

Warwickshire County
Council
**Peer Challenge Report
Commissioning for
Better Outcomes**

December 2016

Final

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Executive Summary

Warwickshire County Council (WCC) asked the Local Government Association (LGA) to conduct a Commissioning for Better Outcomes Peer Challenge, focussing on the Councils' work on commissioning. The work was commissioned by John Dixon, Director of Adult Social Services, who was the client. 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:

- What does commissioning mean for staff at different levels in the council and for those who access services, and what behaviours are most useful?
- How far has the council gone on the commissioning journey?
- How risk averse is the council?

The team was impressed by the depth of understanding and knowledge shown by the Leader, DASS and Head of Strategic Commissioning. They were also impressed with the people that they met who were welcoming, open, capable and expressed a desire for change and improvement. There have already been a number of initiatives to improve collaborative arrangements across the partnership, not least the restructuring and refocussing of the Health and Wellbeing Board arrangements.

Within the People Directorate there was a strong focus on commissioning, with a clear focus on improving quality and effectively using strategic intelligence. In the team's view the commissioning function in the People's Directorate did not appear to be well integrated with other commissioning approaches elsewhere in the council to provide a coherent commissioning philosophy across the whole council. A question for the council is whether commissioning provides a corporate function or is best located where it is currently within the People's Directorate? In the team's view the way in which strategic commissioning is structured within the WCC may not provide a coherent approach and enable long-term relationships with providers and those using services (now and in the future) to be maintained and developed further. The use and nomenclature of interim senior staff may not encourage partner and other organisations to invest in relationships that they perceive will need to be re-established in the future and that do not contribute to a consistent and stable relationship.

The Customer Transformation Board, chaired by Executive Directors, provides the council with a high profile vehicle to manage the front door well. The language of prevention and demand management features strongly and the team heard evidence from some of the participants that the impact of the Board is beginning to be noticed in more collaborative behaviours. More needs to be done to ensure the potential of the Board to facilitate transformational change is realised.

Integration, both internally and with partners, is at an early stage. The council could be bolder and set out more clearly its ambitions for integration, with identifiable milestones, so that people and organisations can become more fully

involved. There needs to be a clearer understanding and engagement with the wider public service system so that any one part does not hold back the whole. There should be a joint approach to risk and how this is managed; at an operational, strategic and political level.

In the team's view more needs to be done to ensure that the front door is secure enough to effectively manage demand and drive prevention. A single point of entry would ensure that a consistent approach is being taken that can be clearly communicated to partners and service users. This needs to influence commissioning activity, which in turn helps to reinforce the message to service users. Intelligence from the customers' journey would enable commissioning to recommend interventions at different times, which may both save money and provide the service user with a better outcome. The team was aware that the MOSAIC information system is currently being used within children's services and that the intention is to make this available within adults services by summer 2017. This investment should provide richer information about individual customers and also aggregate intelligence about services.

The peer team wish WCC and its partners well on the commissioning journey and trust that this report helps you along the way.

Report

Background

1. Warwickshire County Council (WCC) asked the Local Government Association (LGA) to conduct a Commissioning for Better Outcomes Peer Challenge, focussing on the Councils' work on commissioning. The work was commissioned by John Dixon, Director of Adult Social Services, who was the client. 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:
 - What does commissioning mean for staff at different levels in the council and for those who access services, and what behaviours are most useful?
 - How far has the council gone on the commissioning journey?
 - How risk averse is the council?
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 and the peer team was joined for part of their work by Dr Jenny Harlock, Birmingham University who was conducting a review of the standards on behalf of the LGA and ADASS. The current standards were used as headings in the feedback with an addition of the scoping questions outlined above. The three CBO domains were used with two others added, at the request of John Dixon, to make five key headings:
 - Well led
 - Person-centred and outcomes-focused
 - Promotes a sustainable and diverse market place
 - Integration: Internal
 - Integration: External
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:

- **Glen Garrod** - Executive Director of Adult Care and Community Wellbeing, Lincolnshire County Council
 - **Cllr Graham Gibbens** - Cabinet Member for Adult Social Care and Public Health, Kent County Council
 - **Jennie Stephens** - Chief Officer for Adult Care and Health, Devon County Council
 - **June Graves** - Head of Care Commissioning, Housing and Safeguarding (Adults), West Berkshire Council
 - **Perveez Sadiq** - Service Director Integrated Commissioning & Direct Services, Derby City Council
 - **Daniel Casson** – Assistant Director, Business Development, Jewish Care
 - **Dr Jenny Harlock** - Research Fellow, Health Services Management Centre, University of Birmingham
 - **Jonathan Trubshaw** - Review Manager, LGA
6. The team was on-site from Tuesday 28th November – Friday 2nd December 2016. To deliver the strengths and areas for consideration in this report the peer review team reviewed over sixty documents, held 60 meetings and met and spoke with at least 95 people over four on-site days spending 46 working days (WTE) on this project, the equivalent of more than 320 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 John Dixon, Director of Adult Social Services, Chris Lewington, Head of Strategic Commissioning and Anita Lekhi, Planning, Performance and Improvement Manager 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

- Integration with Health
 - Sustainability and Transformation Plan about to become Public
 - Savings plan
 - Pre-election period
 - A great deal of change at a single point in time
8. At the time of the Peer Challenge there were a number of contextual factors that the team took into consideration. As with councils elsewhere in the country integration with health is a key area for potential change and is attracting a lot of Government attention. This is an important areas of focus, particularly if there is to be funding for the commissioning priorities defined at the required pace.
9. At the time of the challenge the Sustainability and Transformation Plan (STP) was due to be released on 6th December and the team were given access to the draft to inform their reflections. However, whilst the team was on site the Plan was 'leaked' and this brought unplanned attention to the content of the STP and proposals for change.
10. The council has plans to save an additional £52.2m as set out in the medium-term financial plan for 2017/18-2019/20, of which approximately £24m is to come from Adult Social Care spend. This is in addition to council wide saving of £92m annually as set out in the medium-term plan for 2014/15-2017/18. How the council approaches commissioning will have an impact on how these savings are delivered and if much needed front-line services are not to be unduly impacted. WCC also faces significant demographic changes, not least that the number of people over 85 is projected to increase by 165% by 2037 and the number of people living with dementia is projected to increase by 34% by 2024. The team also heard that the financial pressures arising from a growth in profoundly disabled young people was predicted to grow substantially.
11. As with other two tier areas WCC is facing elections in May 2017 and the points set out above may have a bearing on this. WCC consists of 62 councillors; the Conservative party have 26 members and form the administration.
12. The day before the peer challenge WCC's chief executive announced his retirement in February 2017. A number of other key post holders are also due to leave the council in 2017, including the Director of Adult Social Services (DASS) and other senior officers. A number of senior posts were filled on an interim basis and included the DASS and the Head of Social Care and Support. In the team's view this represents a significant amount of risk and change at a single point in time and creates a lack of stability and continuity at a senior level, which will impact on the council's capacity to maximise the

potential of its commissioning ambitions. This could also provide opportunities for the council to refocus and integrate its commissioning ethos.

Strategic key messages 1

Strengths

- A good financial base
- Innovative Health and Wellbeing Board arrangements
- A strong focus on commissioning, quality and use of strategic intelligence
- Customer Transformation Board is a building block for future change
- Evidence of a committed and capable front-line/middle/senior team
- A very well informed, knowledgeable Leader, DASS and strategic commissioning lead

13. When compared to other local authorities the team's view was that WCC appeared to have a good financial base. The team also acknowledged that significant savings had been made and are planned for the future and that this provided challenges for all those working in and with the council.

14. The Health and Wellbeing Board (HWB) arrangements are innovative and have received national recognition. The team considered that it was encouraging that the HWBs of Warwickshire and Coventry are working closely together and signed the "new "Health and Wellbeing Alliance Concordat". Both have been more successful than most HWBs in involving the voluntary sector and there was some evidence from the voluntary sector that its voice is being heard. The challenge for WCC is how to build on this strength and use the HWB as a source for setting commissioning priorities and increasingly integrated commissioning approaches.

15. Within the People Directorate there was a strong focus on commissioning, with a clear focus on improving quality and effectively using strategic intelligence. In the team's view the commissioning function in the People's Directorate did not appear to be integrated with other commissioning approaches elsewhere in the council to provide a coherent commissioning philosophy. A question for the council is whether commissioning provides a corporate function or is best located where it is currently within the People's Directorate? Commissioning was also too separate from the operational teams and so it both needs to look out to the wider council as well as in to the Adult Social Care operational teams; this could be described as the 'golden thread' test. This would align actions and resources better and ensure initiatives have greater impact at pace.

16. The Customer Transformation Board, chaired by Executive Directors, provides the council with a high profile vehicle to manage the front door well. The language of prevention and demand management features strongly and the team heard evidence from some of the participants that the impact of the Board is beginning to be noticed in more collaborative behaviours. More needs to be done to ensure the potential of the Board to facilitate change is realised at the pace required.

17. The team was impressed by the depth of understanding and knowledge shown by the Leader, DASS and Head of Strategic Commissioning. They were also impressed with the people that they met who were welcoming, open, capable and expressed a desire for change and improvement.

Strategic key messages 2

Areas for consideration

Commissioning is a vehicle for other things; it is not an end in itself

- Strategic commissioning requires the development of long-term strategic relationships; is the council well shaped to meet this requirement?
- Is the Golden Thread strong enough between strategy and operations?
- Integration is at an early stage
- Is demand management/prevention driving commissioning activity?
- An ICT platform that undermines productivity and a collective understanding of the consumer

18. In the team's view the way in which strategic commissioning is structured within the WCC may not provide a coherent approach and enable long-term relationships with providers and those using services (now and in the future) to be maintained and developed further. The use and nomenclature of interim senior staff may not encourage other organisations to invest in relationships that they perceive will need to be re-established in the future and that do not contribute to a consistent and stable relationship.

19. Integration, both internally and with partners, is at an early stage. The council could be bolder and set out more clearly its ambitions for integration, with identifiable milestones, so that people and organisations can become more fully involved. There needs to be a bold, systemic approach to transformational change that would enable people to be more focused, have greater impact and reduce the level of activity, which currently is getting in the way of big, timely change. There needs to be a clearer understanding and engagement with the wider public service system so that any one part does not hold back the whole. There should be a joint approach to risk and how this is managed, both at an operational and political level. WCC, health districts and providers could work together to help address the recruitment of care workers, which was acknowledged to be a great difficulty for providers and for the market in Warwickshire.

20. In the team's view more needs to be done to ensure that the front door is secure enough to effectively manage demand and drive prevention. A single point of entry, building on the work of the Multi-Agency Safeguarding Hub (MASH), would ensure that a consistent approach is being taken that can be clearly communicated to partners and service users. This needs to influence commissioning activity, which in turn helps to reinforce the message to service users. Intelligence from the customers' journey would enable commissioning to recommend interventions at different times, which may both save money and provide the service user with a better outcome.

21. The team was aware that the MOSAIC information system is currently being used within children's services and that the intention is to make this available

within adults services by summer 2017. The team's view was that the ICT plan set out in the STP may not provide the sharing of information that is required across the partnership and that a swift use of MOSAIC may provide a richer, more coherent picture that can be interrogated to better inform the provision of services to individuals.

Well Led

Strengths

- A very well informed, knowledgeable Leader, DASS and strategic commissioning lead
- Health and Wellbeing Board has provided greater focus and engagement
- Clear understanding of commissioning and quality within the commissioning team
- Some good examples of integrated commissioning
- Adult Care Commissioning Model reflected in organisational shape

Areas for Consideration

- Significant use of interim positions at senior levels over a prolonged period
- Change at strategic leadership level within the next 12 months
- Strategic Partners and the ability to make things happen
- The 'Warwickshire Way' – is “busy” effective?
- Employment as part of the commissioning process

22. The team was impressed with the senior level leadership for strategic commissioning within the People's Directorate and the drive to improve the quality of service provision. Officers received support from the Leader, who clearly had a deep knowledge of the Adult's agenda. The importance placed on commissioning was evident in the way that the strategic commissioning team was structured and related to the other parts of the People's Directorate.

23. The team received feedback from staff and partners that the significant use of interim posts at senior levels had an impact on their ability to form meaningful and sustainable relationships. The team was also aware of changes that will be occurring within the strategic leadership over the course of the next 12 months and that this again is likely to have an impact on relationships. The council needs to ensure that relationships with strategic partners are maintained during this period so that the partnership as a whole continues to be able to deliver on its transformation agenda.

24. The team heard from a range of participants about the “Warwickshire Way”; the culture and approach to how things were done in Warwickshire. Although there was no clear definition it appeared to the team that this referred to people being busy and working hard within silo-systems and that this sometimes slowed down the processing of information and delivering outcomes. The team were aware of a lot of projects being undertaken at the

same time, with staff reporting that they did not fully evaluate whether these achieved their intended outcomes before they were asked to move onto the next project. Concern was expressed that this equated to a lot of transactional change when what was needed was transformational change. In a very short period the commissioning team have led a step change in what is commissioned; this now needs to be evaluated and reflected upon so that lessons are learnt from what has been achieved in order to take the next steps.

25. The team received evidence that there were potential employment opportunities for service users of employment age that could be exploited more fully. Examples seen included; people attending a drop-in centre for the visually impaired who had considerable IT skills but who did not have employment identified within their personal plan, a person living with mental health issues who had great skills and entrepreneurial spirit, which if encouraged, could greatly improve his wellbeing. If these opportunities were developed further individuals would increase their independence and potentially decrease their need for services in the future. Employment is recognised as one of the precursors for wellbeing, independence and resilience. It is also likely that employment for carers will be a significant feature of the anticipated National Carers Strategy in March 2017.

Person Centred and Outcome Focused

Strengths

- Outcomes focussed health and social care contracting using an outcomes based framework
- Clear evidence that the reviewing function contributes to being person centred and outcome focussed
- Carers always invited to reviews – or advocate in Residential Reviews
- Advocacy service reflects a coherent approach across public health, children and adult services – a good example of joined-up commissioning
- Evidence of person centred social work practice and micro-commissioning
- Considerable attention to the Customer Journey

Areas for Consideration

Is commissioning activity supporting a strengths based approach?

- Micro-commissioning – DP, IPC, PHB, Individual Service Funds (ISF) sufficiently ambitious?
- Review performance is very low in some key areas
- Case file reviews not consistently applied – assessments and reviews
- Is the OD programme to support person centred outcomes sufficiently comprehensive?
- View of the customer appears uni-dimensional not multi-dimensional

26. The team saw evidence that an outcomes based framework was used in the commissioning process and that service users were getting agreed needs met. Evidence to support this included the home care recommissioning arrangements, which were driven by the outcomes framework, as was the rehabilitation service for people with visual impairment. There was general recognition of the work that had gone into developing outcomes based contracts and that this was a strength to be developed further. Providers reported to the team that they found the outcomes based contracts useful and that they could work to them; domiciliary care providers said that they now felt the council was “catching up” with where they wanted to be.

27. Carers participation in the review process and the use of advocates in residential care settings, helped ensure that the focus remained outcome focussed for the individual service user and brought the person’s experience into the commissioning process. The team heard from service users, carers

and staff that the review process was valued and this is a strength that could be built on and developed further. However, the team received evidence from some staff that review performance was relatively low in some areas. The level of reviewing needs to be raised and consistently maintained across the county, so that opportunities to change care packages to ensure that the most cost effective support is in place are maximised. A trusted assessor model could be one option for WCC to consider; raising the level of reviews undertaken and ensuring resources are focused on the most vulnerable.

28. In the team's view the advocacy service provided a method of making internal connections between departments as they are used across adults and children's. This helps ensure that the service user receives a coherent picture of the services being offered.
29. The team received evidence from frontline staff and from some of the service users that they met that social workers were able to effectively micro-commission services that reflected the individual's level of need. The team met with a direct payment service user who felt well supported by the council in gradually moving from a managed service to a full direct payment at a pace that suited her. The council support team, together with the commissioned support services, gave the customer the confidence to maximise her independence. However, the team also heard evidence from some service users that they felt their views were not being listened to and that their circumstances were not fully taken into account. Some social workers said they felt disenfranchised and left alone to cope with social work cuts. There is a need to further engage service users and social workers in the commissioning process and as micro-commissioners in their own right, including actively seeking their feedback.
30. The team received evidence that the customer journey was being recognised, with a specific example being the Dementia Pathway. Partners and service users were aware of the pathway; there was also awareness that some people were 'slipping through' and that they and their needs were not being addressed. It was reported to the team that when this occurred the individual had to access privately funded activities. More could be done to raise awareness of the customer journey and to use feedback to inform the commissioning of services.
31. In the team's view the number of people accessing Direct Payments (DP) is low when compared with similar Councils. This should be addressed as a priority as there is potential to increase the person centred focus of care and for resources to be used more efficiently. Individuals have the opportunity to be more creative in how their needs are met, which may be less resource intensive than the traditional solutions offered by professionals. More needs to be done to facilitate a culture where service users and those providing advice and support to them promote the use of DPs; this may require a fundamental redesign of the council's approach to the use of DPs so that they are easier for people to access and administer. DPs need to be considered both on the macro level (how the market as a whole is influenced and responds) and on a micro level (how individuals are made aware of opportunities and supported to ensure that these are delivered). The market will shape differently when a lot of individuals choose what they want and the market may need support to change and develop to meet this different way of providing services. There

are opportunities for the council and its partners to further integrate services, with health and children's service users increasingly opting for individual control of funds, so as to increase efficiencies across the whole system. Within the WCC comparator group, Nottinghamshire and Northamptonshire councils have the highest proportions of customers receiving a direct payment and their approaches may be worth considering to help develop take up in Warwickshire. There are other mechanisms that could support a cost effective approach to providing services, particularly in rural and hard to reach areas, including; Individual Personal Commissioning (IPC) budgets (which combines health and social care budgets), Personal Health Budgets (PHB) and Individual Service Funds (ISF), which could be used to give people their individual resource.

32. The team considered that there were opportunities to change the culture across the social care system, including providers and key partners in health, so that there was a sufficient focus on person centred outcomes. This might be brought about by developing the HWB even further and taking forward both programmes of the Better Care Fund and the STP, so that a 'strengths' based approach is at the centre of the system. Increasing engagement with residents will be a key part of the ongoing development of the partnership's culture. WCC may want to consider a council wide approach to promoting independence for vulnerable and frail adults.
33. In the team's view those coming into the social care system are often seen by staff as needing a particular service or an item of support. More could be done to consider the person as a whole, within their family and community setting and take into account other needs or services that may maintain and promote healthy, independent living. The links with Public Health and communities sections of the Council will be key to achieving this strengths based approach that supports people being diverted from the statutory sector in a safe and timely way. The introduction of MOSAIC and the facilitated sharing of information will help promote a multi-dimensional view of the individual. The council as a whole needs to ensure that there is one point of contact, that is responsive to the individual's needs and that maintains a regular dialogue so as to reinforce the ability to capture information in one place. This could potentially lead to a more efficient system and prevent service users trying to circumnavigate the system to perpetuate existing relationships that may not necessarily best meet their on-going needs. An integrated approach would ensure that appropriate services were commissioned and when necessary de-commissioned.

Promotes a sustainable and diverse market place

Strengths

- Development of Extra Care Housing over several years
- Good customer feedback
- Move to outcomes based 8 zones for home care
- Good quality position for registered providers – CQC view
- Commissioning Unit takes proactive approach to quality concerns
- Integrated approach to collation and sharing of information within Quality Assurance Panels (SEP)

Areas for Consideration

- Opportunity for strategic engagement with providers limited
- Clarify the relationship between CVS and commissioners
- Unit price model not shared with providers
- Unit price negotiated every year within a 5 year contract
- ‘Shared Lives’ at an embryonic point of evolution
- Is the commissioning approach to housing support promoting a diverse market place and evidence based?

34. The team was impressed with the arrangements that were in place for Extra Care, which have been developed over a number of years. The team met with learning disabled customers living in extra care facilities. The feedback from them all was very positive, both in relation to their independence and having access to support on site. The communal living had provided the tenants with an opportunity to forge friendship groups and to participate in group activities, initiated and planned by them. The team also noted the positive relationships that have been developed with service users and providers, which was evidenced through the feedback. The supportive and developmental work with registered providers was also evidenced by the Care Quality Commission (CQC) findings and this needs to be acknowledged and built on.

35. There was some concern from providers that the Extra Care Housing (ECH) programme has been developed quickly but could be seen as a limiting factor as the team questioned whether other complimentary models of housing with care had been fully considered. While the ECH appeared to be a great success there now needs to be a review of the programme to evaluate its effectiveness. WCC could refer to work done by Housing LIN (Learning and Improvement

Network) and might wish to consider commissioning a study by them to evaluate the success of the ECH programme and ways it could be improved and developed. One issue already identified was the lack of ECH provision for people under 55 and WCC is to be commended for identifying this and working on how to improve the situation.

36. In the team's view moving to an eight zone model for organising home care provided a good platform to build on. Providers that were spoken to, appreciated the council's recognition of the differences in requirements between urban and rural delivery. There was an acknowledgement from some of the participants that this might cause some "turbulence" in the system in the short term. The team heard that there were plans to develop the model further and work with providers and communities to ensure place based solutions were in place to meet individual needs. Some specialist providers were less clear about the benefits of some of the models, which they felt may be better suited to older people services.
37. It was clear to the team that the Commissioning Unit takes a robust and proactive approach to addressing quality concerns. The Quality Assurance Panels bring together a wide range of views to give a rounded perspective on any given provider. This approach helps foster an integrated approach to identifying issues and addressing these by considering the options available. The team received evidence that WCC had put some of its care home providers on restricted contracts due to the fact that they did not meet the commissioning criteria either on price or quality. While this is evidence that the quality agenda is having a real impact on commissioning, further work needs to be done to evaluate the effect on the sustainability of the market
38. The Service Escalation Panel (SEP) has shown its value in bringing an integrated approach and it is a vehicle which could be enhanced to provide greater insight into commissioning priorities in the future.
39. In the team's view WCC may benefit by establishing a strategic body to represent local providers. This would enable the council to have one conversation, which may be more efficient than holding discussions with individual providers. It may be useful to consider the experiences of Hertfordshire and Cambridgeshire and develop a mechanism that would be most appropriate to gain maximum buy-in within the Warwickshire context. This may include providing support to facilitate a strong, independent body (this may involve commissioning the market to deliver learning and development activities for themselves) and making the awarding of contracts conditional on joining the provider body. There may also be opportunities to commission activities jointly with health, taking advantage of funding streams that are focussed on improving quality; especially that designed to develop community based care. This has the potential to be considered on a regional basis (attracting additional funding streams) as well as creating a strong and engaged local provider market that works more towards co-production.
40. The relationship with the voluntary sector has the potential to develop further, particularly for sharing of information and the facilitated co-production of services. The current model described to the team was that Public Health commissions, service delivery sits within communities but that there is a high level of inter-dependency with Adult Social Services. The relationship with the

voluntary sector could be strengthened through a regular forum with clear terms of reference. This would help develop more sophisticated relationships with providers such as Warwickshire Vision Support (WVS). Whilst WVS has a contract with the council it also supports people in Warwickshire through its independent charitable operations. Service users would benefit from a greater understanding and development of these types of multi-dimensional organisations operating in Warwickshire.

41. The team was impressed with the homecare commissioning process, in which home care providers were empowered to focus on quality rather than price; the price was predetermined and so was not a deciding factor in choice of the successful providers. However, the lack of flexibility in the pricing mechanisms means that in some cases WCC might actually be paying more than required by providers, thus missing out on potential savings. The team considered that it would be beneficial to share the unit cost model with providers. This would ensure there was transparency in the relationship and strengthen the quality of communication. This may be difficult to achieve whilst conducting a range of individual negotiations with providers and the establishment of a single forum should prove useful in working with providers to determine the unit price. In Kent the executive member chairs the pricing discussion, which enables the conversation to go wider than price and take in other strategic concerns.
42. The 'Shared Lives' approach to housing has just begun in Warwickshire. This will provide alternative and broader choices for people when considering their accommodation needs. The team believes that a commissioning approach to housing will help create a diverse housing support market place and the relationship with district and borough councils will be critical in achieving this. An integrated way of working will also help address the needs of the learning disability service users, taking into account the most cost effective methods of delivery.

Integration: Internal

Strengths

- Customer Transformation Board – modelling matrix working
- MOSAIC!
- Observatory
- Strong finance support team and model – valuing difference
- Service panels and bringing together of quality ‘intelligence’

Areas for consideration

- Are collective behaviours providing sufficient momentum for change?
- Community ‘hubs’ – is there a common understanding internally and with partners of what these are intended to deliver?
- Are you getting the added-value of Public Health being within the council?

43. The Customer Transformation Board (CTB) provides WCC with a real opportunity to develop a more matrix working approach between directorates and across the council. Senior officers are beginning to lead behaviour change and this could be significant in establishing a corporate approach to commissioning, working more collaboratively and ensuring that this is done in a consistent way to achieve corporate ambitions. However, in the team’s view the collective behaviours, across the council, may not be sufficiently aligned, proactive and solution focussed to ensure the pressures of the next 12 months are addressed with enough pace. The strengths within the commissioning function need to be harnessed and potentially seen as a corporate resource.

44. It was clear that the systematic collection and analysis of information was gaining in strategic importance. The decision to use MOSAIC was seen as positive in realising this. However, the current pace of implementation indicates that this is unlikely to be in operation before the winter of 2017/18. More needs to be done to bring this on-line swiftly so that it does not adversely impact commissioning decisions that are already in process.

45. The team was impressed with the intelligence gathered through the Observatory. This provides a lot of collected intelligence and provides an opportunity to build on the data that is collected.

46. The finance support teams are embedded in service departments. This model allows the finance team to have a deep understanding of the business that they are supporting. There are opportunities to bring finance officers, their knowledge and understanding together to learn from what works well elsewhere in authority, so that there is increased consistency and awareness of the

pressures on the system as a whole. Service Panels bring together views from health and across the authority in a business-like manner that is focussed on development and improvement and not issue specific; this model could be used to develop the effectiveness of the finance teams.

47. The team did not receive evidence that there was a clear understanding of what the community 'hubs' were intending to deliver. The team heard different explanations from various participants. Some of the staff the team spoke with said they did not know what the hubs were for and so therefore did not engage with them. There needs to be a common understanding, both within the council and with partners, as to the purpose of the hubs and what their expected outcomes are. The hubs should be the 'face of the council' and potentially the public sector more widely, that provide an effective engagement with residents, bringing in valuable information that should be used to inform the whole commissioning process.
48. In the team's view more could be done to make the most of Public Health being within the council. There needs to be a greater emphasis on embedding Public Health issues and influences e.g. the suicide strategy, within the other areas of the council's work and making the most of funding streams that are available. Public Health also brings valuable skill sets, including delivering needs analysis, which could usefully be commissioned wherever it is needed within the council.

Integration: External

Strengths

- Health and Wellbeing Board
- Intermediate Care - reablement
- MASH – but where is health?
- CAMHS
- Integrated commissioning: Dom Care, Res Care

Areas for consideration

- Multiplicity of ICT platforms
- Limited experience of 'pooling' resources
- Build up pace on successes e.g. intermediate care
- Consider the development of a coherent commissioning approach to housing for independence programme (to include prevention)
- Is commissioning making the most of customer feedback?

49. The way the HWB has been structured, including the sub-committees, is a strength, particularly in the way partners are brought together to address issues in appropriately tiered ways. There was clear political leadership and drive to make this an effective mechanism for integration.

50. There were clear examples of progress being made towards integration with partners, including; the establishment of a MASH and work with CAMHS, which was at an early stage. However, there is no health presence in the MASH and this needs to be addressed swiftly to ensure that information and services are more fully aligned. WCC acknowledged that there was an agreement that the council should take the responsibility for the commissioning of CAMHS and this had taken too long to bring about.

51. Although the STP recognises that there are a multitude of ICT platforms being used across the partnership there is not a robust enough challenge to ensure that these are more effectively brought together. There needs to be a clearer strategic approach to sharing information with milestones agreed as to when this will take place. This will also aid the commissioning process to make the most of customer feedback, wherever it is collected across the social care partnership, including for example the CQC.

52. As with the sharing of information more needs to be done to pool budgets. The Better Care Fund has offered a mechanism for this to be tested in recent years.

The pooling of budgets will provide more opportunities to take a systemic approach with partners to the use of resources, which includes staff.

53. In the team's view the pace of change needs to be increased; building on where there have been successes, e.g. intermediate care, and developing a clearer approach to collective risk management.
54. There needs to be a clearer approach to commissioning housing for independent living. This will involve developing collaborative arrangements with partner district and borough authorities.

Moving forward

- Share the results of this Peer Challenge with as wide an audience as possible – e.g. all those interviewed/invited to take part?
- Pooled budgets!
- Build a collective commissioning ethos between commissioners, operations and central functions
- OD and workforce – refresh and update the Warwickshire Way – unblock those arteries!
- Strengthen front-door management – a strong secondary prevention lead! Build on the potential of the Customer Service Centre

55. During the course of the on-site work people who participated in the Challenge expressed to the team a desire to know the findings and what the resulting outcomes will be. People were clearly interested to know how their contributions were going to be used to affect change. There were some positive messages from providers about the commissioning direction and from service users regarding micro-commissioning to make their care more integrated and person centred. However, there were feelings expressed that they were not considered full partners and that more could be done to provide clear, accurate information on which individuals and organisations could then make informed decisions. The team strongly suggest that the findings are circulated widely and that participants continue to be engaged in the process of co-producing improvements.

56. There is clearly an opportunity, particularly with health, to consider where and for what budgets can be pooled. This should happen as a matter of urgency and with high level strategic support to ensure that those working at a more operational level understand the significance of what is being done and that barriers to effective integration are swiftly overcome.

57. The commissioning ethos within the council and with partners needs to be clearly set out. Once what is trying to be achieved through commissioning is understood by all more time can be spent on more significant projects rather than being kept busy with individual contracts, important though these are.

58. There is a need to develop existing projects with greater pace. Health needs to be brought into the on-going development of the MASH as a matter of urgency, which would support integration with partner organisations. The CTB needs to be given greater focus so that a culture of internal integration and the behaviours that support this are rapidly developed.

59. The dialogue with residents through the front door interface needs to be consistent and used to help manage demand for services. The information obtained is crucial for ensuring the right level and volume of services are commissioned and that the market works with the council and other partners so that it is capable of meeting predicted future service user needs.

Contact details

For more information about this Adults Peer Challenge on Commissioning for Better Outcomes at Warwickshire County Council please contact:

Jonathan Trubshaw

Review Manager

Local Government Association

Email: jonathan.trubshaw@btinternet.com

Tel: 07736509794

Marcus Coulson

Programme Manager – Adults Peer Challenges

Local Government Association

Email: marcus.coulson@local.gov.uk

Tel: 07766 252 853

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

Read the Adults Peer Challenge Reports here http://www.local.gov.uk/peer-challenges/-/journal_content/56/10180/7375659/ARTICLE

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