

Report of Director of Adults and Health

Report to Strategy and Resources Scrutiny Board

Date: 26 October 2017

Subject: Commissioning “People” Services

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

Summary of main issues

1. In April 2015/16, the Strategy and Resources Scrutiny Board considered a piece of work around commissioning with the focus being to:
 - Look at the principles, benefits and practicalities of developing a centralised commissioning hub;
 - Ensure services are commissioned consistently across the Council; and
 - Ensure services are commissioned based on the evidence of what works and what is value for money
2. A considerable amount of work has been done in the Council to strengthen commissioning and a progress report came to Strategy and Resources Scrutiny Board in March 2016. There have also on-going discussions with the Chief Executive, the Director of Adults and Health and other senior council officers associated with the commissioning of “people” services.
3. Scrutiny Board concluded its work with the publication of a report in May 2017 with four desired outcomes and four key recommendations. This report provides a response from the Corporate Strategic People Commissioning Group on those recommendations and an update on progress in this area.

Recommendations

Scrutiny Board members are asked to:

1. Agree that Community Committee Champions should be used as the main mechanism for engaging with community committees on strategic people commissioning issues
2. Note the change in practice to write to all relevant ward members to ask for their views on a service when it is being recommissioned or reviewed
3. Note the progress made in responding to the Scrutiny Board recommendations made in its May 2017 report

1 Purpose of this report

- 1.1 The main purpose of this report is to respond to Scrutiny Board's Commissioning report with its four desired outcomes and four key recommendations. It also updates Board members on the progress made to continuously improve the Council's approach to commissioning services for people.
- 1.2 It should be noted that "people services" includes aspects of adult social care, public health, children's services, employment and skills, housing services and sports and active lifestyles.

2 Background information

- 2.1 In April 2015/16, the Strategy and Resources Scrutiny Board considered a piece of work around commissioning with the focus being to:
- Look at the principles, benefits and practicalities of developing a centralised commissioning hub;
 - Ensure services are commissioned consistently across the Council; and
 - Ensure services are commissioned based on the evidence of what works and what is value for money
- 2.2 A considerable amount of work has been being done in the Council to strengthen commissioning and a progress report came to Strategy and Resources Scrutiny Board in March 2016. There were also on-going discussions with the Chief Executive, the Director of Adults and Health and other senior council officers associated with the commissioning of "people" services.
- 2.3 Scrutiny Board concluded its work with the publication of a report in May 2017 with four desired outcomes and four key recommendations. These are set out in the next section with a response and update on progress.

3 Main issues

- 3.1 Since the original work of the Scrutiny Board in 2015/16, the strategic context of commissioning "people" services continues to change. Manchester, the original model looked at by the Scrutiny Board, now has a devolution deal and has changed its commissioning model to put its commissioning function into the Clinical Commissioning Group (CCG) with the Executive Director for Strategic Commissioning being a council appointment holding the statutory Director of Adults Social Services role but reporting to the Chief Executive of the CCG on a day to day basis and with a reporting line also to the Chief Executive of Manchester City Council. All budgets are pooled with oversight through a financial monitoring group and executive board made up of health and social care representatives including elected members.
- 3.2 In Leeds, the Adult Social Care function has integrated with the Public Health function to become the Adults and Health directorate (which means it also now commissions housing-related support services as this function was transferred to Public Health from the then Housing and Environment Directorate). We have our first permanent Deputy Director of Integrated Commissioning in post to oversee a shared commissioning team and associated budgets with our Clinical Commissioning Group partners. We also have the Leeds Health and Care Plan

which is the city's strategic plan for the transformation of health and social care services.

3.3 The PPPU function which supports the council's corporate approach to contracting is also changing with a proposal to have a smaller strategic function being retained at the centre and an apportionment of the rest of the staff across the directorates to sit closer to their commissioning and service change functions. All these changes have had an impact on how we take forward our commissioning work.

3.4 This report will now respond to each of the recommendations made by Scrutiny Board:

3.5 **Desired Outcome 1:** *To enhance the level of member involvement and transparency in relation to people's commissioning.*

Recommendation 1: *That by September 2017, the Director of Adults and Health reviews the mechanism for the reporting of commissioned "people" services through community committees, and develops proposals for consistently reporting performance and outcomes on a regular basis.*

3.6 In formulating a response to this recommendation, it is recognised that local ward members have a detailed knowledge of their areas and local communities and want to put this to effective use. As a result of this recommendation, commissioning managers are now writing to ward members to ask for their feedback when we are undertaking a review of services. For examples, ward members' views have been sought on both Neighbourhood Networks and the 0-19 services.

3.7 Consideration was also given to the current reporting on performance and outcomes that occurs to the other Scrutiny Board namely: Adults and Health, Children and Families and Inclusive Growth, Culture and Sport as well as direct accountability to Executive Board portfolio leads.

3.8 It is proposed that the best way to involve the community committees is through the community committee champions' networks as there are community champions for adult social care, health, children and families and employment, skills and welfare. The community champions meet regularly and receive information on a range of strategic, policy and operational issues

3.9 Recent examples of using the community committee and champions infrastructure are:

- Health and social care senior officers recently attended community committees to seek views on the formulation of the Leeds Health and Care Plan. This process is about to be repeated throughout October and November.
- The Employment and Skills service consulted Community Committee Champions on the content and balance of provision in the Adult Learning framework contract and have revisited this each term enabling members to

continue to shape and change what is delivered to better meet local needs.

- The views of Community Committee champions were sought when the Children and Families Directorate undertook a review of Youth Work.

3.10 **Desired Outcome 2:** *To enhance the level of consistency in relation to people's commissioning across the Council and the connection between the Strategic Board and operational Group*

Recommendation 2: *that the Director of Adults and Health ensures that, as a minimum, the people's commissioning operational group provides a 6 monthly progress report, specifically focusing on:*

- (a) *Performance and quality, Commissioning workforce and Shared intelligence*
- (b) *That the report referred to above in (a) is made available to the appropriate Scrutiny Board*

3.11 The People Commissioning Operational Group (PCOG) meets six weekly and is attended by officers from across the Council. All relevant Directorates are included and attendance has been expanded to include colleagues in Arts Development and Area Support. Officers attend from:-

- Adults and Health
- Children and Families
- City Development (including Sport and Active Lifestyles, Employment and Skills, Arts Development)
- Resources and Housing (Intelligence and Performance, Projects, Programmes and Procurement Unit)
- Communities and Environment (Area Support)

3.12 The Chair of the PCOG attends the Corporate Strategic People Commissioning Board to provide an update on the work of PCOG and to ensure that discussion at the Board is actioned by this group. It has been agreed that quarterly meetings will be held with the Third Sector, building on existing Third Sector Partnership arrangements. This includes representatives from Young Lives Leeds, Voluntary Action Leeds and Forum Central.

3.13 The purpose of the PCOG is to develop stronger integration of the commissioning of 'people services' with the aim of improving outcomes for service users, maximising the use of resources, ensuring best value and developing and supporting an enterprising and resilient provider market in Leeds.

Update on the work programme:

3.14 **Performance and Quality**

The focus of the work has been on sharing good practice. This has included discussion regarding:-

- Joint work on the contract management process – looking at processes for larger contracts delivered by consortia as part of this.
- Looking at service user involvement as part of the commissioning process e.g. Children and Families are working with the Voice, Influence and Change Team to create a checklist for this based on best practice.
- Joint work on the process for undertaking service reviews undertaken by Adults and Health and Children and Families.
- Sharing and discussing a new draft Quality Framework that has been produced by Adults and Health and considering how it can be used across a number of different services.
- Sharing the performance framework developed for the new Domestic Violence and Abuse service and the Drug and Alcohol treatment service and sharing the learning on this and looking to use it for other services.
- Discussion on use of the decommissioning checklist and its application. Sharing of expertise on decommissioning impact assessments.
- Legal support to ensure a consistent approach regarding the use of grants versus contracts.
- Improving equality monitoring arrangements in commissioned services

3.15 **Commissioning Workforce**

Training and development for commissioning workforce including:-

- Level 5 Certificate in Principles of Commissioning for Wellbeing – the first nationally recognised qualification for Commissioners developed and delivered by Commissioners and people who use services. Course started in September 2017 – 20 people are on the course including colleagues from Adults and Health and from other authorities in West and South Yorkshire. The course is partially funded by Skills for Care.
- Analytics workshop run by colleagues in Performance and Intelligence for commissioning staff. Two sessions held and a further session planned. Aim of this is to increase awareness of data sources including Leeds Observatory and Indices of Multiple Deprivation.
- Sessions planned on the NHS, Dementia awareness and use of Equality Impact Assessments as part of the commissioning cycle.
- Strategy and Commissioning Team now part of Adults and Health Commissioning Team bringing together commissioning for older people, working age adults, housing related support, drug and alcohol treatment, Domestic Violence and Abuse and other public health services.
- Work started to look at core competencies required for commissioning and looking at a Job Families approach. Skills audit discussions with teams in Childrens and Families and Adults and Health and plans for joint training/ shadowing to address gaps, support the appraisal process and to build expertise.

3.16 Shared Intelligence

- Information on lessons learnt from procurement exercises, peer review and decommissioning shared.
- Discussion regarding referral pathways, inter dependent services and information sharing regarding provider performance.
- Workshop planned to facilitate joint discussion between commissioners and Area teams to look at how to improve outcomes in priority neighbourhoods.
- Joint meeting held with Third Sector and agreement to meet quarterly. Discussion will include Commissioning Code of Practice, input to commissioning training with providers, planned commissioning activity and feedback from third sector on recent procurement activity.
- Discussion on how commissioners build outcomes linked to Social Value, Sport and Active Lifestyles and the Food Charter into tender processes.
- Involvement of Intelligence and Performance Team to look at opportunities for joint working and to support a research and intelligence gathering approach for example regarding work in localities and use of data.
- Increase in joint work across Directorates on major reviews e.g. Domestic Violence and Abuse, Mental health, Housing Related Support and family support.

3.17 **Desired Outcome 3:** *To enhance the Council's approach and improve organisational learning in relation to decommissioning across people commissioning.*

Recommendation 3: *(a) That through the people's commissioning operational group, the Director of Adults and Health ensures those responsible for undertaking equality impact assessments have received the appropriate level of training and continue to remain up-to-date with recognised best practice.*

(b) That where services are being decommissioned, a review of the equality impact assessment is reviewed to assess its overall effectiveness and that any learning is shared through the people's commissioning operational group.

3.18 As has been detailed above, shared learning has already taken place on decommissioning good practice including the checklist and impact statements. With specific regard to formal training on equality impact assessments, a survey of commissioning staff indicated that some staff had received formal training and others had learnt "on the job". Refresher training has been scheduled.

3.19 Since the change in corporate support in advising and reviewing Equality Impact Assessments (EIA's), directorates have developed their own "in-house experts" to fulfil an assurance role but this is as back up as staff already have a strong focus on, and experience of, EIAs to be confident in this area. Equality issues are at the forefront of any decommissioning (or commissioning) we consider, and an EIA serves as an additional check.

- 3.20 Commissioning staff are aware of a number of places on *Insite* that refer to EIA's and how to undertake them including "having due regard" for equality. Whilst these two do not specifically describe what good would look like they do offer lots of advice and guidance as to what to look for. Decision makers have the responsibility to check them as part of the process and some will be used in consultation and can be scrutinised if the decision is published. HR Business Partners (and HR staff more widely) are currently receiving some updates on EIA's and "having due regard" to assist with advice.

Here are links to the specific sites on *Insite*

<http://www.leeds.gov.uk/council/Pages/Equality-and-Diversity-Impact-Assessments.aspx>

<http://insite.leeds.gov.uk/toolkits/Pages/Having-due-regard-for-equality.aspx>

These will also be considered as part of the equality training and development review that is currently underway corporately.

- 3.26 **Desired Outcome 4:** *To ensure the most efficient and effective use of the staffing resource across people's commissioning.*

Recommendation 4: *(a) That the Director of Adults and Health and the Chief Officer Human Resources continue, at pace, with the work to develop commissioning as a job family during 2017;*

(b) That the Director of Adults and Health reviews the overall staff resources associated with people's commissioning to:

- *Ensure it is effectively deployed; and*
- *Identify and deliver and financial efficiency against existing staffing budgets*

(c) that the outcome of (a) and (b) are reported to the appropriate Scrutiny Board but no later than December 2017

- 3.27 Since the last Scrutiny Board meeting all job descriptions across the relevant directorates that have a people commissioning function have been collated. Work is now taking place to write core job descriptions for the different commissioning roles in order to ensure consistency across the directorates.

- 3.28 Directorates are constantly looking at ways of delivering more efficiently and effectively and this sometimes means with less staff or a change of skill mix. Since April 2015 the directorates have delivered savings/ levered in income through restructuring or changing staff teams that support the commissioning function. This has taken place during a period where commissioning requirements have grown significantly as Directorates have reduced the direct provision of services. The

creation of the Adults and Health Directorate in April 2017 allowed £81K savings to be made through a re-structure.

4 Corporate Considerations

4.1 Consultation and Engagement

4.1.2 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. The work on developing stronger people commissioning has also been shared through these engagement routes.

4.1.3 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, for example, when service users were engaged throughout the complex re-commissioning of Homecare

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 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.

4.2.2 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 BAME communities.

4.2.3 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

4.3.1 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

- 4.4.1 A strong focus of the commissioning work across directorates has been in ensuring that the same or better outcomes are achieved through the reducing spend available to help meet the continuing financial challenges.
- 4.4.2 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.
- 4.4.3 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 Accountability¹ 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 on how these can be applied further across health and well-being services.

4.5 Legal Implications, Access to Information and Call In

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

4.6 Risk Management

- 4.6.1 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

- 5.1 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

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

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.

- 5.2 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 Operational Group.
- 5.3 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**

Scrutiny Board members are asked to:

- 6.1 Agree that Community Committee Champions should be used as the main mechanism for engaging with community committees on strategic people commissioning issues
- 6.2 Note the change in practice to write to all relevant ward members to ask for their views on a service when it is being recommissioned or reviewed.
- 6.3 Note the progress made in responding to the Scrutiny Board recommendations made in its May 2017 report

7 **Background documents²**

- 7.1 This report is in response to the Scrutiny Board Statement on Commissioning published in May 2017 by the Scrutiny Board (Strategy and Resources)

² 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.