Sheffield City Council Commissioning for Better Outcomes **Peer Challenge Report**

July 2016

Final

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Executive Summary

Sheffield City Council (SCC) asked the Local Government Association (LGA) to run a Commissioning for Better Outcomes Peer Challenge as part of the free offer funded by the Department of Health. The work was commissioned by Phil Holmes, Director of Adult Services at Sheffield City Council who was the client for this work. He was seeking an external view on the quality of commissioning in the Adult Social Care department 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:

1. **People Keeping Well**: how successfully are we enabling individuals and local communities to stay resilient and strong without recourse to statutory forms of support?
2. **Active Support and Recovery**: how successfully are we preventing hospital and care home admissions through delivering personalised and targeted support in the right place at the right time?
3. **Ongoing Care**: how successfully are we enabling people with a learning disability to live independently, safely and well?

As the review developed, it was clear that the areas of scope were inextricably linked not least as they represented the broad pathway of care for many people in health, community, housing and social care services. The peer challenge team identified **three primary elements** that need to be developed rapidly.

The first is **involvement and engagement**. Existing activities in this area could be built on and developed, and this would do much to ensure that the whole programme is well understood and has buy-in across the sector. It is essential that support is shaped around the person, and this cannot be achieved without involvement and engagement in all aspects of design and delivery.

Given that the elements of the programme are already well advanced it would be very helpful to put in place some agreed, consistent and practical methods of **communication** to give update information, opportunities for feedback, discussion and challenge to both enhance engagement and build a stronger caucus of support.

While not wishing to over-burden the current approach with complicated project or **programme management** now is probably the best time to put in place light touch programme co-ordination that will support better planning and alignment of activity. It will also provide good measurement of progress as the programme builds pace and scale. It may be possible to seek support in this from corporate resources.

The report also includes specific operational activity that supports the three primary elements described above as well as detailed comment across the Commissioning for Better Outcomes Standards and specific responses to the areas of the scope questions posed to help Sheffield City Council and its partners to continue to develop and improve.

Report
Background

1. Sheffield City Council asked the Local Government Association (LGA) to run a Commissioning for Better Outcomes Peer Challenge as part of the free offer funded by the Department of Health. The work was commissioned by Phil Holmes, Director of Adult Services at Sheffield City Council (SCC) who was the client for this work. He was seeking an external view on the quality of commissioning in the Adult 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) **People Keeping Well**: how successfully are we enabling individuals and local communities to stay resilient and strong without recourse to statutory forms of support?

    b) **Active Support and Recovery**: how successfully are we preventing hospital and care home admissions through delivering personalised and targeted support in the right place at the right time?

    c) **Ongoing Care**: how successfully are we enabling people with a learning disability to live independently, safely and well?

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 9 standards grouped into three domains:

    - Well led
    - Person-centred and outcomes-focused
    - Promotes a sustainable and diverse market place

4. Commissioning in adult social care is the Local Authority's cyclical activity to assess the needs of its population for care and support services, then designing, delivering, monitoring and evaluating those services to ensure appropriate outcomes. Effective commissioning cannot be achieved in isolation and is best delivered in close collaboration with others, most particularly people who use services and their families and carers. Successful outcomes are described in the Adult Social Care Outcomes Framework, Making it Real Statements and ADASS top tips for Directors, but above all must be described and defined by people who use services.

5. The 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 support the achievement of transformational change and value for money.

6. The members of the peer challenge team were:

   - **Ian Winter CBE** Lead Peer, LGA Associate
   - **David Shields**, Cabinet Member for Health & Adult Social Care, Southampton City Council
   - **Neil Haddock**, Chief Officer Commissioning and Resources, Adult Social Care, Health & Housing, Bracknell Forest Council
   - **Avril Mayhew**, Senior Adviser, Adult Social Care and Health, Local Government Association
   - **Donna Telfer**, LGA Health & Communities Associate
   - **Angela Parry**, Service Manager for Commissioning and Performance, Royal Borough of Kingston upon Thames
   - **Marcus Coulson**, Programme Manager, Local Government Association

7. The team was on-site from Tuesday 28th June – Friday 1st July 2016. To deliver the strengths and areas for consideration in this report the peer challenge team reviewed over sixty 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 SCC, 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 Phil Holmes the Director of Adult Services at Sheffield City Council and his colleagues Louisa King, Lisa Spalding and Syed Rizvi for 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 and others. The peer challenge team would like to thank all those involved for their authentic, open and constructive responses during the challenge process and their obvious desire to improve outcomes, the team were all made very welcome.

9. Our feedback to the Council and all others involved in the timetable for the week 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

Strategic Activity

1. Involvement and engagement
2. Communications
3. Programme coordination, planning, alignment

As set out in the background summary above, the specific scope of the work had three elements: People Keeping Well (PKW), Active Support and Recovery (AS&R) and Ongoing Care. These were kept upper most in the minds of the reviewers and the remainder of this report and the presentation gives full detail to these areas.

As the review developed, it was clear that the areas of scope were inextricably linked not least as they represented the broad pathway of care for many people in health, community, housing and social care services.

It was very positive that each of these areas were managed across services and organisations. It was also clear that, perhaps inevitably, each area was developing at a different pace, and it was sometimes difficult to determine the interaction and read across between areas of work and initiatives and developments. For some staff and partners there was concern about involvement and engagement in specific parts of the activity and some concern about how the complete enterprise was being managed as a whole.

It is highly laudable that each area of scope had been established to achieve practical and tangible deliverables and outcomes and to support real change. That has given the endeavour real enterprise. However, in such a complex and diverse partnership it perhaps now important to put some real shape to the complete activity and it is suggested that there are three primary elements that need to be developed rapidly.

The first is **involvement and engagement**. Existing activities in this area could be built on and developed, and this would do much to ensure that the whole programme is well understood and has buy-in across the sector.

Given that the elements of the programme are already well advanced it would be very helpful to put in place some agreed, consistent and practical methods of **communication** to give update information, opportunities for feedback, discussion and challenge to both enhance engagement and build a stronger caucus of support.

While not wishing to over-burden the current approach with complicated project or **programme management** now is probably the best time to put in place light touch programme co-ordination that will support better planning and alignment of activity. It will also provide good measurement of progress as the programme builds pace and scale. It may be possible to seek support in this from corporate resources.

Operational activity

- Introduce genuine co-production by staff that delivers effective outcomes for those who access services throughout adult social care. This is at the strategic and operational levels with users and carers and with partners at all levels such as the NHS, the VCF and independent providers. Support needs to be designed around the person rather than being defined by boundaries between teams and organisations.

- The Sheffield NHS needs support to develop person centred approaches

- Review the assessment, care and funding arrangements across CHC and joint packages of care to improve the impact on the lives of individuals and their carers

- Reduce the considerable bureaucratic burden on frontline staff so that they are better placed to improve customer service

- Reform the demands of the IT system

- Address the issue of low staff morale and disenfranchisement within social work teams providing long-term support.

- Re-fresh and re-emphasise the requirements of the Care Act across services for both individuals and carers and prioritise a re-engagement with Carers

- Communicate the basic model and engage stakeholders in the development and operation of AS&R

- Fully understand and actively shape the market

- Develop a culture of collaborative commissioning particularly with the CCG to achieve an alignment of pace and focus

- LD commissioning and LD social work is an area for further collaborative development; this would support further market development

- Address the quality of Domiciliary Care Provision

- Social workers role and function for this authority needs defining and supporting including risk assessment and management and person centred practice

- Develop impact and effectiveness measures in customer rather than process terms that add value both for customers and staff by helping the continual development of better ways of working.

- The preparation and development work on Transitions/Preparing for Adulthood now needs to be progressed into urgent action

- Develop Telecare services

- Develop targeted supported housing including Extra Care

Well Led

Strengths

- Elected members confident in Adult Social Care
- Chief Executive support for change and actively engaged
- Staff recognise discernible improvements from a stable management team
- The individual leadership of the DASS and Director of Commissioning is widely recognised
- Localities approach is pragmatic and presents real opportunity
- Emerging culture of openness and a commitment to working together
- Competent, skilled and knowledgeable people are leading
- Relationships in the Communities Directorate are constructive, productive and positive

Areas for Consideration

- Programme coordination, planning and alignment
- Rapid and consistent involvement and engagement is urgently needed
- Deliver effective communications about the programme to staff, partners and stakeholders, with reciprocal listening
- Develop a culture of collaborative commissioning
- Ensure that co-production is embedded throughout SCC and its partners

10. The elected members at Sheffield City Council expressed confidence in the progress Adult Social Care is making as it addresses key issues and its leadership. This was echoed by the Chief Executive who supports these changes and those who are leading it in the Communities Directorate and he is actively engaged in driving forward the necessary agreements and effective collaboration at a strategic level with key partners such as the work with the Sustainability and Transformation Plan (STP).

11. From the people the peer challenge team spoke with it was clear that staff recognise discernible improvements from a stable management team in Adult Social Care and welcome the stability and direction it is providing. The individual leadership from Phil Holmes the Director of Adult Services and Joe Fowler the Director of Commissioning is widely recognised and a good basis for future improvement.

12. The emerging approach to delivering services through a locality based model is pragmatic and presents real opportunity to re-design services and delivery

through direct involvement with local communities to benefit people across the City.

13. Within the Communities Directorate at a strategic level there is an emerging culture of openness between staff and a commitment to working together to ensure that services are joined up to deliver effectively. Furthermore the senior staff are seen by those above and below them in the hierarchy as competent, skilled and knowledgeable with the ability to lead with the relationships in the Communities Directorate seen as constructive, productive and positive.

14. The peer challenge team believe that for the Adult Social Care department to move forward there needs to be clear programme coordination, planning and alignment to deliver the variety of work steams necessary to effect change. This would mean that people who use services and staff who deliver those services would have a clearer understanding of the joint priorities for service delivery. Furthermore there is the need to align commissioning activity around Children's Services more closely with Adults; similarly there is a need to build on existing good practice to ensure that back-office services enable and better support commissioning ambitions.

15. There needs to be a rapid and consistent communications approach to involvement and engagement with staff, stakeholders and people who use services to give clear messages on how and when they can get involved and have their say. It would be a good start if this communications strategy was co-produced in itself. If the service can deliver effective communications about the programme to staff, partners and stakeholders then it would address views from some areas of service delivery, for example Occupational Therapy (OT) services who felt disconnected from key programmes.

16. There is a need for the Communities Directorate to develop a culture of collaborative commissioning, engagement and co-production between Adult Social Care and Commissioning, the Clinical Commissioning Group (CCG) and the Voluntary, Community and Faith (VCF) sector and all those who access services. Service users and representatives from voluntary sector organisations (e.g. Healthwatch) also felt that they could contribute more to commissioning plans at every stage of the cycle. There seemed to be a degree of tension between different drivers for commissioning as represented through the Integrated Commissioning Partnership as it morphs into Transforming Sheffield, with significant provider input on one hand and arrangements for the delivery of the Better Care Fund/ s75 agreement on the other. It also seemed that, previously, the CCG-led work on systems resilience at City level (part of a sub-regional urgent care network) had been operating in parallel to other joint commissioning work but these had now started to converge under a strengthened CCG leadership.

17. The peer challenge team recognise that the self-assessment completed by SCC for this peer challenge identified co-production as a significant area for development. The peer team agree with this assessment and support the notion that it be recognised as an area for development by SCC and its partners in their engagement with staff and those who access services and embed it over time to achieve significant change and effective outcomes. A key feature is that this starts and runs quickly for all to see. A place to start

might be to extend the ‘In Your Shoes’, initiative by inviting members of the VCF and service users into areas of the Council and NHS.

Person Centred and Outcome Focused

Strengths

- The locality approach is one part of the developing model of service and presents a good foundation stone for ASC and partners
- It particularly provides a platform for: Integrated action with GPs, Housing, Community, VCF, Planning, Collaboration and delivery
- Real evidence that frontline staff across the partnerships are committed and working hard delivering good outcomes, sometimes despite…
- There is evidence of the delivery of good outcomes by CSW, Health Trainers, Life Navigators, Telecare workers amongst others
- In some service areas there is evidence of good person centred planning
- Some users report feeling listened to and have seen changes as a result
- Housing are very positive and willing to engage in the delivery of outcomes, e.g. Housing Plus and Single Household Plans

Areas for Consideration

- Move quickly to a people not process driven approach
- Providers in all sectors are ready and want to contribute significantly to achieving person centred outcomes but do not currently feel that there is sufficient scope or opportunity for this
- Need to ensure consistent use of Care Act assessment eligibility and key principles
- The Sheffield NHS needs support to develop person centred approaches
- Consistent standards should be used for responding to customer enquiries and representations including safeguarding alerts
- Allow more flexibility in support plans and use of DPs
- Staff feel restricted by Frameworks & Contracts with little flexibility
- Opportunity for LD to modernise and deliver differently
- More employment options in LD “Not everybody wants to work in a café”

18. In order to deliver person-centred and outcome focused services for the people of Sheffield the locality approach is one part of the developing model of service delivery and presents a good foundation stone for Adult Social Care and its partners. It particularly provides a platform for a number of activities such as integrated action with General Practitioners (GPs), the Council’s

Housing function and the work by other aspects of the Communities Directorate as well as the Voluntary, Community and Faith (VCF) Sector in their work as they plan, collaborate and deliver good outcomes for people.

19. The peer challenge team read, saw and heard of real evidence that frontline staff across the partnerships are committed and working hard, delivering good outcomes for service users and carers, one commented that, “When it works well, it works really well’. This is sometimes despite the organisational structures and processes that hinder their desire to be effective. Examples the team directly observed by people who use these services and the staff that deliver them were the delivery of good outcomes by Telecare workers, the Community Support Workers project (CSW), Life Navigators and the Health Trainers initiative amongst others. The peer team were also made aware of an enabling approach adopted by SCC supporting the adoption of digital by ‘choice’ rather than ‘default’.

20. The peer challenge team had the opportunity to hear about the ‘Deciding Together’ approach undertaken when deregistering Learning Disability (LD) services and setting up new models of support. Members of the LD Service User Forum described how they raised the issue of needing a named worker and they understood that this was now to be actioned and as a consequence they felt listened to on this and other issues at the Forum. Another example was of good dialogue between parts of the Council and service users through a review of the fairer charging policy and participation in a Service Improvement Board for Disabled Adults and Older Persons. Furthermore Healthwatch, in addition to participation in the Health & Wellbeing Board, are able to participate in key delivery partnership boards such as for LD and Mental Health.

21. Situated within the Communities Directorate is the Director of Housing who is a peer of the Directors of Adult Social Care and Commissioning. Housing are very positive and willing to engage in the delivery of outcomes with colleagues across the Directorate through projects such as Housing Plus and the Single Household Plans. This is a very positive position and this relationship and activity could be developed further.

22. When considering the experience of frontline adult social care staff it was made very clear to the peer challenge team that they felt over burdened by organisational processes requiring them to record activity and justify decisions. As in common with many local authorities, the current computer based systems are somewhat burdensome, rigid and process driven. This was described on more than one occasion as tying staff to a computer and of taking up significant periods of their time diverting them from actively working with individuals, an example given was this took up seventy percent of a social worker’s time and one said “the tail is wagging the dog”. This reality for frontline staff is recognised by senior colleagues and it is an obvious recommendation that the Adult Social Care Department in particular and other departments they work with move quickly to an approach that focuses on delivering effective outcomes for people rather than internal organisational processes that create inefficiency and significantly lower the morale of staff. This is important and urgent.

23. The provider organisations who work across Adult Social Care say they are ready and willing to contribute significantly to achieving person centred outcomes but do not currently feel that there is sufficient scope or opportunity for this. In particular the domiciliary care providers are keen to move away from a time and task model and it would be worth taking a collaborative approach to work with them to transform home care, to incorporate them into the wider customer journey and to design an outcomes focussed, enabling model. Examples in other authorities of independent service funds (ISF) may be of value here. The in-house OT team believe that they can contribute further to a more person-centred planning approaches and this should be explored.

24. From evidence the team saw and heard whilst onsite there is a need to ensure consistent use of the Care Act 2014 assessment eligibility and key principles as there was not universal understanding of the principles of the Act. This was a view directly expressed by people internally, including Legal Services, and implicit in what some service users were saying. The focus of eligibility assessments is now "what impact does your need have on your life" so support plans should be based around addressing this impact and the Council should ensure that users and carers are not being denied their rights as it would leave the Council open to legal challenge. One example the team heard was of an individual who was allowed to use their direct payment to be washed, but not to have their clothes washed although they were not capable of doing this themselves; their desire was to be clean when they went out in public however this was not possible if their clothes were dirty. Secondly the peer team heard from a group of carers for whom it wasn't clear whether carers were now afforded the same statutory rights as people with care and support needs as is required under the Act. A consideration should be given to these issues.

25. It is a self-evident point that the present political and economic environment Adult Social Care services need to deliver in conjunction with a number of health service organisations. From what the peer challenge team saw and heard it is a recommendation that the Sheffield NHS needs support to develop person centred approaches for those who use services that are embedded and consistent. It also bears comment that developing a people led approach needs to be managed and supported as part of a partnership across the public, independent and community sectors.

26. There is the opportunity to apply consistent standards when SCC responds to customer enquiries and representations including safeguarding alerts. Service users often find navigation round the Council's systems to be confusing.

27. There is a need to allow greater flexibility in support plans as well as wider use of Direct Payments to enable more person centred outcomes. The team heard an example of a person with LD who wasn't able to attend a work meeting as she could not swap the day her care worker was due to visit to assist with shopping and domestic tasks.

28. There is always a place for good contract management to ensure standards are maintained and the use of performance measures to deliver good outcomes in adult social care. At SCC in recent years there has been the creation of a number of systems to keep close control of activity. However,

some staff feel restricted by the existing design of frameworks and contracts and this may inhibit the delivery of good outcomes. One example was where someone with LD needed just one hour of support, however under the Supported Living Framework providers only offer a two hour call or a four hour call. This is an inefficient use of resources.

29. The Learning Disability (LD) service within Adult Social Care and SCC has been through a difficult time in the recent past that has led to an inevitable and necessary focus on financial controls and organisational processes. There is recognition from senior staff that it is now timely to adjust that approach and to develop services that fulfil person centred objectives and achieve better outcomes.

30. The service users in LD were positive about their involvement in decisions for the service through the LD Partnership Board and their engagement with their social workers. They did however point out that they would like more employment options for those with LD generally and that "Not everybody wants to work in a café". Data illustrates that 3% of those with LD who use SCC services are employed which is low when compared to the national average of 6% for 2014/15, so there is room for greater choice and larger take up of these opportunities.

Promotes a sustainable and diverse market place

Strengths

- Enthusiastic LD commissioners
- Recognition of the need for development of the LD market place
- Improved benefit take-up
- Good relationship with CQC
- Stable residential-care market place

Areas for Consideration

- CCG and SCC approach to commissioning needs further alignment
- Collaborative commissioning in individual areas needs a consistent and sustained approach
- LD commissioning and LD social work is an area for further collaborative development; this would support further market development
- SCC should work towards further understanding of the market and active shaping of it
- There is a plethora of opportunities for working at all levels with the Independent sector providers that needs urgent strategic and operational attention: many providers feel outside of the tent
- The quality of Domiciliary Care Provision was consistently presented as a concern
- Telecare services are a significant untapped potential and poorly understood
- Targeted supported housing including Extra Care is underdeveloped and could contribute significantly to improving care opportunities

31. The commissioning programme for Learning Disabilities is underpinned by the Commissioning Strategy. There is a recognition of the need to achieve effective outcomes for individuals and there is a move away from a focus on service types to one that is more innovative and diverse to improve individual choice and control. There are enthusiastic LD Commissioning Officers who lead on developing providers' ability to deliver outcomes focused services.

32. There has been improved benefit take-up by Older People at risk of hospital admission as a result of the focus on economic wellbeing. This approach to commissioning has been relational and person-centred and the subject of a national award.

33. There is a good relationship with the Care Quality Commission (CQC) which is a positive position to be in for effective service delivery and oversight in a number of areas.

34. The residential-care market place is stable. The level of supply is known, provider failure is well managed, and is manageable whilst providers are not being forced from the market, despite the relatively low prices paid.

35. Sheffield has one Clinical Commissioning Group (CCG) for the City which is co-terminus with the City Council. Relationships between key strategic individuals are positive and shared aims are stated in the jointly established Integrated Commissioning Programme that is seeking to drive transformation across a range of areas. However it is still the case that commissioning by both requires closer alignment specifically in terms of their agreed pace of delivery and agreed and shared focus on outcomes.

36. Collaborative commissioning in all areas needs developing to achieve a consistent and sustained approach this should ensure that there is a coherent approach at all levels of the organisation. The focus on strategic commissioning has worked well and this now needs to cascade down to all levels.

37. There is also recognition that there is the need for development of the LD market place so it consists of more flexible and creative models of delivery that are not unnecessarily restricted by contracts. Unit costs for residential care for LD are high, not least because existing providers are in the strong position and to some extent will set their price accordingly. The self-assessment for this work indicated this and if there were alternative supplies of both residential and non-residential solutions that can better meet people's needs it would mean that the local authority can move away from reliance on a seller's market. Furthermore commissioning and social work in LD is an area for further collaborative development which would support further market development. There is a difference of opinion between the LD commissioners who felt that they have had good transparent discussions with social workers about the needs and gaps in services and social workers who do not agree. They see service provision as vacancy driven rather than driven by individual need and outcome. This dissonance need resolving and in time could help to develop collaborative commissioning drawing together macro and micro activity involving front line staff.

38. Whilst there is a Market Position Statement (MPS) it appears as a somewhat static document. SCC should work towards further understanding of the market and active shaping of it. A developed MPS should become more dynamic to establish that market development is a key part of the commissioning cycle and that in turn this should work in parallel to ensure a market facilitation strategy and plan.

39. There are a plethora of opportunities for working at all levels with the independent sector providers that needs urgent strategic and operational attention. Home care providers and residential care providers for older people are keen to be seen as partners, to be at the table and be part of the solution, however presently they "feel outside of the tent".

40. The quality of Domiciliary Care Provision was consistently presented to the peer challenge team as a concern. The recent Healthwatch report "A report on peoples' experience of using Adult Social Care" illustrates how quality of domiciliary care remains a key concern for local people as of the 12 local Healthwatch recommendations, three reflected concerns with the domiciliary care service. The Self-assessment for this peer review recognised that quality issues in the City not only relate to pressures and variations in the market, but also to historical deficits in SCC commissioning, including micro-commissioning with a high historical prevalence of short calls that can be of concern to service users and also create logistical issues for care providers. The recent Home Care Needs Assessment highlighted the dependency between a skilled workforce and sustainability of the domiciliary care market. To address some of these issues SCC is working to reduce the number of short calls in Sheffield in line with NICE guidelines as well as improve relationships with domiciliary care providers. Opportunities such as independent service frameworks (ISF) or similar approaches could rapidly change the way the market operates, improve person-centred plans and reduce transactional costs.

41. Telecare is the term for offering remote care through the use of technology for elderly and physically less able people, providing the care and reassurance needed to allow them to remain living in their own homes. The present Telecare work at SCC is reducing social isolation, helping to prevent hospital admissions and enabling early discharges. It was interesting for the peer team to hear that there was a widespread view that not enough linkage was happening between social care, health and housing services and consequently, the opportunities presented by technology-enabled care were being missed. The team heard that the lead elected member for Adult Social Care was especially keen to harness this and the OT teams are very keen to work more flexibly in their respective localities if they were equipped with the right mobile technology. Therefore it seems fair to say that these services have significant untapped potential at SCC and are underutilised. More integration with other services with a minimal increase in resources will bring further significant outcomes. The in-house telecare service also has the potential to be financially self-sustaining and could well benefit from the freedom to trade as a business, perhaps through the Social Enterprise or Community Interest Company model. This could be explored further.

42. Further to the point made above regarding the positive relationships with housing colleagues to work with Adult Social Care and Commissioning, there is the opportunity to develop targeted supported housing including Extra Care which could contribute significantly to improving care opportunities.

People Keeping Well (PKW)

Strengths

- PKW is described as well led and priorities are communicated
- Prevention, Public Health and Primary Care priorities are being drawn together
- Individual service users are positive about the approach
- An initial slow start has now made significant progress
- VCF partners get it and are up for it

Areas for consideration

- PKW needs to be more clearly established as a way of working and embedded across work streams
- The development and implementation of PKW at pace has alienated some VCF partners
- Experts By Experience could make a significant contribution to knowledge, skills and understanding for professionals and promote public awareness
- Communities could be better engaged in developing approaches to measure good outcomes including local piloted schemes, impact of grant funding and effective risk management approaches
- The pre-qualification questionnaires (PQQ) for Community partnerships needs to cover the whole city - recognising determinates in local areas
- Telecare services seem to be out of this loop
- Impact and effectiveness measures need developing now

43. When speaking with staff across the Directorate the peer challenge team heard that the People Keeping Well (PKW) initiative is well led by Joe Fowler, Director of Commissioning and that its priorities are communicated clearly.

44. Within PKW different areas of Prevention, Public Health and Primary Care priorities are being drawn together in order to deliver more effectively.

45. The peer challenge team heard from individual service users who were positive about the PKW approach and after an initial slow start it has now made significant progress. The Sheffield local Healthwatch review of Adult Social Care made 4 recommendations for improved access to information by users and a further 4 recommendations on making more timely use of customer insight in the design stages of service development and commissioning. There is still significant room for improvement in the relationships between Sheffield NHS, SCC and the VCF sector as is partly

evidenced by VCF partners who understand PKW and are very happy to be involved. The VCF sector and many local service users are yet to be engaged in its development. The representatives from the VCF sector summed it up by saying, “This way of working will save the Council money. We know what works for people”. From the time the peer challenge team spent onsite we came to the view that the VCF in Sheffield has a great deal of talent and capability to deliver good outcomes for the community.

46. The development recommended by the peer challenge team with reference to PKW is that it needs to be more clearly established as a way of working and embedded across work streams. It can sometimes be seen by those both inside and outside the organisation as a discrete area of work or project but is in fact a way of working for staff in a wide variety of areas of Adult Social Care and Commissioning. This would be supported by the general recommendations concerned with programme planning, communications and engagement of this whole programme.

47. Whilst the work by SCC with VCF providers on People Keeping Well was Self-assessed as excellent and the direction of travel is perceived to be positive by those providers, there was clear feedback that the development and implementation of PKW at pace has alienated some VCF partners. Some VCF providers felt disengaged and would like to be more involved as feel they have a lot to offer and the uncertainty created by the short term nature of contract renewals (6 months) means they are finding it hard to plan. At least one provider reported having to give notice to staff in case they didn’t get new contracts. SCC may wish to re-visit these contrasting views and consider if work needs to be done to re-engage some VCF providers to ensure they are available to deliver. A systematic approach to developing co-production techniques with VCF and the community in all future commissioning will help with this.

48. Experts by Experience could make a significant contribution to the knowledge, skills and understanding for professionals and promote public awareness. Genuine coproduction is more than just listening and taking views, it is about having Experts by Experience involved in key decisions that affect service design and delivery of new models of care and support. SCC should seek to deliver on this.

49. Communities could be better engaged in developing approaches to measure good outcomes including local pilot schemes and the potential impact of grant funding and effective risk management approaches. Service users felt that they could offer a lot more to support better take-up of enabling services such as community transport, shopmobility and the take-up of benefits.

50. Whilst the flexibility of Community Partnership governance has enabled changes in local need and the community make up as a key factor in the PQQ, it also needs to cover the whole City and thereby recognise determinates in all local areas.

51. Telecare services seem to be out of this loop. Telecare services work mainly in isolation, on the periphery of other work streams which can mean some overlapping of services. Any good work and positive outcomes that they

achieve should be shared across the Directorate and across the Council. Urgent work needs to be done to integrate and widen their reach.

52. As part of PKW there has been primary, secondary and social care data collected including case studies and interviews about service use and used for evaluation this can be improved. The peer challenge team recommend that impact and effectiveness measures are urgently developed for PKW now. One area that could be considered is making more effective use of the data collected and held by the Prevention and Early Intervention Team located with Children's Services.

Active Support and Recovery (AS&R)

Strengths

- AS&R is bringing Adult Social Care and NHS colleagues together in the room which is a necessary step towards coherent integration and service development; this will directly impact on the customers experience
- There is a vibrant VCF to work with and they have a lot to offer
- The mechanisms are in place to address hospital discharge and now need to deliver across the system
- The 'Tent Events' in localities are positive and could have real potential
- There are many examples of quality and sustained work at the frontline that support AS&R
- The centralised duty function in the single point of access works well

Areas for consideration

- Re-admissions to hospital indicate a need for development
- There is an urgent need to communicate the basic model and engage stakeholders in the development and operation of AS&R
- Reablement needs a more universally agreed definition
- Reablement is not always effective and does not deliver value for money
- On the ground local relationships are often strained e.g. Health Trainers & CSW, Social Work and hospital staff
- Public Health priorities and Adult Social Care priorities would benefit from closer alignment
- Healthwatch have some concerns about consistent approaches to safeguarding, quality of Home Care and hospital discharge

53. Active Support and Recovery (AS&R) is bringing Adult Social Care and NHS colleagues together in the room which is a necessary step towards coherent integration and service development; this will directly impact positively on the customers' experience.

54. As has been mentioned previously the peer challenge team would like to emphasise that there is a vibrant VCF in Sheffield to work with and they have a lot to offer, especially if the approach to working with them is genuine co-production.

55. The mechanisms are in place to address hospital discharge and now need to deliver across the system.

56. The ‘Tent Events’ in localities are positive and could have real potential.

57. There are many examples of quality and sustained work at the frontline that support AS&R. This is particularly evidenced by the role of community support workers and their very practical approaches that extended beyond the immediate presenting circumstances to the wider determinates of wellbeing.

58. The centralised duty function in the single point of access works well.

59. Re-admissions to hospital indicate a need for development and are recognised by SCC in the self-assessment for this work.

60. There is an urgent need to communicate the basic model and engage stakeholders in the development and operation of AS&R. SCC needs to work urgently with the lead commissioner for this work stream, Sheffield CCG, in order to develop and clarify the model and to agree an approach for implementation. Front line staff are keen to be involved and are willing to embrace the agenda for change, but many hospital based staff, both SCC and Sheffield Teaching Hospital (STH) consistently said that communication regarding AS&R is insufficient and unclear.

61. Reablement needs a more universally agreed definition to ensure that it is always effective and delivers value for money. There are high unit costs for the in house team who also do a lot of “home care” as opposed to “reablement” when the private providers can’t pick up ongoing packages. As a result there are also very high readmissions within a week to hospital. There is no “enabling” approach linking reablement and home care services together, which is an area that could be explored and developed further through a collaborative approach to include stake holders across the health and social care economy, including independent sector providers.

62. Whilst individual projects and staff are delivering effective outcomes it can be the case that on the ground local relationships are often strained. The peer challenge team heard of role confusion between the Public Health funded Health Trainers programme and the Community Support Workers initiative that is funded from the Prime Ministers’ Challenge Fund. There was reported also conflict between Social Workers and some hospital staff arranging discharge of patients although the issue appears to be one at a managerial level rather than between operational staff solving problems.

63. SCC may wish to speak with Healthwatch who have some concerns about consistent approaches to safeguarding, quality of Home Care and hospital discharge all of which SCC recognises as areas for development in their Self-assessment for this work.

Ongoing Care

Strengths

- A very committed and dedicated staff group who genuinely love their job
- A number of service users and carers stated that “When it works well it works really well”
- Burton St is seen as an exemplar of good practice
- LD service users said they felt listened to and the LD Partnership Board worked well for them
- Shared Lives is an excellent model of good quality care achieving positive outcomes for the service users we met

Areas for consideration

- Assessment, care and funded arrangements across CHC and other joint funding is complex, long winded and confusing directly negatively impact on the lives of individuals and their carers
- Many frontline workers, service users and carers feel hampered and burdened by over-complicated, bureaucratic processes that directly impacts upon the speed and timeliness of their frontline work with people
- Staff morale in this area appeared low and needs to be urgently addressed: Social Worker: – “I love my job, I wouldn’t do anything else, but it’s a good job I love it because otherwise I wouldn’t be here”
- There is an opportunity to ensure that understanding and application of the Care Act across services for both individuals and carers could improve. A re-fresh and re-emphasis is required
- The process driven IT system add to these burdens; this needs to change
- The role of care management, social workers, community support workers and housing neighbourhood officers needs better definition and clarity
- Social workers role and function for this authority needs defining and supporting including risk assessment and management and person centred practice
- VCF can significantly contribute to this and other programmes but duplication, role confusion needs careful attention
- The application and use of Direct Payments, Self-Directed Support and Personalised Approaches is patchy and inconsistent in all sectors
- Ongoing Care is somewhat isolated from PKW and AS&R
- Residential care is overused - 50% higher than national average

- Transitions/Preparing for Adulthood – the preparation and development work now needs to be progressed into urgent action

- Safeguarding: Strategic and operational issues

64. The peer challenge team met with a number of staff groups during the onsite phase of this peer challenge and would like to emphasise that without exception staff are a very committed and dedicated group who genuinely love their job. This was hugely refreshing.

65. When describing the services they experience a number of service users and carers stated that "When it works well it works really well". Which is a testament to the hard work and commitment of the staff involved.

66. The peer challenge team visited a large number of places where services are delivered. One such place was Burton Street in Sheffield where users with LD and their carers can come to take part in a number of activities. It was also evident that Burton Street is a general community resource, not just a place for people with Learning Disabilities. The members of the team very much enjoyed these visits and seeing what good outcomes look like. Burton Street was seen as an exemplar of good practice.

67. SCC have a well-established LD Partnership Board where participants are encouraged to voice their views on service delivery through coproduction activities. SCC also maintains contact through the roll out of the Supported Living Framework and LD Service Improvement Forum. The LD service users the peer team spoke with said they felt listened to and the LD Partnership Board worked well for them.

68. Shared Lives is an excellent model of good quality long term placement care achieving positive health and well-being outcomes for the service users the peer team met. There are only eight Long Term (LT) carers still available in the Sharing Lives scheme, without a recruitment campaign for more LT carers and the introduction of an incentive scheme this service is at risk of disappearing.

69. The assessment, care and funding arrangements across Continuing Health Care (CHC) and other joint funding is complex, long winded and confusing which directly and negatively impacts on the lives of individuals and their carers, it also left some feeling that they had been dealt with in an undignified manner. One person we spoke to stated that the assessment for CHC took 9 hours and the use of this bureaucratic process using a complex assessment grid, that is not part of the National Framework, and would not be viewed as best practice, needs to change for the better. Some feedback from those who had experienced joint assessments or reviews from adult social care and CHC was upsetting. Their accounts suggested that dignity and human rights were not always sufficiently prioritised over a focus on process and budget. This needs joint investigation from both the Council and the CCG.

70. Many frontline workers, service users and carers feel hampered and burdened by over-complicated, bureaucratic processes that directly impact upon the speed and timeliness of frontline work. It is clear that this needs to change

and the peer challenge team heard recognition of this from a number of senior staff.

71. Because of the above referenced issues staff morale from social workers and care managers engaged in Ongoing Care appeared significantly low and needs to be addressed urgently. There was strong feedback from particular groups of staff that they had raised the issues of excessive bureaucracy and low morale on a number of occasions but hadn't felt listened to by their Head of Service. The peer challenge team heard from a social worker who summed it up thus: "I love my job, I wouldn't do anything else, but it's a good job I love it because otherwise I wouldn't be here".

72. Echoing the two points immediately above the requirements of the information technology (IT) system is process heavy and further hinders efficient and effective working for many staff who experience it as a burden as opposed to a facilitator. This really needs to change.

73. There is an opportunity to ensure that understanding and application of the Care Act across services for both individuals and carers could improve. A re-fresh and re-emphasis is required with perhaps a 'one year on' review of implementation.

74. In common with the whole of the adult sector, informal (often family) carers represent the very backbone of support and care for individuals. The peer team met a small representative group of carers who were committed, hard-working and were all desirous of working closely with the local authority and health services. Moreover, they showed significant knowledge and understanding of the resource and organisational challenges that the statutory authorities are facing.

75. At times their stories were difficult to listen to. Not because individual staff had in any way wilfully neglected them, but because the system as a whole was sometimes experienced as rigid and unresponsive. This sometimes resulted in poor communications, lack of engagement and most importantly failing to actively use the skill, experience and knowledge that the family carers had borne out of years of direct caring for their loved ones. Given the willingness to work together, a re-engagement with this important group should be a priority.

76. The role of care management, social workers, community support workers and housing neighbourhood officers needs better definition and clarity to ensure there is effective deployment of staff resources and efficient delivery of essential services.

77. Social workers role and function for this authority needs defining and supporting including risk assessment and management and person centred practice. As an example the roles of social workers and community support workers appeared blurred and need more clearly defined in terms of function.

78. As has been mentioned previously the VCF sector can significantly contribute to a number of different programmes but duplication and role confusion needs careful attention.

79. The application and use of Direct Payments, Self-Directed Support and Personalised Approaches is patchy and inconsistent in all sectors. SCC should ensure the offer is clear and consistent and people have the right support to exercise genuine choice and the market is able to respond accordingly.

80. Ongoing Care is somewhat isolated from PKW and AS&R. This goes to the key point of ensuring alignment and read across between each of the project areas. For example, the principles of PKW should continue to be applied throughout ongoing care as Prevention is not a one-off activity, especially when the functions of reduce and delay are considered throughout an individual's care pathway.

81. Residential care is overused, being 50% higher than the national average. It appeared to be the default option to use residential care when better ways of meeting the needs of older people should be available. A further consideration here is the high cost of this provision in comparison with home-based or community solutions and that discharging people from hospital straight into residential care is contrary to best practice. This may be, in part, due to the present lack of alternative "support to live at home" choices, such as extra care housing. It is also clear that there is a limited capacity of the market in the longer term as demand continues to rise. SCC should re-visit the reasons for this activity and assure itself it has the options to effectively address them.

82. Adult Social Care are working closely with Children's Social Care colleagues on a whole-life disability approach that ensures smooth transitions. The vision is being developed and SCC clearly states it is committed to involving young people and family carers as part of this work. This Transitions/Preparing for Adulthood preparation and development work now needs to be progressed into urgent action.

83. Safeguarding at SCC is positively led by the Independent Chair of the Safeguarding Adults Board (SAB) who has an excellent grasp of the key issues of achievement as well as those for improvement. There is recognition from SCC senior officers that the governance of adult safeguarding within the Communities Directorate will change so it becomes part of the Adult Social Care and thereby linked into the operational delivery of social workers and their safeguarding activity.

84. SCC were open and honest and open in their self-assessment of operational safeguarding activity saying "…our safeguarding process itself is process-driven and not sufficiently person-centred. Although we reduce risks, we don't make safeguarding sufficiently personal". The peer challenge team concur with this assessment and the activities that have been identified to rectify these issues. Whatever method is chosen to emphasise developments the key principles of making safeguarding personal (MSP) and the tools that are available to support this could well be a useful approach.

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

Appendix 1 –Commissioning for Better Outcomes Standards

Commissioning for Better Outcomes The Standards

The nine standards are grouped into three domains. There is considerable overlap between these and all elements need to be in place to achieve person-centred and outcomes-focused commissioning.

Domain	Description	Standards
Person-centred and outcomes-focused	This domain covers the quality of experience of people who use social care services, their families and carers and local communities. It considers the outcomes of social care at both an individual and population level.	1. Person-centred and focused on outcomes 2. Co-produced with service users, their carers and the wider local community
Well led	This domain covers how well led commissioning is by the local authority, including how commissioning of social care is supported by both the wider council and partner organisations	3. Well led 4. A whole system approach 5. Uses evidence about what works
Promotes a sustainable and diverse market	This domain covers the promotion of a vibrant, diverse and sustainable market, where improving quality and safety is integral to commissioning decisions.	6. A diverse and sustainable market 7. Provides value for money 8. Develops the workforce 9. Promotes positive engagement with providers

These nine standards set out ambitions for what good commissioning is, providing a framework for self-assessment and peer challenge. They are set out under the three domains.

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. 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.

Well led

3. Well led by local authorities

Good commissioning is well led within 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.

4. 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.

5. Uses evidence about what works

Good commissioning uses evidence about what works; it uses 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

6. Ensures diversity, sustainability and quality of the market

Good commissioning ensures a vibrant, diverse and sustainable market to deliver positive outcomes for local people and communities. It is concerned with sustainability, including the financial stability of providers.

7. 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 positive outcomes for people and their communities.

8. Develops the commissioning and provider workforce

Good commissioning requires competent and effective commissioners and facilitates the development of an effective, sufficient, trained and motivated social care workforce through the coordination of health and care workforce planning.

9. Promotes positive engagement with providers

Good commissioning promotes positive engagement with all providers of care and support. This means market shaping and commissioning are 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.