

Islington Council **Peer Challenge Report** **Commissioning for** **Better Outcomes**

April 2017

Final Report

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Executive Summary

Islington Council asked the Local Government Association (LGA) to conduct a Commissioning for Better Outcomes (CBO) Peer Challenge, focussing on the Council's work on commissioning. The work was commissioned by Sean McLaughlin, Corporate Director, Housing and Adult Social Services. He was seeking an external view on the quality of commissioning in Adult Social Care and with key partners to deliver good outcomes. The Council intends to use the findings of this peer review as a marker on their improvement journey. The focus for the review was:

- To provide feedback on the four domains of the national CBO standards
- To consider how Islington addresses its Prevention and Outcome Based Budgeting aspirations.

There was strong evidence from service users, staff and providers that Islington is a good place to live in, work in and work with. It was clear to the team that people have a pride in the Borough and that a great deal of effort goes into creating this response.

There now exists an opportunity to ensure that the pride in the Borough is used to maximum effect. The peer team recommends that the Council develops a clear narrative on its approach to commissioning. Staff need to be able to tell a consistent story of how commissioning supports individuals and the community as a whole and how the approach makes the most of all the partners resources.

Service users whom the team met were complimentary about their interactions with staff; they named individual senior staff members and gave examples of where staff had been helpful and ensured that the personal needs of service users were met. The peer team recommends that a more focussed and comprehensive approach to engagement and co-production is developed. The peer team also recommends developing a whole council approach to actively interacting with residents, to engage with the people in the community who are the assets to support future service delivery. To generate the greatest impact the team recommends that the approach to inter-acting with residents is done on a whole Borough basis and is undertaken by all the partners and not just seen as a Council activity.

Partners hold Adult Social Care (ASC) managers in high regard and commented on improvements that are being made through the Health and Wellbeing partnership. It was clear to the team that senior managers work hard to maintain these relationships and ensure that they function well.

The team recognised the significant efforts that had been made to ensure new managers were now in place throughout the ASC structure. The energy that these people are bringing to the organisation has the potential to bring about transformational change. The challenge is for this to be delivered at pace, with senior managers maintaining sufficient grip to ensure that the necessary benefits

are evidenced and promoted. There is an opportunity for the senior management team to consider what they are known for and put in place the arrangements that will ensure that they can demonstrate this

The team recommends that the Council articulates its vision for ASC so that it clearly sets out the role of the Council's in-house provision and how this complements the relationships with the whole range of other providers, including the Voluntary Community Sector (VCS). More could be done to increase coproduction so that VCS organisations are encouraged to innovate and stimulate the assets of communities and individuals to help themselves and those around them. The Council could do more to provide support for a coordinating body that could act as a conduit for the VCS to develop its members. This approach would help small organisations overcome barriers to collecting and providing data that is needed to monitor and inform the commissioning cycle.

Report

Background

1. Islington Council asked the Local Government Association (LGA) to conduct a Commissioning for Better Outcomes (CBO) Peer Challenge, focussing on the Council's work on commissioning. The work was commissioned by Sean McLaughlin, Corporate Director, Housing and Adult Social Services. He was seeking an external view on the quality of commissioning in Adult Social Care and with key partners to deliver good outcomes. The Council intends to use the findings of this peer review as a marker on their improvement journey. The focus for the review was:
 - To provide feedback on the four domains of the national CBO standards
 - To consider how Islington addresses its Prevention and Outcome Based Budgeting aspirations.
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, setting out the current standards). The 2014 standards were used as headings in the feedback with an addition of the scoping questions outlined above.
 - Person-centred and outcomes-focused
 - Inclusive
 - Well led
 - Diverse and Vibrant Market
 - Prevention and Outcomes Based Budgeting
4. Commissioning in adult social care is the local authority's cyclical activity to assess the needs of its population for care and support services, then designing, delivering, monitoring and evaluating those services to ensure appropriate outcomes. Effective commissioning cannot be achieved in isolation and is best delivered in close collaboration with others, most particularly people who use services and their families and carers. Successful outcomes are described in the Adult Social Care Outcomes Framework, Making it Real Statements and ADASS top tips for Directors, but above all must be described and defined by people who use services.

5. The members of the peer challenge team were:

- **Maggie Kufeldt** - Executive Director, Health & Wellbeing, Oldham MBC
- **Cllr Adam Ogilvie** - former Executive Member for Adult Social Care, Leeds City Council
- **Heather Hauschild** - Chief Officer, West Hampshire Clinical Commissioning Group
- **Nathan Atkinson** - Assistant Director, Strategic Commissioning Adult Care and Housing, Rotherham MBC
- **Brigid Day** – Care and Health Improvement Programme Advisor, LGA
- **Jonathan Trubshaw** - Review Manager, LGA

6. The team was on-site from Tuesday 25th – Friday 28th April 2017. To identify the strengths and areas for consideration in this report the peer review team reviewed over sixty documents, held 45 meetings and met and spoke with over 100 people over the four on-site days, spending 42 working days (WTE) on this project, the equivalent of more than 330 hours. 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 and frontline staff
- Information from those who access services
- reading a range of documents provided by the Council, including a self-assessment against key questions.

The LGA would like to thank Sean McLaughlin, Corporate Director, Housing and Adult Social Services, Jess McGregor and Brenda Scanlan for the excellent job they did to make the detailed arrangements for a complex piece of work across key partners with a wide range of members, staff and those who access services. The peer review team would like to thank all those involved for their authentic, open and constructive responses during the review process and their obvious desire to improve outcomes; the team were all made very welcome.

7. Our feedback to the Council on the last day of the review gave an overview of the key messages. This report builds on the initial findings and gives a detailed account of the review.

Strategic context

8. At the time of the Peer Challenge there were a number of contextual factors that the team took into consideration. These included the structure of the population, which is relatively young and mobile with people entering the Borough to pursue education and work. There are also high levels of deprivation and these sit alongside areas of relative wealth, which makes targeting of interventions based on geographical area difficult. The Borough is the most densely populated in the UK with over 15,000 people per Km² and it also has the highest levels of serious mental illness, including psychosis, in London.
9. The Peer Challenge took place at a time of change for both the Council and the CCG. In the lead up to the on-site work the Corporate Director, Housing and Adult Social Services, had been away from work recovering from a serious accident. The two service directors for Strategy & Commissioning and Operations had only recently been appointed, with the latter taking up her post on the day before the team arrived. The team was made aware that there would be changes both in the CCG structure and in the Chief Officer post for the Islington CCG. These present both areas for consideration and opportunities to develop relationships across the two organisations and within the wider partnership arrangements.
10. It was clear to the team that the Health and Social Care partnership across Islington was strong. However, the strategic vision and agenda and how the partnership will achieve these is not yet embedded across all partners. The shared financial challenge is likely to only become more difficult in the coming years with partners not being subject to the same financial operating models, especially with Health operating deficit budgets.
11. From the team's meetings with service users, partners, staff and managers it was clear that Islington was seen to be a good place to live and work. There were favourable comparisons to other local authority areas and this view supports the Council's evidence from a recent staff attitude survey.

Strategic key messages 1

Strengths

12. Staff told the team that they valued and enjoyed working for Islington. They felt recognised for the contribution that they made and partners stated that they found working relationships with Islington to be better than those with other local authorities that they had dealings with. Staff also stated that they felt able to and wanted to contribute more. This clearly demonstrated their commitment to the residents of Islington and to the Council.
13. The providers that the team met stated that they were able to work with the Council officers; that issues were resolved and there was a positive approach to working together. There was evidence that the Council understood the role that it played in ensuring that all elements of the acute system as a whole worked together. Efforts had been made to work with the acute trust and Delayed Transfers of Care (DToC) were maintained at relatively low levels, which was recognised and appreciated by partners.
14. The Fairness agenda was seen to be actively taken forward as one of the key priorities within the Council's vision. Staff understood what was meant by Fairness and talked readily about the issues and the Council's approach to addressing these, including work to provide appropriate housing and employment opportunities. There was evidence of co-production, especially in creating the Learning Disabled (LD) offer and there is scope here to scale up this work so that it becomes more widely embedded across the whole system.
15. The team considered that the "SPARK" change programme had engaged staff and that they were openly considering options to challenge the traditional ways of delivering services so that helped deliver the Fairness agenda, addressing the differences between the richest and poorest residents in the Borough. Staff were enthused by the programme and wanted to know what the next steps in the process were and what more they could do. It was also recognised that there was scope to support residents to better understand what more they could do differently in order to take care of themselves and the Public Health offer has significant potential to help effect whole system change.

Strategic key messages 2

Areas for consideration

16. In the team's view the Council needs to fully articulate its vision for Adult Social Care and how this links with the wider health and social care system. There needs to be a clearly described journey, including where the Council has come from, what has been achieved and where the Council as a whole is heading and as a result, how the lives of Islington residents will be better in the future. The same message needs to be heard by staff, managers and partners so that they share the same context for receiving feedback from their communities.
17. The Think Local, Act Personal initiative "Make it Real" (MiR) that sets out what people who use services and carers expect to see and experience if support services are truly personalised has had an impact on improving personalisation in Islington. The service users whom the team met valued the approach and said that they in turn felt valued by those providing services. However, in the team's opinion the initiative has not been maintained and more needs to be done to develop the next phase and ensure the focus on personalisation is increased. Cashable savings need to be demonstrated so that MiR is seen to be supporting the transition to Outcome Based Budgeting.
18. The imminent changes in senior officer posts within the CCG mean that relationships will need to be recreated so that the progress towards a robust Wellbeing Partnership, where partners are able to challenge one another is maintained. These relationships will need to be built on mutual trust so that sufficient grip can be placed on the system as a whole. The team suggest that leadership and ownership could be more clearly defined and communicated so that all those working in the partnership understand and accept where responsibility is held.
19. The evidence presented to the team showed that management information exists in pockets. This needs to be brought together so that the combined data is used to drive future commissioning plans. The arrangements for acute care delivered with partners will need agreement on use of key indicators, as well as how data is gathered, analysed and presented so that it is relevant and owned by all partners. With the arrival of new senior officers in various organisations there is now an opportunity to move swiftly on this issue.
20. Voluntary and community partner organisations could be helped to increase their engagement with residents if they were given greater access to the corporate estate. A greater proportion of service users and carers could be enabled to access the support they require to maintain independent lives if the organisations that support them had increased access to council buildings and community centres.

Person Centred and Outcome Focused

21. The service users whom the team met were complimentary about their interactions with staff; they named senior staff members and gave examples of individuals being helpful and ensuring the personal needs of service users were met. There was evidence of a commitment to co-production with specific examples in LD services. There was also a recognition that the relationship with colleagues in Housing was helpful in meeting clients' needs and the service that they received was of a high standard.
22. There now needs to be a more focussed and comprehensive approach to engagement and co-production. There needs to be a whole council approach to go out and interact with residents, to engage with the people in the community who are the assets to support future service delivery. This needs to be done on a whole Borough basis and needs to be undertaken by all the partners and not just seen as a Council activity.
23. The team received evidence from some staff that the commissioning cycle was understood and used effectively, including in the work of the Prevention Team. This needs to be built upon and shared across the Council, with the suggestion that a series of 'Master Classes' are developed setting out clearly what is meant by an outcome, what the desired outcomes for Islington are and disseminating an agreed approach on how these are to be achieved. This would need to be an integrated approach including health and other partners. There was a willingness, both at an organisational level and expressed by staff, for an outcomes focussed approach to transformation and this impetus needs to be grasped and nurtured by senior managers.
24. It was clear to the team that there was not a common understanding of what outcomes were. The team heard evidence that the concept of outcomes meant different things to different people. There now needs to be an agreed a shared language so that all those involved in the social care system understand what outcomes are and then communicate these to one another. This will be underpinned by the production of corporate and directorate outcomes frameworks, which will be measurable, supporting performance management and evidencing attainment. There is an opportunity to innovate in terms of market options and consider what the in-house provision will look like in the future. Bringing together and using management information will be necessary to illustrate where existing practice is effective and where future efficiencies could be found.
25. The approach to Making Every Contact Count (MECC) was seen as beneficial by service users and is becoming embedded across Adult Social Care (ASC), with staff able to articulate how information is gathered and appropriately passed on. The provider networks have potential to become more person-centred and are keen to work with the Council to help them develop this further.
26. The team heard that when service users were able to engage in face-to-face discussions they reported that they received a good service and appropriate information. However, not all service users found the Council's systems easy

to use. The team received evidence that for some service users, the website was hard to navigate for those seeking to make contact via this route and that the advice they received was not always consistent, including over the phone.

27. The team was impressed with the traction that Making Safeguarding Personal is gaining within the Council. There was clear evidence that this is supported through the work on the personalisation agenda and this focus should be maintained. Included in this should be a review of the time and tasks being undertaken through the individual's care planning, particularly in relation to domiciliary care.

Inclusive

28. The team was told by the service users, staff and providers whom they met that Islington was a good place to live in, work in and work with. It was clear to the team that residents and staff had a pride in the Borough and that a great deal of effort goes into creating this response.
29. To ensure that the pride in the Borough is used to maximum effect there needs to be a clear narrative on the Council's approach to commissioning. Staff need to be able to tell a consistent story of how commissioning supports individuals and the community as a whole and how the approach makes the most of all the partners resources.
30. It was the view of the team that the work to make joint appointments was ahead of practice in other areas. This was seen as a good base on which to build and consider what other appointments may be made on a joint basis. However, some staff working in joint posts said that they did not have a strong identity with both organisations, stating that they were more aligned to the Council. More needs to be done to communicate the vision and the practical benefits of joint appointments.
31. The providers that the team met stated that they were supported by the Council when things were identified as going wrong. It was mutually accepted that it was appropriate to provide constructive challenge in order to agree actions and improvements. The training and development that is offered by the Council was valued and seen as beneficial. There was some co-production of material and courses and it was perceived that increasing this would lead to greater applicability and take-up.
32. There was evidence that ASC worked well with and received coordinated support from other Council departments, including Finance and Housing. There was also a clear message from providers that they want and are able to do more than they are currently doing. With the new ASC senior leadership team in place there is an opportunity to build on the willingness of both internal and external colleagues to work more closely together and consider innovative solutions and greater coproduction of service design and delivery.
33. The Council needs to state clearly how the commissioning process works. This needs to be done on a Council wide basis. The frontline staff whom the team met did not have a clear and consistent understanding of the commissioning process and how their role as micro-commissioners fits within the overall framework. Providers also expressed their wish for more information on the commissioning process and how they were able to contribute within this. Providers need information in order to shape their business and more could be done to mutually agree what is required and to express the benefits of working more closely together.
34. The team noted effective examples of Public Health commissioning including initiatives to address substance misuse and sexual exploitation. Gathering evidence from this work could be used to demonstrate the benefits in terms of cost reduction and service improvement that could then be used to stimulate

and support change in other areas of the partnership delivering health and social care.

35. Given the prevalence of mental health issues in the Borough more could be done to articulate how the commissioning approach can support initiatives to tackle the problems. This will require a whole system vision and link to a corporate approach to commissioning. Strengthening links between Children's and Adults Services, particularly to ensure the 18-25 year old offer meets the needs of those transitioning between services, also requires a whole system approach to commissioning. To support this more could be done to ensure the 18-25 year old service users are fully engaged with the Health and Wellbeing programme.

Well Led

36. The lead member is committed to ASC and supports the senior management for the service. Senior managers are located in an open plan office where they are visible and encourage staff to talk with them to put views across.
37. Health partners hold ASC managers in high regard and commented on improvements that are being made through the Health and Wellbeing partnership. It was clear to the team that senior managers work hard to maintain these relationships and ensure that they function well. Partners recognise the contribution that ASC makes, which was demonstrated through the draw down from the Better Care Fund, and that the partnership needs to ensure that ASC is supported so that this contribution continues.
38. In the team's view the DToC figures were low and that this was an indicator of the healthy working relationships within the partnership. Representatives from primary care and lead clinicians were able to articulate the Council's role in working with health to manage the system as a whole. The team noted the work of the Emergency Care improvement programme and this should be seen as an opportunity to continue to realise the benefits of the strong partnership with the Whittington Hospital.
39. The team recognised the significant efforts that had been made to ensure new managers were now in place. The energy that these people are bringing to the organisation has the potential to bring about transformational change. The challenge is for this to be delivered at pace, with senior managers maintaining sufficient grip to ensure that the necessary benefits are evidenced and promoted.
40. There has been significant change in personnel, structures and systems within a relatively short period of time. There needs to be a clear plan as to how risk will be managed across the whole organisation, not just within ASC. There needs to be a Council wide understanding of how finances will impact service delivery options, particularly taking into account the changes affecting Health.
41. The team heard from staff, partners and service users that they understood the changes that had been made within ASC, as well as within partner organisations and partnership structures, especially CCG arrangements covering five boroughs; they now wanted to see tangible changes delivered quickly. Clear plans are needed that include measures that support delivery and can be used to demonstrate achievement of targets. These plans need to include timescales, expectations of all those involved, the anticipated outcomes and who will be held to account for accomplishing these.
42. The team recommends that a corporate view of commissioning; the process and its objectives is developed and communicated widely. To ensure that good practice is maintained and aid decision making, options appraisals could be provided for elected members that set out choices to be considered. These should clearly articulate how a robust commissioning approach can be beneficially applied to all services, whether delivered in-house or through contractual arrangements.

Diverse and Vibrant Market

43. The team received evidence that ASC has worked consistently with a range of partners and this has fostered a mutual trust. Providers reported that council staff are well-valued and that when issues arise in their business and advice is needed, they welcomed the interventions from ASC and work collaboratively to resolve the issue.
44. Where provider forums exist these were well-valued by those attending. Providers recognised the value of the Council's training offer, especially as this is delivered at no cost to the providers. There was evidence of some co-production of training courses and material. Providers expressed a willingness to do more to meet the needs of Islington's residents. ASC could engage more widely with the provider network, through increased forum opportunities and this should lead to greater co-production and up-take of the training offer; which in turn would help develop resilience in the wider social care workforce.
45. The team received evidence from service users and the feedback received by staff that the in-house services were held in high regard. There is also a range of vibrant Voluntary and Community Sector (VCS) providers that deliver high quality services. ASC have developed good relationships with these providers and these offer a range of options for jointly developing future service provision.
46. The Council needs to articulate its vision for ASC that clearly sets out the role of its in-house provision and how this complements the relationships with the whole range of other providers, including the VCS. More could be done to increase coproduction so that VCS organisations are encouraged to innovate and stimulate the assets of communities and individuals to help themselves and those around them. The Council could do more to provide support for a coordinating body that could act as a conduit for the VCS to develop its members. This approach would help small organisations overcome barriers to collecting and providing data that is needed to monitor and inform the commissioning cycle.
47. There needs to be a clear dialogue with providers and other partners, including health and other London Boroughs, to address market parity issues. A mature discussion is required on how the London Living Wage will be achieved at a wider partnership level as this is not just an Islington issue. Differences in what the CCG and the Council pays needs to be addressed. The team heard evidence that providers were concerned about how they will be able to secure the necessary and appropriately skilled workforce into the future. The Wellbeing Partnership should be used to stimulate and drive a workforce strategy covering the whole health and social care system; considering how this can be achieved across the Sustainability and Transformation Plan (STP) footprint.
48. The team recognised that there were some high profile health providers in the Borough, including University College London Hospital (UCLH). There was evidence of a strong relationship with the Whittington Hospital and the status of these organisations offers opportunities to jointly create and promote innovative health and social care systems. The team heard that there was a perception that those in the south of the Borough were less access to NHS services than

elsewhere in the borough. Further evidence based focus was needed in the south of the borough with UCLH and partners in that part of the health and care economy. It was acknowledged that DToC rates were low in the north of the Borough, although length of stay was increasing, which could indicate future pressure on social care.

Prevention and Outcome Based Budgeting

49. The Council has embarked on a number of transformational initiatives, including SPARK and MECC that are beginning to make an impact. The team heard that people were engaged in the SPARK programme and reported that they had the potential to be real champions for change. The team also received evidence that MECC was harnessing support from staff and residents with a clear commitment from colleagues in Housing, who also made links for residents to the Early Help offer, which prevented issues escalating. The challenge is to maintain the grip and pace on these initiatives, taking them to the next phase of their implementation whilst also embedding changes in staffing, structures and partnership relationships.
50. The staff whom the team met demonstrated an appreciation of the Council's ambition to move to an Outcomes Based Budgeting (OBB) system. However, there was not a clear and consistent understanding of what OBB meant and how this was going to be achieved. The Council needs to quickly present its vision for OBB and articulate how this will be achieved in order to prevent stories and misconceptions emerging that could result in unwanted behaviours developing. There also needs to be a clear understanding, both internally and through wider communications, that the beneficial financial impact might take time to be realised. Parallel cost reduction activities should be considered during the intervening years and clear plans for costs savings, with defined targets and performance reporting, being developed and implemented.
51. Staff were able describe the impact of adopting an assets based approach and the benefits this was having at an individual level for service users. Staff also described how they took into account the wider determinants of health, making links back to the corporate objectives and promoting early help opportunities when considering how best to support individuals. These included the importance of work to a person's health, including their mental wellbeing, and all partners that the team met understood the value of creating work opportunities within the Borough. Links were readily understood and made between departments, such as Housing, and with other partners including Health so that staff were able to take a whole system view of an individual's needs.
52. Whilst staff and partners were able to describe some of the prevention activities being undertaken, more needs to be done to clearly articulate what these mean for residents and how they can be more fully engaged so that they do more and earlier for themselves. There needs to be clear evidence that supports the prevention strategy with clear metrics that are robustly monitored and progress reported on. Residents need to be engaged so that they understand the role they can take in their own wellbeing. Building on the existing relationships with voluntary sector partners will help reach as wide a proportion of residents as possible.
53. The role that technology can play in promoting the prevention agenda needs to be developed further. The activity already undertaken in telecare should be built upon and mechanisms need to be increased for gathering feedback and performance data.

Recommendations

54. The team was impressed with the energy and willingness to undertake change that was evident in the managers, staff and partners who participated in the Challenge. The team recommends that this energy is built on through having a clear narrative of what has already been achieved and what the vision is for the future. This narrative would be supported with detailed delivery plans that include targets and identified cash savings, with robust mechanisms for monitoring progress.
55. The team recommends that a council wide approach to commissioning is developed so that the concept is understood and owned by elected members and staff. This would be disseminated widely so that partners and residents know what is intended and expected to be achieved through the commissioning process. Having robust conversations about how commissioning is done in Islington will enable perceived blocks to be addressed. A set of principles that can be supported with targeted development activities, highlighting areas of good practice and ensuring a consistent approach would help embed the Council's approach to commissioning.
56. There is an opportunity to develop the engagement with partners so that there is greater co-production and joint development of the market. This would include support for the voluntary sector and be undertaken on a STP footprint basis. Increased engagement would also include the development of data gathering and sharing mechanisms so that information is available to support the commissioning cycle.
57. It was clear to the team that a lot of change has been undertaken over the preceding few months and that this was described as occurring in an organic fashion. With the new senior ASC leadership team in place there is a timely opportunity to apply some grip and pace with the introduction of target based delivery plans that hold people to account. The team recommends that the Council articulates its vision for ASC so that it that clearly sets out the role of the Council's in-house provision and how this complements the relationships with the whole range of other providers, including the Voluntary Community Sector.
58. It was clear to the team that partners valued working with Islington and that Council staff took a pride in their work. There are opportunities to learn from other local authorities in a variety of locations, including outside of London, where identified good practice could be applied to the commissioning cycle.
59. The peer team recommends that a more focussed and comprehensive approach to engagement and co-production is developed. The peer team also recommends developing a whole council approach to actively interacting with residents, to engage with the people in the community who are the assets to support future service delivery. To generate the greatest impact the team recommends that the approach to inter-acting with residents is done on a whole Borough basis and is undertaken by all the partners and not just seen as a Council activity.

Contact details

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APPENDICES

Appendix 1: The Commissioning for Better Outcomes Standards

These standards set out ambitions for what good commissioning is, providing a framework for self- assessment and peer challenge. The nine standards are grouped into three domains. There is considerable overlap between these and all elements need to be in place to achieve person-centred and outcomes-focused commissioning.

Domain	Description	Standards
Person-centred and outcome focused	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 focused on outcomes 2. Co-produced with service users, their carers and the wider local community
Well led	This domain covers how well led commissioning is by the local authority, including how commissioning of social care is supported by both the wider council and partner organisations.	3. Well led 4. A whole system approach 5. Uses evidence about what works

Promotes a sustainable and diverse market

This domain covers the promotion of a vibrant, diverse and sustainable market, where improving quality and safety is integral to commissioning decisions.

6. A diverse and sustainable market
7. Provides value for money
8. Develops the workforce
9. Promotes positive engagement with providers