

**Report To:** Community Health & Care  
Partnership Sub Committee

**Date:** 28th August 2012

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**Report No:**  
CHCP/39/2012/HW

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Planning, Health Improvement  
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**Contact No:** 01475 715369

**Subject:** Commissioning Self-Assessment

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## **1.0 PURPOSE**

1.1 The purpose of this report is to present to members the Inverclyde CHCP Commissioning Self Assessment. The assessment framework was issued by Audit Scotland in March 2012, and there is a requirement that all Scottish local authorities will undertake a self assessment on their readiness for the changes in commissioning practice that will be required under the key policy drivers of Self Directed Support; Reshaping Care for Older People, and integrated Health and Social Care Partnerships. Inverclyde CHCP has undertaken its self-assessment to take account of the opportunities afforded by our CHCP status, by completing our self-assessment in a joint commissioning context. This means that we have considered those NHS and social work services that fall within the management parameters of the CHCP.

## **2.0 SUMMARY**

2.1 The Audit Scotland Self-Assessment Checklist provides an overview of the key issues that should be considered when developing our local Commissioning Strategy, taking account of the key national policy drivers. Inverclyde CHCP is currently developing a Commissioning Strategy for Health and Social Care, and the toolkit has been used as a key resource in the process.

2.2 The toolkit has helped us to focus on a number of key areas that need to be further developed, and has highlighted some areas where existing structures will provide a robust platform for the work that needs to be taken forward as part of the development process.

2.3 To support effective scrutiny, this report will also be submitted to the Council's Audit Committee, as Inverclyde Council Internal Audit requires us to evidence that we are undertaking national audit requirements as well as local ones.

## **3.0 RECOMMENDATION**

3.1 That members note the completed self-assessment, and Inverclyde CHCP's progress to date. In particular, that we have maximised the utility of the toolkit by applying it to both health and social work services.

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#### 4.0 BACKGROUND

- 4.1 Audit Scotland has issued the Commissioning Self Assessment Framework as a tool for partnerships across Scotland to develop their approach to joint commissioning, taking account of key national policy including Self Directed Support; Reshaping Care for Older People, and Integrated Health and Social Care Partnerships. There is an expectation that, whilst there is likely to be local variation in format and presentation, all Commissioning Strategies will take account of these drivers and reflect them in a clear and explicit way.
- 4.2 Inverclyde CHCP is now fairly well established, and as such we are in a reasonably strong position to meet the requirements of the toolkit. We have an established ethos of joint commissioning, and are in the process of developing a commissioning strategy that moves us forward in the context of the aforementioned policy drivers. Our approach is strengthened due to our CHCP arrangements meaning that we can fully consider both health and social work services and the interplay between the two in a commissioning context.
- 4.3 Our local commissioning strategy will reflect the areas that we have identified as requiring more work through the self-assessment process.

#### 5.0 IMPLICATIONS

- 5.1 Legal: There are no legal implications.
- 5.2 Finance: There are no financial implications.

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Virement From	Other Comments

- 5.3 Personnel: There are no personnel implications at this stage, although this will be reviewed once our future commissioning intentions are agreed through the consultation process and final approval from the CHCP Sub-Committee.
- 5.4 Equalities: There are no equalities implications from the checklist, and our final commissioning strategy will be subject to EQIA once it has been completed and prior to final approval.

#### 6.0 CONSULTATION

- 6.1 The CHCP Extended Management Team were consulted and contributed to the completion of the Inverclyde CHCP Self Assessment.

#### 7.0 LIST OF BACKGROUND PAPERS

- 7.1 Commissioning Social Care: Self Assessment Checklist for Partners. Audit Scotland, March 2012.

# Self-assessment checklist for partners

This checklist sets out some of the issues around commissioning raised in the main report. Councils and NHS boards should use the checklist to assess themselves against each statement as appropriate. This will help them to identify what actions they need to take.

Issue	Assessment of current position					Comments
	No – action needed	No – but action in hand	Yes – in place but needs improving	Yes – in place and working well	Not applicable	
<b>Commissioning strategies</b>						
We have a single overarching commissioning strategy, or a set of strategies, covering all groups of users and carers. These have been agreed, consulted on, approved by elected members and made publicly available. Each commissioning strategy:		√				We have agreed the need an overarching commissioning strategy underpinned by a clear action plan and a first draft has been developed. We will refine this draft using the Audit Scotland report as a key guidance document.
<ul style="list-style-type: none"> <li>states clearly what outcomes we want to achieve for the people who use services, i.e. what difference we want to make to their independence and quality of life. The outcomes are based on local and national consultation with communities, users and carers and service providers</li> </ul>		√				We will use our local ‘Stakeholders’ Network and Providers Forum to ascertain what outcomes we want to achieve, and what support local providers will need to help us deliver these.
<ul style="list-style-type: none"> <li>contains an analysis of people’s needs for social care, in the short (one year), medium (3–5 years) and long term (10–15 years). The analysis estimates both the scale and nature of needs (using population projections, demographic trends and local and national research about the impact of services). It reflects cultural, gender and social diversity</li> </ul>		√				This work is progressing well as we have recognised locally that we need robust planning intelligence.

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<ul style="list-style-type: none"> <li>includes a strategy for consulting and involving local communities, users, carers and providers at each stage of the commissioning process</li> </ul>		√				We will build this into our commissioning strategy using the methods detailed above.
<ul style="list-style-type: none"> <li>contains an analysis of current service provision, including the provider, type of services, quality, cost, capacity, accessibility and the extent to which they make a positive difference to the quality of people's lives. It draws on Care Inspectorate information and includes both in-house and external provision</li> </ul>			√			This is part of our current scoping work. We aim to describe our current position against our intended position and thereby identify the changes required to achieve the outcomes identified through consultation.
<ul style="list-style-type: none"> <li>sets out what improvements and changes are needed to current services to meet future needs and achieve the outcomes we want for people</li> </ul>		√				This will be a future stage as described above.
<ul style="list-style-type: none"> <li>sets out our intentions to develop, procure, invest or disinvest in services. These demonstrate the basis of decisions on whether to provide services in-house or procure them externally. They reflect an understanding of the business factors that affect voluntary and private sector providers</li> </ul>		√				We are also developing a local companion Procurement Strategy to underpin our Commissioning Strategy. This will reflect the dimensions identified by Audit Scotland.
<ul style="list-style-type: none"> <li>analyses the risks, including financial, workforce and other risks associated with failing to achieve the outcomes we intended</li> </ul>		√				We will ensure a robust risk assessment process and regular review by our Commissioning Strategy Steering Group to ensure that risks are managed in a timely manner.

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<ul style="list-style-type: none"> <li>states clearly our timescales for implementing and reviewing the strategy.</li> </ul>		√				This will be integral to the action plan.
We have assessed our approach using SWIA's guide to strategic commissioning and are taking appropriate action to improve it.				√		To date, this has been our main reference document.
Our commissioning strategies and implementation plans are informed by equality-impact assessments.				√		We routinely undertake EQIAs at various stages of planning and implementation.
<b>Joint and collaborative working between NHS and community planning partners</b>						
We have a strong strategic partnership involving councils, NHS partners and other community planning partners. We have developed a shared vision for each group of users and carers and have made a clear commitment to work together to achieve it.				√		We are now a fully established CHCP and have developed our shared vision and values for the communities that we serve and for our staff and partners. We have also supported the development of co-produced Carers' and Young Carers' strategies, which ensured active inclusion of people who have an active caring role.
We share planning resources for forecasting needs and planning services.				√		This works well across the CPP, underpinned by the SOA.
Our commissioning strategy for older people's services, and all other groups of people, have been jointly developed. Each strategy includes an analysis of the joint resources to support the commissioning strategy.			√			Work on Older Peoples Services has been undertaken in line with Change Fund requirements, however we still need to complete work relating to other groups.

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We work together to invest in preventative services, early and effective intervention and prevention are active work streams in our children's services and we monitor the impact of these services.			√			Our Health Improvement Team works across the CPP to promote early intervention and screening uptake, vaccinations, Keepwell etc. However we still see poorer outcomes than we would like.
We actively seek opportunities to work with other councils and NHS boards to share information and expertise and benefit from working collaboratively.			√			We engage across the other five local authorities covered by our NHS Board on a wide range of issues that cut across both health and social care.
We undertake joint procurement exercises, where appropriate, with other councils, NHS boards and/or other partners for small-scale, specialist services.				√		Collaborative tenders have taken place with the CHCP and the NHS; the CHCP and Renfrewshire Council; Further opportunities for this approach will occur via the Clyde Valley Partnership, Scotland Excel, and as the Health and Social Care integration programme develops.
We participate in benchmarking with other councils and NHS boards to compare performance and share tools and learning.				√		We actively participate in the Scottish Community Care Benchmarking Network (SCCBN).
<b>Partnership working with providers</b>						
We have established good, ongoing working relationships with providers throughout the commissioning process, including analysing needs and the capacity to meet those needs, improving existing and developing new services, going through procurement processes and reviewing current services.			√			We have excellent working relationships with providers however more work needs to be done to analyse needs and capacity.

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We have transparent procurement processes and share procurement plans with providers who may be able to deliver the services we need.		√				We will be working with providers to develop our procurement strategy and associated plans, which will be shared with the providers.
We manage the risks of contracting services from voluntary and private providers by undertaking due diligence checks before awarding contracts and monitoring their financial health and ability to deliver services regularly throughout the life of the contract.				√		Our corporate procurement guidelines require us to undertake clearly specified due diligence checks before awarding contracts.
We have in place contingency plans for dealing with providers going out of business or closing for other reasons. These cover all services where users and carers might be affected, not just care homes.		√				This will be integral to our commissioning and procurement strategies.
We consider the financial and business impact on providers when we make commissioning decisions.				√		This aspect is embedded into our business approach and is reflective of the excellent working relationships we have with providers.
<b>Skills and capacity</b>						
We have the right professional skills available in both procurement and social care commissioning and we use both throughout the commissioning process.			√			We believe we have the right skills for our current arrangements, but recognised that the skills requirements might change depending on future commissioning and procurement priorities and requirements. This dimension will be monitored by the Commissioning Strategy Steering Group.
We ensure that our commissioning staff are trained in the appropriate skills, making use of the national commissioning skills programme where appropriate.				√		We will continue to work with the programme as we implement our strategy.

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We use the Scottish Government's Guidance on the procurement of care and support services.				√		This is the key reference for our procurement.
<b>Consulting and involving users and carers</b>						
We have a clear plan for engaging service users and carers when we do our strategic planning, when we consider retendering or stopping services and when we make decisions with them about their own care.			√			We are currently working to refresh and streamline our approach to avoid over burdening the service users and carers that engage with us.
We use consistent and comparable measures of what differences services make to people's lives and make the results readily available to the public. We use these measures for our in-house provision as well as in contractual arrangements with providers.			√			The "Inverclyde Performs" site provides regularly updated information on measures. We plan to work with local stakeholders to identify further measures that they feel would be useful and relevant.
We have developed plans for implementing self-directed support, which set out how we calculate individual budgets or determine the amount of resource available for an individual's care services.		√				This is integral to our work in developing our commissioning strategy.
We have processes in place to monitor the outcomes for users of services purchased with individual budgets, including direct payments.		√				This will be part of our suite of measures to monitor implementation.
We provide information, advice and support to all users and carers, including people being offered self-directed support. We have involved users and carers in designing this and we have arrangements			√			Our suite of public information is being reviewed and updated via the CHCP Communications Group. We will make use of the CHCP Advisory Group as a reference forum of users, carers and the public.



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in place to monitor and review its effectiveness.						Some updating of SDS information has been done in relation to information provided when approached by people, or workers discussing this with prospective recipients. We are currently working with SPAEN to revise information on their services and employment toolkit redesigning to include our procedures and pathways along with website content, etc. This was launched at event in Inverclyde on 5th July, which included a wide range of stakeholders, including service users and carers and providers from the voluntary, third and commercial sectors.