

**Report of the Director of Adult Social Services on behalf of the Corporate Strategic People Commissioning Group**

**Report to: Scrutiny Board (Strategy and Resources)**

**Date: 16<sup>th</sup> January 2017**

**Subject: The Strategic Commissioning of “People” Services**

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|--|--------------------------|-----------------------------|
| Are specific electoral Wards affected?<br>If relevant, name(s) of Ward(s):   | <input type="checkbox"/> | <input type="checkbox"/> No |
| Are there implications for equality and diversity and cohesion and integration?  | <input type="checkbox"/> | <input type="checkbox"/> No |
| Is the decision eligible for Call-In?  | <input type="checkbox"/> | <input type="checkbox"/> No |
| Does the report contain confidential or exempt information?<br>If relevant, Access to Information Procedure Rule number:<br>Appendix number: | <input type="checkbox"/> | <input type="checkbox"/> No |

**Summary of main issues**

The report responds to the request from Strategy and Resources Scrutiny Board in regard to information on the monitoring of performance of commissioned services, how consistent this is across the council, the sharing of information on contracts across the council, staffing resources in commissioning, how commissioners work with partners to achieve efficiencies and effective outcomes and an overview of commissioning/decommissioning and its impact on the budget.

In responding, the report highlights examples of good practice across these areas, but also how these have improved in response to previous Scrutiny Board recommendations and notes areas for further developments.

**Recommendations**

Strategy and Resources Scrutiny Board are asked to note the content of the report, the improvements as a result of previous Scrutiny Board recommendations, and plans for further developments to improve joint working across commissioning directorates.

## **1. Purpose of this report**

**1.1** Strategy and Resources Scrutiny Board has asked for information on the following:

- How commissioners monitor the performance of commissioned services, i.e. how do we ensure they achieve the outcomes intended
- Whether this monitoring of performance is consistent across the Council.
- How commissioners ensure that any performance issues in one contract are fed into others i.e. where we might have contracts with the same organisation but from different services.
- The best use of the Leeds £, and how we work with partners to ensure commissioning and contracting is efficient and achieving outcomes.

**1.2** The services within the scope of this enquiry are “people based” services i.e. Adult Social Care, Public Health and Housing Related Support, Children’s Services and Employment and Skills.

**1.3** Scrutiny Board has also asked for the level of staff engaged in commissioning across the people commissioning directorates.

**1.4** This report therefore provides the information requested by Scrutiny Board members and updates them on the progress made so far in further developing a joint approach to commissioning across people directorates including performance monitoring.

## **2. Background information**

**2.1** Strategy and Resources Scrutiny Board received a report in March 2016 on the findings of an internal review on the Council’s approach to the strategic commissioning of “people” services, and a further report in July 2016 responding to recommendations.

**2.2** As an outcome of the review, a Corporate Strategic People Commissioning Board was set up, chaired by the Deputy Leader Councillor James Lewis, to support the on-going development and improvement of commissioning practice across the council. This group has met throughout the year and has an agreed work programme to support continuous improvement.

**2.3** Strategy and Resources Scrutiny Board has provided support and constructive challenge around the continuous development of commissioning and this report is part of that process.

**2.4** Reports have also being produced for the Health, Well-Being and Adults Scrutiny on joint commissioning approaches to the Third Sector in Leeds and for the Health and Well-Being Board on joint commissioning approaches across LCC and the Clinical Commissioning Groups (CCG’s).

**2.5** The creation of a new Public health and Social Care Directorate in April 2017, will present the opportunity to review the commissioning structures of both functions to improve the consistency and efficiency of commissioning practice. A joint Deputy Director of Integrated Commissioning Post has been established to

oversee ASC Commissioning, and the Commissioning of NHS Mental Health and Learning Disability Services. This post is jointly funded with North CCG. The post will also be key in supporting the review of ASC and Public Health and Housing Related Support commissioning.

### **3. Main issues**

#### **3.1 *Performance Monitoring***

The approach to performance monitoring is broadly the same across all the directorates, with a strong focus on using a range of contract management functions (see diagram below) as is appropriate for the nature of the contract. However, in addition, different directorates have to respond to varied national policies and legal requirements as noted in more detail below, for example ASC has a legal requirement in the Care Act to have oversight of all registered care services in the city, not just those we commission, whilst in Employment and Skills the majority of services are externally funded and performance monitoring procedures are largely prescribed by the relevant Government department or funding agency. Therefore this report notes key elements of performance monitoring within each directorate separately, whilst highlighting common issues and work.

##### **3.1.1 Adult Social Care**

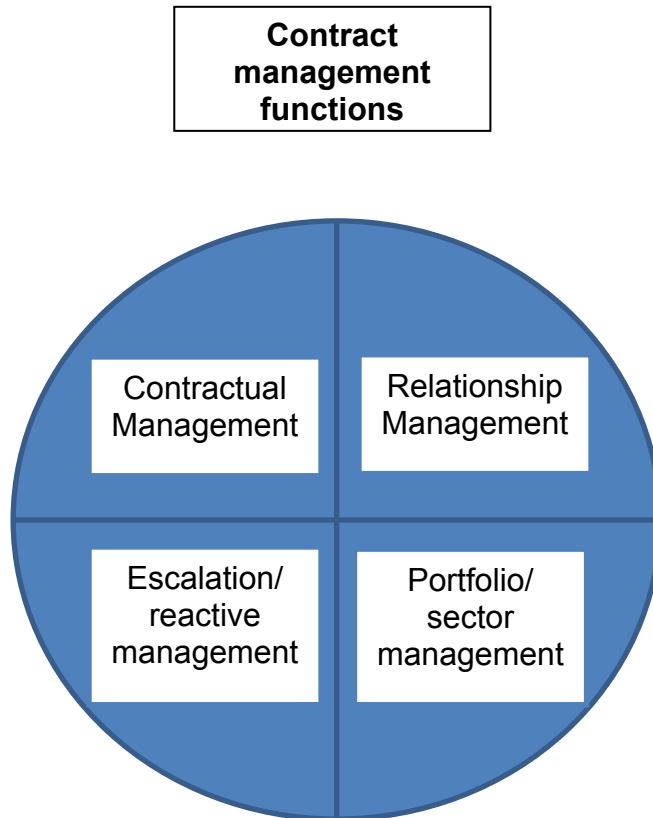
ASC has developed several quality assurance and performance monitoring tools and frameworks for different sectors, for example, home care, residential and nursing care and working age adults' accommodation based services. These tools are utilised by contract officers to carry out an assessment of the quality of the service against an agreed standard. Regular contract management meetings with providers take place to review performance, which pick up on any new or ongoing issues. The Quality Framework is part of the service specification and is a detailed overview of what we expect of a service. In the care home sector, there is an enhanced rate also attached to achieving the highest rate of quality on the Framework and care homes are monitored against this standard before an agreement on the rate paid, ASC can also withdraw enhanced funding if monitoring identifies a fall in standards of service delivery.

Relationship management is a key contract management tool and enables ASC to gather more informal information about the market and potentially give us early warning of issues, which will be critical in helping to monitor not just the quality of a service, but also the sustainability of the market. In addition, contract managers also undertake reactive monitoring where unexpected events/issues occur and escalate issues where appropriate.

Crucially, both planned visits and unannounced visits are made to providers of statutory regulated services to assure quality of service. These visits, such as to a care home, will last a few days and will include speaking to residents, a wide range of staff, visitors, examining paper work such as medication records, rotas and staff training, and critically, observing practice.

This work is supported by groups of independent citizens, including older people, people with a Learning Disability and carers, who also go into services, with a particular focus on speaking to service users/residents around their experiences and feeding this directly into service reviews.

These monitoring visits will then be used as a basis for developing improvement plans with the service, but are also used to make decisions such as suspending new admissions to a service until the service improves, or, in the case of where a care home receives an enhanced payment for quality under the ASC Quality Framework, have that enhancement stopped until improvements are evidenced.



Monitoring is further enhanced by service reviews. These are deep dives of a service, carried out regularly as part of the contract, and are used to develop service improvement plans with a service but specifically also used as a contract nears its end so as to inform any proposals on the extensions of contracts and the future re-commissioning of that service.

ASC also has regular meeting with the Care Quality Commission (CQC) to share information on providers. Similar discussions also take place with commissioners from the Clinical Commissioning Groups, both where we jointly commission a specific service, e.g. some third sector services, or statutory provision such as Leeds Community Equipment Service, but also where we are both commissioning across a sector, such as Care Homes with nursing or Mental Health services.

In addition to monitoring the services ASC commission, the new Care Act (2014) introduced a number of new duties for local authorities in regard to market shaping and commissioning of adult care and support services. Local authorities are responsible for facilitating and shaping their market for care and support as a whole, so that it meets the needs of all citizens who need care and support, whether arranged or funded by the state, the individual themselves, or in other ways. The aim is to have a local market which offers a diverse range of care and support providers that deliver good quality, cost effective and innovative services.

An important aspect of market shaping is the sustainability of care and support providers in the market. This includes ensuring that there is a variety supply of good quality services to meet the care and support needs of the city and steering that supply where it is predicted that there may be under or over capacity so that providers have the opportunity to develop their plans accordingly. Under the Care Act local authorities have specific duties to manage the failure, or other service interruptions, of providers regulated by the Care Quality Commission (CQC). As a result of this requirement, ASC have now also developed a Leeds Adult Social Care Market Oversight and Sustainability Strategy. The purpose of this strategy is to firstly understand the sustainability of the market in Leeds, put in place plans to manage the risks identified, and to outline how provider failure will be managed if it cannot be prevented. As part of the process of developing this strategy ASC looked at the monitoring arrangements that we currently have in place and where we might need to strengthen them to ensure that we closely monitor those providers identified as hard to replace or who are identified as a higher risk due to current quality, financial or other concerns about the provider. From this ASC have developed monitoring indicators which would suggest that a provider was potentially facing sustainability issues and highlighted potential mitigating actions.

ASC also meets regularly with representatives from the banking industry to look at an overview of the financial position of the regulated market to help give early warning of potential problems, but also to look at opportunities for future investment in new or developing modes of care.

### **3.1.2 Public Health and Housing Related Support**

The contract bundle sets out what Public Health should expect the service to deliver, it includes the service specification the successful providers bid and the terms and conditions. Contract management is a critical element and is based on a similar model to ASC with a strong focus on relationship management. This follows the commissioning cycle, with the timetabling of annual, quarterly and other tasks.

The contract management scope includes: Quality framework, Service Costs Assessment Framework (financial reporting), Performance Monitoring forms (submitted electronically) and safeguarding / serious incident reporting. This builds on initial work in any commissioning activity which uses an Outcomes

Based Accountability Approach and asks the key questions: How much did we do? How well did we do it? What was the impact?

A risk based approach is taken to determine frequency and extent of contact with commissioned providers but it would be at least quarterly.

Public Health/Housing Related Support are currently reviewing their processes around quality but it includes considerations around finance, audit of case files, safeguarding processes, feedback from stakeholders, clients (e.g. focus groups – but expect this to be ongoing and for there to be regular feedback from clients as part of delivery), staff, board of management and direct observations of service delivery.

A performance framework is included as part of the service specification – this includes some headline Key Performance Indicators – a detailed performance framework is co-produced with the successful provider and relevant stakeholders.

The aim of contract management is to ensure that what was included in the bid is delivered, value for money and best outcomes for service users are achieved and that the service is flexible, responsive, relevant, and continuously improves.

### **3.1.3 Children's Services**

Children's Services follow a Contract Management Framework (CMF), largely based on the corporate Transforming Procurement Programme, but with additional supporting templates to address specific issues.

The first step is to apply a contract management risk rating to determine the frequency of contract review meetings (CMF03). This rating is based on the value of the contract and sensitivity/vulnerability of the service users. Meetings are then held with each provider in line with the risk rating. However, for high risk rated providers once the crucial mobilisation stage has been completed, we often move to quarterly meetings rather than monthly.

The contract review meetings are attended by the contract officer and generally a service link who has the professional service knowledge. The focus of these meetings is performance and outcomes, using the OBA methodology. Children's services have a standard agenda for this purpose as they also have a responsibility around safeguarding and information governance (CMF04). Minutes are taken at all contract review meetings.

Whenever performance is considered to be below expectations, an appropriate level of action is discussed and agreed. The action required is determined by the area identified, the scale of the concern, the prevailing environment (including factors associated with the method of delivery) and the risks to the service. In every case, agreement is reached between all relevant parties about the action needed, any support that is required and the timescale for 'improvement' to be realised. Remedial action plans arising from this process will usually require improvement over the next quarter, unless the aspect of service warrants further time because of the complexity.

### **3.1.4 Employment and skills**

The Employment and Skills service is a targeted non-statutory service directly delivering and commissioning skills training and employability support services to support both local adult residents and employers.

The Project and Programmes team bids for external funding to commission locally responsive services to deliver Council objectives and operates in a landscape where provision is commissioned at the national, regional and sub-regional as well as local level from a wide range of providers. The service's role in articulating local needs to influence and align the provision commissioned by others is equally as important as the commissioned services we are directly responsible for to maximise the benefit to local residents and employers.

The service is working with 45 external providers across a portfolio of projects and programmes. The majority of services are externally funded and performance monitoring procedures are largely prescribed by the relevant Government department or funding agency and are subject to robust contract and performance management arrangements. For example the Adult Learning Programmes requires that circa 2,000 Individual Learner Records (ILR) submissions are submitted to Skills Funding Agency (DfE) 4 times per year (8,000 learner records per year).

Commissioned skills provision is subject to continuous teaching observations and learner feedback through annual survey and focus groups. An annual Self-Assessment Report and Improvement Plan are submitted to the Skills Funding Agency and form the initial evidence base for Ofsted inspection (usually once every 3 years).

Employment Support programmes are required to be Matrix compliant (the government quality assurance standard for Information, Advice and Guidance) and are subject to inspection and continuous improvement plans. Light touch inspections are undertaken annually with full inspection every 3 years by Government appointed consultants.

The majority of skills and employment support programmes are funded by Government on a payment by results basis. Therefore the above programme and contract management measures are complemented by monthly and quarterly monitoring reports to Senior Leadership Team and the Executive Member. These include achievement against specific programme targets where relevant, expenditure, milestones, outputs and outcomes.

Performance reports are submitted to the Community Committees annually and planned activity and performance outputs are reported to the Committee Champions Employment, Skills and Welfare meetings quarterly to enable members to engage and shape provision and challenge performance. Outputs from all programmes are detailed by ward and by priority SOAs every six months with briefings offered to ward members in targeted wards with the highest claimant rates.

### **3.2 Developing further joint approaches to performance monitoring across directorates:**

Building on the approaches outlined above, and arising out of the work in 2015/16 to develop a stronger consistent approach to 'people commissioning', a number of initiatives are now in place or are being developed further.

This work is overseen by the Strategic People's Commissioning Board, which has widened its remit to include other directorates of the Council that have a "people" commissioning function or interest in the area of work, including the involvement of PPPU. The membership now consists of the following:

- Councillor James Lewis (Chair)
- Director Of Adult Social Services
- Chief Officer Commissioning, Adult Social Services
- Chief Officer Strategy and Commissioning, Public Health
- Chief Officer Partner Development and Business Support, Children's Services
- Chief Officer, PPPU (Strategy & Resource)
- Chief Officer, Communities,
- Chief Officer, Customer Access
- Chief Officer, Sports and Culture
- Chief Officer, Employment and Skills
- Head of Policy and Intelligence

The group's mandate now also covers wider public health function such as services specifically commissioned for children and young people such as health visiting, health protection, early diagnosis interventions, older people, sexual health, mental wellbeing and a range of healthy lifestyle services including tobacco control, weight management and drugs and alcohol.

The work of the Strategic Board is supported by an operational group which has workstreams looking at Performance and Quality, Commissioning Workforce, and Shared Intelligence. This group is putting together an agreed set of principles/standards across all service areas. The desired outcome is that we have a consistent approach across people commissioning (and wider) and that we have common outcomes we can measure which would demonstrate the overall impact of our investment. The aim is to simplify, standardise and share approaches and good practice in terms of ourselves as the Council and providers. Key priorities identified include work on ensuring minimum standards for Quality Assurance and for Performance Monitoring across directorates.

In addition the Strategic Board is working to develop stronger benchmarking on performance across directorates linked to the council's key objectives, as well as benchmarking across comparators at a regional and national level for our contract management arrangements.

However, commissioners are acutely aware of the need for flexibility, noting that performance monitoring needs to use the appropriate tools and approaches for commissioned services that are as diverse as very small grants/contracts with



small third sector organisations to deliver preventative work, to multi million pound contracts with NHS organisations to deliver complex care, to individual contracts with a wide range of organisations to provide support and care to specific individuals in varied settings.

### **3.3 Managing shared providers**

Details of all external providers are held by PPPU on the contracts register and this is shared across commissioning teams in LCC through the PPPU Category Management Process. However, the actual number of shared providers is relatively small: this reflects the provider market where organisations tend to work in specialisms, e.g. Older People's Care Homes, Drug and Alcohol services, Children's Services, Mental Health Services etc. Where there is cross over, or where we think this may potentially develop, we have taken the approach of engaging commissioners across directorates at key points in making commissioning decisions, including direct involvement through the commissioning process. In particular we share information about contracts when we are considering or planning budget savings. Through our colleagues in procurement we work to identify what the financial risks would be to these providers with regards to our savings plans. This has involved checking publicly available information about financial stability to confirm that any savings plans would not destabilise a provider or put contracts held by other directorates at risk.

We will also, where appropriate, look at nationally available information, for example data relating to providers on the Adult Learning Programme Framework is held on the Skills Funding Agency's national register of training organisations (and updated annually).

Of critical importance is our engagement with a wide range of providers, both through individual contract monitoring, where providers would be expected to share information on other funding sources, and through the various provider forums, which allow for the providers themselves to help assure we act in a consistent way. This is backed up by the Third Sector Partnership, chaired by Councillor Coupar, which is attended by third sector partners and commissioners.

In addition we use broader forums at national, sub-regional and local level e.g. in Employment and Skills: the use of the Leeds City Region Enterprise Partnership and the West Yorkshire Combined Authority Employment and Skills Officer Group and programme boards for specific projects, The Adult Learning Trust Board at city level including Further Education, Higher Education, Health, Adults and Children's services representatives and Employment and Skills Partnership Boards to support joint working and align activity at the local level.

### **3.4 Working with partners to achieve efficiencies**

#### **Co-ordinated and Joint Commissioning**

As well as the Strategic People's Commissioning Board, noted above, to oversee the work, we already jointly commission services from the independent, statutory and third sector in a number of areas across various LCC directorates and with the Clinical Commissioning Groups, and have therefore have in place joint processes to ensure clear lines of governance and continuity, for example

agreed directorate leads for a contract on behalf of the Council. In addition, a number of partnership arrangements have been established to support this joint approach (see below). All partners have focussed on improving this over the last few years, and this joint approach is being used to both commission new services, to transform existing services and also to de-commission services, or to reduce spend on specific services.

As noted to facilitate this we have a number of joint forums and boards which support this, including:

- **The Integrated Commissioning Executive**, attended by the three CCG's, Public Health, Children's services and ASC commissioning, the purpose of which is to explore, provide oversight, and to negotiate opportunities for integrated commissioning of health and social care services in Leeds.
- **Better Care Fund Partnership Board** - A considerable amount of the health contribution towards commissioning from a wide range of providers is now held within the Better Care Fund (BCF). The BCF is a partnership fund held between the 3 CCG's and Leeds City Council. The BCF has further formalised joint commissioning relationships between health and social care commissioners that have been growing over recent years. Many of the services were previously jointly commissioned under Section 256 agreements prior to the BCF being established. We have also expanded our pooled funding arrangements to not only cover Learning Disability, but now also community equipment and South Leeds Independence Centre. The current value of the pooled budgets is £101m
- **Joint Adult Community Commissioning Group** - The Joint Adult Community Commissioning Group (JACCG) is the sub-group responsible to the BCF Partnership Board for the management of the community support and third sector non-pooled fund. The Joint Adult Community Commissioning Group meets regularly to assess progress, receive provider monitoring reports, oversee the budget and address any issues. The JACCG will routinely report performance exceptions and strategic issues to the BCF Partnership Board making recommendations for action as necessary.
- **Children and Young Peoples' Joint Commissioning Group**  
The Children and Young People's Joint Commissioning Group is a subgroup of the Children and Families Trust board also reporting to the Integrated Commissioning Executive. Membership is from Children's Services Public Health Adult Social Care, CCG third sector, learning services and finance. This group drives and coordinates joint commissioning activity using outcomes based methodology. The commissioning intentions are led by the Children and Young people's plan and health and well-being strategy. Current work programme includes the transforming care programme and implications for transition, housing related support service review. The group are also focusing on proposed contract savings across all agencies ensuring a value for money approach, minimising impact on outcomes and unintended consequences for providers.

- **Strategic Partnership boards** - Lead commissioners' co- chair other relevant citywide groups for example, the Leeds Carers Strategy Group, Dementia Board, Mental Health Board, the Adult Learning Trust Board and the Employment and Skills Boards across 3 localities etc. These are attended by a very wide range of partners involved in delivering the relevant strategies. This commitment, alongside the BCF investments, has resulted for example in the recent appointment of joint health and social care commissioner for both dementia and carers' services. The move towards closer joint commissioning is recognised to offer similar benefits to those described for the BCF as increasingly being recognised by all partners.
- **Specific Service Commissioning**, Partnership working is integral to all parts of the commissioning cycle. Partners include other Council staff, front line staff, service users, third sector, other public providers e.g. Prison, Police, CCGs NHS Providers, and the private sector. Commissioners involve partners in review processes, OBAs which help define any new commissioning piece of work, such as the service specification, service design, and ultimately on evaluation panels (for example the recent Domestic Violence services panel had representatives from ASC, Children's, Safer Leeds – Front Door and Domestic Violence team, and Leeds Housing Options). Commissioners also seek feedback and ongoing input as part of any service mobilisation and contract management. A significant element of service reviews and service improvement on an ongoing basis is the understanding the interdependencies and pathways between services and shared information across directorates and wider partners is key to this.

### 3.5 Staffing

Staffing structures to support the commissioning work programme have to date developed in individual Directorates. This has resulted in differing job structures and job roles (see appendix for details). Work to align structures has started in the last year but work to develop commissioning as a job family is a major piece of work to complete in 2017.

The commissioning work programme includes the full commissioning cycle and the detail of the work programme changes according to the current priorities. For example the need to remodel housing related support services to better reflect the needs of clients and to better deliver value for money and outcomes requires a different skill set to mobilising new services and contract management. The key is to develop a flexible and skilled workforce which can be deployed against work priorities. The requirement to identify significant savings from commissioned services has placed additional demands on teams including detailed impact assessments and significant provider and service user engagement in order to safely reduce investment through decommissioning. Teams commission services to support delivery of the Best Council Plan and key strategies such as the Children and Young People Plan, Homelessness Strategy and Health and Well Being Strategy. Commissioners lead work to design and commission services and work with specialist staff across Directorates to deliver this work.

Work has started to determine the core competencies required to enable efficient commissioning to continue. For example, an effective contract management function is important. Commissioners are responsible for contracts totalling

around £300m per annum across Learning Disability, Older People, Mental Health, Physical and Sensory Impairment, Drugs and Alcohol, Housing Related Support, Sexual Health, other Public Health, Employment and Skills and Children's Services.

The services commissioned are across a huge range of provision from: statutory/regulated provision, such as care homes and home care; fostering and residential placements, family support, youth work and school transport, to third sector provision as diverse as the £20m a year contract with Aspire for a range of Learning Disability community support services and contracts as small as £30k with third sector organisations and joint contracts with the CCG's for provision of community equipment from Leeds Community Health Care Trust and Adult Social Care as a provider. Commissioning also includes individual contracts for individual people with support needs with numerous different providers. These individual contracts range from a few thousand pounds to hundreds of thousands of pounds for one person.

The commissioners also lead on strategic developments within Directorates and across partnerships. For example in ASC staff have written and developed a range of city wide strategies such as the Carers Strategy, Dementia Strategy, Autism Strategy and Learning Disability Strategy etc. Also commissioners develop funding bids e.g. successful capital bids to Public Health England and lead service reviews. Employment and Skills team are reliant on securing external funding and have responsibility for bidding or submitting the required business cases for resources on behalf of the Council and its partners across the city and the Leeds City Region.

There is a growing emphasis by Central Government in funding commissioned activity in new ways such as the Troubled Families Programme which is funded by payment by results. In other cases Social Impact Bonds may provide opportunities for funding local services. This highlights the need for commissioners to continue to develop new skills and expertise.

Commissioners require a high level of specialist knowledge of the provider market and the needs of a range of clients. An example of this is the close working in ASC with social work and care delivery Staff, the NHS and other partners. Another example is the work with Housing Options, Children's Services, Strategy and Commissioning and providers to determine appropriate housing placements for vulnerable young people. Commissioners in Children's Services are involved in the review of internal services and development of strategy and policy focussed on delivery of the outcomes in the Leeds Children and Young People's Plan.

As well as developing stronger links across LCC, increasingly commissioners are establishing further joint arrangements with other partners e.g. the Clinical Commissioning Groups, including joint posts for Dementia Care, Mental Health and Carers Commissioning. The recently established Deputy Director of Integrated Commissioning role will develop this further. Close partnership working with the Police and Crime Commissioner on Integrated Offender Management and with other West Yorkshire Authorities to deliver the White Rose Framework has also been required.

Establishing effective performance and quality monitoring frameworks, analysing data and assessing risk is vital to the role. Commissioners need to ensure that services meet the requirement of statutory agencies such as the Care Quality Commission and Ofsted. The work includes a focus on statutory/regulated services as noted above in the section on performance monitoring. This requires the monitoring of some 100 Care Homes for Older People, 35 homes for people with a Learning Disability and several more for other working age adults. It includes the close monitoring of 14 Homecare providers delivering care to 4,000 people and the monitoring of individual packages of care across dozens of Learning Disability and Mental Health providers. There is also the need to monitor the activity and outcomes of the services delivered across the diverse third sector in Leeds. This includes the 37 Neighbourhood Networks, Housing Related Support providers, Domestic Violence and Abuse services, sexual health and community health services, services for children and Employment and skills programmes.

In addition there is the requirement to have a specific team to directly broker thousands of individual packages of support for people, done through the Care Communication Centre, which directly purchases nearly 2 million hours of Homecare a year. The Children and Families Act 2014 also sets out a range of new responsibilities for local authorities. This includes a greater emphasis on personalisation of services and requires commissioners to develop skills in determining personal budgets and direct payments for children and families.

Safeguarding is another key workstream as commissioned services support some of the most vulnerable people in the city. Commissioning also host the Consultation and Engagement team for ASC, which reflects the high level of consultation we need to carry out as part of any commissioning/de-commissioning activity. The Migrant Access Project also sits within the Commissioning structure as do Graduate Trainees

## **4. Corporate Considerations**

### **4.1 Consultation and Engagement**

The joint approach to commissioning is supported by shared approaches to service user engagement throughout the commissioning cycle. Whilst approaches may differ in practice to suit the specific pieces of work, all directorates put the service user at the heart of commissioning decisions.

For example, Public Health in Leeds City Council has some recent examples of involving service users in the re-tendering of both drug and alcohol services and housing support services. In both cases service users took part in OBA sessions, they were involved in evaluating the existing service and consulted on the new service design. For the drug and alcohol service, service users were involved in setting tender evaluation criteria and actually scoring the bids that were submitted. The same approach is used consistently in Adult Social Care, as in this year when service users were engaged throughout the complex re-commissioning of Homecare

### **4.2 Equality and Diversity / Cohesion and Integration**

Commissioning across directorates has a strong focus on equality and diversity. Our overarching strategy is to on the one hand ensure all services are accessible, supportive and produce positive outcomes for all, whilst simultaneously recognising that there are areas where we particularly need to target resources to both meet specific needs and/or to challenge historic or on-going discrimination.

Key within this is to get a strong baseline of information on current usage across protected characteristics; however the picture is mixed, particularly as recording on some elements, notably sexual orientation, is weak in some areas, such as older people’s services. The issue is also complicated by the fact that the vast majority of services commissioned, especially in Adult Social Care, are already directed at people with protected characteristics, and therefore work is needed to ensure we have equality of services within what are in effect sub groups of protected characteristics, e.g. Older people from BME communities.

The joint approaches across people commissioning directorates have assisted both with providing richer information on equality issues and also sharing best practice.

### **4.3 Council policies and the Best Council Plan**

At the heart of commissioning, especially in regard to its strategic commissioning function, is its contribution to the delivery of key council, and wider partner, priorities and the Best Council Plan. The breadth of the directorates and partners covered in this report means that not all can be referenced, but key ones include the breadth of the Best Council Plan, but with a strong focus on tackling poverty and reducing inequalities, including: keeping people safe from harm; providing skills programmes and employment support; Supporting children to have the best start in life; Preventing people dying early; Promoting physical activity; Building capacity for individuals to withstand or recover from illness; Supporting Healthy Ageing; and Enabling Carers to continue their caring role. Also critical is supporting delivery of the Leeds Health and Well-Being Strategy and the drug and Alcohol and Homeless Strategies.

### **4.4 Resources and value for money**

A strong focus of the commissioning work across directorates has been reducing spend to help meet the financial challenge

Over the last four years across all Directorates, as noted in the previous report to Strategy and Resources Scrutiny, significant savings were achieved in contract value through a mixture of re-commissioning, de-commissioning and crucially negotiating savings with providers:

| Saving<br>12/13 | Saving<br>13/14 | Saving<br>14/15 | Saving<br>15/16 |
|-----------------|-----------------|-----------------|-----------------|
| £3,937,948      | £7,398,121      | £9,852,080      | £4,648,274      |

This work has continued through 2016/17 and plans are in place for continuing this approach in 2017/18:

The table below summarises the budgeted commissioning savings from each Directorate in 2016/17, the variation against the 16-17 budget and the proposals in the IBP 2017/18.

| <b>Directorate</b>    | <b>Budget Saving 1617 (£000)</b> | <b>16-17 Variation (£000)</b> | <b>Budget Saving 17/18 per IBP (£000)</b> |
|-----------------------|----------------------------------|-------------------------------|---|
| Adult Social Care     | (6,100)                          | 1,306                         | (5,000)                                   |
| Children's Services   | (1,800)                          | 200                           | (1,326)                                   |
| Environment & Housing | (78)                             | 35                            | (350)                                     |
| Public Health         | (3,010)                          | (143)                         | (2,880)                                   |
| <b>Total</b>          | <b>(10,988)</b>                  | <b>1,398</b>                  | <b>(9,556)</b>                            |

See appendix for wider financial information

By using our commissioning and monitoring arrangements and relationships, these significant cuts, many to the third sector, have been made with as minimal impact on service provision as possible. It is worth noting that these are in addition to major savings made in ASC where in house services (Care Homes and Homecare) have been closed down and alternative and cheaper services have been commissioned from the independent and third sectors.

Over the last 3 years, Employment and Skills has decommissioned a number of programmes funded through the Council's revenue budget where these no longer met changing community and labour market needs and or no longer offered value for money

At the same time, we have in some areas recognised that the overall cost has needed to increase for services, for example Homecare and Residential Care. This was to ensure a strong focus on quality and to support better terms and conditions for staff. We have used joint working approaches and effective commissioning to make sure we still got value for money from these contracts.

When looking to decommission a service or when a provider is unsuccessful with a bid – directorates seek information about other contracts from PPPU and share this information so that we are aware of any risks for the organisation and will update Executive Members, Scrutiny Boards and Senior Officers across directorates as appropriate.

At the heart of the integrated approach, and this applies to joint commissioning with the NHS as well as across directorates, is to maximise the 'Leeds £'. In order to further the concept of the Leeds £, we are working to develop further a 'common language' among commissioners and decision makers in Leeds about how we co-produce and assess the cost-benefit of commissioned services, recognising that broad agreement is needed about how we move investment from individually commissioned services to ones that achieve joint outcomes by aligning our limited resources. Commissioners across directorates have adopted the use of Outcome Based Accountability<sup>1</sup> to support the development of a

shared understanding of how we commission services to respond to measurable need and we are working with the CCG's and how these can be applied further across health and well-being services.

#### **4.5 Legal Implications, Access to Information and Call In**

There are no access to information and call-in implications arising from this report.

#### **4.6 Risk Management**

All commissioning pieces of work relevant or mentioned in this report have their own risk management arrangements and commissioners work collaboratively across directorates for mitigation and resolution of these risks.

### **5. Conclusions**

Despite the complexity of very different commissioning requirements within and across directorates and with NHS commissioning partners, we already do a substantial amount of joint commissioning and use joint approaches, including performance monitoring, across directorates. This includes where one of us is the lead commissioner within the council and also where we jointly commission with the CCG's via a section 75 arrangement with a pooled budget, where we have a section 256 arrangement in place and one organisation acts as lead commissioner with a third sector organisation, or where simply we work together when commissioning a service or group of services to ensure the commissioning process is informed by other directorates and partners.

Whilst there may be some different approaches taken by various directorates, this mostly reflects the differing commissioning requirements of specific services, there are already similar principles that guide our decision making that we are developing further under the Strategic People's Commissioning Board and Implementation Group.

With ever tighter financial budgets and controls, all directorates are keen to learn from each other and wider partners in regards to performance monitoring, especially within the wider context of making savings and where we have decommissioned or re-commissioned services. This is balanced with ensuring at the same time we support the Council and partners wider ambitions, to maintain quality and to bring the public with us. There is much evidence that directorates have been able to do this over the last five years of cuts and we are confident in our plans to continue with greater joint working to build on this.

### **6. Recommendations**

Strategy and Resources Scrutiny Board are asked to note the content of the report, the improvements as a result of previous Scrutiny Board recommendations and plans for further developments to improve joint working across commissioning directorates.

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<sup>1</sup> <http://www.leeds.gov.uk/docs/8%20-%20OBA%20-%20Outcomes%20Bsed%20Accountability%20-%20September%202013.pdf>



## **7. Background documents<sup>2</sup>**

**7.2 Subject:** The Leeds approach to commissioning and decommissioning

Report to: The Leeds Health and Wellbeing Board

Date: 20 October 2016

**7.3 Subject:** Commissioning of the third sector in the health, wellbeing and social care sector

Health and Wellbeing and Adult Social Care Scrutiny Board

Date: 22 December 2015

**7.4 Subject:** Involvement of the Third Sector in the provision of health and care services across Leeds. – Response to Scrutiny Board (Adult Social Services, Public Health, NHS)

22 November 2016

### **Appendices**

Staff Costs for Commissioning in each Directorate are attached below

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<sup>2</sup> The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

**A. Adult Social Care – total cost: Commissioning (inc. Consultation and Engagement) £1,185,000 Contracts (inc. Care Communication Centre) £1,482,000**  
**Projected savings in staffing 16/17 are £161k**

| Number of Posts | Position                                 | Group    | Wk.hrs. | FTE  |   |
|-----------------|--|----------|---------|------|---|
| 1               | Chief Officer Commissioning              | DIR 85   | 37.00   | 1.00 | To be replaced with joint post with CCG's |
| 1               | Head of Commissioning Contracts& Bus Dev | DIR 52.5 | 37.00   | 1.00 |   |
| 1               | Head of Commissioning Integration        | DIR 52.5 | 37.00   | 1.00 |   |
| 1               | Head of Commissioning MH,PI & LD         | DIR 52.5 | 37.00   | 1.00 | Joint funded CCG                          |
| 1               | Adults Commissioning Manager             | PO6      | 37.00   | 1.00 |   |
|                 |  |          |         |      |   |
| 1               | Commissioning Manager (Carers)           | PO6      | 37.00   | 3.00 | 50% funded by CCG's                       |
| 1               | Integrated C & T Manager Dementia        | PO6      | 37.00   | 1.00 | 60% funded CCG's                          |
| 1               | Older People Commissioning Manager       | PO6      | 37.00   | 1.00 |   |
| 1               | Commissioning Manager (Enterprise)       | PO6      | 37.00   | 1.00 |   |
| 1               | Senior Quality Assurance Officer SG & R  | PO6      | 37.00   | 1.00 |   |
|                 |  |          |         |      |   |
| 1               | Autistic Spectrum Conditions Com Officer | PO4      | 37.00   | 1.00 |   |
| 1               | Care Communications Centre Manager       | PO4      | 37.00   | 1.00 |   |
| 1               | Commissioning Officer (Migrant Access)   | PO4      | 37.00   | 1.00 |   |
| 3               | Commissioning Officer                    | PO4      | 37.00   | 2.80 | 1 joint funded by CCG                     |
| 1               | Consultation & Involvement Officer       | PO4      | 37.00   | 1.00 |   |
| 1               | Consultation & Involvement Officer       | PO3/4    | 37.00   | 1.00 |   |
| 1               | Enterprise Development Officer           | PO4      | 37.00   | 1.00 |   |
| 1               | Joint Commissioning Support Manager      | PO4      | 22.00   | 0.59 | Joint Funded CCG's                        |
| 3               | Principal Officer Adult Commissioning    | PO4      | 37.00   | 2.60 |   |
| 6               | Principal Officer Business & Contracts   | PO4      | 37.00   | 5.21 | 2 joint funded by CCG                     |
| 1               | Principal Officer Performance & QA       | PO4      | 37.00   | 1.00 |   |

|    |  |     |       |       |  |
|----|--|-----|-------|-------|--|
| 1  | Principal Officer Older People's Commissioning | PO4 | 37.00 | 1.00  |  |
| 1  | Older People Commissioning Officer             | PO4 | 37.00 | 1.00  |  |
|    |  |     |       |       |  |
| 1  | Assistant Commissioning Officer                | PO2 | 35.00 | 0.94  |  |
| 13 | Business & Contracts Officer                   | PO2 | 24.00 | 12.24 |  |
|    |  |     |       |       |  |
|    |  |     |       |       |  |
| 1  | Care Communications Centre Asst Manager        | PO1 | 37.00 | 1.00  |  |
|    |  |     |       |       |  |
| 4  | Care Communications Centre Officer             | C1  | 37.00 | 4.00  |  |
| 1  | Care Communications Officer                    | C1  | 37.00 | 1.00  |  |
|    |  |     |       |       |  |
| 3  | Project Support Officer (Graduate Prog)        | C1  | 37.00 | 3.00  |  |
|    |  |     |       |       |  |

**B. Children's Services: Staffing**  
**Budget 2017-18 (004)**

|  |             | FTE  | Salary and On<br>Costs |
|--|-------------|------|------------------------|
| <b>59003 PDBS Mgt Team</b>                 |             |      |                        |
| Head of Service Commissioning<br>& Mkt Mgt | DIR<br>52.5 | 1.00 | £<br>74,380.00         |
| <b>50611 - Commissioning</b>               |             |      |                        |
| Commissioning Programme<br>Manager         | PO6         | 0.81 | £<br>44,470.00         |
| Commissioning Programme<br>Manager         | PO6         | 1.00 | £<br>53,970.00         |
| Commissioning Programme<br>Manager         | PO6         | 1.00 | £<br>55,170.00         |
| Commissioning Manager                      | PO4         | 1.00 | £<br>49,210.00         |
| Commissioning Manager                      | PO4         | 1.00 | £<br>49,210.00         |
| Commissioning Manager                      | PO4         | 1.00 | £<br>48,000.00         |
| Contracts Manager                          | PO4         | 0.92 | £<br>45,190.00         |
| Commissioning Officer                      | PO2         | 1.00 | £<br>41,840.00         |
| Commissioning Officer                      | PO2         | 0.92 | £<br>38,400.00         |
| Contracts Officer                          | PO1         | 1.00 | £<br>38,420.00         |
| Contracts Officer                          | PO1         | 1.00 | £<br>39,470.00         |

|                   |     |       |                 |
|-------------------|-----|-------|-----------------|
| Contracts Officer | PO1 | 1.00  | £<br>39,470.00  |
| Contracts Officer | PO1 | 1.00  | £<br>39,470.00  |
|                   |     | 12.65 | £<br>582,290.00 |

**59328 - Transport Support Team**

|                             |     |      |                |
|-----------------------------|-----|------|----------------|
| Programme Manager           | PO6 | 1.00 | £<br>53,970.00 |
| Leadership Projects Officer | PO2 | 1.00 | £<br>41,840.00 |
|                             |     | 2.00 | £<br>95,810.00 |

**81661 - Placements Team**

|                          |     |      |                 |
|--------------------------|-----|------|-----------------|
| Senior Contracts Officer | PO2 | 0.41 | £<br>16,490.00  |
| Senior Contracts Officer | PO2 | 1.00 | £<br>40,610.00  |
| Senior Contracts Officer | PO2 | 1.00 | £<br>41,840.00  |
| Senior Contracts Officer | PO2 | 0.57 | £<br>23,160.00  |
| Contracts Coordinator    | SO1 | 0.81 | £<br>27,880.00  |
|                          |     | 3.79 | £<br>149,980.00 |

|                  |                             |
|------------------|-----------------------------|
| <b>Total FTE</b> | <b>Total Staffing Costs</b> |
| 19.44            | £<br>902,460.00             |

**C. Public Health/Housing Related Support – Total cost £1,033,409**

| <b>Number of Posts</b> | <b>Position</b>  | <b>Group</b> | <b>Wk.hrs.</b> | <b>FTE</b> |
|------------------------|--|--------------|----------------|------------|
| 1                      | Chief Officer Strategy and Commissioning (post holder leaves on ELI 31/3/17) | DIR 65       | 37.00          | 1.00       |
| 1                      | Head of Commissioning (currently on secondment)                              | DIR 45       | 37.00          | 1.00       |
| 1                      | Head of Commissioning  | DIR 45       | 35.00          | 0.95       |
| 2                      | Programme Leader (1 vacant)  | PO6          | 37.00          | 2.00       |
| 1                      | Programme Leader   | PO6          | 37.00          | 0.78       |
| 6                      | Commissioning and Contracts Officer  | PO4          | 37.00          | 6.00       |
| 2                      | Commissioning and Contracts Officer  | PO4          | 30.00          | 1.62       |
| 1                      | Commissioning and Contracts Officer  | PO4          | 28.00          | 0.76       |
| 1                      | Commissioning Support Officer  | PO2          | 32.00          | 0.86       |
| 2                      | Commissioning Support Officer  | PO2          | 37.00          | 2.0        |
| 1                      | Project Officer  | SO2          | 37.00          | 1.00       |
| 1                      | Project Officer  | SO2          | 29.60          | 0.8        |
| 2                      | Project Support Officer  | C1           | 37.00          | 2          |

## D. Employment and Skills

The Projects and Programmes team consists of 15.1 ftes with 10.3 ftes involved in both bidding and commissioning activities and 4.5 ftes involved in direct delivery. The total costs of the staff involved in commissioning is £440k – 76% of these costs are recharged to externally funded programmes and some staff costs are identified as in-kind match to programmes to maximise the total funding available locally through match funded programmes such as ESIF.

|  |            | <b>FTE</b> | <b>Salary and On Costs</b> |         |
|--|------------|------------|----------------------------|---------|
| Head of Service                        | DIR<br>45% | 1.00       | £                          | 68590   |
| Projects and Programmes Senior Manager | PO6        | 1.00       | £                          | 54190   |
| Projects and Programmes Senior Manager | PO6        | 1.00       | £                          | 55390   |
| Projects and Programmes Manager        | PO3        | 0.77       | £                          | 35290   |
| Projects and Programmes Manager        | PO3        | 1.0        | £                          | 45790   |
| Projects and Programmes Senior Officer | PO1        | 1.0        | £                          | 37760   |
| Projects and Programmes Senior Officer | PO1        | 1.0        | £                          | 39630   |
| Projects and Programmes Officer        | SO2        | 1.0        | £                          | 37760   |
| Projects and Programmes Officer        | SO2        | 0.54       | £                          | 19880   |
| Administration Officer                 | C1         | 1.0        | £                          | 28090   |
| Administration Assistant (Apprentice)  | A1         | 1.0        | £                          | 18380   |
| Total                                  |            | 10.31      | £                          | 440,750 |