

**National Commissioning Board**

# **Leading Integrated and Collaborative Commissioning**

## **A Practice Guide**



**March 2017**



## Introduction

The short practical guide is intended to stimulate commissioners and other senior managers to think about how they can take forward an integrated commissioning agenda locally and regionally. Focusing on the health, social care and wellbeing context with the emergence of regional partnership boards, it considers the roles and options available to local authorities and health boards.

## Why?

Integrated and collaborative commissioning is necessary to ensure the alignment of service priorities between commissioners, service providers and communities to ensure the best possible outcomes for the people of Wales.

- p2      **National policy** provides an overview current relevant policy drivers and suggests that partners need to establish that they have a common understanding of these.
- p3      **What is Commissioning** defines commissioning and explores the potential positioning of commissioning functions within local authorities, local health boards and introduces examples of regional commissioning.
- p8      **Key commissioning activities** notes the different key documents and their relationships including needs analysis, area plans, statements of intent, commissioning strategies and market position statements, and the relationship between them. It explores what activities/functions needed and when for different scenarios.
- p9      **Moving towards greater collaboration and integration** covers characteristics and arrangements for local, joint and regional commissioning, and different levels of joint commissioning.
- p17     **Skills, capabilities and behaviours** covers the range of commissioning function roles, responsibilities and skills.

Commissioners across health and social care should be mindful that mature relationships with providers are key to the delivery of effective, quality services. Providers hold expertise and ideas for improvement, and commissioners should be aspiring to work coproductively with providers throughout the commissioning cycle. This is not a guide about working constructively with providers - but doing so is a prerequisite. **We suggest commissioners ask as they read this guide: "How could providers assist with our understanding here?"**

## National policy

*"We all recognise that the future requires us to work differently, but more importantly it requires us to work together, within the sector and with our partners to deliver high quality, responsive and integrated public services alongside those who need them."<sup>1</sup>*

Mark Drakeford, Welsh Government

In keeping with the Social Services and Wellbeing Act<sup>2</sup>, the 'Reforming Local Government' White Paper<sup>3</sup> emphasises that individuals need to be recognised as experts in their own lives. The Welsh Government is clear that to achieve this, partners across health and social care will need to work more closely together.

The Social Services and Wellbeing (Wales) Act required partnership arrangements to be built in each Local Health Board area, under the oversight of a Regional Partnership Board. The recent White Paper<sup>4</sup> sets out "*new approach to reform focused on greater regional working*", and emphasises the need for "*mutual understanding and recognition of respective roles and interests, and where all partners are given the space to maximise the positive impact they have through working with citizens on mutually agreed agendas*". This is consistent with the agenda set out in other key legislation and developments including the Prudent Health Care<sup>5</sup> programme and the Well-being of Future Generations Act<sup>6</sup> (2015).

Regional Partnership Boards will need to ensure that services and resources are used in the most effective and efficient way to improve outcomes for people. Where local authorities and Local Health Boards "*have a mutual interest in commissioning services*" they should consider whether "*alternative not for profit business models*"<sup>7</sup> will best meet local well-being needs.

In considering the further development of integrated and collaborative commissioning, partners need to ensure that there is common understanding of the national policy context and what is required by the Welsh Government going forward.

<b>Are all partners aware that we collectively need to:</b>	<b>Y / N</b>	<b>If no, where are the weaknesses?</b>
Promote greater collaboration and greater efficiency		
Cooperate and work across service boundaries in partnership <sup>8</sup>		
Prioritise the integration of services to older people with complex needs and long term conditions, including dementia		

<sup>1</sup> Welsh Government (2017) Reforming Local Government: Resilient and Renewed White Paper

<sup>2</sup> Welsh Assembly Government (2014) The Social Services and Well-being (Wales) Act 2014

<sup>3</sup> Welsh Government (2017) Reforming Local Government: Resilient and Renewed White Paper

<sup>4</sup> Welsh Government (2017) Reforming Local Government: Resilient and Renewed White Paper

<sup>5</sup> See <http://www.prudenthealthcare.org.uk/>

<sup>6</sup> Welsh Assembly Government (2015) The Well-being of Future Generations (Wales) Act 2015

<sup>7</sup> Such as trading companies, social enterprises, community-led services models.

<sup>8</sup> See Part 9 of the Social Services & Well-being (Wales) Act

<b>Are all partners aware that we collectively need to:</b>	<b>Y / N</b>	<b>If no, where are the weaknesses?</b>
Adopt an integrated approach to the development of care and support services which focus on opportunities for prevention and early intervention		
Promote formal partnerships and the use of pooled funds where these contribute to improving outcomes for individuals and carers, and better use of resources, and establish pooled funds for care homes by April 2018		
Develop regional implementation plans		
Ensure that there is sufficient provision is in place across the whole market		

Effective commissioning that delivers the required outcomes for our citizens is mutually dependent on other disciplines for success. For example:

- Procurement and contracting activity should unambiguously support person centred services and a sustainable workforce.
- Assessment and care pathway arrangements need to be consistent with commissioning objectives.

#### **Key Question: Do partners have a shared vision and principles?**

↳ If not, it is worthwhile developing this – across partners and disciplines so that staff are working in a consistent way towards a common purpose.

## **What is Commissioning?**

### **Commissioning**

Given the wide range of people potentially contributing to the integrated and collaborative commissioning process, it is important for there to be a shared understanding of what is meant by “commissioning”. At its most basic, commissioning involves understanding need and then ensuring there is a supply of services to meet that need.

**Commissioning is...** the process of identifying needs within the population and of developing policy directions, service models and the market, to meet those needs in the most appropriate and cost effective way.

*IPC (2016) National Commissioning Board (Wales):  
Procurement Options in Social Care in Wales. Draft Discussion Paper*

**Commissioning** is a set of activities by which local authorities and partners ensure that services are planned and organised to best meet the ... outcomes required by their citizens. It involves understanding the population need, best practice and local resources and using these to plan, implement and review changes in services. It requires a whole system perspective and applies to services provided by local authorities, as well as public, private and third sector services.

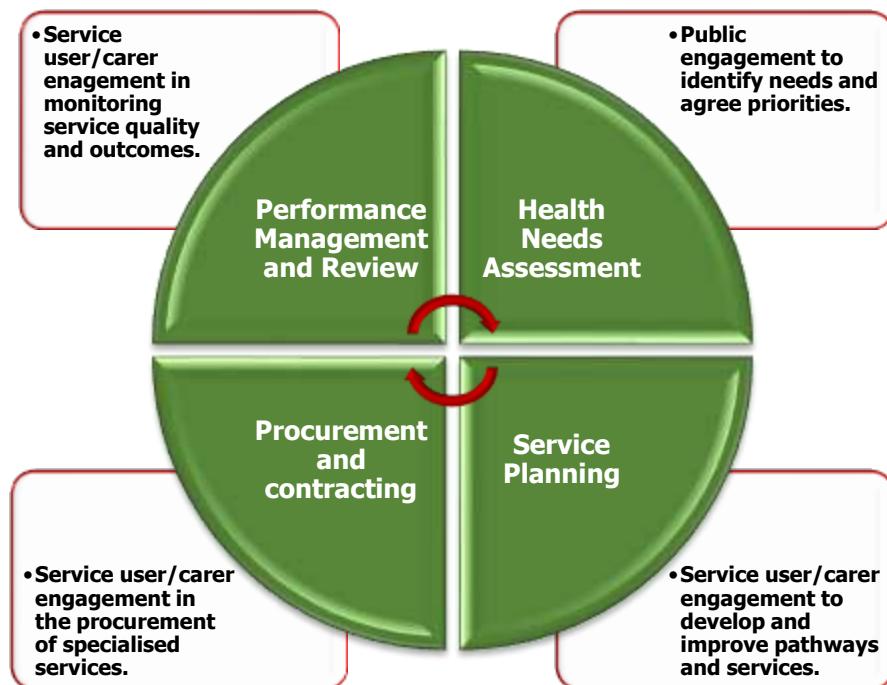
*Fulfilled Lives and Supportive Communities Commissioning Framework  
Guidance and Good Practice (2010)*

The Welsh Government Fulfilled Lives and Supportive Communities commissioning cycle and its associated Commissioning Framework Guidance and Good Practice no longer have a statutory status, but do still represent good practice and are relevant today. The Commissioning Cycle (shown below) describes a range of activities and illustrates the relationship between them. It is underpinned by six key principles, namely:

1. Focus on client group needs across agencies.
2. All four activities are equally important.
3. The activities follow sequentially.
4. Commissioning drives procurement.
5. The procurement experience informs the ongoing development of the commissioning strategy.
6. There is an on-going dialogue with service users/carers, case/care managers, providers and the third sector.



It should be noted that partners may use different models, although these usually reflect similar activities and relationships. The following model is taken from the Integrated Plan for Commissioning Specialised Services for Wales (2015-2018) draft 4<sup>9</sup>, as an example of a health model:



### Key Question: Do partners have a shared agreed definition of commissioning?

↳ If not, you will want to find time to develop this. If different partners have different view of what commissioning is this will impact on your ability to commission in an integrated and collaborative way.

### Integrated and collaborative commissioning

The legislative drive to commission in partnership suggests that there needs to be a shared understanding of what integrated and collaborative commissioning looks like, and when it is appropriate.

**Joint commissioning:** “*the process in which two or more organisations act together to co-ordinate the commissioning of services, taking joint responsibility for the translation of strategy into action*”.

Welsh Government Social Care Procurement Route Planner<sup>10</sup>

<sup>9</sup> Welsh Health Specialised Services Committee (2015) An Integrated Plan for Commissioning Specialised Services for Wales (2015-2018) draft 4

<sup>10</sup> <http://prp.gov.wales/planners/social/>

The Welsh Government Social Care Procurement Route Planner<sup>11</sup> describes the potential benefits as including seamless care but also achieving better value for money through:

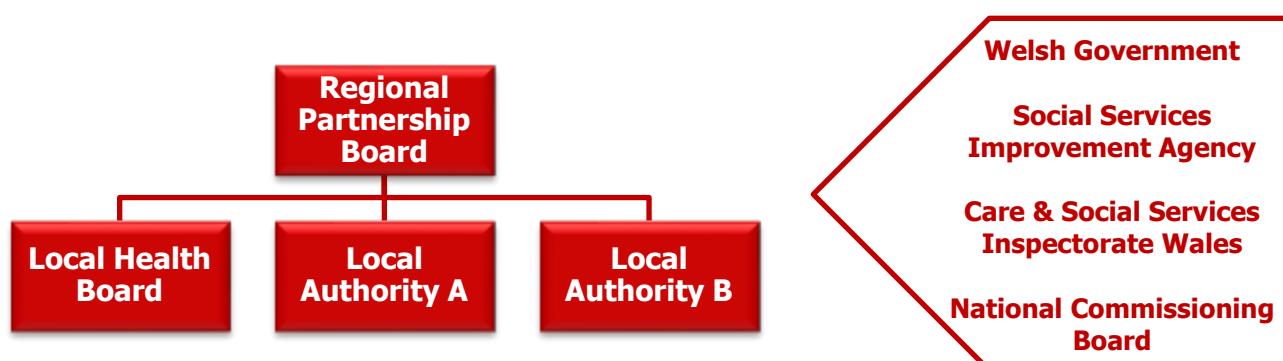
- *"Improving service user experience by integrating care, extending choice and securing good outcomes;*
- *Achieving greater efficiency from minimising duplication and improving co-ordination"*

**Integrated and collaborative commissioning** is a complex strategic activity combining traditional disciplines of strategic planning, service design, procurement, internal service planning and performance management, and applying these disciplines in a new multi-agency environment. It is not simply about contracting between purchasers and providers, but concerns the whole range of ways in which services are developed and secured, including grants, service agreements, voluntary and community contributions and co-production.

As policy places greater emphasis on individual choice and control through self directed support and person-centred care, the role of public agencies as facilitators of service development, rather than only as direct purchasers or suppliers, will also become more important. When collaborative and integrated commissioning is undertaken, these activities have to be re-designed, to ensure that they are fit for their purpose in a new, multi-agency environment.

Commissioning can be collaborative in different ways. Different elements of the commissioning cycle can be conducted jointly, with other done separately. For example, partners can jointly produce strategies, conduct analysis, share resources. See Section 0 for further information and examples.

## Who are the key players and their roles?



<sup>11</sup> <http://prp.gov.wales/planners/social/>

The new, statutory **Regional Partnership Boards** will take an overview of the Intermediate Care Fund and will manage grants made available on a regional basis by the Welsh Government to improve joint working between councils, the health service and independent care providers. The new Regional Partnership Board will also take an overview of the promotion of integrated working. They will drive identification of opportunities for formal partnerships and pooled funds where appropriate. They will manage and develop services to secure strategic planning and partnership working between local authorities and LHBs, to ensure effective services, care and support are in place to best meet the needs of their respective population.

Potential actions relating to commissioning and procurement are as follows:

- Development of a regional or pan-regional commissioning strategy.
- Undertake a review of the role of the commissioning hub so that it is focusing on delivering targeted regional commissioning intentions.
- Aligning regional workforce strategies and delivery plans so that the whole sector workforce can be addressed appropriate.

**Local Health Boards (LHBs)** in Wales plan, secure and deliver healthcare services in their areas.

**Local Authorities (LAs)** in Wales ensure that services are planned and organised to best meet the social care outcomes required by their citizens. It involves understanding the population need, best practice and local resources and using these to plan, implement and review changes in services.<sup>12</sup>

Other bodies such as Welsh Government, Social Care Wales, CSSIW, The National Collaborative Commissioning Unit and the NCB provide policy, guidance and support for these key players in exercising their roles.

### **Levels of Commissioning**

Commissioning of care and support services will take place at different levels. X and Y will continue to take place at a national level. The Regional Partnership Boards support partners to choose to commission services at the most appropriate level for the commissioning task and structure of the market.

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<sup>12</sup> Fulfilled Lives and Supportive Communities Commissioning Framework Guidance and Good Practice (2010)



**National**



**Regional Partnership Board**



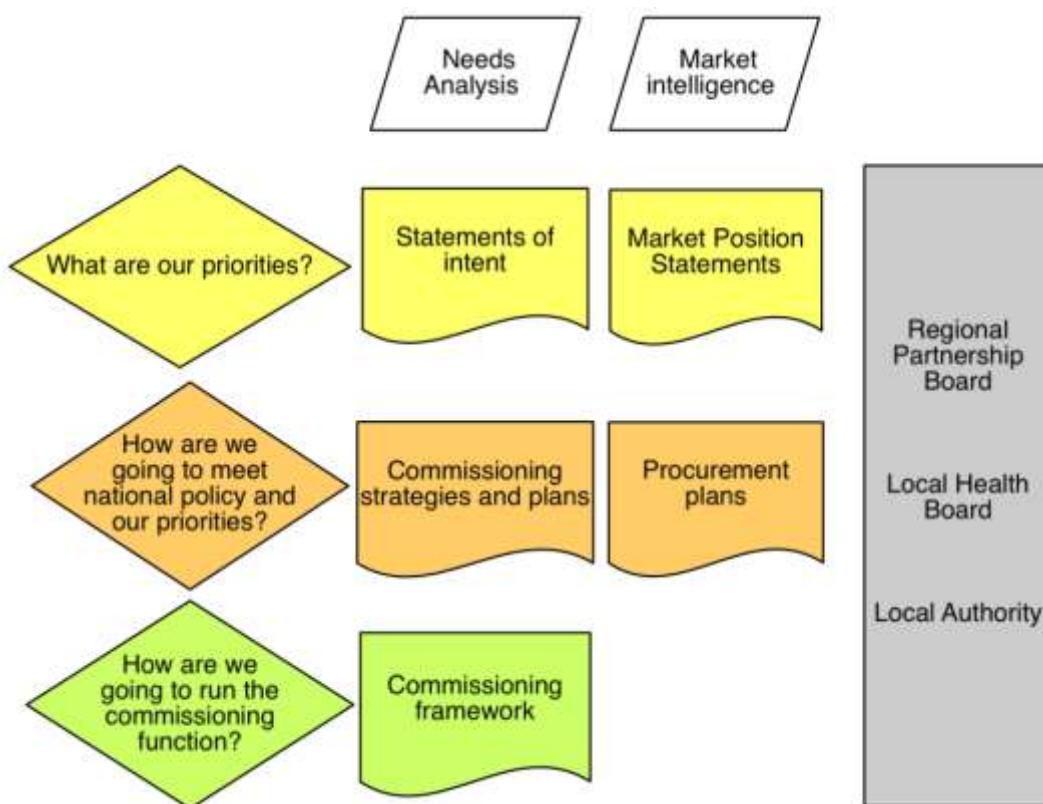
**Local Health Board / Local Authority**

## Key commissioning activities

Effective collaborative and integrated commissioning calls for a greater focus on good quality needs analysis, service information and market intelligence as the basis for constructive relationships between commissioners, providers, service users and the public.

There are key documents and activities that serve different, but related purposes, and this section gives an overview of these.

### Key documents across integrated commissioning



Document	What is it?
Population needs assessment	A clear evidence base which informs planning and operational decisions, and drives change. It will identify: <ul style="list-style-type: none"><li>• The need for care and support, and the support needs of carers in the local authority's area.</li></ul>

Document	What is it?
	<ul style="list-style-type: none"> <li>• The extent to which those needs are not being met.</li> <li>• The range and level of services required to meet those needs.</li> <li>• The range and level of services required to deliver preventative services.</li> <li>• How these services will be delivered through the medium of Welsh.</li> </ul> <p>Partnerships are expected to engage with citizens and with service providers in carrying out the assessment. The first population needs assessment reports need to be produced and published by April 2017.</p>
Market intelligence	Activities which seek to understand the market, including collection and analysis of data on provider stability to enable oversight of the 'health' of the market.
Statements of intent	An overarching strategic document, produced at a regional level, typically containing less detail than a commissioning strategy.
Market Position Statements	A document produced, following a coproductive process with providers, people who use services and other partners, and aimed at a wide range of care providers, which summarises supply and demand in a local authority area or sub-region and signals business opportunities within the care market in that area.
Commissioning strategies and plans	A formal statement of plans for securing, specifying and monitoring services to meet people's needs at a strategic level. It applies to services provided by the local authority, NHS, other public agencies and the private and voluntary sectors.
Procurement Plans	Partners intentions for re-provisioning and re-contracting external and/or internal services.
Commissioning framework	"Fulfilled Lives, Supportive Communities" <sup>13</sup> set the expectation for the development of a new commissioning framework by local authorities comprising guidance, skills development, promoting wider area commissioning especially for specialised services, developing stronger links to commissioning allied services including health, education and housing and promoting outcome based commissioning.

## Moving towards greater collaboration and integration

### Where can integrated and collaborative commissioning take place?

Collaborative and integrated commissioning can take place across different organisations, for example:

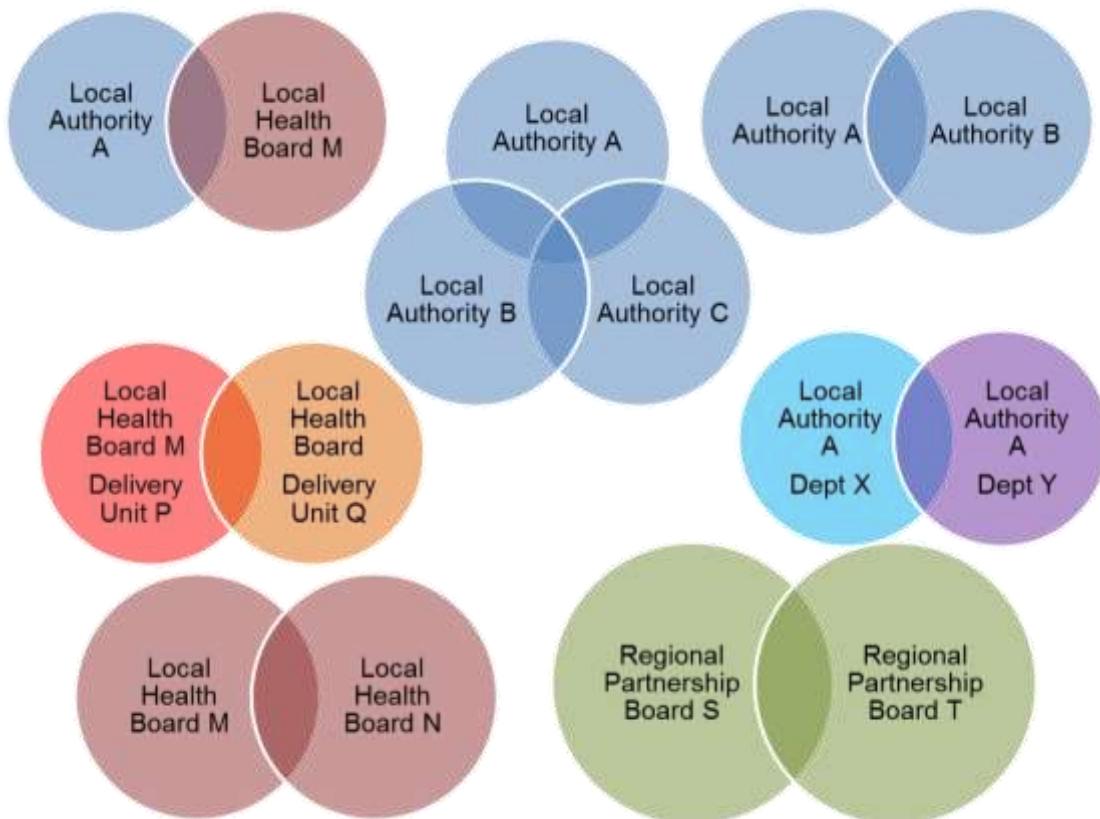
- **Health and Local Authority:** Local authorities and LHBs have very different cultures, different financial and accountability arrangements and different individual priorities. What they share, however, is a responsibility to deliver outcomes for their citizens, to ensure that people are able to access quality

<sup>13</sup> Welsh Assembly Government (2007) Fulfilled Lives, Supportive Communities: A Strategy for Social Services in Wales over the next decade

services, when they need them, knowing that services have been provided or secured at the best possible value.

- **Wider partnerships within organisations:** This can include local authorities jointly commissioning for local communities with colleagues in different parts of the authority, such as supporting people funded services, education, youth justice or environmental services. It also includes seeking where appropriate to commission jointly to meet regional or national needs with other authorities and the Welsh Government. Similarly it may include joint commissioning across Delivery Units in LHBs.

### Different integrated and collaborative commissioning arrangements possible (non-exhaustive)



The key to all these potential collaborations is identifying where and how value can be added by working together.

### What degrees of collaborative and integrated commissioning are there?

It is helpful to understand the different levels of collaboration, and recognise that different approaches will be applicable in different circumstances. The key here is to have agreement as to the approach being taken, and the rationale for this.



### Separate

Actions and decisions arrived at independently and without co-ordination



### Parallel

Objectives, plans, actions and decisions are arrived at with reference to other agencies



### Joint

Objectives, plans, actions and decisions are developed in partnership by separate agencies



### Integrated

Objectives, plans, actions and decisions are arrived at through a single organisation or network

The table below looks at 7 key areas for commissioning and asks what a joint and integrated approach could look like in these areas. How far are you currently operating in a joint or integrated way?

<b>Area</b>	<b>What could a Joint Approach look like?</b>	<b>Do we currently do this?</b>	<b>What could an Integrated Approach look like?</b>	<b>Do we currently do this?</b>	<b>Is this a priority area for integration?</b>
Purpose and Strategy	<ul style="list-style-type: none"> <li>• Shared commitment to improve outcomes across client group.</li> <li>• Joint strategy development teams producing common strategies.</li> </ul>		<ul style="list-style-type: none"> <li>• Inclusive planning and decision process as an integral partner.</li> <li>• A transparent relationship between integrated bodies.</li> <li>• Single agency with one commissioning function.</li> </ul>		
Needs and Market Intelligence	<ul style="list-style-type: none"> <li>• Jointly designed population needs analysis.</li> <li>• Joint working to review market mix.</li> </ul>		<ul style="list-style-type: none"> <li>• Single projects undertaking needs and market analysis and using these to inform commissioning and contracting priorities.</li> <li>• Single research, analysis, public health teams.</li> </ul>		
Partner Engagement	<ul style="list-style-type: none"> <li>• Partners jointly design and manage consultation and feedback activities.</li> <li>• Stakeholders have a clear opportunity to influence strategies.</li> </ul>		<ul style="list-style-type: none"> <li>• A single team is responsible for systematic engagement to inform a single strategy.</li> <li>• Partners are closely involved in sharing intelligence.</li> </ul>		

<b>Area</b>	<b>What could a Joint Approach look like?</b>	<b>Do we currently do this?</b>	<b>What could an Integrated Approach look like?</b>	<b>Do we currently do this?</b>	<b>Is this a priority area for integration?</b>
Resource allocation and management	<ul style="list-style-type: none"> <li>Partners identify pooled budgets for particular areas, and a joint approach to decision making on budget allocation to meet common objectives.</li> </ul>		<ul style="list-style-type: none"> <li>Pooled budgets within a single agency or network, to meet combined needs identified for the population.</li> </ul>		
Market facilitation and monitoring	<ul style="list-style-type: none"> <li>Partner review groups ensure robust joint arrangements for the collection and interpretation of performance information.</li> <li>Sharing of risk with market development.</li> </ul>		<ul style="list-style-type: none"> <li>Integrated monitoring and review results in shared understanding of impact of current services and the evidence for changes in the future.</li> </ul>		
Procurement	<ul style="list-style-type: none"> <li>Partners issue joint block contracts or share contract risk.</li> <li>Standard joint contract terms are realistic and deliverable by providers.</li> </ul>		<ul style="list-style-type: none"> <li>Single function responsible for managing contracts to meet a single commissioning agenda.</li> </ul>		
Commissioning Functions	<ul style="list-style-type: none"> <li>Emerging hybrid roles support a joint strategic commissioning function across agencies.</li> <li>A clear understanding of the resources and skills</li> </ul>		<ul style="list-style-type: none"> <li>Integrated commissioning function, e.g. a single manager with responsibility for managing</li> </ul>		

<b>Area</b>	<b>What could a Joint Approach look like?</b>	<b>Do we currently do this?</b>	<b>What could an Integrated Approach look like?</b>	<b>Do we currently do this?</b>	<b>Is this a priority area for integration?</b>
	<p>required to provide support to joint strategic commissioning.</p> <ul style="list-style-type: none"> <li>• Joint appointments of commissioning staff.</li> </ul>		<p>commissioning and contracting within a single organisation or network.</p>		

## **Key questions**

Collaborative and integrated commissioning does not mean a simplistic rush to regional arrangements for all commissioning and procurement. Commissioning on a locality or population cohort basis, for example, will in many cases be an effective way of addressing specific needs. Partners will only wish to invest in regional activities where there is a strong business case. Given the different levels of integrated commissioning possible, partners will want to be confident that commissioning of different services takes place at a level and to a degree that will secure the greatest efficiency and effectiveness. For some services this will mean staying with existing arrangements.

## **Why are we looking to commission differently?**

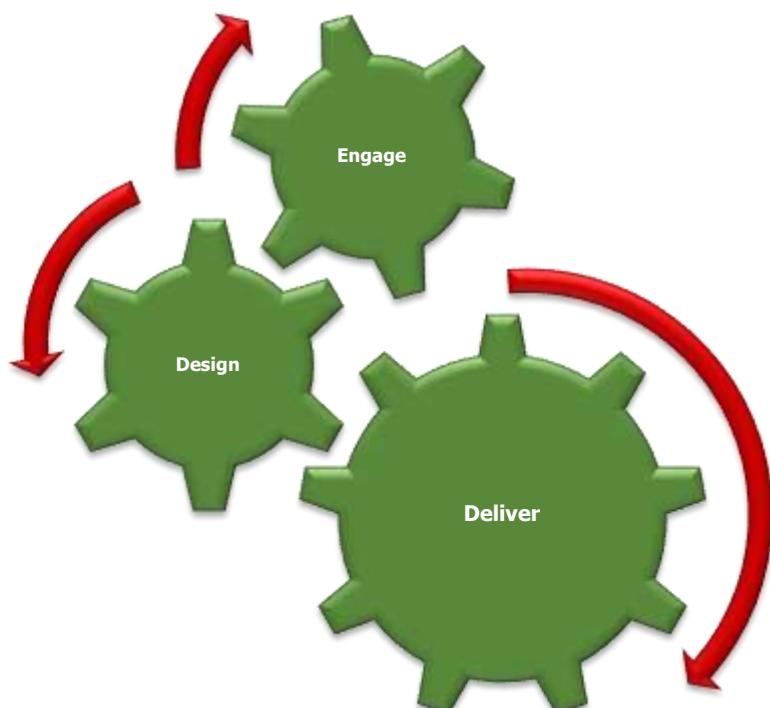
<b>Will commissioning services differently result in...</b>	
More efficient commissioning practice	
Reduced overall costs	
Better outcomes and better commissioned services	
Strategic alignment with other projects	
Working together to avoid unilateral decisions resulting in problems for partners	
Greater influence on markets and providers	
A better fit with national policy	
Transition arrangements that are feasible and acceptable	

## **Delivering change**

Achieving collaborative and integrated commissioning will require changes to the way commissioning takes place. It is likely to involve the introduction of new roles, require new processes and need new skills and behaviours.

The people currently carrying out commissioning functions have the potential to be the most resistant to change here – but can also be the ones with the best understanding of what needs improving and how.

It is vital to harness their expertise and ideas to be able to design and deliver effective collaborative and integrated commissioning arrangements.



## **What could be commissioned at a regional level?**

### **Potential tasks**

These should be in scope for the remit of a regional function. In each case there could be a case for taking a regional approach due to the regional nature of the market or the specialist skills or knowledge needed to be effective: It is not suggested that all of these activities, for all populations, should be undertaken at a regional level. The specific work plan priorities and resource commitments will need to be agreed by partners on an ongoing basis.

### **For each commissioned service...**

<b>Tasks</b>	<b>Are we currently doing this at regional level? (Y/N)</b>	<b>If not, which would be your priority areas for discussion (1, 2, 3...)</b>
(Regional) Market Intelligence and Analysis		
Shaping the Market		
Population/ Needs Assessment		
Business Model/ Commercial Business Case Analysis		
Well Being Agenda and Engagement with Public/Third and Private Sector		

### **Potential commissioning areas**

There are a number of key strategic priority areas that have been consistently raised as potential areas for integrated commissioning activity in conversations with partners.

<b>Commissioning areas</b>	<b>Are we currently doing this at regional level? (Y/N)</b>	<b>If not, which would be your priority areas for discussion (1, 2, 3...)</b>
Stabilising the residential and nursing market		
Undertaking population needs analysis to meet the requirements of the Act		
Ensuring that there is the ability and capacity of local services to meet that need		
Developing the regional domiciliary care market		
Core placement fees negotiation		
Issuing and monitoring framework contracts		
Analysis of current market performance		
Integrated approach to quality assurance		
Reduction of bureaucracy for providers		

## **Skills, capabilities and behaviours**

Collaborative and integrated commissioning will demand new skills and new practices, and a new level of maturity in the system as we try to ensure that every penny spent from the public purse (and by individual service users) is used wisely and effectively, and that services are cost-effective, of good quality and sustainable into the future.

<b>Current role</b>	<b>Example of new skills and knowledge which might need to be developed</b>
A local authority social care leader responsible for planning and procuring community and residential care.	How integrated commissioning of community health and social care services can be used to safely and effectively reduce demand for acute care.
An NHS manager responsible for planning the distribution of local NHS acute services.	How social care services can be commissioned to reduce acute health demand through better planning and procurement with public, private and 3rd sector providers. A clinical professional responsible with colleagues for implementing locality health and care plans. How they can work with specialist colleagues to plan together on the basis of systematic analysis of integrated service data, population profiles and user and community experience.

People involved in commissioning may already have experience in some aspects of the overall cycle, and with particular service areas, but they now need to draw on new models, new relationships and new skills to be successful in collaborative and integrated commissioning across the whole system. They also need to be able to apply these skills across agencies involved in social care, community and acute health, housing, welfare benefits, and community development. Here are some examples of the new skills and knowledge which different people might need to develop as they address the capacity needed to commission jointly:

### **Developing collaborative and integrated commissioning skills and capacity**

A shared understanding is required of what skills and capacity currently exist for collaborative and integrated commissioning, and what current commissioning skills can be built on. The key questions below relate to the scoping and ownership of this task through understanding the skills and experience currently held.

<b>Key questions</b>	
Are you clear about who is responsible for developing collaborative and integrated commissioning skills and capacity?	
Do you have a plan for developing collaborative and integrated commissioning skills and capacity?	

<b>Key questions</b>	
Have you explored the culture you want to be characteristic of your collaborative and integrated commissioning?	
Are all partners clear about this and committed to the approach?	
Who are the individuals and teams who need to develop these collaborative and integrated commissioning skills?	
How much support will they need to develop them, over what time period?	
Have you systematically reviewed the skills needed in your area to deliver effective collaborative and integrated commissioning?	
Do you have a strong plan which will help you secure these skills?	
What skills and experience are there in commissioning services covering the whole integrated health, wellbeing and social care system for older people?	
What skills and experience are there in collaborative and integrated commissioning, covering all of the activities involved in the commissioning cycle, from strategic analysis, to planning, to delivery to review?	

### **Types of roles**

There are a mix of roles potentially involved in the collaborative and integrated commissioning task for older people's health and social care services in Wales. These will include both strategic and operational roles which sit within a number of different organisations as well as in joint posts across organisations.

There can be considered to be four role types where appropriate skills and capacity will be required to deliver the integrated commissioning agenda and thus help to achieve the best outcomes for older people.

This section describes the people who might be involved in these roles. This is not simply about job titles as some people's work will require them to fulfil more than one role. In many instances no one individual can offer all of the skills required and it will be down to teams to operate together to match the role requirement. As the collaborative and integrated commissioning agenda moves on in the future, it is probable that new skills will be needed.



## **Leadership and governance**

**Likely to include:** Partnership Board members; Chief Executives or Service Directors; Councillors, trustees and Health Board executives.

This will apply to people with roles which involve:

- Maintaining an overview of the commissioning system, what outcomes it is trying to achieve and what risks need to be managed.
- Leading the development of joint commissioning plans and securing partners commitment to them.
- Ensuring that all partners engage with the implementation of agreed plans.
- Ensuring that the delivery of strategic service change and improvement across the system.
- Reviewing the strategic impact of services and getting partners to change direction when needed.

Above and beyond the skills and experience that these leaders need to operate effectively in their own organisations, they need to build particular skills in the leadership and governance of the joint commissioning task.

## **Management**

**Likely to include:** service directors within partner agencies; heads of functions such as planning, commissioning, procurement, support services or public health; provider executives with business management and development responsibilities.

Managing the detailed design and delivery of joint commissioning arrangements is a second key area. Managers have to be able to look beyond arrangements which might work in their own particular agency or setting to understand the challenges that different partners are experiencing, and develop a response which promotes mature relationships. This applies to people with responsibilities such as:

- Designing and maintaining joint commissioning arrangements to improve outcomes for patients and users.
- Ensuring that commissioners engage effectively with all partners including patients, service users and carers.
- Ensuring there is proper management of joint resources, risks, finance, performance and quality.
- Leading joint commissioning teams to deliver evidence-based change through partnerships.

- Ensuring that locality groups are engaged in the joint commissioning process.
- Managing wider contributions to and from community plans and single outcome agreements.

## **Partnership**

**Likely to include:** managers in regional health and social care partnerships including the voluntary and private sectors; locality groups including professionals and clinicians; service users, patients and carers; people with wider responsibilities for community planning; agencies with related responsibilities such as community development, benefits, housing, child health, social care and education.

Working in partnership to deliver effective joint commissioning is the third key area involved in the joint commissioning agenda. Real partnership goes beyond the ability to negotiate with partners to get the best for your individual agency or service, and requires the desire to work across boundaries to get the best outcomes for service users, patients and their carers. This applies to people in health, wellbeing and social care with responsibilities such as:

- Working effectively together with partners in creating and implementing joint commissioning plans.
- Contributing to joint commissioning activities such as needs analysis, evidence-based service development, procurement, contracting.
- Working together in locality planning groups to implement local improvements.
- Working with partners to break down barriers between practitioners and services to secure better outcomes for users.
- Working together to review the performance and impact of services.

## **Production**

**Likely to include:** people part of different teams across the system such as; NHS acute and community planning and performance; local planning partnerships; public health; local authority strategic planning and commissioning; procurement; performance management; or community development. Often operational managers within health and social care services will carry some responsibility for some part of the commissioning process for their local area. Private and 3rd sector providers have much to contribute to the production and delivery of commissioning plans and will often need these skills.

The final area is working within a partnership to produce, implement and monitor joint commissioning plans. There are commissioning professionals from many different backgrounds and organisations already involved in securing health, wellbeing and social care services, each with their own skills and experience. Joint commissioning demands that those skills and experiences are pooled in an effective way to ensure that joint commissioning plans really do reflect priorities across the whole system which will best help to secure the best possible outcomes for older people. These production skills apply to people with responsibilities in different parts of the commissioning cycle such as:

- Needs analysis, including locality based patient and service-user needs
- Market analysis
- Service quality
- Evidence-based service analysis and design
- Outcome-based strategic planning
- Public health and health economics
- Cost – benefit analysis
- Outcome-based procurement and service agreements
- Internal service specification
- Tendering and contracting
- Finance
- Equalities and diversity
- Service and contract monitoring and review
- Performance and data analysis
- Provider engagement and development
- User engagement

### **Characteristics required to achieve collaborative and integrated commissioning**

Taking the four role areas together, suggests the following commissioning characteristics will be needed to deliver collaborative and integrated commissioning.

<b>Collaborative and integrated commissioning characteristic</b>	<b>Where are we now?</b>	<b>Where do we want to be by April 2018</b>	<b>Who is leading this?</b>
A whole system approach to commissioning decision-making including an understanding of impact and risks across sectors.			
Commissioning skills and capacity across different organisations, including providers.			
An ability to collate, analyse and report on evidence of demand for services from quantitative and qualitative sources.			
An ability to gather and analyse evidence of what works particularly in terms of prevention and the promotion of well-being.			
Stronger relationships with and levels of understanding of local markets.			
Strong engagement with local communities and citizens and appropriate structures in place to support this.			
Availability of robust performance data across services demonstrating performance against outcomes.			
Mechanisms for monitoring and responding to performance across the system.			
The ability to share information in a meaningful way across partners, including financial information.			
Access to strong technical skills, particularly in procurement, legal and financial areas.			

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