

# Leicester City Council Commissioning for Better Outcomes **Peer Challenge Report**

December 2016

**Final**

## Table of contents

Executive Summary.....	2
Report .....	4
Context.....	6
Well Led .....	7
Person Centred and Outcome Focused .....	10
Promotes a Sustainable and Diverse Market Place	13
Joint Commissioning & systems thinking.....	16
Micro commissioning and outcomes.....	18
Demand management .....	21
Final thoughts.....	23
Contact details.....	24
Appendix 1 – Commissioning for Better Outcomes Standards	

# Executive Summary

Leicester City Council (LCC) asked the Local Government Association (LGA) to run a Commissioning for Better Outcomes Peer Challenge as part of the Department of Health funded national programme. The work was commissioned by Steven Forbes, Strategic Director of Adult Social Care at Leicester City Council who was the client for this work. He was seeking an external view on the quality of commissioning, micro commissioning and demand management in the Adult Social Care department and with partners to deliver good 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:

## **1. Joint commissioning and systems thinking**

How we could improve our systems thinking to ensure we fully utilise all opportunities for joint commissioning with partners to support better outcomes.

## **2. Micro commissioning and outcomes**

Where can the strategic commissioning service and care management work more effectively together to ensure that the commissioning approach at strategic and operational levels are aligned?

## **3. Demand management**

How the Council is working as a system to manage demand on statutory services, through community capacity and resilience, and what opportunities are there Authority wide to support demand management

## **4. Data and intelligence**

What is the quality of the adult social care data and how is it being used to affect intelligent decisions by those in the system.

It is important to understand the context of Leicester City Council Adult Social Care department to appreciate the challenges it faces and those that will arise in the near future. Steven Forbes the Director has been in post for fourteen months and is providing stable leadership and management which has not been the case over recent years.

There is a very positive strategic environment within which adult social care and the Council as a whole are able to work with health partners. This is evidenced in the opportunities afforded to all due to the Sustainability and Transformation Plan (STP) process and the achievements of the Better Care Fund. Relationships between local authorities and health on these issues are not always as effective as here in Leicester, Leicestershire and Rutland (LLR). There is significant deprivation in Leicester City which is clearly outlined in the Joint Strategic Needs Assessment (JSNA) and underpins a shared understanding across the health and social care system that is relevant for the work of the whole Council and the adult social care department especially in terms of delivering better outcomes and prevention.

In recent budget statements in the public domain the Council outlines the previous savings made as its budget has reduced and the substantial further financial challenges it faces as it moves towards 2020. Leicester City Council has set a budget of £263.2m for 2016/17, but faces a spending “gap” of £22.1m in 2016/17, which is projected to rise to £54.8m by 2019/2020. This will necessitate significant budget reduction measures across all departments including adult social care. These will require very difficult decisions to be made by politicians, officers and the people of Leicester in order to arrive at a balanced budget. Those in leadership

positions within the Council are fully aware of these issues and there are plans in place to address it. This peer challenge echoes the recent regional peer review and an analysis of the department's Use of Resources within this report for adult social care to address some of these issues.

The recent senior management stability brings the opportunity for positive developments to be delivered across the service and the Council to address some of the issues ahead.

The peer challenge team recommends that the adult social care department create a compelling strategic vision of the future that staff at all levels and partners can understand. This should lead to a narrative that communicates a few clear priorities and clearly articulates how these will be delivered, thereby making it clear for staff how their behaviours and those of their colleagues contribute towards the delivery of these priorities.

The Council as a whole needs to demonstrate a corporate approach to demand management utilising all its activity and assets to deliver this across the wider system as it is not a problem that adult social care can solve on its own. For its part the adult social care department needs to focus on streamlining its processes and delivering outcomes and using data that measures and drives the impact of change. Overall there needs to be a shift to an asset based approach by all frontline staff and a much greater clarity of their role and the outcomes they are required to achieve. Individuals then can be held to account for the outcome delivery.

Now is the time to co-ordinate and consolidate the work that is presently underway and continue to focus on the priorities and take decisive action at pace. It should be possible to drive this work through the use of existing Council structures such as the Programme Board.

# Report

## Background

1. Leicester City Council (LCC) asked the Local Government Association (LGA) to run a Commissioning for Better Outcomes Peer Challenge as part of the Department of Health funded national programme. The work was commissioned by Steven Forbes, Strategic Director, Adult Social Care at Leicester City Council who was the client for this work. He was seeking an external view on the quality of commissioning, micro commissioning and demand management in the Adult Social Care department and with partners to deliver good 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:

### **1. Joint commissioning and systems thinking**

How we could improve our systems thinking to ensure we fully utilise all opportunities for joint commissioning with partners to support better outcomes.

### **2. Micro commissioning and outcomes**

Where can the strategic commissioning service and care management work more effectively together to ensure that the commissioning approach at strategic and operational levels are aligned?

### **3. Demand management**

How the Council is working as a system to manage demand on statutory services, through community capacity and resilience, and what opportunities are there Authority wide to support demand management

### **4. Data and intelligence**

What is the quality of the adult social care data and how is it being used to affect intelligent decisions by those in the system.

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 9 standards grouped into three domains:
  - Well led
  - Person-centred and outcomes-focused
  - Promotes a sustainable and diverse market place
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 Commissioning for Better Outcomes Standards have been designed to support continuous improvement of commissioning through self-assessment and peer challenge to achieve improved outcomes for individuals, families, carers and communities. The standards support the aims of the Care Act and support the achievement of transformational change and value for money.
6. The members of the peer challenge team were:
  - **Professor Graeme Betts**, Care and Health improvement Adviser, LGA
  - **Councillor Adam Ogilvie**, Chief Whip, (Labour), Leeds City Council
  - **Dr Alison Rose-Quirie**, CEO, Swanton Care and Community
  - **Craig Brewin**, Head of Commissioning, Slough Borough Council
  - **Anne Clarke**, Assistant Director, Adult Services, Worcestershire County Council
  - **Jane Alltimes**, Senior Policy Adviser, Transforming Care, Local Government Association, Care and Health Improvement Programme
  - **Marcus Coulson**, Programme Manager, Local Government Association
7. The team was on-site from Tuesday 29<sup>th</sup> November – Friday 2<sup>nd</sup> December 2016. To deliver the strengths and areas for consideration in this report the peer challenge team reviewed over sixty documents, held 66 meetings and met and spoke with at least 172 people over four on-site days spending 35 working days on this project with LCC, the equivalent of 245 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, 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
8. The LGA would like to thank Steven Forbes, Strategic Director for Adult Social Care at Leicester City Council and his colleague Adam Archer, Business Improvement Manager for making the detailed arrangements with a range of members, staff, partners, those who access services, carers and others. The peer challenge 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 were all made very welcome.
9. Our feedback to the Council and all others involved in the timetable for the week 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.

## Context

- Recent stable leadership and management
- Stability brings opportunity
- Positive strategic environment: STP, BCF, relationships with health
- Significant deprivation in the City are a challenge for the whole council, its partners and ASC
- Continuing financial challenges up to 2020
- The challenges are well understood

10. The context of Leicester City Council Adult Social Care department is important to understand in order to address the present challenges and those that will arise in the near future. Steven Forbes the Director has been in post for fourteen months and is providing stable leadership and management which has not been the case over recent years.

11. There is a very positive strategic environment for adult social care and the Council as a whole within which to work with health partners. This is evidenced in the opportunities afforded to all due to the path of the Sustainability and Transformation Planning process and the achievements of the Better Care Fund. Relationships between local authorities and health on these issues are not always as effective as here in Leicester, Leicestershire and Rutland (LLR). There is significant deprivation in the City of Leicester which is clearly outlined in the Joint Strategic Needs Assessment (JSNA) and there is a shared understanding across the health and social care system that is relevant for the whole Council and the adult social care department.

12. In recent budget statements in the public domain the Council outlines the previous savings made as its budget has reduced and the substantial further financial challenges it faces as it moves towards 2020. Leicester City Council has set a budget of £263.2m for 2016/17, but faces a spending 'gap' of £22.1m in 2016/17, which is projected to rise to £54.8m by 2019/2020. This will necessitate significant budget reduction measures across all departments including adult social care. These will require very difficult decisions to be made by politicians, officers and the people of Leicester in order to arrive at a balanced budget. Those in leadership positions within the Council are fully aware of these issues and there are plans in place to address them and this peer challenge echoes the key recommendations of the recent regional peer review and an analysis of the department's Use of Resources in order for adult social care to play its part.

13. The recent senior management stability brings the opportunity for positive developments to be delivered across the service and in conjunction with the rest of the Council to address some of the issues ahead.

## Well Led

### Strengths

- Clear leadership and support of ASC by the Deputy Mayor
- Chief Operating Officer support for ASC and actively engaged
- Staff recognise discernible improvements from a stable management team
- The individual leadership of the DASS is widely recognised
- The STP offers opportunities for further development
- The BCF is well run and supports ASC priorities
- Strong partnership working, HWB, LLR, CCG, UHL and LPT
- Senior leaders in ASC have an open culture
- Staff here are resilient and work hard to deliver positive outcomes under pressure

### Areas for Consideration

- Create a compelling and concise strategic vision of the future that can be clearly understood by all
- Use a narrative to communicate a few clear priorities and how these will be delivered
- LCC adult social care department is good at testing itself through peer review and visits to other best practice councils but this needs to be translated into a programme of change and decisive action
- Systems processes and data need to be coordinated to support the delivery of the strategic vision and reduce duplication
- Streamline; Boards, priorities, structure, plans, actions, activity to ensure clarity of purpose

14. At Leicester City Council there is clear leadership and support of adult social care from Councillor Rory Palmer the Deputy Mayor who has responsibility for health and social care. Councillor Palmer is also the chair of the city Health and Wellbeing Board that is managing the agreement of the Sustainability and Transformation Plan (STP) in the LLR area.

15. The Chief Operating Officer of the Council works closely with Sir Peter Soulsby the directly elected City Mayor and he offers senior support for the adult social care department and the Strategic Director and is actively engaged in it.

16. The Strategic Director of Adult Social Care Steven Forbes has been in post for fourteen months. Previous to his tenure there were ten post holders who were



not long in role before moving on. Staff with whom the peer team spoke recognise discernible improvements from this stability and the opportunities it can afford as his individual leadership is widely recognised and welcomed.

17. The STP builds on the work of the Better Care Together programme and the plans for it were already well advanced and articulated in many areas, particularly around proposals for reconfiguring acute hospital services to address long standing issues around the condition of premises and how these are utilised in reducing delayed discharges. As a result of this process the STP offers opportunities for further development that has significant agreement across the health and social care system.
18. The work of the Better Care Fund is well run and supports adult social care priorities resulting in joint commissioning of the Substance Misuse Service, the Integrated Community Equipment Service and Domiciliary Care Services. This work could be further enhanced by the pooling of budgets.
19. There is strong partnership working across the Leicester, Leicestershire and Rutland (LLR) footprint with the local authorities working with amongst others: University Hospitals of Leicester, Leicestershire Partnership Trust, East Midlands Ambulance Service, East Leicestershire and Rutland Clinical Commissioning Group, Leicester City Clinical Commissioning Group and West Leicestershire Clinical Commissioning Group. These positive relationships are commendable and are well positioned to deliver effective outcomes for service users.
20. The culture of the senior leaders in adult social care is seen to have changed since the appointment of the new strategic director which enables staff to develop and discuss new ideas.
21. Whilst there may have been much change in senior leaders in adult social care it was evident to the peer team that staff here are a resilient group who work hard to deliver positive outcomes under considerable pressure.
22. The peer challenge team recommend that the adult social care department create a compelling strategic vision of the future that staff at all levels plus partners can understand. This should lead to a narrative that communicates a few clear priorities and how these will be delivered, thereby making it clear for staff how their behaviours and those of their colleagues work towards the delivery of these priorities.
23. The adult social care department is good at testing itself through peer review and visits to other councils to look at best practice. There has been a regional East Midlands ADASS Peer Review led by Derbyshire DASS Joy Hollister and a Use of Resources (UoR) Review completed by Rachel Ayling. The messages from these reports are clear and consistent and need to be translated into a programme of decisive action.
24. For its part the adult social care department needs to focus on streamlining its processes and using data that measures and drives the impact of change to deliver better outcomes. Systems, processes and data need to be further coordinated to support the delivery of the new strategic vision. It is likely to mean the streamlining of some Boards, priorities and structures to reduce

bureaucracy, duplication and confusion and support greater cost efficiency whilst improving the delivery of outcomes.

# Person Centred and Outcome Focused

## Strengths

- The new locality structure gives opportunities for person centred and outcomes-focused work
- Reablement service with a range of services in a cohesive offer delivering positive outcomes
- Enablement service supporting people with LD and MH
- Engagement of people with MH and LD through the partnerships boards is successful in sharing information
- The Carers Centre is highly valued
- Care Navigators as part of the vanguard project provide an opportunity for person centred support, progressing towards a single point of access
- Online portal launched
- Use of Direct Payments is high

## Areas for Consideration

- Presently an asset based approach is not embedded, there is a lack of co-production and social workers are using traditional services
- Consider a strategic priority that seeks to change social work practice in line with the spirit of the Care Act
- Introduce a Strengths Based Approach for frontline staff to drive effective activity
- Assessment and care management services are a key resource and the service should consider if they are they being used effectively
- Seek to ensure that engagement with users and carers is authentic and values them as an effective resource
- Revisit the quality of the care and support plans to ensure they are asset and outcome focused
- Embed a systematic approach to case file audits across all operational teams

25. The council has plans for a new locality structure for the delivery of services through multi-disciplinary teams from a number of different services aligned with GP practices and associated community health services. This affords the opportunity for genuinely person centred and outcomes focused work in areas with well-known specific needs and is a key feature of efficient service delivery in the future.

26. Members of the peer challenge team had the pleasure of meeting staff from Leicester City Council's Reablement Service who have a range of services in a thoughtful and cohesive offer that is delivering positive outcomes for those who access the service. This is commendable work.
27. Leicester has established an enablement service that supports people with Learning Disability (LD) and Mental Health (MH) conditions for up to 12 weeks helping them become more independent. This is well led and delivering improvements in outcomes for service users and ideally will be able to evidence reductions in cost as the work progresses.
28. There is engagement of those with LD and MH through the partnership boards which are successfully sharing information with the aim of representing their needs and improving services. Consideration should be given to how these groups are updated on progress to ensure their continued engagement. With reference to other partnerships there was evidence that Domiciliary Care Providers feel somewhat disengaged and as a result there is an opportunity use them to help redesign services and the procurement process to ensure market sustainability.
29. The peer team heard from a number of carers who spoke highly of the Carers Centre and the valued service it delivers for them by well informed and experienced staff.
30. The Care Navigators initiative provides an opportunity for effective person centred support.
31. The council has recently launched an online portal to publicise information about a range of services that can be used by those who want to access services and frontline staff giving advice and guidance to them.
32. The use of direct payments by the Adult Social Care department is high and a significant achievement for the service. Furthermore, the introduction of pre-payment cards will simplify the processes involved in allocating and monitoring people's direct payments.
33. It would seem from the evidence the peer team saw and heard that at present within the city there is not an embedded asset based approach being used by social workers and there is a lack of co-production. These approaches could improve and social workers and other frontline staff should move away from delivering what appeared to be a quite traditional service to a more personalised and asset based one that promotes independence and community involvement.
34. The peer team make the recommendation elsewhere in this report that the service create a few clear priorities and communicate how these will be delivered. The service may also wish to consider that one of these priorities would be to change social work practice in line with the spirit of the Care Act. The team heard that changes so far enacted have focused on compliance with the Act and now should go further.
35. In order to drive a more personalised and forward thinking approach to social work the service could consider introducing a Strengths Based Approach for frontline staff. Examples in the public domain as described here

(<https://www.theguardian.com/social-care-network/2016/nov/01/the-three-conversations-model-turning-away-from-long-term-care>), suggest it is possible to change the way staff discuss and agree how to deliver services with clients by focusing upon what they can do, the assets they have and those that are present in their community. There is emerging evidence that this is a more cost effective approach that would assist in future budget efficiencies.

36. The peer team heard about the work of assessment and care management whilst onsite. As was identified in the recent UoR report, and the service is aware, that it spends more on assessment and care management than its comparator average and there appears to be many inefficiencies in the system. Amongst other things it includes excessive bureaucracy, an inflexible IT system and too much extraneous work being undertaken by professionally qualified staff. Therefore, the service should continue to work to drive out these inefficiencies as a priority and explore the potential for further cash-releasing savings from this area in 2016/17.
37. The department evidences its commitment to user and carer engagement through the LD, MH and autism partnership boards, where users and carers are represented and provides a transparent process where users and carers are able to hold services to account. It has also introduced its own customer survey in order to probe the customer experience further. In the peer team's view the service may wish to revisit this engagement with users and carers to ensure for itself that it is authentic and values them as an effective resource. The team saw some engagement that suggested that those who use services are not wholly valued for the perspective that they bring and that they possess knowledge and understanding that could be used more fully to drive service improvements. One example could be the use of quality checkers.
38. The service should revisit the quality of the care and support plans to ensure they are asset-based and outcome-focused. It would be logical to assume that if the culture of social work practice changes then the resulting plans created will become more outcome focused identifying and using the assets in a person's life that support their wellbeing. Further information on asset based approaches can be found here:  
<http://www.thinklocalactpersonal.org.uk/assets/Resources/SDS/TLAPCareSupportPlanning.pdf>
39. The service should embed a systematic approach to case file audits across all operational teams. This will enable staff across the service to have a better understanding of the type of service being negotiated and delivered as well as developing an improved oversight of the quality of safeguarding arrangements.

## Promotes a sustainable and diverse market place

### Strengths

- Examples of collaboratively produced work with LLR and partners
  - Domiciliary Care
  - Substance misuse
  - Integrated Community Equipment Store
  - Mental Health Hubs
- A recent review identified that markets has been significantly re-shaped
- LCC recognises that too many people are placed in residential care and nursing care and are reducing it
- The procurement cycle is forward thinking anticipating future delivery but needs to better understand market capacity to deliver
- There are innovative approaches to developing Supported Living including offering capital resources to support providers to change their provision
- Market Positon Statement regularly reviewed as necessary

### Areas for Consideration

- Create a strategic framework and direction for the ongoing work on Supported Living
- Consider how to make better use of a wider range of partners in the delivery of strategic commissioning of care and health services
- Collaborate with the Independent and Voluntary and Community Sector to sustain and shape the future market in line with the vision
- Tackle the challenge of the National Living Wage and the need for a sustainable care workforce

40. The peer team saw some examples of successful collaboratively commissioned work with LLR and partners. This included the work on Domiciliary Care, Substance Misuse and the Integrated Community Equipment Store as well as the Mental Health Hubs. Staff demonstrated good joint working and established relationships, often having to overcome the challenges and complexities of differing governance arrangements across multiple system partners.

41. A recent review identified that markets have been significantly re-shaped and this has meant the re-commissioning of most of the council's in-house provision, indicating effective work around commissioning and the Market Position Statement.

42. The service recognises that too many people are placed in residential care and nursing care and are reducing the number of placements. The number of new

admissions has been well-contained over the last two years with all new permanent placements being signed off by team leaders and Heads of Service and scrutiny being given to all new temporary placements.

43. The work in adult social care by the procurement team and the cycle of activity they follow is forward thinking and anticipating future delivery. This enables time for market engagement and service review pre-tender. However there was also evidence to suggest that market shaping tended to focus on existing services rather than those which provide evidence of reducing escalation of need and is a potential area for improvement.
44. The Market Position Statement is a public document that is regularly reviewed and updated as necessary but needs more specific information on the type, amount and timing of future service requirements to really shape the market.
45. There are innovative approaches to developing Supported Living including offering capital resources to support providers to change their provision to offer more flexible responses to client need. This service works effectively with a wide range of stakeholders for the benefit of local people and successfully engages them in finding solutions to meeting complex needs. However the market will need certainty in terms of the new provision both for longevity and commercial return in order to take up the offer which is recognised by senior adult social care staff.
46. The service should consider creating a strategic framework and direction for the ongoing work on Supported Living. This should be included within the Market Position Statement and should set out realistic targets for delivering more placements as an alternative to residential care. The framework should pull together approaches to capital and revenue funding, engagement with stakeholders especially health and housing colleagues and engagement with care management and with the broader community to ensure community assets are maximised.

In detail it is clear there are a high number of working age adults in residential which would imply that the Supported Living approach is not effectively supporting them. To address this there needs to be a wider strategy including:

- Encourage all residents to manage and improve their health
- Target those individuals most at risk of poor health and wellbeing outcomes to become more active, more often
- Develop preventative approaches to ensure that vulnerable people become more able to support themselves
- Build capacity within the community and voluntary sector to enable a focus on supporting more people to manage their own care needs
- Put in place new models of social care for adults with a focus on an asset based approach and direct payments
- Ensure people are at the centre of the adult safeguarding process and are supported to manage any risks

As well as accommodation based services for younger adults, floating support can be used which is linked to the person and not a building i.e. the support is not tied to any specific accommodation, therefore the support is provided where the individual lives. The support could end or the Provider change and the

individual would not have to move accommodation. Conversely the individual could move home and the support could 'follow' them. Floating support can be delivered across all tenures and can involve various support and care tasks. Furthermore the service could also consider the use of step down accommodation with a view to moving people back home with appropriate support, particularly those with MH.

47. Consider how to make better use of partners in the delivery of strategic commissioning of care and health services. What was clear to the peer review team was that partners in the care and health system had strengths in commissioning which could support the commissioning team in the Council and help the system as a whole to move forward at pace.
48. Based on what the peer team read, heard and saw during the review process it is recommended that the service collaborate with the Independent and Voluntary and Community Sector to sustain and shape the future market in line with the vision. These organisation have an ability to offer creative, cost effective solutions and advise on the best procurement specification to achieve the vision. This links to the three tier conversation model in that this will work only if there is something at tier 1 for people. The market shaping needs to capture what people at tier 1 require and that the voluntary sector are in a good place to deliver it. The independent sector can then be incentivised to identify any changes in the needs those receiving services. This may include residential clients who could move into extra care schemes or people with Occupational Therapy (OT) support whose needs have changed.
49. The service needs to address the challenge of the National Living Wage and the need for a sustainable care workforce through the positive strategic relationships that exists in the locality with partners and then publicise it. The Council has recognised the recruitment issue and now needs to work with providers to help raise the profile of social care to encourage local people to join.



# Joint Commissioning & systems thinking

## Strengths

- Better Care Together has provided an established platform for the development of joint commissioning and whole system working such as the STP which offers an opportunity for effective system leadership
- BCF regarded as a real strength nationally
- These are examples of mature relationships between these statutory partners which is a credit to those involved
- Local area working and devolving commissioning is an opportunity

## Areas for consideration

- Consider if you can go further and faster to create joint commissioning posts
- Other joint strategies are possible: e.g. Transitions, apply approach in domiciliary care to residential care
- Collaboration between housing and adult social care needs to be embedded throughout both departments not just at senior levels
- Consider the future potential of introducing a corporate approach to commissioning to have one team across the Council which in time could become joint with the CCG

50. The work on 'Better Care Together' by Leicester, Leicestershire and Rutland (LLR), the CCGs and UHL, LPT and others over the previous two and a half years has provided an established platform for the development of joint commissioning and whole system working. This has contributed significantly to the key areas in the STP and offers an opportunity for effective system leadership. The proposed governance of the STP is also seeking to deliver system leadership across the patch.

51. The work on the Better Care Fund (BCF) which states as its vision, "We will create a strong, sustainable, person-centred, and integrated health and care system which improves outcomes for our citizens", is a real strength and has resulted in joint commissioning of co-located Crisis and Community Nursing in the ICRS, substance misuse, integrated community equipment service and domiciliary care services. It would be helpful to quantify the savings achieved by these initiatives to inform future priorities.

52. The BCF and STP areas of work referenced above are examples of mature relationships between these statutory partners which is a credit to those involved. Whilst it is highly likely that to get to this position there has been negotiation and some level of disagreement on the way, the present situation is a solid place from which to move forward. It is worth recalling that other areas across the country have very different and much more difficult experiences.

53. As has been referenced elsewhere in this report the plans for local area working through multi-disciplinary teams and devolving commissioning to them is an opportunity to deliver services more effectively and efficiently.
54. One area that the Council and its key partners may wish to consider is to go further and faster to create joint commissioning posts that would more fully integrate commissioning activity across the patch.
55. The peer team heard that the Transitions Team is playing a positive role in helping young people to plan for an independent future. Enhancements to this service have been adopted as a strategic priority for 2016/17 and the peer team suggest that this could include strategies with adult social care and other partners are possible.
56. The peer team heard of outcome-based contracts in the LD service where providers are incentivised to achieve better outcomes for customers and the peer team support the plans to extend this approach to the new domiciliary care contract from 2017 onwards.
57. There is the opportunity to develop collaboration between housing and adult social care so that it is embedded throughout both departments not just at senior levels. This effective collaboration based on intelligence about people requiring housing and existing and planned developments would help everyone involved in this area better understand future needs and pressures.
58. Consider the future potential of introducing a corporate approach to commissioning to have one team across the Council which in time could become joint with the CCG.

## Micro commissioning and outcomes

### Strengths

- Strong leadership in reablement service in both community and hospital discharge delivering positive outcomes
- The role of the Principal Social Worker is embedded and actively involved in improvement work
- The issues with data and intelligence have been identified and are being improved
- There has been very good progress and improvement in DTOC which is a significant strength
- LD and AMH are systematically dealing with the backlog of reviews

### Areas for consideration

- Develop the awareness amongst frontline staff of their role, responsibilities and accountability as micro commissioners and the skills required
- Review the role of brokerage/commissioning bureau and the potential to increase capacity of micro commissioners and pass over the on-going contract monitoring
- Ensure for yourselves that the breadth of duties under the Care Act are well understood and being delivered
- Improve the integration of strategic and micro commissioning – where this relationship is strong better outcomes are being delivered
- Information from operational finance should be used by micro commissioners and team leaders to improve controls around expenditure
- Drive forward the programme to address the backlog of reviews and high cost packages with clear end dates
- Continue to engage frontline staff in the change programme

59. As has been referenced in other areas of this report there is strong leadership in the reablement service in both community and hospital discharge settings delivering positive outcomes for those who use the service.

60. The peer team were pleased to meet the Principal Social Worker who has a clear understanding of the role and is embedded and actively involved in improvement work across the service. She has clarity over where there is potential for future developments.

61. The service appears to collect a significant amount of data about its activity. The doubts about its veracity are keenly understood by those who run the service

and there is activity to improve it. This should enable political colleagues to further grasp the activity and progress of adult social care towards priorities and for others to set clear targets for colleagues and work towards them in an informed manner.

62. There is a national programme of work to improve Delayed Transfers of Care (DTC) out of hospital. Leicester City Council adult social care department has achieved very good progress and improvement in DTC with its key partners which is a significant strength and worth celebrating with others who wish to know how it has been achieved.
63. The work areas of LD and adult MH are systematically dealing with the backlog of reviews. This should deliver better more personalised care for those clients and at the same time reduce costs.
64. The service should develop the awareness amongst frontline staff of their role, responsibilities and accountability as micro commissioners and the skills required. The team heard evidence that these staff did not see themselves as micro-commissioners nor that they are responsible and accountable for it. To address this there would appear to be a need to be clear with them and their line managers what is required and how activity will be monitored. There is also a significant training requirement to allow them to learn, practise and deliver in this area.
65. A number of staff reported that there was a brokerage function in the service to give guidance in the negotiation and agreement of personal care packages. It was variously referred to as the brokerage team or commissioning bureau and that it was primarily an administrative function separate from the contract management and supplier relationship function. If its role is clarified and publicised it has the potential to increase the capacity of micro commissioners. There is also a need to ensure consistency of terminology and understanding.
66. Overall when hearing about, and from, frontline staff it was difficult to gain a clear understanding of the direction they have been given and what is being delivered with reference to the Care Act and its related duties. It is recommended that the service assures itself that the breadth of duties under the Care Act are well understood and being delivered.
67. Improve the integration of strategic and micro commissioning throughout the department. Experience from other local authorities suggests that where this relationship is strong better outcomes are being delivered.
68. The service has significantly improved its collection, collation and production of useful adult social care data. The reports and dashboards the peer team saw were clear and should enable those who use them to understand activity and make decisions. There is a need for better use of operational management information to manage capacity, workflows, and processes and one example of this use of information is that operational finance should be used by micro commissioners and their team leaders to improve controls around expenditure and drive the business priorities forward. It should also be possible to monitor this activity against targets by more senior staff.

69. In the preparatory information for this peer challenge and whilst onsite the peer team heard about the numbers of packages that have not been recently reviewed. The senior management of the service are aware of this issue and we support their focus on an urgent programme to address the backlog of reviews and high cost packages with clear end dates. Furthermore, previous evidence suggests that on review some clients' packages actually increase. Therefore, when working through the backlog an additional aim should be to meet people's needs through alternative approaches other than traditional costly services thereby reducing overall costs.
70. The senior management of adult social care is aware of the issues referenced in this report, the recent UoR Report and the East Midlands ADASS Regional Peer Review Report. In different ways, both reports suggest adult social care is well resourced in both financial and staffing terms. However, staff report that they work in highly complex environments with many safeguarding demands and court of protection requests and as a result feel continually overwhelmed. The review team noted that there also appears to be high rates of sickness in the service. The service is addressing these issues through an ongoing change programme that should continue to engage frontline staff. This should free up practitioners from an overwhelming focus on processes to delivering a more asset based approach with greater clarity of the role for frontline staff and the development of a shared understanding of accountability and support for decision-making.

# Demand management

## Strengths

- There is awareness that demand management needs to be addressed
- Models across the country have been considered in order to apply them here
- The establishment of the contact and response team gives a foundation for demand management approaches at the front door
- There is some good work occurring across the city
  - Dementia Care pathways
  - Reablement Team is well led and delivering positive outcomes
- Plan for multi-disciplinary teams in key localities where demand is high
- The services are professionally led to ensure qualified people are in place to make critical decisions, especially in terms of safeguarding

## Areas for consideration

- Demand management needs to be corporately owned
- Manage demand throughout the system in order to control finances
- Embed a culture that aims to help people achieve their potential and make full use of community assets
- Redesign the customer journey and practise so that it is asset based rather than a deficit model
- Increase the knowledge of frontline staff of resources available in the community and where necessary commission community based services
- There have been significant improvements in the transparency and accuracy of ASC data but it is recognised this needs to continue
- Manage demand through stronger online and call centre support

71. The Strategic Director and his team are self-aware and know that demand management needs to be addressed across the service so that fewer people enter the long-term system, and that fewer receive long-term support overall to effectively reduce costs. To achieve this they have looked at models across the country in order to consider how best to apply them in Leicester.

72. The establishment of the contact and response team gives a foundation for a variety of demand management approaches that begin at the front door. This can be developed further by building on the success in filtering new requests so that relatively few people are immediately offered long-term support. The peer team had the opportunity to look at and hear from a number of teams delivering

good work across the city in this area. These were on Dementia Care pathways supporting the corporate aim of being a Dementia Friendly City and the previously referenced good work by the Reablement Team that is well led and delivering positive outcomes.

73. The city has a positive plan for multi-disciplinary teams to work in key localities where demand is high in order to manage demand away from council services, keeping people healthy and thereby save money on all public services in the process. This is a key feature of managing demand going forward.
74. The peer team heard that frontline services are professionally led to ensure qualified people are in place to make critical decisions, especially in terms of safeguarding, which is a thoughtful strength.
75. To ensure further savings can be made in an effort to help to balance the council budget the approach to demand management needs to be corporately owned and delivered. To be able to manage demand throughout the system the totality of council services should be deployed using staff creatively and facilitating innovation. To achieve this adult social care will need the assistance of corporate colleagues.
76. To effectively deliver demand management it is important to embed a culture that aims to help people achieve their potential to make full use of community assets and redesign the customer journey and practise so that it is asset based rather than working on a deficit model. The peer team agree with the recent UoR report that suggested this could be done in a number of ways, examples of which are: the better co-ordination of adult social care and housing-related resources, embedding and using assistive technology and telecare and assessing the contribution made by carers as a routine part of all casework in order to find more creative ways of supporting them in the roles they play.
77. To achieve the above will require an increase in knowledge by frontline staff of the resources available in the community and, where necessary, commission community based services. One aspect of this work is to further manage demand through a stronger online presence and call centre support. At the peer challenge presentation the work of Wigan Council in this area was mentioned and can be found here: <http://www.covi.org.uk/a-future-localised-model-for-adult-social-care-donna-hall/>

## Final thoughts

- Create a compelling strategic vision of the future that can be clearly understood by all
- Use a narrative to communicate a few clear priorities and how these will be delivered
- Corporately own demand management across the system – this is key
- Focus on streamlining processes and delivering outcomes
- Use data that measures and drives the impact of change
- Move to an asset based approach and clarify the role of frontline staff
- Now is the time to consolidate work underway and continue to focus on the priorities and take decisive action at pace
- Use existing structures such as the Programme Board to drive change and hold the organisation to account

78. The peer challenge team recommend that the adult social care department create a compelling strategic vision of the future that staff at all levels plus partners can understand. This should lead to a narrative that communicates a few clear priorities and how these will be delivered, thereby making it clear for staff how their behaviours and those of their colleagues contribute towards the delivery of these priorities.

79. The Council as a whole needs to demonstrate a corporate approach to demand management utilising all its varied activity and assets to deliver across the system; it is not a challenge that adult social care can solve on its own. For its part the adult social care department needs to focus on streamlining its processes and delivering outcomes by using data that measures and drives the impact of change. Overall there needs to be a shift to an asset based approach by all frontline staff and a much greater clarity of their role and the outcomes that they are required to achieve.

80. Now is the time to consolidate the work that is presently underway and continue to focus on the priorities and take decisive action at pace. It should be possible to drive this work through the use of existing Council structures such as the Programme Board.



## Contact details

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Read the Adults Peer Challenge Reports here [http://www.local.gov.uk/peer-challenges/-/journal\\_content/56/10180/7375659/ARTICLE](http://www.local.gov.uk/peer-challenges/-/journal_content/56/10180/7375659/ARTICLE)

## Appendix 1 –Commissioning for Better Outcomes Standards

# Commissioning for Better Outcomes The Standards

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
<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 focused on outcomes 2. Co-produced with service users, their carers and the wider local community
<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 council and partner organisations	3. Well led 4. A whole system approach 5. Uses evidence about what works
<b>Promotes a sustainable and diverse market</b>	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

These nine standards set out ambitions for what good commissioning is, providing a framework for self-assessment and peer challenge. They are set out under the three domains.

# 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. 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.

## ***Well led***

### **3. Well led by local authorities**

Good commissioning is well led within 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.

### **4. 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.

### **5. Uses evidence about what works**

Good commissioning uses evidence about what works; it uses 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***

### **6. Ensures diversity, sustainability and quality of the market**

Good commissioning ensures a vibrant, diverse and sustainable market to deliver positive outcomes for local people and communities. It is concerned with sustainability, including the financial stability of providers.

### **7. 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 positive outcomes for people and their communities.

### **8. Develops the commissioning and provider workforce**

Good commissioning requires competent and effective commissioners and facilitates the development of an effective, sufficient, trained and motivated social care workforce through the coordination of health and care workforce planning.

### **9. Promotes positive engagement with providers**

Good commissioning promotes positive engagement with all providers of care and support. This means market shaping and commissioning are 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.