Leeds
CITY COUNCIL

SCRUTINY BOARD (STRATEGY AND RESOURCES)

**Meeting to be held in Civic Hall, Leeds, LS1 1UR on
Monday, 21st March, 2016 at 10.00 am**

(A pre-meeting will take place for ALL Members of the Board at 9.30 a.m.)

MEMBERSHIP

Councillors

S Bentley	-	Weetwood;
D Cohen	-	Alwoodley;
C Dobson	-	Killingbeck and Seacroft;
K Groves (Chair)	-	Middleton Park;
H Hayden	-	Temple Newsam;
J Jarosz	-	Pudsey;
J McKenna	-	Armley;
D Nagle	-	Rothwell;
A Sobel	-	Moortown;
T Wilford	-	Farnley and Wortley;
R Wood	-	Calverley and Farsley;

Please note: Certain or all items on this agenda may be recorded

Agenda compiled by: **Guy Close** **Scrutiny Support Unit** **Tel: 39 50878**	**Head of Scrutiny and Member Development:** **Peter Marrington** **Tel: 39 51151**

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A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			**APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS** To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded). (* In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Head of Governance Services at least 24 hours before the meeting).	
2			**EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC** 1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report. 2 To consider whether or not to accept the officers recommendation in respect of the above information. 3 If so, to formally pass the following resolution:- **RESOLVED –** That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows: **No exempt items have been identified.**	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			**LATE ITEMS**	
			To identify items which have been admitted to the agenda by the Chair for consideration.	
			(The special circumstances shall be specified in the minutes.)	
4			**DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS**	
			To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.	
5			**APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES**	
			To receive any apologies for absence and notification of substitutes.	
6			**MINUTES - 22 FEBRUARY 2016**	1 - 4
			To confirm as a correct record, the minutes of the meeting held on 22 February 2016.	
7			**SCRUTINY INQUIRY INTO ICT CAPACITY - SESSION 3**	5 - 18
			To receive a report from the Head of Service ICT providing the information required to undertake session three of the Board's Inquiry into ICT capacity.	
8			**STRATEGIC COMMISSIONING OF "PEOPLE" SERVICES**	19 - 40
			To receive a report from the Director of Adult Social Services informing Scrutiny Board of the work of an internal review and its findings of the strategic commissioning function that covers adult social care, public health and children's services.	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
9			**WORK SCHEDULE** To consider the Scrutiny Board's work schedule for 2015/16 municipal year.	41 - 46
10			**DATE AND TIME OF NEXT MEETING** Monday, 25 April 2016 at 10.00am (pre-meeting for all Board Members at 9.30am) **THIRD PARTY RECORDING** Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts on the front of this agenda. Use of Recordings by Third Parties – code of practice a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title. b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.	

SCRUTINY BOARD (STRATEGY AND RESOURCES)

MONDAY, 22ND FEBRUARY, 2016

PRESENT: Councillor K Groves in the Chair

Councillors B Anderson, D Cohen,
C Dobson, H Hayden, J Jarosz,
J McKenna, D Nagle, A Sobel and
T Wilford

59   Late Items

There were no late items.

60   Declaration of Disclosable Pecuniary Interests

There were no disclosable pecuniary interests.

61   Apologies for Absence and Notification of Substitutes

Apologies for absence were submitted by Councillors S Bentley and R Wood.
Notification had been received that Councillor B Anderson was to substitute
for Councillor R Wood.

62   Minutes - 25 January 2016

RESOLVED – That the minutes of the meeting held on 25 January 2016 be
approved as a correct record.

63   Scrutiny Inquiry into ICT Capacity - Session 2

The Head of Service Delivery ICT submitted a report which addressed the
areas of focus for the second session of the ICT Inquiry, namely;

- Review of current market salaries and pressures being faced in the IT
  sector in Leeds
- Review of the progress made on the ICT Workforce & Sourcing
  strategy
- Consider whether there is a case for IT recruitment/remuneration being
  excluded from some of the general processes/restrictions that the
  Council has had to put in place to address current financial situation
  and whether use of supplements, retention bonuses or other financial
  incentives would improve our recruitment and retention rates and better
  support the Council in transforming.
- Review of how some of the current blanket Council recruitment
  restrictions, timescales and processes affect ICT recruitment and the
  associated impact in being able to support services and deliver
  projects.

Draft minutes to be approved at the meeting
to be held on Monday, 21st March, 2016

The following were in attendance:

- Dylan Roberts, Chief Digital Officer
- Bev Fisher, Head of Service Delivery
- Roger Green, Portfolio Manager

Opening the discussion, the Chair invited the Chief Digital Officer to make a presentation to the Board outlining the challenges and opportunities facing ICT services. The presentation focused on the role of ICT in the delivery the Council's strategies and particularly focused on the Leeds based digital strategy. The presentation was followed by a question and answer session.

The Head of Service Delivery then introduced her report. This included a response to the Board's request that a review of the effectiveness of governance arrangements within Directorates for filtering project demand. It was noted that the Chair had already raised this issue on behalf of the Board with the Deputy Chief Executive.

A response was also received regarding options for a peer review of ICT services. It was noted that the Chief Digital Officer was discussing this with the LGA.

In summary the main areas of discussion were:

- The cost of ICT services – particularly in relation to budgets under the control of the Chief Digital Officer and those under the control of others. The Board asked for clarification on this matter.
- Timescales and budget provision to achieve the Place Based approach.
- The need to adhere to agreed city design principles.
- Whether the Member ICT steering group should be re-established to help the governance around project prioritisation.
- Recruitment and retention issues including pay scales and competing within the wider ICT labour market.
- Recruitment processes and whether they were a barrier to successful recruitment.
- The need for a strong graduate scheme.
- The need to promote the positive aspects of working for Leeds City Council.

Concluding the discussion the Board asked the Chair to raise those matters discussed today with the Deputy Chief Executive.

RESOLVED –

(a) To receive and note the information provided to address session two of the Inquiry
(b) That the Chair relay to the Deputy Chief Executive the discussions held by the Board

Draft minutes to be approved at the meeting
to be held on Monday, 21st March, 2016

(c) That the Chief Officer (Human Resources) be advised of the observations made by the Board in relation to recruitment and retention

(d) That ICT undertake an exercise in relation to the cost benefits of introducing higher grades and the potential savings this might generate if this resulted in the use of fewer agency staff.

64   Work Schedule

The Head of Scrutiny and Member Development submitted a report which provided information regarding the Board's work schedule.

RESOLVED – That the Board's work schedule be noted.

65   Date and Time of Next Meeting

Monday 21 March 2016 at 10.00am (Pre-meeting for all Board Members at 9.30am)

The meeting concluded at 11.35am.

Draft minutes to be approved at the meeting
to be held on Monday, 21st March, 2016

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Report author: Bev Fisher

Tel: 07891 275318

Report of the Head of Service Delivery ICT

Report to Scrutiny Board (Strategy & Resources)

Date: 9 March 2016

Subject: Scrutiny Inquiry into ICT Capacity – Session 3

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

Summary of main issues

To provide Scrutiny Board (Strategy & Resources) with the information required to undertake the third session of the inquiry into ICT capacity.

This report explores the expectation in Council of hours of service, reliability and availability.

Recommendations

Scrutiny Board is requested to:

a) Note the contents of this report

b) Make recommendations as deemed appropriate

1 Purpose of this report

1.1 To provide Scrutiny Board (Strategy & Resources) with the information required to undertake the third session of the inquiry into ICT capacity

1.2 The report explores the expectation in Council of hours of service, reliability and availability.

2 Background information

2.1 The Scrutiny Board agreed the terms of reference in October 2015, three enquiry sessions were planned, this being the third.

2.2 The third scrutiny session covers the expectation in Council of hours of service, reliability and availability including:

- Review of current ICT service level agreement (hours of cover, availability) and whether this is appropriate given an increasing demand and expectation from services for extended or even 24 hrs x 7 days x 365 days a year services.

- Review previous investment decisions in relation to system resilience/support and whether further investment may be required to support increased demand for extended or even 24x7x365 services.

- Review of systems that have to be shut down for overnight processing (or other reasons) and the impact this causes.

- Review whether business continuity arrangements in service areas (to deal with unexpected or planned system downtime) are sufficient and effective.

3 Main issues

3.1 The current ICT Service Level Agreement is measured 24x7x365 but excludes agreed planned downtime/batch processing windows). Details of service level availability are contained in Appendix A.

3.2 There are pre-agreed planned maintenance windows during which updates such as patches are applied or servers are rebooted..

3.3 ICT standard support hours are Mon - Fri 08:00 – 17:30.

3.4 There is a small team who work shift hours (24x7 except for overnight Sat 19:15 to Sun 08:30 and Christmas day) to manage batch processing and to provide a level of monitoring of systems.

3.5 There is a limited out of hours support service provided via an 'on-call' arrangement with a number of teams providing cover on a voluntary paid basis to deal with major issues. Since its introduction this has enabled a number of issues to be fixed overnight thereby avoiding significant business impact at the start of the next working day.

3.6   There are a number of systems which have to be taken down to perform batch processing or for a backup. Details of these are in Appendix B.

3.7   When systems fail, we need to be notified of the failure in order to mobilise teams to resolve the issue. This can be via automated alerts, manual monitoring or through a call to the ICT Service Desk.

3.8   Deploying software updates to some systems involves taking the application offline. For systems such as our website (leeds.gov.uk) this means an interruption to service.

3.9   For Council services who operate outside of the 'normal' business day (Sports Centres, Libraries, Theatre's) planned downtime in evenings or on weekends will affect them at what can be a busy period.

3.10   There has been investment through the ICT Essential Services Capital scheme to improve resilience and this has been built in at a number of levels including the network links, data centre facilities (power/cooling) and server components. Appendix C shows Resilience techniques used at a system level.

3.11   Automatic failover of applications between data centres is not currently provisioned.

3.12   The Council has previously been presented with options and outline costs to enable automatic failover of applications. This has been done in 2010, 2012 and 2014 and the decision has been that availability and hours of service are 'good enough' when considering cost versus benefits.

3.13   A paper was taken to CLT in Sep 2015 to describe the levels of resilience in place, to advise on work underway to identify critical ICT systems and to discuss the need for further investment to enable automatic failover of applications between data centres. Appendix D contains this paper and the agreed outcomes.

3.14   A separate review has been undertaken of how the Council could improve availability of our website (Leeds.gov.uk) through reducing or removing the need to close the site whilst software updates are applied and through enhancing out of hours support. A project is underway to progress this.

3.15   Work has been undertaken to create Business Continuity Plans for critical services and to ensure these are regularly reviewed by the service areas. Specific guidance is given for service areas to consider how they would continue operating in the event of the loss of technology (phones, applications, PCs). The robustness of those BC plans (as it relates to loss of technology) should be regularly reviewed and tested by service areas.

3.16   For critical applications, regular Disaster Recovery Tests are undertaken to test that, in the event of a loss of a data centre or servers, the application and data can be successfully recovered to an alternate site or server.

4   **Equality and Diversity / Cohesion and Integration**

4.1   An equality and impact assessment has not been completed at this stage of the enquiry.

4.2   Equality and diversity will be a consideration throughout the Scrutiny Inquiry. Due regard will be given to equality through the use of evidence, written and verbal, outcomes from consultation and engagement activities.

4.3   Where an impact has been identified this will be reflected in the final inquiry report, post inquiry. Where a Scrutiny Board recommendation is agreed the individual, organisation or group responsible for implementation or delivery should give due regard to equality and diversity, conducting impact assessments where it is deemed appropriate.

5   Recommendations

5.1   .Scrutiny Board are asked to note the ICT service levels, hours of cover and on-call arrangements and provide a view on their adequacy to meet Council needs.

5.2   Scrutiny Board are asked to note the limitations of some systems to be able to operate 24x7 and to note the need for ICT to have planned downtime in order to adequately maintain services.

6   Background documents[1]

Appendices

A   Service Level Achievement

B   System downtime for batch and backups

C   System Level Resilience techniques

D   Data Centre & ICT Services Resilience paper

Appendix A – Service Level Achievement

Service desk	Target	October	November	December	January	February
SLA 01 - % of incoming calls answered within 30 seconds	>= 70%	43.75	53.25	59.64	62.87	58.49
SLA 02 - % of calls queued to an operator but abandoned prior to pickup	<= 7%	10.08	5.50	2.83	3.08	1.62
SLA 03 - % incidents resolved at first point of contact	> = 70%	78.43	76.25	78.66	81.52	77.37

Incident management	Target	October	November	December	January	February
SLA 04 - % of CRITICAL priority incidents met with target time to resolve	>= 80%	No incidents	100.00	No incidents	100.00	No incidents
SLA 05 - % of HIGH priority incidents met with target time to resolve	>= 80%	60.00	0.00	66.67	75.00	100.00
SLA 06 - % of MEDIUM priority incidents met with target time to resolve	>= 80%	87.30	92.11	94.12	98.10	94.06
SLA 07 - % of LOW priority incidents met with target time to resolve	=> 80%	93.07	91.52	93.23	94.34	92.98
Total number of Incidents reported in reporting month		4106	4548	3853	4488	4421

Corporate ICT offering	Target	October	November	December	January	February
SLA 08 - Network login password reset	>= 96%	97.28	94.12	93.55	97.24	95.10
SLA 09 - Percentage of all incidents categorised as Desktop PC.	<= 5%	2.97	2.66	2.47	2.97	2.48
SLA 10 - Percentage of all incidents that are categorised as Laptop PC	<= 5%	3.91	3.58	3.76	3.74	3.02
SLA 11 - Percentage of all incidents that are categorised as Tablet PC	<= 2%	0.12	0.11	0.05	0.00	0.04
SLA 12 - Antivirus protection. % of virus attacks repelled.	100%	100	100	100	100	100

Customer satisfaction	Target	October	November	December	January	February
SLA 31 - How satisfied were you with the level of customer service received in relation to this incident?	>=5 out of 7	6.56	6.59	6.56	6.72	6.60
SLA 32 - How satisfied were you with the time taken to resolve this incident?	>=5 out of 7	6.55	6.55	6.52	6.65	6.52
SLA 33 - How satisfied were you with the overall service received specifically for this incident?	>=5 out of 7	6.53	6.59	6.56	6.71	6.51
SLA 34 - Outside of this incident, how satisfied are you with the services provided by ICT overall?	>=5 out of 7	6.08	6.25	6.13	6.32	6.16
Total number of surveys completed in reporting month	n/a	244	214	193	233	267

Availability of key services	Target	October	November	December	January	February
Network Data - Communications	99%	100.00	99.00	100.00	99.99	99.99
SLA 13 - Contact Leeds	99%	100.00	100.00	100.00	100.00	100.00
SLA 15 - Iclipse	99%	100.00	100.00	100.00	100.00	100.00
SLA 16 - e-Mail Service	99%	99.76	100.00	100.00	100.00	100.00
SLA 17 - ESCR	99%	100.00	100.00	100.00	99.27	100.00
SLA 18 - FMS	99%	100.00	100.00	100.00	99.27	99.42
SLA 19 - Internet Access	99%	100.00	100.00	100.00	99.27	100.00
SLA 20 - Academy CT & Benefits	99%	100.00	100.00	86.70	84.03	99.80
SLA 21 - Leeds City Council Website	99%	100.00	100.00	100.00	99.27	100.00
SLA 22 - Network Security PDMZ (Partial de-militarised zone)	99%	100.00	100.00	100.00	99.27	100.00
SLA 23 - NetApp File and Data Access	99%	100.00	100.00	100.00	100.00	100.00
SLA 24 - Orchard Housing Services	99%	95.68	100.00	99.15	99.27	100.00
SLA 25 - Insite	99%	99.03	100.00	100.00	100.00	99.47
SLA 26 - SAP/HR Payroll	99%	100.00	99.71	100.00	99.27	100.00
SLA 27 - Landline Phone Network (Voice)	99%	99.95	99.57	100.00	98.87	100.00
SLA 28 - Mobile Phone Network	99%	100.00	100.00	100.00	100.00	99.68
SLA 29 - User's Desktop Environment	99%	100.00	100.00	100.00	100.00	100.00
SLA 30 - ASC Client Information System (CIS)	99%	100.00	100.00	100.00	100.00	100.00
SLA 31 - Children's Framework-i	99%	96.18	100.00	100.00	100.00	100.00
SLA 32 - ICT4Leeds	99%	100.00	100.00	96.25	99.27	99.76
SLA 33 - Income Management	99%	100.00	100.00	100.00	99.27	100.00

Mobile working services availability	Target	October	November	December	January	February
SLA 34 - Smart Phones & Tablets	99%	100.00	100.00	100.00	100.00	100.00
SLA 35 - Virtual Private Network (VPN)	99%	100.00	100.00	100.00	99.27	100.00
SLA 36 - Skype For Business	99%	100.00	100.00	100.00	99.27	100.00

Appendix B – System downtime for batch and backups

Applications taken down to do batch processing:

System	Batch / backup window
Academy (Council Tax, Debt Management, NNDR)	19:00-07:00 weeknights, 14:00 Sat-07:00 Mon
Orchard Housing	00:00-07:00 weeknights (but to 08:00 Sat morning) and 08:30-11:00 Sun

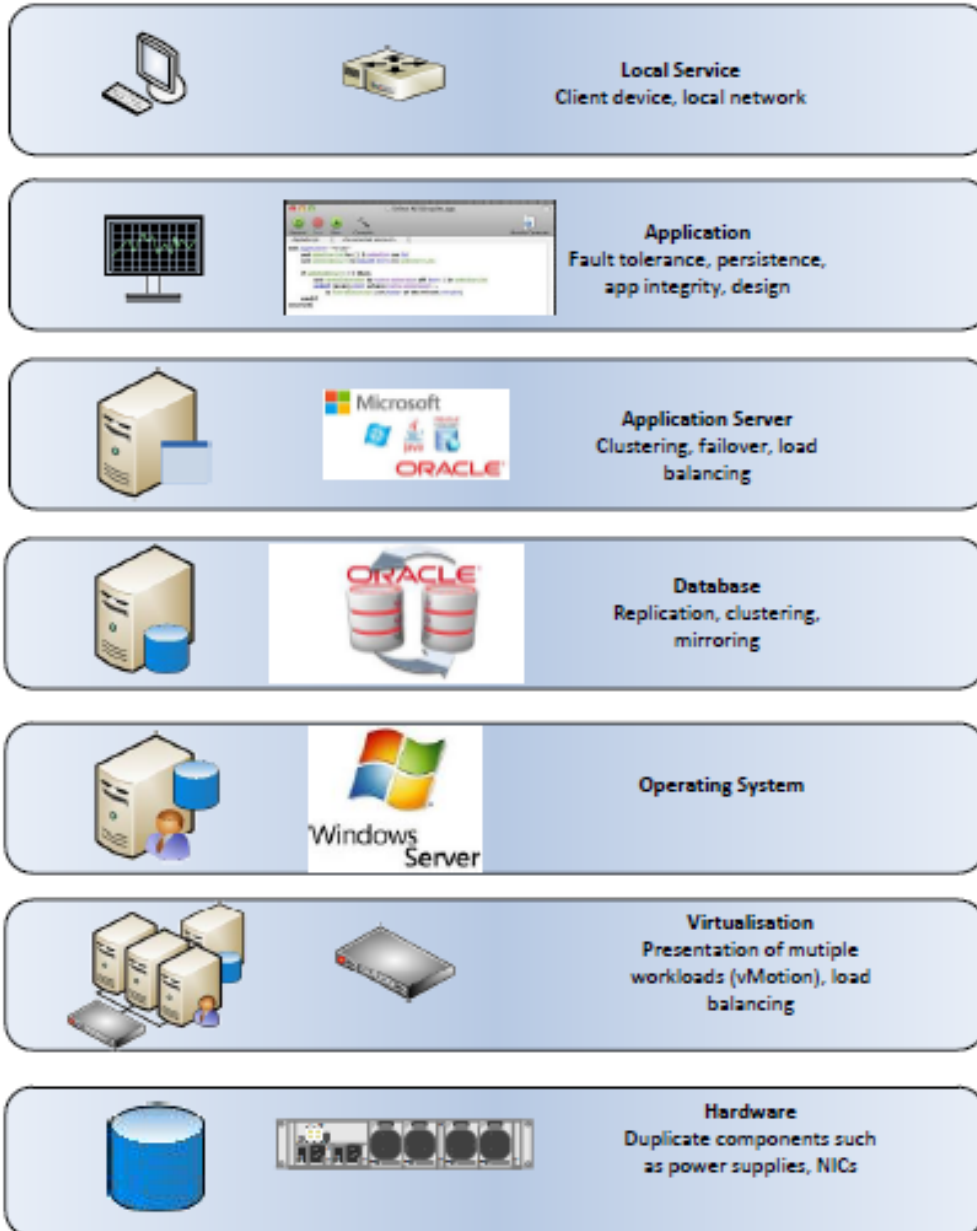Full backups performed for which application has to be taken offline:

Db	Application	Cold backup window (from)	Days
PIL	SAP(connection to HMRC)	05:00	Sat
SSL	Translations	20:35	Mon-Fri
ESCRDWL	Data warehouse	19:50	Fri
HSL	Housing Stock	19:15	Mon-Fri
HSL	Housing Stock	Sunday evening after batch	Sun
CRMDWL	Data warehouse	19:50	Mon-Fri
IFAL	Integrated Financial Application	18:55	All bar Fri
IFAL	Integrated Financial Application	21:00	Fri
FML	Financial Management System	19:00	Mon-Fri
FML	Financial Management System	14:00	Sat

We also reboot ALL the Unix servers in the M5000 hosted estate every 9 weeks – some of these reboots can take the application down for up to 4 hours.

We also reboot the Unix servers not hosted in the M5000 estate every month – these reboots are typically up to 20 minutes in duration

Appendix C – Resilience Techniques

Resilience Techniques– System Level

	Local Service Client device, local network
	Application Fault tolerance, persistence, app integrity, design
	Application Server Clustering, failover, load balancing
	Database Replication, clustering, mirroring
	Operating System
	Virtualisation Presentation of mutiple workloads (vMotion), load balancing
	Hardware Duplicate components such as power supplies, NICs

Appendix D – Data Centre & ICT Services Resilience

Leeds
CITY COUNCIL

Date of meeting:

CLT lead: Alan Gay

Paper author: Dylan Roberts

Paper title: Data Centre and ICT Services Resilience
Category of paper (please mark A or B): B

Corporate Leadership Team (CLT)

Purpose:
To advise CLT of the level of resilience that will be in place for key systems and services following the work planned in this year's ICT Essential Services Programme. To provide an explanation of the current business continuity arrangements in place within services to ensure continuity of operation in the event of failure or planned closure of ICT systems. To appraise CLT of the work underway to review critical services and the desired availability of the ICT systems underpinning them. To seek CLT approval for development of options and outline costs to meet identified ICT system availability requirements.
Key issues or outcomes: Some services have a critical reliance on the Councils ICT systems and the expectation from some is for ICT systems (the applications and underpinning technology) to be available 24 x 7 with the impact of any technology failure eradicated and no need to shut systems to apply upgrades. Necessary upgrades are undertaken during 'planned downtime' over weekends and overnight to minimise disruption during the working week. However, some services e.g. Sport Centres, are busiest at these periods and are impacted by this. The current funding and associated staffing resource within ICT covers the service hours of 0800 to 1730. Budgets and staff numbers have decreased over a number of years and any requirement for increased levels of cover will require further investment. ICT have an on call service from some key teams enabling issues that occur out of service hours to be fixed before the start of the next business day. This out of hours cover is

provided on a voluntary basis and it is not mandated.

There are some areas of expertise where there are single people (points of failure) with specialisms and it is not possible to extend the hours of cover without significant increases in the teams.

The two main data centres that service council systems are located at Civic Hall and Apex Centre and services and systems are spread across both sites.

There is a high capacity network link between the two data centres and a level of resilience built into shared infrastructure components such as server devices, server clusters and network components e.g. redundant power supplies. Failures of individual components do occur however the resilience ensures no disruption is caused.

ICT infrastructure is being implemented which provides the building block upon which increased resilience could then be built for individual ICT applications where this is deemed an absolute requirement. To make the Councils business applications resilient will require further investment to 'mirror' the application components across both data centres.

When complete, by the end of the financial year, this will deliver the following:
- Network resilience across data centres. This means if a network component is affected services would continue to operate.
- Server and storage infrastructure will be the same in both Civic and Apex but with differing workloads and applications running at each site
- If there was a significant failure at its host datacentre, a service can be recovered in the other datacentre through rebuilding services and restoring data. For an individual system this would typically be within a day however in the event of recovering multiple systems then priority would be given to critical systems.

Things that are **not** covered by the current Data Centre Resilience work
- Provision of instant failover on individual applications/services with no downtime for users
- Many of our network lines to end sites are single lines with limited resilience.

This work in itself involves some level of disruption which is being undertaken over weekends at present.

The cost of improving resilience, above that above, **for all systems** is significant and would involve capital and revenue investment in the millions in terms of equipment and people. Whether a 24 x 7 service from ICT is something that all services actually **need** must be considered. Costs have previously been provided to give a level of additional support to some services and never taken forward.

There are also a number of challenges relating to the ongoing recruitment and retention of suitably skilled resources into ICT Services to support 'Lights On' services which will need to be addressed if extended support hours are required.

Some of the ICT systems and services in the Council are not architected in a way which enables them to be available 24 x 7. In many cases they are reliant on batch processing overnight to clean up databases and so forth which requires the system to be down. These

restrictions will need to be factored into any requirements for 24x7 services.

Whilst a level of resilience can be built, no ICT service provider provides a 100% guarantee of service availability and it is inevitable that there will be some downtime for services in future. Existing levels of service availability regularly exceed 99.1%.

There are business continuity plans (BCP) in place for 86 services across the Council who are deemed critical or key. The BCP plans contain specific sections around the arrangements a service will adopt in the event of the loss of ICT systems and services including :
- Loss of the data or voice connection to their building
- Loss or theft of equipment such as PCs, printers, screens from the services building
- Loss of a core critical business application (i.e. the application is not working irrespective of which site the service is based at)
- Loss of ability to log on to PCs
- Loss of access to data (L drives/SharePoint)

The risk of major ICT failure is identified and regularly reported in the Corporate risk register LCC15.

Identified risks or opportunities:

Work underway as part of this year's ICT Essential Service Programme will provide the base infrastructure upon which individual system resilience can be developed as detailed above.

Investing more in ICT services from an infrastructure and staffing point of view provides the opportunity of increased availability and less service downtime. This will cost a significant amount of money.

Therefore, Heads of IM&T are undertaking a detailed service criticality exercise with all areas across the Council to ascertain with each the must have requirements and the business case for the provision of additional system resilience for their systems. (e.g. Frameworki, FMS, SAP, Website etc.) This will inform a more detailed Council business case that may provide variable levels of resilience and support for different services as required.

Actions or recommendations:

CLT are asked to :
- Endorse the Service Criticality Assessment work and commit to provide resource from services to work with the Directorate IM&T teams in assessing requirements for 24x7 services and support and improved resilience.

- CLT to consider and agree one of the following options :

Option 1
An infrastructure set up with full fail over capability for **all services** which means that when service is interrupted at one Data Centre, it will automatically flip over to a service running in parallel at the other data centre with limited user impact. This is likely to require a multi-million pound investment.

> **Option 2**
> An infrastructure set up to provide the "best possible" for those services identified as absolutely critical (as identified in the Service Criticality Assessment). This may be a mixed economy of those which may be able to "flip over" and those that will be recovered by the soon to be delivered set up. This is likely to require a significant investment to be determined.
>
> **Option 3**
> Accept the resilience that will be delivered by the current work. This is where individual systems would typically be recovered within a day however in the event of recovering multiple systems then priority would be given to critical systems. Investment for this is already built into the Essential Services Programme.
>
> - If Option 1 or 2 are taken agree that further work be undertaken to develop outline proposals and costs in support of either Option 1 or Option 2.

Outcomes agreed at CLT meeting
An acceptance that, due to the way the majority of our systems are architected, the resilience provided by the current work programme, which will be completed by the end of Feb 2016, is as good as we are going to get. **This is where individual systems would typically be recovered <u>within a day</u> however in the event of recovering multiple systems then priority would be given to critical systems.** Investment for this is already built into the Essential Services Programme.

However, Heads of IM&T working with Nigel Street (Resilience & Emergencies Team), will be engaging with Directorate Management Teams ASAP using a Service Criticality template in order to do determine which are the **most critical systems.** The criteria and information required to consider in making these decisions are those that relate to the cost of downtime, the risk to people and what continuity arrangements can be put in place should there be a failure.

ICT Services will then determine what additional infrastructure is required "just in case" for the recovery of the most critical systems to one data centre.
NB. This is likely to be to the level (as noted above) **where individual systems would typically be recovered <u>within a day</u> however in the event of recovering multiple systems then priority would be given to critical systems**

However, if for some individual systems there is the opportunity to improve this, perhaps through upgrades of the application, re-architecting or other then it will be determined and the costs for that reported back.

The conclusion of this work will result in a "cost/benefit" paper to CLT by February time ready to feed into the Capital Programme for 2016/17.

NB. It is important that all DMTs assess their Business Continuity Plans on a regular basis which must also include contingencies and mitigations against ICT failures which will, although not often, happen.

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Report of Director of Adult Social Services

Report to Strategy and Resources Scrutiny Board

Date: 21 March 2016

Subject: Strategic Commissioning of "People" services

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number:	☐ Yes	☒ No

Summary of main issues

1. This report informs Scrutiny Board of the work of an internal review and its findings of the strategic commissioning function that covers adult social care, public health and children's services.

2. The report invites Scrutiny Board members to comment on the findings of the review and support its recommendations.

Recommendations

3. Scrutiny Board is asked to note the work that has been undertaken and support the review recommendations:

   i. To establish a Corporate Strategic Commissioning Group and for it to be chaired by a Director

   ii. That the Corporate Strategic Commissioning Group set up a cross-directorate Operational Group to be chaired by a Head of Commissioning.

1 Purpose of this report

1.1 The purpose of this report is to inform Scrutiny Board members of an internal review of the Council's approach to the strategic commissioning of "people" services.

1.2 The report invites Scrutiny Board members to comment on the findings of the review and support the recommendations.

2 Background information

2.1 CLT received a report in May 2015 which set out the scope and methodology for undertaking a review of the Council's approach to integrated "people" commissioning. That report defined commissioning as the Local Authority's cyclical activity to assess the needs of its local population for care and support services that will be arranged by the Authority, then designing, delivering, monitoring and evaluating those services to ensure appropriate outcomes. It acknowledged that effective commissioning cannot be achieved in isolation and will be best delivered in close collaboration with others.

2.2 Integrated commissioning means different things to different people but for the purposes of this paper it is described from the perspective of the citizen. *National Voices*, a coalition of user-led organisations, created a single common cross-system of definition of integrated care which is:

"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me"

2.3 "People" commissioning covers a wider range of services than just care and support but the essence of the *National Voices* definition is about the key focus on outcomes for the individual. By focusing on citizenship, health and wellbeing and achieving good outcomes with people using evidence, local knowledge, skills and resources to best effect. This means working in partnership across the health and local government system to promote health and wellbeing and prevent, as far as is possible, the need for more intensive types of support.

2.4 Every person using services deserves the highest quality care and support, and the maximum opportunity to influence how that support is arranged and managed. Effective commissioning plays a central role in driving up quality, enabling people to meaningfully direct their own care, facilitating integrated service delivery, and making the most effective use of the available resources.

3 Main issues

3.1 **The project mandate**
The Corporate Leadership Team (CLT) commissioned a review of all the functions of the Council that undertake the commissioning of services that provide care and support including housing-related support. This was with the aim of:

- improving outcomes for service users by having more joined up services that better respond to their individual needs

- developing a more consistent approach to commissioning services across the Council

- Responding appropriately to changes in national legislation and policy relating to the Care Act 2014 and to the Children and Families Act 2014

- More effectively responding to Council priorities which cannot be addressed by commissioning from a single directorate

- Identifying opportunities to achieve greater alignment of commissioning activities with external partners, and in particular the NHS

- Achieving efficiencies by taking a more co-ordinated approach to market development and the way we manage multiple contracts with single providers

- Achieving savings by reducing the proportion of investment required by the Council to commission and contract manage services

3.2 The services within the scope of this review are all commissioning staff in Adult Social Care, Children's services and the Strategy and Commissioning Service within Public Health. What was out of scope are those commissioning activities undertaken by the wider Public Health function: 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 smoking cessation and weight management.

3.3 It should be noted that Children's Services' Commissioning has at least as big a role around education and other non-care activities. For example, Children's Services Commissioning has a commissioning role around the high needs block of the Dedicated Schools Grant which by a number or routes is commissioned to school and other education providers.

3.4 The other difference from other commissioning teams is that a substantial proportion of the budget for children in the city is mediated by the governance of schools themselves. Schools can act as independent commissioning agents for specific school based provision or act in partnership with others to commission as clusters or area groups. In both cases, Children's Commissioning act in an advisory role and sometimes in addition provided a traded support service. In a number of instances they act to set out a city wide framework for commissioning where spending is through school budgets only (i.e. no financial implication for local authority), examples are for instance offsite learning framework for schools, school milk, PE equipment testing and suchlike.

3.5 It should also be noted that, for Adult Social Care, there is a very important relationship between the work of the contract compliance section of the commissioning function and safeguarding. The majority of adult social care services are now commissioned from the independent sector. Some services such as home care, residential and nursing care are also inspected and regulated by the Care Quality Commission (CQC). Close working relationships between CQC, social work and contracts are vital to ensure a 360 degree view on the quality of care.

3.6 **Methodology**
There were three workshops held last year with commissioning staff. They focused on the themes of:
- Contracting
- Safeguarding
- Joint work with the NHS

Commissioning staff were encouraged to identify what was working well and where they felt improvements could be made. The content of each workshop was written up and circulated back to staff. These workshops were a helpful start to stimulating discussion and sharing different approaches.

3.7 However, as has been outlined in 2.1 above, commissioning is a cyclical activity as illustrated below:

3.8 In order to give structure and to provide an evidence base for decisions, an audit (see Appendix One) of current practice against each of the component parts of the commissioning cycle as illustrated above was undertaken looking at:

- What is current practice now/ how well is it integrated?

- What are the gaps/ areas for development?

- Ideas for closing the gaps/ strengthening an integrated approach

3.9 The audit was undertaken by each of the three directorates then the results were shared and debated together in two cross-directorate workshops to generate options and recommendations for CLT to consider.

3.10 In under-taking the audit, national best practice was also considered including:

- *Commissioning for Better Outcomes:* this is the recently published national standards for excellence in adult social care commissioning produced by the Health Services Management Centre and institute of Local Government Studies at the University of Birmingham and endorsed by the Department of Health, ADASS, LGA and Think Local Act Personal
- *Securing better health for children and young people through world class commissioning,* Department of Health, 2010
- *Good Commissioning: Principles and Practice,* Commissioning Support Programme, Department for Education, 2010
- *Commissioning of public health services for children,* Department of Health, 2014
- The good practice and methodology of the former *Supporting People* programme including the Quality Assessment framework and focus on safeguarding

3.11 **Workshop Findings – general comments**

The challenge for the review was defining the optimum model for the council to achieve the stated objectives set out in 3.1.It is important to note that any integration also causes fragmentation elsewhere as new lines of functioning are drawn up between services. The impact of this needed to be considered.

3.12 Increasingly people commissioning is about commissioning for relationships: children's services in particular exemplify the efficacy of this approach. True integrated commissioning looks at the whole system, how citizens move in that system and pass along and between services. A close working relationship with practitioners is vital in this in order to both understand the system and to keep up with its constant changes. The review group also took into consideration the relatively small amount of overlap in services between the different directorates.

3.13 Leeds City Council has a strong philosophy of "one council" working and increasingly supports a matrix approach to delivering added value. Within the spirit of this approach, the workshops identified two key opportunities for greater efficiency and effectiveness and made the following recommendations:

To establish a Corporate Strategic Commissioning Group and for it to be chaired by a Director

This will support a one-Council approach to:

- Understand and support alignment of commissioning strategies

- Develop the Council's approach to place-based commissioning

- Identify opportunities to develop cross-directorate approaches, e.g. re-commissioning housing-related support, substance misuse etc

- Identify new opportunities for commissioning across directorates that will achieve the same or better outcomes for less money

- Identify opportunities for a category management approach, e.g. for procuring transport

- Have a one council approach where different directorates contract with the same provider .e.g. Care and Repair

- Collaborate on consultation so the same groups do not get multiple approaches from different directorates

- Develop commissioning staff as a job family

3.14 It was clear from the workshops that commissioning practice had evolved in different ways in the different directorates and that there is scope to simplify, standardise and share best practice. There was a real openness and willingness to do so amongst commissioning staff. The review group therefore made a second recommendation:

That the Corporate Strategic Commissioning Group set up a cross-directorate Operational Group to be chaired by a Head of Commissioning.

A key responsibility of the group will be to identify and deliver improvements through simplifying, standardising and sharing where it makes sense to do so.

3.15 This model was recommended because it felt it would achieve the best of both worlds: a good strategic overview and opportunity to think about commissioning in a different way without the fragmentation that a structural solution, .i.e. a single commissioning unit would create. There was not found to be a significant overlap in the organisations that each directorate funds and where this is the case it is flagged up through the corporate contracts register. There was already a good example where directorates had collaborated to have a one-Council approach to commissioning a provider, albeit for different services from that provider. There was also concern that a single commissioning structure would fragment the key relationship between contract monitoring, market management and social workers for the purpose of safeguarding adults.

3.16 The rest of this section of the report sets out in more detail the feedback from the workshops, specific findings under each aspect of the commissioning cycle and potential areas for improvement.

3.17 **"Analyse" – key findings**

There was a good knowledge and use made of the Joint Strategic Needs Assessment (JSNA) and Leeds Data Mill. Staff both made a contribution to them

and used them to source evidence for analysing need and framing commissioning intentions. Staff were aware of a wide variety of intelligence both hard and soft. Commissioning teams had varying capacity and skills in analysing data and to a degree were self-taught. Benchmarking was used to understand Leeds' position in terms of both the use of resources and activity in care and support services.

3.18 In terms of what could be done better, staff suggested:

- Pooling information through Sharepoint

- Taking a cross-Directorate approach to identifying stakeholders and recruit as needed

- Head of Policy and Intelligence doing a seminar on the basics of how to do analytics

- More work on value for money bench-marking

3.19 Staff recognised the importance of citizens' voice in analysing need and made good use of the variety of fora in the city to do so although there was a concern that the same groups get consulted repeatedly. It was felt that there is a strong commitment in Leeds to consult appropriately and meaningfully with key stakeholders including other public sector partners and the independent sector. Although the city council is strong on consultation, staff felt it was still on a journey of genuine co-production with citizens with emerging good practice.

Staff identified a number of actions to strengthen this area of commissioning which was to:

- Using the Corporate Strategic Commissioning Group as a "clearing house" to inform others of planned consultations and seek opportunities to add questions to those consultations
- Develop a core set of standards when undertaking consultation and ensure consistent feedback loops
- Maximise consistent use of the Citizens Board
- Develop best practice champions in every Directorate
- Develop a Sharepoint library of engagement and consultation work

3.20 Risk stratification: understanding and managing risk is a key part of "people" services and there are signs that we are beginning to get more sophisticated in our approaches. Although there are currently a number of risk stratification tools, they mainly focus on the health determinants of risk and do not look at social determinants such as social isolation, caring responsibilities and recent bereavement. This is an area for development and requires collaboration between commissioning staff and the intelligence functions of health and social care services

3.21 It has been agreed to establish a matrix team approach for the intelligence function of the council with a core work programme which focuses on promoting collaboration, professional leadership, staff development and increasing efficiency.

3.22 **"Plan" – key findings**

Commissioners made good use of programme and project management methodology and there was consistent use made of centrally supplied tools and templates although staff were keen that use of such tools were proportionate and did not become an end in itself. Staff were able to describe effective stakeholder management approaches but were aware that the Directorates share many of the same stakeholders and could probably find a way to approach this more efficiently.

3.23 The Outcome Based Accountability approach in Children's Services was acknowledged as a particularly powerful and effective methodology for both articulating strategic intentions and as a means for galvanising multi-agency involvement. It was acknowledged that more extensive use of this methodology could be used across different parts of the Council.

3.24 Although commissioners do consult extensively on strategic plans with external partners, it was felt that consulting with internal partners earlier in the process would be better so the impact on other parts of the council could be understood more readily.

3.25 There was evidence of all directorates taking an asset-based approach in line with the Council's philosophy and this formed a key part of strategies. It was felt that commissioning strategies were able to evidence the influence citizens and communities had had in shaping them but we were less good at involving people in reviews to see whether changes had actually happened.

3.26 Recommendations for how the Council's planning function could be improved included:

- Have initial conversations at the Corporate Strategic Commissioning Group before talking to service users to understand the impact on other parts of the Council and to see if there is a joint interest
- Explore the possibility of having a shared budget for user engagement
- Make consultation and engagement more joined up
- Share understanding of community structures
- Set up a commissioning calendar so colleagues can see what's coming
- Put the spotlight on what works well in communities and share learning
- Create a safe space to share what hasn't worked so well
- Clarify the role of Performance Planning and Procurement Unit (PPPU) in planning – is it lead or to enable?
- Consider and share opportunities for commissioning at a regional level
- Consider peer mentoring so commissioners learn from each other

3.27 **"Do" – key findings**

Good commissioning promotes positive engagement with all local providers of care and support. This means market shaping and commissioning should be shared endeavours, with commissioning working alongside people with care and support needs, carers, family members, providers and the public to find shared and agreed solutions. Good commissioning provides value for money through identifying solutions that ensure a good balance of quality and cost to make the best use of resource and achieve the most positive outcomes for people and their communities.

3.28 All directorates were able to give examples of positive engagement with providers, both through one-off events and regular dialogue with mature relationships. Staff spoke of Strategic Advisory Groups that involve elected Members to broad sector-based provider forums to single issue groupings. It was felt that, in some areas, more could be done to engage with providers in problem solving. Developing and stimulating new markets was an area where commissioners felt they were still learning and were keen to share with each other what was working.

3.29 In terms of procurement, staff welcomed the professional advice given by PPPU and the challenge of approaching procurement in new ways to get better value for money and/ or improved outcome. More has been made recently of seeking consortia approaches such as the provision of carers' advice that was awarded to Carers Leeds in collaboration with other Voluntary Community and Faith (VCF) organisations or the professional advocacy service provided by Advonet. There were also some good examples of involving citizens in the procurement of services but some areas reported difficult in getting sufficient volunteers to undertake tender evaluations as this is a big time commitment.

3.30 In order to identify efficiencies through a category management approach, PPPU currently go round to each directorate. It would be more efficient and effective to identify opportunities through a single conversation at the Corporate Strategic Commissioning Group. This would also include the opportunity to standardise processes and documentation in contract monitoring to a greater degree without fettering the ability of directorates to collect additional information. Where there are shared organisations or organisations hold a number of contracts with council directorates, it would make sense to have a core monitoring framework. This would include the opportunity for joint monitoring arrangements.

3.31 Key recommendations for the "do" part of the planning cycle included:

- Having more "time out" sessions with provider forums to problem solve together
- Share good practice
- Consider having joint forums across directorates on a themed basis where it makes sense, .e.g. mental health
- Ensure forums are mixed and representative of the city and if not take steps to improve them
- Make the benefits of taking part clear to people
- Have a transparent, open approach to monitoring and share intelligence with strategic partners
- Consider strategic approaches to broadening our local markets to offer greater choice and diversity
- Make sure our monitoring standards are aligned to independent inspectors and regulators to avoid there being a disparity of judgements
- Consider a consistent council approach to monitoring unregulated services – perhaps through a common risk framework
- Review procurement processes to ensure they have the right balance between rigor whilst not stifling innovation
- Consider how to increase the personalisation of service delivery
- Develop a shared contract management framework
- Attempt to align contracts across directorates to facilitate joint commissioning

- Review systems and IT to reduce silo working

3.32 "Review" – key findings

Good commissioning monitors service delivery against expected outcomes an report how well it is doing against the strategic plan. This is in effect asking "Did our *do* phase deliver on the *plan* we put in place to deliver against what we *understand* to be the needs"? Part of the review role should include considering whether the strategic plans are addressing identified needs and monitoring whether all partner agencies are acting in accordance with the commitments they made. Good commissioning ensures citizens are actively involved in the monitoring and review of services including decisions to de-commission services.

3.33 There was a strong commitment from commissioning staff to involve citizens in all parts of the commissioning cycle including monitoring and review. People were aware of the formal role Healthwatch had the in the city and its power to "enter and view".

3.34 Examples were given of service users co-chairing partnership boards such as the Learning Disability Partnership Board. There were also examples of co-production in producing monitoring tools that involved both service users and providers. Strategy and Commissioning colleagues in the Public Health Department use a Quality Assurance Framework which the other directorates were interested in learning about. Staff were keen to share learning and expertise in this area and identify opportunity for joint approaches.

3.35 Staff also talked about the importance of data being meaningful to judge the performance of the service and how it is equally important to decommission services well as well as commission them. Effective communication, strong relationships and tight management were mentioned as important factors in a successful decommissioning.

3.36 Key recommendations in the "Review" part of the commissioning cycle were:

- Share good practice across directorates
- Explore whether a more joined up approach to service user involvement to gain a greater pool of volunteers
- Consider a generating a council policy on the rewards and recognition of citizen involvement in formal commissioning process
- Publish appropriate data on the internet to promote informed customer choice
- Consider the use of Information Technology to promote forms of citizen feedback on services
- Share directorate approaches to monitoring and move to a common framework

3.37 Place-based Commissioning – the future direction of travel

The review identified how the Council can facilitate integrated commissioning for "people" services at a strategic and operational level. There was a recognition amongst commissioning staff that they could be more pro-active in sharing information at an earlier stage and collaborate to simplify, standardise and share

approaches. Although each directorate uses a similar methodology there was not a significant number of shared contracted organisations/ providers and these have been identified by updating the corporate contracts register, which are now shared across directorates.

3.38   All staff are keen to build on the review to ensure a culture of joint working, supported by appropriate ways of working. Commissioning staff will continue to work closely with PPPU, including the on-going development of appropriate Category Management.

3.39   Increasingly the art of good commissioning focuses on commissioning for the whole system for a population group, e.g. children and families, adults and older people. Commissioners do not just commission a suite of services or a care pathway, they commission for all the enabling functions in that system too such as information management and technology, estates, communications and workforce. All of those facets need to come together for the system to work. In order to best understand that system and do it well, commissioners need to be part of the system too: not sit outside it at arm's length.

3.40   Research from the King's Fund[1] makes the argument for a new approach of place-based systems of care. Commissioning in the future needs to be both strategic and integrated, based on long-term contracts tied to the delivery of defined outcomes.

3.41   The likely elements of a place-based approach are:

- Needs analysis that drills down to a local level as each area in Leeds has its own characteristics and challenges
- Mapping of local assets and a community development approach to address gaps
- New models of care and support that span organisational and service boundaries, supported by new approaches to commissioning and paying for care
- Robust governance arrangements that balance organisational autonomy and accountability with a commitment to partnership working and shared responsibility
- Services that are financially and clinically sustainable through greater integration of care and focus on improving population health and well-being
- Collaboration with a wider range of organisations from different sectors
- Leadership that is required to work in this way and that shares expertise and skills across different directorates and organisations
- A partnership with citizens and local communities to transform the way that services are designed and delivered
- A focus on delivery at a local level, in our neighbourhoods and natural communities based on the conviction that, for the most part, people mainly access local services

3.42   It should also be noted that Adult Social Care services are in discussion with the two Leeds Clinical Commissioning Groups (CCG) that commission community-based services in order to create an integrated commissioning function between the

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[1] *Place-based systems of care,* King's Fund, November 2015

three organisations with a joint appointment of Director of Integrated Commissioning and joint posts within the unit. Although externally focussed, this development offers the potential for smarter working between local government and the NHS in order to achieve better outcomes for the citizens of Leeds. It is likely that this development has the greatest opportunity to deliver efficiencies.

3.43   There is now also a requirement to produce a Sustainability and Transformation Plan on the Leeds City Council footprint that will bring all CCG commissioner and provider plans together in one costed plan which will also include social care and aims to achieve financial sustainability for the whole system.

4   Corporate Considerations

4.1   Consultation and Engagement

4.1.1   The consultation and engagement relevant to this piece of work relates to the commissioning workforce across the three directorates. As has been detailed in the body of the report – staff were actively engaged with through the audit, several workshops and given the opportunity to comment on the final report. The Trade Unions are aware of the work through regular updates through Joint Consultative committee.

4.2   Equality and Diversity / Cohesion and Integration

4.2.1   Equality and diversity considerations are a key part of commissioning good practice as it fundamentally about understanding our populations and determine the best services to meet people's needs. As has been described above, how we approach needs analysis, consultation and engagement with citizens, drawing up specifications and contracting models all can have an impact. Any major commissioning strategy goes through the rigor of the council's equality impact assessment.

4.3   Council policies and the Best Council Plan

4.3.1   Efficient and effective commissioning contributes to both a strong economy and a compassionate city. As much as possible, commissioners try to make the most of the Leeds £ - by buying locally across the Third sector, private sector and, of course, the vital role of our own in-house services. It also contributes to a compassionate city in that we ensure sufficient investment in care and support services that promote prevention and early intervention but also high quality care where that is the need and ensure people are kept safe.

4.4   Resources and value for money

4.4.1   A key part of effective commissioning concerns ensuring best value for the Leeds council tax payer. A significant part of commissioning work entails benchmarking around unit costs, innovative ways of procurement, stimulating new markets, category management approaches, encouraging consortia etc to name just a few strategies. The recommendations of the review put in place a strategic and operational infrastructure to the council's commissioning function to ensure the best opportunity exist through collaboration to get best value.

4.5   Legal Implications, Access to Information and Call In

4.5.1   There are no specific legal implications within this report however it should be noted that the procurement part of the commissioning cycle is heavily regulated by

national and European law. The PPPU plays an essential role in ensuring all contracting by the council is done lawfully.

4.5.2 This report is to Scrutiny Board for information and therefore is not subject to call in.

4.6 Risk Management

4.6.1 There are no significant risks relating to the content of this report. However it should be noted that the contracts function of commissioning has a significant role to play, especially in adult social care. The sustainability of care markets is an increasingly important, and now statutorily prescribed responsibility as set out in the Care Act 204. There is an important interplay between the role of contract/ quality surveillance staff, social work and safeguarding functions. Constant monitoring and vigilance is required in order to properly safeguard the well-being of Leeds citizens in commissioned and directly provided care.

5 Conclusions

5.1 Commissioning is a complex and evolving function. The council has considerable expertise across the three directorates and the strategic review of "people" commissioning has made a number of recommendations to strengthen and improve commissioning practice.

5.2 The next chapter in developing commissioning is one that looks outward – in developing relationships and new models of delivery with other council services and key partners such as the NHS. Collective action is needed to improve the health and well-being of the population by acting on the wider social, economic and environmental determinants of health. We must design new ways in which individuals can work together in teams and across systems to make the best use of our collective skills and knowledge. This is the challenge for the corporate Strategic Commissioning Group going forward.

6 Recommendations

6.1 Scrutiny Board is asked to note the work that has been undertaken and support the review recommendations:

6.1.1 To establish a Corporate Strategic Commissioning Group and for it to be chaired by a Director

6.1.2 That the Corporate Strategic Commissioning Group set up a cross-directorate Operational Group to be chaired by a Head of Commissioning.

7 Background documents[2]

7.1 A number of documents covering commissioning policy and practice were considered when undertaking the review and these are detailed in 3.9 above.

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[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.

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Integrated People Commissioning Audit Tool

Step 1: ANALYSE – the Local Authority is able to demonstrate an understanding of the local population, including forecasting for future needs, resource modelling and priorities for achieving outcomes	
What does good look like?	**Provide evidence of what you are doing now**
Commissioners stay up-to-date with relevant evidence, use it intelligently to inform commissioning decisions	
There is demonstrable collaboration and sharing of qualitative and quantative data across the different directorates and agencies of social care, health, housing and education which is used to establish a baseline and inform commissioning decisions in a clear and transparent way. The results are published and made available by the Local Authority.	
Commissioners employ a wide range of methods to collect, understand and analyse the view of people who use services and can demonstrate that this evidence strongly informs its commissioning priorities.	
There is capacity to undertake the analysis necessary to interpret local data and wider evidence in a meaningful and relevant way.	
Commissioners analyse local providers and market and share this with other directorates so there is a single council view of our providers and market	
How integrated do you think is current practice? What is the evidence?	
How would you make this better?	

Step 2: PLAN – Good commissioning starts from an understanding that people using services and their carers and communities are experts in their own lives and therefore essential partners in the design and development of services. Good commissioning creates meaningful opportunities for leadership and engagement of people including carers and the wider community in decisions that impact on the use of resources and shape of services locally. Good commissioning provides value for the community not just the individual, commissioner or the provider.	
What does good look like?	**Provide evidence of what you are doing now**
The Local Authority demonstrates shared decision-making with its citizens, actively engaging with them to specify population and personal outcomes and to maximise citizen choice and control.	
Service specifications and contracts are designed with people who use services, their carers, advocates and providers to focus on outcomes, rather than outputs or time and task based activities.	
The Local Authority recognises that building community and social capital is a central plank of the model of care and actively promotes: • Mutual support and self-help • Connections between individuals and resources • Inclusion in community activities • Community ownership and involvement in planning and re-shaping services	
The overarching strategic plans of each directorate are aligned, outcomes focused and promoted integrated working.	
How integrated do you think is current practice? What is the evidence?	
How would you make this better?	

Step 3: DO – Good commissioning promotes positive engagement with all local providers of care and support. This means market shaping and commissioning should be shared endeavours, with commissioning working alongside people with care and support needs, carers, family members, providers and the public to find shared and agreed solutions. Good commissioning provides value for money through identifying solutions that ensure a good balance of quality and cost to make the best use of resources and achieve the most positive outcomes for people and their communities.	
What does good look like?	**Provide evidence of what you are doing now**
Commissioners develop relationships with all local care providers to enable the design and delivery of services that meet the care and support needs and outcomes that local people want	
Commissioners conduct open and transparent conversations with providers who are actively involved in the commissioning cycle and are able to plan and invest in local services.	
Relationships between commissioners and providers are open, respectful and honest. Providers share information about costs, profit margins and the terms and conditions of staff and the Local Authority shares information about cost assumptions and the rationale for contract decisions.	
Commissioning, procurement and contracting processes are designed to promote a varied and diverse market and seek to reduce the burdens on provider organisations.	
Commissioners can demonstrate a thorough understanding of the balance between cost, quality and effectiveness of care and support services. The financial and quality data has a strong influence on contract specifications and costs.	
Commissioners work closely within the Local Authority, with the NHS and other public and voluntary services to share resources, e.g. infrastructure and buildings	
How integrated do you think is current practice? What is the evidence?	

How would you make this better?

Step 4: REVIEW – Good commissioning monitors service delivery against expected outcomes and report how well it is doing against the strategic plan. This is in effect asking, 'Did our 'do' phase deliver on the 'plan' we put in place to deliver against what we 'understand' to be the needs?' Part of the review role should include considering whether the strategic plans are addressing identified needs and monitoring whether all partner agencies are acting in accordance with the commitments they made. Good commissioning ensures citizens are actively involved in the monitoring and review of services including decisions to de-commission services.	
What does good look like?	**Provide evidence of what you are doing now**
Commissioners work in partnership with a wide range of Local Authority services, housing, health, the third sector and care and support providers to develop shared outcome frameworks	
There are clear and well publicised arrangements in place to identify and address safeguarding concerns, with clarity around roles and responsibilities and a clear strategy for intervention	
Commissioning processes are open and transparent and enable people who use services and their carers to hold people to account.	
There are clear and transparent lines of accountability for quality and safety with systems that involve citizens and ensure continuous improvement and respond to quality issues.	
Commissioners work in partnership with each other and with different external commissioning bodies to ensure the best use of resources, including where services can be de-commissioned, where appropriate, to reflect local needs and preferences.	
How integrated do you think is current practice? What is the evidence?	
How would you make this better?	

Cross cutting theme: DEVELOPING THE COMMISSIONING AND PROVIDER WORKFORCE – Good commissioning is undertaken by competent and effective commissioners and facilitates the development of an effective, sufficient, trained and motivated care and support workforce. It is concerned with sustainability, including the financial stability of providers and the co-ordination of health and care workforce planning.	
What does good look like?	**Provide evidence of what you are doing now**
There are clear plans in place to ensure the workforce has the capacity, skills and knowledge to commission, manage and delivery high quality care and support services.	
Service contracts clearly specify the critical importance of a sufficient, skilled and motivated workforce and commissioners are confident and can evidence that fees and contracts allow providers to deliver staff terms and conditions that meet statutory obligations and reflect good practice including the payment of at least the Minimum Wage.	
Commissioners work collaboratively with the Council and with key commissioners' partners to develop job roles and skills that promote effective integration and improve outcomes.	
Commissioners use national and local workforce and other data to inform commissioning plans, contract specifications and local learning and development plans.	
Commissioning roles are clearly described, with appropriate learning and development opportunities.	
How integrated do you think is current practice? What is the evidence?	
How would you make this better?	

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Report author: Peter Marrington

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Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Strategy and Resources)

Date: 21 March 2016

Subject: Work Schedule

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

Summary of main issues

1. The Board's work schedule is attached as appendix 1. The work schedule reflects discussions at the Board's meeting in February. It will be subject to change throughout the municipal year.

Recommendations

3.   Members are asked to note the work schedule and make amendments as

Background documents[1]

    None used

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[1] 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.

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Scrutiny Board (Strategy and Resources) Work Schedule for 2015/2016 Municipal Year

Area of review	Schedule of meetings/visits during 2015/16		
	June	July	August
Non contract spend		Initial evidence gathering	
Budget/Service Categorisation and income generation		Agree terms of reference	
Commissioning			
ICT			
Devolution			
Briefings	Terms of Reference/work programming discussion		
Recommendation Tracking			
Performance Monitoring			

Scrutiny Board (Strategy and Resources) Work Schedule for 2015/2016 Municipal Year

Area of review	Schedule of meetings/visits during 2015/16		
	September	October	November
Non contract spend			
Budget/Service Categorisation and income generation	Session 1 – evidence gathering	Session 2 –evidence gathering	Session 3 –evidence gathering
Commissioning			
ICT		To agree terms of reference	
Devolution			
Briefings			
Recommendation Tracking			
Performance Monitoring			

Scrutiny Board (Strategy and Resources) Work Schedule for 2015/2016 Municipal Year

Area of review	Schedule of meetings/visits during 2015/16		
	December	January	February
Non contract spend	Update		
Budget/Service Categorisation and income generation	To agree final report		
Commissioning			
ICT		Session 1 evidence gathering	Session 2
Devolution			
Briefings		Career families	
Budget	To receive Executive Board's initial budget proposals		
Recommendation Tracking			
Performance Monitoring			
Performance Monitoring			

Scrutiny Board (Strategy and Resources) Work Schedule for 2015/2016 Municipal Year

Area of review	Schedule of meetings/visits during 2015/16		
	March	**April**	**May**
Non contract spend			
Budget/Service Categorisation and income generation			
Commissioning	Commissioning update		
ICT	Session 3 and Drafting recommendations	Session 4 – Agreeing final recommendations	
Devolution			
Briefings			
Recommendation Tracking			
Performance Monitoring			
Performance Monitoring			