

Nottinghamshire County
Council
Commissioning for
Better Outcomes
Peer Challenge Report

March 2015

Final

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Appendix 1 – Commissioning for Better Outcomes
Standards

Executive Summary

Nottinghamshire County Council kindly agreed to help pilot 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 Jon Wilson, Deputy Corporate Director, Adult Social Care, Health and Public Protection, Nottinghamshire County Council (NCC) who was the client for this work. He was seeking an external view on the quality of commissioning in the Adults Social Care department and with partners to deliver good outcomes. The Council intends to use the findings of this peer challenge as a marker on its improvement journey. The specific scope of the work was:

- a) Do Service Users and Carers in Nottinghamshire experience improved outcomes as a result of a strong drive toward personalised and person centred services?
- b) In Nottinghamshire are there effective joint arrangements for the commissioning of health and social care services which have the capacity to improve outcomes?
- c) In Nottinghamshire is there a viable and sustainable market which meets the needs of people who are supported by the Council and those who fund their own care?
- d) Are people's individual outcomes enhanced through stakeholder involvement in the commissioning and delivery of services?

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', to help an organisation identify its current strengths and what it needs to improve. But it should also provide it with a basis for further improvement.

Of the strengths identified by the peer challenge team it was clear that there are some areas of excellence and some truly excellent, committed adult social care and corporate staff at Nottinghamshire County Council that have clear political support for the adult social care and health agenda and strong corporate support for adult social care from Chief Executive. The senior leadership of adult social care is visible and held in high regard and their enthusiasm for partnership working is appreciated by key partners particularly health. There are a number of initiatives delivering positive for outcomes for those who access services and carers.

Of the areas for consideration the peer team suggest that the key issues are that NCC improve the impact of the strategic transformation narrative to deliver operational change and make it clearer what the connections are between successful initiatives, commissioning strategy and everyday delivery of person centred care. There is the opportunity to consider how a more coherent system for user, carer and provider engagement can support events driven consultation and there is a need to re-shaping services on a more localised approach to align with the integration agenda. NCC recognise the issues of the reliability and use of data to create an evidence base and clear quantifiable targets in commissioning decisions. There is also an urgent need to risk assess the capacity issues with the homecare contracts

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

Report

Background

1. Nottinghamshire County Council kindly agreed to help pilot 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 Jon Wilson, Deputy Corporate Director, Adult Social Care, Health and Public Protection, Nottinghamshire County Council who was the client for this work. He was seeking an external view on the quality of commissioning in the Adults Social Care department and with partners to deliver good outcomes. The Council intends to use the findings of this peer challenge as a marker on its improvement journey. The specific scope of the work was:
 - a) Do Service Users and Carers in Nottinghamshire experience improved outcomes as a result of a strong drive toward personalised and person centred services?
 - b) In Nottinghamshire are there effective joint arrangements for the commissioning of health and social care services which have the capacity to improve outcomes?
 - c) In Nottinghamshire is there a viable and sustainable market which meets the needs of people who are supported by the Council and those who fund their own care?
 - d) Are people's individual outcomes enhanced through stakeholder involvement in the commissioning and delivery of services?
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 12 standards grouped into four domains:
 - Person-centred and outcomes-focused
 - Inclusive
 - Well led
 - Promotes a sustainable and diverse market place
4. 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. Successful outcomes are described in the Adult Social Care Outcomes Framework, Making it Real Statements and ADASS top tips for Directors, but above all must be described and defined by people who use services.

5. The Commissioning for Better Outcomes standards have been designed to support continuous improvement of commissioning through self-assessment and Peer Challenge to achieve improved outcomes for individuals, families, carers and communities. The standards support the aims of the Care Act and are being piloted to test their value in supporting the achievement of transformational change and value for money.
6. The members of the peer challenge team were:
 - **Wendy Fabbro**, ADASS Associate
 - **Joanna David**, Assistant Director Social Care Reform, Care Act Joint Programme Office
 - **James Bullion**, Director for Integrated Commissioning, Essex County Council
 - **Alison Bentley**, District Manager, Anchor
 - **Councillor Angie Bean**, Portfolio Lead Member for Adult Services & HWB member, LB Waltham Forest
 - **Clenton Farquharson**, MBE, Former Chair Healthwatch Birmingham and Deputy Chair of Think Local Act Personal Board (TLAP)
 - **Matt Teall** - personal assistant to Mr Farquharson
 - **Marcus Coulson**, Programme Manager, Local Government Association
7. The team was on-site from 3rd – 6th March 2015. To deliver the strengths and areas for consideration in this report the peer challenge team reviewed over twenty documents, held 66 meetings and met and spoke with at least 172 people over four on-site days spending 35 working days on this project with NCC, the equivalent of 245 hours. The programme for the on-site phase included activities designed to enable members of the team to meet and talk to a range of internal and external stakeholders. These activities included:
 - interviews and discussions with councillors, officers, partners and providers
 - focus groups with managers, practitioners, frontline staff and people who access services and carers
 - reading a range of documents provided by the Council, including a Self-Assessment against the Commissioning for Better Outcomes Standards
8. The LGA would like to thank Jon Wilson and his colleagues for agreeing to be one of the Commissioning for Better Outcomes Peer Challenge pilots at very short notice and the excellent job they did to make the detailed arrangements for a complex piece of work with a wide range of members, staff, partners, 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 were made very welcome and would also like to thank Caroline Baria, Cherry Dunk and Angie Burrows for their invaluable assistance in planning and undertaking this review.
9. 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

- There are some areas of excellence and some truly excellent committed adult social care and corporate staff at Nottinghamshire County Council
- There is clear political support for the adult social care and health agenda
- Strong corporate support for adult social care from Chief Executive
- The senior leadership of adult social care is visible and held in high regard and their enthusiasm for partnership working is appreciated by key partners particularly health
- There are a number of positive initiatives delivering positive for outcomes for those who access services, carers and the market place

Areas for consideration

- Improve the impact of the strategic transformation narrative to deliver operational change
 - It has been hard for the team to see the connections between successful initiatives, commissioning strategy and everyday delivery of person centred care
 - Consider how a more coherent system for user, carer and provider engagement can support events driven consultation
 - There is a need for re-shape services on a more localised approach to align with the integration agenda
 - NCC recognises the issues around the reliability, use of data, evidence base and clear quantifiable targets in commissioning decisions
 - Urgent need to risk assess the issues around capacity with homecare contracts
10. There are some areas of excellence and some truly excellent committed adult social care and corporate staff at Nottinghamshire County Council who are intent on delivering positive outcomes for those who use services and their carers. The local authority's self-assessment written in preparation for the peer challenge reflected a good overall level of self-awareness and as a peer challenge is partly an exercise in organisational self-awareness this was a good place from which to start.
11. When discussing the commissioning work of the adults social care department with politicians it was clear that there is clear political support at Nottinghamshire County Council for the adult social care and health agenda.

12. There is also strong corporate support for adult social care from the new Chief Executive who is actively engaged in the on-going work of the department and encourages a focus on promoting wellbeing through partnership working.
13. The senior leadership of adult social care is visible and held in high regard and their enthusiasm for partnership working is appreciated by key partners particularly health.
14. There are many examples of strong and effective services delivering positive outcomes for those who access services and carers. Examples the peer challenge team saw and heard from were: Floating Support, Shared Lives, Dementia Day Support, the Co-production Team work in Mental Health, partnership engagement with the Alzheimer's Society., the Mansfield District Council Assist programme and the respite care and hospital discharge team, the Supported Living project, the work on early intervention, workforce modelling and preparation for the Care Act, the Grant Aid to micro-providers and commissioning of the Learning Disability and Autism services. Of these the Council should be rightly proud.
15. The peer challenge team suggest that NCC ensure the strategic transformation narrative is heard and widely understood among all staff, providers, partners and service users and informs operational change and an enhanced focus on person centred approaches. When listening to staff throughout the department talk about change and transformation the team heard an emphasis in their stories which focused mainly on the impact of reductions in services levels rather than service delivery which is a reflection of the Council's present financial position.
16. Consider how a more coherent and consistent system for user, carer and provider engagement can support events driven consultation. The peer team heard of some good examples of engagement with service users and providers, however, these were often described as being driven by a new contract, or strategy, rather than appearing to be part of a process of regular dialogue and feedback.
17. The peer team believe there is a need for the re-shaping of services on a more localised approach reacting to partners and user groups to meet their needs and shaping services to protect services while undergoing integration. The peer team recognise the complex and varying commissioning and delivery arrangements for Nottinghamshire Clinical Commissioning Groups (CCGs) and recommend NCC continues to adapt the integration proposals to local need through the structure and design of services to achieve positive outcomes.
18. The Council should take steps to strengthen the use of reliable, evidence-based data as well as clear and quantifiable targets in the contract specifications and monitoring arrangements to ensure the required standards are delivered by care providers.
19. There is an urgent need to review the new homecare contracts if the Council is to achieve its aims for reliable, flexible and outcome based services which provide good value for money.

Person-centred and outcome focused

Strengths

- There are plenty examples of good services:
 - Floating Support, Shared Lives, Dementia Day Support, Co-production Team
- Great collaborations with external partners e.g. Alzheimer's Soc., Mansfield DC Assist
- Prisons commissioning is strong and Care Act ready
- MASH access and safeguarding working well and arrangements are in place to feed through user voice and concerns into commissioning
- Health and social care partnerships are strong – 'social model' can be taken into integration
- High reported level of Direct Payments
- Carers assessment rising

Areas for Consideration

- There is further work needed to support the culture change towards person centred commissioning, e.g. give staff greater control of the cultural change towards a more a personalised service in partnership with users
- More work to be done on understanding what outcomes for individuals means in the context of Council strategy
- The voice of the user and carer could be more effectively heard in training and the discussions to deliver individual outcomes
- Seldom heard voices are a missed opportunity
- Work towards hearing fully the voice of the carer and diversify the range of options for them
- Assure yourselves that service users with Direct Payments have real choice and control
- More co-production less consultation reduces unintended consequences

20. There are plenty examples of good services that are on-going at Nottinghamshire County Council such as the Floating Support offered across a range of service areas, the Shared Lives service where payments have changed and feedback is very positive, the Dementia Day Support and the work of the Co-production Team, the peer team saw a good example with the Mindset Charity based in Beeston.

21. There are examples of excellent collaborations with partners such as with the Alzheimer's Society to deliver effective services for those with the illness and their carers. The partnership work with Mansfield District Council to provide the ASSIST service supporting people leaving hospital to live independently with appropriate care and support which the peer team regard as notable practice.
22. The peer team were impressed with the adults department's awareness, engagement and approach to commissioning social care for the prisoners in the County and its consequent readiness for the Care Act.
23. The access to the Multi-Agency Safeguarding Hub (MASH) and adult safeguarding are working well and arrangements are in place to feed through the user voice and concerns into commissioning so that safeguarding interventions are person centred and help to deliver the outcomes specified by the individual. NCC is also establishing 'Making Safeguarding Personal'.
24. The peer team were pleased to hear about the strong health and social care partnerships and believe that there is both open dialogue and expressed commissioning intention for a 'social model' of care focussing on personalisation.
25. There are high reported levels of Direct Payments, in fact the highest in the country. However the peer team were not provided with evidence of widely available, diverse care and support services on which individuals could choose to spend their payments.
26. The number of carer's assessments is rising, but more information advice and advocacy is needed to help carers to plan the support they need. It will also be important to ensure that carers do not feel that they are bearing the biggest impact of the necessary reductions in overall spending.
27. Further work is likely to be needed to support the culture change towards person centred commissioning with some people the team spoke to reporting difficulty in agreeing a direct payment and having real choice in shaping their care and support plan. The peer team recommend that NCC continue to support staff to ensure the principles of personalisation shape the care packages they help to create with service users and carers.
28. There is room for more work to be done on understanding and being explicit about what 'outcomes for individuals' and 'well-being' means in the context of Council strategy. The team heard many different explanations and definitions and suggests a single narrative and understanding would be helpful.
29. The voice of the user and carer could be more effectively heard in social worker training on personalisation and the ensuing discussions that then aim to deliver outcomes for individuals.
30. Seldom heard voices are a missed opportunity in that greater efforts could be made to ensure that services are commissioned to meet the needs of these user groups, there is also an opportunity to put arrangements in place to ensure their perspectives shape future services.
31. There has been some good work done to include the views of carers in designing and monitoring services but the team also heard evidence of carers

finding it increasingly difficult to have their voice heard or get the support they feel they need. It is suggested that the Council review its arrangements for engaging with carers to ensure it provides a diverse and appropriate range of services.

32. The Local Authority will want to assure itself that service users with Direct Payments have real choice and control to spend their budget on, meeting their assessed needs without unnecessary constraints and with access to a diverse market, including small and micro providers.
33. As a theme the peer team felt that the phrase 'more co-production less consultation' would reduce the likelihood of unintended consequences occurring, and would build the confidence of user-led groups in the Council and its effectiveness of communication with them.

Inclusive

Strengths

- CCGs see NCC as a strong partner
- Strong user engagement via CCGs & wider health family
- Better Together Framework influenced by community feedback
- Healthwatch report NCC to be a good partner
- Carers Care Act Roadshow a success
- Examples of positive partnership working;
 - Mansfield respite care and hospital discharge team
 - Supported Living project
 - Early intervention work

Areas for Consideration

- Address the perception of lack of financial transparency between NCC & key partners
- NCC to consider earlier consultation on budget and service change with users and carer groups
- Take further steps to re-build strong partnerships with voluntary sector
- Strengthen Healthwatch engagement in all commissioning areas e.g. MPS and Local Account
- Ensure arrangements are in place to secure regular and transparent dialogue with Core and Legacy Providers
- Improve access to ICES equipment for all service users

34. There are six Clinical Commissioning Groups (CCGs) in Nottinghamshire grouped into three areas within which NCC plans adults' services. As a group the CCGs experience NCC as a strong partner willing to engage with them.

35. The CCGs and the wider health family have processes that effectively engage patients with joint arrangements for consultation with Council commissioners.

36. The Better Together Programme in Mid-Nottinghamshire is bringing together all the health and social care organisations to review and shape future health and social care services. The aim of the programme is to connect services together to ensure that there is better support, advice and the responsiveness of services. The programme is working with existing providers to undertake a capability assessment and a joint outcomes framework upon which to base

future contractual arrangements and it is a notable strength that this work is being influenced by community feedback.

37. In their role representing the best interests of people who use health and care services, Healthwatch report NCC to be a good partner who will help underpin the service change the Council will need to bring about with integrated delivery. It is an important relationship given the new Advice and Information requirements of the Care Act.
38. The recent Carers' Forum Road Shows of 2014 were very well received with more participants and services involved. Carers who supported the road shows asked that they should be extended to other areas in the county. The peer team note there are Council plans to ensure this success is replicated and developed for the future.
39. There is a perception of lack of financial transparency between NCC and key partners that the peer team suggest needs to be addressed. This is probably an unintended consequence of the style of consultation used by aspects of the Council in that a good deal of work is completed creating options before going to partners for consultation. Some partners reflected that this can feel like decisions are already being taken and it is not genuine consultation. A solution that senior staff in adult social care discussed with the peer team was to begin consultation on the budget and service change with users and carer groups at an earlier stage in the process so that wider issues could be included.
40. The peer team heard that the relationships with the voluntary and community sector have of late been negatively impacted by the scale and implementation of necessary financial cutbacks. The peer team heard evidence that suggested that communication had deteriorated and that the voluntary sector may get 'lost' when the Council is dealing with just a few large providers. As a result the peer team recommend that NCC take further steps to re-build the strong partnerships with a very experienced voluntary sector around the shared strategic aims for the County, clarifying the Council's commissioning intentions and the process by which the voluntary sector can bid to secure contracts.
41. Strengthen Healthwatch engagement in all commissioning areas such as those of the Market Position Statement (MPS) and the Local Account and the Information, Advice and Advocacy requirements of the Care Act. Other Local Authorities, for example Wolverhampton, have used their Healthwatch organisation to contribute to and critically appraise the Local Account, and to support regular dialogue and feedback via inclusion activities.
42. Some providers reported limitations to the frequency and scope of dialogue. NCC should ensure arrangements are in place to secure regular and transparent dialogue with Core Providers and consider future dialogue with Legacy Providers. The team heard some evidence that providers were developing their future investment plans in the absence of a clear understanding of the Council's strategic aims and commissioning priorities.
43. The peer team recommend that the Council assure itself that there is access for all to the Integrated Community Equipment Service (ICES) for all service users as there was evidence that those who are hard of hearing are not presently able to get replacements for small items without a return trip to Mansfield. The users

of this service had a range of alternative solutions that could be investigated by the Council to improve the service.

44. NCC has produced a Market Position Statement but this could be made more useful if future demand projections were included. Some valuable work was commissioned by NCC and co-produced with Providers to ascertain a fair cost of care in the residential sector, but more needs to be done with Home Care Providers to ensure the local authority is meeting its significant new duties under the Care Act to ensure that local providers are paying their care workers the minimum.

Well led

Strengths

- Ambition and commitment to integrate, senior leadership seen as visionary and strong on policy
- Strong political commitment to deliver high quality ASC and providing robust challenge
- Council has given relative prioritisation to ASC within the budget setting process
- Leadership has recognised and is considering a localised response to the three planning areas
- Clear and ambitious narrative to promote independence and well-being, leading staff in challenging times
- Workforce modelling and preparation for the Care Act well developed
- Relationships with providers have been strong in many areas

Areas for Consideration

- Opportunity for ASC to strengthen engagement with Public Health
- A demand management and prevention strategy could be re-launched with quantifiable targets
- Continue to review the ASC senior leadership capacity
- Step up the pace of integration for health and social care commissioning and operations
- Widen the integration models from OP to LD, MH and PD
- Consider ways to link BCF and its governance with the Transformation governance of the Council
- Transformation narrative needs to be fully understood by operational staff and all key stakeholders

45. Nottinghamshire County Council has a clearly stated ambition and commitment to integration with the aim of delivering better outcomes for those who use services. The senior leadership across the council both corporately and in adult social care are seen by staff and partners as visionary and strong on policy.

46. There is evidently strong political commitment from the Leader and Portfolio holders responsible to deliver high quality adult social care and provide clear direction and robust challenge for officers.

47. Over recent years the Council has given relative prioritisation to Adult Social Care within the budget setting process to enable the department to continue to meet the care and support needs of its population.
48. Both the Corporate and Adult Social Care Leadership has recognised and is considering a more localised response to the three NHS planning areas in order to effectively meet the differing needs of those diverse areas and those who access services in them.
49. Adult Social Care has developed a clear and ambitious narrative that is widely shared to promote independence and well-being and is seen to be leading staff in challenging times, giving them permission to change service models and to integrate delivery.
50. During the on-site week the peer challenge team heard about the workforce modelling and the multifarious preparations for the Care Act which are well developed. However, there are still major challenges ahead in terms of leading market shaping and development, and defining and leading the wellbeing duty via early intervention and prevention across health (including public health) and care.
51. The Council's relationships with a number of different providers have been strong in many areas and are a testament to the hard work and commitment of many staff. Recent difficulties around new contracts and fee rates need to be addressed via the market shaping duty and more data on future demands and strategic objectives would enable providers to help them plan their services.
52. As with many councils across the country there is still the opportunity for Adult Social Care to strengthen engagement with Public Health, which is recognised by the leaders at NCC.
53. A demand management and prevention strategy could be re-launched with quantifiable targets, as a means to focus joint investments with NHS services on those people at risk of admissions to hospital, residential care or escalated care needs. It was clear that the Council saw the rationale for early intervention but there wasn't a clear and simple plan that outlined the means to do so. This could be a key piece of work with Public Health colleagues which would route their work more concretely into social care.
54. Severe financial pressure has resulted in significant savings in the County Council and as a consequence capacity at senior levels in the adult social care department is stretched. Given the complexity and geographical challenge of the health and care economies, including the need to deliver commissioning plans in three NHS planning areas the peer team suggest there is a further review of the Social Care senior leadership capacity to support this.
55. The peer team recommend the Council step up the pace and understanding of the process of integration for health and social care commissioning and operations, including a consideration of widening the integration models for people with learning disabilities, poor mental health and physical disabilities that would complement the good work being delivered with Older People.

56. Consider ways to link the Better Care Fund work and its governance with the Transformation governance of the Council in order to promote greater financial transparency and that the Council's infrastructure is fit to support integration going forward.
57. Adult Social Care has developed a clear and ambitious narrative to promote independence and well-being and lead staff in challenging times. However, this narrative is not being fully received and understood by operational staff that need to understand how the narrative is to be implemented to achieve better outcomes for people.

Promotes a sustainable and diverse market place

Strengths

- Strong links between strategic safeguarding team, commissioned services and MASH effectively picking up concerns
- Corporate transformation and workforce development teams provide robust planning and commissioning support
- Some 'great' commissioning reported - LD & Autism "the best I've ever worked with"
- Strong foundation of legacy relationships with care home providers - residential fees banding system highly valued by providers
- New commissioning by CCG has had a positive impact on DTOCs
- Some services reported to be excellent:
 - Framework, Alzheimer's Society, Grant Aid to micro-providers

Areas for consideration

- Review commissioning structures to obtain clearer relationship with the market place and to support operational staff
- Consider dialogue on how the Cost of Care methodology impacts on quality and achieves ambitions to deliver the living wage and its effect on the longer term sustainability of the market
- Strengthen communication and co-production of commissioning strategy with providers
- Build on improving relationships with voluntary sector to assist planning and investment in stimulating micro-providers
- Consider how to simplify the Grant Aid applications
- Extrapolate from the success of START to extend capacity in the community

58. There are strong links between the strategic safeguarding team, commissioned services and the MASH which are effectively picking up concerns. This activity successfully picks up both individual concerns, and aggregates market information for commissioners to use on approaches to improvement and market management.

59. The corporate transformation and workforce development teams at Nottinghamshire County Council provide robust planning and commissioning support for the adult social care service.

60. The peer team read and heard about some 'great' commissioning work particularly in the Learning Disability service and the work with those with

Autism and was referred to by one interviewee from the third sector as “The best I’ve ever worked with”.

61. There is a strong foundation of legacy relationships with care home providers and the residential fees banding system highly valued by providers
62. The new commissioning by CCGs has had a positive impact on Delayed Transfers of Care (DTC) through the provision of increased reablement and access to intermediate care services in South Nottinghamshire and Mid Nottinghamshire. Looking forward the Council could make it known how it intends to fill the funding gap in future years.
63. A number of services the peer team read and heard about were reported to be excellent such as the work of Jigsaw and Framework which supports people with mental health issues and complex social problems.
64. Commissioning staffing structures are spread across the department and the Council may wish to consider how closer alignment and professional guidance for staff supporting the commissioning cycle of activities would support a clearer and more transparent relationship with the market place and staff.
65. The Council may wish to enter into a fresh dialogue with local Providers to consider the impact of the Cost of Care methodology on quality, and the achievement of the political ambition to deliver the Living Wage. The peer challenge team heard evidence from some Providers that while the local authority is committed to ensuring its directly employed staff are all paid at least the living wage, its current contract values do not always enable providers to do the same. The local authority recognises the huge potential of the voluntary sector in supporting its prevention and well-being agenda and now needs to build stronger, collaborative relationships assist future planning and investment.
66. The peer team recommend the Council strengthen communication and co-production of commissioning strategy with providers. Some providers reported that they felt done to rather than engaged in future planning as there did not seem to be sufficient consideration from the Council as to how providers could assist them in their long term strategy. The suggestion was that if providers were properly engaged this would help the Council amplify the meaning of its market position strategy, build the provider failure arrangements required by the Care Act and underpin the strategy to support integration of health and social care services.
67. Build on improving relationships with voluntary sector to assist planning and investment in stimulating micro-providers.
68. Whilst the peer team heard that the Grant Aid work is delivering some innovative positive outcomes - even at a time of a significant reduction in the funding for it - the Council may wish to consider how to simplify the Grant Aid application process.
69. The Short Term Assessment and Reablement Team (START) deliver positive outcomes. A 2013 independent a review identified the Council’s reablement service as one of the best performing in terms of outcomes for service users. The peer team encourage the Council to build on the valued and recognised

successes of the reablement service in returning residents to independent living in the community. This would enable the service to support both discharge from hospital and admission avoidance. There would be scope in doing this through greater investment by NHS commissioners in the service.

Home Care / Care Support Enablement

- NCC to consider a review of the contracts to:
 - Clarify guidance to social care staff on how to use the contracts
 - Review the sub-contracting arrangements
 - Ensure pricing structure delivers safe and effective care that is value for money and Care Act compliant
 - Consider the continuing role for legacy providers
- Clarify accountability and QA arrangements
- Urgently review the CCG clinical support to joint commissioning of invasive health care tasks by clinically unqualified staff
- Review current arrangements in the light of Care Act market management duties

70. The Home Care and Care Support Enablement contracts at NCC should be reviewed to clarify the guidance given to social care staff on how to use the contracts and that the sub-contracting arrangements are also reviewed. The adult social care department should also ensure the pricing structure delivers safe and effective care that is value for money and Care Act compliant and that consideration is given to a continuing role for legacy providers.

71. The peer team recommend that the Council clarify accountability and quality assurance arrangements to clearly articulate respective responsibilities of the Provider, the Commissioner and the regulator, thereby minimising the potential for duplication in reporting requirements.

72. The peer team recommend that NCC urgently review the CCG clinical support to the joint commissioning of invasive health care tasks by clinically unqualified staff. The peer team discussed this with Adult social Care senior staff whilst on-site and it became clear that governance is in the CCGs domain but was not clearly understood by Providers and is of significant concern.

73. Review the current arrangements in the light of Care Act market management duties to ensure the consequences of this contract will lead to a diverse and sustainable market able to meet assessed needs and those of self funders.

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

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	<ol style="list-style-type: none"> 1. Person-centred and focuses on outcomes 2. Promotes health and wellbeing 3. Delivers social value
Inclusive	This domain covers the inclusivity of commissioning, both in terms of the process and outcomes.	<ol style="list-style-type: none"> 4. Coproduced with local people, their carers and communities 5. Positive engagement with providers 6. Promotes equality
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.	<ol style="list-style-type: none"> 7. Well led 8. A whole system approach 9. 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.	<ol style="list-style-type: none"> 10. A diverse and sustainable market 11. Provides value for money 12. 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.

Inclusive

4. Coproduced with people, their carers and their communities - Good commissioning starts from an understanding that people using services, and their carers and communities, are experts in their own lives and are therefore essential partners in the design and development of services. Good commissioning creates meaningful opportunities for the leadership and engagement of people, including carers and the wider community, in decisions that impact on the use of resources and the shape of local services.

5. Promotes positive engagement with providers - Good commissioning promotes positive engagement with all providers of care and support. This means market shaping and commissioning should be shared endeavours, with commissioners working alongside providers and people with care and support needs, carers, family members and the public to find shared and agreed solutions.

6. Promotes equality - Good commissioning promotes equality of opportunity and is focused on reducing inequalities in health and wellbeing between different people and communities.

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.