

ADULT CARE SERVICES



ACS 740

Operational Policy and Standards for Hertfordshire Joint Commissioning Team

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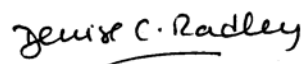
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Document Management
Performance & Workforce Development
Mount Pleasant, Hatfield

Author's Name & Section : Mark Jordan, Joint Commissioning Team

Should you have any comments/enquiries about this document please email : ACS Document Manager/HertsCC@HertsCC



Hertfordshire Joint Commissioning Team OPERATIONAL POLICY

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I. INTRODUCTION

A. Purpose and context of the policy

1. This operational policy for the Hertfordshire Joint Commissioning Team (JCT) defines our purpose and how we go about our business. It outlines:
 - a) what we do and do not do,
 - b) how we go about our work,
 - c) how we know how well we are doing
 - d) how we improve what we do.
2. The JCT plans, develops, commissions and performance manages Drug and Alcohol, Adult Learning Disability and Mental Health services on behalf of Hertfordshire County Council and Hertfordshire Primary Care Trusts. Its primary responsibility is to fulfil the requirements of these organisations regarding these services.
3. The JCT was formed in 2002 and its work is overseen by a partnership board. It works jointly for both the Health Service and the County Council so as to maximise the potential benefits that can be achieved by joining together Health and Social Care Services.
4. The success of the JCT is dependent on the effectiveness of the partnership. The effectiveness of partnership is dependent on:
 - a) each partner being committed to making the partnership work (and in so doing exercising strong and committed leadership with their constituents)
 - b) each partner understanding that their relationship with each other is not a contractor – supplier relationship but instead is a set of relationships which they need to actively build together
 - c) each partner being clear what it is they require of the JCT and agreeing what they can expect of JCT
 - d) partners jointly performance monitoring the effectiveness of the JCT and actively supporting its work as required.
5. The JCT is hosted by and operationally managed through the Performance and Commissioning division of Hertfordshire County Council's (HCC's) Adult Care Services department.
6. The JCT consists of sub teams covering different care groups each with different requirements and structures. This operational policy is therefore an overarching one within which the approach of different care groups may vary.
7. The commissioning budgets that JCT manages on behalf of the partners are set annually by those partners. Some of these are managed as pooled budgets on a risk sharing basis and some are managed as separate budgets on behalf of partners.
8. The role of JCT is that of a high-level strategic commissioning team.
 - a) It commissions providers to provide case management and care co-ordination and therefore will not generally be involved in 'micro-commissioning' or decisions about individual service users.
 - b) It commissions principal providers to be responsible for the delivery of any relevant services and service improvements and requires these providers to then sub-contract to further providers as appropriate.
 - c) It maintains an overview across the whole spectrum of service activity and will involve itself at any level where unresolved issues require this.
 - d) Where JCT becomes involved in individual initiatives such as pilots or promotions, it is as an initiating body with a view to subsequently 'mainstreaming' such initiatives through established providers.



B. Reviewing of the operational policy

Annual reviewing of the policy by partners will be led by the Head of Joint Commissioning.

II. THE PURPOSE OF THE TEAM

A. What we do and why

1. In Hertfordshire, the JCT identifies and plans for the overall service needs of the community for:

- Adults requiring Learning Disability services
- Adults requiring Drug and Alcohol services
- Children and Adolescents requiring Mental Health services
- Working Age people requiring Mental Health services
- Older people requiring Mental Health services

It contracts with a range of organisations to provide and improve these services and then also monitors and reviews this provision.

2. The idea of Joint Commissioning is to bring together what we have available to spend on health and social care with the aim of then providing the best services possible.

B. The benefits of Joint Commissioning

1. By pooling all these resources we join up all the work of Health and Social Care organisations so that service users and carers experience their care as an integrated effective service.

2. We ensure that we do not duplicate effort or waste money and that any developments, improvements or changes happen effectively and smoothly.

3. We determine whether to continue providing services through the current service providers or whether it would be better in future to provide services through different service providers.

4. We make sure that these providers work together to provide an effective integrated service for each service user.

C. Our principles and values

The principles and values that underpin our activities are those of the health and social care partners for whom we work. They are summarised as follows:

- a) Service users and their carers have a right to live full lives within society and where necessary, to the extra help that will enable this, and that will develop and support their independence, and which where possible will promote their recovery.
- b) The views of service users and their carers should be central to the decisions that have an impact on their lives; the organisations involved have an obligation to listen and acknowledge these individual wishes and aspirations.
- c) Services should be local, accessible and comprehensive and should be suitably diverse so as to be appropriate to the ethnicity, ability, gender, religion, age and sexuality of service users and their carers.
- d) Services need to collaborate widely and effectively so as to provide co-ordinated whole system care.
- e) Services must value, empower, equip and support their staff with a learning culture which constantly strives for ongoing performance improvement.
- f) Services should promote wellbeing by effectively with the wider community in awareness raising and in tackling stigma.
- g) Service provision should be proportional to need.

D. The challenges for Joint Commissioning

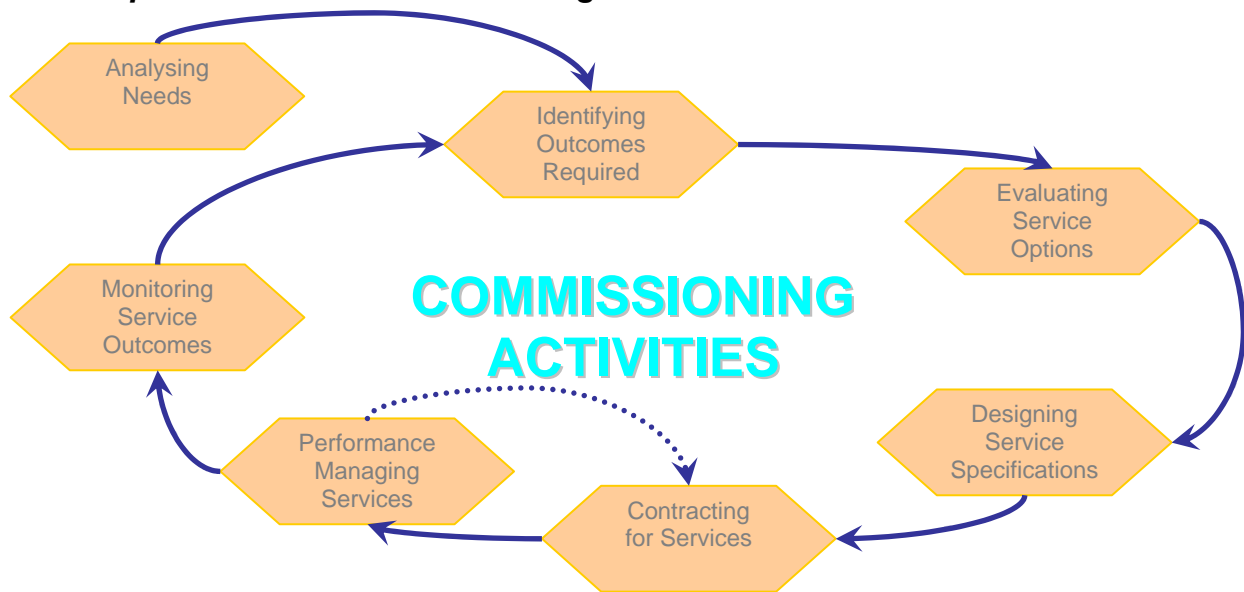
1. The needs of service users and carers are considerable and these services require significant ongoing modernisation and improvement. To achieve this, Joint Commissioning needs to be able to make the best possible use of limited resources .
2. Such a large scale arrangement can run the risk of losing touch with local needs or with the individual needs of service users and carers. Joint Commissioning must ensure that these needs and the needs of minority groups are recognised and addressed.
3. The range of partners and stakeholders involved is large and varied so communicating effectively and reaching consensus is not always straightforward.
4. A significant shift is required across all stakeholders so as to raise awareness of the changes needed and to modernise entrenched approaches and attitudes.

III. HOW THE TEAM GOES ABOUT ITS WORK

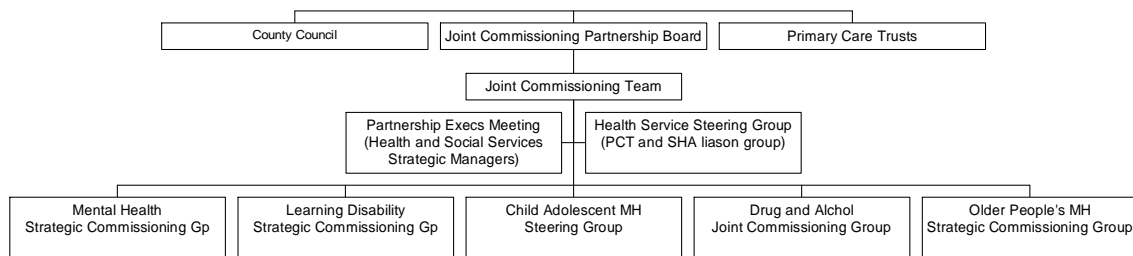
A. The things we do.

1. Planning
 - a) Our commissioners analyze what the current Mental Health and Learning Disability needs are in Hertfordshire and what they are likely to be in future and in the context of national guidance and targets.
 - b) We consider options for how these needs can best be met and options for any innovative solutions
 - c) We consult widely and co-ordinate decision making about what should happen, so that the right services are in place.
2. Contracting
 - a) Our commissioners draw up service specifications and service level agreements.
 - b) We contract these services from the suppliers who will provide the best value.
3. Supplier Monitoring and Performance Management
 - a) Our commissioners continually monitor the performance of our service suppliers and ensure that performance improvements are made when needed.
 - b) Our commissioning and finance staff monitor activity and expenditure to identify where demand for services may be creating budget pressures.
 - c) We monitor the volume and quality of the services delivered so as to ensure that the money invested is producing the intended results.
 - d) We keep track of the key national and local targets that have to be achieved.
 - e) We ensure our suppliers rigorously performance manage their own activity and delivery
4. Service Development and Improvement
 - a) Our commissioners continually review both the range of services available and also how well joined up these services are to deliver what is required. In this way, if adjustments are needed they can be identified and the improvements made.
 - b) We can co-ordinate and oversee developments if required and once underway, ensure that they are delivered on time and to budget.
 - c) Wherever possible we aim to develop services through re-investment, re-configuration and innovation
5. Reporting
 - a) We report to partners and to the wider public through a range of meetings and mediums
 - b) We report on the needs and wishes of the range of relevant stakeholders
 - c) We report on the performance both of individual providers and of the whole system of provision and we provide appropriate comparisons to enable relative performance evaluation

B. The process of our commissioning activities



C. Our consultation and decision making structure

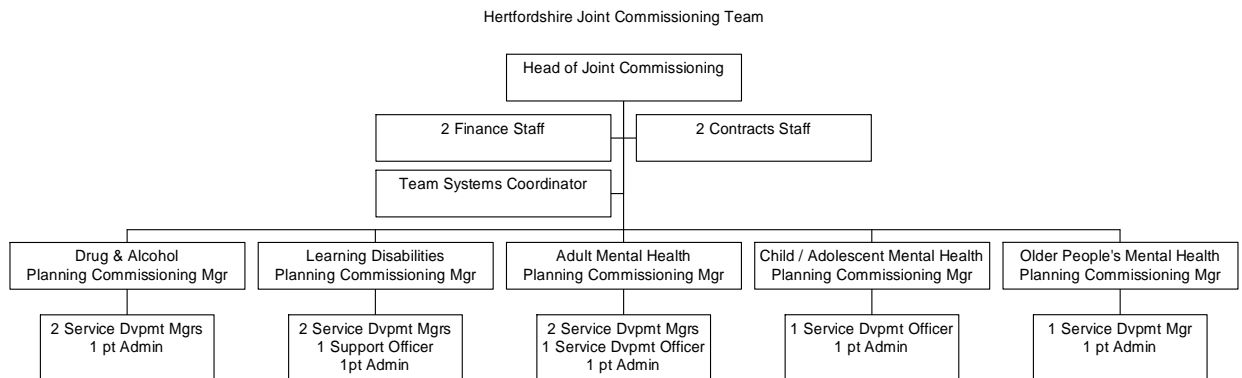


1. **JOINT COMMISSIONING PARTNERSHIP BOARD (JCPB):** Each partner delegates responsibility for commissioning Mental Health and Adult Learning Disability services to the Joint Commissioning Partnership Board.
 - a) Partners agree annual contributions to the partnership budgets over which the partnership board then has full delegated authority
2. **STRATEGIC COMMISSIONING GROUPS:** For each care group there is a specialist strategic commissioning group that provides detailed oversight of that service area on behalf of the partnership board.
 - a) These groups develop strategy, agree prioritised plans, oversee service developments and monitor service delivery.
 - b) Each partner is formally represented in each of these strategic groups by an officer with appropriate delegated authority. The views of service users and carers are also represented at each group.
 - c) Where the commissioning brief of a specialist strategic group overlaps with that of another commissioning body, then the specialist group ensures that planning is also closely linked to the brief of the other body¹.
3. **JOINT COMMISSIONING TEAM (JCT):** The Joint Commissioning Team performs the commissioning activities required to draw up and deliver the agreed plans. The JCT then reports to the partnership board and to the respective specialist strategic commissioning groups.
 - a) A scheme of delegated authority defines what level of decision making can take place at what level in the structure.

¹ The crime and disorder reduction partnership structures are an example of this

4. **PARTNERSHIP EXECUTIVES MEETING:** A partnership executives meeting considers key decisions prior to each meeting of the partnership board.
5. **HEALTH SERVICE STEERING GROUP:** A Health Service Steering Group ensures that the JCT is successfully delivering the Health agenda by periodically bringing together PCTs, SHA and the Head of Joint Commissioning.

D. Our staffing structure



All staff are managed through the core JCT team line management structure with the exception of finance and contracts staff who are line managed through their respective ACS central teams.

E. Recruiting and developing staff.

1. **Staff Recruitment and Induction**
 - a) Staff are recruited according to Adult Care Services recruitment policy but also with full access to NHS recruitment channels.
 - b) New staff have a comprehensive programme of induction to build their knowledge of local Health Services and County Council Services and the services of relevant stakeholders.
2. **Staff Performance Management and Development**
 - a) All members of the team work to a performance agreement and personal development plan, and receive an annual performance appraisal in line with the Adult Care Services Performance Management and Development scheme.
 - b) Team managers support their staff in their development of the required skills and support their career development in relation to Joint Commissioning.
 - c) Staff Knowledge and skills are developed and maintained through access to formal and informal training opportunities and through conferences and other activities.

IV. OUR STANDARDS: MONITORING, REVIEWING AND DEVELOPING OUR COMMISSIONING SERVICE

A. The operational standards that we aim to achieve.

1. Making Partnerships Work
 - a) We pay equal attention to the requirements of each member of the Joint Commissioning Partnership so as to provide equitable services throughout Hertfordshire.
 - b) We provide accurate quarterly performance reports to our partnership board so as to enable them to oversee the key strategic objectives.
 - c) When developing and monitoring services we take account of the views of a representative cross section of service users and carers at all stages of the process, and we pay particular attention to their diverse cultural and other needs.
 - d) We nurture wider partnerships with the appropriate voluntary, commercial and statutory organisations so as to effectively address shared agendas.
 - e) We participate in local, regional and other formal and informal networks so as to share learning and to contribute to the improvement of services nationally.
2. Informing and Communicating
 - a) We routinely publish comprehensive information as widely as possible in Hertfordshire about the areas of our activity.
 - b) We provide information in formats and in language that the intended audience will understand and we will adopt the communication method most appropriate to the audience and the message.
 - c) We store and provide information in accordance with the Data Protection Act, Freedom of Information Act and with County Council policy.
 - d) The information we store is relevant and stored in a secure, efficient and easily accessible way.
 - e) We ensure that providers continually improve the range and quality of information that they collect and report
3. Developing Strategies and Services.
 - a) We develop strategies and we prioritise work plans methodically in Hertfordshire according to local needs and in line with national and local policy. In so doing we make best use of the available resources and work within a risk management structure.
 - b) When developing or modifying strategy or policy we conduct impact assessments according to ACS standards and in agreement with health partners.
 - c) We ensure with our providers that frontline staff and service users and carers are fully involved in the development of strategies and services so that commissioning decisions are both locally sensitive and meet the needs of Hertfordshire as a whole.
 - d) When overseeing service developments, we apply rigorous project management structures and methodologies so as to drive delivery within established timescales and funding levels.
4. Financial Planning and Managing Joint Commissioning Budgets
 - a) We provide accurate quarterly revenue monitor reports to the partnership board showing anticipated outturns for the year. Our annual memorandum accounts are audited according to partners' standards as appropriate.
 - b) We work closely with partners to keep them informed of any anticipated financial risks or other implications for both current and future years.
 - c) We provide partners with a range of possible options and impacts associated with potential budget plans.
 - d) We pool health and social care budgets where appropriate and structure shared risks and benefits accordingly.
 - e) We aim at present to distinguish between the health care and social care elements of service demand and supply. In the medium term we aspire to move to ever closer pooling of budgets

5. Establishing and Managing Contracts.
 - a) We ensure that contractual best practice is followed in line with County Council and also apply Health Service procurement policies as appropriate.
 - b) We develop a sustainable, coordinated and varied economy of service providers across the statutory and non-statutory sectors.
 - c) We recognise in particular the unique role that the Voluntary Sector will play in the development of services and we adhere to the principles of the HCC Compact.
 - d) We recognise the advantage of developing arrangements that provide value to both our businesses and to those of our providers.
 - e) We consider the contracting strategies of associated organisations and where appropriate, enter into local or regional contracting consortia.
 - f) We apply risk management methodology to our contracting activities
 - g) We identify clear objectives for the organisations with whom we contract so that they will deliver the required outcomes for service users and carers.
 - h) We performance monitor contracted organisations for the delivery of national and local objectives and outcomes, and we manage our contracts accordingly.

B. Learning from experience and quality improvement

1. The joint commissioning team apply the “Service Improvement Process” policy of Adult Care Services.
2. We will routinely audit our activities against the JCT operational standards (see IV.A) and invite partners to participate in this. We also contribute to the audit and inspection processes of the partnership organisations and of our providers.
3. We ensure that our provider organisations have robust processes for Comments, Complaints, Compliments and other feedback (from providers and others) and then also monitor this information ourselves.
4. We promote the use of Partners’ and Providers Complaints Procedures so that complaints and comments can be dealt with about both services we commission and the way that we commission.
5. We provide appropriate opportunities for direct feedback to JCT from service users and carers.
6. Learning from audit and from other feedback is channelled into the team’s annual review processes (see IV.C) which provide the focus for learning and improvement.

C. Annual review processes

1. The team’s annual review processes are designed according to the principles of the ACS service improvement process and seek feedback from Joint Commissioning Partners, Providers, and from the wider stakeholder community.
2. The annual review processes summarise how well we have been doing and drive required team improvements for the future.
3. An annual Team Review meeting is held for the following purposes:
 - a) To recognise the achievements of the last year
 - b) To measure performance against objectives
 - c) To plan for the coming year
 - d) To inform the ACS Performance and Commissioning Unit annual service review.