

**OFFICER DELEGATION SCHEME
RECORD OF DECISION**

TO BE UPLOADED TO THE INTERNET BY DEMOCRATIC SERVICES

Date: August 2023	Ref No: 2174
Responsible Officer: Adrian Crook, Director of Adult Social Services and Community Commissioning	
Type of Decision (please refer to MO Guidance):	
Key <input type="checkbox"/>	Non-Key <input checked="" type="checkbox"/>
Freedom of Information Status: <i>(can the report go in the public domain)</i> Yes	
Title/Subject matter: Creation of Commissioning Officer – Complex Care	
Budget/Strategy/Policy/Compliance:	
(i) Is the decision within an Approved Budget?	Yes
(ii) Is the decision in conflict with the council's policies, strategies or relevant service plans?	No
(iii) Does the decision amend existing or raise new policy issues?	No
(iv) Is the decision significant and/or does it meet the £100,000 threshold for recording?	
Equality Impact Assessment [Does this decision change policy, procedure or working practice or negatively impact on a group of people? If yes – complete EIA and summarise issues identified and recommendations – forward EIA to Corporate HR]	No

Summary:

Complex Care is care that is jointly funded between the NHS and Council or wholly funded by the NHS

It supports our most vulnerable adults and children who have the most complex needs, as such it is also some of the most difficult to source and arrange and as a result some of the most expensive.

Bury's health and care department NHS Bury supports over 2000 people with complex care packages and spends £21.5m per year. This is in addition to the care purchased by the local authority.

Due to the nature and size of this demand for care services which is now 1/5th of the care market in Bury it is now vital to create a dedicated commissioning post to ensure robust management of this part of the care market and the budget used to pay for it. Without such a resource there is a risk of market failure and/or budgetary stress

Funding for the first year will come from the Health and Care Transformation Reserve WR00133

It is recommended that the post of Commissioning Officer is created in the health and care department's commissioning service for 1 year fixed term.

Wards affected: N/A

Consultations: N/A

Scrutiny & Review Committee Interest: N/A

Options considered:

Decision

Decision made by:

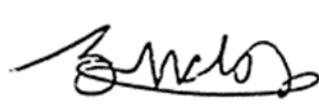
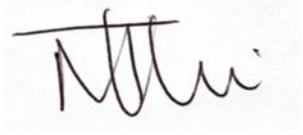
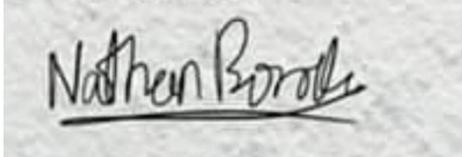
Executive Director – Health and Adult Care

Signature:



Date:

18 September 2023

S151 Officer		17/9/23
Director of People and Inclusion		26.09.2023
Members Consulted [see note 1 below]		
Lead Member - HR		26.09.2023
Cabinet Member		5 October 2023
Opposition Spokesperson		

Notes

1. Where, in accordance with the requirements of the Officer Delegation Scheme, a Chief Officer consults with the appropriate Cabinet Member they must sign the form so as to confirm that they have been consulted and that they agree with the proposed action. The signature of the Opposition Spokesperson should be obtained if required, to confirm that he/she has been consulted. Please refer to the MO Guidance.
2. **This form must not be used for urgent decisions.**
3. Where there is any doubt, Corporate Directors should err on the side of caution and seek advice from the Council's Monitoring Officer.

1. NHS and Joint Funding

- 1.1. NHS Continuing Care is a pack of care fully funded by the NHS where a person has met a national eligibility criteria and as a result has a primary health need.
- 1.2. Complex Care is care that is joint funded by both the NHS and the local authority where either a shared legal duty exists or the care provision required is greater than that required by the care act.
- 1.3. For example, if a person is not eligible for NHS Continuing Healthcare, they may potentially receive a joint package of health and social care. This is where an individual's care or support package is funded by both

the NHS and the local authority. This may apply where specific needs have been identified that are beyond the powers of the local authority to meet on its own. This could be because the specific needs are not of a nature that a local authority could be expected to meet, or because they are not incidental or ancillary to something which the Local Authority would be doing to meet needs under sections 18-20 of the Care Act 2014. This type of care can be provided in any setting.

- 1.4. Or, some people who have been kept in hospital under the Mental Health Act can get free help and support after they leave hospital. The law that gives this right is section 117 of the Mental Health Act, and it is often referred to as 'section 117 aftercare'. This care must be jointly arranged by the local authority and local NHS.
- 1.5. In Greater Manchester ICS all duties relating to the delivery of continuing health care and complex care are delegated to the locality.
- 1.6. In Bury we support over 2000 number of people on this type of care at a cost to NHS Bury of £21.5m per year. This now represents 1/5th of the care market in Bury.

2. Commissioning

- 2.1. Commissioning is the continual process of planning, agreeing and monitoring services.
- 2.2. Commissioning in social care is the process where authorities identify, purchase, and monitor care services for people in their area.
- 2.3. It aims to meet the care needs of people and plays a significant role in ensuring vulnerable people receive the support they need to fulfil their lives, remain independent, and delay future care needs.
- 2.4. There are many reasons why commissioning care is important. Not only does it help individuals receive the care they need, it also ensures that it is at the right level and that it is delivered at a high standard. Through commissioning care authorities can set quality standards. These standards can then be monitored throughout the commissioning cycle to ensure that they are met safely and effectively to the care receiver.
- 2.5. Equally commissioning care is important as it helps authorities get a well-rounded view of the care market. Through commissioning care, authorities can identify and procure services that use their resources efficiently to deliver services at the best possible price and ensure they get value for money. This helps authorities to stretch their budgets further to ensure that individuals will still receive the quality of care they need without wasting resources or it being massively over budget.

- 2.6. Another reason why commissioning care is important is it encourages collaborative and integrated commissioning amongst other authorities, providers, carers and service users to efficiently tailor services to meet the needs of their community. Authorities can therefore receive a better picture of the social care market and understand the resources that are readily available to meet different care needs quickly, safely, and efficiently.
- 2.7. And finally commissioning can facilitate local social value by ensuring care services are delivered locally and public sector funding gets spent by local care workers in their local economy.
- 2.8. Since the introduction of the Care Act in 2014 every local authority has had a statutory duty for Market Shaping under Section 5.
- 2.9. The Care Act placed a new duty on local authorities to promote the efficient and effective operation of the market for adult care and support. This duty to facilitate the market encouraged using a wide range of approaches to encourage and shape it, so that it meets the needs of all people in their area who need care and support.
- 2.10. No such duty exists for services purchased with NHS funding and those that are eligible for services funded this way simply have what is available bought for them and this may often mean having to use a service that is out of borough and far away from home.
- 2.11. This lack of market shaping or commissioning now means that we cannot be assured that services funded by NHS funding are always available to meet the needs of our residents meaning some wait or more often are move to outside Bury.
- 2.12. Neither can we be assured they are delivering value for money and commissioned in a manner that encourages local social value and in line with our LET'S strategy.
- 2.13. As we now spend £21.5m and support over 2000 people it is vital we begin to commission this part of our care market. As this is now 1/5th of care market in Bury the risk of market failure or budgetary stress are too great without commissioning support and oversight.
- 2.14. The council has also embarked on a transformation and savings programme for high cost care packages for people with learning disabilities which is seeing us review high cost care packages using new negotiation tools such as the national care benchmarking tool CareCubed.
- 2.15. The programme also sees the implementation of the progression model which increases the long term independence of people with complex learning disability needs by tailoring care to support this endeavour.

- 2.16. In just 2 months of running the programme savings to care packages of £150,000 have been delivered and proposals are currently being developed to roll this programme out to other disabilities and children with disability services.

3. Proposal

- 3.1. It is proposed the department of Health and Care create a fixed term commissioning officer post dedicated to Complex Care at Grade 14. The Job Description already exists and has been graded. The post will work in the learning disability and autism commissioning service and be managed by the strategic commissioning lead for learning disability and autism.
- 3.2. Working collaboratively with partners across a wide range of public, private and voluntary sectors, the post holder will align strategic commissioning activities of both the local authority and the NHS in Bury for people in need of continuing health care and complex care.
- 3.3. They will take the lead in commissioning a diverse range of specialist services, which will include domiciliary care, residential and nursing care, supported living, personal budgets and rehabilitation settings.
- 3.4. The post holder would identify the need for and procure new services and contracts for both health and social care which would ensure sustainability and resilience for the future, this would involve building strong relationships with providers of these services, discovering and supporting areas for development, and monitoring the quality of the services we provide to our residents.
- 3.5. The post holder would ensure value for money was delivered using tools that benchmark the costs of care where bespoke care is negotiated, and procurement where larger services are required. This would deliver cost savings compared to current practice and ensure value for money.
- 3.6. The post holder will also ensure that robust processes are followed where joint funding and complex care is required and support the functioning of our complex care application panels.
- 3.7. The post holder will also ensure seamless transfer of payments and responsibilities where people move from local authority funding to NHS funding or visa versa. Rigour in such transfers is essential to ensure prompt payment to care providers which increases financial stability.
- 3.8. The post holder will ensure that the NHS is able to take full part in the transformation and savings programme and ensure the similar savings and improvements are made in the NHS Complex Care budget and with the people provided care and support by NHS budgets.

4. Finance

- 4.1. In order to pump prime this transformative approach to commissioning complex care the cost of up to £58,818 for a full time worker will be met by the health and care department's transformation reserve. WR00133

5. Human Resources

- 5.1. The post will be employed by Bury Council and advertised in line with council policy.
- 5.2. The post will be 1 year fixed term
- 5.3. The post will work in the learning disability and autism commissioning service and be managed by the strategic commissioning lead for learning disability and autism.

6. Recommendation

- 6.1. It is recommended that the post of Commissioning Officer is created in the health and care department's commissioning service.