

Adult and Safer City Scrutiny Panel

13 June 2017

Time 6.00 pm **Public Meeting?** YES **Type of meeting** Scrutiny

Venue Committee Room 3 - 3rd Floor - Civic Centre

Membership

Chair Cllr Linda Leach (Lab)
Vice-chair Cllr Patricia Patten (Con)

Labour

Cllr Ian Claymore
Cllr Dr Michael Hardacre
Cllr Rupinderjit Kaur
Cllr Elias Mattu
Cllr Lynne Moran
Cllr Anwen Muston
Cllr Rita Potter
Cllr Tersaim Singh

Conservative

Cllr Barry Findlay

UKIP

Cllr Malcolm Gwinnett

Quorum for this meeting is three Councillors.

Information for the Public

If you have any queries about this meeting, please contact the democratic support team:

Contact Earl Piggott Smith
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Agenda

Part 1 – items open to the press and public

- | <i>Item No.</i> | <i>Title</i> |
|-----------------|--|
| 1 | Apologies |
| 2 | Declarations of interests |
| 3 | Minutes of previous meeting (Pages 3 - 6)
[To approve the minutes of the previous meeting as a correct record] |
| 4 | Matters arising |

DISCUSSION ITEM

- | | |
|---|---|
| 5 | Draft People Directorate Commissioning Strategy (Pages 7 - 74)
[Paul Smith, Head of Commissioning, and Linda Sanders, Strategic Director People, to present report] |
|---|---|

Adult and Safer City Scrutiny Panel

Agenda Item No: 3

Minutes - 28 March 2017

Attendance

Members of the Adult and Safer City Scrutiny Panel

Cllr Paula Brookfield (Chair)
Cllr Ian Claymore
Cllr Malcolm Gwinnett
Cllr Dr Michael Hardacre
Cllr Lynne Moran
Cllr Anwen Muston
Cllr Rita Potter
Cllr Sandra Samuels

In Attendance

Cllr Sandra Samuels

Cabinet Member for Adults

Part 1 – items open to the press and public

Item No. *Title*

- 1 **Apologies**
Apologies were received from Cllr Patten and Cllr Leach.
- 2 **Declarations of Interest**
There were no declarations of interest.
- 3 **Minutes of previous meetings**
Resolved: That the minutes of the previous meeting be agreed as a correct record.
- 4 **Matters arising**
There were no matters arising.
- 5 **Update on the Dementia City (report to follow)**
Cllr Sandra Samuels introduced a report providing an update on the Dementia work plan and the milestones that were planned to support Wolverhampton work towards becoming a “Dementia Friendly City”.

On 9 October 2012 at the ‘Creating Dementia Friendly Communities’ conference Wolverhampton had signed up to the Dementia Action Alliance and took up the challenge. Each organisation committed to producing and publishing their own Action Plans setting out what they each would do to secure the required outcomes and improve the quality of life of people living with dementia. Wolverhampton achieved the status of ‘Working towards becoming a dementia friendly community’

The Panel noted that Wolverhampton had previously been ahead of the game in this area and questioned whether we still were. Officers confirmed that there had been a slight dip but yes we were now back on track and that the City would always be working towards becoming a dementia friendly city and continuously looking to improve.

Officers stated that one of the most successful projects developed through the BCF work stream was Memory Matters. Memory Matters had been launched by the City of Wolverhampton Council in partnership with the Black Country Partnership NHS Foundation Trust, Wolverhampton Clinical Commissioning Group and the Alzheimer's Society. It was a 'travelling' information, advice and guidance service where experts including community psychiatric nurses and social workers were available at each to assess whether someone's memory loss was serious, such as the onset of dementia, and direct them towards appropriate help and support.

Officers confirmed that work priorities for the coming two years had been agreed and would take into consideration consultation and co-production with people who used services and their family carers. Key amongst these was the need to develop a refreshed Strategy and Implementation Plan for completion in December 2017.

Officers stated that it was important to consider ways for early diagnosis as people were often given drugs once it was too late and that work needed to be done with the CCGs and GPs. Members expressed concern regarding the diagnosis of dementia by GPs and considered that there should be some form of monitoring the various rates of diagnoses and referrals. Officers stated that there was a dementia link in each area but members considered that this did not work and that GPs needed to be accountable as the service at the moment was not acceptable.

Resolved: That there be an update in 6 months to include advise on how GP services could be improved, any identified strengths and weaknesses and if possible data on which GPs were reporting incidents.

6 **Older People Assessment and Case Management - promoting independence approach - update (report to follow)**

A report was submitted to provide the Panel with an update about the progress of the promoting independence for older people project, which had commenced on 18 April 2016 and was due to close on 1 June 2017.

Officers stated that an occupational therapist had now been brought on board and a number of positive outcomes were being generated. Officers confirmed that the Promoting Independence team had not been co-located in order to allow team members to operate out of existing locality bases and reduce costs.

Officers stated that they were also reducing the number of double handed visits where appropriate and ensuring that carers all had the appropriate training and the right equipment. Carers were also now able to carry out more 30 minute visits

instead of 15 minute visits. Officers stated that where possible admission to a home would be delayed as people were happier in their own homes if they could be provided with the correct support. The telecare system was also being expanded and Officers stated that if required a report on this could be brought to a future meeting. Members considered that in some circumstances people might actually be better off in a care home rather than being left on their own after a visit and that sometimes the company of other people was more beneficial than independent living. Officers stated that the telecare system would be used alongside initiatives to help address loneliness.

Members expressed concerns regarding the care that would be required in the future by people currently living independently and the aging population. Officers stated that there was a commitment to understand the current demographics and predicted growth and that the budget was a fair reflection of what was thought to be required. The Cabinet Member for Adults stated that the Council had been tasked with saving £11 million the previous year and that funding had been reduced from the Government.

Members queried whether people living independently were aware of what they were entitled to. It was stated that the Council was working closely with the University and that Financial Services had responsibility for providing welfare rights advice. Officers stated that they had supported an additional £10 million of benefits in the City which would make a massive difference to the City economy as much of this money was then spent in the area. Officers stated that they were also working with MacMillan and the CAB to help ensure that people were claiming what they were entitled to especially in relation to end of life care. Members expressed some concern regarding claims for disability living allowances which were thought to be turned down regularly and people often didn't appeal them even though they would be likely to win an appeal. Officers stated that exercises were carried out to cross reference who was receiving what care and that these people were picked up and contacted by Officers.

Members also expressed concern regarding self-assessment in that elderly people would say that they could manage when really they couldn't but they didn't want to be a burden. Officers stated that social work assessments would not be carried out over the phone and that any self-assessment would only ever be used as an initial indicator.

Members remained concerned that the required capacity had still been underestimated and not fully addressed.

Resolved: That the content of the report be noted.

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Adult and Safer City Scrutiny Panel

13 June 2017

Report title	Draft People Directorate Commissioning Strategy	
Decision designation		
Cabinet member with lead responsibility	Councillor Sandra Samuels	
Key decision	No	
In forward plan	Yes	
Wards affected	All	
Accountable director	Linda Sanders, People	
Originating service	People	
Accountable employee(s)	Linda Sanders Tel Email	Strategic Director People 01902 553000 linda.sanders@wolverhampton.gov.uk
	Paul Smith Tel Email	Head of Commissioning 01902 555310 Paul.smith@wolverhampton.gov.uk
Report to be considered by	Scrutiny – Children’s Health and Well-Being Board Cabinet	14 June 2017 28 June 2017 19 July 2017

Recommendation(s) for action or decision:

Scrutiny Panels are recommended to:

Note, scrutinise and comment on the attached draft People Directorate Commissioning Strategy 2017-21 *Shaping Futures, Changing Lives* (attached as Appendix 1.)

1.0 Purpose

- 1.1 For Scrutiny Panels to note, scrutinise and comment on the content of the attached draft People Directorate Commissioning Strategy entitled *Shaping Futures, Changing Lives*.

2.0 Background

- 2.1 The Cabinet of 26 April 2017 approved the attached Draft People Directorate Commissioning Strategy for consultation during May and June 2017 with a view to seeking final Cabinet approval to the Strategy at its meeting of 19 July 2017.
- 2.2 It has been considered by the Scrutiny Board on 30 May 2017.
- 2.3 The attached Draft People Directorate Commissioning Strategy explains the overall drivers, approach and content of the strategy for all parts of the service directorate.
- 2.4 The draft strategy is titled *Shaping Futures, Changing Lives*. It updates our approach in two ways.
- 2.5 Firstly, by bringing together in one place the wide-ranging activity already underway in the People Directorate through transformation initiatives.
- 2.6 Secondly, it shapes the direction for the People Directorate of the next stage of development in creating a single, simple narrative and model which will inform on-going engagement, service transformation and planning as part of one council and with partners.
- 2.7 Updating a commissioning strategy also gives opportunity to incorporate developed approaches such as our approach to de-commissioning. It gives new focus to other initiatives such as the Health and Well Being Board priorities established in 2015/16. It also underpins the way in which commissioning is being harmonised within the People Directorate.

3.0 Progress, options, discussion, etc.

- 3.1 There has been significant engagement across all sections of the People Directorate as well as with colleagues in corporate procurement, finance, HR and workforce to develop the draft strategy to this stage. It may be that the content offers a template for application in other parts of the Council.
- 3.2 An early version of the draft was shared as evidence with OFSTED to support their positive view of the “leadership” element of the 2017 inspection.

- 3.3 The Cabinet of 26 April 2017 approved the draft strategy for consultation during May and June 2017. A Communications / Engagement Plan was developed and is attached as Appendix 2. At the time of the Panel meeting, this is now underway and a verbal update will be given to the Panel about any developing themes.
- 3.4 The draft Commissioning Strategy has been shared with NHS commissioning colleagues in the context of overall work on care and health integration. The current stage of development and direction for care and health integration is reflected in the attached draft.
- 3.5 The Panel will note that the strategy is a wide-ranging document which makes links to many areas outside the People Directorate. Indeed, the success of the strategy will be linked to achievements elsewhere e.g. with NHS partners or continued joint-work on the development of skills and career pathways for care in the city. Scrutiny Panels are invited to consider and comment on the attached draft Strategy with a view to ensuring that it is as rounded as possible.

4.0 Financial implications

- 4.1 There are no direct financial implications arising from this report. Any actions arising from the Strategy and the associated plans will be delivered from existing budgets.
- 4.2 A commissioning strategy and associated plans will be key instruments in managing the financial environment for the People Directorate over the coming period.
(AS/23022017/B)

5.0 Legal implications

- 5.1 Details of law relevant to the development of a Commissioning Strategy are included in the draft strategy in Section 4.0 and include:
- The Health and Social Care Act 2012 section 192 (amending the Local Government and Public Involvement in Health Act 2007 section 116 (as amended by the Act – section 192) require a “responsible local authority” and each of its partner CCGs to prepare Joint Strategic Needs Assessment and Joint Health and Well Being Strategies; and section 116A (as inserted by the Act – section 193); Section 196 provides that these functions are to be exercised by the health and wellbeing board established by the local authority.
 - The Care Act 2014 –
 - Section 3 establishes legal basis of integration of care and support with health services
 - Section 53ff. establishes requirements relating to market oversight
 - Children’s Act 1990 Section 22G creates a statutory requirement for a Sufficiency Strategy for accommodation of children looked after by the council under which is an important part of the commissioning

- Children and Families Act 2014 introduced new requirements including
 - those on adoption, special educational needs or disabilities
 - statutory requirements on integration with health and joint commissioning with health partners (Sections 25-26). RB28022017/V

6.0 Equalities implications

- 6.1 The draft Commissioning Strategy is underpinned by population needs assessment analysis and market shaping activity. These strands provide a framework for action to support all parts of the community in the City of Wolverhampton to allow specific market shaping as needed.

7.0 Environmental implications

- 7.1 A key intention of the draft Commissioning Strategy is to ensure sustainability for people needing support or care through sustainable resources management and service design. This augments the assets which people bring in their lives. The development of neighbourhood and locality approaches support more sustainable approaches to personal support with potential positive benefit for the environment.

8.0 Human resources implications

- 8.1 The Commissioning Unit has been re-organised and recruitment to vacant staff team roles is being finalised.
- 8.2. Any other activity which affects Council staff arising from this strategy will be managed through the relevant approved project plan and further advice sought as needed.

9.0 Corporate landlord implications

- 9.1 There are no corporate landlord implications at this stage.

10.0 Schedule of background papers

- 10.1 Not applicable.

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CITY OF
WOLVERHAMPTON
COUNCIL

SHAPING FUTURES, CHANGING LIVES

**PEOPLE DIRECTORATE
COMMISSIONING STRATEGY
2017-2021**

x

VERSION CONTROL		
30/01/17	V0.2	bc
14/02	V0.4	BC
20/02	V0.5	BC
22/02	V0.6 post PD PLT	BC
09/03	V0.7 SEB	BC
16/03	V0.8 post SEB	BC
28/03/17	V0.9 post Cabinet Leads	BC

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1.0 People Directorate commissioning - Foreword

Shaping Futures, Changing Lives – our title for this new commissioning strategy states what we are doing through this first Commissioning Strategy for the People Directorate. Many factors influence the development of this new strategy:

- Continued and growing focus on prevention, strengthening families and using the assets and strengths which individuals, families and communities bring to their experience of life to promote their wellbeing and when they need more support
- *Care Act 2014* statutory duty for market shaping and development
- Renewed focus on collaboration rather than competition in NHS services
- Co-production – extending new understanding and actions
- Overall influence of changes in law such as the *Care Act 2014* and the *Children and Family Act 2014* SEND Reforms
- On-going statutory requirement of the role of Director of Adults Social Services, Director of Children's Services and Director of Public Health for commissioning ¹ and
- Local factors such as:
 - One Council approach in the service of people in the City
 - Outcome of 2017 OFSTED Inspection of children's social care, our whole family approach and roll-out of Restorative Practice as an approach to working with families
 - Developing our local City of Wolverhampton *Community Offer*
 - People Directorate service re-design such as the Multi-Agency Safeguarding Hub (MASH) embracing a prevention and early help focus, revised early intervention model and specialist support service in children and young people's services
 - Outcome of the *Adult Social Care Peer Review* of March 2016 which recommended a more thematic approach to commissioning
 - Strengthening public health influence in and beyond the council
 - Re-structuring of adult social care operations under one Service Director
 - Working with partners including in the voluntary and community sector so that the experience of people using health and care services is more integrated in our community based approaches
 - Updating of other related strategies e.g. workforce, quality strategies; and need for coherence across strategies e.g. children's disability

This new Strategy will drive the recently established People Directorate Commissioning Unit, capturing current activity and informing future priorities.

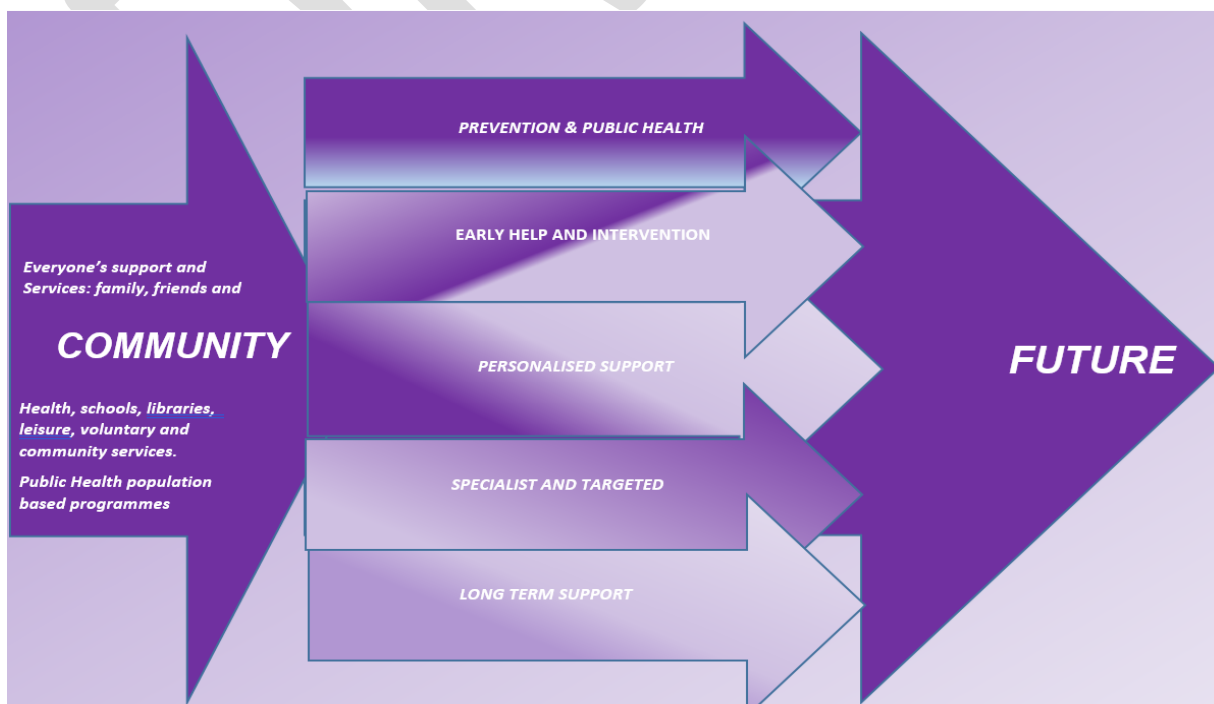
1.1 Vision

In this People Directorate Commissioning Strategy, on behalf of people living in the City of Wolverhampton:

- We embrace a positive, asset-based approach

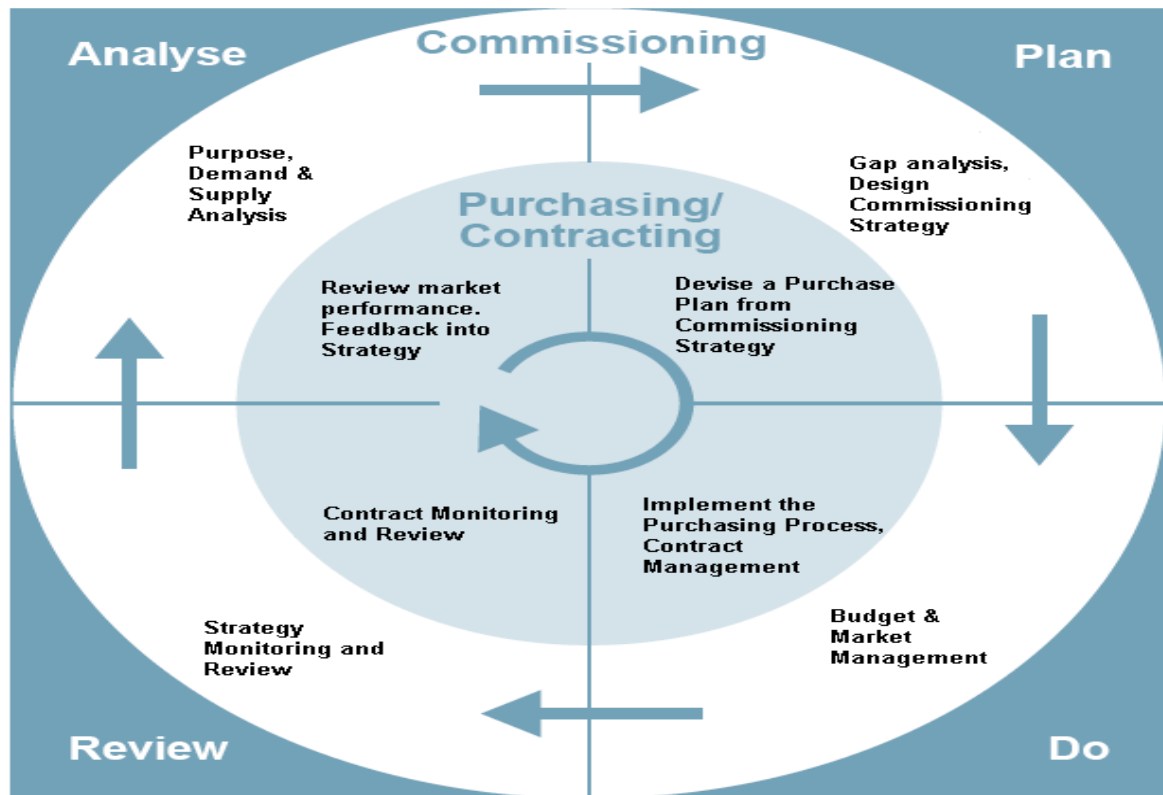
- We are using our resources to shape and investing in a better future.
- We know these are challenging times but we will not simply manage decline.
- Individuals will be at the centre of the commissioning process - Commissioning is for people
- We are working to ensure that people benefit from a well-shaped market where commissioned services are local, provide social value, high quality, capacity rich, citizen-led and cost effective
- We recognize the contribution of the voluntary and community sector to the successful delivery of our vision
- Our interventions are evidence-based and we will learn from best practice in other places
- We focus on delivery of care to people in their own homes or as close to home as possible.
- We will provide people with the skills to live safely and independently
- We will co-produce with citizens
- We will jointly commission with partner agencies where possible so that people's experience of support and care is integrated

In this strategy we adopt HM Treasury's approach used in the context of "value for money" work as '*...the optimum combination of whole-of-life costs and quality (or fitness for purpose) of the good or service to meet the user's requirement.*'² In other words, we want to maximise synergies, shared learning and action of being a People Directorate (examples include - telecare, work on loneliness, foster/shared care;) ensuring waste is eliminated and we learn from each other in relation to what works; adopt a future orientated approach, and promote innovation as we take our relationship with citizens and communities across the City of Wolverhampton to a new phase through our **Shaping Futures, Changing Lives model** below for our commissioning strategy.



1.2 Commissioning – overall thematic approach

The People Directorate has adopted the “*analyse, plan, do, review*” Institute of Public Care (IPC) “*commissioning cycle*.”³



Our understanding and approach to commissioning in the People Directorate is that commissioning -

- is *everyone's responsibility*
- is a *process and continuum* - it includes many contributors working together – at all or some stages - the person seeking support and colleagues working to support the person / citizen
- requires *agreed strategic frameworks* such as Appendix 1 which shows our Commissioning Pathway
- is *not restricted* to or identified solely with the functional activity of the People Directorate Commissioning Unit who lead work with stakeholders to agree strategic frameworks with operational services
- *allows practitioners freedom* to focus on the assets of individuals, families and communities, applying the right intervention at the right level, purchasing services within an agreed strategic framework to meet need
- Is underpinned by the *values and principles* espoused by the City of Wolverhampton Council, People services and care /health professions
- promotes approaches which are *preventative, asset-based, whole-family, personalised and focused on well-being and safety*
- acknowledges *responsible use of resources* for all citizens and communities in the City

- must work closely with corporate colleagues in procurement and the Place directorate to ensure consistency and meet citizen need.

Amongst the factors included which have influenced the development of this new strategy, the March 2016 Adult Services Peer Review proposed a more thematic approach to People Services commissioning.

During 2016, the People Leadership Team led significant activity to embrace the opportunities offered by a thematic approach for People Services as a whole. Benchmarking was undertaken with a Council which had already developed a thematic approach. Reflection was undertaken about informing concepts such as whole-life approaches. Local realities were also considered as a result of which five over-arching themes or categories were agreed:

- Public Health
- Early Intervention and Prevention
- Personalised Support
- Specialist Targeted Support
- Long Term Support

The rationale for these themes is underpinned by factors which include our overall commitment to prevention which the City Cabinet agreed is “everybody’s business;”⁴ strengthening families; supporting family, kinship or other forms of ‘informal’ care; an asset-based approach to individuals, families and communities; being effective and efficient in our use of resources including value for money; and using our staff resources to best effect.

These themes determine our ***Shaping Futures, Changing Lives*** model above (cf. p.6)

This approach strengthens our overall analysis as we take a more sustainable, longer-term view of support and needs and how commissioning can best be used to shape markets to promote wellbeing, respond to demand from people for care and meet those needs for which the Council is responsible.

After outlining our overall approach to commissioning, our strategy starts with our Commissioning Intentions which are the basis of a separate Action Plan. The background local and national context follows.

2.0 Commissioning Intentions

- 2.1 Commissioning Intentions
- 2.2 Joint Strategic Needs Assessment
- 2.3 Joint Health and Well Being Strategy 2013-18
- 2.4 Market Position Statements

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2.1 Commissioning Intentions

2.1.1 *Early Intervention and Prevention*

- Short Breaks- New contracts for Short breaks for children with disabilities were awarded in in 2016. It is our intention to conduct a review of the provision and the allocation of resource to ensure services are meeting needs. This will include project management of a new facility within Wolverhampton to provide overnight short breaks
- Domestic Violence - It is our intention to recommission accommodation based support for victims of domestic abuse and develop a city wide approach to commissioning that will look to draw funding from a wider range of sources including the Police and Crime Commissioners and Department for Communities and Local Government.
- “Floating Support” - Current provision is targeted at Learning Disabilities and Mental Health. It is our intention to commission generic floating support on outcomes basis. (Contract by May 2017)
- Mental Health Preventative Service - Commission new range of preventative services – In place at April 17
- Advocacy / Information, Advice and Guidance - it is our intention to review existing disparate advocacy arrangement and develop strategy for Information, Advice and Guidance including advocacy. By April 2018
- Carers - Monitor and update implementation plan for the Carers Strategy
- Young Carers- Review of provision for young carers (particularly 15-25) – recommendations on need and recommission. Collaborative – funding from other sources
- Telecare –
- No Recourse to Public Funds (NRPF) - Commission service to support NRPF by May 2017
- Reablement - To develop a comprehensive range of intermediate care services – linked to the Better Care Fund (BCF.) This will include outsourcing the current internal reablement service and developing a clear Discharge To Assess (D2A) process (linked to BCF) April 2017
- Review of Community Resources - Review of community based assets and development of seed funding programme to meet identified gaps.
- Money Management Services - Support with direct payments and welfare advice and guidance for self-funders.
- Community Equipment - To Jointly commission a new Community Equipment service in partnership with the CCG.
- Pathways to Support - More info needed
- Telecare – to be confirmed
- BCF – Guidance received w/e 31/03/17. Work on stream.
- Dementia – cross-refer to Long-Term Support Section
- Adult and Community

- Mental Health - Accommodation review
- CAMHS - Early intervention (Tier 2) work.
- Integration

2.1.2 Specialist and Targeted

2.1.2.1 Children and Young People

Preamble - Mindful of the balance between meeting the needs of children and families and getting the best value for money the Integrated Commissioning Team will commission the following over the next five years:

Prevention – Supporting the development of family based early intervention services that help to keep families together where it is safe and reasonable to do so including;

- tendering for Therapeutic support services to support edge of care services and prevent children/young people coming into care
- supporting micro commissioning for the Strengthening Families Partnership Hubs to enable them to respond quickly to need
- tendering for Tier 2 CAMHS services to augment the CAMHS Transformation Programme
- supporting the development of solutions for families with *No Recourse to Public Funds* including the tendering of an accommodation framework

Placement – Ensuring that where children who must come into the care of the Council are in placements that most closely meet their needs including;

- retendering MSW Children’s Home for Complex Needs
- developing a Regional Residential Block Contract
- reviewing options for future delivery of fostering services
- reviewing options for the procurement of residential and fostering placements
- supporting foster carer households in line with regulations
- reviewing the effectiveness of the intensive support pilot delivered by Family Action
- developing supported housing options with a view to tendering a range of services that meet identified needs and priorities

Permanence – Support the promotion of options for permanence where it is not possible to reunite children and young people with their families including;

- establishing and participating in a Regional Adoption Agency

Leaving Care/Transition – Supporting the development of services which help in:

- returning young people home as soon as possible in the right circumstances
- ensuring that when young people reach adulthood they achieve a successful transition to adult life

2.1.3.2 Adults

Preamble - Specialist and targeted services work with the client groups with the highest level of need due to their mental health, learning disabilities or other related social care needs. Historically, many of this service user group would have been institutionalised in residential or hospital settings but it is now recognised that it is important for the quality of life of these people that all efforts are made to ensure they are able to access the support they need in a community setting as soon as possible, where appropriate.

- Promote and expand supported living arrangements and provision to enhance life choices and quality of life for service users.
- We will be reviewing the current Supported Living Framework which will include reviewing current provisions and referrals, evaluating the reasons for any failures in the framework placements, liaising with providers, social workers, and family and carers and garnering feedback about what is currently successful. Following the review a decision will be made about either extending the current contracts on the framework or going back out to tender for part or the whole of the Supported Living Framework.
- extend our Shared Lives provision enabling more service users to live in a family setting and developing their life skills in the community. This service will be going out to tender in 2017.
- We are also working with residential care home and nursing providers who wish to deregister with Care Quality Commission for this type of provision and register as Supported Living providers. A number of providers have already an interest in going through this process and the Specialist and Targeted services commissioning team are supporting them with this endeavour.

2.1.4 Long Term Support

Preamble - We are committed to delivering quality outcomes for people. This means changing the way in which we commission care and support for those people who need long term support. The Council is committed to working with our partners to develop care and support that will deliver quality outcomes though truly promoting independence in a safe environment.

- Childrens - shape the quality of provision in the local market through work with Providers to develop a new Quality Assurance process (short-term)
- Older People - New models of care provision – we will continue to develop more housing options for people so that they can age in the same place with increased levels of support available to them e.g. Extra Care Housing projects (“pipeline housing developments”)
- Remodel the provision of long term support to enable people to achieve independence, choice and control
- Reduce the number of residential placements and the proportion of spending on residential care. The reduction in residential care will enable the Council to divert resources to deliver personalised care such as supported and very sheltered housing.

- Work with providers to develop a new business model that includes supported living, very sheltered housing and extra care models instead of residential care.
- Provide Wolverhampton citizens who have long term support needs and who currently live out of the City, the opportunity to move back, into services that meet their individual needs and circumstances.
- Support the development of a range of new housing and support options for people within the city for people who need long term support.
- *Workforce - As demographic trends indicate, people in the UK are living longer and their needs are becoming more complex. This need reinforces the growing demands on social care services and the changing expectations of service users who require a workforce which is highly skilled and supported, and able to work in flexible ways.*
 - Commission services from organisations that evidence that they have an appropriately skilled and trained work force e.g. Through the Better Care Fund we are seeking to make sure that all staff have received dementia training at a level that is relevant to the job they are doing.
- Dementia - Take an integrated approach across health, social care and the third sector to respond to the need for; appropriate information advice and guidance, early diagnosis, living well with the condition, support when a person's needs change, access to quality secondary care and dignified end of life care.
- *Long term support needs – living with Long Term Support should not mean living a poor quality of life. It is our intention to ensure that people live well, are active members of their community, maximise their independence and receive high quality services.*

2.1.5 Public Health and Well Being

- The Healthy Child programme; 0-5 (Family Nurse Partnership and Health Visiting) and 5-19 (School Nursing) is currently out to tender and mobilisation will commence with the successful bidder from April 2017. The new service commences on 1 August 2017
- Health Protection services; Tuberculosis and Infection Prevention. Planning commences between Public Health and Wellbeing and the CCG in February 2017. Progress will be reported to the Commissioning Executive Board in June 2017 for further discussion around contract and procurement options.
- A drugs and alcohol prevention, treatment and recovery system commissioning programme commenced in December with a scoping meeting held between Public Health and Wellbeing and Wolverhampton CCG. A multi-agency steering group met for the first time in January. Engagement and consultation processes will run

between March – June. All drug and alcohol services commissioned by Public Health and Wellbeing and expiring in March 2018 are currently in scope. A tender will be published during Autumn 2017 with a new service commencing in April 2018.

- A registration process for revised Primary Care sexual health services ended in January (YEAR?) , a number of accredited practices will be offering contraception and screening services from 1 February 2017. Practices that were transferring to new organisational arrangements via practice groups or alignment with the Royal Wolverhampton NHS Trust were given the opportunity to register an interest in delivering these services on a phased implementation so as not to disadvantage any interested GPs.
- Joint / collaborative
 - Health Protection; Tuberculosis and Infection Prevention services will be redeveloped as a joint pathway with the WCCG. Currently both organisations commission elements of these pathways separately. Alongside this arrangements for joint contracting and pooled or aligned resources will be developed.
 - Substance misuse services (drugs and alcohol) will be re commissioned during 2017. This programme will require input across NHS, Council and Community and Voluntary sectors. Public Health and Wellbeing and the WCCG are working collaboratively to ensure primary care, mental health and acute responses to substance misuse are developed to support earlier identification and reduce admissions. Alignment with children, young people and family services are fundamental to this model and the multi-agency steering group includes representation from both Council and WCCG on this area. Programme costs are being developed and a review of current investment to support joint resource planning is proposed.
 - The development of the children and families 0-19- Healthy Child Programme and SWITCH; Befriending service for women at risk of having children taken into care have been jointly undertaken by Public Health and Wellbeing and Children and Family services within the City of Wolverhampton Council. This has led to the development of integrated models of delivery, featuring colocation shared infrastructure and joint pathways. The perinatal mental health offer and a review of maternity pathways is also being jointly undertaken between Public Health and Wellbeing the WCCG, Royal Wolverhampton NHS Trust and Black Country Partnership NHS FT in relation to mental health pathways.
 - The Infant Mortality Plan has initiated a number of collaborative commissioning arrangements with the CCG and Royal Wolverhampton NHS Trust. This has focused on increasing the

uptake of breastfeeding, and a successful, targeted neonatal programme [STORK] commenced in 2016 and is being continued and developed this year. Smoking cessation activity within maternity has increased the numbers of women and families receiving support and pregnant women who misuse substances have a dedicated pathway and treatment programme between maternity and Recovery Near You. Aligned to this is the distribution of healthy start vitamins for under 5's supported by children's centres, strengthening family hubs, the health visitor service, maternity, RMC and the healthy lifestyles service.

- Migrant health needs have been a key focus for Public Health and Wellbeing, the WCCG and RMC during 2016 17. A number of joint initiatives have been collaboratively developed. A new Public Health and Wellbeing service offer is now available to cover the enhanced aspects of clinical care of patients newly arrived in the Country and who register with Wolverhampton GPs. This service is also aligned to the Wolverhampton Refugee and Migrant Centre (RMC).
- Public Health and Wellbeing contributes to the housing initiative 'Rent with Confidence' scheme. The scheme aims to transform the way the Council works with private sector landlords and tenants to ensure people have access to high quality, secure tenancies in the private sector. Public Health and Wellbeing also adds value by helping to shape this support it so that people who may find it hard to access for a range of different reasons and/or vulnerabilities also are enabled to participate and inequalities in access are not widened.
- Collaborative GP practice quality visits have been undertaken with the WCCG since October 2016. The Public Health and Wellbeing team are part of the review group and any relevant Public Health and Wellbeing service contracts are also quality assured at the time of the visit.

2.1.6 Personalised Support

- Care homes – we believe that there is an over-supply in the City and accessible at city border locations. *To be inserted*
- Domiciliary support – *to be inserted*

2.1.7 Workforce

- Ensure recruitment and retention to all posts, especially Social Work posts
- Support continuing professional development of all staff to meet current and future needs
- Work proactively through the *Careers into Care* partnership with the wider care sector to ensure sufficiency of supply of well qualified and skilled staff across all disciplines and sector serving Wolverhampton people

2.1.8 Quality – to ensure equality is part of the overall approach to quality

2.1.9 Co-production – we will strengthen our approach to co-production including better use of social media through:

- the recruitment of two Commissioning Support Officer posts in early 2017 to work with corporate colleagues and all stakeholders
- co-operating with new Council capacity to deliver stronger engagement

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3.0 Commissioning and People Directorate Service areas

3.1 Commissioning for Public Health and Well-Being

3.2 Commissioning for Children and Young People

3.3 Commissioning for Adult Social Care

DRAFT

3.1 Commissioning for Public Health and Well-Being

The Public Health and Well-Being Service brings together a range of services including the statutory responsibilities of the Director of Public Health for the City of Wolverhampton.

Analysis – The wider JSNA described above (cf p XX) impacts on the Health and Well-Being service area. Some further, indicative items include:

- infant mortality rate of 6.4 per 1,000 (2012-14) one of the highest in E&W compared to 4.0 per 1,000 for England and Wales.
- statistically significant worse than average levels of obesity⁵:
 - In 15/16 the rate of obesity for children aged 4-5 years is 12.2% (Nat. Ave. in 14/15 was 12.3%)
 - In 15/16 the rate of obesity for children aged 10–11 years is 26.8% (Nat Ave 14/15 was 19.1%)
- Under 18 conceptions age 15-17 years (2014) is 29.6 per 1,000 - a 6% reduction in the 2013 reported rate of 31.5 per 1,000 and consistent reduction since 2007

Plan and Do -

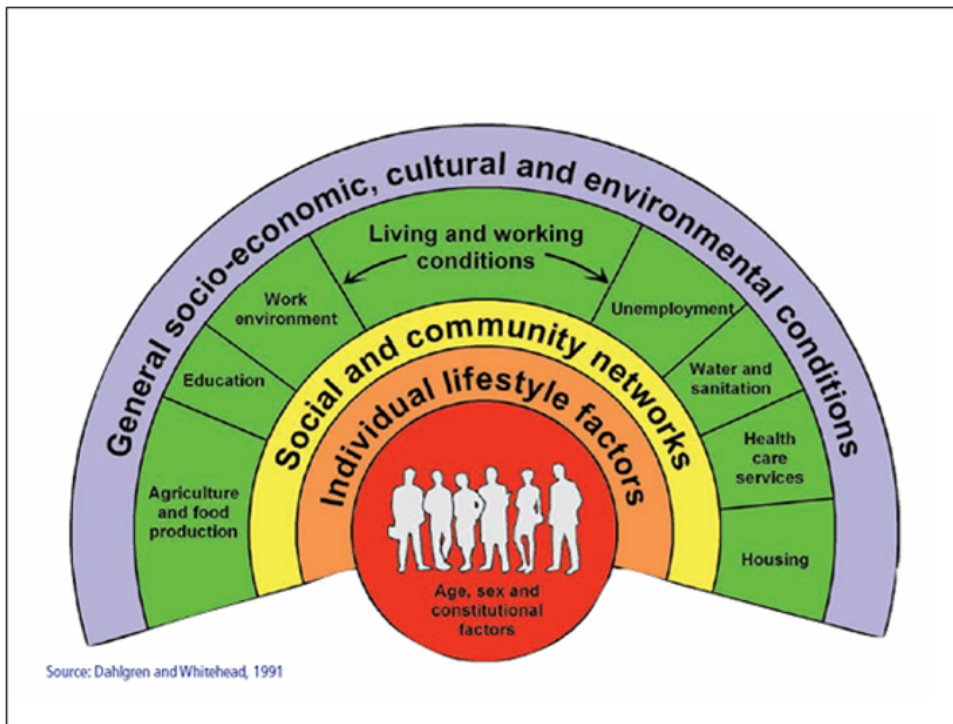
Using a whole-systems approach, we seek to influence action across a range of factors in the life of individuals and communities through their whole life. This encompasses prevention, accommodation and employment to those more traditional lifestyle aspects such as smoking or weight as shown in the “rainbow” diagram below.

This approach supports our commitment to exploit synergies in the People Directorate and beyond to focus on vulnerable groups in more targeted ways through individual casework and whole-population interventions.

For the Public Health and Well Being Service, the focus for this over-arching Commissioning Strategy is on the influence which the service can bring to bear on a range of activities undertaken by the Council and its partners to help improve the health of the City population

The Service area has established principles of effective commissioning which are consistent with this over-arching strategy:

- alignment of services to meet need
- to achieve the best public health outcomes from public health interventions and council services focused on improving wider determinants of health and reducing inequalities



- impact on the delivery of public health outcomes framework,

Moreover, for the Public Health and Well-Being Service, in commissioning the focus is on

- outcomes and evidence based practice supported by strong information and intelligence systems.
- joined up commissioning at a local level with the Wolverhampton CCG and other NHS services through the JSNA and health and wellbeing board
- a business model used in collaborative commissioning which integrates stakeholder consultation, citizen involvement and empowerment into commissioning process.

The vision for the Public Health and Well Being Service is to influence the whole Council, the NHS and other partners in transformation activity to bring about improved health and reducing inequalities.

Overall, people in Wolverhampton are living longer than ever before and the gap between life expectancy in the city and the national figure is closing. We know that socio-economic factors affect life expectancy. In Wolverhampton and similarly disadvantaged communities, the determinants of health such as skills, jobs and housing, are well below the national average.

Knowledge of the six conditions which account for over half of the difference in life expectancy that exists between Wolverhampton and England informs our overall strategy. These are: heart disease, stroke, infant mortality, lung cancer, suicide and alcohol. This is seen disproportionately in the most disadvantaged communities. Deaths due to alcohol and those occurring in infancy are the major reasons why life expectancy has not improved.

Therefore, there will be a rigorous focus on public health and wellbeing strategic ambitions, local priorities and action to support people throughout their lives to ensure a preventive approach is embedded in the local system.

The established Public Health Commissioning, Procurement and Project Management process (overleaf) is consistent with the IPC approach adopted through this Strategy.

Public Health Commissioning, Procurement & Project Management Process

Fig 2.

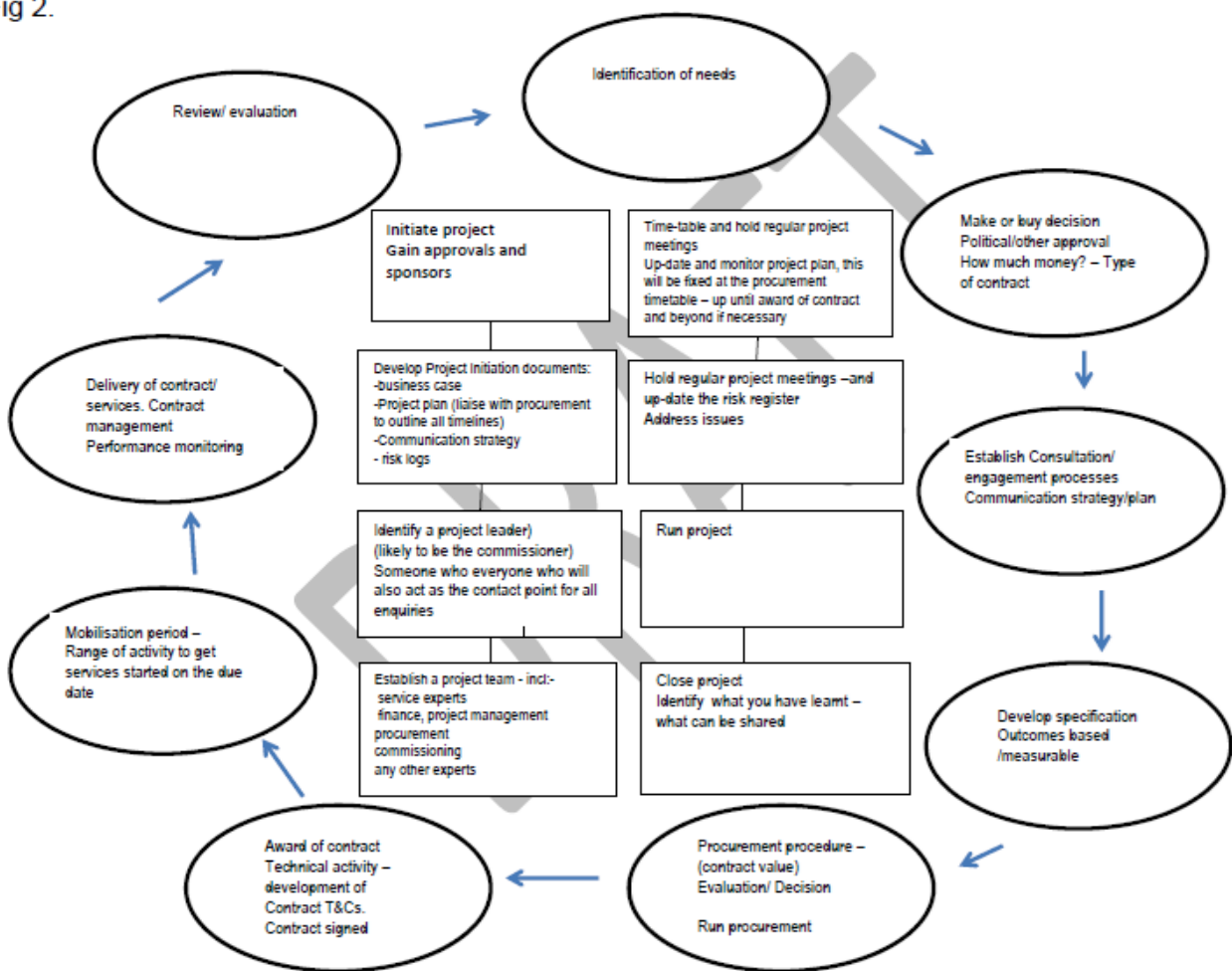


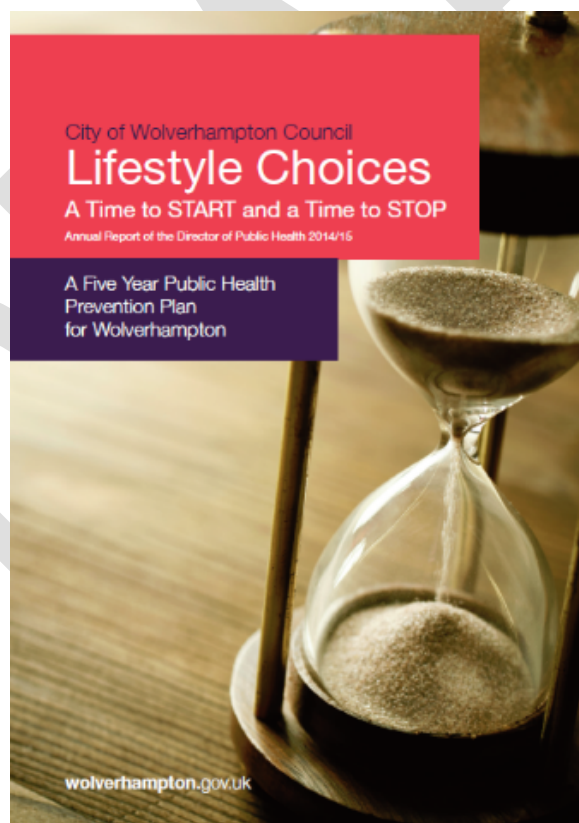
Figure X Public Health Commissioning, Procurement and Project Management process

The first focus of our *Shaping Futures, Changing Lives* model is prevention (cf. 2014/15 Annual Report of the Director of Public Health – “*Lifestyle Choices*” – below right) is led by, amongst other contributions, continued public health focus on influencing the behaviour of the whole population as well as activity aimed at specific segments e.g. on smoking cessation, etc.

Priorities for public health and well-being up to 2019 are:

- *embed public health into local authority organisation and embed processes that will ensure public health outcomes are in the centre of improving the wider determinants of health.*
- *Focus contract monitoring and commissioning improvements on the services that perform significantly lower or worse than the England value as measured on the public health outcomes framework*
- *Continue securing quality and performance of legacy and new public health contracts*
- *To develop the future commissioning business plans for the big six priorities Healthy weight and keeping active, smoking, mental wellbeing, health inequalities and life expectancy, alcohol and substance misuse and sexual health*

A “Prevention Pledge” signed by the Health and Well Being Board in 2015 supports activity across all service areas to embrace a preventative, asset-based approach. To deliver its aims and transform activity through influence and direct delivery, the Public Health and Wellbeing portfolio has been assimilated into six core work streams covering the healthy child programme, health protection, drugs, alcohol and community safety, healthy lifestyles, sexual health and workforce.

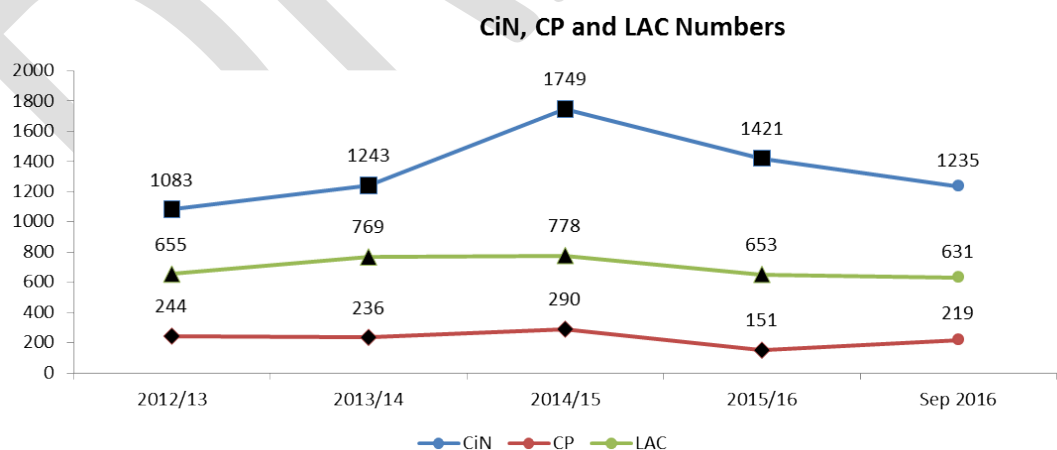


3.2 Commissioning for children and young people

Analysis – key facts on children and young people in the City of Wolverhampton include:

- 58,167 children and young people under the age of 18 years live in Wolverhampton – about 22.9% of the total population. 40,798 pupils on roll in 114 schools.

- Approximately 31.5% of Wolverhampton’s children and young people (aged 0 – 17) are living in poverty⁶; this rises to 50% in 10 Lower Super Output Areas.
- Children and young people from BME groups account for 41.6% of all children living in the area compared with 21.5% in England. Approximately 42.7% of children aged 5-17 are from a BME group compared with 24% in England.
- 60 (53%) primary and secondary schools in Wolverhampton are in the most deprived quintile nationally as defined by Ofsted. The proportion of children and young people with English as an additional language: (a) Primary schools - 27.2% (Nat Avge 20.1%); and (b) Secondary schools - 22.5% (Nat Avge 15.7%)
- 6,935 pupils receive SEN provision of which 5,782 (83%) received SEN support, 972 (14%) received a SEN statement and 181 (2.6%) received an EHC plan in 2015/16. 851 children with SEN or EHC Plans have accessed social care services (04/15)
- In 2014, significantly higher prevalence of moderate (59.2 per 1,000) and severe (5.34 per 1,000) learning difficulties (England prevalence is 28.6 per 1,000 and 3.8 per 1,000 resp.
- 1,030 children and young people in Wolverhampton with learning disabilities (04/15)
- 4668 referrals to childrens social care 19/15 - 09/16 – a 16.4% increase on the number received in 2015/16. Prior to 2015/16 the number of referrals had remained relatively static over the past four years fluctuating by just 4.5%. The increase in referrals coincides with the introduction of the MASH and will continue to be monitored.
- Adoptions have increased by almost 30% in 2012-2015 to 137 in comparison to 106 in 2011-2014. This is also an increase of 80% from 2010-2013 where just 76 adoptions occurred.
- 14% of the YOT caseload is looked after children
- Numbers of children in need, those on child protection plans and looked after children are as follows:



Planning and Doing – In response to the overall analysis, our overall service model starts with a focus on early help and prevention. We are ensuring families are strong, resilient and can create an environment in the home and community in which children and young people can flourish and be kept from harm.

WOLVERHAMPTON CHILDREN & YOUNG PEOPLE SERVICE MODEL

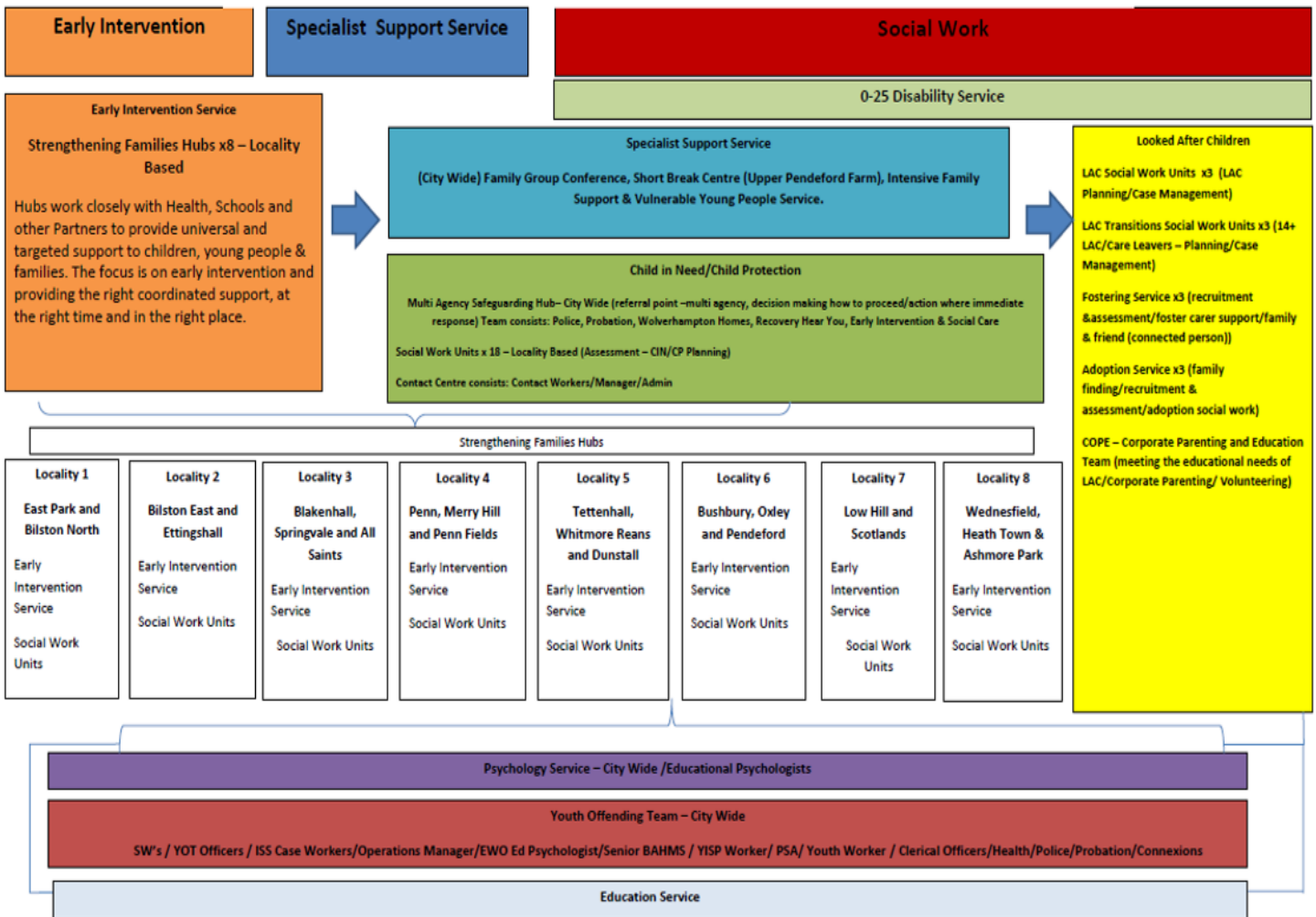


Fig XXX xxxx

The Children and Young People's Service area has been very focused on delivering the right outcomes at the right cost to ensure that we provide good value for money with our commissioning and contracting arrangements within our overall service model.

Our underpinning approach of restorative practice and our approach to thresholds (below,) is ensuring that preventative services are available to identify and support children and families early and reduce escalation into specialist support services.

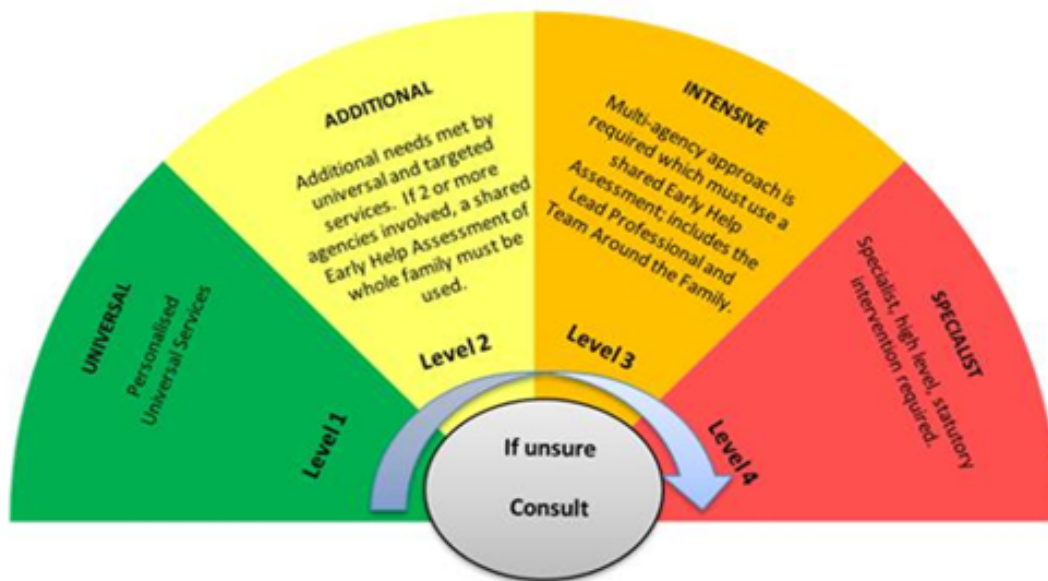


Fig XXXXX XXXXXXXXXXXXXXX

In seeking to balance Cost and Quality, a “paying for what we need and getting what we pay for” approach is adopted. Current specific initiatives include:

- A micro-commissioning framework for use by Family Support Workers in localities providing swift access to interventions as need arises
- project on residential and fostering placements for looked after children, we are improving market shaping, getting a better understanding of need and business intelligence. This enables improved matching and scrutiny of placements reducing unnecessary placement spend.
- Our overall Sufficiency Strategy is an outcomes based action plan covering the main themes of residential, fostering, edge of care etc.
- Regional and sub-regional framework agreements for residential and foster care have been reviewed and renewed and the sufficiency strategy implementation plan has recently been extended to include specialist support services.
- New services have been commissioned to support both prevention of admission to care, e.g.
 - establishment of a short break residential service,
 - to promote placement stability, e.g. the introduction of Safe Haven, which is a specialist intensive support service to work with young people
- planning for re-commissioning domestic violence service
- currently procuring a single provider of therapeutic support for the specialist support service.
- Analysis of the split between “internal” and “external” providers which varies across different service areas, for instance (September 2016 figures):
 - foster care placements ratio of 57.44% external, 42.56% internal
 - residential provision has been more evenly balanced over recent years but the review (and subsequent changes to “internal” provision means

that in future the proportion of external residential placements may well increase (albeit against a background of falling proportions of Looked After Children in this type of placement).

- New services have been put in place to prevent admissions to care including the establishment of a short break residential service.
- Possible use of an Outcomes Based Commissioning framework through Outcome based Tenders / changing relationship with partners
- Regional and sub-regional framework agreements for residential and foster care have been reviewed and renewed and the sufficiency strategy implementation plan has recently been extended to include specialist support services.
- Strengthen the capacity of Social Workers and other professionals working with families to ensure that they can access the right level and type of services at the right time

The Transforming Children Services programme (below) seeks to ensure that there is a whole system approach. Service re-configurations are key ways in which we seek to make the commissioning continuum better for children, young people and families more efficient

- the establishment of the Multi-Agency Safeguarding Hub (MASH) for children and young people in January 2016,
- re-design of Early Intervention to support commissioning including use of locality budget.
- the Specialist Support Service supported by the therapeutic commissioning framework

We are using an integrated locality approach with staff deployed across 8 localities, co-located in multi-disciplinary teams - social care, early intervention, police and health. This provides the environment for effective joint case management across social care and early intervention and enables more effective application of “step-up/down” processes. Successful delivery of the children’s transformation programme is underpinned by a stable and skilled workforce together with robust commissioning arrangements.

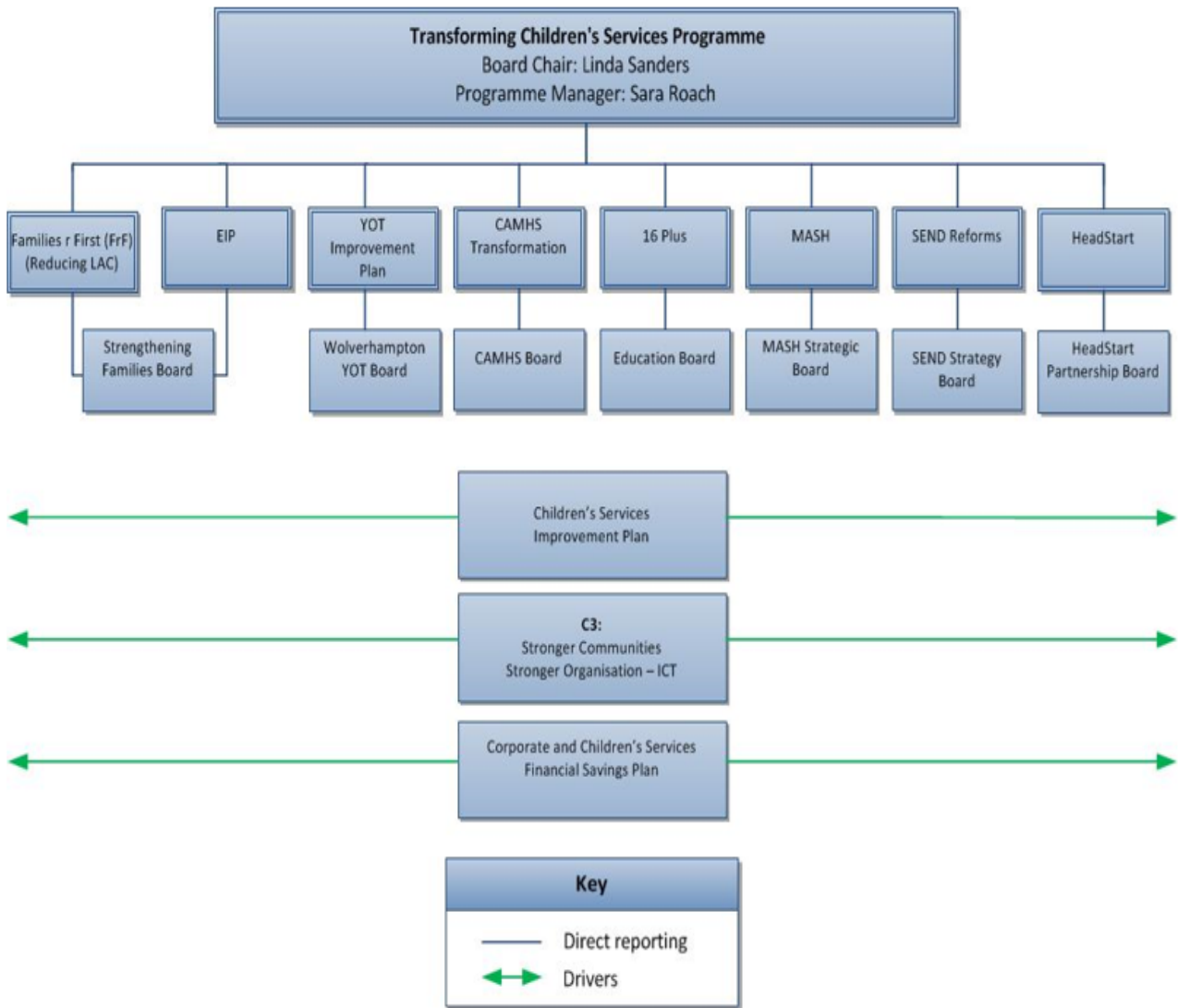


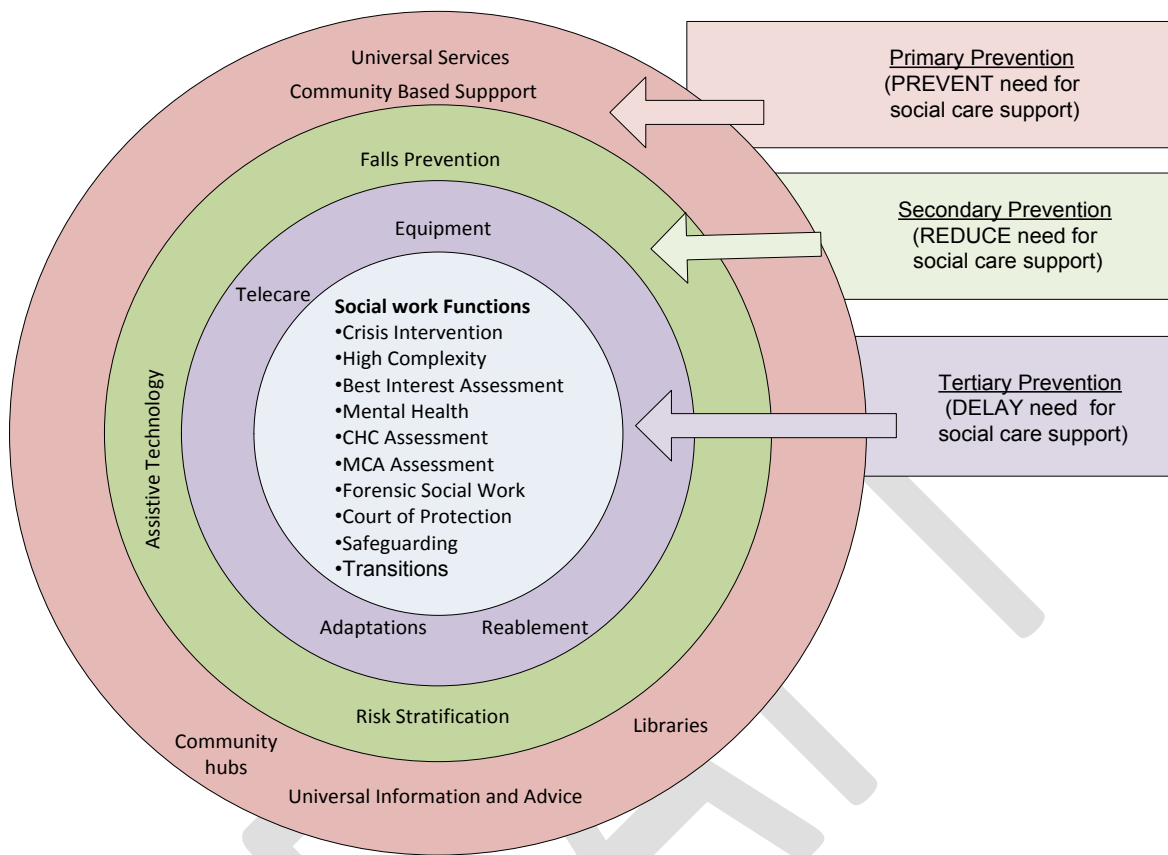
Fig XX - XXXXXXXXXXXXXXXXXXXX

3.3 Commissioning for adult social care

Analysis: – key facts on adults in the City of Wolverhampton include:

- The numbers of older people in the City of Wolverhampton are projected to rise from 41,400 in 2012 to 59,900 in 2037, a net gain of 18,500 people, or 44.7% growth
- Over 27,136 people in the City of Wolverhampton identified themselves in the 2011 Census as “Carers” who provide unpaid care in the locality
- 3,100 living with dementia
- 850 working age adults with moderate to severe learning disability
- 5.2% have a long-term mental health problem
- 60% of people with a disability living in Wolverhampton are over the age of 60
- Nearly 10,000 City of Wolverhampton citizens have their ability to be more economically active promoted through their eligibility for the Disabled (Blue) Badge Scheme
- Estimated 500 “self-funders”
- 2,895 people in the City of Wolverhampton have Personal Budgets paid directly to service providers for their social care.
- 644 Personal Budgets taken as Direct Payments in the City who may be buying in micro-enterprises to provide a service
- About 800 people living in care homes supported by the Council

Plan and Do - a target operating model ⁷ for adult social care based on LGA approaches including *Commissioning for Better Outcomes* was agreed by the Council’s Cabinet based on a prevention approach at their meeting of 15 April 2015 as follows:



This model informs and shapes our approach to commissioning for adults. Some key features of the “*Promoting Independence*” model informing our commitment to personalisation and commissioning encompasses duties for Councils to:

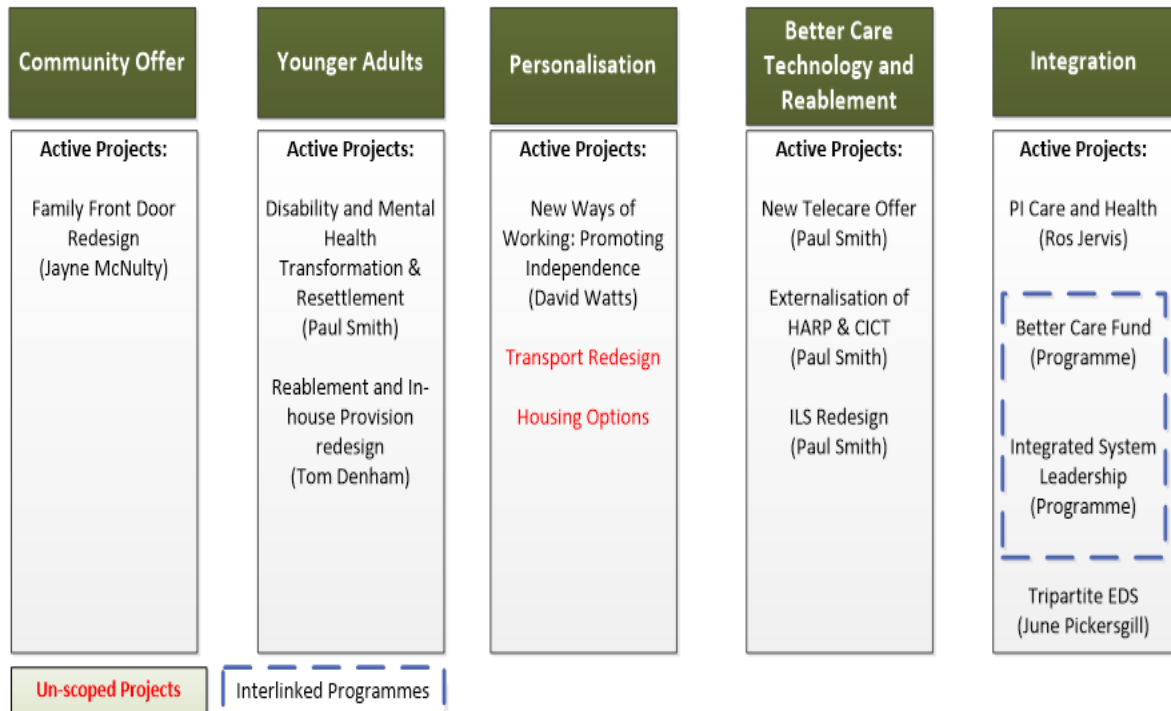
- promote the well-being of individuals
- provide a range of preventative services
- provide adults and carers with information about care and support
- ensure that the eligible needs of self-funders are met
- integrate services with the NHS

The model for adults starts with the positive principle that public services should support the individual citizen and communities in the responsibility which they have for their own lives, using individual strengths and assets as well as those of the wider community. Mental capacity and safeguarding concerns are always paramount.

The model requires on-going change to be led in the organisation and the wider community. For instance, change is required to recognise that the role of adult social care has been changing from assessing and delivering services to one which supports individuals to meet their own outcomes, often without the need for publicly procured service provision using community-based solutions. This has been a move away from assessment and care management to engaging in partnership roles with individuals, families and carers so as to best ‘promote independence.’

A Community Offer is being developed ranging from the provision of information through the Wolverhampton Information Network (WIN), community-based services. A wide-ranging Transformation programme is in place with a range of workstreams as follows

The Transforming Adult Social Care Programme



Close work with the NHS in both commissioning and provision is key to adult social care as more integrated approaches are developed. The Adult Social Care Transformation Programme incorporates the programme to develop the community-based approach.

The opportunities for people in the City are:

- continued focus on assets, reablement and recovery, supporting people at home will lead to a reduction in people using Care Homes and long term care;
- supporting the Promoting Independence agenda will result in reduction in dependency on care and support services;
- ensuring a sustainable provider market and avoiding market failure;⁸
- encouraging providers to focus on quality and so help retain care workers
- having an integrated commissioning approach will ensure resources are used effectively and will reduce or eliminate duplication of redesigns/provision
- service design linked to 'need and outcome' rather than age specific
- leading culture change in our own and partner's services

A continued shift to a clearer "community offer" is being made and further analysis as a basis for the next stage of planning and action has been made during 2016/17 by "impower" to support the next stages of transformation.

4 Commissioning contexts

- 4.1 Commissioning and the corporate context**
- 4.2 Corporate Procurement links**
- 4.3 Commissioning and value for money**
- 4.4 Evidence-based commissioning**
- 4.5 Commissioning and the community context**
- 4.6 Commissioning and the legislative context**
- 4.7 Commissioning, engagement and co-production**
- 4.8 Commissioning, partnerships and integration**
- 4.9 Commissioning and workforce context**
- 4.10 Commissioning – quality and clinical governance context**

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4.1 Commissioning and the corporate context

Our People Services Commissioning Strategy is established within our overall local Democratic commitment – commissioning for and with people in the City of Wolverhampton represented by their Elected Members.

The voice and leadership of Elected Members provides overall direction for this strategy as part of the Council's 2030 Vision.

The City of Wolverhampton “one-Council” approach provides a supportive and enabling corporate framework through which our People Services strategy is delivered.

In taking its lead from the Council's 2030 Vision, success will be based on collaboration across the city and beyond, using an approach which recognises that we are far more effective when we pool our resources, ideas and work together.

The Council's strategic approach to address its challenges is to:

- Manage demand for core services by using early intervention to help families and individuals of all ages to live unsupported, safe, independent lives;
- Improving educational attainment and skills;
- Work together to make sure that every child in their early years has the opportunity to be the best they can be
- Encouraging enterprise and business, and private sector employment; and
- Stimulating economic activity through capital investment;

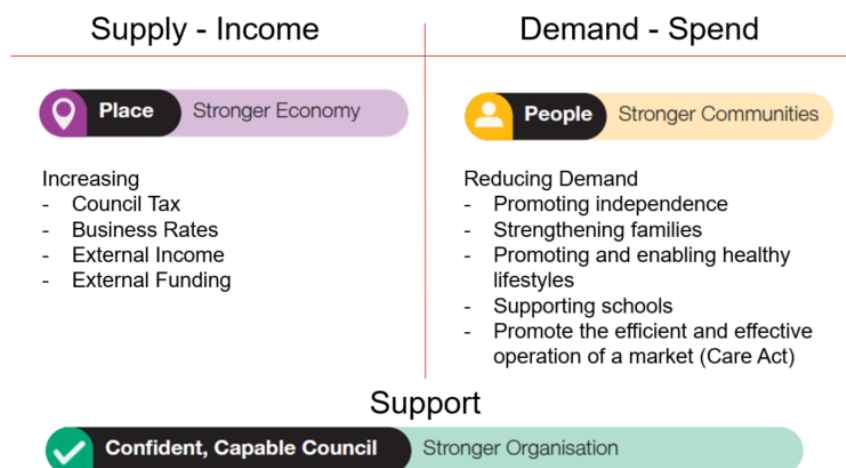
People Services contributed to shaping the priorities of the Corporate Plan (HYPERLINK) in collaboration with the Corporate Procurement function which include:-

- **Promoting and enabling healthy lifestyles** - Tackling lifestyle issues will improve quality of life, reduce the time spent with illness and have a positive effect on life expectancy in the city.
- **Promoting independence for older people** - Older people in the city are able to live full and active lives, with support where necessary to promote independence and choice.
- **Strengthening families where children are at risk** - Targeting effective early help and support will strengthen families, keep children and young people safe and improve their life chances.
- **Enabling communities to support themselves** - Supporting communities to develop local support will build resilience in the city.

- **Keeping the City Safe** - A safe city creates a stable economic climate and a vibrant night time economy which improves the experience of residents, workers and visitors
- **Challenging and supporting schools to provide the best education** - Raising expectations, securing swift school improvement and ensuring sufficient school places and resources to support children's learning is essential to providing the best education for our young people.
- **Adults and children are supported in times of need** - Safeguarding people in vulnerable situations; and Strengthening families where children are at risk

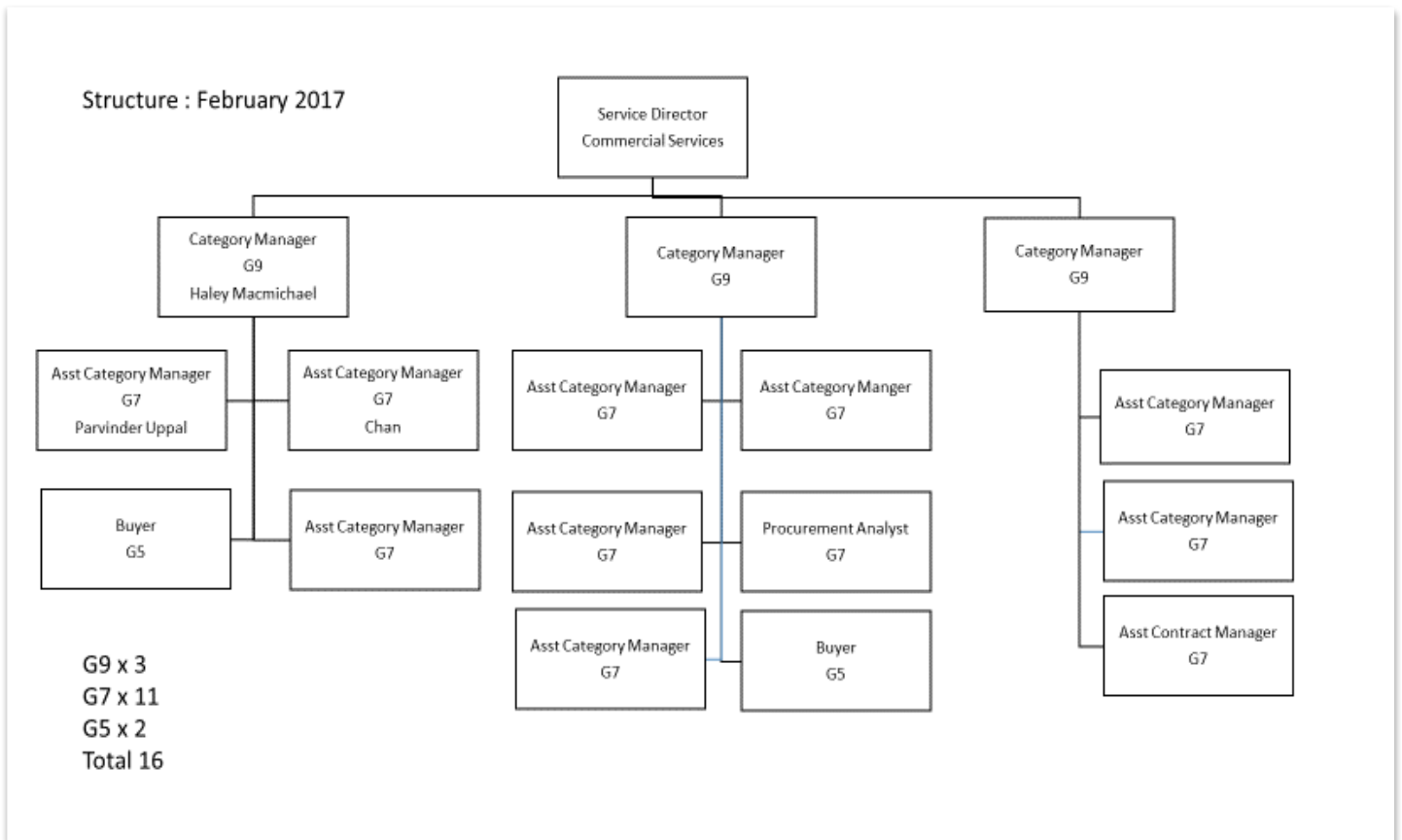
4.2 Corporate Procurement links - In this context, People Services strategy as part of the Council drives the process adopted for procurement. People Services work closely with corporate procurement colleagues and a **Corporate Procurement Plan 2015-2018** (HYPERLINK) sets the framework which is in turn driven by the commissioning strategy. The Public Services (Social Value) Act 2012 and the Public Contracts Regulations ⁹ provide a significant element of the framework. The organization commissioning principles (below) apply for the People Directorate as part of one Council. Other strategies and principles which affect People Directorate practice at this time - such as integration between care and health and the context of the family and community offers of children's and adult services - all provide added context for service-specific development as outlined later in this document. People Services and corporate procurement are using the opportunity of developing this strategy to work more closely together on specific issues e.g. contract management and engagement with citizens, providers and staff.

Organisation Commissioning Principles



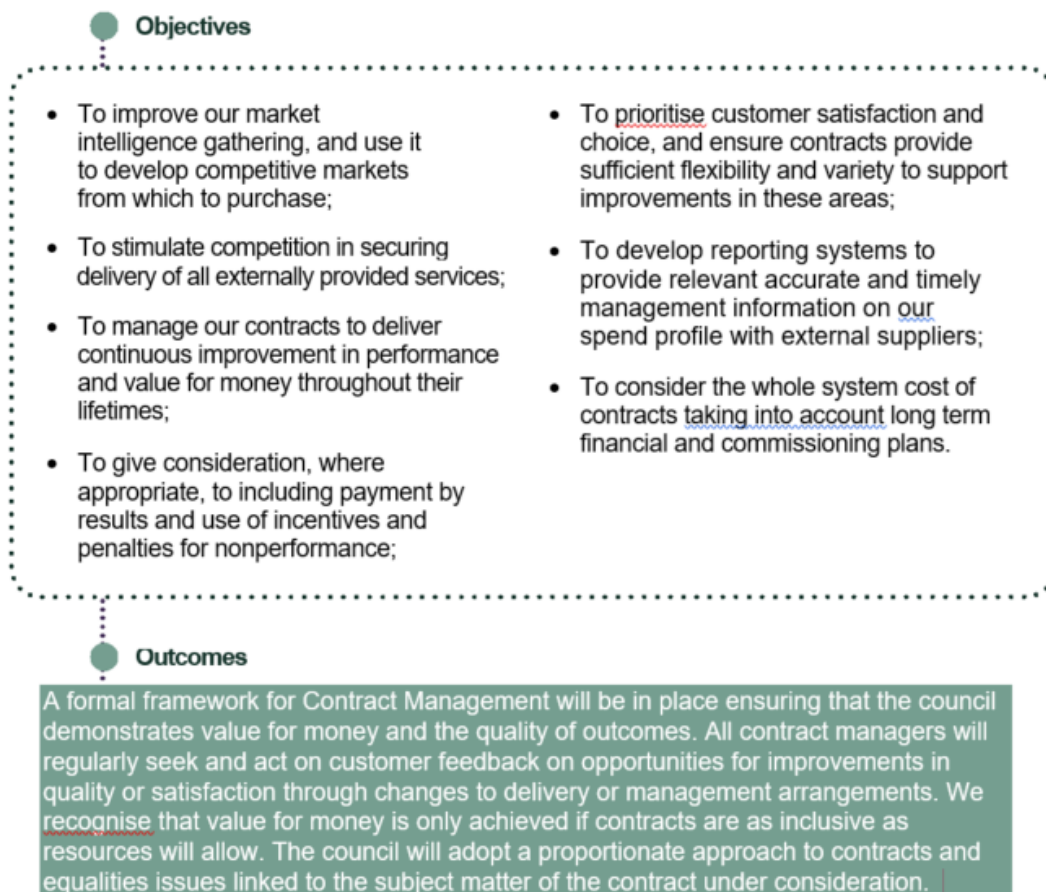
wolverhampton.gov.uk

The structure of the corporate procurement team and the new People Services Commissioning structure (see below p x) are the practical arrangements for closer working.



4.3 Commissioning and value for money

The City of Wolverhampton’s Corporate Procurement Plan states that “*Achieving value for money and being able to demonstrate it are essential as the resources we have must be used in the most effective manner to provide high quality services.*” It includes a set of objectives / outcome through which we work as follows:



Our commissioning intentions (see Section xx) include actions to address current known challenges across our service areas in terms of value for money.

4.4 Evidence-based commissioning

Knowing our challenges is key to our success. Great leadership and management is being self-aware and knowing what our challenges are. For that we use evidence and colleagues work closely across a range of activity to make this happen including:

- *Public health and wellbeing* – provide whole population needs analysis and assessment. This analysis and assessment supports improvement in evidence-based commissioning and co-ordination of activity for our whole family and prevention focus.

- *Business Intelligence* – the provision of dashboards, performance reports and information governance / freedom of information advice are all key areas in which co-working on a range of commissioning issues is required
- *Finance Services* - our work on value-for-money is supported by the business partner model of the City which allows colleagues to work together on areas of shared interest. Finance analysis and support is used for all commissioning projects. The stated commissioning intentions (section xx) use financial data so that commissioning plans are rooted in available resources as part of our commitment to our values and principles.
- *Corporate procurement team* – using frameworks and processes as outlined above promotes evidence based commissioning through the procurement element of the commissioning cycle (see section xx) .
- *Workforce* – ensuring all practitioners are skilled and have access to good evidence. This also encompasses the role and contribution of the Principal Social Worker. (see p xx on engagement)

4.5 Commissioning and the legislative context

Amongst the law relevant to the development of our People Directorate Commissioning Strategy are:

- The Health and Social Care Act 2012 section 192 (amending the Local Government and Public Involvement in Health Act 2007 section 116 (as amended by the Act – section 192) require a “responsible local authority” and each of its partner CCGs to prepare Joint Strategic Needs Assessment and Joint Health and Well Being Strategies; and section 116A (as inserted by the Act – section 193); Section 196 provides that these functions are to be exercised by the health and wellbeing board established by the local authority.
- The Care Act 2014 –
 - Section 3 establishes legal basis of integration of care and support with health services
 - Section 53ff. establishes requirements relating to market oversight
- Children’s Act 1990 Section 22G creates a statutory requirement for a Sufficiency Strategy for accommodation of children looked after by the council under which is an important part of the commissioning
- Children and Families Act 2014 introduced new requirements including
 - those on adoption, special educational needs or disabilities

- statutory requirements on Integration with health and joint commissioning with health partners (Sections 25-26)
- Health and Social Care Act 20XX INSERT PHWB items c/o RJ
- Public Contracts Regulations 2015 ¹⁰ updated the context for procurement for Councils
- Public Services (Social Value) Act 2012 requires public authorities to have regard to economic, social and environmental well-being in connection with public services contracts and connected purposes
- The Transfer of Undertakings (Protection of Employment) (or “TUPE”) Regulations 2006 ¹¹ as amended by the "Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014" for business transfers and service provision transfers.

4.6 Commissioning and the community context

In March 2016, the Council approved the City of Wolverhampton Charter with other partners working in the City.¹² This confirmed our joint approach to procurement and commissioning.

This aimed to help “increase the levels of local expenditure with local businesses and other local agencies and to increase the impact of public expenditure on the Wolverhampton City Strategy priorities to increase local jobs, increase economic activity and employment, reduce child poverty and health inequalities.”

The City of Wolverhampton Charter

The Charter establishes five principles that will underpin the commissioning and procurement activities of key partners in the City. These are set out below along with the measures to be used annually by the City Board to monitor progress. The City Board have committed to using their commissioning and procurement processes to:

Develop and grow a skilled workforce through: *Creating employment and training opportunities for local residents including supporting people into work and providing work experience placements; mentoring and supporting personal development and, where appropriate incorporating provision within contracts to offer training and employment opportunities for local people*

Encourage healthy lifestyles and independence by: *Encouraging the adoption of workplace health initiatives which keep people in work, reduce sickness and also create a workplace that is more conducive to good health. Promoting active travel such as walking, cycling and public transport use*

Support more people to be active within their communities by: Building the capacity of local voluntary and community organisations and schools through the provision of resources and expertise in areas with the greatest need e.g. mentoring and the provision of meeting facilities etc.

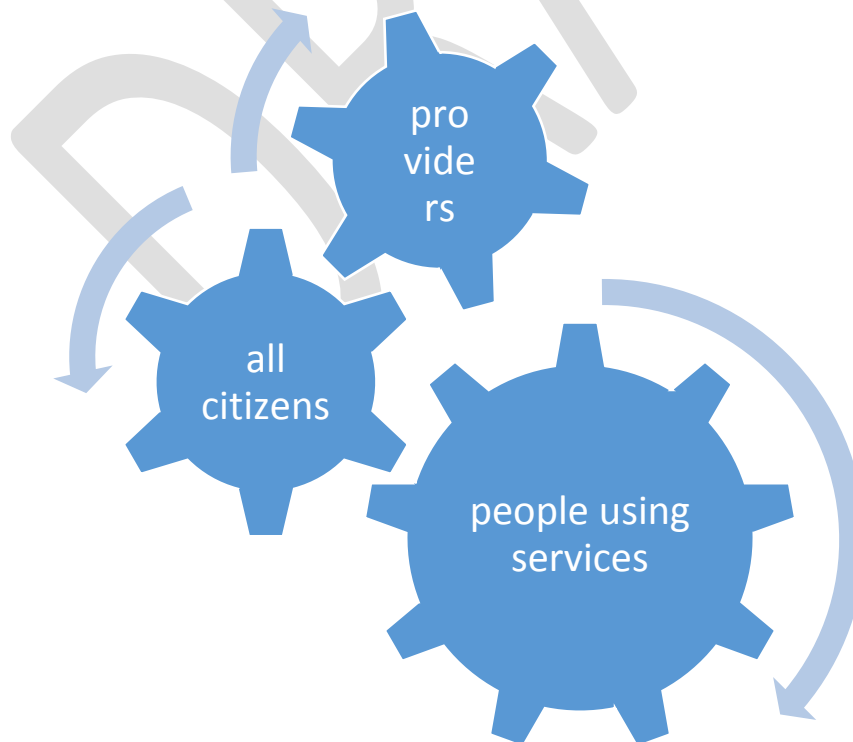
Support business to develop and grow by: Having a preference to buy locally on the condition that a suitable supplier exists and that this provides value for money.

Support the reduction to the carbon footprint and eliminate unnecessary waste by: Specifying good and services on the basis of whole life costing and which minimise the use of resources and the creation of pollution and greenhouse gases

4.7 Commissioning, engagement and co-production

Engagement with citizens, providers and staff are recognised as key activity in the JSNA, market shaping and subsequent commissioning so that current needs are understood, changing needs identified, and problems responded to.

To take previous achievements forward into the next stage of development and building on best practice, the City of Wolverhampton agreed a new focus to engagement and co-production in December 2016. This will be an important contributor to the success of our Commissioning Strategy.



Some examples of activity which is informing our developing commissioning strategies across a range of groups include:

ELECTED MEMBERS – the Council’s Cabinet sets direction for policy. Local democracy process ensures decisions are made through relevant Committee or Decision by Cabinet Members for People Directorate Service Areas

PEOPLE USING SERVICES & CARERS / Citizens – Forums used to maintain dialogue with specific groups include (1) *Corporate Parenting group*; (2) *Over 55’s Forum*; etc.

Specific strategies in which engagement undertaken are:

- Consultation on the draft Joint Autism Strategy 2016 – 2021 07/06/16 – 30/08/16 **130 engaged**
- Joint All Age Carer Strategy 2016 – 2020 Exec Summary identified themes to shape strategy
- Consultation - proposed new service model/ options for Community Based Preventative Mental Health Services 05/05/16 – 28/07/16 - Shaped the model. **419 engaged**
- Wolverhampton Children and Young People's Health Related Behaviour Survey 2016 HRBS 2016 was completed by a total of **7930 pupils**
- Consultation on proposed options for the future for Recovery House 11/15 – 02/16 - **90 people engaged**
- Proposals: Regarding Services for People at Risk of Violence and Abuse 11/08/16 – 03/11/16 **75 engaged** in shaping proposals
- Redesigning Day Opportunities Review 11/15 – 03/16 **92 engaged**
- Special Educational Needs 09/12/15– 14/02/16 Strategy amended as a result of consultation

Planned events:

Transition Board Events 2017

Early Years Strategy Consultation Plan Jan-Apr 2017

Staff – dialogue maintained by:

- Supervision & line management
- Service Area Events e.g. Childrens Services
- Directorate Events (800 attendees 11/16)

CARE PROVIDERS

Routine meetings bring care providers and commissioners together to maintain dialogue on issues of mutual interest.

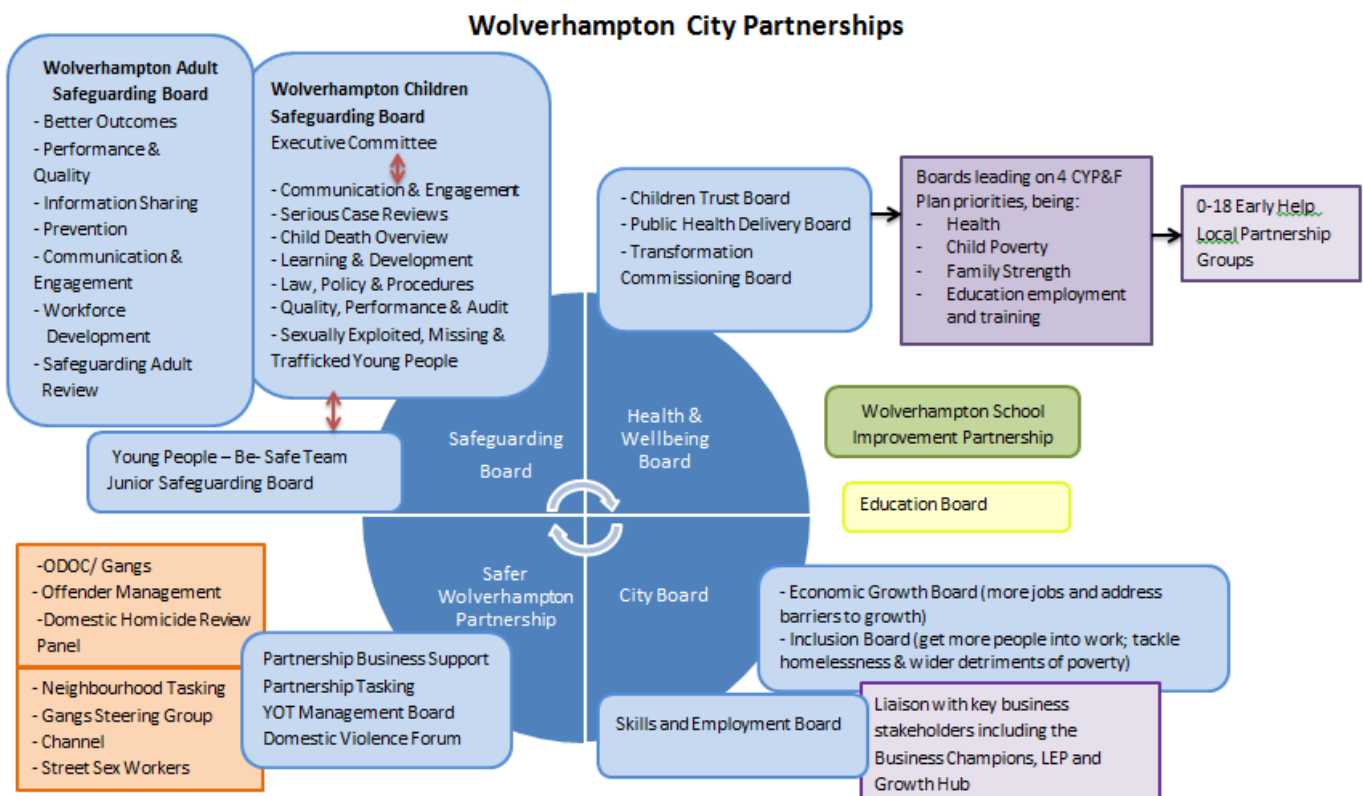
“Foster Talk” – nearly 500 contacts

The role and wider contribution of the voluntary and community sector in relation to engagement and consultation is valued especially the offering of Healthwatch Wolverhampton. Collectively, they generate their own contribution to our knowledge for analysis of the City.

Two Commissioning Support Officers are being recruited in early 2017 to develop the wider co-production process including use of social media to ensure increased consumer-driven responsiveness in the commissioning process

4.8 Commissioning, partnerships and integration

The need and importance of local democratic leadership is reflected in many ways in the City of Wolverhampton e.g. through the Council’s Leader chairing the Health and Well-Being Board. This shows how the Council is committed to act as a good partner to ensure that the Council represents the best interests of the citizens in the City of Wolverhampton in a variety of ways.



The overall partnership environment shown above is the current way in which the Council acts in partnership with colleagues to ensure vulnerable people are kept safe and positive outcomes are achieved.



2 separate statutory organisations. Suggest explore scope for co-location and strengthened joint commissioning arrangements. Suggest retention of clear lines of accountability of the NHS and the Local Authority with stronger integrated collaborative approach and overlapping circle area to drive real change. Growth of Integrated Community BCF and pooled budget over time and health and social integrated approach to prevention and to shifting the balance of resources and diverting people from acute care to community health and social care

Figure XX

In order to ensure that local people benefit from closer integration of health and care commissioning and services, the Council has proposed the approach outlined in Fig XX above. This has been developed through the successful experience of the Better Care Fund arrangements in the period leading up to the launch of this Commissioning Strategy. It reflects an understanding where one partner is best placed for leadership on designated activity or for commissioning on a single agency basis. The model assumes the benefit of pooling activity and interest where it is agreed that such pooling is required. This may result in the use of a Section 75 Agreement or other agreed approach e.g. budgets for the Better Care Fund or children with disabilities [CHECK]

It is also important to note that XX% (CHECK) of the activity of public health and well-being services is dedicated to supporting NHS commissioning. This reality supports all activity in which the Council exercises its statutory responsibility to improve the health of the local population and the CCG's statutory responsibilities for the quality of health services. This links to clinical governance responsibilities.

In this context, People Services have worked closely with Wolverhampton CCG to define a person-centred model of delivery represented below.

This reflects our shared view that community assets best support many people in the first instance. It supports our vision that expensive public sector resources are best provided within an overall asset-based, preventative approach. Given a preventative approach, people should then be able to access services easily to step-up or step-down with or without support.

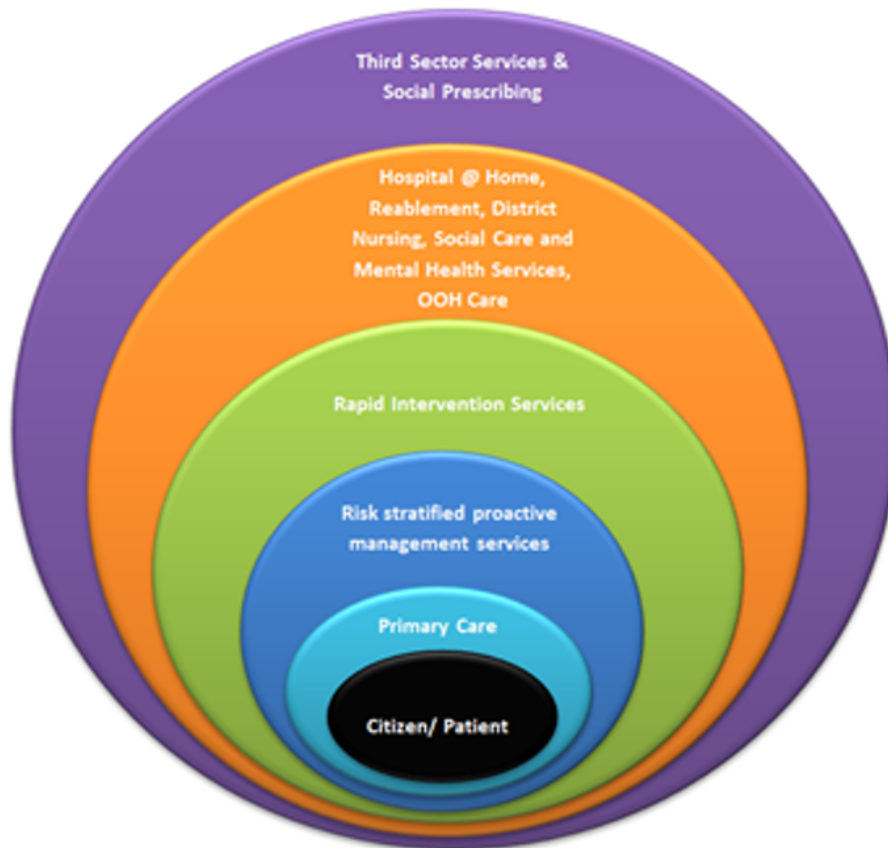


Fig XXXX XXXXX

A locality-focus is a key part of the model. During 2016, based on the achievements of our Better Care Fund approach, a series of Workshops resulted in the formation of a Transitions Board to oversee a range of work programmes to support overall integration. Work clarifying how geography and estates will be best used is underway.

4.9 Commissioning and workforce context

This strategy takes the view that commissioning is “everybody’s responsibility.” However, what is required of staff will be different according to their role. 1369 people work within the People Directorate. Types of role occupied by staff include leadership and management; social work; direct care provision; family support; and administration. Everyone’s contribution makes a difference to efficient use of our resources in supporting people and communities to use their own strengths and ensure council contribution is efficiently allocated based on local priorities, values and statutory requirements.

Our overall commissioning approach needs a well-skilled workforce for all people working in the wider sector. In 2016, the Council undertook work under the heading of “*Care and the Economy*.”¹³ This showed the economic contribution of the workforce within and connected to the People Services as part of the Council’s overall contribution to regeneration strategies. This found that:¹⁴

- there are 8,190 businesses in the City
- 80% of these businesses are “micro” i.e. with 1-9 employees
- There are about 110,00 jobs in the City with approximately 16,300 of jobs in the care and health sector
- Between 1996 - 2006, there was a 120% growth in “health and social work” reflecting changing patterns of commissioning and greater diversification in the social care sector
- There are about 6,500 jobs in the adult social care sector in Wolverhampton where there are about 1500 vacancies (2016)
- the wider children’s workforce who are strengthening families (in childrens centre, school class; nursery; pre-school playgroups; childminders; etc.) nationally amount to 350,000 in that sector (08/09.)

Social Work recruitment and retention is a key activity so that the continuum of commissioning is effective. Social Workers work at the cross-section of preventative and asset based work with individuals as well as commissioning specialist, targeted services. A Social Work Development Group (CHECK – LINK?) oversees recruitment and retention strategies and activity. A Principal Social Worker role has been established to support wider practice quality improvement. The wider strategic commissioning framework needs to be supportive and responsive in this context as part of a mutual responsibility for excellence in practice.

A partnership between the People and Place Directorate with local care and training providers has established a “*Careers Into Care*” initiative in 2016/ 17 to support recruitment into the wider adult care workforce. Our Commissioning Strategy will add force to leadership on this important activity and will also use national tools.¹⁵

4.10 Commissioning – quality and clinical governance context

An updated People Services Quality Strategy is giving renewed focus to quality.
[INSERT LINK]

That Strategy embraces the positive approach to quality adopted in the City of Wolverhampton as well as the requirements of external regulators and inspectors such as the Care Quality Commission (CQC) and OFSTED or the role of Public Health England (PHE.)

For children's services – (NB THEME LINK) Quality Assurance and Compliance officers work in partnership with providers and stakeholders to ensure agreed outcomes are being delivered. Levels of risk and quality of provision in care and support services for children and adults purchased by the council are monitored with the aim of:

- monitoring the quality and compliance of care services in accordance with agreed strategies, priorities and systems;
- inform commissioners and stakeholders of issues relating to services and make recommendations for improvement;
- advise and support services to enable them to achieve required levels of quality.

For adult social care services, likewise, there is a commitment to quality services and support through the responsibility of the DASS for the wider workforce and therefore, the quality of provision.

At the strategic and monitoring level, we work with partners in the CQC and CCG to monitor quality of provision in care home and domiciliary care environments.

For public health and wellbeing, the council's overall involvement and contribution to **clinical governance** is a key issue. The link between NHS services and the role of public health and well-being is a vital connection in the local arrangements for integration.

- Collaborative GP practice quality visits have been undertaken with Wolverhampton CCG since October 2016.
- The Public Health and Wellbeing team are part of the review group and any relevant Public Health and Wellbeing service contracts are also quality assured at the time of the visit

We use wider partnerships to maintain quality and appropriate sharing of information such as in our routine liaison with the Care Quality Commission.

Likewise, the quality of the **workforce** in the Directorate and beyond is supported by our internal Quality Assurance Framework, routine liaison with partners such as the CQC and our "Careers into Care" partnerships through which we are promoting values-based recruitment cf. Section XX above.

The Directorate Equalities Group lead equalities work which feeds to commissioning processes as required in terms of analysis or action.

5 Commissioning Unit

- 5.1 Commissioning Unit - functional design**
- 5.2 Analysing**
- 5.3 Planning**
- 5.4 The Commissioning Pathway and Unit Governance**
- 5.5 De-commissioning – our approach**

DRAFT

5.0 Commissioning Unit

5.1 Commissioning Unit - functional design

A £2 million budget is allocated to the Commissioning Unit to develop and maintain the overall strategic framework for the People Directorate.

Embracing the opportunities offered by a thematic approach and responding to other drivers such as the recommendation of the March 2016 Adult Services Peer Review, the Commissioning Unit has been re-organised on a thematic basis (see p.XX.)

This supports leadership of a Families First and personalised approach, supporting individual and communities to improve their capacity and resilience with access to graduated levels of support linked to assets and needs. The Commissioning Unit's themed approach supports a preventative, whole-family and life-long approach.

The Commissioning Unit restructure was undertaken with an objective of assessing the visible effectiveness, potential efficiencies available, value for money, resources available, and opportunities for collaboration and general approach to commissioning projects. The intention is to remove areas of duplication, reducing waste and exploiting potential synergies across adults and children.

The new model moves People Commissioning to a thematic model with lead commissioners for the following themes and service approaches:-

- Early Intervention, Prevention and Public Health
- Personalised Support
- Specialist Targeted Support
- Long Term Support

It is further intended that all commissioning activity will be underpinned by a common set of principles: personalisation; citizen led service design and co-production; maximisation of the use of Better Care technology; and Delivery of the corporate savings objectives

For practical reasons, a functional design for staff who are delivering the strategic thematic element of the “*analyse, plan, do, review*” model is required to achieve success as shown right.

Commissioning

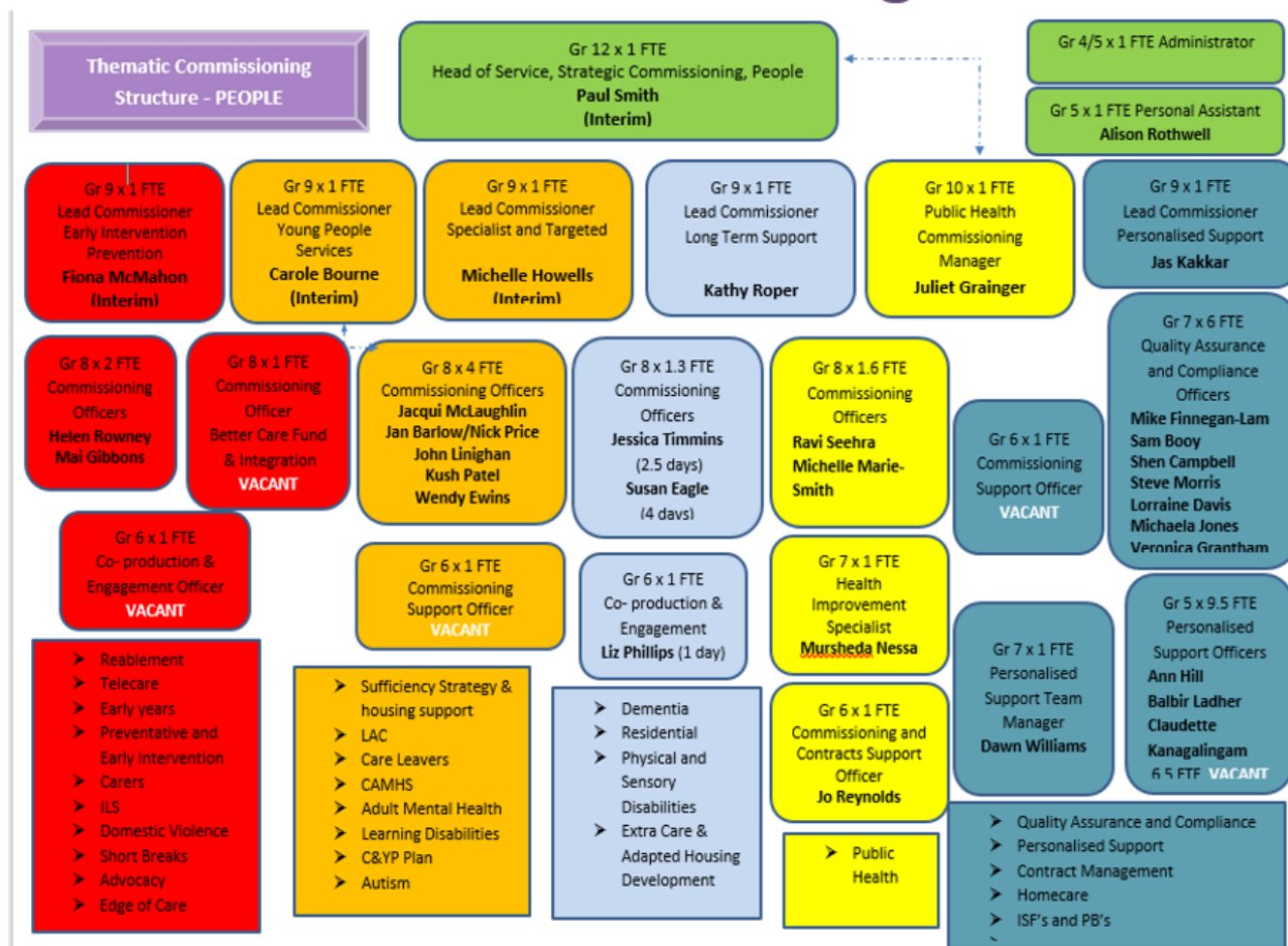


Fig X Commissioning Unit Structure

In terms of overall **governance** of commissioning a Commissioning Pathway Model is included at Appendix 1. This is the basis for governance of the overall framework approach to the “*analyse, plan, do, review*” commissioning cycle. It shows the way in which the Unit works to develop strategic commissioning frameworks which are required in support of People Services aims and objectives.

As noted elsewhere (see p. XX) commissioning is everybody’s responsibility across a continuum. The capacity of the Commissioning Unit is best used to provide the strategic framework activity required of People Services and partners work. In this context, strategic commissioning is not the same as casework.

5.2 Analysing

5.2.1 Joint Strategic Needs Assessment (JSNA.) - The IPC Commissioning Cycle begins with analysis. The main source for Commissioning Unit analysis in the City of Wolverhampton is the process and product of the Joint Strategic Needs

CITY OF WOLVERHAMPTON TODAY...

- 254,406 (2015 MYE) population - Gender: 50.5% female; 49.5% male
- Average Age – 39 yrs. 196,239 (77%) are 19+. 58,167 aged under 18. 6,000 85+
- Ethnicity - 64.5% white; 35.5% BME. 42.7% of 5-17 years from a BME group
- About 31.5% of children and young people (0 – 17) living in poverty
- About 20% of children are entitled to free school meals in primary and secondary schools
- Population density (2011) increase to 36 people per hectare (PPH), (34 PPH in 2001)
- Unemployment rate double the national rate
- Life expectancy lower than England average, 20th out of 326 local authority areas in the Indices of Deprivation 2010
- 27,136 Carers (Census 2011)
- 21% retired. 43000 economically inactive of whom 11200 are long-term sick
- 3,100 living with dementia
- 850 working age adults with moderate to severe learning disability
- 5.2% have a long-term mental health problem (GP Survey)
- 60% of people with a disability living in Wolverhampton are over the age of 60
- 4668 referrals to childrens social care (09/15-09/16)
- 631 LAC, 1235 CiN and 219 CP
- 104,000 dwellings (housing, flats, etc.) - 75,900 private dwellings (65,000 owner occupied, 10,900 privately rented;) 21,700 Council owned, 2080 Council owned with TMO; 4,320 rented from housing associations

Assessment (JSNA.)¹⁶ Illustrative analysis includes:

Moreover, the JSNA includes **forecasts** based on analysis which help us show what the City of Wolverhampton might look like in the near-future. Issues include:

IN CITY OF WOLVERHAMPTON TOMORROW - THERE WILL BE...

- More people overall - growth of 8.9% by 2037, to 273,300
- more older people (aged 65+) 44.7% increase to 59,900 residents.
- more younger people – U19's increase by 7%.
- fewer working age people.
- more Dementia - 44% rise in next 20 years i.e. extra 75 people per year
- impact of socio-economic factors on people's health, resilience, family and community bonds
- more people – young and old – living longer with complex conditions and disabilities

The JSNA is more than data. It is also a process. This process incorporates the outcome of “softer” data available through engagement with the public and people directly using our support (see section xx.) Some **emerging issues** based on this and wider analyses feeding into this strategy for the people of the City and its leaders therefore are:

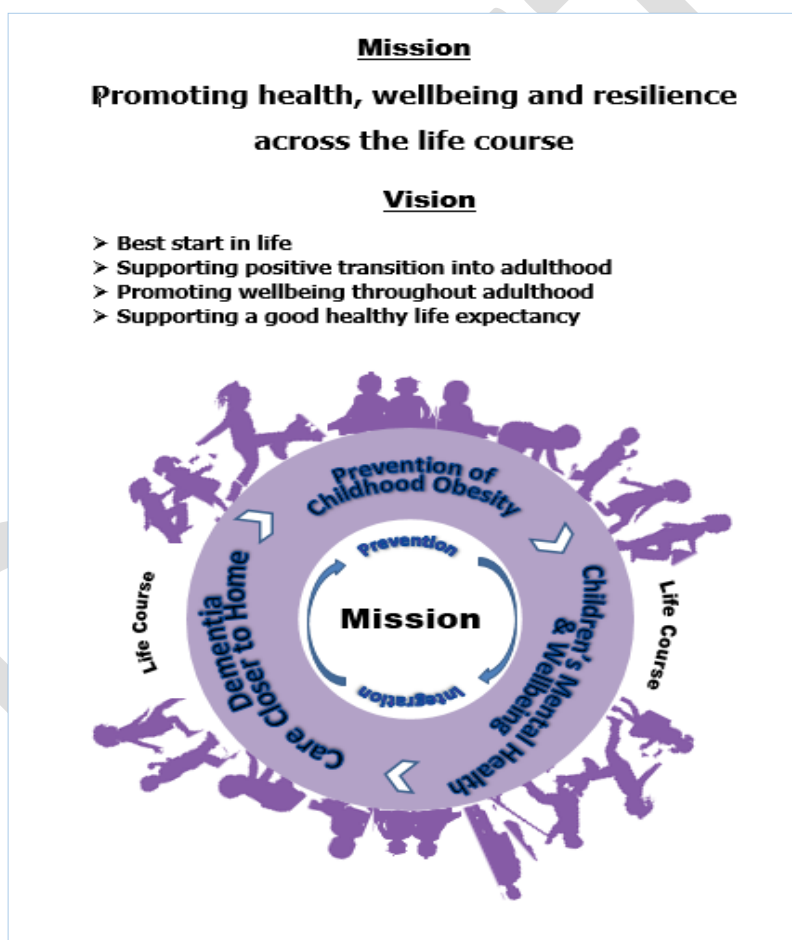
- People living for more years with significant health issues (“long term conditions”) and many conditions together (“co-morbidities”) requiring more complex support
- Housing – sufficiency of nature and supply
- Employment - effects of austerity or other issues on resilience of individuals and families
- potential increased tax burden to support care provision and/or
 - individuals / families / communities to do more
 - market opportunity for private sector to deliver products and services
- continued support for parents and carers under pressure
- making the care system more flexible and integrated through personalisation and more outcome-focussed contracts
- creating more options for people to meet their own support needs
- *Life expectancy is an overarching measure of health and wellbeing within the City and all commissioning activity should be aligned to identifying services with an ultimate aim of improving this measure.*
- *Healthy Life expectancy is key summary measure of population health and all commissioning activity should be aligned to identifying services with an ultimate aim of improving this measure.*
- *The relationship between personal wellbeing and local circumstances is complex and can influence health and social care outcomes. Commissioned services should consider how the overall wellbeing of the population can be improved through the services provided.*
- *HRQoL is a multi-dimensional concept that goes beyond direct measures of population health, such as life expectancy and mortality, and focuses on the impact of health status on the quality of life.*
- *Commissioned services should aim to assess how the service provided has improved the quality of the life of the service user.*
- *Commissioned services should aim to assess how the service provided has have met the needs of the service user and how unmet needs can be identified and addressed.*
- *Improving the risk factors through various commissioned services including*
 - *promoting early booking and attendance for antenatal care*
 - *preventing poor lifestyle choices including smoking during pregnancy, obesity and teenage conceptions*
 - *improving outcomes for premature births, low birth weight babies and babies from deprived areas of the City*
- *Overall, premature mortality rates for the majority of conditions in Wolverhampton is worse than the England average. Lifestyle risk factors such as smoking, obesity and alcohol misuse are major contributors to the rate of premature mortality. Commissioned services need to focus on promoting healthier lifestyles and preventing the development of long term conditions that lead to premature mortality.*
- *This can be achieved through training service providers to Make Every Contact Count across health, social care and the voluntary sector*

5.2.3 Joint Health and Well Being Strategy 2013-18

The Joint Health and Well-Being Strategy (JHWBS) ¹⁷ is based on the wide analysis of the JSNA product and process. Informing perspectives for the JHWBS included from the outset *Knowledge-led decision making; innovation; integration; being outcome focused; and value.*

Health and Well Being Board Key Priorities agreed in 2014 were re-focussed during 2016 in an updated Mission and Vision and focus on three areas:

- Childhood obesity
- Mental health of children and young people
- Dementia and care closer to home



Each Service area within People Services has a Transformation workstream or Business Plan (outlined below – see pp xxx.) These bring together its work on key improvement areas based on engagement with the public and people using our support, analysis, local and national policy and best practice requirements.

Our Commissioning Strategy takes forward previously agreed delivery arrangements which are being updated as a result of this strategy.

Other sources: An indicative list of documentary sources of information and strategies for all thematic areas of the Commissioning Unit includes:

- Law: e.g. Care Act 2014, *Children and Family Act 2014* SEND Reforms
- Best Practice:
 - Local Government Association - Commissioning for Better Outcomes¹⁸
 - Think Local Act Personal - Making it Real Plan
 - SCIE
- External provided Data
 - POPPI and PANSI
 - National Minimum Data Set for Social Care - NMDS-SC
- Internal – Council
 - Corporate Plan/Priorities
 - Finance information
- Internal – People Services data and Strategies
 - JSNA 2016 – 2020
 - JHWBS 2013-17
 - All Age Disabilities Strategy 2013-2016
 - Early Years Strategy 2017-2021;
 - CYP Sufficiency Strategy
 - Children, Young People & Families Plan 2015-25
 - Early Intervention and Prevention Strategy
 - Balancing Cost and Quality
 - Public Health Commissioning Strategy / Contracting Plan 2014 -2019
 - Children, Young People & Families Plan 2015-25
 - Refresh Joint Reablement and Intermediate Care Strategy 2014 -2016
 - Joint All Age Carer Strategy 2016 – 2020
 - Living Well In Later Life 2013- 2015
 - Joint Dementia Strategy: 2015-2017
 - All Age Autism Strategy 2016 – 2020
 - Joint Learning Disability Strategy 2011 – 2015
 - Obesity Call to Action
 - Prevention Strategy
- Internal – Commissioning Unit
 - Market Position Statement for Care and Support for Adult Services in Wolverhampton 2015-2017
 - Market Position Statement for Adults with Disabilities and Mental Health 2015-17
 - Providers/Suppliers
 - Contract Finder
 - CM2000 – Electronic Home Care Monitoring system

- West Midlands ADASS
 - Commissioning Network
 - Balanced Score Card metric for measuring progress with personalisation

Co-production takes the task of analysis further in debating and coming to conclusions together with people using our support or services as well as the wider voice of all citizens in the City of Wolverhampton.

5.3 Planning

5.3.1 Market Position Statements

Building on acquired previous experience in social care, the Care Act 2014 made market shaping a statutory duty for Councils. Therefore, People Services commissioners have been working on “market shaping” activity for sometime. This duty also builds on the responsibility of People Services through the statutory duties of the Director of Childrens Services (DCS) and those of the Director of Adult Social Services (DASS.) In the City of Wolverhampton, these are combined in the post of Strategic Director:

- *The DCS is responsible for securing the provision of services which address the needs of all children and young people, including the most disadvantaged and vulnerable, and their families and carers.... The DCS is responsible for ensuring that effective systems are in place for discharging these functions, including where a local authority has commissioned any services from another provider rather than delivering them itself* ¹⁹
- *(The DASS is) “...responsible for the management, welfare and professional development of all local authority staff involved in planning, commissioning and/or providing social services. This includes shared responsibility for staff appointed to jointly funded posts between the local authority and other agencies/organisations involved in adult social care or healthcare.”* ²⁰
- *(The DPH) ...is the principal adviser on all health matters to elected members and officers (on) health improvement, health protection and healthcare public health.... contribute(s) to and influences the work of NHS commissioners, ... take steps to improve the health of the people in its area”* ²¹

People Services Commissioning Unit already have three Market Position Statements either complete or in an advanced stage of development and available at:

<https://www.wolverhampton.gov.uk/mps> for:

- children and young people
- children and young adults
- older adults

The content of those documents is not repeated here but they are an important part of the “architecture” to make this Commissioning Strategy a success. This strategy is initiating work to ensure that the Market Position Statements are developed in their next stage to reflect the thematic approach to commissioning now being taken.

This Commissioning Strategy will also inform the **Children and Young People's Services - Sufficiency Strategy**. The Sufficiency Strategy recognises commissioning as “*the process for deciding how to use the total resource available for children, parents and carers in order to improve outcomes in the most efficient, effective, equitable and sustainable way*” states national guidance aimed at looked after children.²² It is part of the wider commissioning approach with specific focus on looked after children. In updating the strategy, there will be renewed emphasis on (1) engaging service users / co-production in the strategy and commissioning services which prevent admission to care and promote placement stability and (2) Good use of regional and sub-regional framework agreements for residential and foster care and specialist support services.

5.3.2 Opportunities across thematic areas

Opportunities created for people in the City of Wolverhampton across the thematic areas include the following:

Early intervention

- needs based interventions rather than service led interventions.
- driving culture change through the Early Intervention focus
- Co-produced commissioning with broad range of individuals, organisations and specific user groups.
- For children and young people:
 - Developing a family based approach.
 - Minimising / eliminating challenges at transition to adult services
 - Not replicating effort and money by addressing issues in themes

Specialist targeted support

- real improvements to communities and the lives of people most in need
- The opportunity to identify and address deep rooted social issues that affect the majority of people who use our service in an efficient way rather than tackling them by client group.
- (FOR TEAM) Increased learning and an enhanced collective understanding leading to improved skills and confidence of commissioners with regards to the development of generic commissioning skills.

Long term support

- whole city approach to the market,
- ensuring equality of access regardless of a person's needs.
- enabling People Services commissioning work closely with council priorities such as regeneration, placing “pipeline” housing schemes into city wide housing developments context
- Develop Extra Care schemes to respond to the needs of vulnerable, integrating disabled people into bigger extra care developments.
- Use extra care schemes focus to achieve better use of residential and nursing market

- engaging with the market to be solution focused
- support a whole -family approach linked to the City's regeneration plan
- Develop integration with health colleagues
- support engagement with the third sector

Personalisation

- continued focus on assets, reablement and recovery, supporting people at home will lead to a reduction in people using Care Homes and long term care;
- supporting the Promoting Independence agenda will result in reduction in dependency on care and support services;
- ensuring a sustainable Provider market;
- encouraging providers to focus on quality and so help retain care workers
- having an integrated commissioning approach will ensure resources are used effectively and will reduce or eliminate duplication of redesigns/provision
- service design linked to 'need and outcome' rather than age specific
- leading culture change in our own and partner's services

Public Health and Well-Being

- Six health conditions account for over half of the difference in life expectancy that exists between Wolverhampton and England - heart disease, stroke, infant mortality, lung cancer, suicide and alcohol.
- This is seen disproportionately in the most disadvantaged communities. Deaths due to alcohol use and those occurring in infancy are the major reasons why life expectancy has not improved.
- People in Wolverhampton are living longer than ever before and the gap between life expectancy in the city and the national figure is closing. We know that socio-economic factors affect life expectancy.

5.4 The Commissioning Pathway and Unit Governance

To support overall **governance** and increased consistency of commissioning processes within the People Directorate as part of one Council, a "commissioning pathway" (see p. xxx) below establishes general guidelines for the commissioning cycle process.

Some generic aims for the integration of the Commissioning Unit include:

- Standardising commissioning approach e.g. contract monitoring
- Understanding spend and making it smarter
- Outcomes -based commissioning / impact
- Smart PBR
- Agreeing strategic approach to SIBs

- Synergy with children’s and adult transformation programmes
- Shared understanding of the model and alignment across themes
- Stakeholders - communicating change externally: maintaining dialogue with those affected by our activity and sharing decisions with directorate and corporate Stakeholders
- budgets/finance and thematic scheme synergy
- Innovation, working differently
- utilising/growing internal skills,
- public health access to health (NHS) intelligence
- Business intelligence gap; data management, monitoring and analysis is weak
- Regional opportunities – making best use of wider frameworks and starting them where agreed helpful
- Digital information and communications

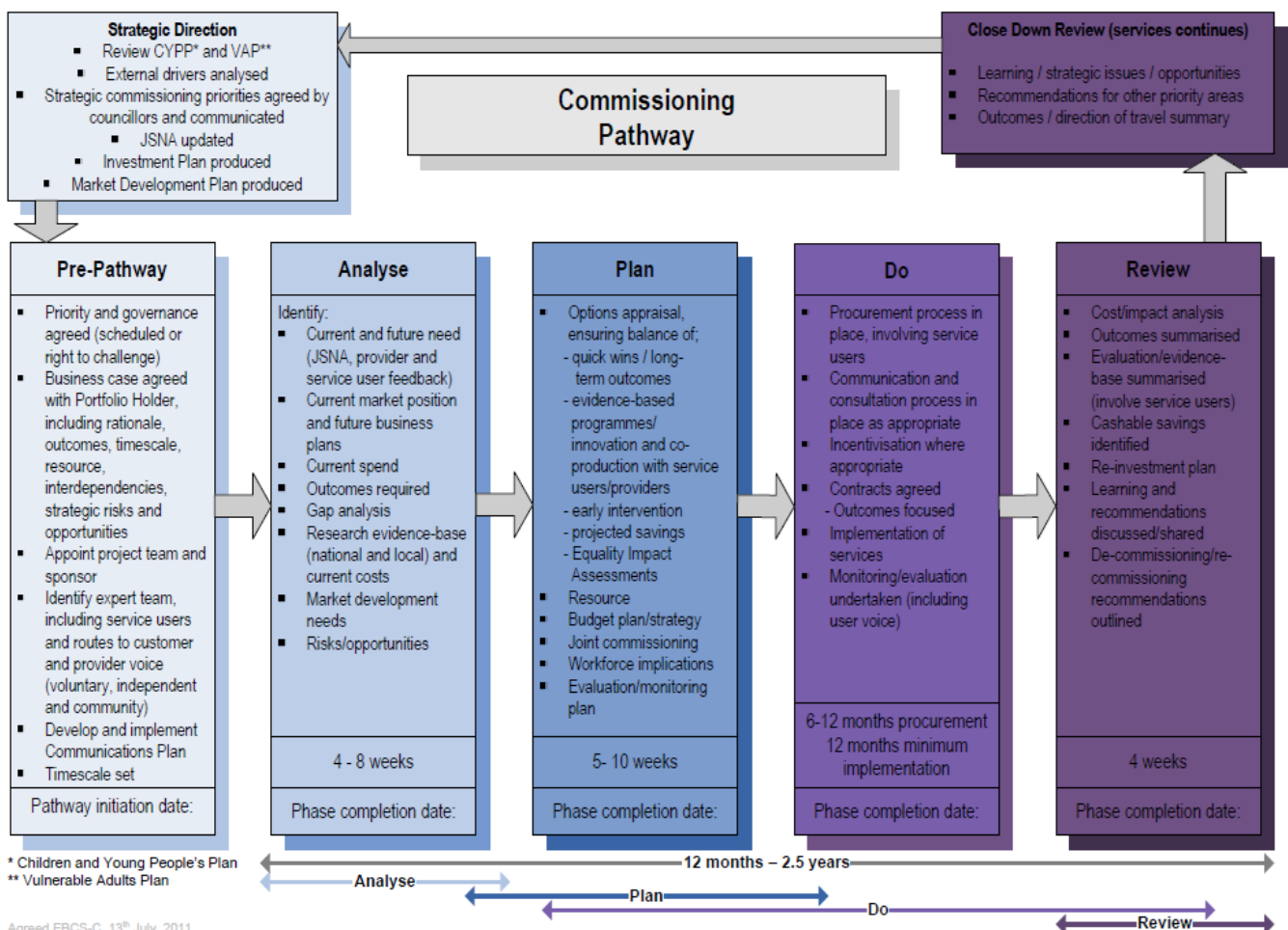


Fig XXXX XXXXX

5.5 De-commissioning – our approach

The “*analyse, plan, do, review*” commissioning cycle approach is a dynamic process. It allows us to be more responsive to change. Change may include:

- developing needs and aspirations of people living in the City of Wolverhampton
- overall direction determined by the Council’s Cabinet
- responding to changes to the way other agencies deliver their services
- improved ways of working e.g. through provision of new evidenced based approaches or more efficient process design
- change in commissioning resource allocation
- market failure ²³
- Council decision to terminate poor quality provision
- provider decision to terminate local activity
- overall analysis of population need e.g. JSNA
- end of agreed contract

Where such changes occur, it may be right to de-commission existing activity. However, the procurement and contract process allows some commissioned services to end naturally as the time period covered by the contract expires.

Where appropriate, a key part of de-commissioning is the need for effective engagement, scrutiny and challenge. Appropriate engagement with all concerned may be required given all the circumstances of the possible decision. This will be determined in dialogue between all leaders and managers using the relevant procedures. Where required, impact analysis will focus on professional judgement which weighs up various factors such as:

- Defined need of individual or community
- quality
- Budget requirements
- Statutory basis
- Elected Member views and leadership
- Staff deployment and views
- Public perception
- Media interest

For example, a decision may be small from the perspective of budget allocation but high in potential impact on individuals or on the reputation of the council.

Decisions will be made according to the agreed de-commissioning procedures as relevant to the circumstances with leadership from the Cabinet, engagement with Elected Members, people using services, members of the public, providers, partners and any other relevant stakeholder. In particular, our de-commissioning processes will cohere with frameworks established by corporate framework which in turn will respond to practice realities. De-commissioning procedures are available at: [INSERT HYPERLINK – DE-COMMISSIONING PROCESS..]

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Endnotes

- ¹ Department of Health (2006) *Guidance on the Statutory Chief Officer Post of the Director of Adult Social Services*; Department for Education (2013) *Statutory guidance on the roles and responsibilities of the Director of Children's Services and the Lead Member for Children's Services or local authorities*; Department of Health (2013) *Directors of Public Health in Local Government - Roles, Responsibilities and Context*
- ² HM Treasury (2006) *Value for money guidance*, p11. http://www.hm-treasury.gov.uk/d/vfm_assessmentguidance061006opt.pdf The quote continues: "Value for money is not the choice of goods and services based on the lowest cost bid."
- ³ <http://ipc.brookes.ac.uk/> accessed 20/02/17
- ⁴ City of Wolverhampton Health and Well Being Board July 2016 *Making prevention everyone's business*
- ⁵ *Wolverhampton Child Health Profile, March 2016*
- ⁶ *Wolverhampton's Child Poverty Strategy 2013-2018*
- ⁷ http://www.local.gov.uk/care-support-reform-/journal_content/56/10180/6520234/ARTICLE and *LGA Commissioning for Better Outcomes 2015*
<http://www.local.gov.uk/documents/10180/5756320/Commissioning+for+Better+Outcomes+A+route+map/8f18c36f-805c-4d5e-b1f5-d3755394cfab>
- ⁸ <https://www.adass.org.uk/ncasc-2014-market-oversight-and-provider-failure>
- ⁹ <http://www.legislation.gov.uk/uksi/2015/102/contents/made>
- ¹⁰ Available at: <http://www.legislation.gov.uk/uksi/2015/102/contents/made> accessed 20/02/17
- ¹¹ Available at: <http://www.legislation.gov.uk/uksi/2006/246/contents/made> accessed 20/02/17
- ¹² <https://wolverhampton.moderngov.co.uk/documents/s22708/City%20of%20Wolverhampton%20Procurement%20Charter.pdf>
- ¹³ Available at: <http://www.investwolverhampton.com/assets/pdf/care-and-the-local-economy.pdf>
- ¹⁴ From: "Care and the Local Economy" City of Wolverhampton Council
- ¹⁵ For instance, Skills for Care's *Workforce commissioning – workforce shaping and commissioning for better outcomes* at: <http://www.skillsforcare.org.uk/Documents/Leadership-and-management/Workforce-commissioning/Workforce-shaping-and-commissioning-for-better-outcomes.pdf> accessed 20/02/17
- ¹⁶ Available at: <http://www.wolverhampton.gov.uk/article/3647/Joint-Strategic-Needs-Assessment-JSNA>
- ¹⁷ Available at: <http://www.wolverhampton.gov.uk/CHttpHandler.ashx?id=2944&p=0>
- ¹⁸ http://www.local.gov.uk/care-support-reform-/journal_content/56/10180/6520234/ARTICLE
- ¹⁹ Department for Education (2013, April) *Statutory guidance on the roles and responsibilities of the Director of Children's Services and the Lead Member for Children's Services or local authorities* p.5 para 1
- ²⁰ *Department of Health (2006) Guidance on the Statutory Chief Officer Post of the Director of Adult Social Services* Para 18 p5
- ²¹ Department of Health (2013) *Directors of Public Health in Local Government - Roles, Responsibilities and Context*
- ²² *Sufficiency Statutory guidance on securing sufficient accommodation for looked after children* - Department P.16
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/273812/sufficiency_-_statutory_guidance_on_securing_sufficient_accommodation_for_looked_after_children.pdf
- ²³ ADASS & LGA - *Adult social care, health and wellbeing: A Shared Commitment - 2015 Spending Review Submission* September 2015

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SHAPING FUTURES, CHANGING LIVES – Draft People Directorate Commissioning Strategy

CO-PRODUCTION AND ENGAGEMENT PLANNER

APRIL 2017

NOTES

Corporate / Directorate processes: Consultation / Engagement Planning document available c/o Liz Phillips, Commissioning

“Lead” names – are identified. It is understood that other staff may be the lead. Nominated names are requested to confirm leadership with the other person where that applies.

Engagement and consultation ends: 30 June 2017

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	GROUPS / INDIVIDUALS	MEETINGS / HOW	LEAD	WHEN	COMMENT
1.	Elected Members Cabinet / Council Committees	Cabinet	LS (PS/BC)	26 April 2017	NB. Confirm any Purdah Period implications.
		Scrutiny Board	LS (PS/BC)	30 May 2017	n/a
		Scrutiny - Adults	LS (PS/BC)	13 June 2017	n/a
		Scrutiny – Children’s	LS (PS/BC)	14 June 2017	n/a
		Health and Well Being Board	LS (PS/BC)	28 June 2017	n/a
		Cabinet	LS (PS/BC)	19 July 2017	n/a
2.	All Elected Members		PS/BC	TBC	Idea: consider Workshop Meeting in Council Chamber?
	PARTNERS				
3.	Partners	Health and Well-Being Board	LS (PS/BC)	28 June 2017	As above
		CCG Commissioning Cttee	PS/BC	TBC	PS attends
		Children’s Trust Board	PS/BC	TBC	LS/EB/RJ attend
4.	Partner organisation	Internal news items	PB	27 th April	Article post Cabinet decision (note Purdah)

	employees			27 th May	Reminder to take part in consultation
5.	Systems / Transition Board	Systems / Transition Board	LS/DW/RJ/EB/BC	Draft Plan in place c/o Healthwatch	This activity will secure citizen engagement via Healthwatch This will need staff from the Council to be designated to participate in the planned events
6.		Executive Commissioning Board	BC	04 May 2017	
7.		BCF Board	BC	11 May 2017	
	ADULT CARE / SERVICE PROVIDERS				
8.	Care Providers	WMCA c/o			Monthly meeting (wed) Sue Lennon
		Careers into Care Partnership	Commissioning Mgr Workforce Lead (BC)	25 May 2017	
		Domiciliary Care Forum	Jaz Kakkar	TBC	
		Disability providers	Kathy Roper	TBC	<i>Ad hoc</i> – needs to be organised
		Very sheltered Home providers	Jaz Kakkar Kathy Roper	YBC	
		SUIT	Juliette Grainger	TBC	

OTHER BOARDS / MEETINGS					
9		Safer Wton Partnership	Check with: • Lynsey Kelly • Karen Samuels	TBC	
Children and Young People					
10.	Children and Young People	Foster Care Group	Jan Barlow	TBC	
		Corporate Parenting	Carol Bourne	TBC	
		Children in Care Council	Carol Bourne	TBC	
11		Care Leavers Forum	CB / Alice Vickers	TBC	
People who use services					
12	People who use services	Day opportunities	Tom Denham		
		<i>Idea:</i> 1:1's. Home Visits?			Select xx people who use services in consultation with SWs/TMs to whom we could visit to discuss
		Beacon Centre			c/o hbrown@beaconvision.org

		“Hear Our Voice” Headstart (young people)	Kevin Pace	TBC	
		Carers Forum	Lesley Johnson	TBC	?Newsletter / e-zine? Melinda Kaur
	The Public / citizens				
13	<i>“Talking Care in the City”</i> Supermarkets / High Street			TBC	<ul style="list-style-type: none"> • Check: links to Healthwatch activity? • Commissioning Support Officers to coordinate? • Identify locations – Wulfrun Centre is usually good (under cover, good footfall); • need city-wide locations
14	Media	Press releases interview opportunities	PB	27 th April 27 th May	<ul style="list-style-type: none"> • Article post Cabinet decision (note Purdah) • Reminder to take part in consultation
15	Web presence	Survey Monkey			<ul style="list-style-type: none"> • People Commissioning have Survey Monkey

					<ul style="list-style-type: none"> • Need to clarify questions • Post draft strategy on the Web
16		Twitter Account		c/o Project Support Officer	<ul style="list-style-type: none"> • PB enquired. Agreed. • How could questions be chunked up? • Link to website location
17		Facebook presence	PB		<p>PB – will upload onto “Wton Today”</p> <p>Can target Wton citizens</p>
18		Website	PB		PB to clarify
	Staff				
19	People Directorate	Localities -	Commissioning Managers Heads of Service?	As per Team Meetings	
20	Council employees	City People articles	PB	27 th April 27 th May	<p>Article post Cabinet decision (note Purdah)</p> <p>Reminder to take part in consultation</p>