

WANDSWORTH BOROUGH COUNCIL

ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE  
– 4<sup>th</sup> JUNE 2015

EDUCATION AND CHILDREN'S SERVICES OVERVIEW AND SCRUTINY  
COMMITTEE – 11<sup>th</sup> JUNE 2015

GENERAL PURPOSES COMMITTEE – 25<sup>th</sup> JUNE 2015

EXECUTIVE – 29<sup>th</sup> JUNE 2015

Report by the Director of Education & Social Services on the Review of  
Commissioning and Contract Monitoring Across the Department of Education and  
Social Services

SUMMARY

Paper No. 14-181 to the Finance and Corporate Resources OSC, which established the structure of the Department of Education & Social Services, and Paper No. 14-611 to this OSC, which reviewed central procurement teams, recognised that contracts for services for children and young people and contracts for services for adults were commissioned and contract monitored very differently.

Currently contracts for children and young people services are commissioned by Heads of Service and then contract monitored either by the Head of Service or a member of their team. A more centralised approach is followed for services for adults, where a small number of commissioners commission services and a dedicated team of officers monitor contracts.

As such a commitment was made to undertake a review with the aim of identifying an approach, which maximises resources, ensures commissioning is strategic, planned and co-ordinated and that a consistent and robust approach is taken to addressing supplier performance.

As a result of this review it is proposed that a Commissioning Unit for DESS be established which combines commissioning for adult services and children's services alongside a team which monitors all DESS contracts and a team which leads on driving up the quality of provision and contracted services and monitoring performance. The new Commissioning Unit will continue to work with Wandsworth CCG on jointly agreed programmes where there is clear benefit to an integrated approach. If agreed it is proposed that this structure will be implemented in late October 2015.

The Director of Finance comments that, if approved, the proposals in this paper would result in negative budget variations of £50,000 in 2015/16 and £121,000 in 2016/17 and a full year, equivalent to an annual reduction of £1.00 on Band D Council Tax.

## GLOSSARY

CCG – Clinical Commissioning Group  
DBS – Disclosure and Barring Service  
DESS - Department of Education & Social Services  
FTE - Full Time Equivalent  
JCU – Joint Commissioning Unit

## **RECOMMENDATIONS**

1. The Adult Care and Health Overview and Scrutiny Committee and Education and Children's Services Overview and Scrutiny Committee are recommended to support the recommendations to the Executive in paragraph 3. If they approve any views, comments or recommendations on the report, these will be submitted to the Executive for their consideration.
2. The General Purposes Committee are recommended to approve the changes to the staffing establishment described in this report and as detailed in Appendix Two.
3. The Executive is recommended to approve:
  - a) the creation of a DESS Commissioning Unit as described in this report; and,
  - b) a negative General Fund revenue budget variations of £50,000 in 2015/16 and £121,000 in 2016/17 and a full year.

## **BACKGROUND**

4. Different approaches are followed within DESS to the commissioning and contract monitoring of contracts. As such a commitment was made in Paper No. 14- 181 to reviewing commissioning and contract monitoring across DESS. This commitment was re-iterated in Paper No. 14-611 which proposed a:

*“review of commissioning across the Council to ensure processes and procedures are fit for purpose with particular emphasis on Adults’ and Children’s social care due to the high spend in this area and the fact that this area will be subject to significant change due to the implementation of the Care Act 2014 over the next twelve months.”*

5. The strengths and weaknesses of the two models have been explored through interviews with officers and key stakeholders and a review of commissioning models for children and adults operated in other Local Authorities has been conducted. The aim being to identify a model, which delivers a consistent approach to commissioning and contract monitoring and

ensures that:

- a. resources are maximised;
- b. commissioning is strategic, planned and co-ordinated; and,
- c. a consistent and robust approach is taken to addressing supplier performance.

## **STRENGTHS AND AREAS FOR IMPROVEMENT WITHIN THE CURRENT MODELS**

6. Currently, the majority of services for children and young people services are commissioned by Heads of Service. Examples of this approach brought before the Education and Children's Services OSC include the Leaving Care Contract (Paper No 14-324) and the Youth Work Service Contract (Paper No 14-113). Commissioning is therefore part of officers' wider service management roles.
7. As demonstrated by these service specifications this model ensures that when services are commissioned there is good access to service user data and the needs of the service are clearly reflected in the specifications. However, as the individuals commissioning services do not meet regularly opportunities to share best practice or joint commissioning can be missed as there is no forum through which to share best practice or highlight future commissioning exercises. As the commissioning of services is not a routine activity individuals also have to re-learn the commissioning and procurement process every time they commission. Moreover, when commissioning is part of an individual's role the opportunity for service re-design or the development of innovative alternatives can be limited by the time they have available.
8. Currently, contracts are monitored either by the Head of Service or a member of their team. This means that there is no consistent, agreed approach to monitoring contracts. This means that a supplier can be under-performing on two contracts but only be placed on performance improvement measures on one.
9. A review of the commissioning of children and young people's services in other Local Authorities found that it is undertaken by a team of dedicated commissioners based in a central team. Contract monitoring is also undertaken by a centralised team. The exception to this is the commissioning of placements for children and young people which frequently remains within Children's Specialist Services.
10. A more centralised approach is followed for services for adults, with a team of commissioners leading on commissioning services in specific areas, including learning disability, mental health, older people and physical and sensory impairment, sexual health, drugs and alcohol. Having a team of dedicated commissioners means that best practice in terms of commissioning services is imbedded and consistently used. However, this approach means that commissioning across client groups, such as services for older people with mental health issues, relies on communication between the commissioners.

11. The commissioners are part of a Joint Commissioning Unit. This collaborative pilot was formally established, with the CCG and Public Health, in September 2013, although the team was co-located from November 2012. This co-location of staff has led to improved communication, increased shared understanding and delivered examples of joint commissioning, such as the Carers Contract (Paper No. 14-565) and the Joint Commissioning Plan for Mental Health (Paper No. 14-329).
12. Contracts for adult services are monitored by one central team, Commissioning Support, which is currently based within the Business Resources Division. This team use an agreed risk based approach to monitoring contracts which ensures consistency in the performance management of providers. It also ensures that there is consistency in checking adherence with standard contract clauses, for example DBS checks.
13. Although this team are not part of the JCU they are co-located with it. As a result a feedback loop on supplier performance has been established, which supports future commissioning and also contract monitoring. This also means that there is an agreed, shared approach to managing providers between commissioners and the contract monitoring team, which ensures issues are raised at the appropriate level and providers are not asked the same question twice. However, although the feedback loop between contract monitoring and commissioners for adult services works well this is currently reliant on the teams being co-located as it is not formalised within a structure. Similarly, although adult service user data can be accessed by commissioners the fact that Service Standards, Business Intelligence and Information is not part of the commissioning unit can mean that commissioners feel that they wait for information.
14. A review of commissioning in other local authorities identified that contract monitoring, brokerage and management information units are usually part of a commissioning unit.

### **Commissioning with the Clinical Commissioning Group**

15. As outlined in paragraph 11 the co-location of Council employees and CCG employees within a Joint Commissioning Unit has led to improved joint working, a greater shared understanding and increase in support. However, although the level of shared work and understanding has increased, with some notable exceptions, services are mainly being commissioned separately.
16. As such it is proposed that the CCG and the Council build on the foundations laid by the pilot and develop a new model of commissioning, whilst retaining the co-location of staff. This new approach will build upon the learning from the pilot which highlighted that where the Council and Wandsworth CCG have areas of common responsibility and spend that joint commissioning is an effective use of resources and more importantly results in improved outcomes and services for service users. Moving forward the Council and CCG will agree a clearly defined workplan which clearly sets out areas of joint programmes and areas where the Council and the CCG will continue to commission separately. For areas where the CCG and Council will joint commission project teams of commissioners from

both organisations will be established and progress will be reported to the Health and Social Care Integration Group.

### **Department of Education and Social Services Commissioning**

17. To ensure that there is a consistent approach to commissioning across DESS it is proposed to have one Commissioning Unit for the Department of Education and Social Services. This Unit will commission services for children and young people in addition to services for adults. The Unit will comprise of 4 lead commissioners:

- a. *Public Health Commissioner* – this post will ensure that there are strategic commissioning plans for adult substance misuse services, adult sexual health services and falls prevention programmes and will have overall responsibility for the commissioning of services within these areas. The Public Health Commissioner in the proposed Commissioning Unit for the Department of Education and Social Services will be accountable for commissioning safe, quality assured and patient-centred public health and well-being services in Wandsworth. Safety and quality assurance of patient-centred services is always underpinned by robust clinical governance arrangements. These governance arrangements should include Clinical Effectiveness and Clinical Practice, Clinical Risk Management, Professional Development and Training and Patient Experience. It is proposed that while the actual work for implementing robust clinical governance arrangements should be led by the Public Health Commissioner and his/her team, these arrangements should have close oversight by the core Public Health Team led by the consultant in public health with overall responsibility for clinical governance, through robust monitoring mechanisms. The post will also support members of the Health and Wellbeing Board and support the Council's Health Scrutiny functions. This post will manage the Commissioning Manager (Substance Misuse) and the Commissioning Manager (Sexual Health).
- b. *Specialist Adult Services Commissioner* – this post will ensure that there are strategic commissioning plans for specialist adult services across older people, mental health, learning disabilities and physical and sensory impairment. Specialist services will include residential and nursing care, domiciliary care, extra care and day services. The post will have overall responsibility for the commissioning of services within these areas. The post will manage a Commissioning Officer and a Care Funding and Quality Negotiator.
- c. *Preventative and Wellbeing Commissioner* – this post will ensure that there are strategic commissioning plans for preventative services across older people, mental health, learning disabilities and physical and sensory impairment. Preventative services will include support for carers, enablement, supporting housing, employment support and advocacy. The post will have overall responsibility for the commissioning of services within these areas. This post will also manage the brokerage team, a commissioning officer and the Work-Right Co-ordinator.

- d. *Children's Commissioner* – this post will ensure that there is a strategic commissioning plan for services for children and young people and will have overall responsibility for the commissioning of all services for young people and children. The post will manage a commissioning officer.

The commissioning of services for children and young people will not be undertaken in isolation. The Children's Commissioner will meet regularly with and continually seek feedback from the Assistant Directors and their Heads of Service on the commissioning approach being adopted. This will ensure that Assistant Directors and their Heads of Service have significant input into specifications.

It is not proposed, at this stage, that services commissioned on behalf of schools, such as catering and cleaning, be moved into the commissioning unit as schools are very satisfied with the approach currently taken.

In keeping with best practice identified in other boroughs, such as Enfield, and to ensure that a robust approach to placement planning for children and young people is embedded within DESS the commissioning of placements will remain the responsibility of the Access to Resources Team and the Special Needs Assessment Service and Disabled Children's Team. However, it is an expectation of the proposed structure that the Children's Commissioner would act as a critical friend to these teams.

18. To ensure that there is a robust, consistent approach to contract monitoring it is proposed that the Commissioning Support team join the DESS commissioning unit and that the monitoring of all children's contracts be undertaken by this team. Analysis has identified that the equivalent of 2FTE currently contract monitors services for children and young people, but that this resources is spread across DESS. It is therefore proposed that 2FTE contract monitoring posts be created within the Commissioning Support team. These posts will be funded from within existing DESS budgets.
19. In order to strengthen support for the commissioners and ensure that the quality of provision can be robustly scrutinised it is proposed that business intelligence, policy and projects, service standards and complaints be brought into the Commissioning Unit under a Head of Strategic Planning, Quality and Performance. Within this unit there will be the role of the Professional Service Standards Manager and Principal Social Worker who in adult services will support a systematic approach to professional accountability, practice leadership and quality assurance which will inform organisational planning and ensure that frontline social work practice remains at the forefront. This role will enhance and improve the experience and outcomes for people who use services, their carers and the wider community and will manage the Senior Service Improvement Officer and the Complaints and Information Manager.
20. To formalise the link between commissioners and the important work undertaken by the Brokerage Team it is proposed that the Brokerage Team join the DESS Commissioning Unit and although line managed by the Preventative and Wellbeing Commissioner, work across the Unit.

## **Shared Staffing Arrangement with Richmond Council**

21. In Richmond the Council and the CCG formed a Joint Commissioning Collaborative (JCC). The JCC commissions all services on behalf of the CCG and the Council in relation to social care. The health economy of Richmond differs from Wandsworth in some key respects, for example, different acute providers. As such, the proposed structure for the Shared Staffing Arrangement set out in this same cycle of meetings takes account of these differences and proposes maintaining separate commissioning units.

## **DIRECTOR OF FINANCE COMMENTS**

22. If approved, the proposals in this paper would result in negative budget variations of £50,000 in 2015/16 and £121,000 in 2016/17 and a full year, equivalent to an annual reduction of £1.00 on Band D Council Tax.
23. It is important that the service moves away from its current reliance on locums and agency staff, and it is envisaged that the new structure will help to enable this. It is also vital that the proposed single commissioning unit for DESS is committed to achieving value-for-money for the Council and that contract monitoring is robust and consistent.
24. Whilst it is not envisaged that there will be staffing reductions as a result of the proposals, as a number of posts are being deleted and new roles created with new job descriptions it should be noted that postholders affected by the proposals will be given priority to apply for alternative positions within the Council in accordance with the Council's re-deployment policy but if this is not successful, the severance costs are estimated to be in the region of £120,000. It is expected that this cost would be met from within existing DESS budgets in the first instance. However, in the event of departmental budgets being overspent, the cost would be met from the Service Transformation Fund.

## **EQUALITY IMPACT ASSESSMENT**

25. As part of the planning for the reorganisation detailed in this report a staffing Equality Impact Assessment (EIA) has been undertaken to ensure that the changes proposed are not to the detriment of any group of staff who share a protected characteristic under the Equality Act 2010. The findings of this assessment are attached as Appendix 1. This EIA has found that the changes proposed in this report will not be to the detriment of any group of staff. A service EIA is not required.

## **HEAD OF HUMAN RESOURCES COMMENTS**

26. The Head of HR comments that the proposals in this report would result in the deletion of 20 FTE posts of which 13.6 FTE are occupied; the creation of 20 FTE posts and the re-designation of 3 FTE posts. In addition it is proposed to make permanent post SH952 (1 FTE) Workright Co-ordinator.

27. Consultation has taken place with the affected staff groups in line with the Council's Code of Practice on Managing Staffing Reorganisations. Whilst there are sufficient posts for the current complement of staff there are significant changes to some of the new roles in the proposed structure. If any staff are displaced they will be counselled in accordance with the Council's Redundancy and Redeployment Agreement.

## **CONSULTATION**

28. The Staff Side have been consulted on this report and any comments received from them will be reported to the Overview and Scrutiny Committees.

## **CONCLUSION**

29. The proposed approach to commissioning and contract monitoring services across DESS will ensure that a strategic approach to commissioning is embedded across the department and that a robust approach to contract monitoring is adopted. As the proposed structure will require new job descriptions to be written and job evaluated it is proposed that the structure be implemented in late October 2015.

---

The Town Hall,  
Wandsworth,  
SW18 2PU.

DAWN WARWICK  
Director of Education & Social Services

27<sup>th</sup> May 2015

## **Background papers**

There are no background papers to this report.

All reports to Overview and Scrutiny Committees, regulatory and other committees, the Executive and the full Council can be viewed on the Council's website ([www.wandsworth.gov.uk/moderngov](http://www.wandsworth.gov.uk/moderngov)) unless the report was published before May 2001, in which case the Committee Secretary (Laura Campbell – 020 8871 7032; email [lcampbell@wandsworth.gov.uk](mailto:lcampbell@wandsworth.gov.uk)) can supply it if required.



**Appendix 1**  
**to Paper No. 15-190**

**STAFFING EQUALITY IMPACT ASSESSMENT**

No.	Question	Yes/No	Comments
1.	<b>Does the proposed change affect one group less favourably than another on the basis of:</b>		
	<ul style="list-style-type: none"> <li>Ethnicity</li> </ul>		36% of staff affected are BME as compared to the departmental average 48.3%
	<ul style="list-style-type: none"> <li>Gender</li> </ul>		57% of staff affected are female as compared to the departmental average 77.5%
	<ul style="list-style-type: none"> <li>Religion or belief</li> </ul>		Information not collected
	<ul style="list-style-type: none"> <li>Sexual orientation</li> </ul>		Information not collected
	<ul style="list-style-type: none"> <li>Age</li> </ul>		71% of staff affected are aged 55 or under as compared to the departmental average 78.4%
	<ul style="list-style-type: none"> <li>Disability</li> </ul>		0% of staff affected are recorded as having a disability as compared to the departmental average of 9%
2.	<b>What is the less favourable effect?</b>	No adverse impact identified	
3.	<b>If you have identified potential discrimination or less favourable treatment, are there valid, legal and/or justifiable explanations for this?</b>	Not applicable	
4.	<b>What alternative options have been considered to minimise the negative impact on these groups of staff (e.g. alternatives to compulsory redundancy such as reduced hours, voluntary redundancy etc)?</b>	See comment	Staff will be supported by their managers and HR throughout the process. For example group or 1-2-1 training on interview skills etc. will be provided as appropriate.
5.	<b>How does any selection criterion being used ensure equality for all groups?</b>	See comment	If there is competition for specific posts a fair and objective process will be followed after consultation /agreement with Staff Side.
6.	<b>What assistance is being provided to ensure all staff are equipped for the selection process?</b>	See comment	Staff will be supported by their managers and HR throughout the process. For example group or 1-2-1 training on interview skills etc. will be provided as appropriate.
7.	<b>What alternatives are there to achieving the change guidance without the impact?</b>	None – see comment	The proposals have been subject to detailed consultation with staff & Staff side.

**Appendix 2  
to Paper No. 15-190**

**POSTS FOR DELETION AND CREATION**

**Posts to be deleted**

<b>Post Number</b>	<b>Post</b>	<b>Grade</b>	<b>Established FTE</b>	<b>Status</b>
SD021JCU	Head of Joint Commissioning Unit (Fixed Term)	HAY1	1	Filled
SD021	Assistant Director, (Commissioning, Partnerships and Procurement)	HAY 1	1	Vacant
SQ130N	Head of Service Standards, Business Intelligence and Information	PO8	1	Filled
A1114	Health & Drugs Policy Team Leader	PO8	1	Filled
SH008	Joint Commissioning Manager	PO8	1	Filled
SM808	Commissioning and Service Development Manager OP/SPD	PO8	1	Vacant
SQ153	Mental Health Commissioning Manager	P08	1	Filled
APHN17	Commissioning Manager (Sexual Health)	PO7	1	Filled
APHN18	Sexual Health Commissioning Manager	PO7	1	Vacant
APH66	Misuse Commissioning & Development	PO7	1	Filled
SQ143	Manager Supp People & Vol. Sector Funding	PO6	1	Filled
SH860	Commissioning and Service Development Officer	PO5	1	Filled
APHN19	Sexual Health Commissioning Officer	PO4	1	Filled
APH29	DAAT Commissioning and Development Officer	P04	1	Filled
ESC02	Service Standards Information & Complaints Manager	PO7	1	Filled
ECS06ECS07	Senior Service Standards Officer	PO4	2	1 filled 1 vacant
ECS08 ECS09	Service Standards Officer	PO2	2	Vacant (2.0)
C0302	Service Commissioning Officer	PO3	1	Filled
		<b>TOTAL</b>	<b>20</b>	

**Posts to be created**

All posts will require new job descriptions and will be subject to Job Evaluation

<b>Post</b>	<b>FTE</b>
Assistant Director - Commissioning	1
Public Health Commissioner	1
Specialist Adult Services Commissioner	1
Preventative and Wellbeing Commissioner	1
Children's Commissioner	1
Commissioning Manager (Substance Misuse)	1
Commissioning Manager (Sexual Health)	1
Commissioning Officer	4
Head of Strategic Planning, Quality and Performance	1
Professional Service Standards Manager (Principal Social Worker – Adults)	1
Policy and Projects Manager	1
Policy and Projects Officer	4
Contract Monitoring Officers	2
<b>Total</b>	<b>20</b>

**Other changes**

<b>Post Number</b>	<b>Post</b>	<b>Grade</b>	<b>FTE</b>	<b>Change</b>
SH814	Head of Commissioning Support	PO7	1	Re-designate as Quality Assurance and Compliance Manager
SQ151	Senior Procurement Officer	PO4	1	Re-designate as Deputy Quality Assurance and Compliance Manager
SQ149	Finance & Information Manager	PO3	1	Re-designate as Senior Contracts Monitoring Officer
SH952	Workright Co-ordinator	PO4	1	Establish as permanent post (currently fixed term to November 2015)