

London Borough of  
Haringey  
Commissioning for  
Better Outcomes  
**Peer Challenge Report**

March 2015

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Appendix 1 – Commissioning for Better Outcomes  
Standards

# Executive Summary

London Borough of Haringey requested that the Local Government Association undertake a Commissioning for Better Outcomes Peer Challenge at the Council and with partners. The work was commissioned by Beverley Tarka, Interim Director of Adult Social Services, London Borough of Haringey who was the client for this work. She was seeking an external view on the quality of commissioning activity at London Borough of Haringey in the Adults Social Care department and with partners to deliver effective outcomes. The Council intends to use the findings of this peer challenge as a marker on its improvement journey. The specific scope of the work was to consider where commissioning is:

- a) Currently in progress: improving outcomes (carers, access to information, advice and guidance, new strategic partner)
- b) In development (promoting independence through re-ablement and adopting an outcomes based approach to provision of domiciliary care)
- c) The governance framework for commissioning, (joint arrangements with the CCG through the BCF and the recently established Health and Care Integration Programme and the Corporate Plan)
- d) The use of systems, processes and procedures including those processes set up for integration between health and social care.

A peer challenge is designed to help an authority and its partners assess current achievements, areas for development and capacity to change. The peer challenge is not an inspection. Instead it offers a supportive approach, undertaken by friends – albeit ‘critical friends’. It aims to help an organisation identify its current strengths, as much as what it needs to improve. But it should also provide it with a basis for further improvement.

## Strengths

- There is strong leadership, vision and direction from senior management who have a clear insight into current position and required action
- There is clear political support for the adult social care and health agenda
- Strong corporate support for adult social care from Chief Executive and Deputy Chief Executive and the rest of the senior leadership team
- The workforce is committed and caring, with a strong focus on delivering outcomes for individuals
- There are a number of positive initiatives delivering positive for outcomes for those who access services, carers and the market place
- There are effective safeguarding arrangements in place across the partnership
- There is a strong commitment from the Council to engage service users, providers and partners

## Areas for consideration

- The quality of current frontline services needs to be maintained during the changes in structure

- More needs to be done to proactively engage with and demonstrate that people with lived experience, care providers and staff feel that they are being listened to
- The Front Door arrangements need to be addressed so that people enquiring about services are respectfully and appropriately dealt with
- Existing change plans need to be reviewed and where possible governance arrangements aligned so that areas for action can be prioritised; maximising capacity whilst maintaining pace. This work should be undertaken in the context of greater integration with Health.

The report includes detailed comment across the Commissioning for Better Outcomes Standards as well as specific answers to the scoping questions posed to help London Borough of Haringey and partners to continue to develop and improve.

# Report

## Background

1. London Borough of Haringey requested that the Local Government Association undertake a Commissioning for Better Outcomes Peer Challenge at the Council and with partners. The work was commissioned by Beverley Tarka, Interim Director of Adult Social Services, London Borough of Haringey, who was the client for this work. She was seeking an external view on the quality of commissioning activity at London Borough of Haringey in the Adults Social Care department and with partners to deliver effective outcomes. The Council intends to use the findings of this peer challenge as a marker on its improvement journey. The specific scope of the work was to consider where commissioning is:
  - a) Currently in progress: improving outcomes (carers, access to information, advice and guidance, new strategic partner)
  - b) In development (promoting independence through re-ablement and adopting an outcomes based approach to provision of domiciliary care)
  - c) The governance framework for commissioning, (joint arrangements with the CCG through the BCF and the recently established Health and Care Integration Programme and the Corporate Plan)
  - d) The use of systems, processes and procedures including those processes set up for integration between health and social care.
2. A peer challenge is designed to help an authority and its partners assess current achievements, areas for development and capacity to change. The peer challenge is not an inspection. Instead it offers a supportive approach, undertaken by friends – albeit ‘critical friends’. It aims to help an organisation identify its current strengths, as much as what it needs to improve. But it should also provide it with a basis for further improvement.
3. The benchmark for this peer challenge was the Commissioning for Better Outcomes Standards (Appendix 1). These were used as headings in the feedback with an addition of the scoping questions outlined above. There are 12 standards grouped into four domains:
  - Person-centred and outcomes-focused
  - Inclusive
  - Well led
  - Promotes a sustainable and diverse market place
4. The members of the peer challenge team were:
  - **Sandie Keene**, LGA Improvement Advisor and ex-DASS Leeds
  - **Angela Parry**, Service Manager: Commissioning Contracting and Performance, RB Kingston upon Thames
  - **Pratima Solanki**, Divisional Director, Strategic Commissioning, Families, LB Waltham Forest

- **Dr Simon Willson**, Head of Performance Management and Quality Assurance, Cambridgeshire County Council
  - **Colin Angel**, Policy Director, UKHCA
  - **Councillor Richard Watts**, Leader, LB Islington
  - **Isaac Samuels**, Expert by Experience, NCAG member (National Co-production Advisory Group)
  - **Jordan Shamsoo**, Personal Assistant for Mr Samuels
  - **Jonathan Trubshaw**, Challenge Manager, Local Government Association
5. The team was on-site from 24<sup>th</sup> – 27<sup>th</sup> March 2015. To effectively deliver the strengths and areas for consideration in this report the peer challenge team reviewed over twenty documents, held 55 meetings and met and spoke with at least 115 people over four on-site days. In total the Team spent over 400 hours working on this project with Haringey, the equivalent of over 57 working days. The programme for the on-site phase included activities designed to enable members of the Team to meet and talk to a range of internal and external stakeholders. These activities included:
- interviews and discussions with councillors, officers, partners and providers
  - focus groups with managers, practitioners, frontline staff and people who access services and carers
  - reading a range of documents provided by the Council, including a Self-Assessment against the Commissioning for Better Outcomes Standards
6. The LGA would like to thank Beverley Tarka, Interim Director of Adult Social Services and her colleagues for agreeing to be one of the Commissioning for Better Outcomes Peer Challenge pilots at very short notice and the excellent job they did to make the detailed arrangements for a complex piece of work with a wide range of members, staff, partners, those who access services, carers, partners and others. The Peer Team would like to thank all those involved for their authentic, open and constructive responses during the challenge process and their obvious desire to improve outcomes. The team was made welcome and would in particular like to thank Beverley Tarka, Interim Director of Adult Social Services and Helen Constantine, Sima Khiroya and Ashraf Sahebdirfor their invaluable assistance in planning and undertaking this review.
7. Our feedback to the Council on the last day of the challenge gave an overview of the key messages. This report builds on the initial findings and gives a detailed account of the challenge.

# Key Messages: Summary

## Strengths

- Strong leadership, vision and direction
- Committed and caring workforce
- Motivated and energetic senior staff
- Insight into current position and required action
- Strong political leadership
- Strong corporate working
- Strong focus on outcomes for individuals and models for intervention
- Effective safeguarding arrangements
- Commitment from the Council to engage service users, providers and partners

## Areas for consideration

- Current frontline services quality and recruitment
- Engagement/listening
  - People with lived experience
  - All care providers
  - Staff
- Target operating model/front door
- Simplification/prioritisation of change management (governance, pace and capacity)

8. Haringey has clear leadership, vision and direction. Senior managers and politicians set out what they want to achieve and this is supported by clear documentation, especially the corporate plan. A great deal of effort has gone into consulting and engaging with people on the financial issues facing the authority and how these will impact on Adult Social Care (ASC). However, the timing of publicity and involvement of key stakeholders created considerable tension. This has not been an easy process and significant changes are now being carried through.

9. When discussing the commissioning work of the adults social care department with politicians it was clear that there is clear political support at London Borough of Haringey for the adult social care and health agenda.
10. There is also strong corporate support for ASC from the Chief Executive and the Deputy Chief Executive, who is responsible for the on-going work of the department, as well as from the rest of the senior leadership team. There is a clear understanding of the work of ASC and how it impacts on and is impacted by, developments and changes in other departments.
11. The senior leadership of ASC have a clear understanding of the issues they are facing and are enthusiastic about addressing them. People are motivated and willing to engage with staff, partners, providers and services users to improve services. A greater understanding of the provider market for older people is required in order for the Local Authority to assure sustainable future for care.
12. The workforce is committed and caring. There was evidence of work with carers and service users in ways that focus on outcomes for individuals by using personalised models for intervention.
13. The Team heard examples of effective safeguarding arrangements, supported by strengthening governance to meet the requirements of the Care Act. The council has good relationships with partners, especially Health and the Police. There are examples of effective co-location, which helps speed up inter-agency communication and through systems, such as MARAC, that ensures people's issues are addressed in a thorough and timely manner.
14. Changes to current structures are causing uncertainty amongst frontline staff. More needs to be done to ensure that they are regularly up-dated as to changes in the department. At the same time recruitment needs to be addressed (potentially in partnership with other authorities) so that there is not an over-reliance on agency staff.
15. Although there is a willingness to engage with staff, partners, provider, carers and service users, these groups do not necessarily feel they are listened to. Where plans are co-produced more needs to be done to demonstrate how people have influenced the councils thinking. More should be done to actively engage with people so that voice can be heard and be seen to be making a difference. There is good engagement with people with learning disabilities and the good practice here should be built upon to inform practice with other groups, such as older people.
16. The 'Front Door' arrangements need to be addressed. People enquiring about services need to have their requirements sensitively and appropriately assessed. Staff providing the first point of contact need to be fully trained and supported, with services being regularly and independently monitored to ensure they are of high quality.
17. It was clear to the Team that Haringey is actively pursuing the change agenda. There now needs to be clarity on which elements require specific attention and emphasis to ensure greatest impact. This needs to be done without losing overall pace and ambition. Existing action plans should be reviewed so that links can be made between them.

## **Person-centred and outcome focused**

### **Strengths**

- Strong vision and leadership for improved outcomes and independence (1)
- Some good examples of personalised approaches for individuals (Direct payments, Safeguarding, LD) (1)
- Good mental health framework process (1,2)
- Considerable support for personalisation approach (1)
- Direction to recognise asset based approach and developments for prevention and early intervention (1)
- Positive work towards developing a Target Operating Model (1,2)
- Some positive feedback from carers on the outcome focus of care plans (1,2)
- Awareness of safeguarding excellent, response well managed (1,2)
- Strong partnerships focussed around outcomes (Health and Police) (1)

### **Areas for Consideration**

- Awareness that there is still a long way to go (1,2,3)
- Urgent concern about quality of front door experience for the public (1,2)
- Vision not yet fully owned or demonstrated throughout the organisation and partners (1,2,3)
- Vision and delivery not yet aligned – delivery plans not yet in place (1,2,3)
- Not yet reached frontline staff tipping point to change culture and practice towards outcomes within constrained budgets (1,2)
- Direct Payments and Personal Budget holders need help with understanding systems, processes and buying care (1,2,3)
- Potential for Personal Budget holder's forum to be supported more (1,3)
- Key issue: engagement and being seen to listen (1,2)
- Attention to align risk levels and thresholds (Police and providers) (1,2)
- Service users & carers involved in the Adult Partnership Board are unclear how to engage (2)

18. There is clear leadership, both within the department and the Council as a whole that is driving a focus on outcomes and to ensure people maintain their independence for as long as possible. This was evidenced through the documentation that the Peer Team reviewed and from the discussions with senior staff and elected members. There was considerable support for the personalisation agenda and people who used services spoke positively about it. There was a high level of awareness around Safeguarding and responses were well managed.
19. The Peer Team were given some good examples from people who have experienced protection that they had received a personalised approach. These included examples of how direct payments had given people the flexibility they wanted, of how they had experienced the Safeguarding process and good outcomes for those who were Learning Disabled. The Team also heard some positive feedback from carers that care plans were outcome focused.
20. In the Team's view an excellent start had been made on developing the Mental Health outcomes framework and commissioning intentions. However, there was some concern that to work to the degree of depth that is being considered may take a long time and thought will need to be given as to how this is accomplished, particularly given the pace of change happening elsewhere in the department and the wider Council.
21. There is a clear direction to really look at an asset based approach and a recognition that this is a way to bring about change for prevention and early intervention.
22. The Team recognised the positive work that had been undertaken towards developing a Target Operating Model and that this was comprehensive. However, this needs to be taken forward with increased pace to ensure that the desired outcomes are achieved. There was a need to bring together the different work strands impacting on the future model of delivery to ensure coordinated change programme arrangements and clarity for staff, especially in relation to integrated Health and Care, and improved access arrangements for the public.
23. The Team was impressed with relationships with partners and the way in which partners worked together in an outcomes focussed approach. The positive attitude of the Police was particularly noteworthy. The language used in all organisations was changing, becoming similar and this indicated a coming together that should make for smoother inter-organisational working. The Team recognised that Health was in a period of dynamic change and the Team heard concerns over the size and impact of required budget savings.
24. In the Team's view the service was well managed. There was awareness amongst senior staff that they had already undergone a considerable change and that there was still a long way to go.
25. A member of the Team undertook some 'Mystery Shopping' to gauge a service user's experience of the Front Door. Urgent action is needed to ensure people are spoken to and dealt with in a respectful and supportive manner that helps them have information about the services they may need (or for signposting elsewhere) without too many over-intrusive questions at the early stage of

enquiry. A robust Information Advice and Brokerage strategy needs to be put in place to enable customers to make informed choices. Information asked for by staff needs to be proportionate to the enquiry, person centred and fit for purpose to ensure where people meet the necessary criteria they are offered the appropriate services.

26. The Team recognised the significant effort that was going into the change management processes for the new structure. However, it is also important to maintain a grip on managing the work processes, including the management of waiting lists.
27. Some representatives from voluntary sector organisations and people with lived experience expressed concerns over changes in personnel and reported that they had heard there would be job losses at the Council. The Council needs to keep partners and service users informed of changes whilst balancing the sensitivity and need for confidentiality around the recruitment and retention of frontline staff.
28. Although the vision is clear there was uncertainty from some of the frontline staff that the Team spoke to about how this was going to be delivered. More work needs to be done to develop the culture shift away from being fearful about change to recognising what the changes mean for them and how they will improve outcomes for individuals.
29. On the whole the people that the Team met were positive about working for Haringey. More needs to be done to help people use the administrative systems so that they are empowered by them and not looking for ways to circumvent processes.
30. There is potential to use people far more in the co-production of services. Some good examples of individuals influencing the re-procurement of their services need to become the norm for all services not the exception. To support this, a co-production lead should be identified to set out a strategic approach that clearly identifies the business case for co-production. Support for this can be obtained from the National Co-production Advisory Group. More use of and support could be given to the Personalised Budgets forum, communicating the positive effects from this could be used to demonstrate how service users are influencing any resulting changes. Increasing engagement was a key theme from the people whom the Team met; they said that needed to feel listened to so that they could build confidence and trust in their relationships with the Council.
31. Police representatives reported that they are involved in long MARAC meetings (six hours plus). It was reported by some providers that the Safeguarding thresholds in Haringey were lower than in other Local Authority areas where they worked in and that elsewhere, more support was given at early stages of reported concern. More could be done to ensure that thresholds for safeguarding investigations are in line with other authorities.
32. Users and carers said that they needed more support and clearer guidance about their engagement in the Adults Board. They need to know their responsibilities and the processes for contributing, receiving feedback and timely notification of the outcomes of their involvement.



# Inclusive

## Strengths

- Good insight into areas needing development in this standard (6)
- BCF springboard for change engagement with service users in developing the 'I' statements (4,6)
- Green shoots of early development (coproduction in the commissioning cycle) (4,6)
- Clear commitment from partners (Voluntary sector and DP users of service) that they are willing to engage (5,6)
- Some user led organisations (carers and MH) (4,6)
- Transparency in budget challenge and required savings (5,6)
- All citizens being helped to make healthier choices (Well Being approach) (4,6)

## Areas for Consideration

- Systematic coproduction with people requires development (4,6)
- Shared decision making needs to be transparent (4,5,6)
- Need for a more ambitious and comprehensive strategy for the use of IT/digitalisation in care delivery (with safeguards re: inclusion) (4,5,6)
- Quick win – Reward and Recognition strategy for service user coproduction (4,6)
- Engagement with providers is patchy, especially for older people's services (5)
- Need to develop the connections between frontline staff, providers and commissioners (5,6,8)

33. In the Team's view Haringey showed a good level of awareness as to what was required to further develop a high level of inclusivity. Partners are willing to engage and contribute. There is a positive approach to working together and partners need to be recognised and encouraged further.

34. The Better Care Fund has been used to facilitate a change in the approach to engaging with service users so that the "I" statements that are produced are outcome focussed.

35. There are examples of co-production at the early stages of the commissioning cycle. This practice needs to be developed further and built on. Where co-

production is taking place this needs to be evidenced and fed back to partners so that people can see the impact of their engagement.

36. The Council demonstrated that it was willing to engage with the public through its budget setting process. The Team recognised that this was a bruising experience for the Council but that it also clearly demonstrated a willingness to be transparent and engage in open debate about the realities of a harsh financial situation. This approach should continue and partners should be encouraged to adopt a similar level of openness.
37. A Well Being approach is being promoted. People are being encouraged to make healthier choices and adopt lifestyles that may make them less dependent on social care support in the longer-term future.
38. A systematic approach needs to be adopted and embedded so that it becomes routine for people to be involved at every stage of the commissioning cycle. This will build up trust between the Council, partners, providers and service users so that meaningful co-production can take place.
39. The Team heard that 90% of Haringey residents are digitally enabled. However, there were some doubts as to whether this translated into people being able to digitally access services. More needs to be done to create a robust strategy on how digitisation can be used to deliver services and that sets out the ambition for how services could be delivered in the future. Care needs to be given as to how people can use smart technologies, especially amongst the old and disadvantaged in the community, to ensure equality of access. People cannot be excluded because their devices are not sophisticated enough or they themselves lack the ability to use the available technology.
40. Haringey needs to develop its reward strategy so that service users, the public and providers are adequately recompensed for participating in consultation and co-production events. This would encourage and enable more people to contribute and share ownership of strategies and service delivery mechanisms. The Council should consider other organisations' policies and refine these so that it meets the Haringey context. It may be useful to contact TLAP (Think Personal Act Local) for advice on developing and promoting co-production. Activities that could further development engagement include; giving citizens greater control over resources by extending individual budgets and increasing the number of areas with budget-holding lead professionals, empowering citizens to support one another (peer support) with new rights for groups of service users, develop the organisational culture so that professionals value citizen contributions by involving more service users in professional training, staff recruitment, inspections and supporting local leaders to drive culture change.
41. More needs to be done to engage with providers, especially in developing the Older People's market. The Team were informed about the provider forum but considered that there was insufficient information about the provider market (especially residential care patterns of placement) to enable the new commissioning responsibilities in the Care Act to be fulfilled. This was particularly in relation to ensuring a sustainable and appropriate provision, including housing strategies. It is particularly important that providers demonstrate they are taking the best interests of service users into account; this

could be shown through all providers signing up to a co-production plan, which includes a way for measuring the customers' voice.

42. More needs to be done so that frontline staff, providers and commissioners can understand how their role fits with the roles of others. A formalised meeting would enable learning and development to be targeted on specific areas of need, both now and to support any future needs identified through the workforce development plan.

# Well led

## Strengths

- Strong political and managerial leadership and support for commissioning approach (7,8)
- Clear corporate plan provides ambitious commissioning strategy (7,8)
- Health and Wellbeing Board is driving integration and change but plans are at an early stage (7,8)
- Openness and transparency about the challenges in Haringey (7,8)
- Good insight about current position and development gaps (9)
- Uses some performance information to drive change (9)
- ASC management team are positive, engaged and ready for change (7)
- One council approach – internal collaboration (7,8)
- The challenges faced by ASC are widely understood (8)
- Good scrutiny arrangements with an opportunity to support next phase of change (7,8,9)
- Joint work with CCG on value based outcomes (8)
- Beginning to address senior level skills through workforce strategy (8,12)

## Areas for Consideration

- Patchy disconnect between frontline and corporate direction (8)
- Need to identify where 20% of effort will deliver 80% of the change (prioritisation and alignment urgently required) (8)
- Simplification of the plans and governance structures required (8)
- Budget action plans must reference market and engagement requirements (8)
- Integration ambition needs alignment (8)
- Need to review where capacity is required and the expected pace of achievement (service, finance and IT) (8)
- Use of service user information and knowledge of outcomes to drive change limited and needs further development (9)
- Learning more from others (9)

43. The London Borough of Haringey has a strongly stated ambition for commissioning, which is clearly set out in the corporate plan. This has been developed through consultation and there is distinct senior management and political leadership that is driving this forward. Integration plans with Health are being taken forward through the Health and Wellbeing Board, although this is not as advanced as in some other areas. Haringey has an opportunity to consider the lessons from the 'Pioneer' authorities and see what can be adopted and adapted from their experiences.
44. In the Team's view, through the senior leadership, Haringey displays a high level of self-awareness. There is a clear understanding of the current position and the gaps between that and the stated ambition. Performance management information is used to identify areas that need to be changed and then to monitor progress. A 'Deep Dive' approach could be used to target specific issues in order to focus a response, the outcome of which could then be used as an exemplar for the rest of the service.
45. The Adult Social Care (ASC) leadership is positive and willing to engage in the change process. They are supported by internal colleagues who display an understanding of the issues being faced and the impact that changes in ASC are likely to have on their departments and vice versa. A corporate, structured approach to workforce planning is beginning to address future senior level skills needs, not least around commissioning.
46. There is strong senior political support for ASC and an understanding of the issues they are facing. Scrutiny arrangements are well established and these should be used to constructively support the next phase of change. There was recognition from managers that the scrutiny process was robust and a positive experience that provided a foundation for them to build on.
47. There is positive joint work with the Clinical Commissioning Group (CCG) on value based outcomes with the Council participating in the North Central London Value Based Commissioning Programme focusing on; mental health, frailty and diabetes. However, a common understanding of the language is required and issues in relation to improving personal outcomes for individuals set within the population based approaches of NHS commissioning.
48. Although managers were clear on what was required to deliver the necessary changes some of the frontline staff that the Team spoke to did not have a clear picture as to what was happening to them in relation to organisational change. There appeared to be some disconnection and more needs to be done to ensure frontline staff understand how changes will affect them and the people they are working with.
49. There were a considerable number of change programmes concerning front line service delivery, with some overlap between the Council's initiatives and joint work with NHS and other partners. Wherever possible plans and governance arrangements should be brought together to ensure that management resource remains focussed and is not stretched too thinly.
50. More market information is needed to inform the ASC budget action plans. Not only is this needed to shape the future market but to demonstrate to providers that decisions are well informed. More could be done to include the wider

market implications and future demand. For example, in commissioning the provision of care for older people, an understanding of the supply and demand for domiciliary care, housing, residential and nursing care (and ideally NHS services) need to be considered with population forecasting, costs of care and budget availability.

51. Haringey has a clear appetite for integration, although it was not clear to the Team that the CCG equally shared the same level of ambition. The question needs to be addressed as to how focus is to be given to health/NHS priorities. It may be useful to consider the learning from the original Pioneer authorities, although the Team recognise that working with others in the more recent Manchester style approach may not be suitable for Haringey.
52. Given the changes in staffing that have taken place and that are planned for the future, there is a need to review where capacity is required, as well as being clear on the expected pace of achievement. More use could be made of financial information and reports from other services to help understand the potential risks and where capacity may be stretched too thinly.
53. The service users that the Team met were keen to engage with Haringey and welcomed opportunities to do so. More use needs to be made of service user information and knowledge of outcomes. Information collected on the impact of interventions and plans should be used to drive future change; this includes how complaints are used to influence outcomes. Of key importance is that service users recognise and see that their wishes are being listened to and that they are kept informed of the outcome of their engagement.
54. Haringey has a clear appetite for change and improvement. The Team recommends looking at what other authorities are doing and seeing what can be usefully adapted to meet Haringey's needs. Suggestions of what may be of interest include:
  - Commissioning for outcomes in domiciliary care, (Wiltshire and Nottinghamshire), pioneer Integration sites (NW London, Leeds, Staffordshire and Barnsley), Telecare and digital development, (Salford, Calderdale, Leeds, Birmingham). Further information is available from the ADASS London networks
  - Calderdale Council - managing demand for social care, delivering £1.2 million of savings per annum for the duration of the programme. They created a joint access service for health and social care, 'Gateway to care', which assisted over 97% of customers without the need for a full social care assessment.
  - Coventry Council - improving reablement services through a reablement-based domiciliary care service within the existing care market
  - London Borough of Hackney - a programme of service transformation which included a significant culture change programme. The new vision for social care is based on the principle of promoting independence (delivered £18m savings over 3 years)
  - London Borough of Hackney - innovative work with the voluntary sector to help set up a consortia and a special purpose vehicle for health and social care, which attracted a £5.7 million lottery grant to tackle isolation and loneliness.

## **Promotes a sustainable and diverse market place**

### **Strengths**

- Strong and responsible leadership around the budget process (7,11)
- Internal workforce development programme and approach (12)
- Enthusiastic and motivated senior level commissioners working across the Council (7)
- Positive engagement with providers of service for people with learning disabilities (5,10)
- Positive commitment from providers to engage with the council and deliver innovative services (5)
- Developing a policy on anticipating and responding to provider failure (10)
- Considering new models of social enterprise (10,11)
- Extra care housing redesign engaged providers and people who use services (4,5)
- Data and analysis being looked at systematically to drive discussions around value for money (9,11)

### **Areas for consideration**

- The generation of positive engagement with provider partners and wider stakeholders (5)
- Significant additional engagement required around next steps of budget consultation, ensuring clarity of options under consideration (4,5,7,8)
- People do not feel listened to (providers, carers, service users, staff) (4,5,8)
- Training and development for the whole ASC workforce is required (including consideration of resources required) (12)
- Lack of approach to address inflation up-lift and Fair Fee process (10,11)
- Lack of collation of intelligence on the diversity of the market place i.e. what's out there (10)
- How is market intelligence being used to inform and assist micro and macro-commissioning (9, 10)
- Lack of systematic quality monitoring and volume of commissioned services (capacity of the market to deliver) (10,11)

- Underdeveloped response to the current and future needs of older people and market supply of care (10,11)
55. It was clear to the Team that there is strong and responsible leadership around the budget process. There is an understanding of the financial realities and the impact these have on how services are delivered into the future. This vision is being facilitated by enthusiastic and motivated senior level commissioners who are working across the Council.
  56. The internal development programme is preparing a workforce to deliver the planned changes to adult social care, including preparing people to undertake a more commission based approach. More work should be done with partners to develop the wider social care workforce so that they are also additionally equipped to engage in and respond to the commissioning cycle. This should be planned for and the resources required for this development need to be identified, including the contribution partners are expected to make. These should be jointly determined and will necessitate mature and robust discussions about how the market will look in the future.
  57. The Team heard about the Council's positive engagement with providers, particularly with those working with people with learning disabilities. The Team also heard that more generally providers were willing to engage with the Council to look at creating new and innovative ways of providing services. This should be welcomed and ideas co-developed. It was also seen as positive that the Council was developing an early policy on anticipating and responding to provider failure.
  58. The Team thought it noteworthy that the Council was looking at alternative models of service delivery, including different types of social enterprise. This should be encouraged further with consideration being given to promoting the development of more imaginative types of social enterprise.
  59. The redesign of extra care housing engaged providers and people who use services to ensure that their views influenced and informed provision. This approach should be built on to encourage providers to develop a more diverse and market relevant offering.
  60. It is positive that data is collected, analysed and is being looked at systematically. The information from the data is being used to drive discussions around value for money within the Council. This is being used to provide informed challenge to traditional ways of delivering services and should also test innovative suggestions for alternative approaches. However, more needs to be done to ensure that market intelligence is being used to inform and assist micro and macro-commissioning.
  61. The Team heard that people (service users, providers and staff) do not feel listened to. More needs to be done to set out what options are being considered by the Council and to make it clear as to what can be influenced and changed in these proposals. This is particularly the case when considering the next stage of the budget implications. It also needs to be clear how proposals are arrived at, including where co-production has occurred and how market information has been used to influence thinking.

62. More needs to be done to address inflation up-lift and enact a Fair Fee process. The Council should ensure that there are open discussions with providers about the current financial situation, including the levels of pay and quality of care. The Council should satisfy itself that providers are paying staff the minimum wage and make an assessment of the sustainability of supply. Discussions should also consider the cost of providing innovative methods of achieving agreed outcomes for service users.
63. Information on the provider market needs to be brought together and held in one place so that it can be accessed and analysed more easily. By collating information on what and how much is being commissioned (as well as what services are already being provided that may not be formally commissioned) intelligence can be developed on the diversity of the market place as well as the capacity of the market to deliver what is specified through commissioning. There needs to be a systematic approach to knowing what is happening in the whole market and for this to be used to address issues such as out of borough placements due to lack of supply.
64. In the Team's view there appeared to be an underdeveloped response to the current and future needs of older people and market supply of care. There is a need for more data on older people and for this to be used to inform the need for future housing and extra care provision.

## Contact details

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For more information on adults peer challenges and peer reviews or the work of the Local Government Association please see our website [http://www.local.gov.uk/peer-challenges/-/journal\\_content/56/10180/3511083/ARTICLE](http://www.local.gov.uk/peer-challenges/-/journal_content/56/10180/3511083/ARTICLE)

## Appendix 1 –Commissioning for Better Outcomes Standards

Domain	Description	Standards
<b>Person-centred and outcomes-focused</b>	This domain covers the quality of experience of people who use social care services, their families and carers and local communities. It considers the outcomes of social care at both an individual and population level	1. Person-centred and focuses on outcomes 2. Promotes health and wellbeing 3. Delivers social value
<b>Inclusive</b>	This domain covers the inclusivity of commissioning, both in terms of the process and outcomes.	4. Coproduced with local people, their carers and communities 5. Positive engagement with providers 6. Promotes equality
<b>Well led</b>	This domain covers how well led commissioning is by the Local Authority, including how commissioning of social care is supported by both the wider organisation and partner organisations.	7. Well led 8. A whole system approach 9. Uses evidence about what works
<b>Promotes a sustainable and diverse market place</b>	This domain covers the promotion of a vibrant, diverse and sustainable market, where improving quality and safety is integral to commissioning decisions.	10. A diverse and sustainable market 11. Provides value for money 12. Develops the workforce

# Good commissioning is:

## ***Person-centred and outcomes-focused***

- 1. Person-centred and focuses on outcomes** - Good commissioning is person-centred and focuses on the outcomes that people say matter most to them. It empowers people to have choice and control in their lives, and over their care and support.
- 2. Promotes health and wellbeing for all** - Good commissioning promotes health and wellbeing, including physical, mental, emotional, social and economic wellbeing. This covers promoting protective factors and maximising people's capabilities and support within their communities, commissioning services to promote health wellbeing, preventing, delaying or reducing the need for services, and protecting people from abuse and neglect.
- 3. Delivers social value** - Good commissioning provides value for the whole community not just the individual, their carers, the commissioner or the provider.

## ***Inclusive***

- 4. Coproduced with people, their carers and their communities** - Good commissioning starts from an understanding that people using services, and their carers and communities, are experts in their own lives and are therefore essential partners in the design and development of services. Good commissioning creates meaningful opportunities for the leadership and engagement of people, including carers and the wider community, in decisions that impact on the use of resources and the shape of local services.
- 5. Promotes positive engagement with providers** - Good commissioning promotes positive engagement with all providers of care and support. This means market shaping and commissioning should be shared endeavours, with commissioners working alongside providers and people with care and support needs, carers, family members and the public to find shared and agreed solutions.
- 6. Promotes equality** - Good commissioning promotes equality of opportunity and is focused on reducing inequalities in health and wellbeing between different people and communities.

## ***Well led***

- 7. Well led by Local Authorities** - Good commissioning is well led by Local Authorities through the leadership, values and behaviour of elected members, senior leaders and commissioners of services and is underpinned by the principles of coproduction, personalisation, integration and the promotion of health and wellbeing.
- 8. Demonstrates a whole system approach** - Good commissioning convenes and leads a whole system approach to ensure the best use of all resources in a local area through joint approaches between the public, voluntary and private sectors.
- 9. Uses evidence about what works** - Good commissioning uses evidence about what works; it utilises a wide range of information to promote quality outcomes for people, their carers and communities, and to support innovation.

## ***Promotes a diverse and sustainable market***

- 10. Ensures diversity, sustainability and quality of the market** - Good commissioning ensures a vibrant, diverse and sustainable market to deliver positive outcomes for citizens and communities.
- 11. Provides value for money** - Good commissioning provides value for money by identifying solutions that ensure a good balance of quality and cost to make the best use of resources and achieve the most positive outcomes for people and their communities.
- 12. Develops the commissioning and provider workforce** - Good commissioning is undertaken by competent and effective commissioners and facilitates the development of an effective, sufficient, trained and motivated social care workforce. It is concerned with sustainability, including the financial stability of providers, and the coordination of health and care workforce planning.