

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

January 2016

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Executive Summary

Commissioning 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. It is also an activity best done in a collaborative way with partners and providers

Successful outcomes are described in the Adult Social Care Outcomes Framework, Making it Real Statements, Making Safeguarding Personal and ADASS top tips for Directors.

The Commissioning for Better Outcomes standards have been designed to support continuous improvement of commissioning through self-assessment and Peer Challenge to achieve improved outcomes for individuals, families, carers and communities. The standards support and are aligned with the aims of the Care Act 2014 and seek to support the achievement of transformational change and value for money.

Calderdale Council requested that the Local Government Association (LGA) undertake a Commissioning for Better Outcomes (CBO) Peer Challenge at the Council and with partners using the Commissioning for Better Outcomes Standards developed by Birmingham University with LGA and ADASS and funded by the Department of Health. The work was commissioned by Bev Maybury, Director, Adult Social Care, Calderdale Council. She was seeking an external view on Calderdale's Home Care and Learning Disability (LD) Service and in particular wanted a view about what the services should be focusing on to further deliver outcomes for people. Calderdale requested that the peer challenge concentrate on the Person Centred Standard. The specific scope of the challenge was:

- How the current model of contracting is working from a provider perspective
- A view on updating the supported living model without destabilising the market while ensuring personalised outcomes
- A deep dive into the Home Care and Learning Disability services, to ensure focus is on delivering outcomes

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

Strengths

Social workers across the council demonstrated strongly held social work values and commitment to a person centred, outcome focused approach to their work based on individuals' rights. Social workers described a micro commissioning approach to their work, committed to a community focused, asset based and creative approach to

social care, and committed to delivering the Adult Social Care (ASC) vision on the ground.

Cross party support for ASC priorities is strong and unanimous and there is undeniable confidence from both Members and staff in the Director and in her vision and passion for Adult Social Care.

There is a strong working relationship with the Clinical Commissioning Group (CCG), which has led, among other things, to flexible and creative use of the Better Care Fund (BCF).

There are excellent examples of preventative and some integrated systems being in place in the council, such as the Gateway to Care service and the Community Social Work Practice team. There were also good examples of Extra Care in Calderdale. Residents there spoke of feeling safe, supported and respected.

The vision for commissioning and the very strong social work values we heard from staff across the department are huge positives and provide a strong framework for the future.

Calderdale has examples of supported living schemes that work well, keep residents safe and that are valued by residents, carers and staff. ASC's current robust examples of supported living provision should be used as the foundation from which further schemes can be developed or expanded and which ensure person centred outcomes for individuals.

Though not directly in scope, the team was encouraged by the careful and prudent financial management that gives a sound basis over the next period.

Areas for consideration

The Individual Service Fund (ISF) in Calderdale is a programme that has already demonstrated its value in being a game changer in the way outcomes for individuals can be achieved; it gives freedom and flexibilities to many but not yet to all. Where ISF's were working, they were working very well. However, ISF's are as good as the provider that manages them and some have capacity to respond and others may not have the capacity or the skills to make them person centred. Calderdale's challenge is to enable the next steps for ISF so that they enable choice and control across the provider landscape and this will require the full engagement of providers.

There are opportunities to ensure that all staff are included in the approach to modernisation as they have much to contribute and can enhance progress.

The Health and Wellbeing Board (H&WB) is well established but there is room for further development.

Commissioning strategies are in development and there is now a need to progress this with partners, particularly the CCG and service users and carers. The Council is committed to a co-production model however there needs to be an increased pace and engagement to provide a strategic framework, remembering that co-production means engagement at the outset and throughout.

Calderdale should nurture and develop the existing market. Some providers are willing and able to move ahead with you on your transformation journey, while others need to be nurtured in order to develop the services you require for individuals. Some may need a clearer message and clear market management. Your value base and clarity of purpose is a bedrock to build on. Your transformational leadership will then achieve greater change.

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

Report

Background

1. Calderdale Council has undertaken a self-assessment against the Commissioning for Better Outcomes Standards developed by Birmingham University with LGA and ADASS and funded by the Department of Health and sought comment on it by undertaking a Commissioning for Better Outcomes Peer Challenge at the Council and with partners. The work was commissioned by Bev Maybury, Director, Adult Social Care, Calderdale Council. She was seeking an external view on the quality of commissioning activity at Calderdale Council in the Adults Social Care department and with partners to deliver personalised effective outcomes. The Council intends to use the findings of this peer challenge as a marker on its improvement journey. The specific scope of the work was:
 - How the current model of contracting is working from a provider perspective
 - A view on updating the supported living model without destabilising the market while ensuring personalised outcomes
 - A deep dive into the Home Care and Learning Disability services, to ensure focus is on delivering outcomes
2. A peer challenge is designed to help an authority and its partners assess current achievements, areas for development and capacity to change. The peer challenge is not an inspection. Instead it offers a supportive approach, undertaken by friends – albeit ‘critical friends’. It aims to help an organisation identify its current strengths, as much as what it needs to improve. But it should also provide it with a basis for further improvement.
3. The benchmark for this peer challenge was the Commissioning for Better Outcomes Standards (Appendix 1). These were used as headings in the feedback with an addition of the scoping questions outlined above. There are nine standards grouped into three domains:
 - Person-centred and outcomes-focused
 - Well led
 - Promotes a sustainable and diverse market place
4. The members of the peer challenge team were:
 - **Ian Winter CBE**, Local Government Association, Associate Peer
 - **Marion Usher**, Health Peer Local Government Association, Associate Peer
 - **James Cawley**, Associate Director, Wiltshire Council
 - **Michelle Wright**, Business Commissioning Manager Cambridgeshire County Council
 - **Councillor Angie Bean**, London Borough of Waltham Forest

- **James Gosling**, Expert by Experience, CHAMS (Child and Adolescent Mental Health Service), Rotherham
 - **Venita Kanwar**, Challenge Manager, Local Government Association, Associate.
5. The team was on-site from 19th – 22nd January 2016. To effectively deliver the strengths and areas for consideration in this report the peer challenge team reviewed over 44 documents, held over 48 meetings and met and spoke with at least 155 people over four on-site days, equivalent to spending 35 working days on this project with Calderdale council, the equivalent of 245 hours. The programme for the on-site phase included activities designed to enable members of the team to meet and talk to a range of internal and external stakeholders. These activities included:
- interviews and discussions with councillors, officers, partners and providers
 - focus groups with managers, practitioners, frontline staff and people who access services and carers
 - reading a range of documents provided by the Council, including a Self-Assessment against the Commissioning for Better Outcomes Standards
 - There was full and detailed feedback from the Peer Lead to the Director and senior team at the end of each day which was invaluable in giving and receiving key messages and shaping the next day's activities.
6. The LGA would like to thank Bev Maybury the Director of Adult Social Care and her colleagues for the excellent job they did to make the detailed arrangements for a complex piece of work with a wide range of members, staff, those who access services, carers, partners and others. The peer team would like to thank all those involved for their authentic, open and constructive responses during the challenge process and their obvious desire to improve outcomes. The team was made welcome and would in particular like to thank Bev Maybury, Director of Adult Social Services, Kellie Frizzell, PA to the Director, Elaine James, Service Manager Strategic Commissioning, and Margaret Rosser, Performance Officer for their invaluable assistance in planning and undertaking this review.
7. Our feedback to the Council on the last day of the challenge gave an overview of the key messages. This report builds on the initial findings and gives a detailed account of the challenge.

Key Messages: Summary

Strengths

- Social work values are strongly upheld and applied
- Cross party political confidence in adult social care
- Supported living schemes valued by residents, carers and staff
- The vision for commissioning and strong social work values provides a positive framework for the future
- Current examples of supported living schemes provide a robust model for wider development.

Areas for consideration

- Individual Service Fund (ISF) is a programme in transition and gives freedom and flexibility for many but not yet for all.
 - Further develop the Health and Wellbeing Board in both its function and its place in the strategic planning arrangement with key partners
 - Develop joint commissioning strategies, including refresh market position statements with all partners, service users and carers
 - Nurture and develop your existing local market
8. Social workers across the council vocalised and demonstrated strongly held social work values and commitment to a person centred, outcome focused approach to their work. Social workers described a micro commissioning approach to their work, committed to a community focused, asset based and creative approach to social care, and committed to delivering the Adult Social Care (ASC) vision on the ground. There were a number of concrete practical examples given such as using community facilities, e.g. local takeaways to meet some individual's dietary needs.
 9. Cross party support for ASC priorities is strong and unanimous and there is undeniable confidence in the Director and in her vision for Adult Social Care.
 10. There were some good examples of Extra Care in Calderdale. The residents we met spoke of feeling safe, supported and respected.
 11. The vision for commissioning and the very strong social work values we heard from staff across the department is a huge positive and will provide a strong framework for the future
 12. Calderdale has examples of supported living schemes that work well, keep residents safe and that are valued by residents, carers and staff. ASC's current robust examples of supported living provision should be used as the foundation from which further schemes can be developed or expanded and which ensure person centred outcomes for individuals. The Individual Service Fund (ISF) in Calderdale is a programme in transition, it gives freedom and flexibilities to many but not to all. Where ISF's were in place, they were working very well. However, ISF's are as good as the provider that manages them and some have capacity to respond and others may not have the capacity or the skills to make them person centred. Calderdale's challenge is to enable the next steps for ISF so that they enable choice and control across the provider landscape and this will require the full engagement of providers. The Health and Wellbeing Board (H&WB Board) still appears to be at an early stage of development and could improve its effectiveness. The Board has only recently included NHS providers and there may be opportunities to review the terms of reference, and purpose of the Board, to ensure that it is fit for purpose, particularly with the increasing financial pressures of all organisations. There are significant opportunities to develop whole system and integrated working at this strategic level.
 13. Commissioning strategies are in development and there is now a need to progress this with partners, particularly the CCG and service users and carers. The Council is committed to a co-production model however there needs to be an increased pace and engagement to provide a strategic framework, remembering that co-production means engagement at the outset.

14. Calderdale should nurture and develop the existing market. Some providers are willing and able to move ahead with you on your transformation journey, while others need to be nurtured in order to develop the services you require for individuals. Your transformational leadership will then achieve even greater change.

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 and so represents the purpose and aim of good commissioning. It considers the outcomes of social care at both an individual and population level.

Strengths

- Person centred customer journey, with some reduction in “hand off’s”
- Social work values are strongly upheld and applied
- Commissioning approach is visionary and has at its heart improved outcomes
- Well advanced preventative approach e.g. Gateway to Care, and Community Social Work Team
- Many examples of excellent care e.g. palliative care, buddy scheme, shared lives, extra care, AMHP, MCA

Areas for Consideration

- ISF is a programme in development and gives freedom and flexibility for many but not yet for all.
- Not all services are fully aligned, e.g. Reablement / Gateway, Older People / Mental Health.
- Inconsistency of some information for service users and carers, e.g. care plans
- Multiple systems for reablement/ intermediate care/ crisis can be confusing and should be reviewed with health partners
- Transition work requires greater pace

15. Calderdale Council has demonstrated real strength in the person centred approach; this was seen clearly in the improvements made for people in their journey through adult care services. Individuals coming into the care system are supported by one officer as far as possible from the start of their journey to completion. The aim is to have as few “hand off’s” as possible for the individual thereby ensuring a consistency of approach and an understanding of the person’s journey through the system. This was regarded as extremely good practice by the peer team and an approach that prioritised and cared for the service user.

16. We heard from a range of social workers across different care groups and were impressed by their strongly held social work values and commitment centred, outcome focused approach to their work. Social workers described a micro commissioning approach to their work, committed to a community focused asset

based and creative approach to social care. There was a real and genuine determination expressed by them to enable service users to live independently and at home. The peer team considered social workers to be confident practitioners who enjoyed working in Calderdale Council, committed to delivering the Adult Social Care vision on the ground.

17. The Commissioning approach in Calderdale is visionary and has outcomes at its heart. We heard good examples of front line staff involvement in the retendering of services, for example the advocacy service. This has resulted in services that add value, are monitored in terms of their qualitative and person centred outputs, and importantly are commissioned through improved links and relationships with practitioners. Another example is the Community Social Work Practice Team, for which there are plans to develop a mutual based on a model founded in best practice in Shropshire. The council is demonstrating a culture across ASC that it is promoting care services focused on delivering outcomes and promoting the wellbeing of the population.
18. The approach to preventative working in Calderdale is commendable. The preventative approach has been embedded in Calderdale for at least three years and as a result is the operating culture in the organisation. The success and value of this set it in a good place to make real progress on the development of the Better Care Fund priorities. The outcomes for individuals using services and their carers are that they are supported in their communities with a focus on building their resilience and independence, in line with your priorities for social care. With people supported at home, and enabled to live independently as far as possible, the financial benefits of prevention are realised by the council. Some of the approaches include a strong Gateway to Care Service with 97% of customer queries resolved at this point. The team is multidisciplinary having three nurses managing intermediate care beds five days a week Gateway is also working towards developing an online service. In addition, 85% of cases seen by the Council's Community Social Work Practice Team are resolved and their work ensures that the support placed at home for individuals is right first time, tailored to individual need. Ambitions for the Community Social Work Practice include greater interface with the public by placing the team in a shop in the heart of the community. Plans to progress this are well underway.
19. Examples of excellent care in Calderdale Council were evident. One example of this was the Shared Lives service, which has operated in the area for over 25 years and are currently supporting 50 people. We heard from service users who spoke very highly of the experience of the Shared Lives service, enabling them to become more independent through money management and life skills training so that some individuals are able to move towards independent living and thereby transform their lives. Extra Care services supported individuals to maintain their independence with the provision of additional care where needed. The team were impressed by the value that residents placed on the support they received and could not speak highly enough of the staff that supported them. Some said "If there weren't places like this, I don't know what we'd do" Others spoke of how safe they felt, and that they were treated with dignity and respect. Other excellent examples included the Buddy scheme, run by the Stroke Association which uses volunteers who have themselves suffered

strokes, to support newly diagnosed patients in hospital, and the palliative care team who deliver expert and timely support to those with palliative care needs.

20. The Individual Service Fund (ISF) in Calderdale is a programme in transition, it gives freedom and flexibilities to many. Where ISFs were working, they were working very well. We heard from individuals who were able to change their support needs to suit their changing requirements, and these individuals spoke of ISF in glowing terms. However, ISF's are as good as the provider that manages them and some have capacity to respond and others may not have the capacity or the skills required. The majority of Calderdale's service users of homecare and LD services opted for ISF, largely to retain their existing providers, and this is acknowledged by ASC. Calderdale's challenge is to enable the next step for ISF so that they truly enable choice and control. We saw examples where retained services from a provider offered true flexibility by ISFs, empowering the individual to exercise real control over services they received. ASC acknowledge that there is a need to extend the support and oversight of ISFs to ensure that they are used to their greatest potential, to offer true choice and control to service users, to enable providers to deliver tailored care within a controlled environment, and ensure the ISF model is financially sustainable. Providers need to be offered meaningful engagement in this. In short, they need to be invited into the tent. That does not mean that the scheme should be diluted or go at the pace of the slowest.
21. There were good examples of services as cited above, there were some examples of services that did not seem to be fully aligned and not delivering improved outcomes. Examples of these were the Reablement Service and hospital social work team which provide support 7 days a week and the Gateway to Care team which operates 5 days a week. There were some questions from front line staff about the Reablement Service "doing things for" people rather than helping people to be independent. Other examples include the Older Peoples Social Work service and the Older Peoples mental health service, which previously operated in the same building and worked very effectively together to target mental health issues through early intervention. The mental health service has been re-sited and there are some concerns that intervention and preventative approaches to supporting older people has been affected. One person said "they seem to have disappeared into the ether". There is some structural fine tuning to be carried out by the council which could make a great deal of difference for people's outcomes and in preventative care practices. Some staff feel outside the modernisation programme due to relatively recent changes in management and TUPE arrangements, and there is an opportunity to enhance progress by recognising the skills of this key group of staff and ensuring their inclusion.
22. The peer team found some inconsistencies of information for service users and carers and confusion around care plans. Some individuals spoke of not receiving information about services and some spoke about not receiving a care plan or understanding what care plans were. Some individuals spoke about support plans "being tweaked" to suit carers rather than service users. Some individuals were told that they were not entitled to care plans because they had close family. Carers of individuals spoke of frustration about not knowing how to contact social workers and to inform them about cases where weak levels of

care have been provided. This gave the team some cause for concern and was fed back to operational managers on site.

23. There are multiple systems within health and social care for intermediate care, reablement, crisis and out of hours support for older people, which although interlinked and individually well regarded by service users, may be confusing and inefficient. In addition, some intermediate care beds are located in the private sector while others are in a council run establishment, which is in need of modernisation. Also, it is unclear whether Heatherstones, which is a recent development for intermediate care in flats, rather than care beds, is being or can ever be used to full capacity for its intended purpose. Therefore, there is an opportunity to improve the effectiveness and efficiency of the service through work with partners to review and re-provide across the whole system.
24. There is insufficient capacity in the independent sector for longer term personal care via either ISFs or managed payments and this leads to regular and sustained blockages in reablement. This in turn, may lead to delayed transfers of care from hospital and is not in keeping with the achievement of personalised outcomes. The council should therefore seek ways to increase capacity.
25. Calderdale, should consider increasing the pace of change with regard to transition for learning disabled people. Calderdale's Corporate Commissioning service is working across children and adults services and commissioners have spoken about the commitment to improve commissioning across age groups and the work is in collaboration with care services, which is excellent practice. However, the absence of an embedded transition structure across adults and children's care, means that children and their families may not be able to be involved in coherent planning of their future care. This planning needs to start and continue through childhood and the impact of decisions taken even at a young age needs to be considered in the longer term. Expectations and the journey to adulthood and greater independence is a continuous process. The emphasis of risk management, understanding capacity in adulthood could all be reflected in transition planning and decision making.

Well led

This domain recognises the importance of clear leadership, whole system approach, and the use of rigorous evidence to deliver 'what works'.

Strengths

- Cross party political confidence in adult social care
- Effective cross party scrutiny
- Clear vision and purpose for social care
- In-year sound financial management
- Risk Enablement Panel is well regarded and used
- Enthusiasm for improvement and development
- Flexible and creative use of BCF based on constructive relationship with CCG

Areas for Consideration

- Further development of Health and Wellbeing Board
- Build on the relationship with health partners (e.g. FT) and fully use opportunities for ASC
- Nurture the relationship with providers
- Full use and engagement of council-wide resources to support ASC agenda
- Ensure wider understanding of transformation and calibrate the pace of change to increase engagement

26. The political environment in Calderdale is complex, having 24 Labour seats, 21 Conservative seats, 5 Liberal Democrat seats and one Independent seat. Despite this, cross party support for ASC priorities is strong and unanimous with political good will across the parties, and there is undeniable confidence in the Director and in her vision for Adult Social Care.

27. There is effective cross party scrutiny in Calderdale which is strong, challenging and engaging. We heard of the People's Commission which demonstrated democratic empowerment and a scrutiny process that delivered outcomes from its investigations and from which recommendations were properly considered by the leadership and acted upon. Scrutiny involved listening to public opinion about hospital services and engaging an independent Chairperson to conduct an enquiry and produce a report for the Council.

28. The vision for Calderdale is "For Calderdale to be an attractive place where people are prosperous, healthy and safe, supported by excellent services and a place where we value everyone being different and through our actions demonstrate that everyone matters". It was clear to the team that the vision

was embedded throughout ASC and articulated, prioritised, reinforced and put into practice by officers and members. We heard more than once “We want to be the best in the North” but said with confidence and realism.

29. There is in-year sound financial management, and there is political awareness of budget. There is a clear understanding within the Council of the pressures facing adult care and a close working relationship between corporate finance and adult care staff. Because of this the Authority is in a good financial position compared to other similar authorities across the country. This has been enabled by a strong focus on the preventive agenda, close working with local health bodies, creative use of BCF as well as early investment in its most vulnerable residents. Additionally the Council is supported by a well-established voluntary sector. Until recently, the Council supported service users with ‘moderate’ needs, and made sound financial decisions based on ‘fairer cost of care’ charging, this has been of benefit to the authority. There may need to be greater awareness and discussion of the financial pressures within the local NHS economy, and their potential impact upon the council.
30. There is no doubt that the Risk Enablement Panel (REP) is highly regarded by officers at all levels. The panel brings support, assurance, enables risk for individuals and most importantly assesses each case to facilitate person centred outcomes for people. Professionals stated that the panel was flexible, timely, multidisciplinary non-bureaucratic or cumbersome. It is regarded as a supportive process, one front line worker stated “through the REP, the management have our back”.
31. Officers demonstrate enthusiasm and drive for improvement and development. This is demonstrated by the ASC Transformation process which describes a return to the core values of social work and the drive to keep people in their own homes, ensure a customer centred journey and commissioning services based on achieving outcomes. Calderdale have, invested in accommodation, (Heatherstones Court and Extra Care), invested in social work teams, (growing the Community Social Work Practice from 2 practitioners in September 2015, to 12 practitioners by January 2016), focused on support at home, and carried out the Big Bed Time Audit to check the times service users in residential accommodation were put to bed, to name a few examples.
32. There is a flexible and creative use of Better Care Fund (BCF) based on constructive relationships with the CCG, which is co-terminus with the council. 7 overarching schemes have a total of 34 projects within them, which are well led and co-ordinated. Protection of funding for social care includes funds for preventative services, such as Gateway to Care, and work is ongoing to make progress towards pooled budgets. The BCF shows a balance between meeting the needs of the CCG and the Council, ensuring that available resources are meeting the health and care priorities for Calderdale.
33. There is still further development work to be done with Calderdale’s Health and Wellbeing Board to improve the clarity of role and purpose. It is now working well in relation to decision making for the use of BCF and, as a result of the work of the People’s Commission, now includes local NHS providers. However, the Board should take a more proactive lead on development of a whole system for health and social care, and more opportunities for integrated working. In addition, the financial pressures upon all partners should be openly shared and

planned for. The Board could work to explore how the devolution agenda might impact your responsibilities and powers. There would be a benefit for Calderdale to look at how to develop and refresh relationships and membership and culture amongst members of the board to enhance future decision making. Furthermore the board could strengthen the voice and engagement of your third sector stakeholders and partners, which would improve and develop the level of service provision to residents.

34. Although the LGA peer challenge team were not asked to consider any issues in relation to the H&WB Board, some conversations touched on this important area of work with partners. Information here is inevitably limited by lack of detail, given the focus on other areas of work. Nevertheless, it would appear that there is still further development work to be done with Calderdale's Health and Wellbeing Board to improve the clarity of role and purpose. It is now working well in relation to decision making for the use of BCF and, as a result of the work of the People's Commission, now includes local NHS providers. It is a valuable vehicle for cross party Member engagement. However, the Board could now take a more proactive lead on development of a whole system for health and social care, and more opportunities for integrated working. In addition, the financial pressures upon all partners should be openly shared, understood and planned for.
35. Some providers did not feel that they had always had a valued role when in discussions with commissioners. Measures should be taken to reassure providers that their views are taken into account, are valuable and are acted upon. Listening and acting on providers feedback would result in better outcomes for people and would in turn enable them to develop so that they can deliver the vision for ASC.
36. There is a strong feeling that other council directorates are supportive of ASC. It would be of great benefit to harness the support from other parts of the council, including Children's Services, Public Health, Housing, Education and Environment to further deliver the vision for ASC and to embed outcome based, person centred values across council wide services. There could be more work done to articulate clear definitions of the prevention agenda so that they become shared and clearly defined priorities for the council. This could involve Senior Officers and Members.
37. Calderdale's transformation is tangible and having positive effects, but it may not be fully understood by all. In order to take all on the journey of transformation, there should be some fine tuning and careful calibration of the pace of change to increase engagement in transformation. There are opportunities to ensure that all staff and providers are included in the approach to modernisation as they have much to contribute and can enhance progress.

Promotes a sustainable and diverse market place

This domain recognises that good commissioning requires a vibrant, diverse and sustainable market and competent sufficient workforce to deliver positive outcomes and value for money

Strengths

- Supported living schemes valued by residents, carers and staff
- Robust system of contract management and procurement in ASC
- Operational commissioning valued by providers

Areas for consideration

- Develop joint commissioning strategies, including refresh market position statements with all partners, service users and carers
- Ensure joint commissioning plans are underpinned by a robust understanding of the care provider pressures and market capacity
- Further review of in house provision – taking account of financial pressures and person centred care
- Work with providers to manage the National Living Wage and other financial pressures
- Need to evaluate how further uptake of ISF could impact on the sustainability of the market and any financial risk to the Council
- Balance corporate procurement requirements and ASC market development
- Mind the gap between aspirations of ASC and the reality of the market

38. There were good examples of Extra Care in Calderdale, e.g. Clement Court. Residents spoke of how safe and respected they felt. Residents were very satisfied with their accommodation and the support they received. They talked about the companionship that they had formed in the establishments. Heatherstones Court won the National Housing Awards Innovation in 2015. Although the vast majority of statements were very positive the team heard of a serious incident from a resident which caused the team to pursue the council's response. The incident was brought to the attention of the Director in Calderdale, and the team was fully reassured by a paper trail produced by the department, of an appropriate response having been made.

39. There is a robust system of contract management and Procurement in Calderdale ASC. There is clear, risk assessed and prioritised arrangements in place to ensure that providers are delivering services to meet contract conditions, as well as meeting CQC requirements. Close working arrangements with providers enables the authority to work together to drive up performance. And there is acknowledgement of the need to extend oversight of ISF. Calderdale have solid foundations to work upon. Providers welcomed the

contract management approach but there is a need for discussion about how the system can be further developed.

40. Operational Commissioning is valued by providers. The commissioners response during the recent flooding was welcomed, providers felt commissioners understood the need to make quick decision to support vulnerable people.
41. Some providers were not aware of the Market Position Statement (MPS), or did not think it was useful to them and do not feel engaged in the commissioning process. There is also scope for the development of joint commissioning strategies with the CCG, service users and carers. A refreshed Market Position Statement produced with providers, partners and customers will provide a robust framework to support and manage the care market.
42. There is still a range of in-house provision which includes residential care, day care and home care. Fernie Lea , which has residential and /intermediate care beds, is in need of modernisation, while day centres may not fully provide the person centred care which Calderdale is striving to achieve. It would be timely to review your in-house provision taking account of financial pressures and person centred care With the financial pressures facing Calderdale from a health and care perspective, the Council will need to test the balance between in house provision and affordability.
43. As set out in paragraph 24, the lack of capacity in the independent sector for longer term personal care via either ISFs or managed payments leads to some blockages in reablement, this in turn may lead to delayed transfers of care from hospital and is not in keeping with the achievement of personalised outcomes. The council should therefore seek ways to increase this capacity in discussion with providers.
44. Some providers said that there is no discussion about pressures on the costs of care, except when they increase prices and are subsequently invited to a meeting. Providers are currently experiencing considerable financial pressures and often struggle to recruit and retain staff. Work should take place with providers to manage the National Living Wage (NLW) and other financial pressures, and ensure appropriate planning of workforce takes place. The providers would welcome an open discussion regarding the pressures arising from the NLW. All Local Authorities need to ensure that the market is developing in a sustainable way.
45. Calderdale should consider exploring how any further uptake of ISF could impact on the sustainability of the market and financial implications or risk for the council. Any future expansion of the ISF model must be affordable and ensure that customers have a reasonable choice of a care provider. The peer team do not underestimate the challenges that this raises. Providers are keen to work with the Council to further develop the ISF model. This should be encouraged so that providers are nurtured and challenged in equal measure to ensure that everyone is getting the best possible value from ISFs and that financial risks are balanced through appropriate control and review. The peer team were encouraged to see that Internal Audit is planning to undertake a review of this area
46. There is a need for balance between corporate procurement and the ASC market development. There needs to be a balance between the procurement

process and ensuring ASC can encourage a sustainable care market. We were provided with a clear vision for corporate commissioning, and were provided with assurance over the robustness of procurement by corporate officers which is an excellent foundation for this work.

How your current model of contracting is working from a provider perspective.

Strengths

- The vision for commissioning and strong social work values provides a positive framework for the future
- ISF's are welcomed and well used by many providers and valued by service users
- Many providers feel supported by contract management arrangements

Areas for consideration

- Nurture and develop your existing local market
- Engage providers in strategic commissioning arrangements and discussion
- Some providers would welcome a consistent QA framework linked to person centred outcomes
- The Council should promote a forum that is provider led

47. The vision for commissioning and the very strong social work values we heard from staff across the department is a huge positive and will provide a strong framework for the future. There is a sound and firm foundation in place, further work should be around continuing the strong staff engagement and mirror this approach with providers.

48. Many providers have welcomed ISF's and the peer team heard that they were valued by some service users. They provide continuity of provision for service users, and flexibility of services as individuals needs change. For providers, ISF are a way of providing person centred services that are responsive, we heard from providers ISF's are "fantastic" and have "transformed the quality of service". However, there is some inconsistency among providers and their current success often relies on the response of individual providers, not all of whom work together in a user friendly way. Most providers would welcome clearer guidance and a sustained focus on quality assurance systems in relation to ISF.

49. Providers informed the team that they feel supported by contract management arrangements, and there were positive comments about the new Business Relationship Managers, who act as the interface between the council and providers. While these positions should make a difference in the longer term, some providers were as yet unaware of their introduction or role. Regular meetings between these post holders and providers should be beneficial.

50. Calderdale should nurture and develop the existing market. Some providers are willing and able to move ahead with you on your transformation journey, while others need to be nurtured in order to develop the services you require for individuals. Some will undoubtedly find this way of working challenging. There is good will and an appetite from providers to work alongside you. We heard examples of providers working well together to overcome practical issues during the floods in January 2016.
51. There is more work to be done to engage providers in strategic commissioning discussions. There is a solid platform which needs further developing. Providers would welcome an opportunity to be engaged in strategic thinking for Calderdale and the development of co – commissioned strategies and plans. We heard some mixed messages from providers, on the one hand some said, “We do not know what Calderdale want for supported living/day-care for the next five years or even one year”. However we also heard from providers a real desire to work collaboratively, summed up as, “We want to work as one”.
52. Providers have indicated that they would benefit from the council providing them with an extended Quality Assurance Framework which is linked to outcomes. This would provide them with a structure against which they could measure progress, and improve quality of services while ensuring good outcomes for people. It would have the added benefit for the council to hold providers to account in an outcome focused manner. Some providers were concerned that without a robust Quality Assurance (QA) function ISF customers may not have a consistent and qualitative support and have said that ISF are not outcome focused, that there is no QA role and a risk that ISF’s are process driven. The foundations that are established in the current contract management team provide a solid basis to extend the Quality Assurance framework for services, be it via ISF or managed services.
53. Providers play an important role in shaping the market, and should be engaged with regularly, effectively and efficiently. It would be useful for commissioners to support the development of a Provider Forum that it is being led by, or delivered in partnership with providers, in which participants have equal opportunities to engage in regular dialogue, agenda setting and debate, and for participants to feel a sense of ownership.

A view on updating the supported living model without destabilising the market while ensuring personalised outcomes

Strengths

- Current examples of supported living schemes provide a robust model for wider development.

Areas for consideration

- Can the flexibilities of DP and ISF be extended to all supported living schemes
- Can the model of Extra Care be extended to all care groups
- Consider the development of mixed tenure Extra Care schemes
- The financially viable to develop new build Supported Living schemes and explore alternatives

54. Calderdale has examples of supported living schemes that work well, keep residents safe and that are valued by residents, carers and staff. The view of the peer team is that ASC's current robust examples of supported living provision should be used as the foundation from which further schemes can be developed or expanded and which ensure person centred outcomes for individuals.

55. Many people in supported living schemes still have no direct payment or ISF, and rely on a single provider for housing and an in house one for their care and support. While this may provide economies of scale, it may not be in keeping with the principles of person centred care. Therefore, the Council could explore whether the flexibilities of Direct Payments and ISF can be extended to all supported living schemes to provide customers/service users with real choice and control in their lives.

56. There is an opportunity for the council to innovate in Extra Care, and extend it to all care groups. The development of such a scheme depends on the vision for ASC, the geography of Calderdale, and work with partners. There could also be potential to develop a mixed tenure (own and rent options) in Extra Care shares.

57. The peer team posed a question to the Department about the financial viability of building new supported living schemes. This is a matter for senior officers to consider, but given the current financial climate, Calderdale should look at making use of existing buildings as well as developing new build schemes there may be alternative avenues to pursue for you to build and create. Based on the current model, it may be useful to explore how else it could be used and developed.

Deep dive into the Home Care and Learning Disability services, to ensure focus is on delivering outcomes

Strengths

- Tendering of home care resulted in large numbers of ISF's. This has significantly improved person centred care
- Supported living schemes are meeting individual outcomes

Areas for consideration

- Make early progress on the next phase of ISF and Direct Payments particularly:
 - work with providers
 - engagement with service users and carers to increase understanding and take up
 - evaluate financial risks and appropriate controls
- Develop capacity in community based provision to speed reablement
- Build on existing integrated care practice and use development potential, e.g. Vanguard

58. Calderdale underwent a re-tendering of home care in 2014, the result of which was that the numbers of people receiving managed home care services reduced from 934 in 2013/14 to 391 (35%). People chose to access ISF because they wanted increased control over their support and valued continuity of care. For many this has increased personalised outcomes.

59. ASC have worked to ensure that supported living schemes are meeting individual outcomes, the implementation of ISF across supported living settings are facilitating choice and control for tenants and their carers and families.

60. Calderdale should consider making early progress on the next phase of ISF and DP by working with providers, gaining input from service users (who have many positive things to say about both), as well as working with contract management officers and corporate officers to ensure appropriate controls. ISF and DPs are providing great flexibility for many customers. Consideration should be given to widening the offer of DPs and ISFs to benefit more customers.

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Appendix 1 –Commissioning for Better Outcomes Standards

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 focuses on outcomes 2. Promotes health and wellbeing 3. Delivers social value
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 organisation and partner organisations.	4. Well led 5. A whole system approach 6. Uses evidence about what works
Promotes a sustainable and diverse market place	This domain covers the promotion of a vibrant, diverse and sustainable market, where improving quality and safety is integral to commissioning decisions.	7. A diverse and sustainable market 8. Provides value for money 9. Develops the workforce

Good commissioning is:

Person-centred and outcomes-focused

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

Well led

7. Well led by Local Authorities - Good commissioning is well led by Local Authorities through the leadership, values and behaviour of elected members, senior leaders and commissioners of services and is underpinned by the principles of coproduction, personalisation, integration and the promotion of health and wellbeing.

8. Demonstrates a whole system approach - Good commissioning convenes and leads a whole system approach to ensure the best use of all resources in a local area through joint approaches between the public, voluntary and private sectors.

9. Uses evidence about what works - Good commissioning uses evidence about what works; it utilises a wide range of information to promote quality outcomes for people, their carers and communities, and to support innovation.

Promotes a diverse and sustainable market

10. Ensures diversity, sustainability and quality of the market - Good commissioning ensures a vibrant, diverse and sustainable market to deliver positive outcomes for citizens and communities.

11. Provides value for money - Good commissioning provides value for money by identifying solutions that ensure a good balance of quality and cost to make the best use of resources and achieve the most positive outcomes for people and their communities.

12. Develops the commissioning and provider workforce - Good commissioning is undertaken by competent and effective commissioners and facilitates the development of an effective, sufficient, trained and motivated social care workforce. It is concerned with sustainability, including the financial stability of providers, and the coordination of health and care workforce planning.