

Target Operating Model

The Authority faces increased service demand, financial constraints and growing expectations to move to integration and prevention. Current commissioning arrangements are fragmented, service-led and variable in their maturity. A revised Target Operating Model is required to strengthen corporate grip, focus on outcomes, alignment with strategic priorities, MTFP and value for money.

Strategic commissioning is a continuous evidence-based approach to plan, purchase, monitor and evaluate services over the longer term and with this improve population health, reduce health inequalities and improve equitable access to consistently high-quality health and social care.

The purpose is to enable the authority to:

- Understand needs and outcomes at system, place and population level
- Shape markets and providers (including VCSE) using contemporary and innovative approaches to commissioning
- Transform service and develop new models
- Allocate resources to value and impact on outcomes and management of risk
- Integrate commissioning across neighbourhoods, place, people, and prevention.

Target Operating Model – Recommended approach

Partially Centralised / Business Partner / “Hub and Spoke” Commissioning Model

Description

- Corporate director with portfolio responsibility for strategic commissioning across the authority
- Establishment of an officer led commissioning board at CMT level chaired by the corporate director to set strategic direction, plan for efficiencies, (in line with MTFP) standards, frameworks and annual commissioning plan.
- A small corporate strategic commissioning resource (existing resources) comprising process owners for
 - Needs assessment, data and insight
 - Planning and prioritisation
 - Service transformation and model design
 - Procurement and contract management
 - Outcome monitoring and evaluation
- AD post with strategic commissioning portfolio (vacant post, within existing resources) to support the corporate director and provide a coordination function with the process owners and service commissioning leads within directorates.

- Service-based commissioning teams retain responsibility for operational delivery and transformation of service models

Advantages

- ✓ Improves consistency without major restructuring
- ✓ Improved corporate ownership and grip strategically and financially
- ✓ Builds strategic capability gradually
- ✓ Retains service subject matter expertise close to delivery and transformation
- ✓ Lower implementation risk than full centralisation

Disadvantages

- ✗ Change to current ways of working and structures
- ✗ Dual accountability (corporate vs directorates)
- ✗ Potential inconsistent adoption across directorates
- ✗ Risk of the corporate resource becoming advisory rather than strategic/corporately responsible
- ✗ Variable maturity across services
- ✗ Limited leverage over budget prioritisation and strategic priorities

Overall Assessment

A pragmatic transition model, delivery of strategic change is contingent on corporate responsibility, priority setting and decision making is clearly defined within the revised governance arrangements. As work gets underway and commissioning principles and practices become embedded and part of business as usual there will be further opportunities to explore integrated commissioning with partners, exploration of more centralised approaches and ensuring our commissioning approach to health and care is fit for the future.