change	Leading budget and resource integration	Leading culture change in professions and services across the whole system	Embedding public service values across the whole commissioning system
Cardiff	2.33	2.67	2.44	2.22	2.67	2.56
Cardiff & Vale University Health Board	2.7	2.8	2.6	1.9	2.6	2.6
Vale of Glamorgan	2.71	2.71	2.57	2.14	2.29	2.57
Cwm Taf Health Board	3	2.67	2.33	2.33	2.33	3
Merthyr Tydfil	2	2	1.67	1.67	2	1.67
Rhondda Cynon Taf	2.86	2.67	2.57	2.17	2.29	3
Blaenau Gwent	3	3	3	3	3	3
Caerphilly	2.67	2.5	2.44	2.33	3	2.89
Newport	2.33	2.33	2.33	2	2.33	2
Torfaen	4	4	3	4	4	4
Betsi Cadwaladr University Health Board		3	3		3	3
Denbighshire	2.67	2.33	2	2	2	2.67
Flintshire	2	1.5	1.5	2	1.5	2

	Leading partnerships in a political environment	Leading whole system redesign for better outcomes	Leading whole system evidence based change	Leading budget and resource integration	Leading culture change in professions and services across the whole system	Embedding public service values across the whole commissioning system
Gwynedd	2.5	2.5	2.5	2.5	3	2.5
Isle of Anglesey	3	2	3	2	2	3
Wrexham	2	3	3	3	3	2
Powys	2.67	3	3	2	3.67	3
Abertawe Bro Morgannwg University Health Board	3	3	3	2	3	
Bridgend	3	3	2	2	2	3
Neath Port Talbot	1.4	1.4	1.4	1.2	1.2	1.4
Swansea	2.67	2.33	2.33	2.33	2.33	2.33
Carmarthenshire	1.83	1.83	1.83	1.83	1.67	1.67
Ceredigion	2.38	2.5	2.5	2.25	2.57	2.57
Hywel Dda University Health Board	2.33	2.67	2.67	2.33	2.67	3
Pembrokeshire	3	2.75	2.75	2.75	2.75	2.88

## 2.2 Management commissioning skills

	Managing budgets and resources across agencies	Managing joint commissioning teams to deliver change and secure best outcomes for older people	Managing joint needs and market analysis, commissioning plans and procurement	Designing joint commissioning functions including planning, procurement, public health, performance	Managing changes in commissioning needed in response to self-directed support	Designing joint commissioning activities based on co-production and engagement
Cardiff	2.50	2.33	2.44	2.44	2.38	2.38
Cardiff & Vale University Health Board	2.00	2.30	2.11	2.30	2.22	2.50
Vale of Glamorgan	2.75	2.43	2.63	2.63	2.38	2.50
Cwm Taf Health Board	2.33	1.67	3.00	2.00	1.50	2.33
Merthyr Tydfil	1.67	1.33	1.33	2.00	1.33	1.33
Rhondda Cynon Taf	2.00	2.17	2.40	2.40	2.60	2.33
Blaenau Gwent		3.00	3.50	3.00	3.00	2.50
Caerphilly	3.17	2.71	2.43	2.57	2.57	2.71
Newport	2.50	2.75	2.75	2.50	2.75	2.75
Torfaen	4	4	4	4	4	4
Betsi Cadwaladr University Health Board	3	3	3	3	3	3
Denbighshire	2.33	2.00	2.67	2.33	2.33	2.00
Flintshire	2.00	1.50	1.50	2.00	2.00	2.00

	Managing budgets and resources across agencies	Managing joint commissioning teams to deliver change and secure best outcomes for older people	Managing joint needs and market analysis, commissioning plans and procurement	Designing joint commissioning functions including planning, procurement, public health, performance	Managing changes in commissioning needed in response to self-directed support	Designing joint commissioning activities based on co-production and engagement
Gwynedd	2.50	2.50	2.50	2.50	2.50	2.50
Isle of Anglesey	2	2	2	2	2	2
Wrexham	3	2	2	2	2	2
Powys	2.00	3.00	3.00	3.00	2.50	2.33
Abertawe Bro Morgannwg University Health Board	2	2	2	2	2	2
Bridgend	2	2	2	2	2	2
Neath Port Talbot	1.2	1.2	1.2	1.2	1.2	1.2
Swansea	2.67	2.33	2.67	2.67	2.33	2.33
Carmarthenshire	2	1.5	1.67	1.67	1.5	1.83
Ceredigion	2.25	2.13	2.63	2.5	2	2.25
Hywel Dda University Health Board	2.67	2.33	2	2.33	2	2.33
Pembrokeshire	3	3	2.75	2.88	2.75	3

## 2.3 Operational commissioning skills

	Deep understanding of the business, service and finance dynamics facing providers, professionals and service users across health and social care	Specialist skills in partner engagement and co-production	Specialist skills in undertaking whole system performance monitoring and review	Specialist skills in delivering whole system needs and service analysis	Specialist skills in undertaking outcome based service specification and procurement	Specialist skills in delivering outcome based whole commissioning plans	Specialist skills in securing whole system change and procurement	Managing changes in commissioning needed in response to self-directed support
Cardiff	2.75	2.63	2.63	2.50	2.50	2.50	2.50	2.25
Cardiff & Vale University Health Board	2.50	2.60	2.40	2.20	2.10	2.30	2.25	2.20
Vale of Glamorgan	2.63	2.50	2.63	2.13	2.38	2.25	2.13	2.13
Cwm Taf Health Board	2.50	2.75	2.00	2.25	1.75	1.75	2.25	1.67
Merthyr Tydfil	2.67	2.33	2.33	2.33	1.67	2.67	1.67	1.67
Rhondda Cynon Taf	2.83	2.50	2.83	2.33	2.60	2.60	1.75	2.00
Blaenau Gwent	3.09	3.00	3.10	3.09	3.18	3.00	3.18	3.10
Caerphilly	3.00	2.38	2.43	2.29	2.38	2.29	2.50	2.29
Newport	2.67	2.67	3.33	2.67	2.67	2.67	2.67	3.00
Torfaen	3	4	4	3	4	3	4	4
Betsi Cadwaladr University Health Board	2	3	2	2	2	2	2	2
Denbighshire	1.67	2.00	1.67	2.00	1.67	2.00	1.67	1.67



	Deep understanding of the business, service and finance dynamics facing providers, professionals and service users across health and social care	Specialist skills in partner engagement and co-production	Specialist skills in undertaking whole system performance monitoring and review	Specialist skills in delivering whole system needs and service analysis	Specialist skills in undertaking outcome based service specification and procurement	Specialist skills in delivering outcome based whole commissioning plans	Specialist skills in securing whole system change and procurement	Managing changes in commissioning needed in response to self-directed support
Flintshire	2.00	2.00	1.50	2.50	2.00	1.50	2.00	2.00
Gwynedd	2.00	2.50	2.50	2.50	2.00	2.00	2.50	2.00
Isle of Anglesey	2	2	2	2	2	2	2	2
Wrexham	2	1	2	1	1	1	1	2
Powys	3.00	3.33	2.67	3.00	2.67	2.67	3.00	3.00
Abertawe Bro Morgannwg University Health Board	-	-	-	-	-	-	-	-
Bridgend	2	2	2	2	2	2	1	1
Neath Port Talbot	2.8	2.2	1.4	1.4	2.2	2.2	1.4	1.2
Swansea	2.67	2.33	2.33	2.33	2.33	2.33	2.33	2.33
Carmarthenshire	2.3	2.3	2.3	2.3	2.2	2.3	2.3	2.1
Ceredigion	2.22	2.25	2.38	2.33	2.33	1.88	2.44	1.75
Hywel Dda University Health Board	2.33	2.33	2	2	2.33	2	2.33	1.67
Pembrokeshire	2.44	2.88	2.63	2.63	2.38	2.5	2.38	2.38

## 2.4 Production commissioning skills

	Working with partners to develop and implement joint commissioning plans to secure better outcomes for older people	Helping design good joint commissioning arrangements based on legislation and national guidance	Understanding local joint commissioning priorities and how to contribute to their development	Designing and delivering outcome-based services to meet joint commissioning priorities
Cardiff	2.50	2.38	2.50	2.25
Cardiff & Vale University Health Board	2.78	2.80	2.75	2.50
Vale of Glamorgan	2.50	2.75	2.88	2.38
Cwm Taf Health Board	2.67	2.33	2.67	2.00
Merthyr Tydfil	3.00	2.67	2.67	1.67
Rhondda Cynon Taf	2.83	3.00	2.67	2.67
Blaenau Gwent	3.00	3.10	3.50	3.00
Caerphilly	3.00	3.33	3.17	2.57
Newport	3.00	3.00	3.00	3.00
Torfaen	4	4	4	4
Betsi Cadwaladr University Health Board	3	3	2	3
Denbighshire	2.00	2.33	2.33	2.33
Flintshire	1.50	1.50	2.00	1.50
Gwynedd	2.00	2.00	2.00	2.00
Isle of Anglesey	2	2	1	2

	Working with partners to develop and implement joint commissioning plans to secure better outcomes for older people	Helping design good joint commissioning arrangements based on legislation and national guidance	Understanding local joint commissioning priorities and how to contribute to their development	Designing and delivering outcome-based services to meet joint commissioning priorities
Wrexham	3	3	2	2
Powys	2.67	2.67	2.33	3.00
Abertawe Bro Morgannwg University Health Board	-	-	-	-
Bridgend	3	2	3	3
Neath Port Talbot	2.8	2.6	2.8	1.4
Swansea	2.33	2.67	2.67	2.33
Carmarthenshire	2.67	2.67	2.67	2.67
Ceredigion	2.43	2.29	2.29	2.43
Hywel Dda University Health Board	2.33	2	2.33	2.33
Pembrokeshire	2.5	2.63	2.63	2.5

### 3 Comments on enablers and barriers

#### 3.1 Leadership enablers and barriers

Some of the comments were repeated and have only been reproduced once

Topic	Comment
Barriers	No completed Integration Agenda across the region
	Lack of progress of joint budgets across agencies despite welsh government strategic planning and direction
	Different decision making and financial systems Lack of whole system understanding - we don't have shared performance systems which can drive activity Different HR/Legal/Finance systems Political sensitivities
	Different procurement systems, contracts coming to an end at different times
	Silo working. Organisations driven by achieving arbitrary targets set by Government goals. In my opinion the result is organisations not driven by trying to work together but by trying to find a way of deflecting the blame for anything that does not work well or that creates a negative media interest.
	Different organisational priorities or joint priorities, see from completely different perspectives Different financial frameworks, different financial challenges
	Different Governance arrangement for Social Services & Health Boards Different develop priorities of services across partnership
	Individual sovereignty of organisations Capacity to develop joint commissioning strategies and plans based on agreed needs assessment and models of care
	Different processes and statutory procedures etc. can hinder and complicate arrangements so we need very strong leadership and trust to stand ground and push through
	Outcome-focused commissioning; joint strategic planning; lack of open book accounting; different planning cycles; different resource planning and delivery regimes; lack of joint market analysis; no joint commissioning teams to date

Topic	Comment
	Different performance measures often send organisations in different directions. Financial constraints still dominate discussions, rather than strategic planning and opportunities for whole systems change. When we do have success, it tends to be pump primed by additional monies (e.g. ICF) rather than via core budgets.
	Leadership is supportive of joint-commissioning and is signed-up to achieving this. However, at an operational level there is, I believe, insufficient self-motivation by all staff involved in service delivery to deliver it. People are dealing with the day-to-day issues and may have insufficient capacity to effect change / reflect on whether there are alternative ways of working that supports joint-commissioning.
	Complexity, breadth and scale of existing work - keeping up with the operational day to day keeping afloat detracts from the strategic. Lack of joint shared and communicated vision of a whole system also suggests that we may not be best using our resources / prioritising effectively. Lack of trust at some levels of the organisations, short-termism e.g. ICF seconds/ deploys staff to temporary projects that (based on evidence from former grant schemes) would be unlikely to continue without hypothecated grant. Also we seem to lurch from one initiative to another without a 'golden thread'; e.g. we have a statement of intent for integration of services for Older People which is viewed entirely independently from ICF plans and/or pooled budget development for care homes for Older People. Reluctance to make decisions and communicate commissioning intentions to providers.
	Political divide between councils and health - competing priorities which undermines integrated partnership working.
	Authorities should work better together to maximise partnership working
	The authorities should work more integrated than they do so now.
	Understanding of joint priorities - only a few are common. Outcome focused commissioning is not widely understood or in place. Skills for coproduction are not resourced or widely understood. stakeholder engagement is not resourced or widely understood.
	Culture; differences in commissioning roles and responsibilities across health and local government. NHS commissioning across Wales varies significantly in focus, approach and capability. Lack of population focus.
	Pooled budgets for only a certain range of services
	Local authorities work on their own standing orders which put up a barrier to regional working. If these were standard across authorities this would enable joint commissioning.

Topic	Comment
	Relationship building opportunities are required - I don't know who my opposite number is in Health, we haven't met their commissioning team. Need clear direction and good communication so we know whether certain things are on hold or we should be pressing on. Ideally it would be good if we could be located in the same buildings or if there were hot desk in each other's building so we could sit with the team.
	Willingness to engage I understand locally the Head of Adult Social Care attends partnership strategic meeting. In my role as head of Older People's Services I am attending some joint events however in the main these are focused on DTOC. New funding streams opportunity to facilitate integration. WCCIS - needs to embrace the whole system performance agenda integrated outcomes measures. New approach to contracting in health to support more robust contracts and commissioning.
	The shared burning platform. Growing levels of dialogue and trust. Some joint posts at a relatively senior level.
	Some governance arrangements are different in Health and LA.
	Different drivers, different organizational targets and pressures.
	Western Bay partnership arrangements in place for health board, Local Authority, third sector and independent sector Shared values Excellent relationships
	WBP is an opportunity
	time focus limited agreed shared objectives competing priorities lack of full understanding of capacity demand and activity
	Organisational boundaries - procurement, risk management Resources - staff and finance Capacity - commissioning roles have been eroded over time within Local Authorities - there is no formal training and there are very few dedicated roles
	Corporate/Departmental Strategies and priorities vary and could potentially hinder progress and development towards regional working now and in the future
	LA's strategies, priorities and governance differ e.g. Standing Orders; Procurement
	Political interface and engagement of Members can differ, between members and political party, which affects decision making.

Topic	Comment
	Varied political involvement and engagement
	Leadership capacity Financial pressure affecting all organisations Scale of the challenge faced
	Politicians Playing Party Political Games is a big barrier Lack of training No workshops on specific commissioning challenges and skills
	Unable to agree or delaying governance agreements. Frequent changes in resource. Lip service rather than commitment. Too political
	Vision. Clear direction. Flexibility. Outcomes focussed. partnership working
	Experience of those leading on joint commissioning.
	Strength in national programmes to support
	To review the outcomes of what is being delivered - what has been achieved
	Funding and budgets across the region (including Local Authorities and Health) can be restrictive and cause significant difficulty in developing medium and long term plans, and joint commissioning arrangements.
	Economic/funding and budgets across key partners can be restrictive, making medium and long term planning for the future difficult
	Lack of forward knowledge surrounding economic/funding and budgets can be restrictive in regards to medium and long term planning
	Annual supporting people grant which is challenging when planning and commissioning services. Restrictive funding and budget across all key partners increased pressure on SP budget from key partners demographics and complexity of people are approaching SP services for support
	Budgets
	Financial Climate - Budgets
	Differing financial challenges

Topic	Comment
	Pooled budgets and lack of recognition of the cross organisational savings (including willingness and ability to cross fund)
	Financial pressures on organisations to reduce costs
	Individual agency performance and financial pressures
	officer time and capacity to undertake this role in a meaningful way with competing work priorities
	Capacity - identified roles and responsibilities skills in facilitating co-production experience of outcome-focussed commissioning
	Lack of specialist skills in market analysis Lack of experience in joint commissioning
	Capacity Complexity Single organisation focus to manage current financial issues Large complex organisations with complex governance structures
	Senior managers and politicians are not familiar enough with ways of translating new service models into agreed commissioning strategies and deciding upon the best organisational/contracting vehicles for delivering on intentions. New partnership arrangements are cumbersome and bureaucratic. Corporate finance staff not involved enough. Silo working and decision-making within organisations - need for cultural change.
	Lean management structures make it difficult to focus in a more robust manner on the strategic commissioning agenda. Timescales of invitations and expectations are not realistic with the current workload. Systems interface is an issue and currently not lean. Budget pressures assumptions made Social care will pick up community costs. Support needed to ensure staff feels confident to deliver on the new Act. Little opportunity to form sound working relationships - temporary appointments.
	dedicated time and joint posts
	Regional commissioning board has already been set up
	Procurement can enable change.
	Commissioners' failure to accept that change is required. Poor leadership is service redesign. short term thinking



Topic	Comment
	Local authority view of sheltered housing only slowly being changed to realise that services need to be focused/commissioned on need Senior management focused on commissioning statutory services in the same way, not willing to embrace change
	Authorities need to be able to take on ideas to adapt and change.
	Level of concurrent change and number of change initiatives underway
	Meaningful integrated working at strategic level which translates into clear operational priorities
	Political and Senior Management driving the change agenda Partners willing to work together across the region Same principles to improve quality of services
	Shared common purpose. Strong relationships (which enable challenge and scrutiny) Clear accountability. Well established RPB with good representation from statutory partners, third sector, independent sector and carers and service users.
	Needs assessment and market analysis is not yet sufficient to support decision making
	Performance of providers, focus on budgets and resource planning
	Demographics within the Borough
	Demographics of the area - each Local Authority will be different which can potentially cause difficulty when trying to commission jointly
	Demographics of each Authority can be very different even for local partnerships
	Demographics
Enablers	Willingness across most parties to work together, recognition that change
	The SSWBA provides a legal framework to engage with and empower citizens. This will enable sector leaders to plan the steps they need to take to consider the cultural changes required. • Opportunity to improve greater equity and consistency across services.

Topic	Comment
	Social Services and Wellbeing Act provides a legal framework to engage with and empower citizens, enabling leaders to develop commissioning plans that focus on the achievement of outcomes for independence. The Act also provides a direction for leaders in regards to cultural change to move from time and task focussed commissioning to an outcome focussed commissioning approach. Opportunity to improve greater equity and consistency across services. Invest in those services which are proven to work best to maximise independence to ensure they reach those who need them the most, in line with the SSWBA.
	SSWBA provides a legal framework to engage with providing the sector with a basis to build upon. Invest in those services which are proven to work best to maximise independence to ensure they reach those who need them the most and reduce the potential for fostering dependency on services
	Legislation e.g. SSWBA and R&I Act provides a solid framework and direction for strategic planning and is driving forward the agenda for co-production and partnership working with greater citizen involvement.
	Collaboration - Welsh Government regional boundaries.
	SSWBA, Housing (Wales) Act, VAWDASV Act, Renting Homes Act and Future Generations Act all focus on prevention and directs the future delivery of SP services Gwent Regional Collaborative Committee and local SP Planning Group provides opportunities to improve greater equity and consistency across services
	good skills sets & links with health and providers
	Availability of training / workshops learning from best practice elsewhere market analysis
	There is a will amongst the current leadership group to move things forward and to work jointly. There has been buy in to joint management and some integrated work.
	Willingness/recognition of need to provide integrated services Experience of single organisation commissioning
	Experience and competence within senior leaders
	National policy drivers to require increased collaborative commissioning
	Need to deliver better value for public money
	RPBs offer chance for collective leadership

Topic	Comment
	Where you have strong relationships built on trust and honesty and integrity, it is easier to challenge and constructively work through difficult issues re funding, etc.
	Good partnership working at varying levels; single partnership governance structures; leaders leading by example; good joint engagement processes.
	The Social Services & Well-Being Act is really pulling partners together and the foundations are beginning to be built locally through the development of the population needs assessment; a market position statement; and a joint commissioning statement.
	Where there is a framework or other commissioning agreement / process, or a clear commissioning strategy, the usage of it must be policed and encouraged. Any failure to engage has to be assessed and understood / challenged.
	Despite some lack of trust, in general reasonably good working relationships. Pockets of excellent relationships with providers We now have a needs assessment which should support with future plans
	Drivers for change around the provision of pooled budgets for care and nursing homes
	Established well-being boards and executive groups Willingness to work together to achieve improved outcomes Financial pressures provide a driver to work more collaboratively
	Better communication and relations between authorities is required.
	Communication
	Communication between authorities to increase co production
	Focus on collaboration where possible
	Commitment to jointly commission services
	Willingness of partners prudent budgeting pressures
	Joint strategic commissioning intents, population needs assessments
	Partnership Agreements and arrangements in place
	SSWB Act austerity Wellbeing of Future Generations Act Regional Board and PSB commitment

Topic	Comment
	Relationships shared pressures small scale projects that have proved successful
	Training Specification and contract development
	Can often be down to political will, enablers will push through change.
	Shared information at Joint Partnership Boards in each LA area with the Health board. Joint chairing arrangements for JPBs ( Dir SSs and Dir P&CS) Pooled budgets for a range of integrated services

### 3.2 Management enablers and barriers

Some of the comments were repeated and have only been reproduced once

Topic	Comment
	Competing demands and priorities
	Willingness of key partners to understand the changed roles that a range of organisations and people must play if this approach is to achieve its full potential. • Roles and responsibilities including post grades are different across the Commissioning teams, making contact with other agencies inconsistent.
	Capacity
	Capacity Complexity Timescales
Barriers	Capacity, Identified Roles and Responsibilities not clear.
	Capacity - it takes more time to undertake joint commissioning and do it well!
	Capacity and the ability of having time to reflect on what has occurred before. Change will take time to effect.
	Capacity is an issue. Of the list of skills, I think it is a tall order for people to be specialist in all of them and across sectors.
	Communication with Staff members. funding to further staff in respective fields

Topic	Comment
	Complexity, breadth, weight & pace of existing workloads. Lack of commissioning & contract management experience within the BCUHB. Lack of clear decision making structures / governance arrangements - not always clear when a decision has been made which permits the BCUHB to be partner in a project.
	Culture Fear of losing control of teams/budgets/resources Different terms and conditions
	Culture of keeping to old ways of working. Some managers lack skills and knowledge to embrace IT and new technology.
	Current focus on the acute setting, lack of truly integrated teams at a locality level. I can appreciate it is harder to achieve when there is a regional health board as I have been used to local Clinical Commissioning Groups and integrated working. Restructuring has destabilized teams temporary posts in LA following review of management structures. Review of salary scales required to ensure parity with neighbouring authorities to attract right calibre of applicants in commissioning stabilise social work teams.
	Differences in procedures, process, implementation and interpretation of guidance across various public sector bodies
	Different Governance arrangement for Social Services & Health Boards Different priorities within each partnership
	Difficulties to integrate in all areas as each service area / authorities has its own priorities
	Formal training for managers jointly or otherwise is not widely available Training to support the level of analysis is not widely available
	Funding - no future planning for fees. Time taken to negotiate fees on annual basis. No agreed toolkit for evidencing fees. No guarantee that Council will accept evidence from toolkit and set fees accordingly.
	Individual organisational pressures
	Insufficient training and knowledge base
	Joint teams but separate reporting arrangements, pay and conditions
	Lack of knowledge and understanding of what commissioning is. Pressures within the organisation that require addressing before looking outside of the organisation

Topic	Comment
	Lack of management engagement with new technology and systems. A desire to remain as is. lack of stakeholder engagement
	lack of planners
	Lack of rescores to delivery and to undertake the commissioning cycle.
	lack of shared intelligence function; could include need, evidence, market analysis support to inform integrated/joint commissioning outcomes focus - meaningful work on outcomes has significant implications re staff development and information systems
	Lack of shared plan or objectives Capacity to have headroom to develop new approaches Capacity to facilitate OD programme required to support change Competing priorities (and budget reduction programmes)
	Lack of shared training and skills development. Lack of understanding of organisational responsibilities outside of own area. Unable to Access /Different information systems
	Limited experience of joint commissioning arrangements as experience is relevant to single organisation. Organisational demands on managers No joint posts
	Local planning processes not being aligned
	N/A
	Not taking responsibility for own actions
	officer time and capacity to undertake this role in a meaningful way with competing work priorities
	practical issues such as procurement, contract management etc. that get in the way of joint commissioning
	Pressurised working environments and budget reductions
	Resource planning, allocation and management is different; different workforce regimes; insufficient joint management resources.
	Resource, funding. Lack of leadership. Lack of guidance.

Topic	Comment
	Roles and responsibilities of Commissioners varies across LAs and other organisations. Key partners not always understanding the changing roles of organisations.
	Senior management not skilled in strategic thinking and little experience of commissioning and joint working processes
	Similar to leadership issues. Managers at all levels are trying to meet expectations. This is really difficult for one organisation to manage...there has to be a joint approach. For example, patients at discharge need to have an extended level of support for at least a week, with ready access to medical and social care to ensure that the discharge is effective and sustainable.
	Skill set can be limited to individuals which can pose a risk Making the links to other plans of what is trying to be achieved through the delivery of the service
	Skills Not dedicated roles - in the mixture of competing demands
	Some managers are too precious about their work and don't share information and too concerned about getting the kudos and none of that nonsense matters
	Stem from above, there is often a lack of transparency regarding joint planning, which then affect management
	Translating whole system redesign for better outcomes into commissioning strategies and plans. Need for mandatory training in developing systems for budget and resource integration/analysing current expenditure patterns. Insufficient expertise in leading culture change in professions and services across the whole system. Not enough experience of market analysis.
Enablers	<ul style="list-style-type: none"> <li>• Minimise bureaucracy and keep things simple, this will improve citizens' experience and make the best use of the scarce resources that are available.</li> <li>• Opportunities to share resources and expertise as well as pool resources i.e. contract monitoring, provider performance, regular information.</li> </ul>
	At an operational level managers and practitioners committed to joint working.
	Caerphilly has an active 50+ Forum which representatives from the borough participate in. The views of Older People could be sought from groups such as this, in addition to other ways of gathering views (e.g. directly from people in care homes etc.).
	Can often be down to personalities unfortunately.

Topic	Comment
	Cardiff Council has good management leading the change agenda and partnership working
	Collaborative commissioning requirements attached to resources
	Commitment to shared desire to improve outcomes for citizens Agreement that current model of care and approach to commissioning is not sustainable Good relationships in some areas
	Cross functional working. Systems and process. Longer term thinking, partnership working. partnership approach
	Excellent training provided before I started my role
	Existing experience across the management teams of commissioning a variety of different services Willingness to work together to achieve improved outcomes Experience of developing regional services IFST, Joint equipment service, joint training unit
	Financial constraints and legislation ( SS&WB Act) now making management change their attitude
	Good operational working relationships
	Good partnership working; ICF acting as a catalyst for change in terms of joint service planning and delivery; relatively clear partnership governance; lots of partnership learning opportunities.
	Good relationships with providers. Willingness of staff to manage change.
	good staff retention
	Greater joint working being seen but slow to accelerate
	Groups in place to oversee the management and delivery of the services commissioned.
	Growing experience of how best to influence markets. Closer working relationships and shared direction.
	I do believe that people working in the organisations are keen to change the current process
	Joint posts Integrated teams Shared Objectives
	Joint teams with integrated management
	Joint training, networking jointly funded posts



Topic	Comment
	Joint working arrangements underway including the joint contract and service specification for Private Sector care homes
	Looking forward to the publishing of the needs assessment data.
	Minimising bureaucracy and keeping things simple both to improve citizens' experience and to make use of scarce resources. Local / Regional / National SP frameworks including - national service evaluation framework, national outcomes framework, Gwent SP Allowable Activities, Regional / Local Supply Maps, Regional / Local contract registers, Gwent's/ local inclusive strategic planning framework.
	Opportunity to share resources and expertise/ pooled resources i.e. contract monitoring across borders
	Opportunity to share resources and expertise or to pool resources to make efficiencies within teams, for example contract monitoring and provider performance processes. One Local Authority taking the lead within a region would assist with this.
	Minimising bureaucracy and keeping things simple both to improve citizens' experience and to make use of scarce resources. Opportunity to share resources and expertise/ pooled resources i.e. contract monitoring. Provider performance etc.
	Opportunity to jointly commission a range of services across LAs and health board areas; and/or regionally. Opportunity to maximise limited resources e.g. removed duplication of monitoring provider performance; pooled budgets etc.
	Organisational commitment to change and work collectively
	Proactive Leadership
	Really good peer networks for support
	Recently appointed a strategic transformation and business manager to assist the head of services and lead the business and transformation team.
	Resource, funding. Good leadership. Accepting advice. Motivated and project orientated
	Secure more joint funded positions and enable staff to further knowledge within respective fields.
	Some managers don't care about the above and realise their skills and work belong (as is being bought via pay) to the organisation and not themselves

Topic	Comment
	Some very good and productive working relationships at a middle management level - good peer support and networking across agencies -LA's and between Health & local government. Some jointly funded posts - although these focus more on completing work on behalf of the joint partners rather than having any delegated authority; and few are in addition to these supported from core funds, most are 'grant' funded.
	Take responsibility for own actions
	The development of joint commissioning and procurement teams / team-working is a positive. Category management within Procurement is a benefit / positive and helps with the needs of Commissioning being understood.
	The emergence of integrated services and pooled budgets. A focus on patient/ client outcomes
	the facilitation of the above
	Transparency, clarity of priorities with clear guidance on next steps
	We do have people with particular experience in certain aspects e.g. planning and engagement but we need to do more to maximise skills and join up more effectively
	Willingness of partners Skill base

### 3.3 Production enablers and barriers

Some of the comments were repeated and have only been reproduced once

Topic	Comment
	Service user involvement and engagement can differ. Managing realistic expectations for service users can be difficult.
Barriers	budget
	capacity
	capacity and prerequisite skills to

Topic	Comment
	Contracts, specifications and contract management vary across Commissioning Authorities and organisations. Interpretation of procurement regulations and procedures can differ, e.g. light touch. Engaging with citizens and managing expectations of commissioned providers; care managers and citizens.
	Contractual models and specifications can be different including contract management. Interpretation and approach of procurement regulations and procedures can be different. Current contractual arrangements have different end dates, which can cause difficulty when trying to jointly commission services. Citizen involvement and engagement and managing expectations of citizens (and families) in receipt of services. Many citizens expect a certain level of service, i.e. calls at specific times, however this is not always aligned with an outcome focussed approach where services would be expected to be flexible (where appropriate).
	Contractual models and specifications can be very different including methods, detail and frequency of contract management. Different timings for each LA for the need for new models and specifications Involvement of Procurement colleagues in interpreting the needs of citizens within SSWBA accompanied with adherence to Procurement regulations Service user involvement and engagement/ managing expectations.
	Difference in procurement and contracting arrangements Differing approaches to data analysis and outcome monitoring Lack of commitment from the private sector
	Different targets/drivers across agencies
	Different workforce management, terms and conditions etc. challenges in evaluating services and measuring outcomes.
	E-Procurement systems are not user-friendly for social care. They are good for managing tenders, but the contract management functionality needs to be developed to capture information on multi-dimensional / complex provision and provide base-line management information. In my experience these systems are unable to capture what is going on at the sharp end. Practitioners see e-Procurement systems as 'another system to input information in to' and may not have the capacity to do this when handling high caseloads.
	Formal training for those working with providers is limited
	I don't know what production refers to so am unable to comment on this

Topic	Comment
	Insufficient skills in large scale service specification and market development. Too much single agency commissioning activity, using up much of the available resources which are very overstretched. Needs assessments are not focused enough on people making choices and taking more responsibility; they do not encourage prudent health and social care. Need to produce specifications which describe expected returns from investment.
	It systems Differing available resource /skills /capacity Differing priorities within day to day working
	Lack of resources to undertake monitoring and review of services to older people i.e. reactive, not proactive. No formal training for commissioners - most of what I've learned has been on the job training and experience.
	Limited resources and capacity:- Time, Financial, Legal expertise
	Little in way of formalised training in commissioning
	Merging budgets and local standing orders.
	Not one process and system for all partners
	Number of providers in market. Reduction in resources. Diminishing budgets. Change of legislation e.g. Well Being Act, Future Generations Act. Corporate objectives
	officer time and capacity to undertake this role in a meaningful way with competing work priorities
	People's egos and relationships with people. New expected behaviours introduced into the new appraisal system may help people become more professional
	Pressure on training budgets - more staff training is required within Commissioning Unit.
	Resource, funding. Lack of leadership. Lack of consultation. Lack of time. No buy in from service users
	Silo working lack of synergy 6 LA's and one regional health board. 'One size does not fit all'
	Silo'd resources - resources allocated by Welsh Government to a department or organisation tend to get spent by that department or organisation

Topic	Comment
	Skill set to deliver services can sometimes be limited Contract Review and audit could be more robust
	Staff Knowledge Level of staff, informal peer support group not as supportive.
	Starting from different places Different local conditions across the region
	Systems - a variety of information management systems, procurement systems etc. gets in the way of sharing e.g. QA information or completed shared procurement Lack of skills and traditional attitudes - 'this is the way we have always done things'
	Timescales Capacity
	Timescales Multiple Priorities
	Unable to undertake training qualification due to no funding. College recently left who was jointly working with me as we split providers due to the huge amount of work required. College is not being replaced so some monitoring reports will not be fully completed.
	Welsh Government expectation on the SP Programme and its direction of programme and how the Gwent Regional Collaborative Committee and Local SP Planning Groups can deliver against the programme engagement and commitment from key partners at a senior level contractual models and specifications can be different interpretation and approach of procurement regulations and procedures can be different managing expectations of key professionals/partners
Enablers	Whilst Health Boards undertaken commissioning functions, I don't feel they have whole systems commissioning processes in place. This needs to be reviewed alongside and at the same time as the opportunities for joint commissioning with Local Authorities.
	Redesign and transformation of services to maximise the current funding that is available. • Improved interface with regulators, formal and informal carers and families. • Keeps all care plans and documents up to date and relevant
	a structured knowledge and skills based training for commissioning staff would be helpful
	A willingness and understanding of the need to move towards joint commissioning
	At my level, there is a definitive need for more training on all the skills listed above

Topic	Comment
	Bringing together a range of shared performance measures focussing on what is important for both agencies
	Dedicated staff resource across agencies
	Facilitate the passing of information (non-sensitive) from social care systems to e-Procurement systems (to possibly overcome the above).
	Good operational relationships
	Good partnership working at a delivery level; patient/client focused services.
	Good relationships with existing providers to ensure co-production when designing and implementing an outcome focused approach    Redesign and transform to maximise funding according to the needs of citizens
	good skills
	Good team work - experienced staff support new staff and share knowledge and expertise.
	Having staff which have the skill set and expertise to deliver services through commissioning across organisations Seconded roles in place across the partnership area    Joint procurement across services
	Leadership from within.    Regional forums.    Flexible legislation - EU Directives.    Staff
	Monitoring Officer required to share out workload.
	New pilot approaches e.g. ICF
	Opportunity to produce integrated strategic needs assessment and integrated commissioning teams but taking in to account locality working.    Requirements on LA's need to refocus on outcomes as opposed to outputs support needed to achieve this.
	Opportunity to redesign and develop standard contracts, even if specifications are localised.    Opportunity to maximise contract management resources.    Improved engagement with citizens who receive services.
	Outcome-focused commissioning pilots are being undertaken on a small scale.    Staff beginning to develop skills in more strategic planning and co-production.    Staff need more awareness of costs and the need to manage individual case commitments.

Topic	Comment
	Plans to streamline processes and arrangements Current joint working arrangements which could potentially expand
	Recognition that current models / services need to change
	Redesign and transformation of services will assist in maximising funding and ensuring greater value for money. Improved interface with key stakeholders including CSSIW, carers and families. Assists in ensuring that care plans are regularly reviewed. Good working relationships with Providers assist in developing new service model.
	Regional Structures are in place to address the barriers
	Resources that come attached with a requirement for evidence of partnership decision making
	Review, Redesign, remodelling and transformation of services to maximise funding, improve partnership through the new governance structures within SP, e.g. Gwent Regional Collaborative Committee and local SP Planning Group. Service users engagement/involvement through the Gwent SP Website (currently under development) established and developed partnership working with Support Providers and service users and other key partners
	Shared environments. Integrated Teams Joint posts
	Some people with real vision, drive and leadership skills who are working well with others to innovate and are not seeking permission to do what they believe in
	Targeted workshops on specific commissioning challenges and skills Learning lessons from other regions
	Those who understand the above and successfully manoeuvre around these people and are successful partnership workers involving stakeholders especially SUs who are the experts on what the end product should look like
	training for staff and team building exercises
	Training, Resource planning. Service user support
	willingness to grasp the joint commissioning agendas
	Within the health board this skill set is growing and developing as part of an organised and structured approach.

### 3.4 Partnership enablers and barriers

Some of the comments were repeated and have only been reproduced once

Topic	Comments
Barriers	Need to ensure that a lead agency is identified, i.e. health or social care.
	Need to establish and determine Lead Commissioning agency i.e. health or social care.
	Are we clear what our joint vision is?
	Budgets, roles and responsibilities, everyone wants to do it their way. No give and take. Old fashion approach to service delivery in certain areas
	Capacity of partners
	Capacity. Non-aligned aims. Conflicting priorities
	Changes in key personnel, communication failures. Lack of clarity / emphasis on commissioning strategy.
	Communication
	communication between authorities
	Competing priorities.
	Decisions over who takes the lead on commissioning can cause some conflict. Contractual models and specifications can be different including contract management, which hinders the progression of partnership working.
	Different Governance arrangement for Social Services & Health Boards Financial Climate - Budgets Different develop priorities of services across partnership
	Different planning, workforce and funding arrangements. Lack of joined up commissioning function(s).
	different policies
	Different political agendas



Topic	Comments
	Different political context Lack of understanding of operational impact within organisations Differing Contracting arrangements and skills capacity
	Financial pressures
	Governance and different funding and accounting regimes etc.
	Health not very good at working jointly
	Identifying future demand for services across the partnership Having a strategic plan for community equipment services
	In the area in which I work, often the UHB and Council have different priorities, timescales and expectations in relation to commissioning
	IT systems which do not connect
	Joint commissioning opportunities need to clearly identify roles and responsibilities e.g. who the lead commissioner; who will be contract monitoring etc.
	Lack of clarity currently regarding what joint commissioning could look like currently, although this is developing
	Lack of existing fora Making the complex structures and relationships straightforward
	Lead agency i.e. health or social care.
	Mandated partnership rarely works - partnerships that are effective are organic, and evolve in response to clear and obvious need or benefit.
	Multiple concurrent priorities impacting on capacity
	no joint commissioning service to manage the service user and carer engagement The assessment of the population The co-production necessary with the community etc.
	officer time and capacity to undertake this role in a meaningful way with competing work priorities
	Organisational boundaries Finance structures and procedures

Topic	Comments
	Other authorities should work together better to maximise joint working and partnerships.
	Partners lack responsibility for their role in joint monitoring. Different partners have different priorities for workloads than us, creating barriers for effective joint monitoring. Partners lack capacity to fulfil their monitoring role e.g. short staffed, resulting in barriers to effective joint monitoring.
	Partnership outcomes may not be aligned with organisational corporate outcomes Single organisation medium term plans may not align with any new regional plans
	Political differences Lack of transparency of information impacts on trust Different decision making
	Potential differing areas for development (e.g. Extra Care) Lack of funding / demand
	Questions as to who will be the lead agency
	resources and time commitments from key statutory partners lack of health representation at local SP Planning Groups restrictive budget different agenda and priorities
	Systems that do not speak to each other. Use of referral forms even when co-located. Budget management and efficiency savings - no clear agreement around joint funded packages of care.
	The capacity to deliver joint commissioning approach across the regional or sub regional.
	Very limited joint training, secondments, shadowing, etc. across organisational and professional boundaries.
Enablers	Need to ensure that support is coproduced, citizen centred, flexible, community based and shared
	As above, we have a merged Public Services Board and a strong history of robust partnership working on a regional basis - we need to build on this and make some leaps not just incremental little steps
	Better communication required with joint partnerships.
	Clear leadership. Vision for the future.
	Common goal Legislation
	Communication

Topic	Comments
	Elements of the White Paper on Local Government Reorganisation. Social Services and Well-being Act framework for collaboration.
	Established working relationship between organisations. Collaborative working has commenced and can be built upon Well-being Boards are now established
	Good engagement from third sector and patient groups
	Good relationships
	Good track record of relationship building
	Good working relationship with Providers assist in achieving new models of service in line with the SSWBA. Services can be citizen focused community based and flexible.
	Good working relationship with the local health board. Currently have the integrated delivery board for Ynys Mon and this is an asset. Could the group be strengthened to look at joint commissioning? Part 9 of the Act is now been set up with the Population Needs assessment and area plan going to be a enablers to explore joint commissioning.
	Greater sharing of skills, knowledge and understanding, innovative ideas and ways of working.
	Having people with the right skill set and understanding to attend partnership meetings Section 33 Agreement including pooled funds and joint commissioning Review and updates as required
	Increase meetings between authorities and communication of group projects.
	joint commitment
	Joint partnership arrangements Good working relationships Well established regional working arrangements between MTCBC and RCTCBC Single health authority
	Joint Partnership Boards and other partnership meetings held to strengthen understanding, relationships and governance
	Joint posts Joint partnership plans Joint commissioning board
	Joint vision, strategy.

Topic	Comments
	National policy requirements for addressing health and social care needs in a cross cutting and multi-agency way (but not dictating the structure of the partnership needed to achieve that end!)
	Parallel commissioning is growing in nature within the health board, from which relationships are growing which could be built upon WBP is in place and has engagement
	Partners to be accountable for the ownership of their role and responsibilities in joint working.
	Partnerships already exist on a Pan Gwent wide basis making it easier for Commissioners to engage/co-ordinate tendering exercises/share information etc.
	Pooled budgets the new Social Services and Wellbeing (Wales) Act opportunity for health to become more focused on prevention and health and wellbeing. Outcome based commissioning
	Positive backdrop in Cwm Taf to work from; relatively simple governance arrangements; a definite vision and desire to improve the provision of integrated services for patients.
	Reduction in duplication, potential for increased capacity
	Regional Collaborative Committee is leading on integration of all levels in terms of joint working and commissioning
	Regional partnerships The Joint Commissioning Statement
	Regionally commissioned services. More opportunities for jointly commissioned services (e.g. Health/Social Care/ housing/ Probation) both locally and regionally. Support is co-produced citizen directed, flexible and outcome focused
	regular meetings to update and inform
	Review currently being undertaken
	Single integration team leading development and delivery of integration work programme. Strong RPB.
	Strong partnership arrangements already in place with positive relationships to build on
	Support is coproduced, citizen direct, flexible, community based and shared
	The people working within LA / Health are exceptionally good / talented. There is a wealth of experience that we can tap in to.

Topic	Comments
	We are need the same level of training
	Western Bay partnership arrangements in place for health board, Local Authority, third sector and independent sector Shared values
	Willingness of partners Inter-relationship of services / organisational objectives and pressures

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