



North West Joint Improvement Partnership

Commissioner Development - Towards Informing a Strategy

**Institute of Public Care
Oxford Brookes University
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Commissioner Development - Towards Informing a Strategy

1 FOREWORD

For more than a couple of years local authorities and the NHS in the North West have jointly participated in learning sets designed to develop the skills of those people engaged in the task of commissioning.

During that time four learning sets have been offered (sponsored first by CSIP-NW and then by the Joint Improvement Partnership), with more than 70 people taking part, representing more than half of the local authorities and PCT's in the Region.

This has been a growing market particularly for the training and educational sector and outside the JIP provision other courses have been developed.

As commissioning has become more and more important in health and social care, so has the need for a strategy. Last year a small think tank between interested providers, local government, and the NHS, felt that the potential for a Regional strategy for Commissioner Development should be explored. The announcement, launch, and subsequent development of World Class Commissioning in the NHS only served to make this need more acute.

We therefore sought expressions of interest and appointed the Institute for Public Care/Oxford Brookes University to provide us with the sort of information we might require if such a strategy were to be constructed. This coincided with a piece of work required by Skills for Care and we therefore combined forces.

There was no mandate to develop a strategy at that point, nor could we have done so without this further information. It is now possible, though, to consider such a strategy.

The attached information provides the basis for doing so. The information is generic to both health and social care and therefore lends itself to joint implementation where this is likely to be most effective, as well as to implementation by each agency independently where it is felt that particular solutions are more relevant. The solutions identified in this Report are not recommendations and do not need to be implemented as whole.

This paper – and its associated products – therefore provides the basis - effectively paints the landscape - for considering the nature and scope of any commissioner development programme.

2 INTRODUCTION

This paper outlines some of the key information that might be required to construct a Commissioner Development Strategy for the Region. It assumes that such a strategy might be medium-term (say five years) and focuses on the development of both commissioning and purchasing professionals in the North West. It would aim to ensure health and social care managers have an appropriate supply of well trained and well qualified staff able to respond effectively to the demands of the modern commissioning environment and World Class Commissioning. The information identifies ways in which agencies could improve the number and quality of recruits, enhance the skills of existing staff and, through a unified regional approach, help shape the educational and training market to meet local needs. Implementation of any strategy would need to take account of the emerging workforce development strategy for commissioning which Skills for Care are developing.

The intended outcomes of such a commissioner development strategy would be:

- Education and training provision which meets the commissioning needs of health and social care agencies in the north West
- Improved supply and quality of trained commissioners meeting World Class Commissioning (WCC) standards
- Improved partnership working.

The commissioning environment is complex and changing with a number of policy influences. These range from the introduction of joint strategic needs assessments and outcome-based commissioning, through to World Class Commissioning, practice based commissioning and personalisation and self-directed support. The linkage between these agendas is articulated in the region's One Plan, which is being delivered through the Joint Improvement Partnership. The One Plan identifies the improvement priorities from the policy agenda based on 'Our health, our care, our say'¹, 'Strong and Prosperous Communities'² and 'Putting People First'³. Within this context, the shape of commissioning both in the immediate term and over the next five years needs to be understood and anticipated, so that those involved in leading and delivering the commissioning agenda have the appropriate skills and competencies.

We believe that the standards underpinning World Class Commissioning are applicable to both the NHS and local authorities. In order to ensure that that all possible elements are included for both groups of staff, however, we have cross referenced the WCC standards with National Occupational Standards (NOS), with the local authority and emerging NHS personalisation agendas and with related national policies.

Where possible, we have used the term commissioning to embrace both strategic commissioning and procurement.

We have developed a number of products alongside this report, which we hope will be of practical help to managers. They are:

- A paper providing an analysis of national policy in relation to commissioning skills (Appendix A), as it was from these policies that the demand for commissioning skills emerged.

¹ Department of Health (2006) *Our health, our care, our say: A new direction for community services.*

² Stationery Office (2006) *Strong and prosperous communities: The local government white paper.*

³ Department of Health (2007) *Putting people first: A shared vision and commitment to the transformation of adult social care.*

- A guide to help managers develop the effectiveness of their commissioning teams in relation to World Class Commissioning (Appendix B). The guide incorporates the assessment tool, learning directory and the learning and career matrix.
- An assessment tool designed and structured around the competencies of WCC tailored to reflect both health and social care commissioning environments (Appendix C).
- An assessment of training and development needs, based on the analysis of questionnaires completed by commissioning staff in six pilot sites in the North West.
- A learning directory reviewing current education and training provision in the North West (Appendix D).

3 CONTEXT

This section sets out the national and local contexts in which the commissioning function operates. The national context looks at policy implications and guidance around a number of commissioning themes. In order place to this within its regional setting, we have included a brief resume of the local demographic structure and the higher education provider market.

3.1 National context

Enhancing commissioning has been a key focus of many government publications over the past few years: 'Our Health, Our Care, Our Say', 'Putting People First', 'Strong and Prosperous Communities', 'The Health Act', the Gershon efficiency review and, of course, the Commissioning Framework and World Class Commissioning. These publications stress the importance of key themes and their crucial nature in relation to commissioning professionals. They include:

- Assessment of needs
- Place shaping and strategic leadership
- Collaboration with partners
- Engagement of public, patients and service users
- Outcome-based commissioning
- Personalisation
- Market facilitation
- Contracting and procurement
- Efficiency and value for money

A paper exploring the themes can be seen at Appendix A. Of crucial significance for this report is that each theme ends with a table listing commissioning skills required by people at different levels in organisations.

3.2 Regional context

The North West region is largely rural, with an area of 14,000 square kilometres spread across Greater Manchester, Merseyside, Cheshire, Cumbria and Lancashire. Four fifths of the total population of 7 million live in the urban areas, particularly the two conurbations of Greater Manchester and Merseyside in the south of the region. In contrast, Cumbria in the north of the region has the third lowest population density of any English county. The region's inhabitants generate 11 per cent of the UK's Gross Domestic Product.

The Higher Education Funding Council for England (HEFCE) stated in their most recent regional profile that the proportion of the North West's working age population holding qualifications at degree level or above is - at 15 per cent - three percentage points lower than the England average, suggesting a comparative slight weakness in the higher level skills base in the region. However, an encouraging sign for the future is that the same report states that the North West has the highest percentage of young full-time degree students at higher education institutions (HEIs) in their home region and is a slight net importer of students from other regions. The North West also has the highest proportion of young full-time first degree entrants from low participation neighbourhoods.

Figure 1 below shows the distribution of university campuses in the North West. In addition, in recent years, the HEFCE has supported Lancaster University and the University of Central Lancashire to develop centres of higher education in Blackpool and Burnley respectively. Table 1 below shows the most recent HEFCE figures for higher education students registered at HEIs and further education colleges (FECs) in the region.

Figure 1: Higher education institutions in the North West

Linked source: <http://www.nwua.ac.uk/members>

- [The University of Bolton](#) (10)
- [University of Central Lancashire](#) (7,8)
- [University of Chester](#) (19,20)
- [University of Cumbria](#) (1, 2, 3, 4, 6)
- [Edge Hill University](#) (9)
- [Lancaster University](#) (5)
- [The University of Liverpool](#) (17)
- [Liverpool Hope University](#) (18)
- [Liverpool John Moores University](#) (16)
- [The University of Manchester](#) (13)
- [Manchester Metropolitan University](#) (14,21)
- [The Open University](#) (12)
- [University of Salford](#) (15)
- [The Royal Northern College of Music](#) (11)



Table 1: Numbers of higher education students studying in the North West
 Linked source: HEFCE, 2009/09 Provision of higher education study by location
 2006-07 (March)

		Headcount	Full-time equivalent
Cheshire	HEI	17,970	11,931
	FEC	2,020	1,506
Cumbria	HEI	4,215	2,704
	FEC	1,070	674
Greater Manchester	HEI	84,620	72,300
	FEC	5,175	3,808
Lancashire	HEI	63,030	40,732
	FEC	7,680	6,203
Merseyside	HEI	49,360	39,125
	FEC	2,690	2,032
	Other	10	7
Total for the North West		237,840	181,022
Total for England		1,627,425	1,264,974

4 ASSESSMENT OF NEED

This section introduces the needs assessment tool that enables commissioners to identify education and training needs in line with World Class Commissioning and related standards. It also provides a regional picture of commissioning needs, as a result of piloting the assessment tool across a number of sites in the North West.

4.1 Methodology

Nationally, World Class Commissioning has emerged as the most powerful influence both in terms of organisational and individual competences. Its origins lie in the NHS and some of the language and detail of the original eleven WCC competencies reflect this. But there is a great deal of synergy between local government and NHS commissioning. Hence, we have designed an assessment tool around the eleven WCC competencies but tailored it to reflect both the health and social care commissioning environments. The tool includes relevant national occupational standards from the learning suites of commissioning, procurement and contracting, marketing and public health. It draws also on other commissioning competencies that underpin national policy, and upon some original work first undertaken by the Knowsley Health and Social Care Partnership. We have added Section 12 in order to take particular account of the local authority and emerging NHS personalisation agendas.

We have field-tested the tool in three localities in the North West. The tool will be available shortly to commissioning and procurement teams in the North West through the North West Commissioning Roadmap (www.northwestroadmap.org.uk). See also Appendix B to this report. Note that although the tool is a self-assessment exercise,

we would expect that in practice respondents would discuss the results with their line manager or training advisor.

4.2 Analysis

We received 48 completed assessments from six pilot sites: Lancashire Council, East Lancashire PCT, Oldham Council, Oldham PCT, Trafford Council and Wirral Integrated Commissioning Team. Of the 48 responses most were from councils and therefore an analysis of skills on the basis of employer type has not been possible. Given this was a request which might be seen as initiated from the local government sector (albeit we had SHA representation on the Steering Group), fewer PCT responses were received than might be the case if the exercise had been mounted jointly. Replicating the exercise more widely across PCTs could be further explored with SHA support.

Respondents classified themselves in terms of their commissioning role as follows:

Commissioning role	Number of respondents
Senior executive of adult social services or PCT	2
Senior manager with responsibility for commissioning	17
Commissioning manager	13
Procurement manager	5
Commissioning officer	4
Procurement and contracting officer	7
Care manager	0
Broker	0

They reported their experience in their current role as follows:

Length of time in role	Number of respondents
Less than 1 year	6
1-3 Years	18
3 or more years	18
Not stated	6

The majority of staff were experienced in their role with three quarters in post for at least a year.

There was an aggregate of over 6,000 responses to the skills questions. Of these respondents scored themselves as follows:

Response	Percentage of responses
I have these skills already	46
I need initial training	16
I need advanced training	26
This area does not apply to my role	12

This shows that while almost half feel they already possess many specific commissioning skills, nearly as many say they need training, and in particular at advanced levels.

The assessment tool organised competencies into 12 sections:

- Locally lead (commissioning)
- Work with community partners
- Engage with public, service users and patients
- Collaborate with service providers
- Manage knowledge and assess needs
- Prioritise investment
- Stimulate the market
- Promote improvement and innovation
- Secure procurement skills
- Manage the local health and social care system to ensure contract compliance
- Make sound financial investments
- Personalisation

with respondents required to assess their need for training against the detailed skills listed under each. Tables 2 and 3 below summarise the responses.

The reporting of existing skills was highest for section 10 (Manage the local health and social care system to ensure contract compliance)⁷. Most procurement staff, for example, said they already had these skills. There were 26 requests for initial training in this area and these were fairly evenly distributed across the different questions.

Section 9 (Secure procurement skills) showed a similar pattern. Procurement staff said they already had two thirds of the skills mentioned and their training needs were evenly split between initial and advanced training.

Table 2: Summary of responses for the assessment sections:

Section	I have these skills already %	Not applicable to my role %	Advanced training required %	Initial training required %	Total training requests %
1. Locally lead (commissioning)	50	8	29	13	42
2. Work with community partners	49	9	28	14	42

Section	I have these skills already %	Not applicable to my role %	Advanced training required %	Initial training required %	Total training requests %
3. Engage with public, service users and patients	45	13	30	13	43
4. Collaborate with service providers	58	8	21	13	34
5. Manage knowledge and assess needs	34	22	24	21	45
6. Prioritise investment	43	12	28	18	46
7. Stimulate the market	45	8	30	17	47
8. Promote improvement and innovation	59	8	21	12	33
9. Secure procurement skills	44	13	27	16	43
10. Ensure contract compliance	59	10	18	13	31
11. Make sound financial investments	38	16	27	19	46
12. Personalisation	46	20	23	11	33

The reporting of existing skills was relatively high also for section 1 (Locally lead). Senior executives and senior managers with responsibility for commissioning said they had existing skills in two thirds of their responses in this area. The requests for training were more for advanced than initial training, and there was some focus on the competency 'Develop organisational policies and procedures in relation to media and social marketing techniques'.

The reporting of existing skills was lowest for section 5 (Manage knowledge and assess needs). Commissioning managers and commissioning officers said that they had existing skills in under a quarter of the aggregated responses: correspondingly their training needs were high. Requests for initial training accounted for 29 per cent of their responses and a further 38 per cent for advanced training in this section. Other sections where stated existing skills were relatively low, and requests for training relatively high, were: 3 (Engage with public, service users and patients), 4 (Collaborate with service providers), 6 (Prioritise investment), 7 (Stimulate the market) and 8 (Promote improvement and innovation).

Table 3: Summary of responses for the assessment sections, by job role

Section	Selected roles	I have these skills already %	Not applicable to my role %	Advanced training required %	Initial training required %	Total training requests %
1. Locally lead	Senior executives, senior managers with responsibility for commissioning	68	4	20	7	27
2. Community partners	Senior executives, senior managers with responsibility for commissioning, commissioning managers	55	5	28	12	40
3. Engage with public etc	Commissioning managers, commissioning officers	33	3	46	18	64
4. Collaborate with service providers	Commissioning managers, commissioning officers	49	7	26	18	44
5. Manage knowledge/ assess needs	Commissioning managers, commissioning officers	23	10	38	29	67
6. Prioritise investment	Commissioning managers, commissioning officers	34	5	39	22	61
7. Stimulate the market	Commissioning managers	35	1	44	19	63
8. Improvement and innovation	Commissioning managers, commissioning officers	47	3	33	17	49
9. Procurement skills	Procurement managers, procurement officers	64	4	16	16	32
10. Contract compliance	Procurement managers, procurement officers	77	1	5	17	22
11. Financial investments	Commissioning managers, procurement managers	46	7	26	21	47
12. Personalisation	Senior executives, senior managers with responsibility for commissioning	56	17	23	5	28

Overall, reporting of existing skills accounted for half of the responses, with corresponding training requests in a third of the responses. However, looking at the specific roles of commissioning managers and commissioning officers, just under half reported existing skills and requests for training were higher in this group.

In section 11 (Make sound financial investments) the reporting of existing skills was just two fifths across all job roles. Looking at the specific roles of commissioning managers and procurement managers, this figure rose to 46 per cent. However, training needs were similar overall (46 per cent) and for this subgroup of managers (47 per cent).

The reporting of existing skills for both 2 (Work with community partners) and 12 (Personalisation) were similar at just under half of responses. However, the relevance of particular skills for respondents differed between the two: having skills to work with community partners was considered relevant in 90 per cent of responses, yet 20 per cent of responses in section 12 (Personalisation) reported 'Not applicable to my role'. Corresponding training requirements were higher for section 2 (two fifths) than for section 12 (one third). This may reflect a lack of awareness of the future impact of the personalisation agenda in comparison with messages about working with community partners having 'got through'. It may reflect also the predominance of local authority over health service responses.

4.3 Summary

The pilot responses suggest there is more need for training in engaging with the public, service users and patients; managing knowledge and assessing need; prioritising investment; and market stimulation. Results suggest that training – at least for local authority staff – may be less of a priority in procurement and in managing systems for contract compliance. The reporting of existing leadership skills was also high, but there is some evidence to suggest that senior managers are over-generous in their self-assessments⁴. Across the board, the responses suggest more need for advanced than initial training.

The responses summarised above clearly highlight the need for development in a wide range of marketing skills. However, we excluded from the tool a number of other generic skills, such as communication skills, project management, change management skills and those skills which have been summarised as political intelligence⁵. While these are relevant to commissioning, they are relevant also to a wider range of roles and tasks in health and social care that have a strategic dimension or that call for whole systems thinking. It will be important at some stage to identify which of these skills are relevant to commissioners and at which level, in order that a comprehensive set of commissioner needs can be addressed.

5 GUIDE FOR MANAGERS

We have produced an A4 folder and electronic guide to help managers develop the effectiveness of their commissioning and procurement teams with a view to developing World Class Commissioning skills. It provides:

- The assessment tool for assessing the skills of individuals and teams.
- A learning directory with education and training solutions.

⁴ See, for example, Jean Hartley *et al.* (2007) 'Leading with political awareness', Warwick Business School and Chartered Management Institute.

⁵ Hartley *ibid.*

- Advice and guidance on its use.

The guide is for use by:

- Senior staff with an overall responsibility for commissioning.
- Commissioning and procurement managers of adult health and wellbeing services.
- Staff with a responsibility for the training and development of the above.

5.1 Assessment tool

The assessment tool is available electronically to commissioning and procurement teams in the North West through the North West Commissioning Roadmap www.northwestroadmap.org.uk.

Since the tool is a self-assessment exercise, we would in practice expect commissioners to discuss their responses with their line manager, and to involve training personnel.

5.2 Learning directory

We have compiled a learning directory that offers a range of short term and longer term education and training solutions to meet the needs of local commissioners. It is also available to commissioning and procurement teams in the North West through the North West Commissioning Roadmap www.northwestroadmap.org.uk as a searchable Excel spreadsheet, as well as through the guide for managers. See Section 5 below for further information.

5.3 Career matrix

To support the Manager's Guide we have a career matrix describing eight key commissioning job roles in health and social care – this is provided as Table 4 below. Job titles and departmental structures will vary from organisation to organisation.

Table 4: Key commissioning job roles

Role	Role Description
Senior executive of adult social services or PCT	Chief Executive/Director with an overall responsibility for the commissioning function and for ensuring that a culture of World Class Commissioning and partnership operate across health and social care.
Senior manager with responsibility for commissioning	Director/Senior Manager with accountability for the commissioning function, ensuring that commissioning strategies and delivery plans meet World Class Commissioning standards and accord with Local Area Agreement (LAA) outcomes.
Commissioning manager	Manager directly responsible for the day-to-day management of the commissioning function and for ensuring that joint commissioning strategies are in place for the full range of adult services and meet LAA outcomes. The manager will also be responsible for workforce development and leading the training needs assessment and development programme to ensure that staff are able to meet World Class Commissioning standards.
Procurement manager	Manager responsible for the corporate procurement function or for a specialist procurement service within a health or social care department. The manager will lead the implementation of contracting arrangements on behalf of the agency and will ensure close partnership working with strategic commissioners and service providers.
Commissioning officer	The officer responsible for leading the strategic commissioning arrangements for a particular care group working closely with health/social care partners. The officer develops the commissioning strategy and associated delivery plan. In some authorities the officer also leads the tendering and contracting process (See procurement and contracting officer below).
Procurement and contracting officer	The officer responsible for the tendering and contracting arrangements associated with the delivery of a number of care groups. The officer will ensure that providers deliver services in compliance with service specifications and meet the necessary performance targets. The officer can be part of a corporate or departmental service.
Care manager	Qualified social workers who carry out assessments to determine the level and nature of service user needs, agree care plans and contract with service providers to meet the care plan. Care managers also review care plans to ensure that needs are still current and are being met. Note that the roles of liaison and contracting with providers are gradually transferring to brokers (below) as the transformation agenda rolls out.
Broker	Brokers are the bridge between social workers (who assess and devise care plans for service users) and the organisations that provide services. They find appropriate service solutions and, in some cases, agree contracts with service providers on behalf of service users. Brokers can act on behalf of self funders as well as those in receipt of direct payments or individual budgets.

6 EDUCATION AND TRAINING PROVISION

6.1 The learning directory

A key product of the project is a learning directory that offers a range of short term and longer term education and training solutions that meet the needs of local commissioners. It will be available shortly to all commissioning and procurement teams in the North West through the North West Commissioning Roadmap www.northwestroadmap.org.uk as an Excel spreadsheet and through the Manager's Guide as hard copy. See also Appendix D to this report.

6.1.1 Methodology

To build the directory, we used 20 key words (derived from the assessment tool) to search course databases and some individual provider websites. In this way we were able to extract relevant information from the North West Universities' Association's Higher Education database, Skills for Care in the North West, Train to Gain in the North West, and the Prospects database for postgraduate courses⁶. Some national databases yielded nothing at all, and these included Foundation Degrees Forward, the Universities and Colleges Admissions Service, and UK Coursefinder.

We also contacted and sent a questionnaire to the 14 universities (see Figure 1) and 10 FECs who are major higher education providers in the region. We sent the questionnaire also to a further 61 FECs listed by the Association of Colleges for the North West, and to all local authority and health employers in the NW Commissioning Roadmap - marked for the attention of their HR/Trainers.

The resulting directory is split into two worksheets according to the delivery venue of the provision. While the first worksheet comprises suppliers who deliver training in the North West region, the second lists other providers in England who currently deliver only outside the region. Their courses may nevertheless be accessible to, and therefore of interest to, commissioners in the North West.

It is important to note that inclusion in the directory does not imply that any of the agencies responsible for commissioning this report - namely the North West RIEP and North West JIP, or the developers of the directory (IPC), endorse any or all of the courses contained therein.

6.1.2 Using the directory

The directory is in alphabetical order of course name (Column 1). There follows a brief description of the course content, a guide to its level (e.g. 'degree level') and mode of delivery (e.g. 'part-time only' or '5 day residential course'), the delivery location (e.g. 'at venues to suit the client'), the supplier of the course, the validating institution (where different), the name of the person whom you can contact for further information, and the source of this entry in the directory. Users will be able to search, sort and add to the electronic version. If a course appears to meet an identified skill gap, employer organisations are expected to contact the supplier directly.

Many providers in the region – notably, but not only, the university business schools – offer generic management and executive development and leadership programmes up to doctorate level. While these did not link directly to our commissioning search words,

⁶ Some national databases yielded nothing at all, and these included Foundation Degrees Forward, the Universities and Colleges Admissions Service, and UK Coursefinder. Training databases are, of course, subject to the way in which individual providers choose to market their courses.

and do not therefore appear in the directory, most Master of Business Administration (MBA) courses, for example, have a central core in strategic management and the management of change. In addition, Lancaster University, the University of Liverpool, the University of Manchester and the Open University offer Masters in Public Administration.

Some courses in the directory appear to be uncertificated while others lead to recognised awards and qualifications from universities and professional bodies. Broadly speaking, universities and colleges offer courses at:

- sub-degree (or diploma) level
- undergraduate level leading to BA or BSc degrees, and
- postgraduate level leading to postgraduate certificates, postgraduate diplomas, master's degrees and doctorates.

Managers should beware that there are both 'graduate' certificates at 'Higher Education' level and 'postgraduate' certificates at 'Masters' level. They carry different amounts of credit transfer points, which may be of interest to commissioners wishing to build up a higher qualification gradually or having to move geographically between institutions. However, most managers and trainees may be more interested in the accessibility of the training, the relevance of the content, and the opportunities which participation offers for teambuilding or networking and shared learning across agency boundaries.

6.2 Provider networks

We also mapped some key provider networks in the North West, which will be important to engage with when taking forward further work arising out of this report:

1. The North West Universities Association (NWUA) (www.nwua.ac.uk) is the lead higher education network for the region and exists to foster collaboration between its 14 members and regional partners. Unfortunately, while it is undergoing restructuring, the future of its Health and Social Care Strategic Advisory Group is uncertain.
2. The North West's Higher Level Skills Partnership (www.nwua.ac.uk/HLSP) is one of only three Higher Education Funding Council for England (HEFCE) supported pathfinder projects in England. Although health and social care is not one of their priority industry sectors, the partnership has expertise in employer-provider engagement. The NWUA is the lead organisation for the partnership.
3. The North West Provider Network (<http://www.nwpn.co.uk>) brings together the five sub-regional provider networks. These meet to promote work-based learning to key stakeholders. Adopting a sector-based approach, one of the first three sectors they are focusing on is health and social care.
4. Thirty HEFCE-supported Life Long Learning Networks (<http://www.lifelonglearningnetworks.org.uk/documents/document384.pdf>) have been operating in England over the last three years. The five sub-regional lifelong learning networks are:
 - Cheshire and Warrington (www.lifelongcw.org)
 - Cumbria (www.cumbriahigherlearning.ac.uk)
 - Greater Manchester (www.gmsa.ac.uk)
 - Greater Merseyside and West Lancashire (www.merseyandwestlancslln.ac.uk)

- Lancashire (email AMould@uclan.ac.uk).

Future priorities for the networks include: embedding employer engagement work in institutions, promoting work based learning, and promoting higher education take-up among 14-19 year olds, including the new broad-based 14-19 diplomas which the Government intends as an alternative to the traditional GCSE/A level programme (<http://yp.direct.gov.uk/diplomas>).

5. The Association of Colleges (http://www.aoc.co.uk/en/aoc_regions/aocnorthwest) is the lead network for FECs.

At the same time, links should be maintained with the two sector skills councils (www.skillsforhealth.org.uk/page/nations-and-regions/north-west-and-northwest.skillsforcare.org.uk). The joint work done on integrated workforce planning for health and social care in the North West has been noted, and recently their joint sponsorship of a new post to promote employer engagement in relation to regional diploma developments, and it is hoped that knowledge will be shared in the light of the postholder's experience over the year.

Along with the individual employers and providers, these appear to be the key partners for taking forward further work in this area. There are potentially other interested agencies who may wish to be informed or involved, notably the North West Regional Skills Partnership/Regional Skills and Employment Board, the Government Office (<http://www.gos.gov.uk/gonw/>), Business Link (www.businesslink.gov.uk/northwest), the Learning and Skills Council (www.lsc.gov.uk/regions/NorthWest) and Train to Gain (www.traintogain.gov.uk/In_your_Region/North_West).

7 COMPARISON OF PROVISION WITH NEED

The directory lists well over 100 courses, to which can be added the more generalist management development programmes we describe at 6.1 below.

These courses offer a wide variety of content. For example, a search of the course content column in the electronic directory identifies some regional provision that addresses the skill areas highlighted at the end of Section 3 above – namely: engaging with the public, service users and patients; managing knowledge and assessing need; prioritising investment; and market stimulation.

The directory shows that a good mix of suppliers (universities, colleges and private training companies) are delivering training at a range of venues throughout the region through a variety of delivery modes. However, the region appeared to lack – for example - a one-week residential course at postgraduate certificate level, although at least one university outside the region finds buoyant demand for this mode of delivery.

7.1 Higher level skills

The questionnaire reveals not only demand for initial training but also stronger demand for advanced training.

Our mapping shows the region lacks a coherent progressive Public Service Commissioning route for commissioners that would take them from postgraduate/post-experience certificate through postgraduate diploma to master's level. We could find no regional provision for a Master of Public Management with a Specialism in Commissioning. There is scope for providers to consider adding commissioning

module/s (such as strategic commissioning, leadership and place-shaping) to their current MBA and MPA programmes.

In addition, a number of universities across the UK have worked with industry sectors to develop specialist MBAs – and for example, an MBA Healthcare and part-time MBA in Strategy and Procurement Management are available in other regions. A bolder ambition for the North West, therefore, would be for employers and a provider to work together to develop a specialist MBA or Masters in Commissioning for Health and Social Care.

8 SOME WAYS FORWARD

It will be apparent from the research and development work described above that there are a number of gaps in present arrangements in terms of workforce development and in relation to education and training provision. The development process has also given rise to some creative ideas – suggested solutions - which we have included later in this report. The following paragraphs set out key points to emerge from the information gathered so far and which North West health and social care agencies would need to consider if they are to meet the gaps and to rise to the commissioning challenges.

8.1 A regional training or apprenticeship scheme for school leavers and graduates

Perhaps the most significant and obvious gap is that there is no apparent route into commissioning for school leavers and graduates. This is partly due to there being no well-established professional body for commissioners, though as will be seen below a number of new bodies are in the process of developing. Also, the majority of careers advice available to graduates and school leavers about commissioning refers to the commissioning of engineering or IT services. Hence, traditionally, the vast majority of commissioners in health and social care have come through the caring professions or through general management.

The only other route is through procurement, either through entry to a civil service scheme, by transfer into a local authority procurement section from another LA department or through private sector experience. Perhaps the best known is the Graduate Scheme run by the Government Procurement Service. This is a two year programme providing participants with a sound foundation for a commercial career in Government. Its purpose is described as, 'Raising the profile of procurement in the public sector as a profession and recruiting new talent into Government procurement for long term development.' In addition to gaining valuable experience in the procurement environment, membership of the scheme also provides an opportunity to attain relevant qualifications accredited by the Chartered Institute of Purchasing and Supply.

2008 saw the founding of three new commissioning professional associations - the Institute of Commissioning Professionals (IoCP at <http://www.iocp.co.uk>), the Commissioning Institute (<http://www.commissioning-institute.co.uk>) and the PBC (Practice Based Commissioning) Academy (<http://www.pbcacademy.co.uk>). The focus of the IoCP is on the service user rather than the supply chain, and they envisage in the course of time moving into professional development and accreditation and acting as an awarding body. There is a health and social care section. The Commissioning Institute has a focus on healthcare, and promotes itself as an independent training and networking centre, with ambitions to found a Training Institute and a Practice-Based Commissioning Academy. The NHS Alliance and Humana have

established the PBC Academy to promote effective practices in the commissioning of health and social services by working with clinicians and managers to ensure that they make good decisions, address local health needs, and support an improved patient experience. At this time, none of the organisations is concerned with attracting school leavers or graduates into the function but see their main focus as the advancement of skills and knowledge of existing staff.

Skills for Care in the North West has recently announced that it is going to be working in partnership with the Learning and Skills Council and the newly formed National Apprenticeship Service to promote apprenticeships with social care employers in the region. It plans to contact all employers in the near future to provide more information about Apprenticeships. This may provide an ideal opportunity for the North West Region to promote the introduction of a Graduate or School Leaver Apprenticeship Scheme in Commissioning and for this to be one means of attracting ambitious young people into the health and social care commissioning sector.

Suggested Solution 1

Establish a North West Region Apprenticeship or Training Scheme in health and social care commissioning for graduates and school leavers.

8.2 Other routes for school leavers

The Diplomas and Advanced Diplomas introduced in September 2008 for 14-19 year olds offer an alternative to existing options such as GCSEs, A levels, vocational and apprenticeship programmes. The Diploma in Society, Health and Development, for example, includes the development of core skills partnership working and information sharing, and is meant to open doors for careers in social work, community justice and health. Colleges offering the diplomas in the North West are contactable through <http://shd.skillsforhealth.org.uk/page/students/where-can-i-study-the-diploma-in-shd/north-west>.

For school leavers who choose to continue studying in higher education, options include foundation degrees and other undergraduate programmes in health, social care or business and management studies. However, we have already noted at 5.1.1 that there appear to be no specialist qualifications at this level for young people aiming for a career in public sector commissioning.

Suggested Solution 2

Negotiate with higher education providers to offer a foundation degree in commissioning, and/or to offer optional commissioning modules on existing undergraduate degree programmes.

8.3 Conversion course

An increasing number of graduates build a conversion course at graduate level into their career planning, tacking this on immediately after completing their first degree. So, for example, a philosophy graduate might add a conversion course in law from which s/he can then go into a legal practice. These conversion courses can be attractive also to experienced people wishing to retrain in mid-career and may further serve as a route back for 'returners' who have taken extended career breaks. We came across no examples of conversion courses in commissioning either inside or outside the region, although it would be possible to develop and market some existing postgraduate certificate courses to meet this need.

Suggested Solution 3

Introduce a commissioning conversion course for graduates, returners, and those wanting a change of career.

8.4 Recruitment and induction

Employers need to ensure that line managers and HR departments draft their recruitment material so that they draw upon the widest pool of ability and experience and do not unwittingly deter applicants with good commissioning skills from other sectors. Procurement experience in the private sector can be invaluable in health and social care, though employers may need to enhance their induction programmes and build-in mechanisms such as the shadowing of experienced staff. Recession is usually accompanied by an increase in the number of applicants to public sector jobs from the private sector, so the next few years may provide a profitable source of commissioners.

Suggested Solution 4

Review recruitment and induction materials to ensure that recruitment draws on the widest pool of ability and experience.

8.5 Purchasing power

PCTs and local authorities as individual agencies are not particularly powerful in persuading universities and colleges to introduce new courses or adapt existing ones. For the provider, most vocational training at this level is self-funding, and the provider will need to be sure of the viability of new provision, especially if it involves redevelopment costs. The situation is exacerbated at this time of economic difficulty. It will therefore be important for high level health and social care leaders in the North West to play their part in stimulating the provider market and in committing resources at a strategic level. The weight of the Strategic Health Authority (SHA) and the Association of Directors of Adult Social Services (ADASS) will be vital in making any future strategy happen.

To support the more strategic approach, it will be necessary for employers to be clear about:

- What developments are needed? The new assessment tool now offers much greater clarity about the competencies being sought and the different levels of need.
- The numbers of people who will require education and training over the next few years.
- The level of resources that regional bodies and individual authorities are willing to invest to ensure a competent workforce.

With this baseline of information, North West agencies will be well placed to negotiate and work collaboratively with higher education and further education institutions. This might better be done on a regional or sub-regional basis, depending on the nature and size of the need revealed by self-assessment.

The virtues of employers and providers collaborating are that:

- The flow of candidates can be controlled and thus help feed a new or revised course to ensure viability and sustainability.
- Supervised placement and other opportunities for sandwich-type provision can be more easily organised.

- Informal opportunities for shadowing and secondment can be arranged, particularly across health and social care.
- Better support can be arranged for local apprentice or graduate apprentice schemes, through the sharing of costs and organisational arrangements.

It may be possible for employers to use existing regional provider networks such as:

- The North West Universities Association (although it is being restructured, so the future of the Health and Social Care Strategic Advisory Group is uncertain)
- The HEFCE-supported North West Higher Level Skills Partnership (health and social care is not one of its priority industry sectors, but it may be persuaded to contribute expertise in employer-provider engagement)
- The Association of Colleges
- The North West Provider Network, and
- The five Life Long Learning Networks (Cheshire and Warrington LLN, Cumbria LLN, Greater Manchester LLN, Greater Merseyside and West Lancashire LLN, and Lancashire LLN).

Suggested Solution 5

Maximise purchasing power by ensuring that health and social care leaders establish the commitment of the sector to commissioning education and training and by being clear about the level and nature of need, and by working in partnership with provider networks and individual providers.

8.6 World class commissioning

A few education institutions have been quick off the mark to respond to the needs of health and social care agencies in terms of shaping their courses to deliver World Class Commissioning standards. However, it rarely appears in their publicity and they rarely cover the full range of standards. It is vitally important that there are urgent talks with universities, colleges and training providers to ensure that all public service commissioning and procurement courses are centred around World Class Commissioning and the wider standards identified in the North West assessment tool. Clear course publicity and materials will also help managers determine which courses are relevant to their staff.

Suggested Solution 6

Negotiate with universities, colleges and training providers to ensure that World Class Commissioning and related standards underpin future course development work.

8.7 Short courses

The learning directory shows that a number of higher and further education institutions and independent training organisations offer a range of short courses, but most of these focus on procurement rather than commissioning. Of these, the Purchasing and Supplies Authority (PASA) courses seem to be the most closely aligned to identified need and to meet the requirements of personnel at all levels. We understand from the PASA that courses are currently only open to NHS staff, having been developed as a direct response to PCT needs and trialled with Surrey PCT. PASA advise that if social care staff wish to attend courses to see if they are suitable then this would be acceptable, and that PASA would then commission the supplier to provide the courses for them. We believe that in the spirit of joint commissioning and closer working partnership between health and social care, it would be sensible to offer these as joint courses.

While the Directory shows a variety of delivery modes for short courses within the region, these do not seem to include a residential option. We think this mode is particularly helpful in promoting joint understanding across agencies and is well suited, for example, to a commissioning course at postgraduate certificate level.

The main gap, however, remains short courses for strategic commissioners and commissioning managers, particularly at an advanced level. It would appear that there is little or nothing on offer in relation to the leadership of commissioning at an agency level, the assessment of need, on how to prioritise investment, stimulate the market, make sound financial investments and engage with the public, service users and patients.

Suggested Solution 7

Negotiate with PASA for its supplier to provide joint courses for both health and social care staff.

Suggested Solution 8

Negotiate with universities, colleges and training institutions to provide short courses, particularly at advanced level, tailored to the changing needs of health and social care commissioners and community leaders in the North West. Consider a residential option for these courses.

8.8 Postgraduate qualifications

There are a number of educational qualifications at postgraduate and masters levels that are attractive and useful to commissioners. They are particularly pertinent to those who aspire to become commissioning managers and to other more senior posts. Increasingly, employers are asking for post graduate certificate, diploma or master level qualifications for more senior posts. However, there does not seem to be a coherent route through these postgraduate awards within the region.

It is also important for both employers and employees to be clear about the content and competencies on offer through these courses, so they are better able to assess the relevance of a degree or postgraduate award. Employers should encourage providers to refresh the accreditation of prior learning and course content to reflect World Class Commissioning standards.

Suggested Solution 9

Negotiate with universities to offer a coherent postgraduate programme for commissioning (certificate, diploma and masters) within the region.

Suggested Solution 10

Providers refresh their postgraduate awards to reflect World Class Commissioning and related standards.

8.9 Developing existing masters degree programmes

There is scope in the region for higher education providers to add commissioning modules, such as strategic commissioning, leadership and place-shaping, to their current Master of Business Administration and Master of Public Administration programmes. A bolder ambition for the North West would be for employers and a provider to work together to develop a specialist MBA or Masters in Commissioning for Health and Social Care. Another useful development might be for a provider or consortium within the region to offer a single progressive route in strategic

commissioning for health and social care from postgraduate certificate, through postgraduate diploma, to masters level.

There may also be considerable value in employers and providers working together to develop a specialist Masters in Commissioning for health and social care and/or a progressive route through the post graduate system.

Suggested Solution 11

Employers negotiate with higher education institutes with a view to adding commissioning modules to existing MBA and MPA programmes.

Suggested Solution 12

Employers and providers work together to develop a specialist Masters in Commissioning for health and social care and/or a progressive route through the postgraduate system.

See Table 5 below for a summary of these recommendations.

9 MAKING IT HAPPEN

There are two main dimensions to consider in using this information to build any resulting strategy. The first relates to ways of increasing the supply of new young talent into commissioning and to enhance the skills of existing staff; the second, to ways of influencing the education and training provider market, so that it responds to the needs of the sector. To ensure such a strategy became reality, it would require a three-phased approach.

First, it would be necessary for regional leaders in the SHA and ADASS and PCTs and Local Authorities to sign up to the strategy and to recognise the necessity and importance of a regional or sub-regional approach and of health and social care agencies to work in close partnership.

Second, it would be important for leaders to engage with the higher education sector and the provider networks to explain the nature of the issue and to convince them of the sector’s commitment to the way forward. This would give education and training providers confidence to commit time and funds to the development process.

Third, it would be necessary to determine the best mechanism for delivering the strategy given the regional or sub-regional approach and the structure of the education and training provider market. A regional plan or sub-regional plans will need to detail the way forward.

Table 5: Summary of Suggested Solutions

Suggested Solution 1	Establish a North West Region Apprenticeship or Training Scheme in health and social care commissioning for graduates and school leavers.
Suggested Solution 2	Negotiate with higher education providers to offer a foundation degree in commissioning, and/or to offer optional modules on existing undergraduate degree programmes.
Suggested Solution 3	Introduce a commissioning conversion course for graduates, returners or those wanting a change of career.
Suggested Solution 4	Review recruitment materials to ensure that recruitment draws on

	the widest pool of ability and experience.
Suggested Solution 5	Maximise purchasing power by ensuring that health and social care leaders establish the commitment of the sector to commissioning education and training and by being clear about the level and nature of need, and by working in partnership with provider networks and individual providers.
Suggested Solution 6	Negotiate with universities, colleges and training providers to ensure that World Class Commissioning and related standards underpin future course development work.
Suggested Solution 7	Negotiate with PASA for DPSS to provide joint courses for both health and social care staff.
Suggested Solution 8	Negotiate with universities, colleges and training institutions to provide short courses, particularly at advanced level, tailored to the changing needs of health and social care commissioners and community leaders in the North West. Consider a residential option for these courses, to promote understanding across agencies.
Suggested Solution 9	Negotiate with universities to offer a coherent postgraduate programme for commissioning (i.e. suite of certificate, diploma and masters) within the region.
Suggested Solution 10	Providers refresh their postgraduate awards to reflect World Class Commissioning and related standards.
Suggested Solution 11	Employers negotiate with higher education institutes with a view to adding commissioning modules to existing MBA and MPA programmes.
Suggested Solution 12	Employers and providers work together to develop a specialist Masters in Commissioning for Health and Social Care and/or a progressive route through the postgraduate system.

10 APPENDICES

We attach these as separate documents:

A National policy paper

See appendix B Guide for managers for:

C Assessment tool

D Learning directory