

Cambridgeshire County
Council
Commissioning for
Better Outcomes
Peer Challenge Report

July 2016

Table of contents

Executive Summary	2
Report	5
Background	5
Key Messages: Summary	6
Promotes a Sustainable and Diverse Market Place	9
Person Centred and Outcome Focused .	12
Well Led.....	16
Contact details	20
Appendix 1 – Commissioning for Better Outcomes Standards	21

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 using up to date data and relevant insight and intelligence.

Successful outcomes are described in the Adult Social Care Outcomes Framework, Making it Real Statements, Making Safeguarding Personal and ADASS (Association of Directors of Social Services) 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.

Cambridgeshire County 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 Adrian Loades who is the Executive Director for Children Families and Adults Services, Cambridgeshire County Council, who was seeking an external view on Cambridgeshire's Transforming Lives programme. The specific scope of the Challenge was:

1. Cambridgeshire is using Transforming Lives to transform social care practice whilst making the demanding savings required to deliver the Council's business plan. Are the changes being made outcomes focussed and having an impact for service users? Are staff providing innovative and flexible support that results in a positive outcome for the individual?
2. How can the function of commissioning in the Council be improved - to include macro and micro commissioning and how the two influence each other?
3. Have home care providers been influenced by the Council's strategic direction? What lessons does Cambridgeshire need to learn to ensure that the retendering of the home care contracts is as effective as possible?

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 '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 a basis for further improvement.

Strengths

Cambridgeshire County Council (CCC) has demonstrated strength in the person centred approach. This was seen clearly in the engagement of service users and carers and families as part of improving and planning adult social care services. Service users are regarded by practitioners as the central focus in the Transforming Lives (TL) model, and users and carers recognise the TL approach. Social Care staff within the Early Help and Reablement services work primarily with Tier 1 and Tier 2. The roll out of Transforming Lives has led social care staff who support people with eligible care needs (i.e. Tier 3) to move towards using Tiers 1 and 2 where possible. The success rate of people living independently at home following discharge is high at 81% and practitioners recognise this and are proud of their achievements on this measure.

The Council has appointed a new Chief Executive for Cambridgeshire and Peterborough who has a vision and is working with members to drive forward transformation for Cambridgeshire, with a different offer for communities. The Chief Executive's ambition is to transform services using a "One Council" approach and develop a strong strategic capability. The Chief Executive appointment is seen as a catalyst for change.

There were good examples of contract management in Cambridgeshire. There is evidence of staff understanding the market, predicting activity, using levers, holding people to account and having an outcome based focus.

Areas for consideration

The Peer Team thought that it was of some importance that the Council defines what it means by micro and macro commissioning. Once defined, staff will be better able to understand their roles in commissioning and how they contribute to the process. The Peer Team found that there were multiple views on micro and macro commissioning rather than a single Council or Children, Families and Adult Directorate view of commissioning. The Team heard "*we need a strong strategic approach to commissioning*". Whilst front line workers purchasing individual packages (micro-commissioning) of care are being trained and supported through TL, there is not a comparable approach to strategic commissioning. Developing new arrangements across Cambridgeshire to support the TL approach (including in the forthcoming personal care recommissioning and procurement) requires a strategic understand of need into the future, options appraisal around how to meet that need and decision making based on evidence to support the approach. Cambridgeshire should consider if its macro (strategic) commissioning arrangements do that as effectively as they obviously aspire to for their communities

Cambridgeshire County Council (CCC) Adult Social Care (ASC) need to further consider how improvements to ICT may benefit the service and streamline processes. The Peer Team were told of the need to allow practitioners access across the Children's and Adults data system particularly to enable good transition for people. The Team also heard that in those teams that are multidisciplinary, such as the Learning Disability team, it would minimise duplication of effort if staff across health and social care could access each other's files. The Peer Team suggests that the Council further considers increasing and enabling the use technology to promote

agile working to improve the efficiency and effectiveness of staff. The Council has purchased the Mosaic system in adult's services, an IT system that aims to improve the way performance and financial information is presented. As part of implementation, the Council will be aligning the system with Children and Young People Services and thereby improve the preparing for adulthood process, the council should consider whether systems can be shared with health services to improve communication across organisations.

The current Committee System does not have a separate Overview and Scrutiny function. The Council's constitution clearly sets out the Health Committee's statutory role in delivering scrutiny of the health system. The Peer Team would ask whether this enables sufficient member challenge to take place? Is it enough challenge as the Council moves forward?

Report

Background

Cambridgeshire County 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 Adrian Loades, Executive Director for Children Families and Adults Services, Cambridgeshire County Council who was seeking an external view on Cambridgeshire's Transforming Lives agenda, the specific scope of the Challenge was:

- Cambridgeshire is using Transforming Lives to transform social care practice whilst making the demanding savings required to deliver the Council's business plan. Are the changes being made outcomes focussed and having an impact for service users? Are staff providing innovative and flexible support that results in a positive outcome for the individual?
 - How can the function of commissioning in the Council be improved - to include macro and micro commissioning and how the two influence each other?
 - Have home care providers been influenced by the Council's strategic direction? What lessons does Cambridgeshire need to learn to ensure that the retendering of the home care contracts is as effective as possible?
1. 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 '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.
 2. 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:
 - Promotes a sustainable and diverse market place
 - Person-centred and outcomes-focused
 - Well led
 3. The members of the Peer Challenge Team were:
 - **Mark Palethorpe**, Strategic Director, Adult Social Care and Health, Cheshire West and Chester Council
 - **Ann Donkin**, Health Peer and Programme Director STP, Buckinghamshire County Council & NHS.
 - **Tim Goby**, Assistant Director, Devon County Council

- **Jamaila Tausif**, Head of Strategic Commissioning, Cheshire West and Chester Council
 - **Councillor Izzi Seccombe**, Leader of Warwickshire County Council
 - **Olly Spence**, Community Commissioner, Wiltshire Council
 - **Margaret Coles**, Expert by Experience, Cambridgeshire
 - **Venita Kanwar**, Challenge Manager, Local Government Association, Associate.
4. The Team was on-site from 12th – 15th July 2016. To effectively deliver this report the Peer Challenge Team reviewed over 49 documents, held over 40 meetings, held 7 focus groups, and met and spoke with over 60 people over four on-site days, equivalent to spending 35 working days on this project with Cambridgeshire County 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, Chief Officers, staff, partners and providers
 - focus groups with health managers, providers, 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 Chief Executive during the week, and the senior team at the end of each day which was invaluable in giving and receiving key messages and shaping the next day's activities.
5. The LGA would like to thank Adrian Loades, Executive Director for Children Families and Adults Services, and his 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 Michelle Wright and Tom Bardon from the Strategy Service for their invaluable assistance in planning and undertaking this review. The Team would also like to thank Claire Bruin and Charlotte Black who deputised for Adrian Loades in his absence during the time the team were on site.
6. 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

- Examples of engagement evident with service users and carers, early help programme is a good example of preventative support.

- The new Chief Executive is seen as the catalyst for change
- There was some evidence of good contract management.

Areas for consideration

- Consider how ICT can be used to streamline processes
 - Is there sufficient independent test, challenge and scrutiny in the committee decision making processes?
 - Clarify understanding across the organisation about what macro and micro commissioning is and what it can deliver.
7. Cambridgeshire County Council (CCC) has demonstrated strength in the person-centred approach. This was seen clearly in the engagement of service users and carers and families as part of improving and planning adult social care services. Service users are regarded by practitioners as the central focus in the Transforming Lives (TL) model, and users and carers recognise the TL approach. Social Care staff within the Early Help and Reablement services work primarily with Tier 1 and Tier 2. The roll out of Transforming Lives has led social care staff who support people with eligible care needs (i.e. Tier 3) to move towards using Tiers 1 and 2 where possible. The success rate of people living independently at home following discharge is high at 81% and practitioners recognise this and are proud of their achievements on this measure.
 8. The Council has appointed a new Chief Executive for Cambridgeshire, a shared post with Peterborough City Council, who has a vision and is working with members to drive forward transformation for Cambridgeshire and a different offer for communities. The Chief Executive's ambition is to transform services rather than impose cuts using a "One Council" approach and developing a strong strategic capability. The Chief Executive appointment is seen as a key catalyst for change.
 9. There were good examples of contract management in Cambridgeshire. The Team found evidence of staff understanding the market, predicting activity, when to use levers, holding people to account and having an outcome based focus
 10. Cambridgeshire County Council (CCC) Adult Social Care (ASC) should consider how improvements to ICT may benefit the service and streamline processes. The Team heard on several occasions of the need to have a system that allowed Children's and Adults files to be accessible across social care staff, particularly to enable good transition for people. The Team also heard that in those teams that are multidisciplinary, such as the Learning Disability team, that it would minimise duplication of effort if staff across health and social care could access each other's files. The Peer Team suggest that the Council further consider increasing and enabling the use technology to promote agile working improving efficiency and effectiveness of staff. The Council has purchased the Mosaic system in adult's services, an IT system that aims to improve the way performance and financial information is presented. As part of implementation, the Council will be aligning the system with Children and Young People Services and thereby

improve the preparing for adulthood process, the council should consider whether systems can be shared with health services to improve communication across organisations.

11. The current Committee System does not have a separate Overview and Scrutiny function. The Council's constitution clearly sets out the Health Committee's statutory role in delivering scrutiny of the health system. The Peer Team would ask whether this enables sufficient member challenge to take place? Is it enough challenge as the Council moves forward?
12. The Peer Team thought that it was of some importance that the Council defines what it means by micro and macro commissioning. Once defined, staff will be better able to understand their roles in commissioning and how they contribute to the process. The Peer Team found that there were multiple views on micro and macro commissioning rather than a single Council or Children, Families and Adult Directorate view of commissioning. The Team heard "*we need a strong strategic approach to commissioning*". Whilst front line workers purchasing individual packages (micro-commissioning) of care are being trained and supported through TL, there is not a comparable approach to strategic commissioning. Developing new arrangements across Cambridgeshire to support the TL approach (including in the forthcoming personal care recommissioning and procurement) requires a strategic understand of need into the future, options appraisal around how to meet that need and decision making based on evidence to support the approach. Cambridgeshire should consider if its macro (strategic) commissioning arrangements do that as effectively as they obviously aspire to for their communities.

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

- Some evidence of good contract management
- Adult social care performance for DTOC is good
- Early help and development of tier 1 and tier 2 having impact, very early days and potential to develop further evaluation of the service user experience
- One lead for Continuing Health Care across all client groups
- Some good engagement with providers through the contracting team.

Areas for consideration

- Clarify understanding across the organisation about what macro and micro commissioning is and what it can deliver.
 - Confirm strategic commissioning intentions and outcomes based approach
 - Data analysis, intelligence and safeguarding
 - Consider collaborating with NHS partners to deliver a sustainable homecare market e.g. reablement
 - Strengthen levers to develop the market across health and social care
13. There were good examples of contract management in Cambridgeshire. The Team found evidence of staff understanding the market, predicting activity, knowing when to use levers, holding people to account and having an outcome based focus. Particular mention was made of the work completed and support given by the Head of Contracts and his team by providers.
14. The Peer Review Team heard from both NHS commissioners and providers that delayed transfer of care was a significant issue. We also saw the data that delays due to social care have reduced over the last 12 months. CCC should be commended for this performance but also needs to play its part as a system leader in further reducing delays across the county. We heard support and praise for the work of the Council but also a plea that to work even more closely with NHS economy in the future.
15. There was emerging evidence of the impact of TL and early help diverting service users away from long term care support, towards independent living with support provided by tier 1 and tier 2. A multidisciplinary approach with health colleagues and community navigators is having impact and there are benefits of the new system being seen across the whole system in reducing a reliance on care services. Further evaluation of TL should take into consideration the user experience and impact of the approach and this was a view expressed by users and carers. You may need to consider if the services available in the market fit with the TL model and if further market development is needed.

16. Continuing Health Care (CHC) can be a challenging area of work, and the risk for budgets can be considerable. The guidance can be unclear at times and the responsibility can be difficult to determine. It is therefore impressive to find that Cambridgeshire has one person in place that is responsible for CHC across all client groups.
17. There is evidence of good engagement with providers through the contracting team which is valued. The role of the locality teams was not understood to the same extent. The peer team met with providers who generally stated that they had a good working relationship with the contracts team and that they work together to deliver quality services. The contracts team for Older People has developed a proactive risk management tool that is driving effective interactions around the quality of care. It should be noted that there is a variety of contract management approaches across LD and OP services and this was reflected in conversations with providers. The brokerage team coordinates placements effectively across Cambridgeshire in a challenging market situation with the support of front line operational teams. Personal care providers were complimentary about the support offered to meet both the strategic and operational needs of providers including support with rotas and training. This should be further developed.
18. The Peer Team thought that it was of some importance that the Council defines what it means by micro and macro commissioning. Once defined, staff will be better able to understand their roles in commissioning and how they contribute to the process. The Peer Team found that there were multiple views on micro and macro commissioning rather than a single Council or Children, Families and Adult Directorate view of commissioning. The Team heard "*we need a strong strategic approach to commissioning*". Whilst front line workers purchasing individual packages (micro-commissioning) of care are being trained and supported through TL, there is not a comparable approach to strategic commissioning. Developing new arrangements across Cambridgeshire to support the TL approach (including in the forthcoming personal care recommissioning and procurement) requires a strategic understand of need into the future, options appraisal around how to meet that need and decision making based on evidence to support the approach. Cambridgeshire should consider if its macro (strategic) commissioning arrangements do that as effectively as they obviously aspire to for their communities.
19. The Council has some very able staff who write good strategies that are meaningful for the Directorate, but they do not always clearly align. Some officers and members told us that strategies do not always reflect what is happening on the ground and there was a feeling that action plans should be used to supplement the strategic objectives set out in the strategies. We found there is an appetite for a clear commissioning strategy across all ages that could be co-produced with health colleagues and others which articulates the aspirations of TL and the Health and Wellbeing Strategy. This could then inform residents of the direction of travel and communicated in a way that residents can easily understand the approach. The Team thought that you could further enhance your Market Position Statement (MPS) so that it that clearly outlines what your care and support priorities are for providers. The Council's ambition is to integrate services, moving towards a supportive rather than care based approach. Further clarity in your MPS, will enable providers to reflect upon their business models and adapt them to support the delivery of TL.

20. The Directorate has vast amounts of performance data, which could be utilised differently to inform your commissioning. There is a need to consider how this can be translated into strategic intelligence to inform commissioning. For example, information from the Multi-Agency Safeguarding Hub (MASH) could be used which will enable risk stratification and inform commissioning at a county level. There is a need to strengthen the safeguarding links to contracts, quality assurance and market intelligence. It was unclear how safeguarding linked into strategic commissioning and further consider how the Joint Strategic Needs Assessment (JSNA) could be used to better effect. The Public Health team currently develops a thematic JSNA each year, which is very detailed and well researched. The Team considered how a population health approach could better utilise the information produced to plan more effectively.
21. Providers were aware of TL but were less clear about outcome based commissioning and what this might mean for them. They were waiting for commissioners to share their vision and proposals as part of the forthcoming tender. There is a real opportunity to do something very different to address the challenges in the market and encouraging new contractor and delivery models. This will bring some risk in a difficult market but a shared approach with the NHS and sharing the risk across the health and care system would mitigate this. You may wish to consider how reablement might fit within any new model.
22. Strengthen levers to develop the market across health and social care. Use levers of quality and make outcomes specific and explicit, this will help to achieve the desired outcomes for people. The future recommissioning of personal care is an opportunity to develop the market and the Council should consider if it is currently placed to do this. CCC is a significant purchaser in the market and should use this level to bring about change in the markets and inviting different approaches. The Council needs to future proof its approach by assessing further demand with the NHS and planning to meet that using its resources to support recruitment and retention across the whole health and care system. Collaboration and partnership with the NHS may improve supply if considered as part of a 'system' workforce plan.

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

- Examples of engagement evident with service users and carers, early help programme is a good example of preventative support
- Practice quality assurance processes are in place with regular case file audits
- Training on Transforming Lives is positively received by practitioners and providers
- Staff and providers are committed to Transforming Lives.

Areas for Consideration

- Consider how ICT can be used to streamline processes.
- Improve communications and reduce service duplication between colleagues and partners
- Build upon what appears to be a more developed collaboration with the NHS in children's services
- Further evaluate Transforming Lives to fully understand its impact, outcomes and value for money

23. Cambridgeshire County Council has demonstrated strength in the person centred approach. This was seen clearly in the engagement of service users and carers and families as part of improving and planning adult social care services, e.g. there are user and carer engagement networks via the Cambridgeshire Alliance for Independent Living. Service users are regarded by practitioners as the central focus in the Transforming Lives (TL) model, and users and carers recognise the TL approach. Individuals coming into the care system are initially supported by strength based conversations based on what an individual wants as outcomes of their care. Social Care staff within the Early Help and Reablement services work primarily with Tier 1 and Tier 2. The roll out of Transforming Lives has led social care staff who support people with eligible care needs (i.e. Tier 3) to move towards using Tiers 1 and 2 where possible. Work within Adult Early Help has resulted in Community Action Plans (CAPs) being produced for many people in the community which are reviewed after 10 weeks.. The Team heard the following "*Before we were ticking boxes, now we are thinking outside the box*". The success rate of people living independently at home following discharge is high at 81% and practitioners recognise this and are proud of their achievements on this measure.

24. Quality assurance with regard to case file audits is taking place demonstrating good oversight and practice. Though the Peer Team did not see the evidence of this, the Team heard that the process clearly sets out what is required within a case file and senior social workers carry out the audit on a monthly basis.

The audits, the Team we were told, go over and above what is required in a standard supervision session, and form a more formalised approach. The audits within Older People's Services specifically have found that 50% of files require improvement and social workers are expected to improve the files audited. However, the peer team were not informed how senior managers and elected members were involved in the quality assurance process or the improvement plans to further develop this, i.e. achieve greater than 50% of cases using TL.

25. Training offered on the TL approach was well received by both practitioners and providers. The TL approach was developed using good practice from the London Borough of Sutton around strength based conversations with service users. Practitioners in particular were trained on the detail of how to have conversations with service users, how to construct sentences and were given a reflective space to practice techniques. Practitioners were taught over a 2-day course about the importance of recognising user's families, neighbours and communities as a means of support and were provided with action learning sets to provide them with an opportunity to explore and reflect on the TL way of working. Furthermore, the Council commissioned Anglia Ruskin University to evaluate progress. As a result of the work to embed TL, some processes were changed namely the assessment and review process. We heard that the training was mandatory for all staff and therefore was building a consistent approach across the workforce. Those providers who have been trained in TL have spoken very highly of the quality of the training and are prepared to commission more training for their staff. Providers told us their access to training programmes was greatly valued and they would welcome more training opportunities, as their staff are currently on a six month waiting list. Providers were supportive of the TL programme and complimentary of Cambridgeshire County Council (CCC) approach but also said that they wanted more consistency from CCC staff in delivery, as this was variable. Nevertheless, your training is a product they would pay for.
26. All of those individuals that use TL as an approach have spoken very highly of it as an outcome based, preventative way of working. Front line staff see it as a return to basic social work values and have embraced the difference it has made to people and their practice. So far the success and value of TL has resulted in real outcomes for individuals using services and their carers who are supported in their communities with a focus on building their resilience and independence, in line with the Council's priorities for social care. With people supported at home, and enabled to live independently as far as possible, the financial benefits of prevention will in time, be realised by the Council.
27. Cambridgeshire County Council (CCC) Adult Social Care (ASC) should consider how improvements to Information and Communication Technology (ICT) may benefit the service and streamline processes. The Team heard on several occasions of the need to have a system that allowed Children's and Adults files to be accessible across social care staff, particularly to enable good transition for people. The Team also heard that in those teams that are multidisciplinary, such as the Learning Disability team, that it would minimise duplication of effort if staff across health and social care could access each other's files. The Peer Team also suggest that the Council considers increasing and enabling the use technology to promote agile working improving efficiency

and effectiveness of staff. Furthermore, there is a need to improve the layout of the Council's website to enable citizens to communicate more effectively with you, for example the Team found that trying to find out about Councillors on the website was immensely difficult. The Team would pose a question as to whether the Directorate believes that the ICT system is sufficiently robust enough to deliver and enable strategic analysis of performance and priorities to support delivery of the vision for ASC and the Chief Executive. The Council has purchased the Mosaic system in adult's services, an IT system that aims to improve the way performance and financial information is presented. As part of implementation, the Council will be aligning the system with Children and Young People Services and thereby improve the preparing for adulthood process, the council should consider whether systems can be shared with health services to improve communication across organisations.

28. Communication across the Council as well as with health partners could be improved. Practitioners are not always connecting with their colleagues across the Directorate. The Peer Team felt that colleagues across the Council needed to better understand each other's responsibilities, to share practice with each other in Care Services, and other Council services but also with partners such as Police, Housing, NHS and Fire in order to develop and improve services at tier 1 and 2. The Team heard from some staff of the difficulty of accessing some services such as the Mental Health Service, but also heard that staff were pleased to have met each other as part of the Peer Challenge process and as a result were setting up opportunities to meet with one another having found out more about each other's roles as a result of Peer Challenge interviews and improving communication across services as a result.
29. There appears to be a more developed collaboration with Children's Services and NHS partners, and Peterborough Council. (with joint teams and access to shared information which we heard was mostly led by Health). However, that is not to say that there is not good collaborative working between the NHS and ASC, but the Team think there is a very good opportunity to use the Sustainability and Transformation Plan (STP) planning process and new forms of organisation (e.g. Accountable Care Organisations (ACO)), to have more influence as part of a collaborative approach for change. There are real opportunities for the Council to work with health and other local authorities to strengthen joint working and encourage and promote functional integration between commissioners across care and health. This is a real opportunity for two organisations to come together and there is a willingness from the Clinical Commissioning Group (CCG) to work collaboratively particularly on the Early Help Agenda, Carers Services and Reablement. The Team were fully aware of the history behind the separation of health and social care in Cambridgeshire, the future of the recent health 'United' care procurement and the significant challenges faced in the relationships with NHS commissioners and providers. The appointment of new Chief Executives at both the CCG and CCC is an opportunity to reenergise the joint working. This will take determination to achieve at executive level but the Team felt it is worth serious consideration by CCC.
30. There has been a review of TL in May 2016 which had found improvement in the amount of activity between practitioners and people who had been involved in the TL process, based on the number of TL case notes written. The Team

was unclear, however, about the impact of TL with regard to costs across the system, and user satisfaction. The evaluation in May 2016 did describe a direction of travel but was not conclusive in its findings. The Team recognises that there is more to do around the evaluation for TL and suggest that future evaluations must include carers and service users as part of the feedback loop. It is recognised that evaluating preventative interventions can be challenging, the Council should consider a whole systems approach to evaluating TL including quantifying the long term impact across the health and social care system of preventing more acute interventions for both the Council and health services. The evaluation can also consider the impact of the early help service as a real mechanism of harnessing the third, community and faith sectors. Service users we heard from, could not articulate a direct positive impact. We were told by some service users that they felt that the TL approach felt like a “tick box” exercise to signpost carers and service users away from services. However, we were also informed that when carers did receive a service they stated that the service was good. Carers and service users were aware of TL but did not understand the relevance for them and informed the Team that the terminology used by practitioners was not easy for them to understand. The Team thought that Cambridgeshire had invested a great deal of time into improving social work processes and practice and that the TL approach could be further strengthened by working with residents to improve their understanding of TL and how they can be more involved in its development. This could further build on the Councils’ ambition of co-production.

Well led

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

Strengths

- New chief executive is seen as the catalyst for change
- CCG is keen to develop commissioning relationships
- There is a wealth of performance and data
- Transforming Lives is well understood across CFA.
- Joint arrangements with Peterborough are seen as positive
- The committee structure enables the engagement of a wider group of Councillors.
- 'Spokes briefings' are positive and allow consensus across members.

Areas for Consideration

- Is there sufficient independent test, challenge and scrutiny in the Committee decision making processes?
- Clarity is required around leadership, priorities, structures and culture across Council and CFA Directorates
- Perception that the organisation is officer-led
- There is not a shared understanding of commissioning and the roles and accountability for delivery
- It is unclear as to the alignment of Transforming Lives and the Chief Executive's vision for transformation
- There is a need to build and improve relationships with NHS
- Overcome the legacy of failure of the integrated services.

31. The Council has appointed a new Chief Executive for Cambridgeshire, a shared post with Peterborough City Council, who has a vision and who is working with members to drive forward transformation for Cambridgeshire, and a different offer for communities. The Chief Executive's ambition is to transform services and develop a strong strategic capability using a "one Council" approach, rather than impose cuts. The Chief Executive appointment is seen as a catalyst for change and she wants to see a more joined up approach to commissioning together with Peterborough and the CCG and there is possibility of delivering this through the STP.

32. The CCG is keen to develop relationships with the Council and to co-commission across the Health and Social Care economy. This is a good position to be in, as this is not always the case in other authorities. Members and leaders are keen to develop this further. A focus on population health and

wellbeing linking Public Health and the NHS will compliment your TL approach and will support delivery at an operational level.

33. The Directorate has a wealth of good performance data sitting in the system which should be brought together to ensure a complete evidence base is available to the Council and partners, and analysed strategically to inform commissioning intentions. We heard that the data for delayed transfer of care is shared widely and used to inform both health and social care which was impressive. However, we also heard that there is a collection of data sets for commissioning and performance activity that is currently not joined up and sits unaccompanied, therefore, staff and managers are unable to access this, unless a request is made to the performance team. The new Mosaic IT system will bring finance and performance together and this will provide data to service managers and thereby improve the ability of managers to plan more effectively.
34. The Directorate is fully aware of the TL agenda and is signed up to it. All of the people that the Team spoke to at all levels, providers and staff, understood the concept and the value of TL in delivering a person centred and outcome focused approach. The culture change across the Directorate is evident and CCC should be commended for this.
35. The collaboration with Peterborough was regarded by the Peer Team as positive. There are shared posts, the new Chief Executive and the Director of Public Health (DPH). There are joint services and roles in mental health with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). This collaboration could enable the development of a wider strategic position and develop and commission services across Adult Social Care and Public Health whilst minimising duplication and increasing efficiency and effectiveness. In Cambridgeshire, the Team felt that there could be more done to commission an integrated approach to wellness across Children's, Adults and Public Health through early intervention services. We thought that Public Health seemed removed from ASC commissioners, to the extent that public health data sets were collated separately. This was highlighted by the separation of the Substance Misuse Services across Public Health and Adults Commissioning. There is a real opportunity to enhance the services across mental health, substance misuse and then also tackle the other determinates that impact on this client group such as homelessness and the ability to maintain employment. Commissioning wellness services would support the TL approach and have a positive impact on service costs. You are in a strong position to deliver the transformation agenda.
36. The Council entered into the Committee System on 13 May 2014. Councillors and staff believed the Committee System allows Councillors to develop and decide the Council's overall policies and set the Budget each year. The Council allocates seats on committees proportionately, and items can be referred to the Council for strategic decisions. In Cambridgeshire, committees are responsible for most major decisions and they comprise up to thirteen Councillors. The Committee System structure enables the engagement of a wide group of Councillors. Committees need to reflect how they can work across the whole Council and not become too compartmentalised.
37. The spokesperson briefing system enables the sharing of knowledge and policy development over a wide group of members, building understanding and

supporting decision-making and a shared level of understanding in progressing policy.

38. The current Committee System does not to have a separate Overview and Scrutiny function. The Council's constitution clearly sets out the Health Committee's statutory role in delivering scrutiny of the health system. The Peer Team would ask whether this enables sufficient member challenge to take place? Is it enough challenge as the Council moves forward?
39. There is now a reinvigorated leadership team in place in Cambridgeshire County Council, and the Chief Executive has a clear vision for transformation. The Peer Team asks ASC to consider how the corporate vision is reflected in the vision for TL and how will this be led? The Team were unclear as to how the priorities for this were currently being set, and who was responsible for setting them. The Team believes that there is more to do in terms of the transformation programme and the scan across the whole health, social care and Council wide system. The Directorate structure needs to drive delivery of the Council's vision and ambitions. There are currently a number of people across the Directorate doing a great deal of different activities. There does not appear to be an alignment of priorities to deliver the Commissioning Strategy. The Directorate has succeeded in developing a culture and aligning people to deliver the Transforming Lives model, this needs to be replicated to deliver the Council's vision.
40. The team heard Councillors say that it felt as though the Council was officer-led. The Peer Team noted that the Corporate Peer Challenge held in October 2013 highlighted the following "*What is the extent of officer delegations that will be required under the new governance model and what does this mean in practice? Could this in practice have an unintended consequence of Council becoming a more 'officer led' Council?*" Members have informed the Peer Team that policies and agendas were driven largely by officers rather than members as was the finding in October 2013. We were told that Members would welcome becoming more aware and involved with how services operate, in turn this would allow Members to see if improvements could be made and to hear the voice of service users. The issue is one which requires further development work to enable the role of officer and Councillor to be clearly articulated and enacted.
41. The Peer Team found that commissioning was carried out in different parts of the Directorate, i.e. across Learning Disability, Mental Health and Older Peoples' Services. The Team found roles to be confused across contracting and commissioning, some people called themselves commissioners but were more involved in contracting, or in developing service specifications and as a result the accountability for commissioning and contract monitoring was confused. The word 'Commissioner' was not presented in any role or attendees of the Commissioner Focus Group The Team heard "*sometimes the line gets blurred between contracts and commissioning*" and "*we feel we sit between contracts and commissioning*". Whilst staff were committed to making this work further clarity on roles, accountabilities and work plans is likely to produce benefits for both individuals and the organisation. We also consider that there is a wealth of data across the system as mentioned in paragraph 24, however, this is not being collated as intelligence to inform the commissioning cycle. This

may in part be due to the current arrangements and further work is required to develop clarity of role and to develop a clear commissioning plan to deliver commissioning intentions across the Directorate and Council applying intelligence from economy, housing, and public health (e.g. skills, employment, economy, housing, welfare rights etc.) as well as intelligence from partners.

42. The team identified the opportunity for the Council to consider a single commissioning function focused on Adults and Public Health linking in with Children's. There does appear to be confusion by some of what the commissioning cycle is there to do and we found people with commissioner in their title but who did not do commissioning at all. The commissioners clearly have responsibility of market shaping and working with providers and residents to shape the right services. At present it appears that commissioners seem to commission in internal departments and this does not allow for the CBO principals to be fully realised.
43. The Peer Team heard a great deal about the legacy of the failure of the integrated older people's services with Cambridge Community Services three years ago. This has been exacerbated by the recent failure of the United Care Contract (UCC). We heard an appetite for a change from senior leaders in the CCG and the potential for new and different arrangements to improve commissioning in Cambridgeshire. The Council could consider seeking the objective views of senior managers to move this forward, and consider improving the skills of existing managers to be able to work with, negotiate and build relationships with the NHS. We heard no resistance from managers to improve joint working, though there appeared to be reluctance for some commissioners unwilling to engage in areas around joint working, aligning spend and integrating teams, some citing UCC as learning around this. However, you now have an opportunity to work jointly with partners who are willing and ready to work together, particularly the CCG and the appointment of a new Chief Executive.

Contact details

For more information about the Commissioning for Better Outcomes Peer Challenge at Cambridgeshire County Council please contact:

Venita Kanwar

Associate

Local Government Association

Email: venita.kanwar@yahoo.co.uk

Tel: 07865999508

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	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.