

SSIA

Commissioning Skills and Capacity Project

West Wales Pilot Assessment

June 2016

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1 Introduction

The Social Services Improvement Agency (SSIA) has commissioned the Institute of Public Care at Oxford Brookes University (IPC) to develop an approach to assessing joint commissioning skills and capacity across social care and health for older people in Wales, and so inform the development of national resources to meet any gaps that are identified.

The purpose of the project has been to:

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

The project has been carried out with the West Wales region as a pilot to develop and test out approaches which could be applied nationally. This report sets out the initial findings for West Wales and has been tested and reviewed with the Regional Commissioning Board. Their response is provided at the end of the report and includes their recommendation for taking this forward.

2 Assessment approach

2.1 Scope and stages

The assessment has explored the organisational commissioning skills and capacity in terms of older people services in the following:

- Carmarthenshire County Council
- Ceredigion County Council
- Pembrokeshire County Council
- Hywel Dda University Health Board

The assessment has been carried out on a self assessment basis and its results therefore provide an indicative view of organisational skills and capacity across the region as perceived by participants, and using a framework developed as part of the project.

There have been three stages to the project:

1. Develop an organisational skills and capacity framework which forms the basis of the assessment locally (see Appendix A)
2. Carry out assessment activities - capacity mapping exercise, an electronic survey and a small number of telephone interviews.
3. Carry out a review and planning workshop including developing proposals on addressing the findings.

2.2 Organisational skills and capacity framework

A skills and capacity framework (attached as Appendix A) was developed following a review of a range of commissioning resources and examples from Wales and elsewhere. It considered 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 concluded with a description of the proposed approach to carrying out the analysis, including key design questions to be explored through the pilot process.

This framework provided the structure for the assessment of commissioning skills and capacity in the region, as well as benchmark statements describing what would be expected in four key areas: leadership and governance, management, partnership and production.

2.3 Capacity mapping exercise

Each organisation carried out an exercise to map commissioning capacity in relation to older people services using the structure provided by the framework, so:

- Leadership and governance commissioning roles (such as Partnership Board members, CEO's or Directors, Councillors, Health Board executives)
- Management commissioning roles (such as Heads of Commissioning)
- Operational (production) commissioning roles (such as commissioning officers, procurement officers)

The information gathered included identification of the role, what FTE it represented and how much time was committed to commissioning for older people; in addition, organisations were asked to identify whether any posts were joint or multi-agency, and whether they were regional posts.

2.4 Electronic survey

An electronic survey was distributed to people working in Carmarthenshire, Pembrokeshire, Ceredigion County Councils, and Hywel Dda University Health Board

who are involved in or likely to be involved in joint commissioning, or who may have a view about skills and capacity for joint commissioning. The survey was targeted at: all social care commissioning roles relating to older people services; all health commissioning roles relating to older people care homes, domiciliary care, third sector, reablement, transport and day facilities; and any corporate commissioning capacity directly relating to these services.

The survey was sent out to 68 named people but in addition it was distributed using a web link; there is no record of the numbers contacted in this way.

There were 46 responses, of which 41 provided substantive answers to the questions. The number of responses to individual questions varies as some people chose not to respond in all areas.

Organisation	Commissioning role responses			All responses*
	Leadership	Management	Production	
Carmarthenshire	1	4	11	17
Ceredigion	2	4	3	9
Pembrokeshire	2	5	3	11
Hywel Dda	2	2		4
Total	7	15	17	41

*Note: Not all respondents identified their role

2.5 Telephone interviews

A small number of follow up telephone interviews were undertaken to test out the findings of the electronic surveys and explore issues in more detail. Whilst contact was made with a number of providers to gain their view of commissioning capacity and skills, only one interview took place it is suspected because of the constraints of the project timescales. Similarly, an attempt was made to include service user representation but circumstances meant this was not possible in the time available.

Interviewees were selected across the four organisations to represent the three main areas of commissioning as follows:

Table 1: Telephone interviews

Organisation	Leadership	Management	Production	Provider
Carmarthenshire County Council		1	1	1
Ceredigion County Council	1	1	1	
Pembrokeshire County Council	1	1		
Hywel Dda University Health Board	1			

3 Mapping commissioning capacity

3.1 Current Capacity

The mapping exercise identified a total of 100 FTE roles involved in commissioning services for older people across the region, with this number likely to be an underestimate given the additional teams referenced in the Health Board response.

Table 2: Number of FTE roles involved in commissioning older people services

Organisation	Leadership and governance	Management	Production
Carmarthenshire	2	4	21.4
Ceredigion	2	5	10
Pembrokeshire	2	8	16.6
Hywel Dda	7	18	4 + 14 teams
Total	13	35	52 + staff in 14 teams

The amount of time spent on commissioning varied significantly: none of the posts identified as leadership or governance were 100% commissioning whereas six of the management roles and 12 of the production roles were; the majority of posts were carrying out commissioning for older people services as part of a wider role and/or as part of a wider commissioning role.

No vacancies were identified in commissioning related posts in this mapping exercise.

3.2 Commissioning roles

The mapping exercise identified a number of characteristics in terms of commissioning roles across the region.

3.2.1 Regional or joint roles

Almost all of the posts across the three levels (leadership, management and production) with a regional remit are based within the Hywel Dda University Health Board.

Table 3: Regional or joint roles

	Number of regional posts	Number of joint agency posts
Leadership	7	0
Management	6	3
Production	5	1
Total	18	4

3.2.2 Leadership

At a leadership level the three local authorities identified the Director with responsibility for Social Services and the associated elected member as having a leadership role in commissioning. Within Hywel Dda there is a combination of County Directors (for the three local authority areas), Assistant Directors and Lead Heads of Service with responsibility for identified service areas (for example general medical services and optometry).

3.2.3 Management

At a management level all four organisations identified senior commissioning management capacity. The three local authorities each have programme management support (modernisation and development), as well as procurement and contracts capacity. Carmarthenshire and Ceredigion also identified operational management capacity with involvement in commissioning (examples include: Head of Adults Service and Service Managers). Hywel Dda and Pembrokeshire both identified finance and accounting capacity at this level.

Pembrokeshire had noticeably more capacity at this level with a dedicated remit for commissioning with three strategic commissioning managers in post. Within the Local Health Board the profile of posts included: General Managers; Community and Primary Care Nurse Managers and Primary Care Development Managers almost of whom have locality/ local authority area remits.

3.2.4 Production

At a production level all four organisations identified planning and performance/ quality capacity at this level. All three local authority areas identified posts with a focus on carers and all three had dedicated: commissioning and contracts/ procurement officer posts; brokerage posts. Similarities in the profile of posts were also identified across authorities as follows:

- Supporting People capacity (Pembrokeshire and Ceredigion);
- Older People Strategy Co-ordinator posts (Pembrokeshire and Carmarthenshire)
- Accountancy and legal support (Pembrokeshire and Ceredigion. Hywel Dda Health Board also identified accountancy capacity at this level).
- Operational posts (such as locality managers and senior practitioners) (Carmarthenshire and Ceredigion).

Within Hywel Dda there were a number of teams identified as being involved in commissioning at this level which includes: Public Health Team; County Management Teams; Locality Management Teams; Patient Experience Teams. In addition dedicated Primary Care Manager posts were identified as having involvement in commissioning activity.

Key findings

- There are more than 100 roles involving commissioning tasks within the region.
- Many of these roles are wider than commissioning, and in some cases it has proved difficult to identify the relevant roles, particularly in health

- There are few regional commissioning roles and fewer joint agency posts.
- There are similar functions delivered across the organisations, but differences in capacity and whether posts are specialist or generic.

4 Mapping commissioning skills

4.1 Introduction

Participants completing the online survey were asked to provide their own evaluation of organisational skill levels in four areas: leadership and governance; management; operational (production); and partnership.

A number of specific skill areas were identified to provide a benchmark of what might be expected and/or needed in each of these levels. Participants provided an assessment of current skill levels on a 1 to 4 basis as follows:

1	Not yet skilled in this area and needs significant development support
2	Skills based on single agency commissioning context only
3	Whole system (multi-agency) commissioning skills partly developed but additional skills still need to be developed
4	Whole system (multi-agency) commissioning skills fully established and needs no further skills development

It should be noted that the numbers of participants responding to each question varied probably to reflect individual levels of confidence in their knowledge of specific areas.

4.2 Leadership and governance commissioning skills

There were 25 responses to this question but overall there was consensus that current skills were based on a single agency commissioning context only, with some variation in the degree to which further development was needed. The table below shows the ranking of the skills by the overall average for the region, but with individual authority scorings shown alongside for comparison. This suggests the top two areas presenting the challenge and/or requiring development moving forward are budget/resource integration and culture change across the whole system.

Table 4 Ranked average scores for leadership and governance

Rank	Skill	Overall regional average	Carmarthenshire	Ceredigion	Pembrokeshire	Hywel Dda
1	Leading budget and resource integration	2.29	1.83	2.25	2.75	.33
2	Leading culture change in professions and services across the whole system	2.37	1.67	2.38	2.75	2.67
3	Leading partnerships in a	2.39	1.83	2.38	3	2.33

	political environment					
4	Leading whole system redesign for better outcomes	2.44	1.83	2.5	2.75	2.67
5	Leading whole system evidence based change	2.44	1.83	2.5	2.75	2.67
6	Embedding public service values across the whole commissioning system	2.48	1.67	2.38	2.87	3
	Average		1.78	2.4	2.81	2.61

4.3 Management

There were 24 responses to this question and again a general consensus about the overall level of skills. The table below shows the ranking of the skills by the overall average for the region, but with individual authority scorings shown alongside for comparison. This suggests the top areas presenting the challenge and/or requiring development moving forward are managing a response to self-directed support and managing joint commissioning teams.

Table 5 Ranked average scores for management

Rank	Skill	Overall regional average	Carmarthenshire	Ceredigion	Pembrokeshire	Hywel Dda
1	Managing changes in commissioning needed in response to self-directed support	2.06	1.5	2.0	2.75	2.0
2	Managing joint commissioning teams to deliver change and secure best outcomes for older people	2.24	1.5	2.13	3	2.33
3	Managing joint needs and market analysis, commissioning plans and procurement	2.26	1.67	2.63	2.75	2
4	Designing joint commissioning functions including planning, procurement, public health, performance	2.35	1.67	2.5	2.88	2.33
5	Designing joint commissioning activities based on co-production and engagement	2.35	1.83	2.25	3	2.33

6	Managing budgets and resources across agencies	2.48	2	2.25	3	2.67
	Average		1.7	2.29	2.9	2.28

4.4 Operational (production) commissioning skills

There were 29 completed responses to this question. The table below shows the ranking of the skills by the overall average for the region, but with individual authority scorings shown alongside for comparison. This suggests the top areas presenting the challenge and/or requiring development moving forward are managing a response to self-directed support (as with management above) and delivering outcome based commissioning plans, as well as knowledge/understanding of providers and service users.

Table 6 Ranked average scores for production

Rank	Skill	Overall regional average	Carmarthenshire	Ceredigion	Pembrokeshire	Hywel Dda
1	Managing changes in commissioning needed in response to self-directed support	2.08	2.11	1.75	2.38	1.67
2	Specialist skills in delivering outcome based whole commissioning plans	2.18	2.33	1.88	2.5	2
3	Deep understanding of the business, service and finance dynamics facing providers, professionals and service users across health and social care	2.33	2.33	2.22	2.44	2.33
4	Specialist skills in undertaking whole system performance monitoring and review	2.34	2.33	2.38	2.63	2
5	Specialist skills in undertaking outcome based service specification and procurement	2.34	2.33	2.33	2.38	2.33
6	Specialist skills in delivering whole system needs and service analysis	2.35	2.44	2.33	2.63	2
7	Specialist skills in	2.4	2.44	2.44	2.38	2.33

	securing whole system change and procurement					
8	Specialist skills in partner engagement and co-production	2.45	2.33	2.25	2.88	2.33
	Average		2.33	2.2	2.57	2.12

4.5 Partnership Commissioning Skills

There were 23 responses to this question. The table below shows the ranking of the skills by the overall average for the region, but with individual authority scorings shown alongside for comparison.

Table 7 Ranked average scores for production

Rank	Skill	Overall regional average	Carmarthenshire	Ceredigion	Pembrokeshire	Hywel Dda
1	Helping design good joint commissioning arrangements based on legislation and national guidance	2.43	2.8	2.29	2.63	2
2	Understanding local joint commissioning priorities and how to contribute to their development	2.51	2.8	2.29	2.63	2.33
3	Working with partners to develop and implement joint commissioning plans to secure better outcomes for older people	2.52	2.8	2.43	2.5	2.33
4	Designing and delivering outcome-based services to meet joint commissioning priorities	2.52	2.8	2.43	2.5	2.33
	Average		2.8	2.36	2.57	2.25

Key findings:

- Generally single agency commissioning skills are sufficient, but that this does not extend to joint or multi-agency commissioning.
- There was some variation in scoring between the different organisations.
- The top two priority development areas are:

- Leadership and governance: leading budget and resource integration, and, leading culture change across the whole system.
- Management: managing change in response to self directed support, and managing joint teams.
- Production: responding to self directed support and developing and delivering outcomes based plans.
- Partnership: design good joint commissioning arrangements and understanding local joint commissioning priorities and how to contribute to their development

5 Developing joint commissioning in the region

5.1 Barriers and enablers

Participants were asked to describe the main strengths and/or enablers, and weaknesses and/or barriers for joint commissioning in the region.

5.1.1 Leadership and Governance

The strengths and enablers could broadly be grouped into existing structures, relationships and the commitment to strategic commissioning and partnership working. So, for example, the joint commissioning board was highlighted as *“having a strong vision and given mandate to do this”*. Others referred to *“good working relationships”* and *“good teams”* as well as *“respect for each others roles and difficulties”*. Several responses refer to a *“shared approach”*, *“regional approaches and support”* and *“what appears to be genuine desire at executive level to make better use of strategic commissioning and partnership working”*.

The weaknesses/barriers include some overlap with strengths; they include the commissioning infrastructure (lack of resources, different levels of resources), lack of shared understanding across the system and of the whole system, poor communication across the system and silo working within the system, and the lack of a shared understanding of the role of strategic commissioning. Others referenced the lack of shared vision and/or shared understanding of the outcomes being sought through commissioning. There was also reference to the lack of political buy-in to move away from traditional service models.

5.1.2 Management

A key strength/enabler identified in this commissioning area is the enthusiasm and commitment of staff, and their improving understanding of commissioning. The knowledge of the local provider market and relationships with the market were also mentioned as being strong by some respondents, although this was also considered a weakness by others. Reference was made to some shared locations for staff, seconded staff, and jointly funded posts. Several mentioned the importance of sharing information and knowledge, as well as resources.

Weaknesses/barriers included a number about the capacity and capability of managers: so, for example, managers may have commissioning as part of their role but not recognise it as such, and/or not act on it; managers are stretched across several functions and so lack capacity to commission; managers do not understand

commissioning and the role it can play. Another important issue raised is that of how poor provider performance is managed and whether there is a culture of proactive performance monitoring. The challenge of managing across organisations is also referenced with the issue of competing priorities, conflicting policies and procedures, etc.

5.1.3 Production

A number of respondents referenced the knowledge and skills of people in operational commissioning roles: *“we don’t value the activity that takes place enough”*. However, there were also references to lack of capacity, lack of strategic commissioning skills, and inefficiencies in processes (particularly procurement): *“We are not really following the cyclical approach of commissioning and procurement due to capacity”*; *“absence of rigorous needs assessment and strategic planning skills.”* Working across such a large geographical area made communication difficult. The different levels of understanding of commissioning also created issues: so for example, one respondent highlighted that health *“do not have a solid footing in commissioning”* and described how short-term funding inhibited longer term planning. Others describe the focus on contracting rather than the wider commissioning role.

5.1.4 Partnership

The jointly funded posts were cited by several people as a strength/enabler, and others referenced the strength and resilience of local communities and the third sector. A theme referenced here (and elsewhere) is the ability to look across the whole system and the risk of silo working: *“there is joined up thinking at a leadership level and not in actual commissioning practice which inhibits locality working.”* References are also made to the lack of a shared understanding of strategic commissioning and its role within the system.

Respondents referred to the existence of good relationships across partners, but *“we don’t do anything with them”*. Challenges included a lack of trust and understanding between local authorities and health, and the need to strengthen regional leadership to help tackle this.

5.2 Priorities for change

Respondents were asked to suggest priorities to address the challenges they had highlighted. These have been roughly categorised into capacity and skills.

5.2.1 Capacity

There was recognition across all levels (leadership, management and production) that there has been a gradual reduction in commissioning capacity over the past couple of years and this was felt to have impacted on the ability to commission effectively.

The notion of specialisms was highlighted in all three local authority areas with a consistent view that having individuals who specialise in key areas (commissioning stages; client groups) is important to ensure there is detailed knowledge and expertise required for commissioning. At present there is a combination of individuals with specialist roles and individuals with generic roles across the region.

The following areas of capacity were identified as being required within the region:

- Additional management capacity to help individuals grow and develop in commissioning roles
- Retention of strategic leads for commissioning
- Capacity to focus on working on, and embedding, joint commissioning models and processes
- Capacity and ability to look at what happens in communities that could be accessed/ harnessed and developed
- Project management capacity given the number of complex workstreams emerging
- Contracting and procurement/ tendering capacity
- Brokerage
- Identification of gaps, and preparatory work needed to ensure that any new system has sufficient foundations
- Citizen engagement capacity
- Development of regional commissioning infrastructure (for example an expert contract manager)
- Appropriate local capacity to monitor quality.

5.2.2 Skills

It was recognised that there are a lot of skills within the existing commissioning capacity across the region however there were a number of specific areas of skills development highlighted as being required in addition to broader strategic commissioning development:

- Specialist skills to develop and deliver whole system change
- Quality monitoring and reviewing
- Development of shared vision, goals and objectives
- Outcome focussed commissioning and service delivery
- Stakeholder engagement – developing and managing relationships (with providers in particular) communicating, negotiating and facilitating, citizen engagement, participation and co-production
- Market and service analysis/ needs assessment and interpreting into strategy
- Contract development and management – technical knowledge and skills to undertake tendering activities, to develop robust service specifications and contracts *“There needs to be a robustness in the tendering process as the market is becoming more competitive”*
- Decommissioning – what approaches to take, identifying and managing risks and impact
- Project management expertise

5.3 Quick wins

The following quick wins were highlighted by respondents as ways to facilitate joint commissioning in the region:

- Ensure leadership within the different organisations have the same vision, and use the same shared language to describe it. Shift the focus of discussions away from money and on to outcomes.

- Develop a high level collaborative agreement to avoid the need to refer to legal on every issue and so cause delays.
- Develop shared measures across health and social care so providers do not need to report differently to two different systems.
- Identify the money that could be saved across the system by commissioning jointly. Map out the opportunities for joint commissioning.
- Actively learn from elsewhere, for example visits, small local learning events.
- Deliver more/structured and recognised training on commissioning across the system (and/or across Wales)
- Develop a joint approach by selecting one project to work on so people can see the benefits. Or develop joint contracts using the expertise in the region rather than three separately developed contracts.
- Reinstate joint commissioning team and reshape with existing capacity.

6 Summary considerations

This assessment suggests a number of key considerations that will need to be taken into account in developing joint commissioning further.

There is a significant number of commissioning related posts across the region (100 plus), although capacity is clearly an issue; the level of resources varies across the different organisations. The majority of commissioning appears to be carried out as part of a wider role, and this creates challenges in defining capacity accurately as well as ensuring commissioning is given the profile within a day job that it possibly merits; this also makes it more difficult to understand the skills available and/or the development needs.

Very few roles are regional, and these are focused in the health board; there are a small number of joint agency posts. This creates a challenge in terms of ensuring consistent communication across the region, and means a shared understanding of commissioning and a shared language will be important.

There are different approaches to roles being specialist or generic whether across commissioning tasks or population groups. There is the potential to create regional specialist capacity to support local and/or regional commissioning either independently or as part of a regional commissioning resource.

Whilst commissioning skills are felt to be adequate/sufficient in terms of single agency commissioning, there are gaps, particularly in terms of developing joint or multi-agency approaches to commissioning. The skills gaps extend to an understanding of the role strategic commissioning can play in delivering transformational change, with different organisations suggesting they are in different places. There are aspects of commissioning where some organisations suggest they have particular expertise, although this may not be being recognised or accessed across the region. There is not a consistent level of understanding of, or language for, strategic commissioning in the region.

The specific skills development areas that have been prioritised to facilitate joint commissioning are:

- Designing good joint commissioning arrangements (Partnership)
- Understanding local joint commissioning priorities and how to contribute to their development (Partnership)
- Leading culture change across the whole system (Leadership and Governance)
- Leading budget and resource integration (Leadership and Governance)
- Managing change in response to self-directed support (Management and Production)
- Managing joint teams (Management)
- Developing and delivering outcomes based plans (Production)

Institute of Public Care
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West Wales Regional Commissioning Board Workshop Notes

1 Introduction

The findings of the assessment were explored with members of the West Wales Regional Commissioning Board on 10th June 2016, and proposals developed for taking this work forward both regionally and nationally.

2 Assessment findings

The findings confirmed the shared sense of where commissioning capacity and skills are across the region, and in particular highlighted the need to develop confidence and competency in strategic commissioning.

The following observations were noted:

- As might be expected there are different approaches to the structuring and resourcing of commissioning capacity across the four organisations, and different levels of understanding of what commissioning is and/or entails. In particular, health do not have a clear commissioning and provider split, whereas in the LA's this is more clear and the commissioning of services is everyday practice
- There are clearly a significant number of people involved in commissioning activities although many may not perceive themselves as commissioners, or have commissioning as part of a wider role. This included people who provided support roles to a number of areas including but not only commissioning.
- Some staff have “evolved” into commissioning roles rather than having received formal training, and this can be reflected in how they carry out commissioning tasks and/or levels of confidence. There needed to be a mapping of individual skills against a skills matrix to understand this further.
- In terms of joint commissioning, there are examples of this happening in the region, but it has tended to focus on particular aspects of the commissioning cycle rather than encompassing all activities.
- There are and/or have been examples of shared training across the region but these have focused on particular and very specific needs, such as negotiation skills.

3 A regional approach

The following was agreed as a proposal for a regional approach:

- There needed to be a clear vision going forward to set the agenda for the development of joint commissioning capacity and skills, and provide a mandate for doing things differently.
- The Carmarthenshire work to look at options for the integration of older people's services, which will be supported by pooled budgets provided the ideal opportunity for joint commissioning approaches to be tested out and developed.

- The development of regional training was a priority as this would enable shared understanding, and shared language, as well as raising skill levels. This should include assessing individual rather than organisational skill levels, and consider any national approaches to skills development.

4 A national approach

The recommendation from the workshop for a national approach was as follows:

- Subject to clarification of the work being carried out by the Care Council, it was felt a national programme (potentially piloted in West Wales) would help develop consistent levels of commissioning skills across organisations and regions.
- The pilot project had been useful and had stimulated helpful discussion about how to progress with the integration agenda. It would be helpful to be able to compare results with other regions, perhaps focusing on those that are likely to be different in terms of the development of commissioning capacity. There was some discussion about the benefit of widening the scope to include all adult commissioning rather than focusing on older people services, although this would then limit comparability with the pilot project.
- It would be helpful to have the view of providers (this was limited in the pilot project because of timescales) but it may be possible to draw on other projects such as the CSIW domiciliary provider review to gain some information.

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