



**Scottish Government and Joint
Improvement Team**

Joint Strategic Commissioning



COSLA

Learning Development Framework

November 2012

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1 Introduction

*'Separate - and sometimes disjointed - systems of health and social care can no longer adequately meet the needs and expectations of increasing numbers of people who are living into older age, often with multiple, complex, long-term conditions, and who need joined up, integrated services.'*¹

Over the last decade there has been growing recognition that services for older people in Scotland will need to change. Demographics, economics, increasing care complexity and people's expectations are driving a rethink about what kind of health, wellbeing and social care services are needed, and about the way in which services are planned and co-ordinated to be effective in securing the best possible outcomes for the population.

Following on from previous reports from national agencies and a national commission², the Scottish Government produced proposals on the integration of health and adult social care for consultation in May 2012³. The policy goal identified by the proposals is to optimise the independence and wellbeing of older people at home or in a homely setting. This will involve a substantial shift in focus of care from institutional settings to care at home. This goal is embedded in a number of challenging national outcomes to be achieved over the next decade:

¹ The Scottish Government: The Integration of Health and Adult Social Care in Scotland, May 2012, p6

² These are summarised in appendix 1

³ The Scottish Government: The Integration of Health and Adult Social Care in Scotland, May 2012

<i>Clear and agreed care pathways for all older people, particularly those with complex care and support needs, accessing timely and effective community and hospital care as necessary.</i>	<i>All care and support providing personalised care based on outcomes/goals agreed with the older person and on assessments which focus on personal outcomes.</i>	<i>Services focused on prevention, maintenance of independence, recovery, rehabilitation and reablement, with a corresponding reduction in the need for emergency admission to hospital or a care home.</i>
<i>More older people living in housing which suits their needs and helps maintain their independence.</i>	<i>Community support for older people enlisted and mobilised, through volunteering, community enterprises and care co-operatives.</i>	<i>A readily accessible, comprehensive information, advice and support resource.</i>
<i>Public sector resources from all sources (NHS, Councils, Benefits) available to jointly fund any agreed aspect of care.</i>	<i>A philosophy of co-production embedded as mainstream practice in both the development and the delivery of all services.</i>	<i>Community based support for end of life care.</i>

The Government also proposes that these policy goals are delivered through a redesigned health and social care system in which:

- Integrated Health and Social Care Partnerships will replace Community Health Partnerships.
- These Partnerships will be accountable for delivery of nationally agreed outcomes, initially focused on older people.
- There will be integrated budgets for joint strategic commissioning.
- There will be a Jointly Accountable Officer in each partnership to lead on joint commissioning.
- There will be a strengthened role for clinicians, professionals, third and independent sectors in the design of services.
- More resources will be directed to community provision, less to institutional care by Partnerships.

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- Individuals will have greater choice and control over the services they use through self-directed support for social care and person-centred healthcare.
 - Partnerships will have a joint responsibility to develop joint commissioning strategies and will involve all those involved in supporting older people including social care, community and acute health, housing, welfare benefits, and community development.

Joint commissioning is a key mechanism by which integrated health, wellbeing and social care will be expected to deliver the Government agenda for better outcomes for older people, and this Joint Strategic Commissioning Learning Development Framework is designed to help those responsible for improving joint commissioning capacity in local Partnerships to achieve this.

The Framework focuses on joint commissioning by Community Health and Social Care Partnerships and their partners - local authorities, NHS boards, third and independent sectors. In particular it explores the skills needed to deliver effective joint strategic commissioning of older people's services. However, it is intended that the material is useful for other groups of patients and service users as well – the joint commissioning skills involved are relevant to all populations, service users and patients. It is also intended to be useful to those involved in wider community planning, including Community Planning Partnerships and the production of single outcome agreements⁴. It has been prepared by the Institute of Public Care (IPC) at Oxford Brookes University for the Scottish Government and the Joint Improvement Team in Scotland (JIT). It was developed between May and August 2012 and involved:

- A review of recent guidance, recommendations and good practice from Scotland and elsewhere.
- Advice and guidance from the Scottish Government's National Strategic Commissioning Group throughout.
- Consultation with over 130 national leaders and commissioning specialists in individual interviews and workshops in May, June and July 2012.

⁴ Scottish Government and COSLA: Concordat on Partnership, 2007

2 Who is this Framework for and how should it be used?

Collectively we need to significantly improve our skills and capacity to prepare and deliver Joint Commissioning Strategies.⁵

This Framework is for people who have the responsibility for making sure that those involved in joint commissioning in local Partnerships have the skills and experience necessary to undertake their jobs effectively. You will find it particularly useful if you are one of the following:



It will help you structure your thinking about the development priorities for your local Partnership. It will also help you to make best use of the resources that are available elsewhere from national bodies, universities and local training and development units, some of which are referenced in Appendix 2. You might want to use it to:

⁵ Joint Improvement Team: preparing Your Joint Commissioning Strategy for Older People, August 2011, p2

- Help you reflect on the development challenges facing partners as they build joint commissioning within the context of new Partnership arrangements.
- Provide the basis for a local Partnership review of joint commissioning skills and capacity, and inform a Partnership joint commissioning development plan.
- Help individuals to reflect on their own role in joint commissioning and how they need to develop their skills to do it effectively.

Throughout the text there are a series of discussion points which you might find useful to explore with colleagues in your local Partnership. For example, at this point you might want to consider:

Discussion point

- *Is your local Partnership clear about who is responsible for developing joint commissioning skills and capacity?*
- *Do you have a plan for developing joint commissioning skills and capacity?*

3 What do we mean by joint commissioning?

*'Public service providers must be required to work much more closely in partnership, to integrate service provision and thus improve the outcomes they achieve and our whole system of public services – public, third and private sectors – must become more efficient by reducing duplication and sharing services wherever possible.'*⁶

3.1 Definitions, models and skills

The term 'Commissioning' is used in many different ways. Even for people working within health, wellbeing and social care it can refer to a range of different activities, so it is important that this Framework is clear about its focus. In 2012 the Scottish Government's Strategic Commissioning National Steering Group set out what it understood the phrase to mean⁷, and in consultation workshops for this Framework, people from across the health and social care spectrum were asked to comment on these definitions. They were widely accepted as pertinent and useful, and so will be used throughout:

- Commissioning is the term used for all the activities involved in assessing and forecasting needs, linking investment to agreed desired outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place.
- Joint commissioning is where these actions are undertaken by two or more agencies working together, typically health and local government, and often from a pooled or aligned budget.

The Steering Group also referred to the model developed originally by the Institute of Public Care, which summarises the activities involved in the joint commissioning task:

⁶ The Christie Commission 'Commission on the Future Delivery of Public Services' June 2011, p65

⁷ Strategic Commissioning National Steering Group 'Joint Strategic Commissioning' Scottish Govt, June 2012



Joint 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. Joint commissioning 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 commissioning is undertaken jointly, these activities have to be re-designed, to ensure that they are fit for their purpose in a new, multi-agency environment. 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 joint 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:

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 3 rd sector providers.
A private provider responsible for a local home care service and used to delivering services to tenders from the local authority.	How they can contribute their knowledge and experience to understanding need, demand and planning for the care population in the future.
A 3 rd sector leader whose care and support services are funded by NHS and local authority grants.	How those services can be developed in response to joint commissioning priorities as part of an integrated care network to better meet local needs.
A service user in receipt of a complex package of health and social services continuing care.	How they can play a full role in exercising choice and control to get the service needed, when wanted, and from the people best placed to provide it.
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.
A leader of a housing association responsible for providing high quality housing for its local residents	How they can develop housing with care services which will provide homely support for older people and reduce demand for intensive substitute care.

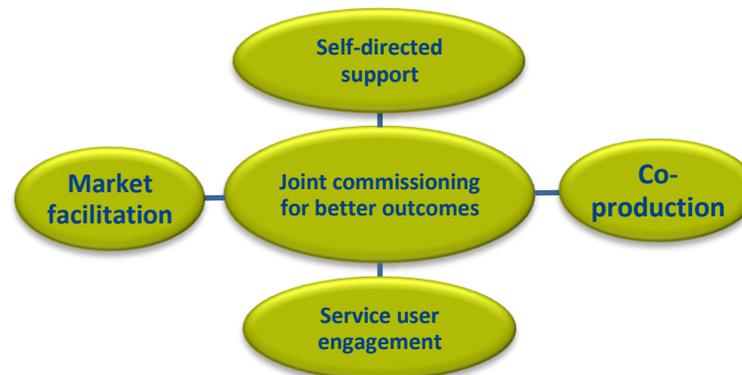
Discussion Point

- *Is your local Partnership clear about what joint commissioning involves? and who needs to be involved?*
- *Does it have an agreed approach and joined up arrangements?*

3.2 Joint commissioning culture

Where money comes from – health or social care, or, indeed, housing – will no longer be of consequence to the patient or service user. What will matter instead will be the extent to which partnerships achieve the maximum possible benefit for service users and patients, together and against the backdrop of shared outcomes and an integrated budget.⁸

Joint commissioning needs to develop across Scotland within the context of major changes in approach across health, wellbeing and social care. We need to develop a different way of interacting with service users, patients and their carers. We also need a more holistic and mature perspective about the contribution of individuals and agencies involved. In particular, those involved in joint commissioning need to build the following areas of good practice:



⁸ The Scottish Government: The Integration of Health and Adult Social Care in Scotland, May 2012, p17

Joint commissioning for better outcomes. There is a general agreement about the importance of outcomes as drivers for good health and care services across Scotland. In joint commissioning this means something very practical but often difficult to achieve – that services are designed, developed and delivered in a way which secures the best possible overall impact or result. This challenges services which are designed for professional or administrative convenience, which focus only on one aspect of a person's overall care needs, or without evidence that they are successfully improving outcomes for those who use them. Outcome-based commissioning means starting from the needs of the population and configuring resources across social care, community and acute health, housing, welfare benefits, and community development (whoever owns them), to best meet those needs.

Commissioning based on co-production. Commissioning is not about simplistic marketisation or privatisation of health and social care. It is not only about procurement of services from external suppliers. It is about a mature relationship between different partners from across the public, private and voluntary sectors in a way which will help to achieve the best services for the population. Every partner has a role to play in joint commissioning, and that is why it is important that local arrangements promote mature relationships and constructive dialogue. Those involved in the joint commissioning task need to develop their skills in working with a range of partners including the public, private, 3rd sector and with service users, patients and carers to build and implement commissioning priorities. Local clinicians and professionals in locality groups play a key role in ensuring that local needs are understood, and that they inform the overall priorities of the agencies involved.

Maximising service user and patient engagement in commissioning. Co-production involves the effective engagement of service users, patients, carers and the wider public in decisions about the future of services. We are still at an early stage in developing effective dialogue between commissioning agencies and the public, and this can be greatly improved through effective engagement in understanding need, reviewing resources and planning evidence-based services.

Commissioning for self-directed support. The Scottish Government is committed to promoting greater choice and control for individual service users and patients through self-directed support and person-centred care. Joint commissioning has a key role in ensuring that services delivered or funded by local government and the NHS are designed to make sure that their users are fully able to direct their care service and get the support they need when they need it.

Market facilitation. Health, social care and wellbeing support for older people is not funded by any means entirely through publicly funded sources or always managed directly by public agencies. Many people buy some of their own health and social care, or make use of family, informal voluntary and community services, or use self-directed support. It is increasingly important that local authorities and their NHS colleagues look to understand the contribution that these services make, ensure that they are taken into account when planning new developments, and that they are helped to make the best possible contribution to achieving good outcomes for older people – even if they are not funded directly.

These development areas for joint commissioning will be influential in nothing less than the design, development and delivery of the whole system of health, wellbeing and social care. They will help to ensure that the balance of health wellbeing and social care services are what older people want and need, and that they will be best able to meet the needs of the population into the future. They underpin the way in which commissioning colleagues across the sector ensure that the outcomes we all want for a happy, healthy and useful old age are achieved for as many people as possible.

Discussion Point

- *Has your local Partnership explored the culture you want to be characteristic of your joint commissioning?*
- *Are all partners clear about this and committed to the approach?*

4 What new skills are needed?

*'A first key objective of reform should be to ensure that our public services are built around people and communities, their needs, aspirations, capacities and skills, and work to build up their autonomy and resilience.'*⁹

To deliver the joint commissioning agenda and thus help to achieve the best outcomes for older people, there are new skills needed in the following 4 joint commissioning roles:



This section describes the people who might need to undertake these roles, and the specific skills they will need to do so. These roles are not simply about job titles. 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 we all know, skills are not static, and as the joint commissioning agenda moves on in the future, new skills will be needed.

⁹ The Christie Commission 'Commission on the Future Delivery of Public Services' June 2011, p26

4.1 Joint commissioning leadership and governance skills

These 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.

Examples of those who might be involved in the leadership and governance of joint commissioning include, for example; Jointly Accountable Officers; Partnership Board members; Chief Executives or Service Directors; Councillors, trustees and Health Board executives. 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. These roles require 6 key leadership and governance skills:



4.2 Joint commissioning management skills

Managing the detailed design and delivery of joint commissioning arrangements is a second key role. 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.

People with these roles might include, for example: Jointly Accountable Officers; 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. These people have responsibilities within their own agencies or organisations, but in addition they need to contribute the following particular skills in joint commissioning:



4.3 Joint commissioning partnership skills

Working in partnership to deliver effective joint commissioning is the third set of key skills needed by people 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.

People with these responsibilities might include:- managers in Community Health and Social Care Partnerships including the 3rd and independent 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.

These people do not have primary role in designing or implementing joint commissioning arrangements, but play a profoundly important part in turning what could be a bureaucratic exercise into a dynamic and mature process characterised by co-production, engagement and a focus on the outcomes which older people need. Those involved need to be able to offer the following skills:



4.4 Joint commissioning production skills

Working within a partnership to produce and implement joint commissioning plans is a fourth set of key skills needed by people involved in the joint commissioning agenda. 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

Joint commissioning producers might be 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. Many will be members of locality groups with specific responsibilities for contributing to joint commissioning plans. Between them, the key joint commissioning production skills are:



4.5 Complementary roles across the system

In summary, there are four very different but complementary roles involved in joint commissioning. All are needed, and must work together effectively so that joint commissioning is systematic and effective across the whole joined up system of care and support for the population of older people in a local area, and the whole joined up commissioning cycle.

Discussion Point

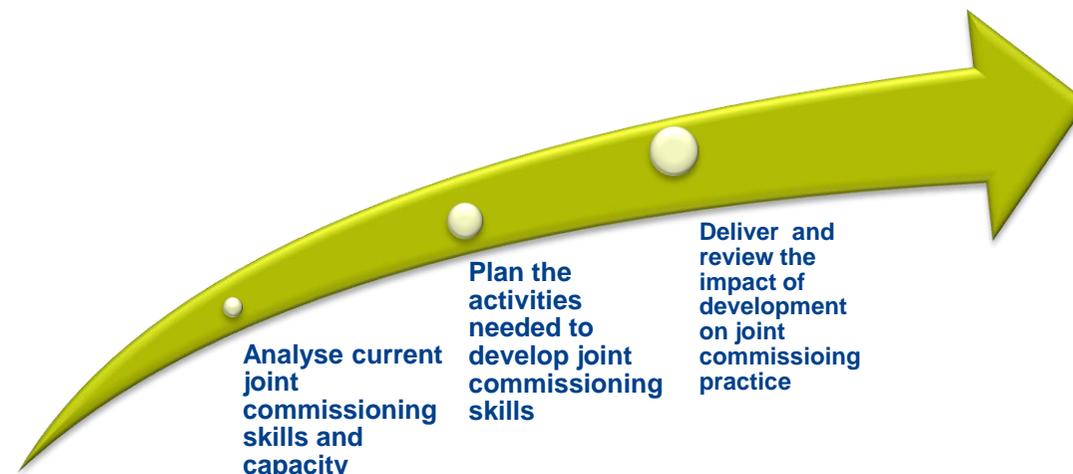
- *Who are the individuals and teams who need to develop these joint commissioning skills?*
- *How much support will they need to develop them, over what time period?*

5 Building joint commissioning skills and capacity

*'To achieve our objective of providing high quality care and support for older people we need to be sure that our health and social service workforces are properly educated and trained.'*¹⁰

For those whose job it is to develop the skills of people across the whole health, wellbeing and social care system to deliver effective joint commissioning, the task can sometimes seem daunting. Many people are already involved to some degree in the commissioning task, but the experience they have developed within one part of the whole system may not be enough to ensure that they are effective in their joint commissioning role.

There is no single blueprint which can be offered to denote, for a particular partnership, what workforce development activities are required, as each local area is different in its joint commissioning arrangements, its existing capacity and the skills available. However, it is worth taking a systematic approach to developing the local workforce plan involving the following stages:



Looking at each stage in more detail, you might find it helpful to:

¹⁰ Scottish Government, COSLA, NHS Scotland (2011) Reshaping Care for Older People, Scottish Government, Edinburgh

5.1 Analyse current joint commissioning skills and development needs

Use this Framework to review the joint commissioning skills of key people across the local partnership, and the extent to which, between them, they have the necessary skills and experience to deliver local joint commissioning aspirations. Section 6 contains a template to help with this task. For each individual or team that you look at, and for each of the 4 roles, the key questions that you need to ask are:

- What skills and experience are there in commissioning services covering the whole joint health, wellbeing and social care system for older people?
- What skills and experience are there in joint commissioning, covering all of the activities involved in the commissioning cycle, from strategic analysis, to planning, to delivery to review?

Many people have experience of specific parts of the commissioning cycle, and of single agency commissioning, but while these skills will form the basis of further development, they are not necessarily sufficient to equip a person to work effectively within a joint commissioning system. There is a range of ways of undertaking such a skills analysis, and local workforce leads will need to decide the most appropriate approach for the local circumstances. However, the following activities might form the basis for your own project plan:

- Secure initial commitment to the analysis and any subsequent plan from the local Partnership to ensure that joint commissioning capacity and skills development is recognised as a strategic priority for all partners.
- Ensure the analysis is planned and co-ordinated by a credible individual or small team.
- Conduct the analysis for both individuals and teams or groups – this is an individual and organisational issue.
- Provide an opportunity for key individuals and groups across the Partnership to identify their own strengths and areas for development.
- Also provide an opportunity for them to get feedback from their colleagues across the Partnership about their strengths and areas for development.
- Make sure the results are carefully drawn together to summarise development needs across the partnership and for individuals and different groups.

Once you have established the joint commissioning development needs, you can get on to the plan.

5.2 Plan the activities needed to develop joint commissioning skills

The analysis of skills described above should provide the basis for planning what development priorities need to be addressed. This is where the development specialist needs to draw on knowledge of different learning methods and resources to devise a plan which will help the Partnership build its joint commissioning capacity over time. Two particular elements need to be considered:

- What methods should be used to deliver development opportunities? In broad terms these might range from workforce reconfiguration and recruitment to career development to skills training or self-directed learning. A more detailed outline of examples is included at appendix 1.
- What resources are already available? National bodies across Scotland have been working hard to provide resources to support commissioning for a number of years, and many are now looking to revise these resources so that they are specifically relevant to the joint commissioning agenda across the whole health and social care system. Some examples of the resources available are included at appendix 2.

You may want to produce a joint commissioning development plan for the Partnership to agree and commit itself to delivering. The contents of the plan might include:

Example Joint Commissioning Development Plan	
■ The joint commissioning task and approach	■ A summary of the approach to joint commissioning being taken by the Partnership
■ People involved	■ Different joint commissioning roles and who within the Partnership is involved
■ Skills needed	■ For each role, an analysis of the specific joint commissioning skills needed to deliver joint commissioning successfully, drawing on this Framework

Example Joint Commissioning Development Plan	
<ul style="list-style-type: none"> Development priorities 	<ul style="list-style-type: none"> A summary from the skills analysis exercise for individuals, groups and teams
<ul style="list-style-type: none"> Planned development activities 	<ul style="list-style-type: none"> The interventions which are most likely to have an impact on skills and practice in the short and longer term
<ul style="list-style-type: none"> Resources available 	<ul style="list-style-type: none"> From local and national sources
<ul style="list-style-type: none"> Resources needed 	<ul style="list-style-type: none"> Including money and skills needed to deliver the plan
<ul style="list-style-type: none"> Measurement 	<ul style="list-style-type: none"> How the impact of the plan on joint commissioning skills and practice will be monitored and reported.

5.3 Deliver change, and review the impact on joint commissioning practice

Investment in joint commissioning skills has no value unless it leads to more effective commissioning practice – which means ultimately the best possible outcomes for service users and patients. It is important that those responsible for developing the joint commissioning workforce do not limit their evaluation of impact just to the satisfaction of those involved. Ultimately the impact will be judged through the national performance outcomes framework and the extent to which older people across the country are supported to achieve their best possible outcomes, but one way of getting an interim analysis of impact is to review the effectiveness of the joint commissioning arrangements.

Enclosed at appendix 3 is a short evaluation which can be used to review the perceived effectiveness of local joint commissioning arrangements. Remember that this is a development process, and needs to be reviewed and updated on a regular basis as part of the overall Partnership programme of development and change.

Discussion Point

- *Have you systematically reviewed the skills needed in your Partnership to deliver effective joint commissioning*
- *Do you have a strong plan which will help you secure these skills?*

5.4 Who should be responsible for skills and capacity building, and how much will it cost?

If Partnerships are serious about building joint commissioning capacity, they will also need to jointly invest in the development of the commissioning workforce. A key test of the effectiveness of a Partnership might be that it recognises the new skills needed for joint commissioning and commits the necessary resources to developing them. This might be done by combining or pooling workforce development resources between partners, and undertaking the management of the task within the partnership.

Like all major workforce initiatives in health and social care investment in skills development is needed to ensure that the aspirations for joint commissioning are actually delivered. However, the development agenda for joint commissioning has much to do with building on existing single agency experience, rather than introducing a brand new discipline. Many of the skills needed for joint commissioning are based on those currently used by single organisations, and as such are already supported through individual and organisation development resources. There are also a wide range of resources available through national bodies which can be drawn in to support a local agenda (see appendix 2).

Therefore, the plan may require some new resources, but primarily is likely to focus on redesigning and reassigning resources which were previously used to support commissioning practice in individual organisations. Most organisations involved in local partnerships have existing resources to develop staff, and a very first step might be for leaders to agree how some of these resources can be pooled and targeted at joint commissioning.

Discussion Point

- *Is the right team in place to support the development of joint commissioning?*
- *Do they have the Partnership support and resources needed to deliver?*

6 Joint commissioning skills analysis

To help prepare the development plan, the skills matrix below offers an approach to reviewing the current skills of those involved in the joint commissioning agenda and identifying their development priorities. It covers each of the four roles involved, and for each key skill identified an individual or group could assess themselves using the following criteria:

Level	Characteristic
1	Not yet skilled in this role and needs significant development support
2	Skills based on single commissioning context, whole system commissioning skills needed
3	Needs no further skills development opportunities

Remember that individuals and groups may cover more than one role and therefore need to be considered under more than one role area. Once you have completed the assessment you can use the summary of development methods in appendix 1 to inform your final development plan:

Role	People involved	Skills Needed	Scores and development priorities	Development activities
Leadership and Governance	Identify who needs to be considered. In this group, for example Jointly Accountable Officers; Partnership Board members; Chief Executives or Service Directors; Councillors, trustees and Health Board executives.	<ul style="list-style-type: none"> ■ Leading partnerships in a political environment ■ Leading whole system redesign for better outcomes ■ Leading whole system evidence-based change ■ Leading budget and resource integration ■ Leading culture change in 	Use the scoring grid above to complete an analysis of strengths and development needs	Consider the most appropriate methods for supporting the development of this group of people using the outline in appendix 1

Role	People involved	Skills Needed	Scores and development priorities	Development activities
		professions and services across the whole system <ul style="list-style-type: none"> ■ Embedding public service values across the whole commissioning system 		
Management	Identify who needs to be considered in this group for example Jointly Accountable Officers; Service Directors within partner agencies; heads of functions such as planning, commissioning, procurement, support services or public health; provider executives.	<ul style="list-style-type: none"> ■ Managing budgets and resources across agencies ■ Managing joint commissioning teams to deliver change and secure best outcomes for older people ■ Designing joint commissioning functions including planning, procurement, public health, performance ■ Managing joint needs and market analysis, commissioning plans, procurement ■ Managing changes in commissioning needed in response to SDS ■ Designing joint commissioning activities based on co-production and engagement 	Use the scoring grid above to complete an analysis of strengths and development needs	Consider the most appropriate methods for supporting the development of this group of people using the outline in appendix 1

Role	People involved	Skills Needed	Scores and development priorities	Development activities
Partnership	Identify who needs to be considered in this group for example:-Managers in Community Health and Social Care Partnerships; locality groups including professionals and clinicians; service users, patients and carers; community development, benefits, housing, child health, social care and education	<ul style="list-style-type: none"> ■ Understanding local joint commissioning priorities and how to contribute to their development ■ Helping design good joint commissioning arrangements based on legislation and guidance ■ Designing and delivering outcome-based services to meet joint commissioning priorities ■ Working with partners to develop and implement joint commissioning plans to secure best outcomes for older people 	Use the scoring grid above to complete an analysis of strengths and development needs	Consider the most appropriate methods for supporting the development of this group of people using the outline in appendix 1
Production	Identify who needs to be considered in this group for example:-NHS acute and community planning and performance; public health; local authority strategic planning and commissioning; procurement; performance management; or community	<ul style="list-style-type: none"> ■ Deep understanding of the business, service and finance dynamics facing providers, professionals and service users across health and social care ■ Specialist skills in delivering whole system needs and service analysis ■ Specialist skills in delivering outcome-based whole system commissioning plans 	Use the scoring grid above to complete an analysis of strengths and development needs	Consider the most appropriate methods for supporting the development of this group of people using the outline in appendix 1

Role	People involved	Skills Needed	Scores and development priorities	Development activities
	development.	<ul style="list-style-type: none"> ■ Specialist skills in ensuring whole system service delivery ■ Specialist skills in undertaking whole system performance monitoring and review ■ Specialist skills in undertaking outcome based service specification and procurement ■ Specialist skills in securing whole system change and improvement 		

7 Joint commissioning – a different way of working

Commissioners will be profoundly important across the health, wellbeing and social care sectors over the next few years. Working with their colleagues across the public, independent and 3rd sectors they will be in the vanguard of reconfiguring services to ensure that they meet the needs of a rapidly changing older people's population. They will be change agents working with managers, professionals, service users, patients and carers to ensure that services are increasingly outcome focused, self-directed and effective in helping people live as long as possible in a homely setting.

Joint 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. We hope that this Framework is a useful contribution to helping Partnerships across Scotland ensure that they are in a good position to meet these demands.

Institute of Public Care
September 2012

Appendix 1: Joint commissioning development methods

Different people, groups and teams need different approaches to supporting their development. Planning the right approach will need to take account of a range of factors including the skills needed, the learning style of those involved, and the time and resources available. Some tried and tested approaches to personal and organisational development which can be explored for each of the 4 joint commissioning roles are:

Leadership and Governance	Management
<ul style="list-style-type: none">■ Individual self-assessment and planning■ Action learning sets with colleagues focused on joint commissioning issues■ Seminars on key strategic commissioning methods including delivering strategic outcomes, budgets, change levers across different sectors, evidence-based service design, managing de-commissioning, maximising patient, public and user engagement■ Scenario exercises on potential joint commissioning problems and develop common approaches■ Joint information programmes for councillors and Board non-executives not on the HSCP■ Commissioning leadership as part of wider post-graduate leadership development programmes■ Career pathway guidelines and examples■ Leaders guides on approaches to planning, commissioning, procurement, service reconfiguration, change through commissioning and decommissioning and values and culture in joint commissioning	<ul style="list-style-type: none">■ Self-assessment and personal planning■ Shared analysis of good commissioning practice in learning sets with providers■ Joint training on managing outcome-based commissioning, joint budgets, levers for change in different sectors, applying outcomes and evidence-bases to service specification, managing integrated planning and commissioning and procurement functions, the emerging market facilitation task■ Job descriptions, skills and experience specifications for joint commissioning managers■ Post-graduate joint commissioning and market facilitation programmes■ Joint commissioning career planning■ Career pathway guidance and examples■ Managers guide to planning, commissioning, procurement, engaging stakeholders, market facilitation■ Managers guides to joint strategic commissioning governance models and managing pooled budgets

Partnership

- Individual assessment and development planning
- Action learning to address
- Skills development training on contributing to commissioning analysis, planning and implementation
- Specific guided assignments to contribute to the development of implementation of a commissioning strategy
- Secondments and career development opportunities with other parts of the sector
- Post-graduate generic management programmes including commissioning
- Partners guides to planning, commissioning, procurement and contracting, good outcome-based provider practice in commissioning, and the management of budgets across agencies
- Guides to planning, commissioning, procurement and contracting regulations across agencies, governance models and finance pooling guidelines

Production

- Specialist joint commissioners skills and capacity assessment and development planning
- Job descriptions, recruitment practice and career development plans which focus on the importance of joint commissioning
- Action learning programmes focused on resolving problems in the development or delivery of joint commissioning plans
- Secondments and career development opportunities across different commissioning specialist teams
- Analysis of existing specialists and their line management arrangements – and their career development aspirations
- Common skills development framework for all commissioning producers
- Accredited joint commissioning development programmes
- Programmes at post-graduate level, work-based and flexible delivery, reflecting local joint commissioning priorities

Appendix 2: Resources

There are many agencies and national bodies who have developed resources which can be drawn on locally to support and inform the development of skills for joint commissioning. Some resources have been developed specifically for one particular sector but in many cases they are being updated and revised to reflect the emerging joint commissioning agenda, so keep an eye on them! They include:

Resource	Website
Scottish Government policy, national and local outcomes targets, measures and indicators	http://www.scotland.gov.uk/Topics/Health
Association of Directors of Social Work position statement on integration	http://www.adsw.org.uk/Home/
NHS Health Scotland outcomes based planning programme and capacity building for health improvement	http://www.healthscotland.com/understanding/evaluation/planning/hi-performancemanagement-nhs.aspx
Scottish Social Services Council National Occupational Standards and advanced professional development award	http://www.sssc.uk.com/
Joint Improvement Team joint commissioning guidance	http://www.jitscotland.org.uk/action-areas/commissioning
Procurement Scotland guidance	http://www.scotland.gov.uk/Topics/Government/Procurement
Scotland Excel Procurement Guidance and Capability Assessment	http://www.scotland-excel.org.uk/
NHS Scotland Public Procurement reform programme	http://www.nhsscotlandprocurement.scot.nhs.uk/
Institute for Research and Innovation in Social Services 'leading for outcomes' resources	http://www.iriss.org.uk/project/leading-outcomes

Shifting the Balance Integrated Resource Framework	http://www.shiftingthebalance.scot.nhs.uk/initiatives/sbc-initiatives/integrated-resource-framework/
SWIA Commissioning Standards in Guide to Strategic Commissioning	http://www.scswis.com/index.php?option=com_docman&task=doc_details&gid=181&Itemid=378
EU guidance and proposals for procurement of social care	http://ec.europa.eu/internal_market/publicprocurement/index_en.htm
3 rd and private sector interface care organisations capacity building	http://www.alliance-scotland.org.uk/ http://scottishcare.org/ http://www.ccpsscotland.org/policy/tendering-and-procurement
NHS Education standards and support	http://www.nes.scot.nhs.uk/education-and-training.aspx
Skills for Health occupational standards	http://www.skillsforhealth.org.uk/getting-the-right-qualifications/vocational-qualifications/scottish-vocational-qualifications-%28svq%29/
Public health profiles	http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/Data/CommunityCareOutcomes http://www.scotpho.org.uk/comparative-health/profiles/2010-chp-profiles

Appendix 3: Joint commissioning practice matrix

One way of assessing the extent to which local commissioning arrangements are really joint is to test them against the framework below, developed originally by the Institute of Public Care. It uses a 4 level matrix to describe the characteristics of arrangements and the extent to which different areas within the commissioning cycle can be said to fully integrated.

Areas	Separate Approaches	Parallel Approaches	Joint Approaches	Integrated Approaches
	Commissioning plans, decisions and actions are arrived at independently.	Commissioning plans, decisions and actions are arrived at with reference to other agencies.	Commissioning plans, decisions and actions are arrived at in partnership by separate agencies.	Commissioning plans, decisions and actions are arrived at through a single organisation or network.
Purpose and Strategy	<ul style="list-style-type: none"> ■ Agencies develop services to meet own priorities. ■ Single agency plans do not include key partner's priorities and drivers. ■ Single-agency commissioning strategies. 	<ul style="list-style-type: none"> ■ Systematic analysis of partner agency perspectives, issues and concerns. ■ Liaison in the production of separate strategies. ■ Strategies address partners' issues. 	<ul style="list-style-type: none"> ■ Shared commitment to improve outcomes across client group. ■ Joint strategy development teams producing common strategies. 	<ul style="list-style-type: none"> ■ Inclusive planning and decision process as an integral partner ■ A transparent relationship between integrated bodies ■ Single agency with one commissioning function.

Areas	Separate Approaches	Parallel Approaches	Joint Approaches	Integrated Approaches
Needs and Market Intelligence	<ul style="list-style-type: none"> ■ Needs analysis is undertaken independently, and deals with very specific aspects of population need. ■ Agencies use provider intelligence for the purpose of identifying their own commissioning priorities only. 	<ul style="list-style-type: none"> ■ Separate needs analyses shared by agencies. ■ Separate cost, benchmarking and general market intelligence shared by agencies. 	<ul style="list-style-type: none"> ■ Jointly designed population needs analysis. ■ Joint working to review market mix. 	<ul style="list-style-type: none"> ■ Single projects undertaking needs and market analysis and using these to inform commissioning and contracting priorities. ■ Single research, analysis, public health teams.
Partner Engagement	<ul style="list-style-type: none"> ■ Public meetings, conferences, feedback are designed and delivered independently. 	<ul style="list-style-type: none"> ■ Information from service users or service providers is shared only when clearly relevant. 	<ul style="list-style-type: none"> ■ Partners jointly design and manage consultation and feedback activities. ■ Stakeholders have a clear opportunity to influence strategies 	<ul style="list-style-type: none"> ■ A single team is responsible for systematic engagement to inform a single strategy. ■ Partners are closely involved in sharing intelligence.

Areas	Separate Approaches	Parallel Approaches	Joint Approaches	Integrated Approaches
<p>Resource allocation and management</p>	<ul style="list-style-type: none"> ■ Budgets are used solely to meet self-determined objectives. ■ The financial impact of services and policies on other agencies is not considered. 	<ul style="list-style-type: none"> ■ Agencies allocate some resources to address issues of common concern. 	<ul style="list-style-type: none"> ■ Partners identify pooled budgets for particular areas, and a joint approach to decision making on budget allocation to meet common objectives. 	<ul style="list-style-type: none"> ■ Pooled budgets within a single agency or network, to meet combined needs identified for the population.
<p>Market facilitation and monitoring</p>	<ul style="list-style-type: none"> ■ Market development sited in separate organisations. ■ A fragmented approach to use of providers. ■ Provider performance information not shared. 	<ul style="list-style-type: none"> ■ Performance measurement information shared to promote commonality and consistency. ■ Agencies inform each other of performance improvement needs. 	<ul style="list-style-type: none"> ■ Partner review groups ensure robust joint arrangements for the collection and interpretation of performance information. ■ Sharing of risk with market development. 	<ul style="list-style-type: none"> ■ Integrated monitoring and review results in shared understanding of impact of current services and the evidence for changes in the future.

Areas	Separate Approaches	Parallel Approaches	Joint Approaches	Integrated Approaches
Procurement	<ul style="list-style-type: none"> Contract compliance information is used independent of other sources and solely within the organisation. 	<ul style="list-style-type: none"> Agencies inform each other of purchasing intentions. Agencies share information about contracts and intelligence about performance where relevant. 	<ul style="list-style-type: none"> Partners issue joint block contracts or share contract risk. Standard joint contract terms are realistic and deliverable by providers. 	<ul style="list-style-type: none"> Single function responsible for managing contracts to meet a single commissioning agenda.
Commissioning Functions	<ul style="list-style-type: none"> Agencies have their own teams to support their commissioning activities. 	<ul style="list-style-type: none"> Agencies liaise re commissioning activities (e.g. needs analysis, monitoring of individual agency strategies) in order to support common commissioning objectives. Identified common training and development needs within agencies. 	<ul style="list-style-type: none"> Emerging hybrid roles support a joint strategic commissioning function across agencies. A clear understanding of the resources and skills required to provide support to joint strategic commissioning Joint appointments of commissioning staff. 	<ul style="list-style-type: none"> Integrated commissioning function, e.g. a single manager with responsibility for managing commissioning and contracting within a single organisation or network.

Appendix 4: Key recommendations on joint commissioning and older people

Prior to the Scottish Government's Integration of Health and Social Care Bill, a range of national reviews and reports produced recommendations of relevance to commissioning and joint commissioning for older people. They might be useful to you if you need to make the case for investment in skills and capacity for joint commissioning and include:

- COSLA (2008) Guidance for Community Planning Partnerships on Single Outcome Agreements, COSLA, Edinburgh
- Social Work Improvement Agency (Sept 2009) Guide to Strategic Commissioning, SWIA Edinburgh.
- NHS Scotland (May 2010) Healthcare Quality Strategy, NHS Scotland, Edinburgh
- Scottish Government, COSLA, NHS Scotland (2011) Reshaping Care for Older People, Scottish Government, Edinburgh
- Scottish Government (Sept 2010) Procurement of Care and Support Services, Scottish Government, Edinburgh.
- Public Services Commission (June 2011) Commission on the Future Delivery of Public Services, Crown, Edinburgh.
- Scottish Government Joint Improvement Team (August 2011), Preparing your Joint Commissioning Strategy for Older People - A Practical Guide, Scottish Government, Edinburgh.
- Scottish Government Joint Improvement Team (Sept 2011), Preparing your Joint Strategic Commissioning Plan for Older People - A Practical Guide to Structure and Content, Scottish Government, Edinburgh.
- Audit Scotland (March 2012) Commissioning Social Care, Audit Scotland, Edinburgh.
- Scottish Government (downloaded 10 April 2012) Procurement Journey
Website, <http://www.scotland.gov.uk/Topics/Government/Procurement/buyer-information/spdlowlevel>.

Some of the key points from these documents are summarised in the sections below under the following headings:

- Commissioning agendas and models.
- Activities and stakeholders.
- Roles, skills and development.

7.1 Commissioning agendas and models

COSLA Guidance for Community Planning Partnerships

The overall focus of the guidance is on outcome focused planning, through Single Outcome Agreements (SOAs). Although there is no specific reference to commissioning or procurement, there is a strong emphasis on co-production, a sound evidence base, and continuous improvement, all of which are consistent with the commissioning process.

The guidance sets out an expectation that there needs to be a golden thread running from high level outcomes in the SOA through to planning, delivery and performance systems of all partners. However, there is also acknowledgement that current arrangements for partnership governance and organisation are “less than perfect”.

SWIA Guide to Strategic Commissioning

This is a self-evaluation guide for all social work sectors, published after SWIA made recommendations to 27 of the 32 councils to make improvements to strategic commissioning.

Commissioning is described as the process by which councils decide how to spend to get the best services and supports for local people now and in future. The aim is to achieve best outcomes. Joint Commissioning is where two or more organisations act together to co-ordinate strategic commissioning. There should be a link to SOA priorities.

Engagement with service users and carers is seen as fundamental to effective commissioning and in defining outcomes, and strategies should contain a written statement of commitment to wide engagement with stakeholders. Cross cutting activity-links planning with assessment and care management, and involves decisions about use of resources to achieve desired outcomes.

NHS Scotland Healthcare Quality Strategy

The strategy builds on Better Health, Better Care (2007) with a clear focus to promote a shared understanding of quality, and drive measurable improvements through an integrated approach to service planning and delivery. Three quality ambitions identify the need to ensure:

- Meaningful partnerships between patients, their families and carers and those providing healthcare services, to ensure shared decision making about issues that are mutually seen as important.

- Safe delivery of services at all times
- That patients have access to timely, evidenced based and equitable provision.

The central purpose of the strategy is therefore to create high quality, person-centred, clinically effective and safe healthcare services that have a direct and positive impact to enable people to lead longer and healthier lives. It seeks to ensure that high quality healthcare services in Scotland include:

- Caring and compassionate staff and services;
- Clear communication and explanation about conditions and treatment;
- Effective collaboration between clinicians, patients and others;
- A clean and safe care environment;
- Continuity of care with seamless transition between services
- Clinical excellence.

There is a strong emphasis on co-production, and on pursuing health improvement activities in partnership with other organisations and users, through systematic engagement. A presumption of the need to refocus, align and integrate existing work is integral to the thrust of this document. The strategy makes the following commitments of particular relevance to joint commissioning:

- Build on NHS Scotland's integrated delivery arrangements, encouraging whole system improvement through mutually beneficial partnerships between clinical teams and the people in their care.
- Review the alignment and contribution of the work across the range of other strategies and initiatives, reinforcing and joining-up those which clearly support the Quality Strategy aims, and re-positioning, scaling down or stopping those which do not.
- Create governance processes, a quality measures framework (with 12 measures) and delivery structures to ensure interventions are integrated, aligned and managed.
- Work with and through people - leaders, service users, health professionals and support staff - to create and sustain a culture where quality can thrive and the contribution of every individual to quality is recognised and valued.

The document also sets out improvement priorities which suggest a focus for joint commissioning. They include:

- Enhanced management of falls.
- Preventative and anticipatory approaches, especially for the 5% of the population most at risk of hospital admission.
- Implementation of the Long Term Conditions Action Plan.
- Refreshing and implementing care pathways.
- Disinvestment and reduction of harmful and wasteful variation.

Reshaping Care for Older People

This programme includes an initial £70 million Change Fund in 2011/12 for NHS boards and partners to support changes to the way services are provided, and a further £80 million in 2012/13, £80 million in 2013/14 and £70 million in 2014/15.

It sets out a vision and immediate actions for reshaping care and support for older people, and recognises the urgency of realigning resources in the context of a £4.5 billion spend on people over 65 in Scotland. It is seen as a key driver for the NHS Quality Strategy. It argues that:

- Support and care are not just social work or health responsibilities.
- A whole system approach is essential.
- The approach should be outcome focussed.
- Older people are an asset, must have their voices heard, and be supported to enjoy full and positive lives at home.

It also argues that there is a need to ensure the following, strongly suggesting joint commissioning priorities:

- Service boundaries are transcended.
- Skills are shared.
- There is a greater degree of joint working (supported by public engagement on the development of the strategy).
- Care pathways are agreed.

- Resources are shared.
- There is a shift of spend towards home care, and that some acute provision is decommissioned accordingly.
- There is a focus on prevention, independence, and co-production.

Scottish Government Guidance on Procurement of Care and Support Services

The guidance was published to help public bodies make decisions that fit with procurement rules while maintaining the principles of good social care.

Procurement is described as the process by which public bodies purchase goods, services and works from third parties. It is not the only method of securing services; other options include the provision of services in-house, shared services arrangements or grant funding. Procurement is one element of a wider commissioning process.

On joint commissioning, the guidance emphasises that local strategies should describe the approach that the public body intends to take to jointly commissioning services and specify the arrangements that will apply in order to ensure mutual compliance.

There is recognition of the importance of outcomes, and a recommendation that “...policies and procedures should outline arrangements for jointly procuring services with other public bodies; and make clear links between procurement and the desired outcomes in local commissioning strategies and Single Outcome Agreements”.

Public Services (Christie) Commission on Future Delivery of Public Services

The report follows many of the themes outlined in the documents summarised above, but perhaps goes further when it states that “public service providers must be required to work much more closely in partnership, to integrate service provision and thus improve the outcomes they achieve”. The specific recommendations include:

- Introducing a new set of statutory powers and duties, common to all public service bodies, focussed on improving outcomes. These new duties should include a presumption in favour of preventative action and tackling inequalities.
- Making provision in the proposed Community Empowerment and Renewal Bill to embed community participation in the design and delivery of services.

-
- Forging a new concordat between the Scottish Government and local government to develop joined-up services, backed by funding arrangements requiring integrated provision.
 - Implementing new inter-agency training to reduce silo mentalities, drive forward service integration and build a common public service ethos.
 - Applying commissioning and procurement standards consistently and transparently to achieve competitive neutrality between suppliers of public services.

Joint Improvement Team Practical Guides to Getting Started, Structure and Content of Joint Strategies

These guides set out definitions of commissioning, both for the NHS: the process of securing and managing appropriate healthcare services for relevant populations at value for money for taxpayers; and for SWIA: all activities involved in assessing and forecasting needs, agreeing desired outcomes, considering options, planning nature range and quality of future services and working in partnership to put these in place.

There is a clear emphasis that partnerships are essential for integrated commissioning, and a specific commitment to four sector partnership between council, NHS, independent and third sectors. Prerequisites for effective commissioning include robust structures and governance arrangements, shared vision, and a framework for co-production.

Audit Scotland: Commissioning Social Care

The report states that:

- Joint commissioning by councils and NHS boards is challenging but is essential to delivering effective social care services with limited resources. We found limited evidence of joint strategic commissioning between councils and NHS boards. Of the commissioning strategies that do exist, most relate to the council rather than reflecting the important interdependence of health and social care services. There are, however, examples of collaborative working between councils on specialist services that are expected to make savings and improve services.
- Joint commissioning and collaborative working can lead to more effective and efficient services but few joint strategies are in place.

- Partnership working, including commissioning, for health and social care is challenging and requires strong, shared leadership by both NHS boards and councils. Differences in organisational cultures, planning and performance, and financial management are barriers that need to be overcome.

The report highlights the importance of preventative services, and how they require councils and NHS Boards to work together, which is currently constrained by lack of joint commissioning strategies and integrated working. It refers to the Scottish Government developing draft legislation which would seek to strengthen the integration of adult health and social care services through single Health and Social Care Partnerships.

Procurement Journey website

The intention of the website is to support all levels of procurement activities, to help manage the expectations of stakeholders, customers and suppliers alike, and to facilitate best practice and consistency across the public sector. The site has links to processes, templates and guides to allow procurement professionals to concentrate on the higher value, higher risk areas in which they can add value and deliver value for money for the public purse. There are also simplified processes, templates and guidance to support individuals with authority to procure lower value, lower risk procurements.

It provides one national source of documentation which can be updated on a continual basis with any changes in legislation, policy and promotion of best practice. It is consistent with the 2009 Scottish Sustainable Procurement Action Plan, which emphasises the importance of sustainable procurement in helping to deliver national outcomes set out in the Single Outcome Agreement. Detailed guidance relating to social care is in the Guidance on procurement of Care and Support Services.

7.2 Activities and stakeholders

COSLA Guidance for Community Planning Partnerships

The SOA is part of an overall framework for planning and delivery of public services, with different components reflecting the golden thread. They are summarised as: Government's Purpose; Purpose Targets; Strategic Objectives; National Outcomes; National Indicators and Targets; Area Profile; Local Outcomes; Local Indicators and Targets; Asks; Performance Management.

Of the 45 National Indicators, only one relates specifically to older people, but others have clear relevance. The Community Planning Partnerships are central to developing SOAs.

SWIA Guide to Strategic Commissioning

SWIA uses the IPC commissioning cycle to illustrate joint commissioning activity. The guidance suggests that effective joint commissioning involves:

- Joint arrangements
- Formal partnership agreements
- Agreed strategic plans
- Joint leadership
- Joint policies and procedures
- Agreement re roles and responsibilities
- Joint financial framework, planning, reporting, accountability
- Joint performance management

NHS Scotland Healthcare Quality Strategy

The strategy argues that: *“We will need a clear line of sight from national strategies through to individual behaviours. In order to achieve this, our approach will be designed to be partnership-based, working with public and third sector partners, staff, independent contractors, patients and carers.”*

In line with this, the Quality Measurement Framework cross-refers to Government Purpose, and National Outcomes. The strategy makes a *“...refreshed commitment to working closely with community planning partners in the delivery of the Quality Strategy vision and the wider Local and National Outcomes, recognising that public sector partners and the third sector have a major role to play in supporting people across Scotland in making the changes required to achieve the world-leading health and healthcare services to which we aspire.”*

Reshaping Care for Older People

There is a need to agree joint commissioning strategies to shift from current services and care models to new arrangements, which include intentions for decommissioning as well as commissioning. Local partnerships are urged to invest capacity in preparing strategic joint commissioning strategies for 2012-20.

Long term service development and investment proposals are to be agreed by users, carers, providers and commissioners.

Procurement of Care and Support Services

The guidance is clear that providers should be involved in the commissioning process. The guidance sets out advice for commissioning bodies on how to work successfully with providers.

Public Services (Christie) Commission on Future Delivery of Public Services

The report calls for the application of commissioning and procurement standards consistently and transparently to achieve competitive neutrality between suppliers of public services; and a new concordat between the Scottish Government and local government to develop joined-up services, backed by funding arrangements requiring integrated provision.

It recommends a rebalancing of procurement and commissioning from cost- efficiency towards effectiveness, with contracts focussing on promoting positive outcomes, and also places a focus on social value, for instance through social return on investment. There should be consistent standards of scrutiny applied to the procurement of goods and services from all providers, and this should be provided for in contracts. There should be a consistent and transparent application of commissioning standards to all providers, including in-house public bodies.

JIT Practical Guides to Getting Started, Structure and Content of Joint Strategies

The guidance notes that commissioning for improved outcomes is a complex, multi-faceted process involving a wide range of skill sets. It is more complex where outcomes for population of interest dependent on plurality of providers are separately commissioned. Partnerships and integration are therefore essential. The overarching features of the commissioning process are co-production, outcomes, a whole system approach, and a focus on change.

Commissioning plans should be succinct and include: analysis of drivers for change; proposed shifts in services and investment, and the rationale; and how improved outcomes, quality, efficiency, value for money and targets are achieved. Commissioner-provider engagement is expected.

Audit Scotland: Commissioning Social Care

Commissioning social care services requires a joined-up approach with other council services, including housing, education and leisure, as well as with NHS boards and other public services such as police and prison services. One important area where councils and NHS boards need to plan and work together is in reducing the number of people who are unnecessarily delayed in hospital. This is a key indicator of how well partners are working together and is showing signs of pressure.

7.3 Roles, skills and development

COSLA Guidance for Community Planning Partnerships

There is a strong emphasis on community engagement as a key part of developing SOAs and the guidance recognises that capacity building is required for council officers and elected members.

Reshaping Care for Older People

The strategy calls for work with Colleges and HE providers to ensure that awards reflect requirements for better services for older people. There is an opportunity to share learning through the Reshaping Care Improvement Network.

SWIA Guide to Strategic Commissioning

In line with the emphasis on engagement with stakeholders, the guide suggests that councillors and senior managers should be visible in consulting service users on improvement plans. There is a general need for improvement in commissioning skills and capacity.

Procurement of Care and Support Services

There is a Procurement Competency Framework and National Occupational Standards for staff involved in the procurement of care and support services. The SSSC Code of Practice seeks to ensure that employers provide training and development opportunities which enable staff involved in procuring services to strengthen and develop their skills and knowledge.

NHS Scotland Healthcare Quality Strategy

The guidance seeks to create a 'Quality Alliance', which will include senior representatives from all of the stakeholder bodies, bringing together a wide range of skills and competencies.

Public Services (Christie) Commission on Future Delivery of Public Services

During consultation, staff consultees repeatedly said that they wished to be treated as public service workers – in an integrated system without constraints or organisational boundaries. The Commission also identified a need to build strategic relationships between people who share common outcomes. There are a number of messages relating to engagement and collaboration, a need for capacity building in community engagement for council officers and elected members, as well as specific recommendations to:

- Bring together leadership and management development into a single cross public service development programme.
- Develop a competency framework to apply to all public service workers which focuses on the skills required for delivering outcomes in collaboration with delivery partners and service users.
- Ensure inter-disciplinary training and development modules are included in all professional training for public service.

JIT Practical Guides to Getting Started, Structure and Content of Joint Strategies

The guides identify a need for significant improvements in skills and capacity for commissioning.

Audit Scotland: Commissioning Social Care

Skills and capacity in commissioning and procurement need to develop further. When procuring social care from external providers, councils have found it difficult to implement formal procurement processes while also ensuring that the services best meet users' needs. Staff need to be trained so they understand procurement regulations, legal requirements and the sensitivities of procuring personal care for local people.

On skills development specifically, the strategy notes that staff involved in commissioning social care come from a variety of backgrounds, including social work. No qualification is currently available that covers all the skills required.

To help address the skills gap, it notes that Scotland Excel is working with the Association of Directors of Social Work (ADSW) to develop a Professional Development Award in commissioning, supported by the Scottish Qualifications Authority. It will tie in with National Occupational Standards in commissioning, procurement and contracting already specified by the Scottish Social Services Council (SSSC). It identifies a need for practical tools to accompany existing guidance, including:

- Information and templates to help analyse current service provision.
- Case studies.
- Data and tools to help project local needs in future years.

It also recommends that Councils, NHS Boards and commissioning partners should:

- Ensure that they have in place, and make the best joint use of, professional skills in both procurement and social care commissioning.
- Train their commissioning staff in the appropriate skills, making use of the national commissioning skills programme where appropriate.

7.4 Common ground

In summary there are some resonating themes from the guidance which have particular significance for joint commissioning and for a national learning framework. They can be summarised as:

Commissioning agendas and models

There is broad agreement on what is meant by the term “commissioning”, and that it should involve assessing and forecasting needs, agreeing outcomes, considering options, and planning, securing and managing appropriate services for relevant populations. Joint commissioning is where two or more organisations act together to do this, and the guidance is consistent in recommending much greater integration of agendas and commissioning practice across health and social care for older people. A number of guidance documents and reports adopt the IPC approach or a close variation.

Outcomes

The imperative for joint commissioning to focus on outcomes is reflected in almost all the guidance and websites reviewed. The fundamentals are that:

- There must be a clear linkage, with a “golden thread”, linking planning and performance activity, including commissioning and procurement, to high level outcomes.
- The process of defining outcomes must include service users and carers.
- The achievement of improved outcomes depends on partnership, and integrated working.
- The focus on outcomes means a rebalancing in commissioning and procurement activity from cost efficiency to cost effectiveness.
- Commissioning for outcomes is a complex process demanding a wide range of skill sets – especially in relation to a population of interest, such as older people. This should be reflected in any competency frameworks under development.
- Strong strategic relationships between people and organisations who share outcomes are essential.

Engagement

Engagement with all stakeholders, including providers, service users and carers, is fundamental to effective commissioning, and, as suggested above, in delivering outcomes. Guidance is explicit about expectations in this respect, supported by clear statements of intent in commissioning strategies. There is a suggestion in the SWIA Guide that senior managers and councillors should have a visible role in engagement activity.

There is clear emphasis on the need to adopt co-productive approaches, evident in the COSLA Guidance, the NHS Quality Strategy, Reshaping Care for Older People, and the JIT Practical Guides.

Skills and capacity

A number of the guidance documents and reports are clear that skills and capacity need to be developed and sustained to ensure effective commissioning. Key points to note are:

- The need to ensure that existing skills are shared.
- There is a need for general improvement in commissioning skills and capacity.
- A broad range of skills is necessary for joint commissioning, and this includes skills for developing outcomes, and stakeholder engagement.
- There is currently no single commissioning qualification.
- There is currently a skills gap, and councils, NHS Boards, and commissioning boards must address this together.

Governance

There is a consistent recognition that current governance arrangements for joint commissioning leave room for improvement, and that structures need to be built to ensure integration and alignment, alongside clear processes that enable a unified approach from staff.