

Wiltshire Council

Health and Wellbeing Board

18th May 2017

Subject: Local Government Association Commissioning for Better Outcomes Peer Challenge

Executive Summary

The purpose of this report is to provide the Wiltshire Public Service Board with an update on the Council's Local Government Association Commissioning for Better Outcomes Peer Challenge, which took place in January 2017.

Proposal

That the Board notes the information contained in this report and that an action plan designed to address the areas of consideration will be produced.

Reason for Proposal

To keep the Board informed of the outcomes from the LGA Peer Review.

James Cawley

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Wiltshire Council

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Better Outcomes Peer Challenge

Purpose of Report

1. The purpose of this report is to provide the Health and Wellbeing Board with an update on the Council's Local Government Association "Commissioning for Better Outcomes" Peer Challenge which took place in January 2017.

Background

2. One of the three key priorities set out in Wiltshire Council's 2013-2017 Business Plan is: To Protect Those Who Are Most Vulnerable. In addition, one of the key actions the Council is taking to deliver these priorities, is to continue to improve our safeguarding services to protect the most vulnerable in our Communities. One of the outcomes the Council is delivering is "People in Wiltshire have healthy, active and high-quality lives". Better commissioning on outcomes will mean more vulnerable people with long-term conditions can choose to stay independent and keep living in their own homes.
3. Following the removal of national targets and assessments, local councils are recognising the opportunities and challenges of self-regulation, improvement and innovation in all services that local authorities provide. In the South West region, the Local Government Association (LGA) is working with local authorities to develop a programme of sector-led support in adult care services. 'Towards excellence' will focus on promoting excellence and harnessing the skills of local authorities. The core elements are regional working, robust data, annual self-reporting and peer challenge. These are consistent with the sector's wider approach to improvement.

The peer challenge process aims to help local government to help itself to respond to the changing agenda for all local authority services. The team undertaking the peer challenge will take the viewpoint of a 'critical friend', who understands the pressures of running a local authority and will review

the council practice in a challenging but supportive way. The process includes:

- an assessment of current achievements
- provides recommendation of how further improvements can be made

The peer review is a constructive, collaborative and supportive process which has the central aim of helping councils improve. It is not an inspection, nor does it award any form of rating category.

The peer challenge included the following stages:

- Self-assessment
- Document review
- Onsite investigative interviews
- Key findings and practical suggestions for improvement
- A written summary report and recommendations
- Optional follow up support or workshop activities

The peer challenge team was made up of the following key members:

- **Lead Peer** – Margaret Wilcox - Director of Adult Social Care Gloucestershire & ADASS President for 16/17
- **Senior Officer Peer** – Duncan Jordan, LGA Associate
- **Member Peer** – Graham Gibbens – Kent Council - Cabinet Member for Adult Social Care and Public Health
- **Health Peer** – Donna Telfer, LGA Associate
- **LGA Challenge Manager** - Jonathan Trubshaw
- **Expert by experience** – Sarah Davies
- **Provider Peer** - Bridget Warr - UK Home Care Association

Main Considerations

4. Wiltshire Council asked the Local Government Association to review one area of its Adult Social Care business in the Peer Challenge, this is Commissioning for Better Outcomes.
5. We asked that the peer challenge considered the following four questions:
 - Do we commission in a person centred outcome focused way?
 - Does our commissioning demonstrate that we are well led?
 - Does our commissioning promote a stable and sustainable diverse market?
 - Workforce Strategy – how can Wiltshire support providers to deliver the appropriate workforce over the next 5 years.
6. The team was on-site from Monday 16th January – Friday 20th January 2017. To deliver the strengths and areas for consideration the team reviewed nearly 100 documents, held 60 meetings and met and spoke with at least 95 people over four on-site days spending 46 working days on this project, the equivalent of more than 320 hours. The programme for the on-site phase included activities designed to enable members of the team to meet and talk to a range of internal and external stakeholders.

7. These activities included:
 - interviews and discussions with councillors, officers, partners and providers
 - focus groups with managers, practitioners and frontline staff
 - information from those who access services
 - reading a range of documents provided by the Council, including a self-assessment against key questions completed by the Council and the CCG.

Peer Review Team Findings

8. The full report can be read at Appendix A, however the main findings from the review are as follows:
9. It was clear to the team that there was strong political leadership for Adult Social Care. Since his appointment in the summer of 2016 the portfolio holder had engaged fully with the service, talking with and listening to staff, partners and service users. There was also an increasing awareness of adult social care issues within Council.
10. The team was impressed with the quality of staff that they met who were engaged and eager to share their experiences and views. There was an openness to developing new ideas and being prepared to work in new ways as evidenced by the approach to flexible and joint working. People expressed that they were proud to work for the Council and said that it was a good place to work.
11. The team noted that there were improving relationships with partners. It was clear that significant effort had been made from both sides of the commissioning relationship and that this represented an area for future innovation and efficiency.
12. More could be done to ensure that clear and consistent lines of communication are in place. This would allow corporate messages to be understood by all staff as well as providing a mechanism for engaging with frontline staff and gathering intelligence to inform future strategy and operational policy.
13. The staff that the team met expressed their willingness and readiness to work towards an integration with Health. However, they did not know or were not always clear nor confident about what sort of integration they should be working towards; commissioning, delivery, structural or a combining of budgets so that money could be used more creatively. There needs to be a clear message from the Council's leadership stating the purpose of integration and what that will look like so that the positive approach of the staff can be built upon.
14. The Council's Area Boards were widely viewed as a positive way of engaging with local communities and for ensuring that local needs were addressed. These offer a mechanism for increasing engagement with adult social care and how the assets possessed by the community, in terms of skills and abilities, could be matched with those in need of support.

15. More could be done to increase the amount and profile of coproduction with service users. Where coproduction activity already exists this needs to be promoted so that it is clearer to service users and partners that the Council is addressing issues raised by working with those who may be best placed to create effective solutions.
16. The Council should encourage providers to work more collaboratively with each other and with the Council itself in addressing skills shortages through the recruitment process. Currently there is competition between employers for the same scarce resource to meet the needs of the shared client group
17. There needs to be a clear 'front door' to accessing adult social care services. In particular the Council's website does not provide sufficient information or access into these services. At present there are multiple entry points and this is limiting the effectiveness of the commissioning approach to facilitating an efficient, person centred delivery model.

Conclusions

18. The Board are asked to note the findings from the Peer Review Challenge and that an action plan including further staff engagement is being drawn up to address the areas identified for improvement.

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Background Papers

Appendix A – LGA Peer
Review Final Report –
Commissioning for Better
Outcomes