

JOINT COMMISSIONING  
DEVELOPING A COLLABORATIVE CULTURE  
AS A PRE-CONDITION FOR CHANGE

Briefing No 3

from the Joint Community Care Commissioning Project



**KING'S FUND  
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by

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## JOINT COMMISSIONING: DEVELOPING A COLLABORATIVE CULTURE AS A PRE-CONDITION FOR CHANGE

### INTRODUCTION

The first two Briefings looked at the major issues involved in joint commissioning services for older people and examined progress at each of the five Development Sites which comprise the King's Fund Joint Commissioning Project. The sites are:

Easington  
Hillingdon  
Oxfordshire  
Victoria (Westminster)  
Wiltshire

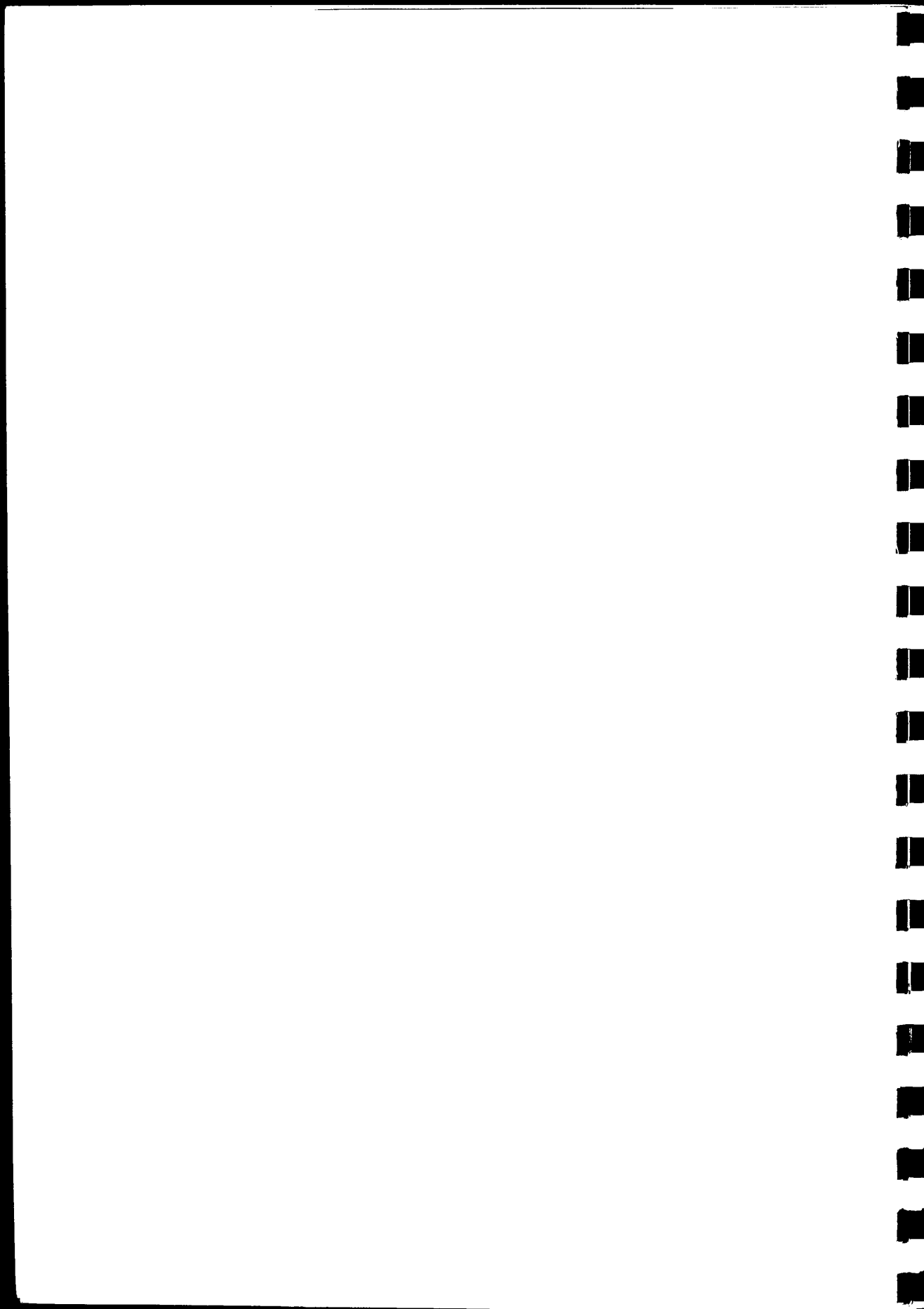
This third Briefing concentrates upon the achievement of change, particularly making a positive impact on older people's lives through collaborative commissioning.

A major theme which will be developed is the significance of a collaborative culture as a pre-condition for securing change in services across the health and social care boundary. This emphasis on collaboration leads to a preference for 'collaborative commissioning' as a term which more accurately encompasses the range of activities involved.

Collaborative commissioning provides opportunities for a fresh look at needs and ways of meeting those needs most effectively and efficiently. It releases commissioners from the constraints of current provision and means of providing. A Department of Health Project Group has been working on some practical guidance for health and local authorities, which is now scheduled for publication in February 1995.

Meanwhile effort is being made up and down the country to develop the effectiveness of collaborative activity. Much of this effort is going into commissioners (including purchasers) learning to work together -at strategic and local levels. But the real goals are services which are better aligned to the needs of older people and which can address both health and social care concerns, and which in turn lead to an improved quality of life for older people.

In terms of expenditure and breadth of needs addressed, services for older people represent the greatest opportunity for collaborative commissioning. Promoting better lives for older people is at the core of the Community Care Reforms.



## ESTABLISHING A COLLABORATIVE CULTURE

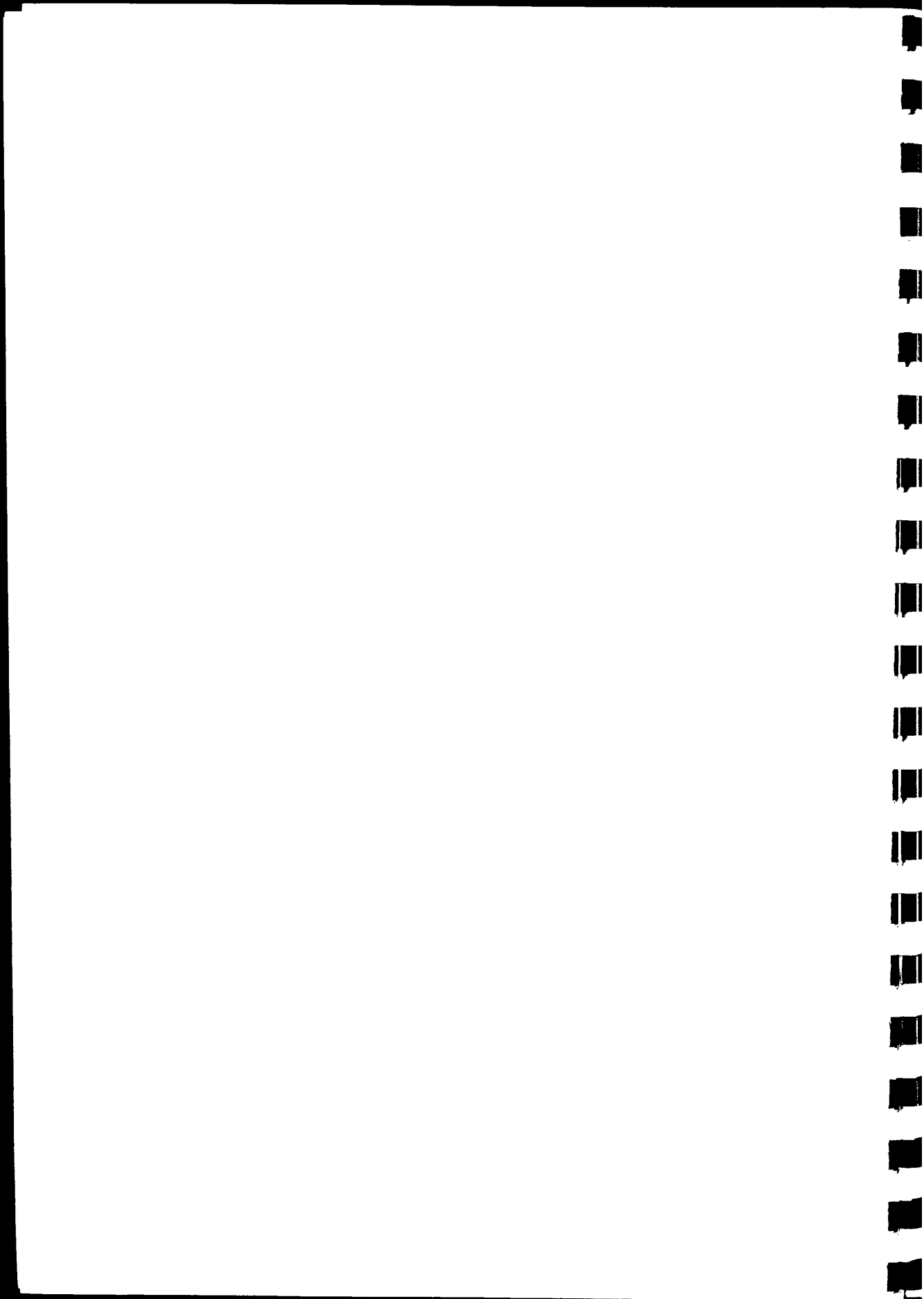
This section looks briefly at some of the key issues receiving attention at the Development Sites as they work to ensure that their investment in collaborative commissioning secures some reward in terms of service change. The issues concern both the addressing of needs and learning to work together.

Each Development Site has its own distinctive style of collaborative commissioning: in each case a particular approach is being developed and its effectiveness in meeting needs is being examined. There are similarities and there are differences, for example in the extent to which the approach is strategically or locally led. These approaches are basically about how to impact upon the participating agencies' budgets, whether directly or indirectly. The ability to affect main programme expenditure is at the heart of collaborative commissioning. As has been emphasised before, there is no single blueprint for how to undertake collaborative commissioning. What is important is that all the local players understand what is happening, and why, and that there is clarity of role and responsibility.

The experience of the Development Sites is that successful collaborative commissioning greatly benefits from having a number of 'spin-off' activities taking place at the same time as the needs assessment and forward planning work referred to above.

In Oxfordshire this distinction has been referred to as 'pure' and 'applied' collaborative commissioning. The 'pure' element is centred around the county-wide collaborative planning mechanism which is now well underway. Working across health and social care boundaries on needs assessment and response has led to a greater mutual understanding of what is being spent on older people's services and what that provision actually involves. It will also achieve its specific objective of three Divisional Plans (covering the county) for older people's health and social care services. The 'applied' part of the work concerns a growing number of 'spin-off' activities which are taking place with strong support from the collaborative commissioners' and which are seen to have clear linkages. Two examples of such work are a pilot scheme with health and social care budgets devolved to GP/Social Care Team Manager level and a detailed protocol on responsibilities for the continuing care of older people.

By embracing a number of activities, what is happening is that a collaborative culture is developed which in turn then fuels further action. In this way it is more likely that the critical mass essential for organisational change is achieved. As people learn how to work together on a small number of matters, it becomes clearer that the collaborative approach can be applied to all manner of issues. In Easington, the strength of the collaborative partnership at





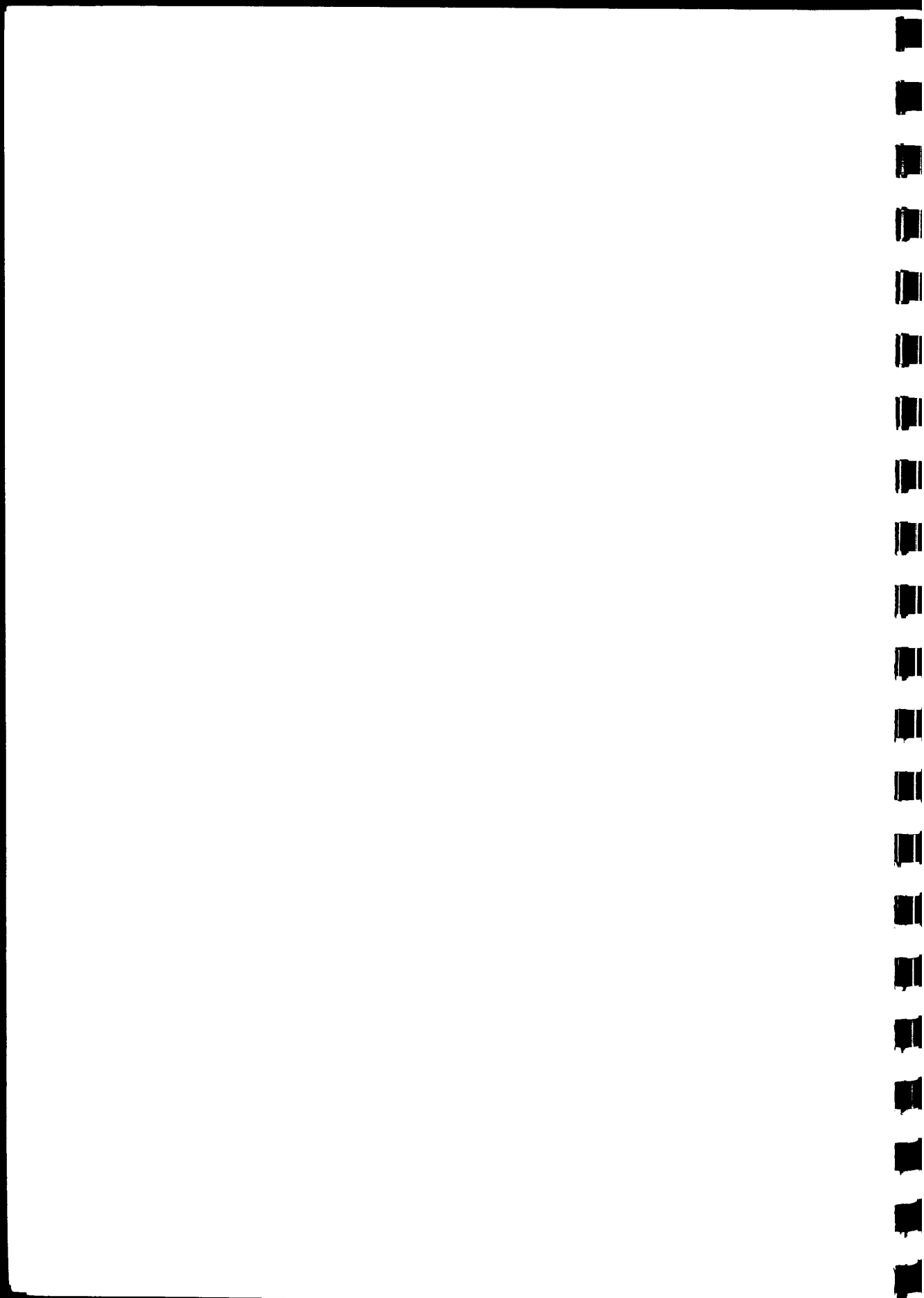
District level has facilitated the growth of a number of District-wide collaborative commissioning activities. These include reviewing services for elderly mentally infirm people, consideration of a home bathing service, and the development of a pilot one-stop resource centre for older people. To some extent this has meant a departure from the village-focus previously envisaged, although this remains an important ingredient. Knowing what works well locally and playing to local strengths is an important message running through the whole of this work.

In Hillingdon, an emphasis on a culture of collaboration is considered more important than the structural focus of previous years. Having an understanding of what collaboration involves and what it can achieve is more effective than the simple establishment of a string of working groups which are left to meander onwards. In Hillingdon collaborative commissioning is now clearly a senior management priority (including Housing's) with the locality focus of the Project's pilot activities being joined by other Borough-wide priority issues as subjects for a collaborative commissioning approach. As elsewhere, a key next step is to ensure that collaboration impacts upon the way significant decisions are taken.

In Wiltshire, the collaborative culture is developing at both local and strategic levels. Locality needs assessment exercises have contributed significantly to shared local awareness, and have built upon the practical collaborative achievements of Social Services Linkworkers attached to GP Practices. At strategic level holding joint reviews on progress made, as well as working together on a range of initiatives, is cementing good relationships. In Victoria, a good deal of effort has resulted in local practitioners now being much more aware of and committed to the collaborative approach to which their respective agencies were already signed up.

Being able to work with (and through) some dissonance in the system is an important part of developing and sustaining a collaborative culture. This is evident in a variety of examples, including:

- differing commissioning skills and capabilities across and within agencies;
- problems of 'keeping in step' across organisations at different levels;
- different approaches by health and local authorities to purchasing and contracting;
- continuing gaps in understanding between GPs and Social Workers



(including of each other's responsibilities);

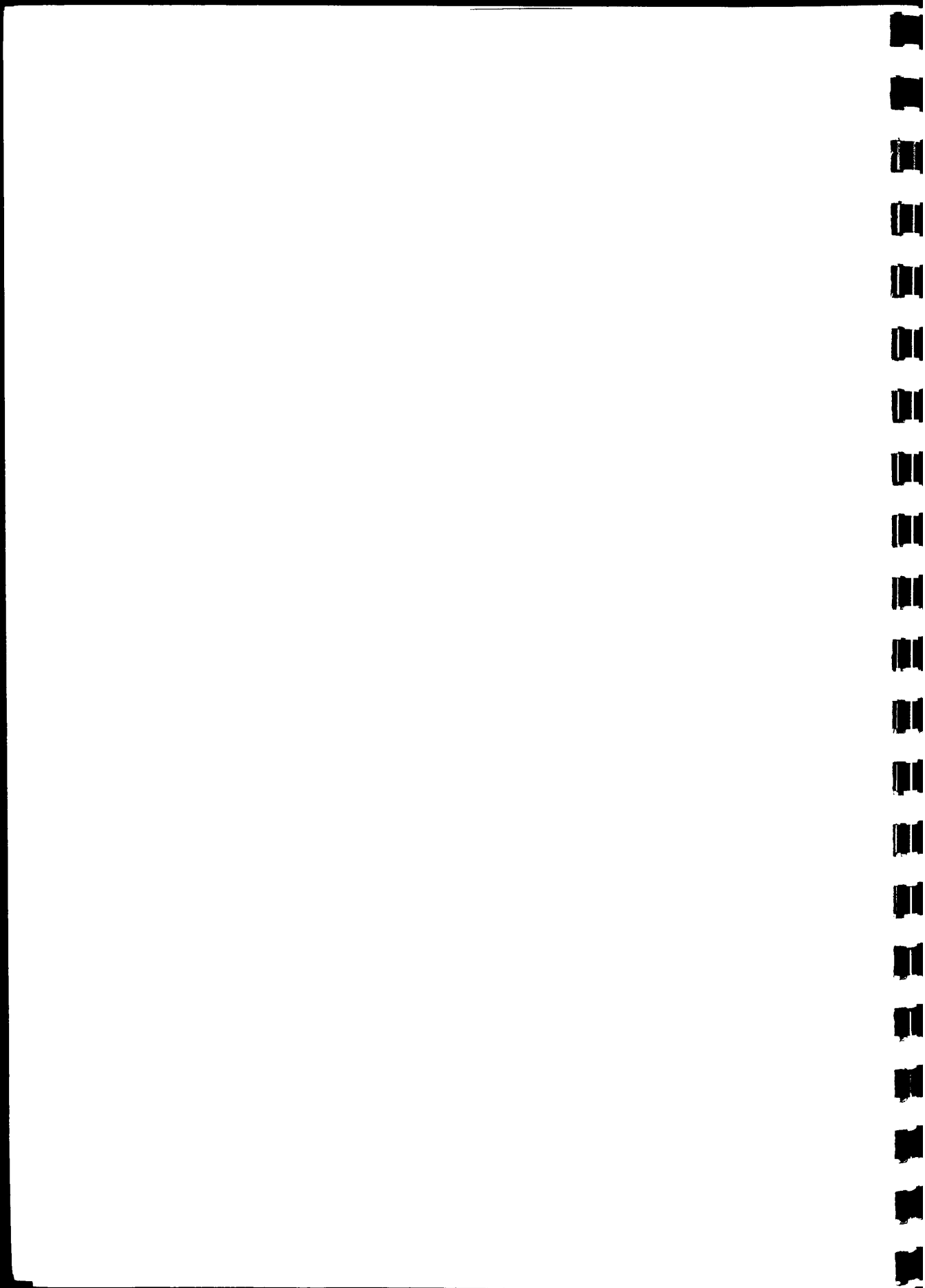
- problems in ensuring the most effective linkages between commissioners at strategic and local levels.

Previous Briefings have emphasised the importance of good relationships vertically within individual organisations as well as across different ones. Being clear about which decisions have been devolved and which ones have not is an important pre-requisite for understanding respective roles and responsibilities. For the collaborative commissioning of older people's services some sort of local or locality focus is desirable, given the sheer size and range of issues involved. It is also, of course, an important means of securing older people's involvement in taking decisions. The key message so far from the Development Sites on this aspect is that a decent balance has to be struck regarding impetus at the various levels in the health and social care systems. Achievements to date in working together have to be taken into account - awareness of strengths and weaknesses is a considerable advantage. The point in the system to which decisions are devolved must be capable of generating and maintaining an important degree of momentum in terms of assessing needs and determining responses.

#### LEARNING THE LESSONS: GETTING RESULTS

This section examines how the achievements of a collaborative culture can be a springboard for obtaining service change and improved quality of life for older people. It emphasises that there is not a single correct way of going about this but rather that it is important to create and take advantage of opportunities of working across health and social care boundaries. The trick is to be able to do this at various different positions in the system so that a momentum for change is created. The analysis is based upon a conviction that the Development Sites are to varying degrees on the right road(s) to achieving their aims, rather than having conclusive evidence of substantive service change.

Essentially those involved in collaborative commissioning need to have a vision of what is required and a clarity about how to achieve it. They have to be knowledgeable about what constitutes quality of life for older people and about the respective roles and responsibilities of a wide range of participants (in the health and social care systems) who are charged with achieving this. They have to be able to relate to all of these players - users, carers, policy makers, practitioners etc. They have to combine visionary and pragmatic approaches. They have to be expert in analysing decision-making systems and building up new ones which produce effective responses to individual needs.



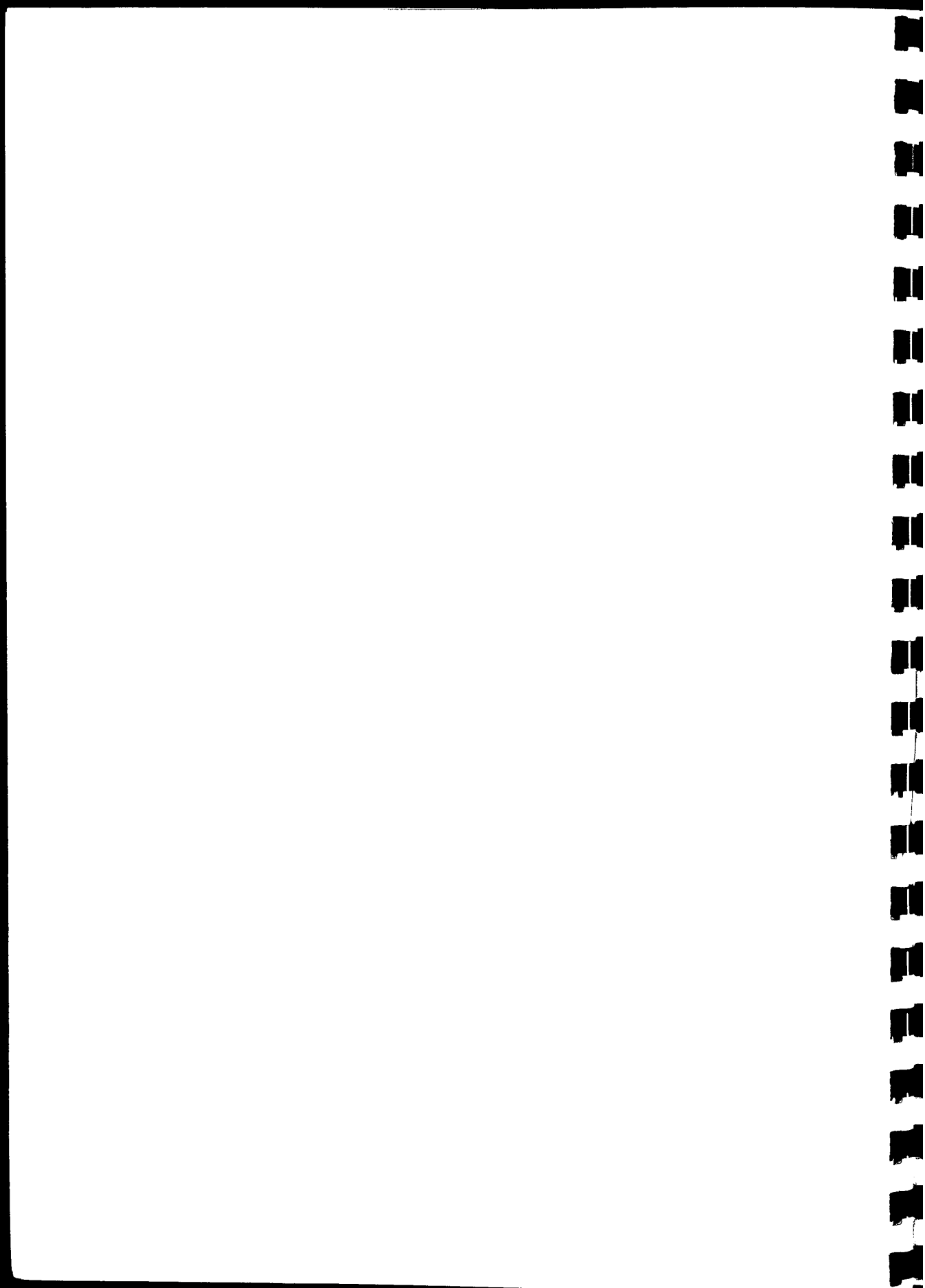
This is often complex work demanding very real skills. Not least is that of keeping an eye on the substantive objective and refusing to be knocked off course by the turbulence in the system.

Arguing for a redesign of health and social care boundaries is an important issue which requires serious consideration. But it should not get in the way of making efforts locally. Challenges are, of course, opportunities under another name.

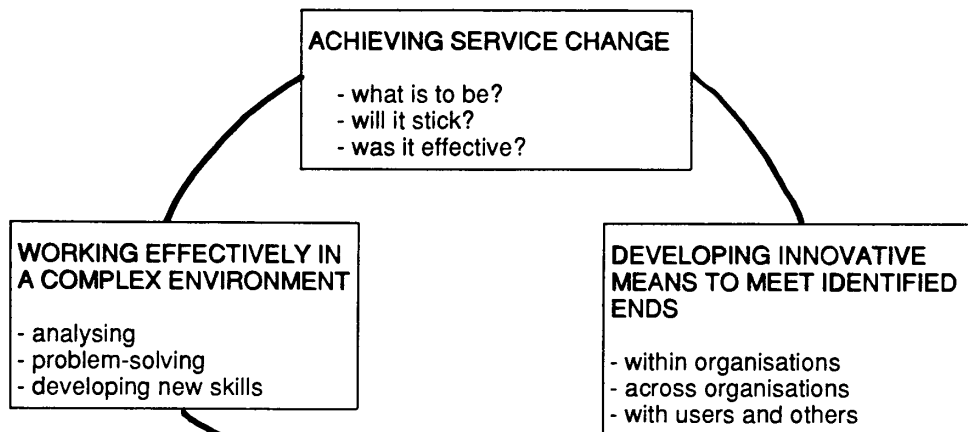
By working with the five Development Sites it has been possible to identify some key general areas where progress is required to achieve some change - i.e. some key ingredients of successful collaborative commissioning:

1. Awareness of the wider context: what are the current pressures on organisations and localities, what opportunities and obstacles do these present to collaborative commissioning? Who are the key individuals with which to work, where is progress most likely to be made? Collaborative commissioning demands a keen awareness of the local terrain so that effective route maps can be devised.
2. Support from the top of agencies: is essential but can be provided by different means. Personal involvement by chief officers is often useful but awareness and support can be as effective. Much will depend upon personal strengths and style. This support may well benefit from reinforcement as the work progresses.
3. Having effective 'models of means': how exactly do commissioners, providers and others come together to achieve results? What is it that needs to be put in place (or dusted off the shelf) which enables collaborative commissioning to achieve results? This is the nitty-gritty process aspect which currently occupies much of the Development Sites' time, there is elaboration below.
4. Effective involvement of older people in decisions about their lives: this ingredient is key to the notion that the adoption of a collaborative culture releases commissioners and others from preconceived notions about what older people need or want. To achieve this an alliance between commissioners and older people themselves needs to be worked out according to local circumstances.

Progress on these general areas needs to be grounded in appropriate values and vision, both of meeting older people's needs and wishes and of working effectively together.



Basically the King's Fund's Development Sites are focusing upon:

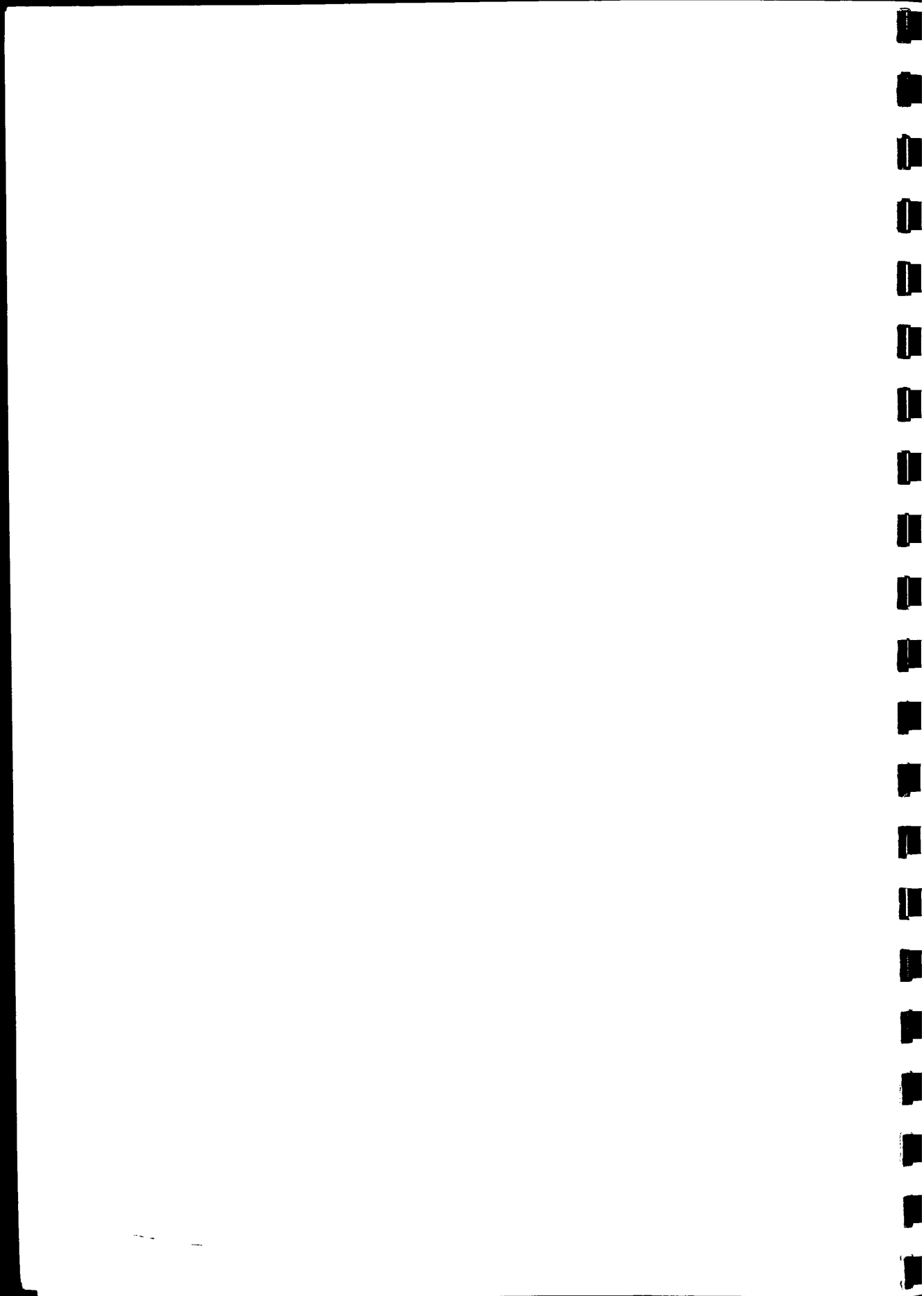


It is clear that successful collaborative commissioning is both complex and time-consuming. A certain amount of ground-preparation is essential but equally achieving some early successes is important. The focus has to be upon mainstream expenditure (perhaps through initial use of more marginal monies) otherwise it is doubtful whether the time and effort involved is worthwhile. The route to unlocking and reshaping main programmes of long standing may well be via a series of project-based activities which can be learnt from and built upon.

The general objectives of collaborative commissioning at the Development Sites covers a range of matters, all of which lead to better outcomes for older people:

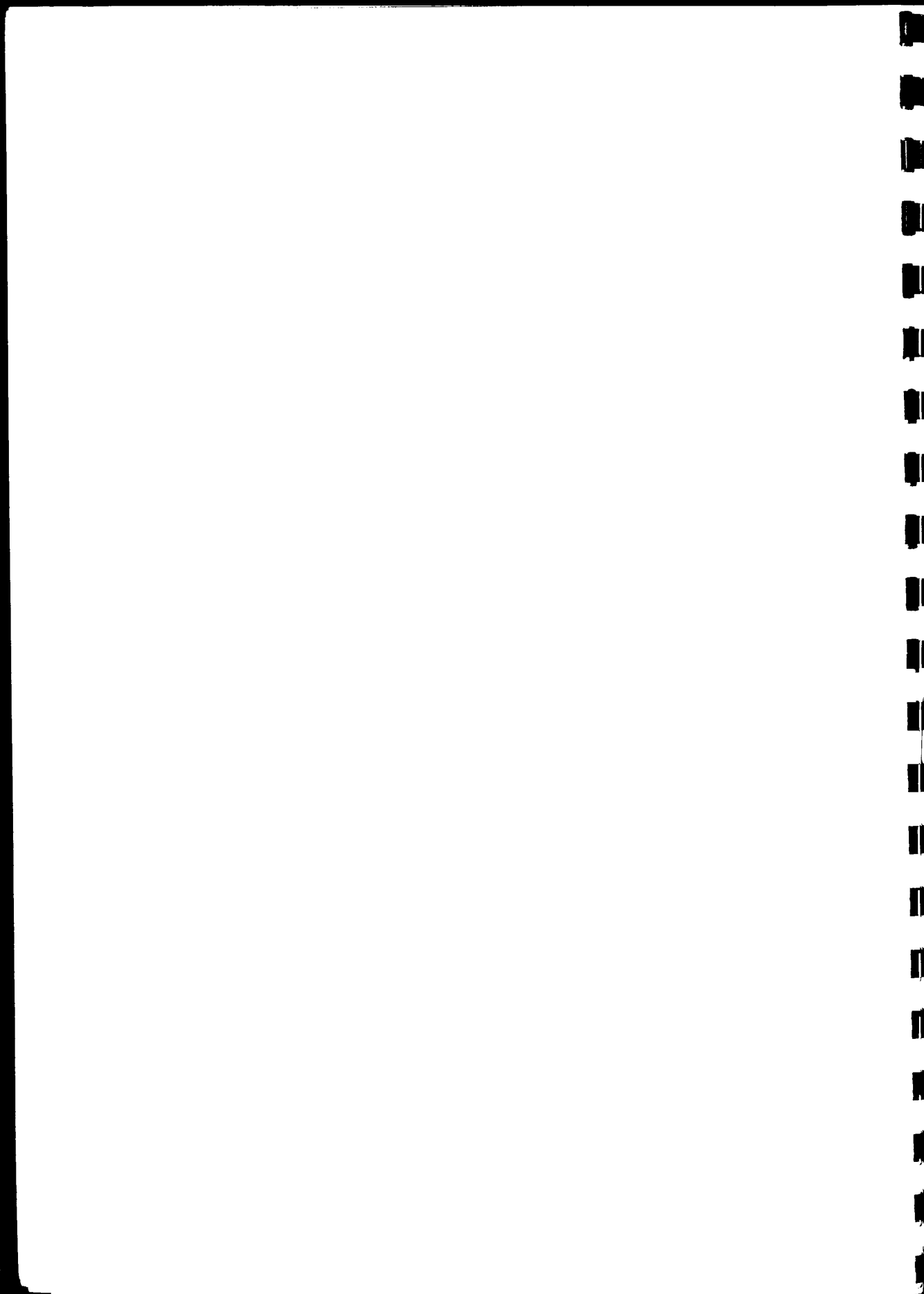
- improved awareness of needs
- designing more effective responses
- improved cost effectiveness
- achieving integrated service delivery systems and packages of care
- redesigning the local health and social care system so that it is better understood by (and therefore more accessible to) older people and their carers.

The chart overleaf brings together the progress being made on Processes, Insights and Practical Proposals, building upon the key ingredients outlined above. This analysis is based upon the real-life activities of the Development Sites.





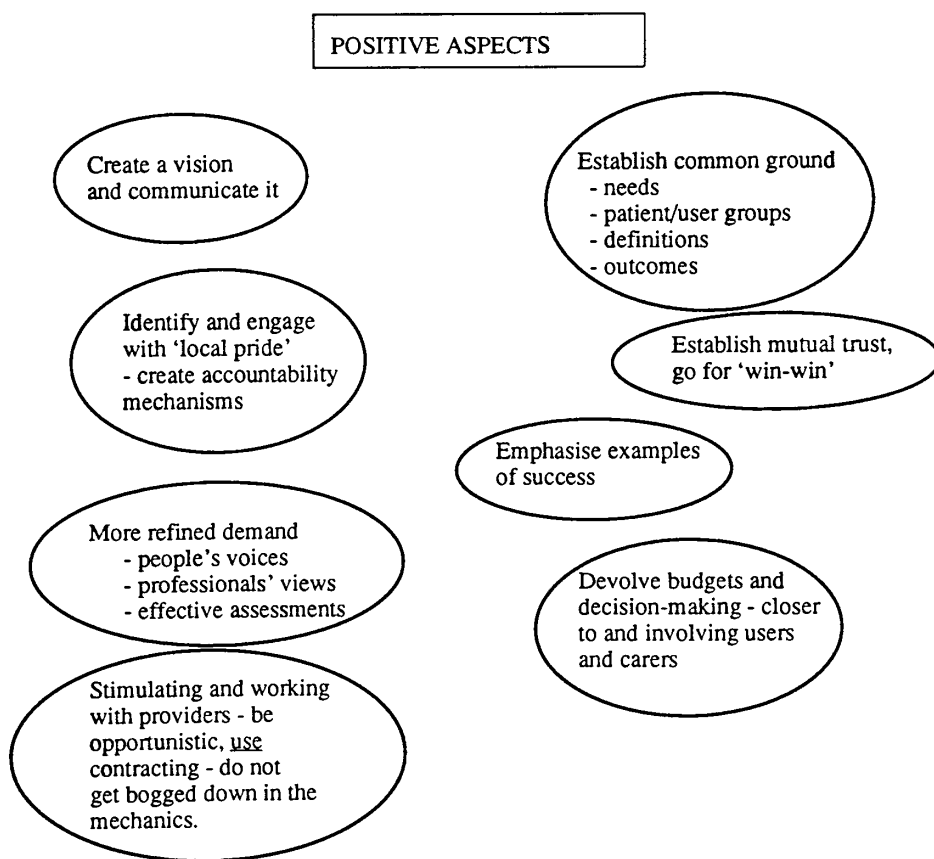
| <b>PROCESSES:</b> to underpin successful collaborative commissioning   | <b>INSIGHTS:</b> into successful collaborative commissioning   | <b>PRACTICAL PROPOSALS:</b> moving forward on collaborative commissioning  |
|--|--|--|
| <ul style="list-style-type: none"> <li>● <u>leadership from the top</u>: personal close involvement is not essential but can help - the minimum should be 'permission to play' to senior managers and others with interventions as necessary based upon keeping in touch</li> <li>● <u>collaborative commissioning cycle</u> is important from strategic planning, through operational planning and purchasing, to monitoring and review and then to start again</li> <li>● <u>partnership across agencies</u> requires a dynamism and determination based upon an agenda for change which is itself worked out together and increasingly reflected in written agreements (whether the effort is primarily a strategic or a local one)</li> <li>● <u>mainstream budgets</u> should be the 'stakes' for which commissioning is playing otherwise change is likely to be marginal and not worth the investment period</li> <li>● <u>both strategic and local (or locality) components</u> are important but determining respective roles and decision-making parameters requires specific attention</li> <li>● <u>managerial and development support</u> will be necessary: collaborative commissioning requires skilful development and management - whoever has responsibility for this work will themselves require informed support and guidance</li> <li>● <u>regular reviews</u> to ensure service shift objectives are still on target will be required: the process aspects of collaboration are complex and (to some degree) fascinating but should be seen as only a means to an end.</li> </ul> | <ul style="list-style-type: none"> <li>● <u>strength of personal/professional relationships</u> across agencies as the basis and dynamism for achieving change, based upon mutual trust and understanding</li> <li>● <u>playing to and building upon local strengths</u> to ensure some early successes on the route to major changes, which will be dependent upon commissioners having a keen awareness of their local environment and the opportunities for moving forward</li> <li>● <u>working with agency 'cultural' differences</u> and being clear about the 'common ground' as well as what should not be addressed</li> <li>● <u>developing a shared understanding</u> based upon common common principles, values, objectives, etc.</li> <li>● <u>practical outcomes</u> need to be to the fore throughout</li> <li>● <u>'think big, act small'</u> is a useful guide - getting the right balance between idealism and pragmatism in a way which makes sense to all those involved</li> <li>● <u>early successes</u> are important to gain credibility for work which will be viewed with suspicion by some and in order to develop a momentum for change which can grow as progress is made</li> <li>● <u>sharing problems</u> can cement the collaborative relationship and lead to all sorts of 'spin-offs' from the original collaborative focus and help develop a a general culture of collaboration</li> </ul> | <ul style="list-style-type: none"> <li>● <u>invest in front-line linkages</u>, especially with GP fund-holders and other GPs</li> <li>● <u>strengthen the user voice</u> through development support, advocacy support, education, information and local forums</li> <li>● <u>ensure cross-agency understanding</u> through common training and staff development sessions</li> <li>● identify a <u>development resource</u>: person hours and a budget if possible</li> <li>● develop <u>shared information systems</u> - be realistic and start start small</li> <li>● <u>engage with other local 'champions'</u> and innovators</li> <li>● <u>develop systems of devolution</u> through agencies (decisions and budgets) which co-relate across agencies</li> </ul> |

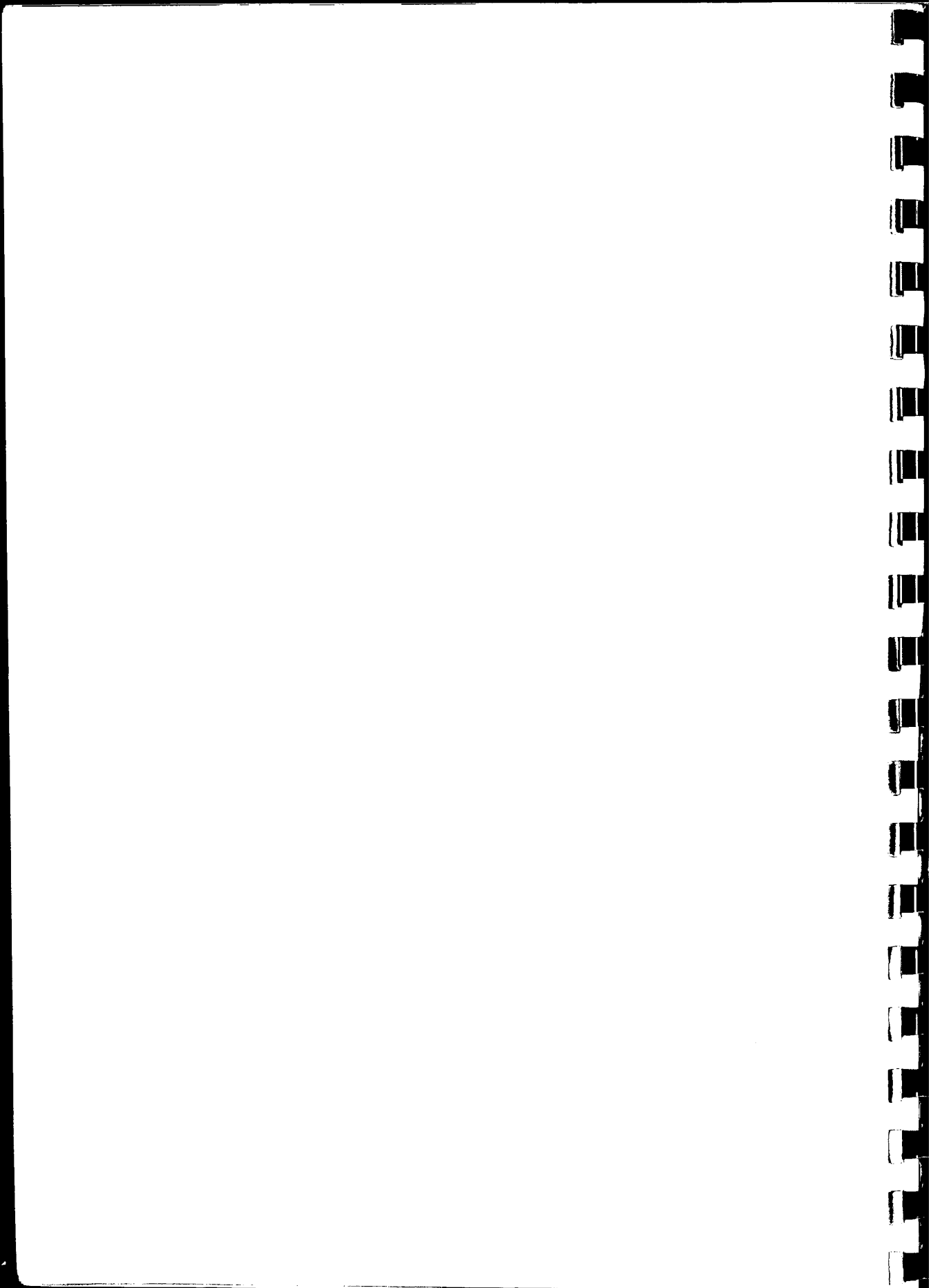


The key remaining issue is that of the mechanics and details of achieving service change. It is likely that the sorts of change being sought by the Development Sites are likely to be similar to those being tackled elsewhere, including:

- respite care services
- needs of minority ethnic older people
- day services
- 'preventive' services
- 'one-stop shops' for information and initial assessment

How to achieve these improvements and whatever others are identified locally is a mix of emphasising the positive aspects and overcoming the hurdles. The most crucial examples of each are identified below:

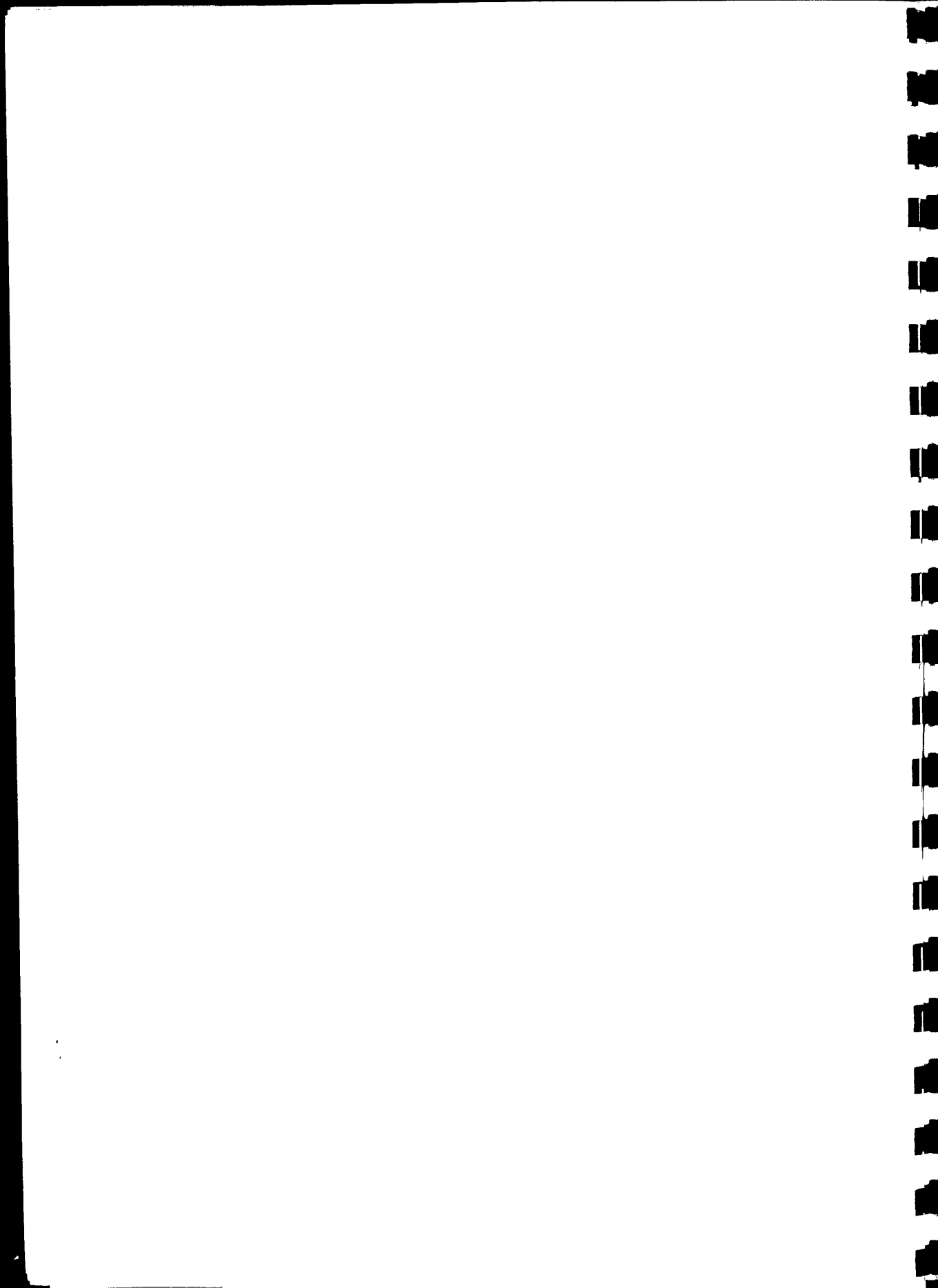




**BARRIERS TO BE OVERCOME**

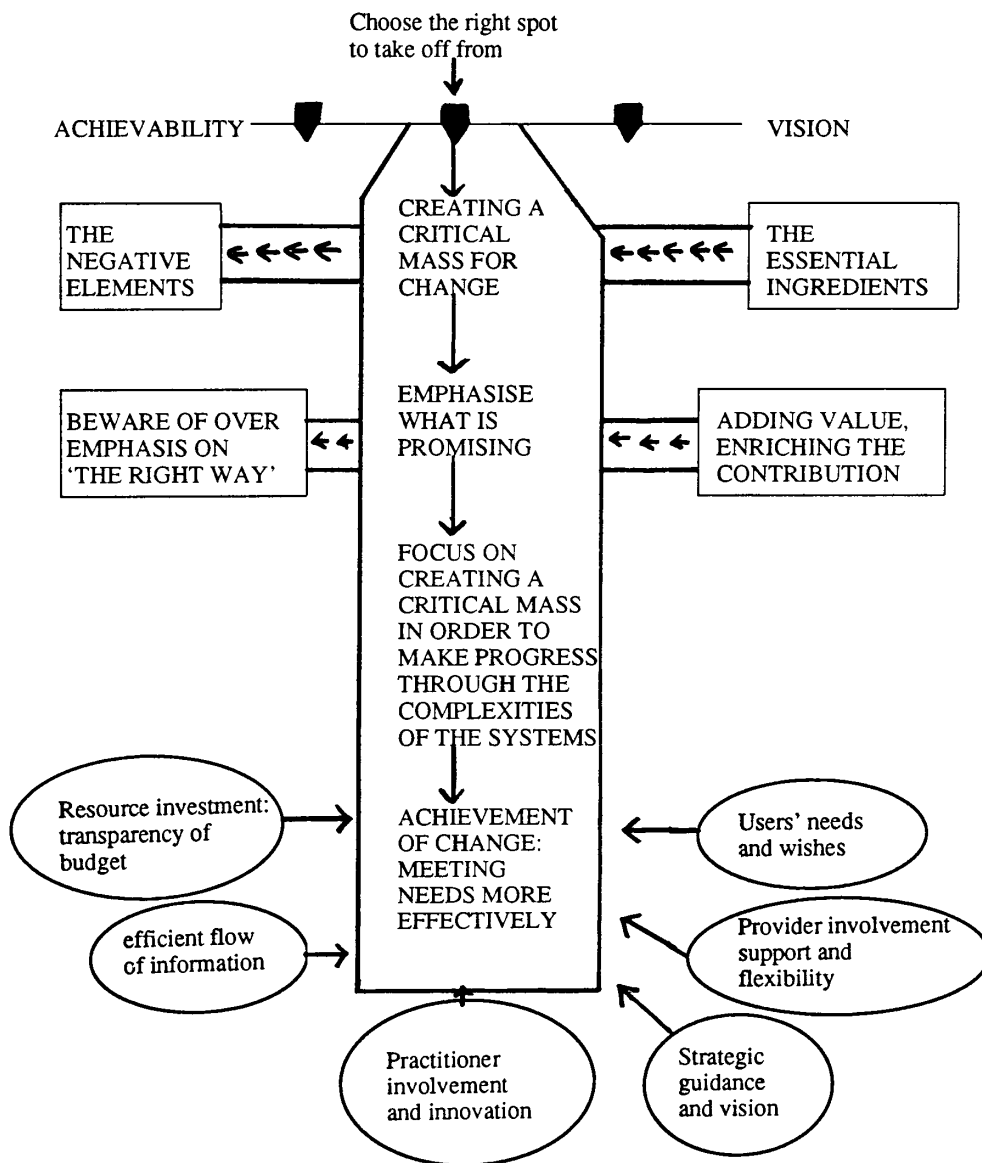


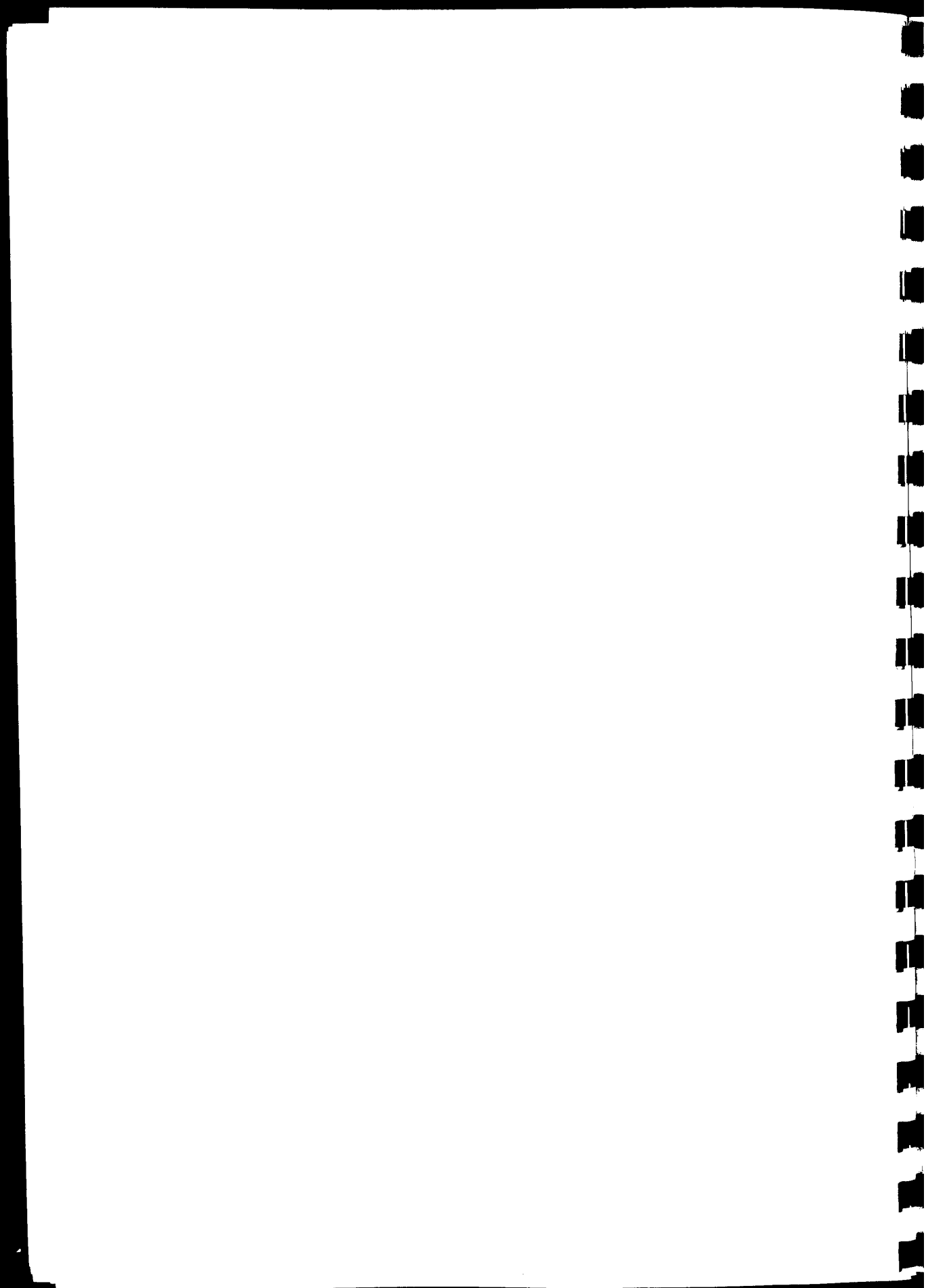
Is it possible then at this stage to discern any model to this work? Identifying the major levers may be a better description of what is essentially a messy business.



This diagram pulls together those major levers for change. There has to be a vision for change and an awareness of what can be done, with some sort of compromise being made according to local circumstances.

The 'critical mass' refers to having sufficient activities taking place working toward agreed aims (see 'Processes, Insights and Practical Proposals'). The emphasis should be on what is promising (offering prospects of improvement) rather than on any 'model'; a clarity about what is the added value is essential. As the momentum develops, achievement of change gets closer: some essential components of putting this into place are identified.





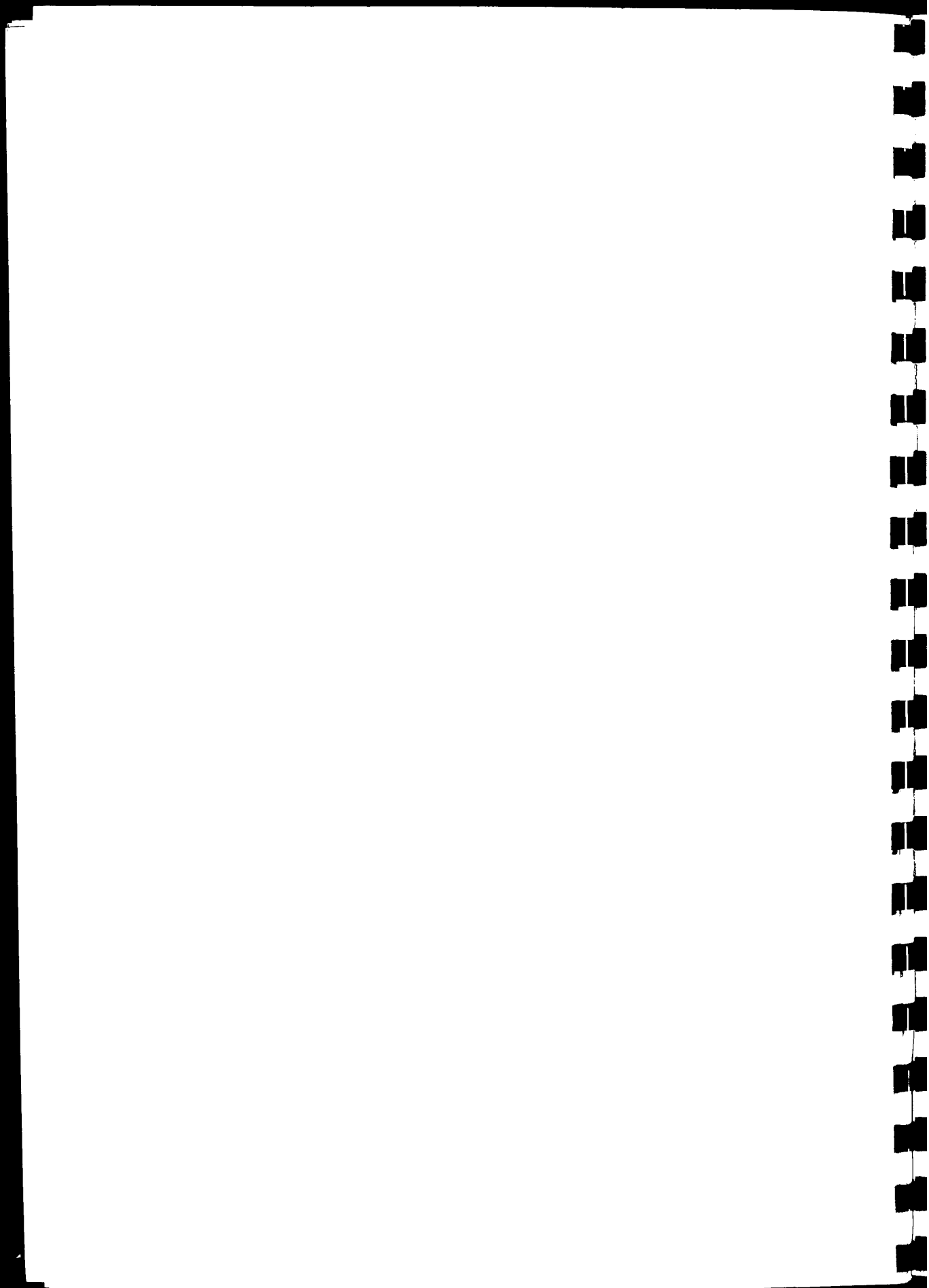


## CONCLUSIONS

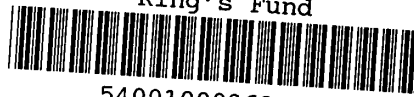
This Briefing has analysed how the Development Sites are moving toward the achievement of change, initially small-scale and generally local but with an eye on wider and more fundamental programmes. Important steps lie ahead, in particular ensuring that the separate and joint decision-making processes of the statutory organisations are sufficiently sensitive to the various collaborative commissioning activities. As with other aspects of the work this will have to be engineered - it will not happen of its own accord.

Local circumstances will properly determine where collaborative commissioning makes its initial impacts - there is clear potential right along the spectrum from (so-called) preventative care to meeting the needs of very dependent and frail older people. Expanding the notion of joint commissioning to that of the collaborative culture enables other policy and practice issues to be addressed afresh, e.g. continuing care arrangements. There are no guarantees but there is some reason to be cautiously optimistic of making real progress. The Development Sites' experience is that substantive change does not come easily. Building up a collaborative culture can be a painstaking process. When it does begin to take hold it can result in a variety of opportunities for joint working, all of which require time and effort if they are to come to fruition. It is essential to be clear about the principal objectives of collaborative commissioning and to retain these in sharp focus.

The next Briefing will look again in more detail at the work taking place at the Development Sites, particularly at their achievement of service improvement - what has helped and what has hindered.



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