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Social Services Improvement Agency

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

Report

April 2017

OXFORD BROOKES UNIVERSITY

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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 assess joint commissioning skills and capacity across social care and health for older people services in Wales, and so inform the development of national resources to meet any gaps that are identified. The approach taken has been based on that developed through a pilot assessment in West Wales.

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 and describe the enablers and barriers to developing joint commissioning in Wales.

This report draws together the results of the assessment carried out across Wales during January – March 2017, and includes the results of the pilot assessment In West Wales, so as to provide as complete a national picture of commissioning skills and capacity as possible.

It includes the following:

- An outline of the approach taken to carrying out the assessment including an overview of the level of engagement in the exercise.
- The results of the exercise to map current capacity to commission older people services across Wales.
- An analysis of an online survey in which commissioners were asked to provide their own evaluation of organisational skill levels in four areas: leadership and governance; management; operational (production); and partnership.
- An analysis of commissioners views of the enablers and barriers to developing joint commissioning across Wales.

- The commissioning framework developed to better understand the skills and capacity needed (Appendix A).
- Details from the assessment at an organisational level (Appendix B).

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 each of the seven regions across Wales, albeit with data from West Wales being drawn from the pilot project completed in June 2016. Each local authority and health board was invited to participate, with only Monmouthshire declining because of lack of capacity.

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 pilot project (see Appendix A).

There have been two stages to the project:

1. A mapping exercise to identify roles and people involved in the commissioning of older people services across both health and social care In Wales.
2. An electronic survey distributed to those people identified in the first exercise as being involved in commissioning activities.

2.2 Organisational skills and capacity framework

A skills and capacity framework (attached as Appendix A) was developed in the pilot project 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?

This framework provides the structure for the assessment of commissioning skills and capacity, 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 this structure, 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 via regional leads to people who are involved in or likely to be involved in commissioning, or who may have a view about skills and capacity for joint commissioning, as identified through the mapping exercise. 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.

There were 152 responses to the recent survey across Wales and 41 responses to the pilot survey in West Wales in 2016. The number of responses to individual questions varies as some people chose not to respond in all areas. The information below reflects those responses where sufficient information about job roles and organisations was provided.

Table 1 Survey Responses by Region

Region	Commissioning role responses			All responses*
	Leadership	Management	Production	
Cardiff & The Vale	11	14	7	**32**
Cwm Taf	6	7	3	**16**
Gwent	3	8	17	**28**
North Wales	2	8	8	**18**
Powys	0	2	1	**3**
Western Bay	4	0	10	**14**
West Wales	7	15	17	**41**
Total	**31**	**55**	**64**	**152**

**Note: not all respondents identified their role*

Table 2 Survey Responses by Type of Organisation

Type of organisation	Commissioning role responses			All responses*
	Leadership	Management	Production	
Local authority	17	53	63	**133**
Health Board	15	2	2	**19**
Total	**31**	**55**	**64**	**152**

**Note: not all respondents identified their role*

3 Mapping commissioning capacity

3.1 Current Capacity

The mapping exercise identified a total of 569 roles involved in commissioning services for older people across Wales. This is an underestimate not only because information has not been received consistently across all local authorities, but the pilot assessment identified the difficulty in identifying specific commissioning roles within health.

Mapping information has not yet been received from Monmouthshire and Denbighshire.

Table 3: Number of roles involved in commissioning older people services by region

Region	Commissioning role			All roles
	Leadership	Management	Production	
Cardiff & The Vale	8.5	31.5	32	**72**
Cwm Taf	16	20	20	**56**
Gwent	14	18	39	**71**
North Wales	25	33	112	**170**
Powys	4	8	11	**23**
Western Bay	24	47	48	**119**
West Wales	6	15	37	**58**
Total	**97.5**	**172.5**	**299**	**569**

Just under 20% of the commissioning roles identified in this exercise sit within Health Boards; however, it is likely this is an underestimate given the challenges around definition and identification of roles.

Table 4 Number of roles involved in commissioning of older peoples services by type of organisation

Type of organisation	Commissioning role			All roles
	Leadership	Management	Production	
Local authority	72.5	132.5	273	**478**
Health Board	25	40	26	**91**
Total	**97.5**	**172.5**	**299**	**569**

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

There are approximately 75 regional posts and 30 joint agency posts identified in the mapping exercise. Regional roles are typically within health boards, and joint agency posts are mainly at a leadership or management level; some joint agency posts are also regional posts.

Table 5: Regional or joint roles

	Number of regional posts	Number of joint agency posts
Leadership	26	6
Management	24	23
Production	25	1
Total	**75**	**30**

3.2.2 Leadership

Leadership roles include both senior officers and members, so for example an Executive Member Social Care is said to spend 5% of their time on commissioning activity, a Director of Public Health spends 10% on commissioning, and a Head of Transformation 70%. Other leadership roles identified include: Head of General Medical Services, Director of Planning, Principal Officer Commissioning Well-Being and Prevention, Corporate Director - Social Services and Wellbeing, Chair of Scrutiny.

3.2.3 Management

The management roles identified are again very varied, and include roles which cover the broad range of services including older people services. Time spent on commissioning for one population group is therefore often only a rough estimate.

Examples of roles and time spent on commissioning include Group Accountant 5%, Service Manager Long Term Care 30%, Head of Housing and Business Support 2%, Head of Commissioning CHC 100%, and Strategic Commissioning Manager Older People 100%. Other management roles include Chief Finance Officer, Primary Care Manager – Dental, Integrated Community Network Manager (East), Disabled Facilities Manager, Regional Contracting & Procurement Implementation Manager.

3.2.4 Production

Production roles again are varied and perhaps predictably include roles where a greater proportion of time is spent on more specialist commissioning activity. So, for example: Nurse Assessors within Locality Teams 100%, Business Analyst 60%, Contracts Monitoring Officer 40%, Adult Care Broker 100%. Other production roles include Supporting People Planning, Monitoring and Evaluation Officer, Team Manager Review Team, Well Being Officer, Joint Carers Development Officer, Quality Assurance Officer.

Key findings

- There are more than 569 roles involving commissioning activities relating to older people services across Wales, with approximately 20% of these within health.
- Many of these roles are wider than commissioning, and some have relatively small levels in engagement in commissioning activity, whilst others are reported as entirely commissioning roles.
- In some cases it has proved difficult to identify the relevant roles, particularly in health.
- Many commissioning roles relate to the whole population or to the whole adult population rather than being specific to older people services.
- There are few regional commissioning roles and fewer joint agency posts.
- There are similar functions delivered across 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. Overall 127 responses were received as detailed in table 6.

Table 6: survey responses by organisation

Region	Organisation	Number of responses to survey
Cardiff and Vale	Cardiff	12
	Vale of Glamorgan	13
	Cardiff & Vale University Health Board	11
Cwm Taf	Merthyr Tydfil	3
	Rhondda Cynon Taf	11
	Cwm Taf Health Board	4

Region	Organisation	Number of responses to survey
Gwent	Blaenau Gwent	11
	Caerphilly	16
	Monmouthshire	0
	Newport	6
	Torfaen	1
	Aneurin Bevan Health Board	0
North Wales	Conwy	0
	Denbighshire	6
	Flintshire	3
	Gwynedd	5
	Isle of Anglesey	1
	Wrexham	2
	Betsi Cadwaladr University Health Board	3
Powys	Powys	3
	Powys Teaching Health Board	0
West Wales	Hywel Dda Health Board	0
Western Bay	Bridgend	1
	Neath Port Talbot	8
	Swansea	4
	Abertawe Bro Morgannwg University Health Board	2
Total		**127**

4.2 Leadership and governance commissioning skills

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 Wales, but with regional 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 leading evidence-based change across the whole system. Averages for individual local authority can be found in appendix B, but at a regional level Powys have scored themselves more "highly" and Western Bay "lower" overall and in terms of skills at a leadership level.

Table 7 - Ranked average scores for leadership and governance

Rank	Skill	Overall national average	Cardiff & The Vale	Cwm Taf	Gwent	North Wales	Powys	West Wales (pilot)	Western Bay
1	Embedding public service values across the whole commissioning system	**2.56**	2.58	2.69	2.8	2.5	3	2.44	1.89
2	Leading culture change in professions and services across the whole system	**2.55**	2.54	2.23	2.93	2.3	3.67	2.36	1.8
3	Leading partnerships in a political environment	**2.52**	2.58	2.69	2.71	2.44	2.67	2.44	2.1
4	Leading whole system redesign for better outcomes	**2.51**	2.73	2.5	2.62	2.3	3	2.44	2
5	Leading budget and resource integration	**2.45**	2.08	2.08	2.43	2.22	2	2.32	1.7
6	Leading whole system evidence based change	**2.43**	2.54	2.31	2.5	2.3	3	2.44	1.9
	Average	**2.45**	**2.51**	**2.42**	**2.67**	**2.34**	**2.89**	**2.41**	**1.9**

4.3 Management

In terms of management skills, whilst the overall national average suggests that skills are largely within a single organisational context, there is more variation between the regions. At a national level the two areas requiring most attention are "Designing joint commissioning activities based on co-production and engagement" and "Managing changes in commissioning needed in response to self-directed support". At a regional level Western Bay and Cwm Taf identify aspects of commissioning management as "Not yet skilled in this area and needs significant development support" (scoring between 1 and 2) whilst in contrast both Gwent and Powys suggest there are aspects of commissioning management where "Whole system (multi-agency) commissioning skills partly developed but additional skills still need to be developed" (scoring between 2 and 3).

Table 8 - Ranked average scores for management

Rank	Skill	Overall national average	Cardiff & The Vale	Cwm Taf	Gwent	North Wales	Powys	West Wales	Western Bay
1	Managing joint needs and market analysis, commissioning plans and procurement	**2.56**	2.39	2.24	3.17	2.78	3.00	2.36	1.97
2	Designing joint commissioning functions including planning, procurement, public health, performance	**2.47**	2.46	2.13	3.02	2.31	3.00	2.40	1.97
3	Managing budgets and resources across agencies	**2.37**	2.42	2.00	3.22	2.48	2.00	2.48	1.97
4	Managing joint commissioning teams to deliver change and secure best outcomes for older people	**2.36**	2.35	1.72	3.12	2.17	3.00	2.28	1.88

Rank	Skill	Overall national average	Cardiff & The Vale	Cwm Taf	Gwent	North Wales	Powys	West Wales	Western Bay
5	Designing joint commissioning activities based on co-production and engagement	**2.33**	2.46	2.00	2.99	2.25	2.33	2.40	1.88
6	Managing changes in commissioning needed in response to self-directed support	**2.29**	2.32	1.81	3.08	2.31	2.50	2.12	1.88
	Average	**2.40**	**2.4**	**1.98**	**3.1**	**2.38**	**2.64**	**2.34**	**1.93**

4.4 Operational (production) commissioning skills

Again at a national level skills exist at an individual organisational level rather than as joint commissioning, with the two lowest scoring skills being “Specialist skills in undertaking outcome based service specification and procurement” and “Managing changes in commissioning needed in response to self-directed support”. As with management skills, Gwent and Powys have more confidence in their multi agency commissioning skills than the other regions.

Table 9 - Ranked average scores for production

Rank	Skill	Overall national average	Cardiff & The Vale	Cwm Taf	Gwent	North Wales	Powys	West Wales	Western Bay
1	Deep understanding of the business, service and finance dynamics facing providers, professionals and service	**2.57**	2.63	2.67	2.94	1.94	3.00	2.32	2.49

Rank	Skill	Overall national average	Cardiff & The Vale	Cwm Taf	Gwent	North Wales	Powys	West Wales	Western Bay
	users across health and social care								
2	Specialist skills in partner engagement and co-production	**2.58**	2.58	2.53	3.01	2.08	3.33	2.37	2.18
3	Specialist skills in undertaking whole system performance monitoring and review	**2.41**	2.55	2.39	3.22	1.94	2.67	2.21	1.91
4	Specialist skills in delivering whole system needs and service analysis	**2.38**	2.28	2.31	2.76	2.00	3.00	2.38	1.91
5	Specialist skills in delivering outcome based whole commissioning plans	**2.33**	2.35	2.34	2.74	1.75	2.67	2.30	2.18
6	Specialist skills in securing whole system change and procurement	**2.30**	2.29	1.89	3.09	1.86	3.00	2.37	1.58
7	Specialist skills in undertaking outcome based service specification and procurement	**2.29**	2.33	2.01	3.06	1.78	2.67	2.03	2.18
8	Managing changes in commissioning needed in response to self-directed support	**2.28**	2.19	1.78	3.10	1.94	3.00	2.45	1.51
	Average	**2.39**	**2.40**	**2.24**	**2.99**	**1.91**	**2.92**	**2.30**	**1.99**

4.5 Partnership Commissioning Skills

The table below shows the ranking of the skills by the overall national average, but with individual regional scorings shown alongside for comparison. The average scores are relatively close, however the two lowest scoring skills relate to “Understanding local joint commissioning priorities and how to contribute to their development” and “Designing and delivering outcome-based services to meet joint commissioning priorities”; Gwent have scored themselves higher than other regions, although still requiring some development.

Table 10 Ranked average scores for partnership

Rank	Skill	Overall national average	Cardiff & The Vale	Cwm Taf	Gwent	North Wales	Powys	West Wales	Western Bay
1	Working with partners to develop and implement joint commissioning plans to secure better outcomes for older people	**2.68**	2.50	2.83	3.25	2.25	2.67	2.50	2.71
2	Helping design good joint commissioning arrangements based on legislation and national guidance	**2.65**	2.64	2.67	3.36	2.31	2.67	2.46	2.42
3	Understanding local joint commissioning priorities and how to contribute to their development	**2.62**	2.71	2.67	3.42	1.89	2.33	2.50	2.82
4	Designing and delivering outcome-based services to meet joint commissioning priorities	**2.50**	2.38	2.11	3.14	2.14	3.00	2.50	2.24
	Average	**2.61**	**2.58**	**2.57**	**3.29**	**2.15**	**2.67**	**2.49**	**2.55**

Key findings:

- Generally at a national level skills development is at a single agency level, rather than multi-agency, although some regions do assess themselves as being further developed.
- The main areas requiring development overall and at a multi-agency level are around whole system change, outcomes based commissioning, and responding to self-directed support.
- The top two issues for each level of commissioning are:
  - Leadership: budget and resource integration, and whole system change.
  - Management: Designing joint commissioning activities based on coproduction and engagement; and managing changes in commissioning needed in response to self-directed support.
  - Production: Outcome based specification and procurement, and changes in response to self-directed support.
  - Partnership: Understanding local joint commissioning priorities and how to contribute to local delivery; design and delivery of outcomes based services to meet joint commissioning priorities.

5 Developing joint commissioning: barriers and enablers

Participants were asked to describe the main strengths and/or enablers, and weaknesses and/or barriers for joint commissioning in their area. Individual comments are included in appendix B.

5.1 Leadership and Governance

Barriers
The comments reflect an appetite for developing joint working, although many potential barriers were identified: for example, a lack of progress towards shared budgets, differing strategic priorities between organisations, the pressures of responding to day-to-day operational challenges; differences between organisations in terms of processes, cultures, priorities.

"Political divide between councils and health – competing priorities which undermines integrated partnership working"

The importance of leadership was highlighted with comments made about the need for clear political leadership as well as strategic, organisational leadership.

"Relationship building opportunities are required….need clear direction and good communication" "New partnership arrangements are cumbersome and bureaucratic." "Lip service rather than commitment".

Comments were made about the commissioning capability including information that is needed to drive change: "*Needs assessment and market analysis is not yet sufficient to support decision making." "Lack of experience in joint commissioning" "Lack of training-no workshops on specific commissioning challenges and skills".*

Funding remains a concern across Wales, with comments highlighting how restrictive budgeting can impede the development of medium and long term plans. *"Financial pressures on organisations to reduce costs"*

Enablers
The legislative framework was widely recognised by respondents as an important enabler for joint commissioning, notably the Social Services and Wellbeing Act.

The political will to drive change is seen as key, including a commitment to commission jointly and deliver better value for money. The nature of relationships at a strategic level, and the quality of communication between organisations are also highlighted as enablers.

"A willingness to work together to achieve improved outcomes. Financial pressures provide a driver to work more collaboratively."

A final theme within responses was around the provision of training to build commissioning capability, and particularly joint commissioning

5.2 Management

Barriers
A number of respondents highlighted barriers relating to capacity and workload: "*capacity is an issue*"; "*complexity, breadth, weight and pace of existing workloads*".

Skills were also identified as a barrier: "*insufficient training and knowledge base"; "lack of understanding of what commissioning is"; "limited experience of joint commissioning arrangements"; "lack of shared training and skills development" "Need for mandatory training in developing systems for budget and resource integration" "Insufficient expertise in leading culture change in professions and services across the whole system".*

A variety of cultural barriers were cited including an unwillingness to change and a resistance to working collaboratively and sharing information: "*Culture of keeping to old ways of working*." "*Fear of losing control of teams/budgets/resources"*

Enablers
Whilst there was recognition that personalities can play a big role in delivering the changes inherent in joint commissioning others cited the need for leadership from managers, good peer support and networking across agencies. There needed to be "*organisational commitment to change and work collectively*."

Respondents saw the focus on delivering outcomes as helpful in bringing organisations together as well as the opportunity to bring resources together. *"Minimise bureaucracy and keeping things simple both to improve citizens' experience and to make use of scarce resources."*

The creation of joint teams and joint posts are seen as enablers, as well as other forms of collaboration such as joint training; however, others noted that these seemed to be slow to be put in place: *"cross functional working" "joint teams with integrated management" join training, networking jointly funded posts".*

5.3 Production

Barriers
Barriers to joint commissioning at an operational level mirrored those raised under leadership and management. They include different targets and drivers across agencies, different workforce management, terms and conditions: "*different local conditions across the region*" "*one size does not fit all*".

Similarly, there are a variety of approaches to the more technical aspects of commissioning, such as contracts, specifications and contract management, and differing interpretations of procurement regulations and procedures.

There were a range of comments relating to skill sets: "*Little in the way of formalised training in commissioning", "insufficient skills in large scale service specification and market development", "pressure on training budget", skills set to deliver services can sometimes be limited".*

Many also raised the challenge of a lack of capacity with competing demands: *"multiple priorities", "officer time and capacity to undertake this role in a meaningful way with competing work priorities".*

Enablers
Enablers mentioned included training and the need for good skills to undertake joint commissioning: *"a structured knowledge and skills based training for commissioning staff would be helpful" "training for staff and team building exercises*."

There is a need for a willingness and understanding of the importance of moving towards joint commissioning. The value of individuals with vision, drive and leadership skills working with others to innovate is seen as important: "*a willingness to grasp the joint commissioning agendas*".

A number of respondents referenced changing ways of working, including new approaches to procurement, different relationships with providers including outcomes based specifications, and improved engagement with citizens: "*recognition that current models/services need to change", "new pilot approaches*".

5.4 Partnership

A number of comments in this section referred back to those made in previous sections.

Barriers
Organisations often have very different governance arrangements, as well as different policies and political agendas: *"different planning, workforce and funding arrangements", "political differences*".

Partners can also have different and competing priorities impacting on their ability to work together: "*Partnership outcomes may not be aligned with organisational, corporate outcomes*".

There are concerns about whether there is a shared vision and/or understanding of joint commissioning, how lead agency arrangements are decided upon, and different levels of commitment to making joint working effective: "*decisions over who takes the lead on commissioning can cause some conflict", "lack of clarity currently regarding what joint commissioning could look like currently, although this is developing*", "*lack of joined up commissioning function*".

Challenges with capacity were mentioned as barriers: "*resources and time commitment from key statutory partners", "financial pressures, "lack of funding".*

Enablers
A number of responses mentioned existing partnership working which could be built on: "*a strong history of robust partnership working on a regional level", "established working relationships between organisations", "good track record of relationship building", "strong partnership arrangements already in place with positive relationships to build on".*

The legislative framework was seen to be a key enabler: "*national policy requirements for addressing health and social care needs in a cross-cutting and multi-agency way*".

A joint vision and a shared commitment were seen as important: *"a common goal", "joint commitment", "a joint commissioning statement", "willingness of partners".* Others referred to the value of joint functions: *"joint posts", "joint commissioning board", "single integration team".*

The final theme was around communication and sharing good practice and skills: *"regular meetings to update and inform", "increase meetings between authorities and communication of group projects", "greater sharing of skills, knowledge and understanding, innovative ideas and ways of working", "we need the same level of training".*

6 Conclusion

In looking at commissioning skills and capacity across Wales for older people services, and the development of joint commissioning in line with the Act, there are relatively consistent messages that can be taken from this assessment, including the earlier pilot assessment. It is likely that similar messages would be applicable for other adult services, and potentially in children services.

There is an evidence commitment to develop shared commissioning approaches across health and social care, and to build on existing initiatives to deliver the requirements of the Act. However, the range and scale of the challenges that have been highlighted in this assessment suggest a co-ordinated approach to tackling them is needed, potentially at a national level, to ensure there is the appropriate level of joint commissioning capacity and capability developed across Wales.

An initial challenge is ensuring there is a shared understanding of what we mean by commissioning, whether at a leadership, management or operational level. Participants have suggested this is not always the case, and different mechanisms can be used to help develop this. These can include formal or informal skills development activity (as discussed below), but can also include the development of joint approaches such as:

- The development of commissioning frameworks at a local or regional level, and across health and social care or across local authorities, which define what partners mean by commissioning, what good practice looks like, and how partners will commission locally.
- Workforce planning at a local, regional or national level which identifies what is needed in terms of joint commissioning capacity and capability, and plans how to deliver this.
- The development of common job titles, descriptions and specifications for joint commissioning roles so as to support good practice.

There are a significant number of roles involved in commissioning activity across health and social care at a leadership, management and production (operational) level. Whilst the exact number is not clear, partly because of incomplete data and partly because of the difficult of definition particularly in the health context, with the numbers identified as

more than 569 (with approximately 20% in health) there is clearly sufficient quantity to justify a more co-ordinated approach to skills development, and one that is consistent in its approach across health and social care. This should seek to develop capacity to commission jointly, and build on existing initiatives to deliver on the requirements of the Act. It should develop the use of a consistent language for commissioning and improve the level of shared understanding of what good practice looks like.

The roles identified in the assessment have a different level of engagement in commissioning activity, with this ranging from less than 10% time to 100% time. In addition, different roles are engaged in different types of activity, so some are involved in strategic decision making and policy direction, others in the more technical aspects of commissioning. This suggests that different approaches to skills development and capacity building are likely to be needed, and which is tailored to meet the needs of specific groups or roles. This could range from formal development and training opportunities, to workshops, to coaching or mentoring, or opportunities for peer challenge and support.

Similarly, the assessment highlighted a variety of gaps or weaknesses in commissioning skills, such as:

- **Leadership:** budget and resource integration, and whole system change.
- **Management:** Designing joint commissioning activities based on coproduction and engagement; and managing changes in commissioning needed in response to self-directed support.
- **Production:** Outcome based specification and procurement, and changes in response to self-directed support.
- **Partnership:** Understanding local joint commissioning priorities and how to contribute to local delivery; design and delivery of outcomes based services to meet joint commissioning priorities.

This confirms the need for a menu of skills development opportunities tailored to meet specific local, regional or national needs.

There are barriers to joint commissioning which skills development will not necessarily address, notably developing a shared vision and commitment to working jointly, addressing differences in policy and practice, and creating the capacity to develop new approaches and models of care. Within the pilot region, the results of the assessment were used as a catalyst to develop an agreed regional approach to tackling the barriers and building capacity and capability. The results of the national assessment could be usefully used in this way across each region, with the development of agreed plans, protocols or frameworks for taking this work forward.

Institute of Public Care
April 2017