DEVELOPING THE PRACTICE OF COLLABORATIVE COMMISSIONING

King's Fund Workshop
4/5 October 1994

BACKGROUND MATERIAL

1. Joint Commissioning: Overheads used
2. Joint Commissioning Bibliography
3. Joint Commissioning in Oxfordshire: Overheads used
4. Wiltshire Linkworker Scheme: Job description and information
5. Listening to Older People: Overhead used

JOINT COMMISSIONING

WHY BOTHER?

* GREY AREAS OF THE HEALTH AND SOCIAL CARE BOUNDARY
* FOCUS ON NEEDS RATHER THAN ON ORGANISATIONS
* IMPROVING ACCESS TO SERVICES
* LISTENING TO USERS AND CARERS
* A MOMENTUM FOR CHANGE

Joint Commissioning can be seen to be a logical outcome of current requirements by Central Government for collaborative activity, eg

* hospital discharge
* continuing care
* community care planning
* assessment of individual's needs
* nursing home admissions

JOINT COMMISSIONING

HOW TO GO ABOUT IT?

BE CLEAR ABOUT OBJECTIVES AND PRIORITIES

IMPORTANCE OF GUIDANCE AND COMMITMENT FROM THE TOP

ESTABLISH SHARED VALUES AND PRINCIPLES

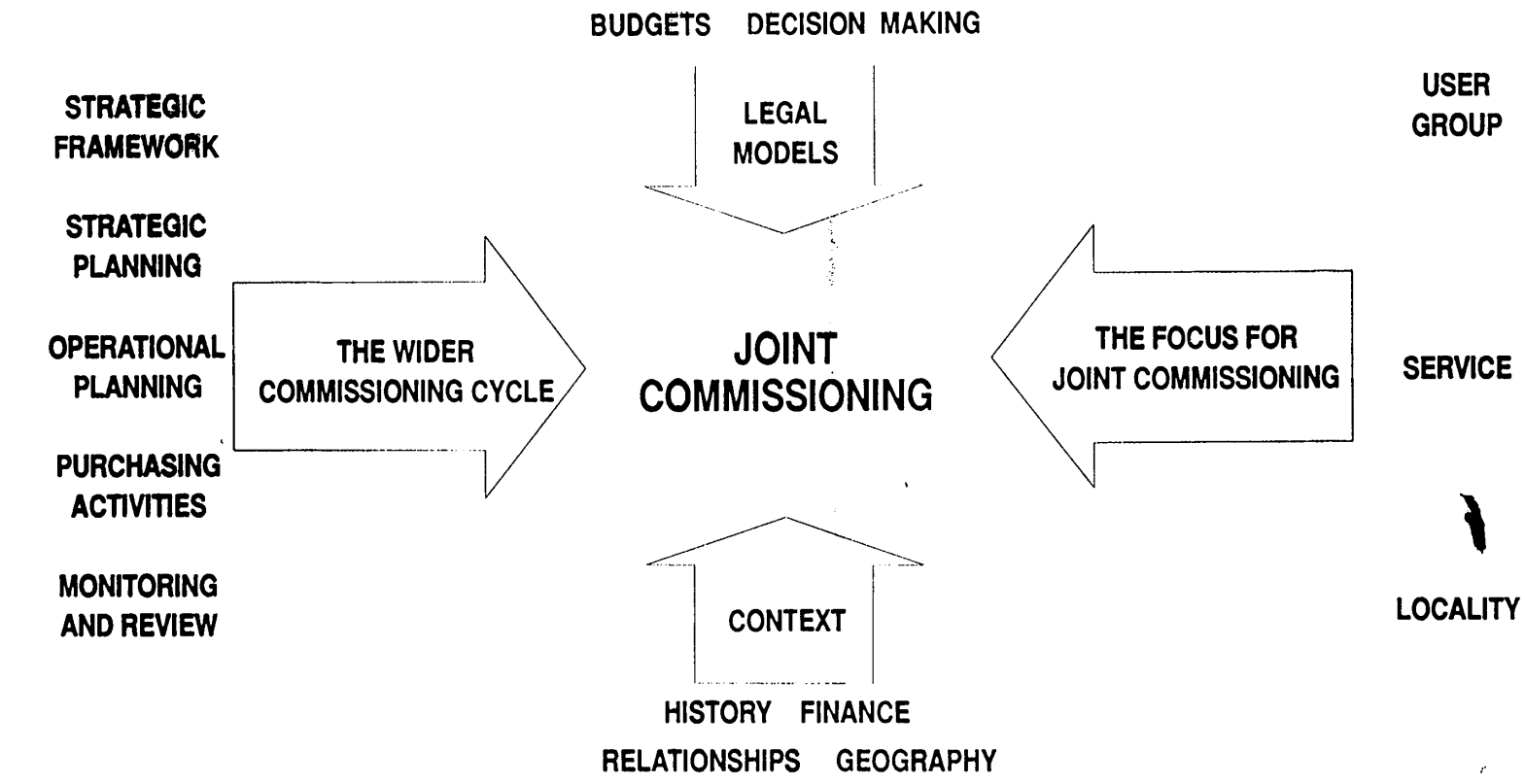
BE CLEAR ABOUT LOCAL STRENGTHS : THE IMPORTANCE OF GEOGRAPHY AND HISTORY

STRUCTURES NEED TO HELP - A MEANS TO AN END

IMPLICATIONS FOR POLICIES, PRACTICES AND BUDGETS

DEPARTMENT OF HEALTH
JOINT COMMISSIONING
PROJECT GROUP

MODELS AND APPROACHES:
FACTORS TO CONSIDER IN DEVELOPING APPROACHES TO JOINT COMMISSIONING



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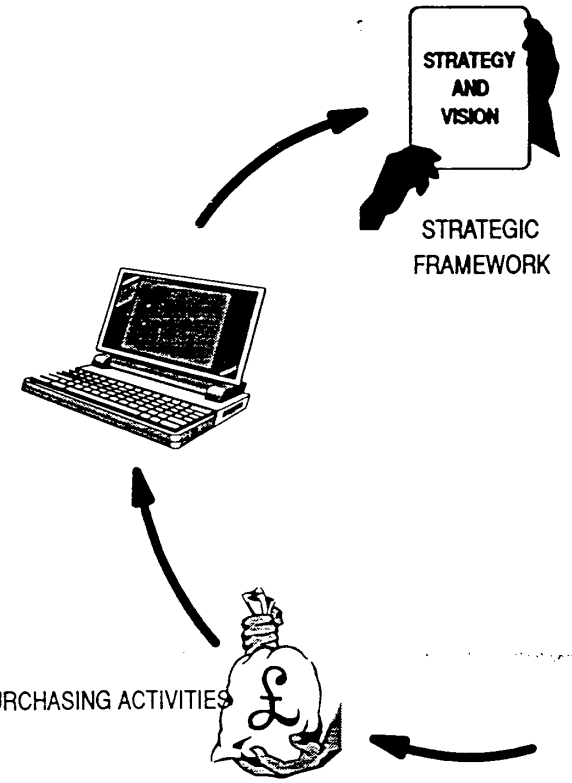
THE COMMISSION CYCLE : A FRAMEWORK FOR JOINT COMMISSIONING ACTIVITY



JOINT COMMISSIONING

SOME DEFINITIONS

A mechanism by which two or more agencies share responsibility for translating strategy into action. Purchasing is then undertaken within the context of joint strategies.

The overarching activity whereby jointly agreed objectives are translated into action on the basis of shared vision and values.

Joint commissioning occurs when health and social care agencies, operating in a defined area, work in a collaborative way in order to ensure more effective and more efficient use of their available resources.

JOINT COMMUNITY CARE COMMISSIONING
A SELECT BIBLIOGRAPHY

1. JOINT COMMISSIONING FOR COMMUNITY CARE
   Martin Knapp and Gerald Wistow 1992

2. JOINT COMMISSIONING FOR COMMUNITY CARE : "A SLICE THROUGH TIME"
   Department of Health 1993

3. JOINT COMMISSIONING
   Department of Health Letter (David Walden) 9 December 1993

4. COLLABORATIVE COMMISSIONING - ISSUES AND OBJECTIVES
   Chris Gostick (North West Thames Regional Health Authority) 1993

5. CARE MANAGEMENT AND ASSESSMENT : MANAGERS' GUIDE
   Department of Health 1991

6. PURCHASER/COMMISSIONER AND PROVIDER ROLES UNDER COMMUNITY CARE
   Department of Health 1991

7. PURCHASING FOR HEALTH : A FRAMEWORK FOR ACTION
   Department of Health 1993

8. "MANAGING THE CRACKS" : MANAGEMENT DEVELOPMENT FOR HEALTH CARE INTERFACES
   David J Hunter 1990

9. THE COMMISSIONING EXPERIENCE
   King's Fund College 1992

10. SEAMLESS SERVICE - A STITCH IN TIME
    Institute of Health Services Management 1992

11. COMMUNITY CARE : MANAGING THE CASCADE OF CHANGE
    Audit Commission 1992

12. REPORT ON JOINT COMMISSIONING FOR COMMUNITY CARE
    Alison Wertheimer and Rob Greig (National Development Team) 1993

13. ALL CHANGE, NO CHANGE? COMMUNITY CARE SIX MONTHS ON
    Nuffield Institute and King's Fund Centre 1993

14. PURCHASING DILEMMAS
    "Community Care" 28 Oct - 16/23 Dec 1993

15. JOINT COMMISSIONING : ISSUES FOR TRAINING AND DEVELOPMENT
    Developing Managers for Community Care Programme November 1993

16. POWER TO THE LOCALITIES : AN INTEGRATED APPROACH TO HEALTH AND SOCIAL CARE DELIVERY
    "Primary Care Management" November 1993

17. "LET'S WORK TOGETHER!" : LESSONS FOR COLLABORATION BETWEEN HEALTH AND SOCIAL SERVICES
    (Rothwell Community Care Project)
    Nuffield Institute for Health November 1993

18. JOINT COMMISSIONING : REPORT OF THE YORKSHIRE HEALTH COMMUNITY CARE COMMISSION
Nuffield Institute for Health February 1994

19. SEAMLESS CARE OR PATCHWORK QUILT : DISCHARGING PATIENTS FROM ACUTE HOSPITAL CARE
Linda Marks (King's Fund Institute) March 1994

20. LOCAL AUTHORITIES AND HEALTH AUTHORITIES : FUTURE ROLE OF LOCAL AUTHORITIES IN THE COMMISSIONING OF HEALTH SERVICES
Association of Metropolitan Authorities May 1994

21. SEEN BUT NOT HEARD : CO-ORDINATING COMMUNITY CHILD HEALTH AND SOCIAL SERVICES FOR CHILDREN IN NEED
Audit Commission 1994

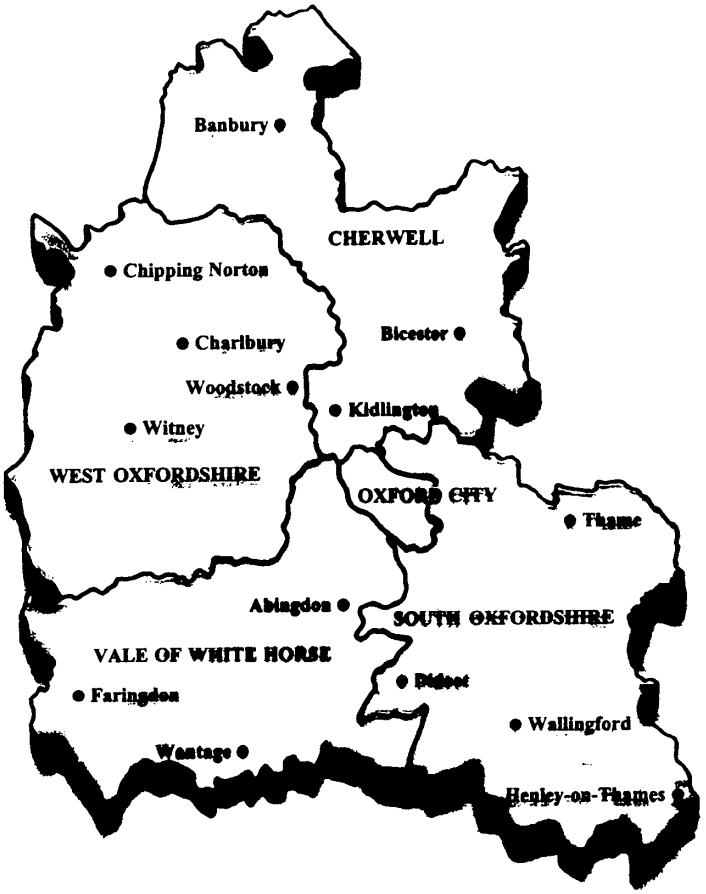
22. JOINT COMMISSIONING : THE STORY SO FAR
Briefing Paper No. 1 from the King's Fund Centre Project
Richard Poxton February 1994

23. JOINT COMMISSIONING : GEARING UP FOR ACTION
Briefing Paper No. 2 from the King's Fund Centre Project
Richard Poxton July 1994

Richard Poxton
King's Fund Centre
September 1994

The Community Care Plan for Oxfordshire

1993 - 1994



Oxfordshire Family Health Services Authority

Oxfordshire Health Authority

OXFORDSHIRE COUNTY COUNCIL

CARING COUNTYWIDE

Representation on J.E.C.T.

:

Social Services

Health Authority

FHSA

Voluntary Sect or (Age Concern)

Community Health Council

Regional Health Authority

GP Fundholders Consortium

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Senior Management
Purchasing/Commissioning Managers
Finance Officers/Managers

6 KEY SERVICE AREAS

Respite/Short Stay

Day Care (24 hour)

Care at Home

Residential/Nursing Care

Acute Care

Services for EMI people

OVERALL STRATEGY

CLIENT GROUPS

Learning Disability

Children with Special Needs

Mental Health

Elderly

Physical Disability

AIMS

- **plan services by looking at total resources (provision and finance) across all agencies.**

- **achieve a fair balance of provision using existing resources (geographical and service-type).**

- **consult widely with users, carers and providers of services.**

- **influence existing implementation structures.**

- **produce a county commissioning framework which accommodates local plans.**

—— • ——

No Budget

—— • ——

DYNAMIC TENSIONS

* **independence**	* **marginal**
* **project**	* **mainstream**
* **process**	* **early successes**
* **joint : 3 authorities + vol users**	* **joint : - local/providers - central purchasers**
* **budget : SSD local purchasing**	* **budget : DHA inability to purchase locally**

WILTSHIRE FAMILY HEALTH AUTHORITY

HEALTH SERVICE AUTHORITY

WILTSHIRE SOCIAL SERVICES DEPARTMENT

JOB DESCRIPTION FOR SOCIAL CARE LINKWORKER

Title: Designation of Post
Social Care Linkworker

Section: Social Care

Grade: Qualified Social Worker/
Occupational Therapist Grade
SCP 26-34 (progression bar at SCP31).
Community Nurse Grade G.

Section 1:

General Description of Post

The Linkworker will provide access to community care services through General Practice developing working relationships at a local level. He/she will facilitate the provision of a user led service spanning health and social care by identifying needs, meeting simple needs and planning packages of care for complex needs. She/he will ensure the co-ordination of services, monitoring their delivery and reviewing the outcome.

Location:	General Practice
Accountable to:	The local Social Care Manager
Working relationships:	Social Care Team and Primary Health Care Team
Accountable for:	Adult social care referrals within the General Practice population.

Section 2:

Duties of Post

a) To personally link the local GP practice and Primary Health Care Team with the local providing agencies.

b) To act as an information link between the Primary Health Care Team and the managing agency.

c) To promote an information focus with the Primary Health Care Team.

d) Member of Social Care Team and play a part in necessary meetings and training.

e) To establish and maintain a referral process between all participating agencies.

f) To identify needs, to meet simple needs and co-ordinate further investigations as appropriate.

g) To undertake assessments for clients referred by the Primary Health Care Team and to carry out the care management process.

h) To monitor progress and advise the patient, Primary Health Care Team and Social Care Team regularly.

i) To advise relevant agencies on allocation of service to individual clients of the Primary Health Care Team.

j) To maintain records as required by Social Care Manager.

Section 3:

Other Duties

The Linkworker may be required to perform additional duties other than those given in the job description for the post. The particular duties and responsibilities attached may vary from time to time without changing the general character of the duties or the level of responsibility entailed.

PRACTICE BASED LINKWORKER PERSONAL SPECIFICATION

The Linkworker should have the following skills:

- Knowledge of the NHS and the Community Care Act
- Knowledge and skills in community work
- Knowledge of Primary Health Care Team working
- A knowledge of Voluntary Organisations and the independent sector
- Experience of working within a community setting
- A sensitive and understanding personality
- Be able to work on own initiative
- The ability to cross cultural barriers
- The ability to communicate effectively with people within different settings
- The ability to think creatively and work resourcefully
- The ability to organise and facilitate the development of services
- The ability to carry out assessments and mobilise appropriate services
- Administrative and management skills. A willingness to work a variable routine.

OCTOBER 1993

LINKWORKERS IN GENERAL PRACTICE

The Linkworker scheme was a joint project set up as a Community Care experiment in September 1991 to develop collaborative working at primary care level. The pilot was funded by the 4 Health Authorities and Social Services.

The scheme was piloted for 18 months in 6 practices and was evaluated by Linda Challis from the Social Policy Unit at Bath University. The full evaluation is available from either Social Services or the FHSA. It was from this evaluation, that key points emerged.

Management structures

A County Steering Group made up of purchasers and providers from Health and Social Services meets about 4 times a year to look at future developments and to give a strategic direction.

Each practice has its own Steering Group, the core members of which are the Linkworker, Social Care Manager, Health Visitor and/or District Nurse, Nurse Manager, Practice Manager, GP and the Linkworker co-ordinator. This group can expand to include other members of the Primary Care Team such as the nurse undertaking the 75+ health checks. In some groups the work is greatly enhanced by the addition of a member of a Voluntary Organisation, Carers and Users. This group meets initially every 2 months but as the work becomes established the meeting decrease in frequency. There is scope here for exchanging information, ironing out difficulties and developing joint local community care initiatives. Lunch time meetings were found to be most effective, held in the practice and lasting 1 hours maximum. Agendas and minutes were essential. These meetings can be chaired either by the Social Care Manager or the Linkworker.

The Linkworker who can come from a variety of backgrounds, Social Work, Occupational Therapy, District Nurse or Health Visitor is a member of the Primary Care Team, a member of the Social Care Team and managed by the Social Care Manager.

Operational arrangements

The ideal arrangements involve working 4 hours per GP per week, although it is acknowledged that this is a rough and ready guide as other factors have to be taken into consideration. It is expected that ¾ of this time will be spent on the care management process. The remaining ¼ will be spent on liaison work with both Social Care Teams and Primary Care Teams and on the 'preventative' side of social care, that is cases which will not usually reach Social Services but which can be picked up quickly and acted upon from the practice setting.

Referrals can come from any member of the Primary Care Team and from patients within the practice population or via Social Services.

The Linkworker ideally would have their own room within the practice. If this is not possible it is essential that a desk, filing cabinet and telephone line are available, with access to a room for consultation.

Clerical support of up to 10 hours can be funded by the FHSA. The most efficient method is to negotiate with the Practice Manager to add extra hours to staff already working in the practice, as this aids integration. However, if this is not possible it might be necessary to recruit. 10 hours is not usually required especially in the early stages as the work gets underway.

Training and Development

Although the majority of training will be undertaken within standard community care training, sessions are offered to Linkworkers every 2 months for a morning. These are facilitated by independent trainers (ex Social Services and a Nurse trainer) and give support to workers who can be exposed to unfamiliar situations.

Selection Process

The selection of Linkworkers follows the normal Social Services procedures. Although the Primary Care Team will not, generally, be involved in short listing for the post the interview panel will include a GP from the practice and the Linkworker co-ordinator, with the Social Care Manager taking the lead. The interviews can take place in the relevant surgery which gives an opportunity for the Practice Manager to show the candidates around the practice.

Deployment of Linkworker

The future placement of Linkworkers would fall into the following criteria:

- Current accessibility of Social Services to practices.
- Demography of practice population (eg higher proportions of elderly people).
- Redressing the current balance in terms of distribution of linkworkers to provide some degree of equity in their distribution.
- To improve local relationships between Social Services and practices.
- Current demand on Social Services from practices.

LISTENING TO OLDER PEOPLE IN CREATING AND REVIEWING THE AGENDA FOR CHANGE

HOW?	Strategic	Meetings
	Locality	Surveys
	Local	1-to-1 discussion
	Individual	'Contacts'

WHO?

Voluntary organisations

Advocates

Carers

Older people - fit and active
- generally well
- frail and dependent

WHAT?

Elderly Londoners

- information: general
- information: individual
- dealing with fear and worry
- improved access to services
- improved mobility
- better arrangements for care in own homes
- designing a better health care system