

APPENDIX 1

Potential areas for shared commissioning or shared services between Wirral's People Directorate and CWAC's Strategic Commissioning Directorate.

Strategic Level

To undertake some early work to utilise collective intelligence and knowledge to collaborate. This could be done through joining up our Public Health activity. Work with health colleagues in CCGs, AT and CSU to better understand and influence a whole systems approach to the local issues impacting upon health and social care services. Learning from Altogether Better could inform this work. This would include developing the role as joint commissioners or enabling lead commissioning arrangements to be considered in some areas.

To engage health colleagues with the concept of developing a community asset approach which would influence a broader public sector reform agenda encouraging behavioural change and delivering improved outcomes with a lower cost base. Pioneer bids start to articulate this and although we do not have a joint bid with Wirral patient flows could present us with an opportunity to explore the potential for integrated teams.

Shared Learning and experience

To map the priority areas of focus which would yield maximum outcomes and benefits to include sharing intelligence, IT systems to influence the thinking about developing new delivery models, cultural change and multi agency working. This approach would also provide benefit to partners who need to move quickly to improve in particular areas.

To learn from differing approaches to changing organisational cultures for example in social care but also in encouraging mind set change in other parts of the organisation and with partner agencies. Liquid Logic is a good example of this and we have an officer working with Wirral now for 2 days a week initially.

Children's and Adults Services - Potential areas for further collaboration

Early discussions have been held to explore potential opportunities to deliver collaborative efficiencies across authorities, including Halton, to identify alternative delivery models and broader synergies across the organisations both at back office and front facing service level. The approach to schools - the statutory requirements placed on LA's but also a collaborative approach to a traded service offer.

Public Health

Shared commissioning - commissioning for outcomes and as we share the same health provider drugs and alcohol re-commissioning could be explored.

Public health services re-commissioning – to review re-commissioning plans to explore whether there is the potential to re-commission on either a wider footprint or to utilise resources jointly to re-commission (eg drugs and alcohol services, sexual health, school nursing, infection control etc)

Knowledge, intelligence and consultation – to identify the potential to use KIC services collectively or collaborate.

Core offer to NHS commissioners – to map key areas of work and to understand whether a 'core offer' could be undertaken to CCGs on a wider footprint

It needs to be borne in mind that we collectively already collaborate and contribute to the CHAMPS service which undertakes elements of the above so we need to exercise caution that we do not duplicate further.

Operational activity

Transport - there could be options different outcomes for Children, Adults and the fleet we both use.

Public Sector Mutual – We are exploring if you have services that you might fit with the public Sector Mutual.

Commissioning for transitions in Learning Disability particularly autism could be explored.

This approach would require managers and staff to collaborate and share approaches to service transformation to not only share learning but to consider current delivery models which could be enhanced by scaling up across authorities and deliver greater benefits for all.