Wiltshire Council
Peer Challenge Report Commissioning for Better Outcomes

January 2017

Final Report

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Executive Summary

Wiltshire Council asked the Local Government Association (LGA) to run a Commissioning for Better Outcomes Peer Challenge. The work was commissioned by James Cawley, Associate Director, Adult Social Care Commissioning and Carolyn Godfrey, Corporate Director, who was the client for this work. They were seeking an external view on how the Council and its partners were working together through the commissioning relationship to address the current and future workforce challenges faced with the wider social care workforce. The Council intends to use the findings of this peer challenge as a marker on their improvement journey. The focus for the challenge was:

- To provide feedback on the three domains of the national standards

- To consider how Wiltshire might support providers to deliver the appropriate workforce over the next five years.

It was clear to the team that there was strong political leadership for Adult Social Care. Since his appointment in the summer of 2016 the portfolio holder had engaged fully with the service, talking with and listening to staff, partners and service users. There was also an increasing awareness of ASC issues within Council.

The team was impressed with the quality of staff that they met who were engaged and eager to share their experiences and views. There was an openness to developing new ideas and being prepared to work in new ways as evidenced by the approach to flexible and joint working. People expressed that they were proud to work for the Council and said that it was a good place to work.

The team noted that there were improving relationships with partners. It was clear that significant effort had been made from both sides of the commissioning relationship and that this represented an area for future innovation and efficiency.

More could be done to ensure that clear and consistent lines of communication are in place. This would allow corporate messages to be understood by all staff as well as providing a mechanism for engaging with frontline staff and gathering intelligence to inform future strategy and operational policy.

The staff that the team met expressed their willingness and readiness to work towards an integration with Health. However, they did not know or were not always clear nor confident about what sort of integration they should be working towards; commissioning, delivery, structural or a combining of budgets so that money could be used more creatively. There needs to be a clear message stating the purpose of integration and what that will look like so that the positive approach of the staff can be built upon.

The Council's Area Boards were widely viewed as a positive way of engaging with local communities and for ensuring that local needs were addressed. These offer a mechanism for increasing engagement with ASC and how the assets possessed by

the community, in terms of skills and abilities, could be matched with those in need of support.

More could be done to increase the amount and profile of coproduction with service users. Where coproduction activity already exists this needs to be promoted so that it is clearer to service users and partners that the Council is addressing issues raised by working with those who may be best placed to create effective solutions.

The Council should encourage providers to work more collaboratively with each other and with the Council itself in addressing skills shortages through the recruitment process. Currently there is competition between employers for the same scarce resource to meet the needs of the shared client group.

There needs to be a clear 'front door' to accessing ASC services. In particular the Council's website does not provide sufficient information or access into ASC services. At present there are multiple entry points and this is limiting the effectiveness of the commissioning approach to facilitating an efficient, person centred delivery model.

Report
Background

1. Wiltshire Council asked the Local Government Association (LGA) to run a Commissioning for Better Outcomes Peer Challenge. The work was commissioned by James Cawley, Associate Director, Adult Social Care Commissioning and Carolyn Godfrey, Corporate Director, who was the client for this work. They were seeking an external view on how the Council and its partners were working together through the commissioning relationship to address the current and future workforce challenges faced with the wider social care workforce. The Council intends to use the findings of this peer challenge as a marker on their improvement journey. The focus for the challenge was:

   • To provide feedback on the three domains of the national standards

   • To consider how Wiltshire might support providers to deliver the appropriate workforce over the next five years.

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. These were used as headings in the feedback with an addition of the scoping questions outlined above. The three CBO domains were used with another added to make four key headings:

   • Well Led
   • Person-centred and Outcomes-Focused
   • Promotes a Sustainable and Diverse Market Place
   • Workforce Strategy

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:

   • **Margaret Willcox,** Commissioning Director & Director of Adult Social Care Services, Gloucestershire County Council

- **Cllr Graham Gibbens,** Cabinet Member for Adult Social Care & Public Health, Kent County Council

- **Mel Lock,** Adults & Health Operations Director, Somerset County Council

- **Bridget Warr,** Chief Executive, United Kingdom Homecare Association (UKHCA)

- **Sarah Davies,** Volunteer, Healthwatch Wiltshire

- **Donna Telfer,** Independent Health & Community Consultant

- **Duncan Jordan,** Independent Public Sector Consultant

- **Jonathan Trubshaw,** Review Manager, LGA

6. The team was on-site from Monday 16th January – Friday 20th January 2017. To deliver the strengths and areas for consideration in this report the peer review team reviewed nearly 100 documents, held 60 meetings and met and spoke with at least 95 people over four on-site days spending 46 working days 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 completed by the Council and the CCG.

7. The LGA would like to thank Carolyn Godfrey, Corporate Director for Adult and Community Services, James Cawley, Associate Director, Adult Social Care Commissioning, Iain Kirby, Head of Business Change, Performance and Governance and their colleagues 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 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.

8. The team's 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 challenge.

Strategic context

- Unitary council since 2009.

- Growth in numbers of older people.

- Reduction in central Government funding.

- Budget growth in ASC, overall Council budget has reduced.

- More innovation and delivering differently.

- Significant employer.

- Large and expanding MOD presence.

- Large rural county

Key points

- Key vacancies proving difficult to fill.

- Low unemployment.

- Planned increase of military families.

- National policy driving integration.

- Council's locality approach.

- Corporate leadership and matrix management.

- Recognition of ASC demand in budget allocations.

9. Wiltshire Council became a unitary authority in 2009, replacing the County Council and four district councils. It is a large county with a population of 471,000 but with 146 people per square kilometre it has a lower population density than the South West or England overall. The population as a whole is projected to rise by 10.4% over the next 15 years but with the working age population dropping by 6% to 54.4% and the retirement age population increasing by over 8% to 29.8%. There are 30,000 military personal and their dependents based in Wiltshire and this will increase by 4,000 by 2019 with many relocating from Germany. The Council's Cabinet takes most of the executive decision and the Council is currently led by two Corporate Directors who report to the Leader and the Cabinet. They are supported by 13 Associate Directors. Along with other local authorities the Council is receiving less funding from central government and is using the social care precept to help to invest £13.6m over the coming three years. Wiltshire has reinvigorated its relationships with providers and through the creation of 18 Area Boards is working to find solutions to local issues that make the most effective use of all the resources available to individuals and their communities.

10. From the information that the team gathered from the documents that they read and the interviews conducted there appeared to be hard to fill posts at all levels throughout the Health and care partnership, not just within social care. Vacancy rates were reported to be up to 30% when sickness absence was added to vacancies. The team received evidence from all the providers that they met that they were experiencing difficulties in attracting staff. One example given was of a nursing home that had been 'down-graded' to a residential home because they were unable to recruit nurses. Factors that contributed to the difficulties in recruitment included relatively low levels of unemployment that made caring roles unattractive and those with the appropriate skills hard to find. It was not lost on the team that one of the successes of the Council's economic plans has been to increase employment. However, with fewer people looking for work the pool of potential social care workers has shrunk and more needs to be done to work collaboratively so as to avoid losing time and resources on failed recruitment drives.

11. The Council operates a corporate management model with a matrix management approach. This allows for clear lines of management with reporting lines to other senior officers on relevant areas of work. The team acknowledged that this choice of operating model was taken to encourage information sharing and avoid silo working.

12. There was a clear understanding and recognition from the leadership of the Council of the demands on Adult Social Care, which was reflected in the budget allocations.

Strategic key messages 1

Strengths

- Strong political leadership.

- Openness to innovation and change.

- Motivated workforce eager to implement new ways of working.

- Improving relationships with partners.

- History of staff responding to direction and adapting to change.

- Potential of community focussed approach and an asset based model that promotes independence.

13. The team saw evidence of strong political leadership. They also heard from a number of sources that since his appointment the portfolio holder had engaged fully with the service, talking with and listening to staff, providing a clear direction and that this was appreciated by the staff and providers that the team met.

14. The team was impressed with the quality of staff that they met. People were engaged and eager to share their experiences and views. There was an openness to developing new ideas and being prepared to work in new ways. Staff had adapted well to various innovations including remote working and matrix management and that this willingness to embrace change provided a sound basis for any future integration arrangements. People expressed that they were proud to work for the Council and said that it was a good place to work.

15. The team noted that there were improving relationships with partners. It was clear that significant effort had been made from both sides of the commissioning relationship and that this represented an area for future innovation and efficiency.

16. Improving relationships had increased the partnership's ability to engage further with and develop the potential of communities to help themselves. There was a focus on people being made aware of their existing assets, including skills and abilities and this model was used to promote independence.

Strategic key messages 2

Areas for consideration

- Ensure all staff are clear on the corporate vision.

- Define and agree the model for integration.

- Define the broader commissioning approach and broadcast it.

- Establish clearer lines of communication, both vertically and horizontally, with simple, consistent messages.

- Raise the profile of service users and carers further by increasing co-production.

- Connect the disparate recruitment processes, including independent providers.

- Refresh the access route to ASC in line with the corporate strategy.

17. The team heard that a lot of work had been undertaken to make staff aware of the corporate vision and that some of the impact of this work had been reflected back in the recent staff survey. Staff could describe the outcomes based approach for an individual and what this meant in terms of satisfaction and achievement of goals. However, the majority of the people the team met were not readily able to describe the vision and how their work contributed to achieving this. More could be done to ensure that clear and consistent lines of communication are in place. This would allow corporate messages to be understood by all staff as well as providing a mechanism for engaging with frontline staff and gathering intelligence to inform future strategy and operational policy. Given the matrix approach to management, these lines of communication need to be consistently applied across the organisation so as to address any potential for silo working and reluctance to share information between departments and more widely with partners

18. The staff that the team met expressed their willingness and readiness to work towards an integration with Health. There were examples of good cross-organisational working and cooperation, including the GP Demonstrator sites and so the word 'integration' may need to be clarified as to what this means. The staff whom the team met were not able to state clearly what sort of integration they should be working towards; commissioning, delivery, structural or a combining of budgets so that money could be used more creatively. There needs to be a clear message stating the purpose of integration and what that will look like so that the positive approach of the staff can be built upon.

19. More could be done to increase the amount and profile of coproduction with service users. Where coproduction activity already exists this needs to be promoted so that it is clearer to service users and partners that the Council is addressing issues raised by working with those who may be best placed to create effective solutions. Healthwatch Wiltshire and the newly formed

voluntary sector forum are well placed to work in partnership to take forward this approach.

20. The Council should encourage providers to work more collaboratively with each other and with the Council itself in addressing skills shortages through the recruitment process. Currently there is competition between employers, in both Health and social care, for the same scare resource to meet the needs of the shared client group.

21. There needs to be a clear 'front door' to accessing Adult Social Care (ASC) services. In particular the Council's website does not provide sufficient information or user friendly access into ASC services. At present there are multiple entry points and this is limiting the effectiveness of the commissioning approach to facilitating an efficient, person centred delivery model.

Well Led

Strengths

- There is direction and challenge from the Cabinet Member which is welcomed.

- Experienced senior officers have mature relationships with strategic partners.

- There is some evidence of good working practices in safeguarding and associated services for vulnerable people.

- Area Boards connect corporate and local agendas.

- There is now a positive relationship with Health and the voluntary sector.

- The Health and Wellbeing Board is making a positive contribution.

Areas for Consideration

- Staff are eager to know what the model(s) of integration will be and the timeline for implementation.

- There is room to bring ASC and other services within the Council closer together.

- Learning Disabilities and Mental Health appear to be remote from the rest of ASC and would benefit from being included in the outcome focussed commissioning approach.

- Whilst there are numerous initiatives underway, there is a culture of staff repeatedly refer to it being "early days".

- Clarify the ASC vision and therefore what needs to be commissioned and delivered.

22. The Portfolio Holder was well informed and ensured that he had been briefed on relevant issues since taking up the post in the summer of 2016. The team was informed that there was an increased level of challenge and direction for the service and that this was welcomed by staff.

23. Whilst children's safeguarding received high profile attention there may be more that could be done to ensure that all elected members of the Council know and understand their roles and responsibilities with regards to safeguarding adults. It was the team's view that giving all elected members an awareness on safeguarding and safeguarding responsibilities needs some stronger focus and the opportunity for this will arise after the May elections.

24. Relationships with partners at a senior officer level were reported to be improving. Staff were able to bring a great deal of experience to these relationships, which ensured that mature and informed debate took place. The Voluntary Sector forum, with its elected representatives forming an executive steering group, was well placed to engage in an increasingly constructive way. It was recognised that this was a relatively recent development with significant potential to develop relationships further and ensure service users were better able to access appropriate services. The team heard evidence regarding community and voluntary sector expertise in community asset based developments that could be more widely utilised by the Council and its partners. Relationships with Health were also improving and there were significant opportunities to consider how potential closer working arrangements might be put in place. The team received evidence from Health partners within the Clinical Commissioning Group (CCG) that they experienced good working relationships with council colleagues. Significant effort has gone into mending these relationships and all partners will need to maintain this focus to ensure that trust is developed and agreed ambitions are achieved. The recently formed joint commissioning teams showed significant potential in assisting with this agenda.

25. The team received wide ranging and consistent support for the Local Area Boards. These were clearly viewed as a strength with significant potential for the Council to engage with local communities; both in how services are prioritised and delivered and in how information is gathered from residents and brought back into the Council. Public Health also provided the Local Area Boards with Joint Strategic Assessments at area level so that they could consider what their priorities should be and to see if they had achieved their Health outcome objectives.

26. The Health and Wellbeing Board (HWB) was seen as being a model of good practice and had recently received a national award for the way in which it conducts its business. The CCG representatives spoke positively about the strength of the board and the opportunities it presented for more and closer joint working to take place. Relationships between partners were seen as mature, which enabled robust and constructive two-way challenge to take place.

27. In the view of the team there needs to be a clearly articulated vision of what integration will look like, with an indicative timetable as to when this will be achieved. The team heard evidence from throughout the Council that staff did not know the partnership's integration intentions and this led to uncertainty with regards to roles and functions within the workforce. An on-going communication stream, including recognition of what was not yet known and the conversations that were happening with partners to develop a shared understanding, would be welcomed by the staff and would help ensure their continued engagement in the process.

28. The team received evidence from some of the staff that were met that suggested they perceived ASC to be somewhat separate from other Council services. It was recognised that with Wiltshire becoming a unitary authority other areas of the Council were the focus of remodelling, especially those not traditionally covered by a county council or that needed particular attention and that ASC was not subject to the same level of focus. More now needs to be

done to encourage a two-way dialogue to ensure that all service areas understand how they interlink and how best to support each other in achieving corporate objectives for the benefit of Wiltshire residents. An increased level of dialogue would also support staff's understanding of the ASC vision regarding what is commissioned and how the commissioning process takes into account service user needs, both present and future.

29. In the team's view Learning Disabilities (LD) and Mental Health (MH) provision should be commissioned and given the same level of scrutiny as other ASC services. It was recognised that these are specialist services and require distinct considerations. However, they may benefit from the outcome focussed approach applied to other services. With regards to MH more attention could be given to those younger adults with low level MH issues as well as those resulting in older adults as a result of dementia and associated needs.

30. It was clear to the team that Wiltshire was engaged in a number of significant programmes and initiatives including Help to Live at Home (HTL@H), Area Boards and the providers forum. However, on numerous occasions the team heard the phrase "Early days" used when talking about how effective and impactful these initiatives were seen to be. More could be done to demonstrate to staff, partners and residents what changes are taking place, how these are being assessed and at what stage they are at in their implementation. For example, the team heard about a number of 'good practice' initiatives, both in the commissioning and provider fields. These need to be celebrated and more widely shared to encourage further expansion and development.

Person Centred and Outcome Focused

Strengths

- The focus on individuals rather than process is understood and valued particularly in the HTL@H with high levels of satisfaction reported.

- Early evidence from HTL@H and GP Demonstrator pilots is promising.

- Providers support and champion the outcome focused model.

- The locality staffing infrastructure supports Older People's delivery.

- An asset based approach to promoting independence is satisfying for both service users and staff.

Areas for Consideration

- Lack of workforce capacity is having a negative impact and has the potential to compromise outcomes and cause staff to revert to a task focus approach.

- There is an opportunity further to develop local relationships using Area Boards.

- An increased focus on outcomes is a critical success factor.

- Commissioning would benefit from closer integration of Public Health.

- Escalate and extend the benchmarking and detailed understanding of costs and long-term benefits of service provision.

31. The team heard from providers that they recognised the benefits of working with the Council and that the operating model was strong. They appreciated being part of a system that looked at the needs of the individual and then determined the best way of ensuring that these were met. Providers considered that they were part of the system and could recognise when needs had been met. They were then able to move care forwards for the individual in an agreed and integrated way, without delays created by waiting for others in the system to authorise changes. The Council's staff working within provider organisations (Mears and Somerset Care) reported high levels of satisfaction and good working relationships. The HTL@H approach that focuses on individual outcomes and an empowered, partnership way of working to achieve these, provides a good model for the future direction of LD and MH specialist services.

32. The team heard from service users, providers and frontline staff that the focus on what the individual and their local community could do to support themselves was widely recognised and appreciated. Identifying, using and enhancing these assets went far beyond physical resources and encouraged people to consider their skills, ability and time. The Voluntary Sector Forum and Healthwatch Wiltshire are well placed to support the Council and its Health

and other partners in developing a community asset based/coproduction approach to commissioning and delivery of key services.

33. Some providers, including Somerset Care, were unable to deliver their contracted amount of care due to difficulties in recruiting staff. The team heard that there was a lack of capacity in the wider workforce and this had an impact on providers' ability to attract staff. The lack of workforce capacity limits the ability to deliver creative solutions (including time to discuss options and potential solutions with service users and their support networks) and constrains the focus of effort on delivering agreed tasks. Further engagement with providers and others in the wider potential social care workforce about how to address capacity, including how existing staff might be used differently, may help keep the current vibrant model going

34. There was evidence from staff that they appreciated the focus on outcomes for individuals and that that this was a satisfying and rewarding approach for their work. However, it was also reported that not all staff considered this to be the case and that some were concerned that this might have a negative impact on their job, particularly for those who were seen to be working in a more "traditional" delivery role. More could be done to ensure the culture of working in an outcome focussed way is adopted right the way across the whole social care workforce.

35. The team heard that there was a willingness from Public Health to integrate further with the Council. Public Health was already integrated within Wiltshire Council and especially in relation to Trading Standards, Community Safety, Leisure Service and community hubs. More could be done to identify cross directorate/cross partnership issues for joint work, such as; road accidents and the challenge of isolation in a rural community with limited transport links. Systems thinking work had been done for the Older People's journey but the same needs to be done for mental health, which will help inform the development of services in the future. The CCG looks at particular types of mental ill health but the Public Health focus is across the whole population and has a preventative focus. There is also an opportunity to integrate more fully the council's five Public Health Specialists' expertise on data analysis, needs assessment, evidence-based outcomes and community development approaches, to inform commissioning decisions across key areas of the Council's work. Opportunities are in place through the newly formed joint commissioning teams with Health for service user experiences to be made known and to inform future co-production commissioning models, including a refocus on early interventions and prevention, for example in mental health commissioning. The team heard of some good initiatives, such as Social Prescribing and ASIST (MH awareness/suicide prevention training), both of which would benefit from being further developed in Wiltshire.

36. More could be done to develop the benchmarking of costs of service provision and how this information is used to inform the commissioning process. Services that might benefit from this approach include LD, as well as considering the weekly costs of home care. A systematic programme of benchmarking to benefit the planning and management of care should include the monitoring of the medium and long-term benefits including the number of: slips, trips and falls, reduced admissions to hospital, earlier discharge,

progression beyond needing any professional support, etc. and might benefit all services and support the commissioning approach.

Promotes a sustainable and diverse market place

Strengths

- There are strong, trusted partnerships between commissioners and strategic providers.

- Some good networking and active community engagement is evident.

- Area Boards are showing potential for better networking with local third sector organisations to aid market development.

- The plans to share information (Single View) are very promising.

- Wiltshire Care Partnership is well engaged and there are improving relationships.

Areas for Consideration

- The recruitment and retention issues are a primary concern for all organisations and are inhibiting progress on developing initiatives.

- Customers, carers, operational staff and providers want to be more involved in developing commissioning intentions.

- There is significant untapped resource in the community that can help shape commissioning and delivery.

- The in-house LD services require reviewing and re-commissioning.

37. The team heard evidence that the Area Boards were enabling greater engagement with local communities and local voluntary organisations. Although it was acknowledged that it was "Early Days" on in the journey of how Area Boards might support and encourage communities to contribute to the wider delivery of adult social care there was recognised potential. Representatives from the Voluntary Sector told the team that there was a significant and as yet untapped resource in local communities. Greater consultation and coproduction would help access and engage this resource and the Area Boards might be a key way in which this is done. However, there needs to be a mechanism for coordination and sharing of good practice that will enable those organisations that have a wider geographical presence to effectively engage in the process; as well as minimising the potential for unnecessary duplication. Ensuring that one person was responsible for providing an overview of activity, facilitating access for providers so that they could provide larger scale solutions (delivered to local specification) would help maintain cost effective delivery.

38. The team was impressed with the creation of the Single View information system whereby Health and Social Care can share information, seeing the elements of each in one place. This has significant potential to increase

efficiency and ensure that an individual's needs are considered in a consistent and transparent way.

39. Providers spoke highly about the change in relationships with the Council since the development of the Wiltshire Care Partnership. There appeared to have been a change in the way in which the voluntary sector was able to engage with each other and the Council and dialogue was more meaningful and productive. The partners had elected members to represent them at a strategic level and they considered this smaller group was beginning to be more effective in ensuring the voice of providers was more clearly heard and through them, so was the voice of their service users.

40. Due to a lack of capacity in the wider workforce, organisations recruiting for care posts are often competing against each other and targeting the same potential recruit. More could be done to share information across organisations (even where they are offering slightly different rates of pay or terms and conditions) so that resource and effort are not wasted. People will move between employers for a relatively little increase in wages and this has significant transactional cost implications for the employers involved. Considering how outcomes for a service user might be achieved in different ways may help reduce the need for traditional employment models. There is potential to work even more closely with the Ministry of Defence so that as the planned increase in military personnel occurs over the coming years, their families may contain people who have the necessary skills and want to work in Social Care. Providing some Public Health/health promotion volunteer and training opportunities to the military community has been a useful stepping stone to workforce development elsewhere in the country, for example, Health Trainers and Breast feeding champions.

41. There is a difference in the rates offered to providers of home care when spot purchasing and contract purchasing. These need to be resolved so that there is a clearer understanding and planning for the costs of provision.

42. The service users, carers and frontline staff from across the partners whom the team met were all keen to be more involved in developing the Council's commissioning intentions. More of "You said, we did" style of communication would be useful in demonstrating their influence were they are already engaged. From the team's meetings with carers in a variety of situations it was clear that carers did not feel their contribution was fully valued by the Council. The work of National Voices offers a number of examples of good practice in collaborative commissioning and service user engagement. (Please see appendix 2. for references, links and further information).

43. Evidence from the GP Demonstration Site indicated that because of the joint work with social care the participants were able to identify others within their communities who could offer support to those in need. Examples included Age UK and the volunteers they attracted who come in to help. The Customer Coordinators also held a great deal of knowledge about those people within their area who could potentially offer support on a voluntary basis. More should be done to support these routes, including work through the Area Boards, to identifying and developing those who wish to volunteer. This could include promoting the role of volunteer carers so that they are more highly valued and recognised within society.

44. In the team's view the current arrangements for LD are ready to be reviewed and recommissioned in line with other Council services. This approach could include considering where best the existing expertise and skills are used and ensure that a customer focused approach to outcomes delivery continues to be promoted and further developed.

Workforce Strategy

Strengths

- The Council is seen to be a good employer and staff repeatedly said "this is a good place to work".

- Staff are loyal, enthusiastic and motivated.

- There is a willingness to learn and improve.

- The organisation is committed to supporting and developing staff.

- Local co-terminosity (with NHS and Area Boards) is an advantage and is valued.

- Outcome based commissioning model in the pilot sites are using a creative skill mix, which enhances capacity.

Areas for consideration

- Implement a single, coherent Health and Social Care workforce strategy as agreed in the STP.

- There needs to be a clear philosophy and plan on joint commissioning that informs workforce decisions.

- The good data that is available needs to be used to inform the way forward.

- Area Boards and Community Engagement managers have potential to help build the wider local workforce capacity and link to ASC.

- Mapping the current workforce could facilitate a review of how skills could be redeployed to create capacity.

- Identify and address training needs of commissioners.

45. It was clear to the team that staff in Wiltshire, at all levels, were dedicated, enthusiastic and motivated. The team heard staff say on numerous occasions that Wiltshire was "a good place to work". Staff respected senior leaders and said that they had confidence in senior staff. Recent staff surveys also showed that staff were positive about their work.

46. Staff appreciated and valued the current flexible working arrangements, including working from home. However, more opportunities could be found for discussions and information sharing between colleagues.

47. Staff said that they were willing to learn new ways of working and to develop their skills where necessary. There was evidence that continuing professional development was supported and the Council has provided learning

opportunities. There is scope to undertake further planned development, both within the Council's workforce and with the wider social care workforce.

48. The team noted that the draft Sustainability and Transformation Plan (STP) contained an agreement to develop a coherent Health and Social Care workforce strategy. This needs to be developed swiftly so that staff and partners are clear about what they are working towards and what skills will be required in the future. A concerted and coordinated approach to addressing the wider social care workforce issues could have a significant impact on the whole system's ability to address Delayed Transfer of Care by ensure there was sufficient and appropriate care in the community. Once a clear understanding of what integration will look like has been agreed, then the skills the workforce will require to operate this new model can be determined. This may then mean that some staff and their existing skills can be usefully deployed in new areas.

49. The Council and Health need to agree and publicise their joint commissioning intentions. Once this is in place the appropriate skills can be planned for and developed. The HWB may provide a useful forum and catalyst to ensure that plans are put in place and then delivered upon.

50. Whilst there were development opportunities for various professional staff groups there did not appear to be a strategic approach to ensuring the skills of those in commissioning roles were developed so that a consistent standard was maintained. The Council may wish to consider the Skills for Care and the Commissioning Academy programmes as a way of providing relevant staff with a set of standards to operate within. Other options may include delivering in-house programmes or working with colleagues, which could include those within CCGs as well as other local authorities, on a regional basis to develop staff skills and share good practice.

Moving forward

- Widely promote the corporate vision (One Council) and define the social care ambition.

- Be clear on integration intentions – and deliver them.

- Improve data sharing across Health and Social Care (building on current examples of good practice e.g. LD IT system).

- Combine Quality data into one database.

- Review and refresh the ASC strategies, in particular customer access and digital communications.

- Promote the positive aspects of working in the extended Health and Social Care sector.

- Develop a workforce strategy and training plan.

51. Ensure that the corporate vision is widely circulated and that all staff understand how their work relates to achieving the vision. The ASC element for achieving the vision needs to be clearly linked to the other corporate services and priority areas so that it is not seen as separate.

52. The team heard strong evidence that the time is right for working with Health to create clear integration intentions. Staff at all levels were keen to know what integration will mean; for themselves, for the way they work and for the people they support. They expressed a want to move forward with integration, whatever this might look like. There is also a willingness from senior Health partners to engage on this agenda. This now needs to be driven forward with pace.

53. The team saw examples of data sharing between Health and Social Care, including the LD IT system and the Single View and Care First used by one of the GP Demonstrator sites that were already bringing benefits to service users. This approach and sharing of IT platforms needs to be rolled out to other parts of the adult social care system so that data sharing becomes the norm.

54. Data used to support quality monitoring and improvement was held on numerous, separate spread sheets. These should be brought together in one database so that appropriate data can be gathered and analysed without duplication or information being missed.

55. Further promote the role of paid carers so that the public develop a greater appreciation of those providing care. This is important as more carers will need to be recruited to meet the demands of aging population. Those providing care need to have their efforts valued so that their status is considered alongside others working in the Health and care system.

56. More work needs to be done to improve customer access into the Council's systems, particularly when using the Council's website. There needs to be

clarity about how people access the Council's services, particularly those within ASC. There needs to be clarity as to whether there is one 'front door' or multiple access points and how the Council engages with its customers. More information needs to be provided to help those wishing to access a service, stating what is available and what they will need to do to access this. Once people receive a service there was evidence that they were generally happy with the service; difficulties occurred in knowing how to get the service in the first place.

57. There is a clear, written corporate vision for the Council and this is included in the STP. Within this there also needs to be a clear vison for ASC and the role it plays in achieving the overarching corporate vision. This should include the future ambition for ASC and how this is achieved through the commissioning and delivering of services as well as increasing the capacity of people to take decisions to improve their own wellbeing. There could be clarity about what people can expect from the Council if they are eligible to receive ASC services and this needs to reflect the changing relationships and circumstances within the Health Care system.

Contact details

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

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 outcomes-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

Appendix 2: Links and References for Co-production and Service User Engagement

Compiled to support the Local Government Association CBO Peer Review for Wiltshire Council,
their partners and the Wiltshire Community – February 2017

Distinctive principles of co-production
• Co-production conceives of service users as active asset-holders rather than passive consumers.
• Co-production promotes collaborative rather than paternalistic relationships between staff and service users.
• Co-production puts the focus on delivery of outcomes rather than just 'services'.
• Co-production may be substitutive (replacing local government inputs by inputs from users/communities) or additive (adding more user/community inputs to professional inputs or introducing professional support to previous individual self-help or community self-organising).

> Why co-production is an important topic for local government
> Elke Löffler, Governance International, elke.loeffler@govint.org

"I can plan my care with people who work together to understand me and my carer(s),
allow me control, and bring together services to achieve the outcomes important to me."

> A Narrative for Person-Centred Coordinated Care - A Service Users definition of
> Co-production
> National Voices - NHS England Publication Gateway Reference Number: 00076

" …Co-production changes all this. It makes the system more efficient, more effective and more responsive to community needs. More importantly, it makes social care altogether more humane, more trustworthy, more valued – and altogether more transforming for those who use it."

> Phil Hope MP, then Minister of State for Care Services, March 2009

Social Care and CP
http://www.scie.org.uk/publications/guides/guide51/what-is-coproduction/
http://www.scie.org.uk/publications/guides/guide51/files/guide51-easyread.pdf
http://www.ndti.org.uk/what-we-do/voice-choice-and-control/SCIE-coproduction-in-social-care/

Developing CP
https://www.nesta.org.uk/sites/default/files/the_challenge_of_co-production.pdf
https://www.nesta.org.uk/sites/default/files/right_here_right_now.pdf
http://www.govint.org/our-services/co-production/achieving-change-how-to-do-co-production-of-public-services/
http://www.govint.org/our-services/co-production/scaling-it-up-and-making-it-stick-moving-to-sustainable-co-production/

CP and Public Services – Local Government and Health

http://www.birmingham.ac.uk/Documents/college-social-sciences/government-society/inlogov/discussion-papers/inlogov-co-production-chapter.pdf
https://www.nesta.org.uk/sites/default/files/public_services_inside_out.pdf
http://qualitysafety.bmj.com/content/early/2015/09/16/bmjqs-2015-004315.full
https://www.england.nhs.uk/wp-content/uploads/2014/11/realising-value-spec-11-14.pdf

Why CP is important for Local Government:

http://www.govint.org/fileadmin/user_upload/publications/coproduction_why_it_is_important.pdf

Engaging Community and Users, Best Practice:

http://scholar.google.co.uk/scholar?q=co+production+and+user+engagement+best+practice&hl=en&as_sdt=0&as_vis=1&oi=scholart
http://www.mycustomer.com/selling/sales-performance/from-passive-customers-to-active-co-producers-the-role-of-co-production-in
http://www.scie-socialcareonline.org.uk/what-is-the-role-of-voluntary-community-and-social-enterprise-vcse-organisations-in-care-and-support-planning--a-discussion-paper/r/a11G0000009T9YtIAK

Role of VSSE in Care and Support Planning

http://www.nationalvoices.org.uk/sites/default/files/public/publications/what_is_the_role_of_vcse_organisations_in_care_and_support_planning.pdf

Untapped Potential: Bringing The Voluntary Sector's Strengths To Health And Care Transformation

http://www.thinknpc.org/publications/untapped-potential/

Supporting Good Health: The Role Of The Charity Sector

http://www.thinknpc.org/publications/supporting-good-health/

Charities In Health: Rules Of Engagement

http://www.thinknpc.org/blog/rules-of-engagement/

National Voices' Vision For Person Centred Coordinated Care

http://www.nationalvoices.org.uk/sites/default/files/public/national-voices-narrative-leaflet.pdf

National Voices Publications – Engaging People and Communities

http://www.nationalvoices.org.uk/publications/our-publications

Training and development for CP

http://www.scie.org.uk/training/co-production/
http://coproductionnetwork.com/page/about-coproduction

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