Local Government Association

Solihull Metropolitan Borough Council Commissioning for Better Outcomes **Peer Challenge Report**

May 2015

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Executive Summary

Commissioning is the Local Authority's cyclical activity to assess the needs of its population for care and support services, then designing, delivering, monitoring and evaluating those services to ensure appropriate outcomes. Effective commissioning cannot be achieved in isolation and is best delivered in close collaboration with others, most particularly people who use services and their families and carers.

Successful outcomes are described in the Adult Social Care Outcomes Framework, Making it Real Statements, Making Safeguarding Personal and ADASS top tips for Directors, but above all must be described and defined by people who use services.

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 are being piloted to test their value in supporting the achievement of transformational change and value for money.

Solihull Metropolitan Borough Council (SMBC) requested that the Local Government Association (LGA) undertake a Commissioning for Better Outcomes (CBO) Peer Challenge at the Council and with partners and kindly agreed to help pilot the Commissioning for Better Outcomes standards developed by Birmingham University with LGA and ADASS and funded by the Department of Health. The work was commissioned by Ian James, Director, Adult Social Care and Communities, Solihull MBC. He was seeking an external view on the quality of commissioning activity at Solihull MBC in the Adults Social Care department and with partners to deliver effective outcomes. The Council intends to use the findings of this peer challenge as a marker on its improvement journey. The specific scope of the challenge was:

1. How well is Solihull achieving improved outcomes for people?
2. In Solihull, How well equipped is the Council to effectively deliver the Care Act duties to shape the market for care, support and wellbeing?
3. Given the recent realignment of leadership portfolios in Solihull, what recommendations could be provided for the future organisation of commissioning activity to achieve better outcomes?

In addition to the scope of the work above, the peer team was asked to consider:

- What recommendations could be provided for the future organisation of commissioning activity to achieve better outcomes given the recent realignment of leadership portfolios in Solihull?
- What were the main challenges for Solihull with regard to commissioning?
- What suggestions could be given for future leadership and governance?

The first two questions are considered in the body of the report as they align to the domains within the standard. The third question and the bullets above are considered from paragraph 60 onwards of the report.

As proxy indicators for the market shaping duty being closely monitored nationally, the peer team also undertook to analyse the extent to which the Council monitored whether providers of services paid minimum wage to workers and whether the Council were aware of the number of visits taking 15 minutes or less.

The team found that commissioners were aware that 15 min visits should only take place at the specific request of people who used services, and as such the use of short visits was deemed to be appropriately reviewed and monitored by the team and the recently implemented electronic home care monitoring system assists the Council with maintaining close monitoring of this. During the course of the Peer Challenge there were examples of 15 minute calls being utilised for duties relating to task and function appropriately with consent of service users. The use of 15 minute calls as a matter of practice seemed to occur in some service areas, however, did not appear to be the norm nor expected practice across the wider service.

With regard to minimum wage, the Care Quality Monitoring Officers confirmed that there was no additional contractual requirement for domiciliary care and care home providers to pay the minimum wage as it is a legal requirement. Already, included in monitoring visits is a check on homecare provider's rotas to ensure that they are "reasonable" and that worker's travel time is being paid for. The Council had worked to ensure that tender submissions approximately 12 – 18 months ago and had built in calculations to make sure that minimum wage was offered to employees. Housing and support providers noted that Solihull had a clear focus on evidencing the national minimum wage. Some care providers informed us that they were paying their staff team a living wage, although this was becoming more difficult to achieve.

The Council was taking steps in relation to home care services to commissioning pilots in more rural parts of the borough that consider the logistics and scheduling of visits and cost of travel time. Further consideration however may need to be given to the way electronic home care monitoring has been implemented and further dialogue with provider in relation to this could support a further shift towards focusing on outcomes and not time and task.

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

Strengths

Solihull's strong leadership team seen to be open honest, trustworthy and good to work with. Care Home Providers say relationships have improved under the Director of Adult Social Care's lead. There were some positive comments about commissioners and contract staff, Extra care being a good example of this. Several social workers said commissioners were approachable.

There were some examples of excellent services and a tangible enthusiasm to pilot new ways e.g. rural pilot for homecare, services for dementia carers and their cared for, virtual wards and Learning Disability Services Acute Liaison.

Solihull is building on the enthusiasm generated by the Better Care Fund (BCF) to embrace integration and good practice across Health and Social Care.

Solihull has a strong corporate approach securing social value from the regeneration agenda with an admirable focus on the “Solihull pound”..

Solihull is using the LEAN methodology to become more efficient and is implementing new tools e.g. Care Billing, Performance management

Areas for consideration

The December 2014 Peer Review of Adult Social Care suggested that traditional care management approaches should be reviewed; The review team identified that as yet this work has not had an opportunity to create an impact.

Strengthen and develop a more systematic approach to demand forecasting that maximises the use of all available data to inform strategic planning and a strategic commissioning approach.

Governance processes are complex and would be more effective and efficient if they were streamlined.

The ICASS project (Integrated Care and Support Solihull) was very well regarded. But the workstream to involve primary care may need to be accelerated

Restate guidance for individual commissioning

The care pathway for social care staff to follow needs to be re stated to eliminate confusion and support further personalisation of services. Social care staff need to understand their role in care pathways and the interface with commissioning.

The staffing capacity of the in house re-ablement team to be reviewed

The opportunity to take a system wide focus on wellbeing needs to be grasped.

Improving access to information and advice has been given a lot of consideration. There are many routes in to information and advice and this needs simplifying for professionals and people who use services.

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

Report
Background

1. Solihull Metropolitan Borough Council (SMBC) kindly agreed to help pilot the Commissioning for Better Outcomes standards developed by Birmingham University with LGA and ADASS and funded by the Department of Health by undertaking a Commissioning for Better Outcomes Peer Challenge at the Council and with partners. The work was commissioned by Ian James, Director, Adult Social Care and Communities, Solihull Metropolitan Borough Council. He was seeking an external view on the quality of commissioning activity at Solihull Metropolitan Borough Council in the Adults Social Care department and with partners to deliver effective outcomes. The Council intends to use the findings of this peer challenge as a marker on its improvement journey. The specific scope of the work was:

- How well is Solihull achieving improved outcomes for people?
- In Solihull, How well equipped is the Council to effectively deliver the Care Act duties to shape the market for care, support and wellbeing?
- Given the recent realignment of leadership portfolios in Solihull, what recommendations could be provided for the future organisation of commissioning activity to achieve better outcomes?

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

3. The benchmark for this peer challenge was the Commissioning for Better Outcomes Standards (Appendix 1). These were used as headings in the feedback with an addition of the scoping questions outlined above. There are 12 standards grouped into four domains:

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

4. The members of the peer challenge team were:

    - **Wendy Fabbro,** ADASS Associate
    - **Victoria Gibbs,** Head of Integrated Commissioning, North Lincolnshire Council.
    - **Corinne Moocarme,** Joint Commissioning Lead, LB Lewisham/NHS Lewisham CCG.
    - **Jonathan Lillistone,** Head of Commissioning, LB Southwark,
    - **Councillor Colin Noble,** Suffolk County Council, LGA CWB Board Member, National Portfolio Holder for Health and Social Care Integration.

- **Michelle Braithwaite,** Expert by Experience
- **Venita Kanwar,** Challenge Manager, Local Government Association.

5. The team was on-site from 17th – 20th March 2015. To effectively deliver the strengths and areas for consideration in this report the peer challenge team reviewed over twenty documents, held over 54 meetings and met and spoke with at least 180 people over four on-site days spending 35 working days on this project with SMBC, 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

6. The LGA would like to thank Ian James the Director of Adult Social Care and Communities and his colleagues for agreeing to be one of the Commissioning for Better Outcomes Peer Challenge pilots at very short notice and the excellent job they did to make the detailed arrangements for a complex piece of work with a wide range of members, staff, partners, those who access services, carers, partners and others. The peer team would like to thank all those involved for their authentic, open and constructive responses during the challenge process and their obvious desire to improve outcomes. The team was made welcome and would in particular like to thank Ian James, Director of Adult Social Services, Karen Murphy, Assistant Director, Performance Planning and Commissioning and Stephen Munday, Director of Public Health and Commissioning, for their invaluable assistance in planning and undertaking this review.

7. Our feedback to the Council on the last day of the challenge gave an overview of the key messages. This report builds on the initial findings and gives a detailed account of the challenge.

Key Messages: Summary

Strengths

- Leadership- strong leadership team seen to be open honest, trustworthy and good to work with. Care Home Providers say relationships have improved under Directors leadship
- Some positive comments about commissioners and contract staff
    - Extra care very positive about working with SMBC
    - Some social workers say commissioners are approachable
- Some excellent services- and enthusiasm to pilot new ways e.g.
    - rural pilot
    - dementia carers very positive, e.g. in virtual wards and
    - LD acute liaison
- Strength in building enthusiasm to embrace integration and good practice in BCF.
- Strong corporate approach securing social value from the regeneration agenda
- Focus on Solihull pound to be admired.
- Implementing new tools to be more lean, Care Billing, Performance management

Areas for consideration

- Personal Budgets (PB) and Direct Payments (DP) are clearly in place, but more needs to be done to articulate menus of options for spend, and to stimulate the development of micro providers.
- The Council needs to develop a way for care reviews and support plans/support planning to inform commissioning plans.
- More needs to be done to consider the contribution from primary care to shape and influence commissioning.
- Enable intelligence about self-funders choices to inform commissioning.

8. Solihull has a strong leadership team. Partners all spoke of the commitment of the top team and the willingness to work in partnership to achieve improved, efficient and effective services. Providers spoke of the improved relationship with the Council under the new director's leadership.
9. Social care staff and providers spoke of the approachability of some commissioners, with good relationships being forged.

10. The Council is delivering some excellent services and there is a real enthusiasm to pilot new ways of delivering services for example; the rural pilots for home care services to address the challenges of delivering care and meeting need in some parts of the borough, and the longstanding commitment to and evidence of delivery of new models of supported living for people with learning disability including services focused on younger people moving through transition. Furthermore there are strong and effective working relationships in relation to designing and delivering housing and support services as an alternative to traditional and residential care. The number of Extra Care type developments is increasing within Solihull, and whilst the Council may not be the Commissioner in relation to funding the schemes, the collaborative working within and across the Council and housing and support providers is commendable.

11. It was evident that Solihull has embraced integration, and all partners spoke highly of the fact that partners are working across organisations and the commitment of the Council to joint and integrated working. The Integrated Care and Support Solihull (ICASS) structure and governance has been put into place to oversee the development of the Better Care Fund. The ICASS evolved from a history of partnership working in relation to integrated care and was born out of the initial bid for Pioneer status. Whilst the bid was unsuccessful, Solihull continued with its plans to integrate and transform services for the frail and elderly. The ICASS has dedicated staff, supporting, leading and monitoring the BCF schemes in order to transform the way that services are delivered to and experienced by the people that use them. The ICASS workstreams are led by Council Officers and partners, e.g. a GP with regular reporting into the Programme Board.

    Senior Officers and Solihull Clinical Commissioning Group (CCG) meet regularly to oversee progress. Plans for capturing integrated outcome data were clearly articulated; however, as yet the system for capturing outcomes is in its infancy. A number of initiatives regarding prevention and diverting people from acute care services were evident, e.g. the emerging information and advice hubs informed by the pilot hub at Chelmsley, integrated teams, use of Assistive Technology, social prescribing, and the Solihull Integrated Discharge Team.

    Whilst the ICASS system has clear governance, the system of programme groups, task and finish groups, programme boards seemed overly complex and burdensome. Practitioners and Managers shared that the governance route to progressing a report and decision, is complex and time consuming, due to the potential number of reports for a number of groups and boards. This means progress is hindered

    There is scope to build on this strong foundation and good partnership working in future iterations of the BCF. In particular consideration could be given to strengthening the focus on social care and prevention within the BCF.

12. We heard about the corporate commitment to regenerating North Solihull and the positive difference new housing, GP practices, transport and schools were making to communities. Contracts for services are incorporating clauses around social value, and officers are planning how social value can be embedded into the Business Charter for social responsibility. Solihull is working to diminish health inequalities but needs to strengthen its analysis of demographics, need and inequality to fully realise this ambition.

13. Social value policy focus is on local employment opportunities, but there is an opportunity to have a stronger focus on employment for disabled people. Performance and outcomes for people with learning disabilities in employment has dropped and is below comparators and the England average. Given the high levels of regeneration in Solihull and the relative wealth of the area, more could be done to enable more people with learning disabilities to be successfully engaged in employment. Consideration should be given to how the Council, partners and providers could contribute to employment opportunities and the use of clauses in future commissioning activity. It was not clear to the Peer Team how the commissioning skills developed during the Regeneration work were being shared to enhance social care commissioning

14. The team heard about the Solihull Pound and the commitment to planning how best to utilise it and the £15M committed within the Better Care Fund (BCF). The Council and partners are keen to get the best out of the Solihull pound in relation to inward investment, value for money and efficient and effective services. The methodology around the Solihull pound could be expanded to consider the merits of the Solihull pound for prevention in relation to reducing health inequalities and meeting the Care Act Duties of wellbeing and preventing and delaying the need for specialist services, and delivering required savings.

15. Solihull is using LEAN to drive efficiencies; Solihull is working with Coventry on procurement, with Warwickshire on improving contract management and with Birmingham to provide repairs and maintenance services. It will be important for social care commissioners to shape and influence how this joint work is taken forward to ensure benefits of joint procurement activity impact positively on social care services.

16. Personal budgets (PB) and Direct Payments (DP) are clearly in place; however we heard that carers and service users found the process of managing budgets and securing services to be complicated. Solihull should consider setting out a menu of services that could be purchased, and stimulate the market for micro providers based on intelligence gathered by people who have PB and DP. Work also needs to be done to raise the levels of confidence and awareness of those with personal budgets so that they are clear about how they can be used.

    Whilst more people are taking up Direct Payments and Personal Budgets as an option, the rates of take-up are variable across the service areas. Positive examples were seen and heard in relation to how a Personal Budget had supported and enabled some people to exercise greater control and use more innovative ways to achieve choice and control, however, there was still some areas were the take-up could be increased. The December regional peer challenge highlighted some challenges in relation to the ethos around Personal Budgets and Direct Payments which was still evident during this peer challenge. There were some positive strides made in relation to enabling people with mental health needs to access Direct Payments and Personal Budgets.

17. Care plans and reviews can provide a wealth of outcome information about the effectiveness of services as well as providing commissioning information about needs assessment, what works and where the gaps in services are. The Council should develop specific systems to feed the process of reviews and care planning into commissioning, enabling outcome focused and person centred services to be developed. Guidance should be developed for Care Managers to assist with this.

18. The Council should consider involving and working more closely with self-funders, and with primary care services to influence commissioning and shape markets. Self-funders in Solihull currently gather most of their information about care and support services from primary care providers such as GP's. Closer links with primary care around commissioning would be beneficial and support the gathering of intelligence around the care and support needs of self-funders. The extent to which the Council is able to develop its understanding of self-funders will influence the extent to which is can shape, deliver and commission services collaboratively with the provider market for all Solihull residents not just those the Council or CCG fund. Understanding more about the purchasing power and behaviours of self-funders could generate efficiencies and stimulate the market to offer more preventative services to reduce and delay the need for specialist services. The Council could build on its positive relationships with GPs in order to consider and inform its commissioning intentions.

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

- Some excellent services and enthusiasm to pilot new ways e.g. Rural pilot, Dementia carers very positive, e.g. in virtual wards, good use of PA's to support individuals to become independent.
- 70% of carers have an assessed personal budget (PB)
- Use of Experts by Experience regarded as good practice and contributing to change.
- Empowerment, some evidence of relatives and people who use services attending case conferences thus contributing to the outcome focus in relation to Making Safeguarding Personal.
- Integrated systems to capture performance and outcomes via ICASS have been developed however yet to deliver outcomes.
- Support planning models will be evaluated on achievement of outcomes.
- SSAB making good use of intelligence around people feeling safe to inform SSAB prevention strategy.

Areas for Consideration

- Improve awareness of your access points for services and web and continue to work towards all access points being the 'right door first time', to avoid 'hand offs' and confusion.
- People who use services felt strongly that most Council services were 'traditional' and people were not encouraged to take up PB and DP.
- Join up all aspects of Making Safeguarding Personal by ensuring that outcomes are routinely collected from people who use services and inform future practice and commissioning.
- Transitions – develop systems to capture intelligence and need at the earliest opportunity.
- Contracts not outcome focused, explore how Electronic Care Monitoring (ECM) could deliver more PCO focus.
- Care support plans and reviews should be used routinely to inform commissioning.

19. Solihull Council have a number of excellent services in place, these are the Rural pilot, expression from dementia carers who very positive about services, especially about the dementia directory, and there is good use of Personal Assistants (PA's) to support individuals to become independent.

20. We heard that 70% of carers have received an assessment for a Personal Budget (PB) which is good performance.–Solihull MBC value the contribution of carers and this is evident by Solihull's Carers Strategy "Caring for our Carers, 2014 – 2017" which was co-produced with carers, Experts by Experience who care, and in conjunction with services that work with carers.

21. Solihull MBC work to empower people, this is evident by people who use services. Solihull has made a commitment to Making Safeguarding Personal and as part of this approach has been seeking and implementing ways of working that support and enable people and carers/ relatives to attend Case Conferences and learn from the outcomes that people wish to achieve whilst working with people to safeguard them in the community or in placement. The achievement of Making Safeguarding Personal will be further strengthened by capturing, understanding and implementing the outcomes that people wish to achieve.

22. Solihull MBC are proud of the work being delivered by Integrated Care and Support Solihull (ICASS), where the Council and partners have come together to better deliver integrated ways of working and integrated care services under the auspices of the Better Care Fund. The work streams under ICASS have been developed and are capturing information; however it is too early for systems to evidence outcomes. However this should result in intelligence and outcome data over time, which will provide information to assist commissioners in understanding how services are contributing to changing the people who use services, lives.

23. There are several ways of support planning that are currently being trialled and these will be evaluated to see which is the most successful in meeting the people who use service's outcomes. This involves having a "trusted assessor" approach and using Social Workers, Voluntary Organisations, Experts by Experience and Family members to devise and review Support Plans.

24. There were good examples of the Solihull Safeguarding Adults Board (SSAB) working with providers, in a preventative way, "We Trust you to Care". Information, advice and guidance is thematic and delivers information about infection control, nutrition, medicine management and dehydration. The SSAB has had an independent chair for the past three years and the SSAB Business Manager directly reports to the Director. The work of the SSAB is well regarded across providers, notably housing and care providers. The Quality Care Home Group has been established to give an early warning system in relation to aspects of care that could be improved thus preventing potential safeguarding alerts. The SSAB has an ambition to develop quality profiles in relation to regulated care, however, has yet this is in development. The methodology of the quality profiles was clearly articulated and would provide another safeguard in the residential and nursing care system.

25. The peer team heard about Solihull's Safeguarding and Housing event facilitated by SSAB, which was well received by providers. This provides a good foundation for increasing the understanding around hate crime, loneliness and social isolation, and the associated impact.

26. Residential and domiciliary care providers are represented on the SSAB by 4 not for profit organisations, including a not-for-profit nursing home. Consideration should be given to whether this needs to be extended to public, private and voluntary organisations in order to strengthen the representativeness of the group and sector. Monitoring and contract officers contribute to safeguarding adults by identifying practice issues early and working with providers to improve standards of safety, quality and effectiveness.

27. The peer team heard that the Commissioning Team has been on a "long journey" to consolidate and improve existing Information and Advice Services. A new service will begin on the 1st April 2015 which sees the Voluntary Sector working in partnership with each other and the Council in 2 new Information and Advice "hubs". It is further envisaged that existing "Connect" services, neighbourhood services and libraries will all be used to ensure better equity of access across the Borough. The peer team felt that this approach was commendable but more work needed to be done to simplify the "offer" to health and social care professionals as well as people who use services.

28. Work has also been done to strengthen the Solihull website/portal. The new I&A contracts have outcomes-based PI's included, but we would also suggest giving more thought to determining what the "measures of success" going forward to determine if the Information and Advice strategy is working well, particularly in relation to demand-management

29. People who use services and their carers and relatives were sometimes confused about access to information, support and advice. We heard that individuals were chaperoned from one access point to another if information could not be directly sourced. We understand that Adult Social Care's ambition is to ensure that people are not redirected to different information points once they have arrived at the Council. However, this does not appear to be reflected in practice in accessing information or support. Solihull MBC should consider reviewing and simplifying access and consideration given to how people may want to access information and where. In addition, some members of the peer team found that the Council's website was difficult to navigate; it might be worth re-considering the layout of the social care pages on your website to make information more accessible.

30. Solihull would benefit from the improved use of intelligence to inform the effectiveness of services for people as well as informing future commissioning intentions. There is a wealth of information that could be captured from the outcomes arising from people who use services; this could be captured better during care support plans and reviews, as well as by involving Experts by Experience. We heard from some people that social care services were considered to be "traditional". Some of this could be improved by revisiting and reviewing the guidance provided to care managers.

31. Electronic Call Monitoring (ECM) is currently being used to ensure that domiciliary care workers stay with the client for the contracted time and is used

to reconcile invoices/worksheets. This could lead to the perception that the Council has a very "time and task" approach and could stifle the flexibility that is sometimes required to ensure that service users meet the outcomes set out in their Support Plans. The team thought ECM could be used further as a tool for quality improvement analysis, giving more of an emphasis on person centred outcomes. At present the team's observation was that it appeared to be being used more to deliver financial efficiencies around time recording and billing than as a tool for quality improvement. Providers also raised some concern that its current use limited the flexibility to work with users in a more person centred and outcome focused way. As the team noted there were generally positive relations with providers and Solihull should consider working with providers to evolve the way ECM is used.

32. The peer team heard consistently that transition for people who use services could be improved. Transition is a complicated process, particularly for people who use services where different legislative requirements apply i.e. moving from children's social care to adult social care. The Council should consider how it can work more effectively alongside people using services, children's social care and education, to intervene at earlier timescales to capture need, and plan provision at age 14 more effectively using intelligence gathered to enable a smooth transition. Some processes appear to be for the benefit of the Council to the frustration of some families. The team heard comments that families seeking the provision of continued education and learning were asked to apply to the in borough provision first before applying for out of borough provision, even when it was widely acknowledged that the in borough provision could not meet identified need. A more needs based, user and family centred approach to commissioning would ensure the right choice would be made straight away.

Inclusive

This domain recognises that people using services, carers, providers and communities are essential partners in the design, development and quality assurance of services; and that good commissioning creates meaningful opportunities for engagement.

Strengths

- Commitment to Experts by Experience
- Excellent examples of collaboration between commissioners, providers, people who use services and wider Council in service development, commissioning and procurement
- Development of Hubs are a positive platform to ensure equity of access and reducing health inequalities
- Good work on raising awareness of the Care Act
- Some exemplar consultation e.g. urgent care
- Innovative partnership work e.g. Street Triage resulting in benefits for prevention, outcomes, quality and cost

Areas for Consideration

- Ensure the Early Help and Prevention offer is defined and understood by all, connecting council work in neighbourhoods to greater effect.
- Embed Wellbeing concept into commissioning to reduce and delay the need for specialist services
- Engage with the *Seldom Heard* and create opportunities to consult with all stakeholders in building community capacity, resilience and co-production
- Join up all aspects of *Making Safeguarding Personal*
- Develop use of feedback from families, carers, people who use services to diversify the offer and address identified gaps

33. No one can doubt Solihull's commitment to working with Experts by Experience, they have been involved in co-producing your Carers Strategy and are involved in discussions with commissioners around mental health, dementia and in the tendering process for information, advice and support Hubs.

34. Solihull has demonstrated that they have collaborated with providers, people who use services, and other staff in service development, commissioning

particularly around developing specialist and supported housing, support planning and reviewing services for people with dementia and information and advice hubs.

35. We heard repeatedly about the difference that the Hubs will make to people accessing services. During the recent review of information and advice services in Solihull customers said they wanted a “one front door” coordinated approach. The peer team felt that Hubs would provide a positive platform for equity of access, promoting wellbeing, preventing and delaying the need for specialist services and contributing to reducing health inequalities within a locality model. The first pilot Hub has been opened in Chelmsley, with more hubs planned. The impact of the Hubs should become known once the performance management framework is implemented and reported into ICASS.

36. Solihull staff spoke of the efforts that they had undertaken to engage voluntary sector and private sector providers in training on a range of subjects, but particularly the Care Act. Recipients of the training spoke very highly of it and felt informed and appreciative of the Council for engaging them in the training.

37. Some exemplar consultation e.g. with urgent care with reference to the work to develop the BCF plans, although the team were surprised to hear that no pooled budgets have been agreed.

38. We heard from Council staff and partners of the willingness to work together, across organisational boundaries to achieve better outcomes for people and to reduce duplications across agencies. The peer team was impressed by the Street Triage scheme which has been running for 18 months and involves working collaboratively with police partners. The service involves Police Officers and mental health practitioners travelling together from 7am until 7pm to support people who may be displaying mental health needs and to prevent unnecessary police powers of s136. The outcomes to date are significant, and include a reduction in the number of mental health sections taking place, ensuring that the Place of Safety is not a police station, improving Police Officers awareness of mental health issues and transforming the way services are delivered. This successful project has now benefitted from seed funding of £250K and is now being commissioned by partners.

39. The peer team heard that Solihull’s work on prevention was well underway. As the work on early intervention and prevention develops, it is important to make sure that all staff are aware of how they contribute to interventions at the earliest opportunity and that moving forwards that this work is driven through the Care Act., so that everyone understands the context in which they are working. Whilst there is a commitment to Early Intervention and early help that is driven by the Senior Leadership Team, there is a need for a cohesive strategy that is owned and understood by all.

40. In embedding the Care Act it is important that the Wellbeing Duty concept is embedded into the commissioning process to reduce and delay the need for specialist services. If this is not done, then it will be difficult to apply the well-constructed Pyramid Strategy to your Finance Strategy. Better use could be made of Public Health expertise, analysis and interpretation of data, research and best practice to inform a clearer and more specific strategy for prevention that is linked to appropriate investment / shift in resource from higher cost to

lower cost and earlier intervention. It wasn't clear how risk stratification was being used or applied. Building resilient communities, supporting people to support themselves and commissioning intentions for the future need to consider investing in prevention in order to reduce and delay the need for costlier and more intrusive services later on. Consideration should be given to the investment of the Solihull pound for prevention, by building on social return on investment and understanding the true costs and cost avoidance from investment in preventative services.

41. The peer team felt that Solihull could be doing more to engage people in the community. Most of the engagement activity appeared to focus on older people, those with an identified learning disability and mental health clients. This view was particularly reinforced and expressed by Experts by Experience. A number of groups talked with the team about building capacity and expanding choice. By consulting with those who are seldom heard, the Council would be opening up the opportunity to build capacity within communities, resilience and co-production.

42. Solihull has made a commitment to Making Safeguarding Personal and has aspired to the Gold Standard. Part of the Gold Standard is ensuring that the systems and processes around adult safeguarding and adult protection are informed by the journey, voice, experience and outcomes of the individual. The SSAB has made a commitment to demonstrate improved outcomes arising from Making Safeguarding Personal and is developing systems to capture outcome and impact data.

43.

Well led

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

Strengths

- A well regarded and visible leadership team across the political, executive, Police and CCG seen to be open, honest, trustworthy and good to work with.
- The team is clearly focused on a whole system approach of integration and prevention with local communities through commissioning.
- We have heard that relationships with and understanding of stakeholders have improved under the Directors lead and the defining of strategic (including financial) targets.
- Focus on Solihull pound to be admired, and a commitment to integration is obvious at all levels.

Areas for Consideration

- Continue to strengthen and rationalise governance.
- Review the scope of the Health and Wellbeing Scrutiny Board.
- Draw together your vision into plans and tools to implement action on the ground, and ensure that there is a shared understanding of what good commissioning is, with stakeholders. "Join the dots"
- Issues around how evidence is recorded, collated, analysed and informs commissioning.
- Work to continue the understanding of the money in the system and alignment with agreed system priorities.
- Enable regular provider forums "owned" by providers.

44. Solihull MBC has a strong and visible leadership team across the political, Executive and CCG structures. The team is well regarded by staff, partners and stakeholders. Partners have also stated that Solihull is a good organisation to work with, and that senior officers are trustworthy, honest and committed to delivering excellent services.

45. The management team is focused on a whole system approach of integration evidenced by ICASS. The focus is clearly on prevention with local communities through commissioning, which should make a difference to service users in

terms of access, minimising duplication and improving the effectiveness of contacts with agencies. In terms of the Council and partners, the benefits will be seen with regard to increasing the buying power of the "Solihull Pound", a concept which all partners have spoken about and to which all partners are committed.

46. The peer team heard that improvements have been made since the Director's arrival in post, particularly in defining both strategic and financial targets. Senior officers, partners, and providers have all spoken about the leadership provided by the Director and his passion for change. We have heard " *Solihull is a refreshing place to work, you can have an open and honest dialogue and commissioners are collaborative and approachable"*

47. The peer team was shown the current governance structures which were complicated and difficult to understand. Clearly complex governance arrangements mean that decision making is slow and results in lack of clarity around responsibilities for staff. Your structures for governance should be rationalised, and we understand that you are aware of this and are working towards strengthening these arrangements.

48. Members of your Health and Wellbeing Scrutiny Board feel overburdened with a large workload. Members feel that they can only scratch the surface of issues in a superficial way and feel they could be of more value to commissioning if they had the time to undertake more detailed evaluations. Systematic mechanisms for scrutinising consultation would help develop inclusion in commissioning.

49. The Peer team consider that Solihull have an opportunity to draw together the different aspects of your strategic vision for commissioning. At the time of our visit it was not always easy to see how the strategic vision was maintained as a golden thread through commissioning plans and the commissioning products you would expect to see as part of the delivery the strategic vision. Solihull should consider how it can use systems leadership to more clearly draw together its vision into plans and best practice tools within the commissioning cycle to implement action on the ground. This will be important to ensure that there is a shared understanding of what good commissioning is throughout the organisation and with wider stakeholders and provider partners to "Join the dots"

50. Solihull has more to do to ensure that leadership around commissioning is better informed by data. The team considers that there is more to be done to collect information, analyse it, and evidence your decisions to inform commissioning. The JSNA could be strengthened to consider trend information, prevalence and a greater depth and focus on supporting Adult Services to understand the lifestyle choices, behaviours and impact of self-funders.

51. As with many Councils across the country there is still more that could be done to understand how your finances are linked to your system priorities Understanding the whole amount of money in the system across all partners through the vehicle of the Health and Wellbeing Board could enable transformation, more integrated commissioning and a keen focus on shared priorities across the system. This integrated approach could deliver efficiencies

and could allow greater investment in preventative services and placed based commissioning.

52. Some providers did not think that they had a valued and equal role when in discussions with commissioners. Measures should be taken to reassure providers that their views are taken into account, are valuable and are acted upon. Listening and acting on your providers feedback would result in better outcomes. It could be useful for commissioners to revisit the Provider Forum to make sure that it is being delivered in partnership with providers, and that participants have equal opportunities to engage in regular dialogue, agenda setting and debate, and for participants to feel a sense of ownership. Providers play an important role in shaping the market, and should be engaged with regularly, effectively and efficiently

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

- Support and guidance for providers including voluntary sector and small businesses on tendering, bidding and service development
- Overall, providers are positive about Solihull – they want to work in and do business with Solihull
- Some good examples of workforce development
- Good examples of a focus on quality and performance through multi-agency working in some areas (Multi-agency Quality Review Group, Housing and Safeguarding)
- Some good examples of transforming services over a period of time e.g. LD supported living and further work planned e.g. Extra Care
- Contestability is applied to internal services

Areas for consideration

- Systematise the use of evidence and intelligence in strategy development, the forecasting of future demand and setting of priorities in MPS/BCF/Prospectuses
- Build on positive provider relations to make better use of stakeholder feedback in commissioning intentions, service development and tendering approaches
- Develop greater commercial and business acumen and make best use of market mapping and management tools within the commissioning process
- Develop a better understanding of self funder buying power and behaviours; strengthen links with GPs and use of information, advice and guidance

- Building on ‘contestability’ develop a whole system view of the internal and external offer - e.g. reablement offer and pathway vs external home care
- Build greater rigor in the contractual relationship with voluntary organisations to enhance clear thinking about diversity, choice and efficiency

53. Solihull has provided support and training to providers, voluntary sector and small business to submit good tenders and bids, enabling them to compete effectively.

54. Providers want to work with Solihull and to deliver services that meet market demand. Providers are very positive about the support given by Solihull, and specifically the training provided to them around workforce issues, and Care Act training. Providers stated that they preferred to work with Solihull Council rather than neighbouring authorities, and the team thought this was a good position for Solihull to be in.

55. There were good examples given about Solihull having a focus on quality and performance through multi-agency working in some areas (Multi-agency Quality Review Group, Housing and Safeguarding). This means that Solihull can build a holistic multi agency picture of quality across housing and safeguarding, , within a system that enables quality issues to be managed quickly, with learning shared across partnerships.

56. The peer team heard good examples of transforming services over a period of time. An example of this is the Council has developed a number of LD supported living schemes and further work is planned and this has enable some younger people in transition to move straight into supported living. It is also notable that Solihull does not currently have anyone in assessment and treatment and therefore are in a strong position in terms of delivering the Transforming Care agenda.

57. There were good examples of developing Extra Care and Solihull has worked with a number of Housing and Care Providers in order to develop a number of Extra Care Schemes. Some of this has been driven by the increase of self-funders and people choosing to live in Solihull in their older years, however, a number of schemes have been developed to offer an alternative to residential and nursing care by providing purpose built affordable homes where people enjoy their own tenancies. Whilst Solihull has not commissioned the builds, providers of supported housing were complimentary of Solihull’s strategic approach to regeneration, support with planning and co-production in relation to developing schemes that were informed by people who use services.

58. There is strength in applying contestability in internal services, Solihull is demonstrating that it is working to ensure that in house services are delivering excellent and competitive and efficient services to citizens allowing it to take a balanced view on whether to directly deliver or to externally commission services based on what will deliver overall best value.

59. The peer team found that the use of data and intelligence could be improved to forecast and shape services. While there is some evidence of how Solihull used data for planning services and the need for future services, Solihull should consider systematising the use of evidence and intelligence in strategy development, the forecasting of future demand and setting of priorities in the

MPS and BCF. In particular the team found it difficult to understand and follow the “Prospectuses” bidding process. This is an area where use of best practice in commissioning in the various stages of the commissioning cycle could be of benefit to Solihull. For example, drawing on best practice Solihull could consider developing its own tools, templates and checklists for each stage of the commissioning cycle. This would provide a trail of evidence for decision making, and clearly set out to providers what future needs were, enabling them to plan their business. It would also assist staff by providing them with a clear framework for commissioning within which they could work.

60. While fee-setting inevitably featured as a key topic of dialogue, Solihull is encouraged to think about how it might further incentivise providers to contribute to a wider dialogue. Regular forums should be held to focus on quality, sharing good practice and workforce development. There are incentives that could be used to make better use of stakeholder feedback in commissioning intentions, service development and tendering approaches. Solihull could consider using tools available e.g. Draft Sustainability Toolkit to more systematically understand the provider market.

61. There are positive messages from providers that they want to work in Solihull and the Council has the opportunity to secure great benefit from this positive view the provider market has of the Council. However, some officers feel that the market has not driven ‘what we need to do’ so Solihull could consider investing time and effort into better understanding provider business models, their motivations and how they view the regional local authority commissioning market and why they wish to work in Solihull over other areas. This will be important in allowing Solihull to work collaboratively with providers whilst still negotiating arrangement that deliver excellent outcomes, value for money and that are sustainable given the very real local workforce challenges the area faces for social care staff.

    There is an opportunity to develop greater commercial and business acumen with a particular focus on how social care provider businesses operate. Solihull could further explore different ways to engage with the business community to understand how the business sector is driven. This could be particularly important in relation to the providers delivering care solutions to the sizeable self funder market. Investing time and expertise to engage with self funders and the providers developing and delivering services for the self funder market may allow Solihull to develop a different and more direct relationship with these providers with the aim of establishing arrangements that create greater mutual benefit.

    Solihull should consider developing a better understanding of self-funder buying power and behaviours; Self funders are often advised to purchase their health and social care support by primary care services, which are usually GP’s. The links with GPs should be strengthened and self-funders targeted so that they make good use of available information, advice and guidance. A strengthened connection with primary care could help the Council to build the markets that self-funders want. Solihull could consider using a programme such as ‘Home Truths’.

62. Solihull’s in house services have to pass the Contestability test, i.e. who is best placed to deliver services. If this is to be in house services, then thought must be given to how the service could improve. We were told, “What matters is what works”. This was considered by the team to be good practice.

In Solihull, How well equipped are the council to effectively shape the market for care, support and wellbeing?

Strengths

- Major changes being planned and managed (e.g. BSMHT, Home Care, transformation *via BCF and ICASS*
- Work in progress to assess and scope the scale and impact of self funders on the care and support market
- Improving relationship between providers and the Council and Experts by experience are keen to work with the Council to shape the market, but more to be done to collaborate with primary care and to incentivise providers to engage
- Good foundations for developing Solihull model of wellbeing using community development and children's services concepts but this needs to be joined up with public health

Areas for consideration

- PB and Direct Payments (DP) are clearly in place, but more needs to be done to articulate menus of options for spend, and stimulate the development of micro providers.
- The Council needs to develop a way for care support plans and reviews to inform commissioning plans to shape markets
- More needs to be done to consider the contribution from primary care to shape and influence commissioning and market shaping, and to keep developing options for joint health and care commissioning.
- Enable intelligence about self-funders choices to inform commissioning and the shape of markets

63. We heard from officers and partners about the major changes that are currently being planned and managed in Solihull. In particular we heard about the home care transformation that was underway though the Better Care Fund and ICASS which is making a difference especially in encouraging staff from health and social care to work together to ensure that the customer journey is as seamless as possible. Transformation is shared by partners which strengthens the process and ability to deliver wide scale multi agency change on an ambitious agenda.

64. Solihull is very much aware of the impact of self-funders on the care and support market. The Council is in an unusual position because of the large numbers of individuals living in Solihull able to fund their own care and support

needs. This means that self-funders are in a position where they can shape the care market. The Council has recognised the need to better understand the impact of self-funders on the market and more work to assess the scope, scale and impact of self funders would be beneficial in order to actively market shape, and drive efficiencies. This means that the Council can better work with providers to plan future support, be prepared for the implementation of the "care cap" and to ensure services are fit for purpose and of a high quality, regardless of the funding mechanism. There may be some benefit to Solihull Council in applying some of the best practice tools currently available for analysing this area of the provider market to enable better engagement. Solihull should consider drawing on the Council's corporate commercial expertise who are able to engage and secure mutual benefit from big local employers, and apply the same commercial approach to the self-funder care home market and the providers who operate in this market.

65. The Council is beginning to work with care providers and Experts by Experience to shape the care market, which is excellent practice. However, the team felt that more should be done with primary care providers and in particular GP's to begin to understand what patients were presenting with at surgeries and other primary care settings and to work more collaboratively with providers to deliver support that targets early intervention and prevention.

66. The Council is setting good foundations for wellbeing, e.g. a senior leadership commitment to community resilience and growth, skills to employability, active focus on regeneration, a focus on raising aspiration and reducing health inequalities. The Council gave examples of joined up working between Children and Adult Services and have considered how the learning from the Families First initiative and the Early Help Strategy for children could inform the prevention and early intervention strategy for adults. However there is further work to be done within the Council to ensure that all officers, including officers based in Public Health, understand the role they play in promoting wellbeing, under the Care Act.

67. We heard from carers and people who use services that Personal Budgets (PB) were in place and were being managed. However, individuals using PB's were unclear about the extent and availability of services which could be used by them. The team would ask the Council to consider developing a menu of support options that clearly outline the different services available and how they could be accessed.

68. The team heard that information coming from the reviews of people that used services were not routinely feeding into the planning and commissioning of services. The data arising from reviews and care management is important information for planning and shaping services and the Council should ensure that this is captured and fed into future Commissioning Plans.

69. Data coming from primary care services, and self-funders should similarly be informing and shaping future services and should be fed into Commissioning Plans.

Given the recent realignment of leadership portfolios in Solihull, what recommendations could be provided for the future organisation of commissioning activity to achieve better outcomes?

Focus

- Review and simplify your governance and decision making structures.
- Quantification – build on, and share BCF and ICASS use of data, public health intelligence in commissioning strategies.
- Ensure you understand providers' business perspectives to incentivise their engagement.
- Articulate and define your commissioning tools and products. so you can clearly demonstrate that you are consistently and systematically delivering all parts of the commissioning cycle to expected standards.

70. Many of the above recommendations that the peer team arrived at to answer this specific question posed by Solihull MBC have been picked up in the body of the report within the domains of the Commissioning for Better Outcomes in Commissioning Standards. The paragraphs below emphasise points already made.

71. The peer team would recommend that when considering aligning commissioning functions in leadership portfolios, the critical importance of ensuring strategic commissioning is strongly informed by micro commissioning, via care managers or by people using services accessing direct payments or by self funders is given priority. For the current alignment, the team feel this is a risk for Solihull and would recommend Solihull reflect how they can make this imperative a reality.

72. Given Solihull's commitment to moving towards joint commissioning for patients using health and care services it is suggested the council should consider how the current alignment will facilitate a integrated person centred approach

73. The peer team was shown the current governance structures with particular reference to the care pathway but in this leadership alignment found structures complicated and difficult to understand. The complexity of your governance arrangements are confusing and should be simplified in order to clarify your decision making structures.

74. Solihull has gathered data and intelligence but there is further work to be done to more clearly advise Providers on requirements, scale and volume, standards and evidence decision making around commissioning with the data gathered. There is still more data to be gathered, from providers and self funders to further inform strategies, and to share with your partners.

75. Providers are keen to work alongside Solihull Council; it would benefit all parties if providers could be incentivised to engage further so that the Council could better understand what drives providers and how the market could be shaped in collaboration with them.

76. The process of commissioning requires systemisation, so that officers are clear what products are required and each stage of the commissioning cycle. It would be helpful if clear guidelines around how officers from different disciplines and backgrounds contribute to the commissioning process and how all parts of the commissioning cycle connect to achieve decisions for service delivery. Clear standards for commissioning should be set out, and followed routinely.

What are the main challenges?

- Ensuring person centred, outcome focused care requirements inform future commissioning and care management intelligence.
- Stimulating the development of a strong market of micro provides to enable an agenda of choice and control, particularly personal health budgets.
- Articulate the Solihull pound, particularly in terms of prevention

77. Solihull has a significant number of self funders and potential self funders who influence the price and availability of core services and could be a strong force to shape markets. There is a major challenge to understand this customer base, and find ways to communicate and influence their buying activities. There is also an urgent need to understand the scale, and intentions of this cohort.

78. Solihull also has a challenge of working with primary care to ensure people who may need services are strongly encouraged to try services that can maximise independence in the first instance.

79. The team thought that Solihull should begin to articulate how the Solihull pound could be better used for prevention. This may be a challenge for Solihull because of the work involved in gathering evidence about prevention service gaps informed by people who may need wellbeing services, and by providers and self-funders.

80. The team thought that Solihull was underway with a culture change to drive personalised innovative care, and there were excellent examples of innovation e.g. Street Triage. Nevertheless, the team heard that services were on the whole still very traditional in Solihull.

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For more information on adults peer challenges and peer reviews or the work of the Local Government Association please see our website http://www.local.gov.uk/peer-challenges/-/journal_content/56/10180/3511083/ARTICLE

Appendix 1 –Commissioning for Better Outcomes Standards

Domain	Description	Standards
Person-centred and outcomes-focused	This domain covers the quality of experience of people who use social care services, their families and carers and local communities. It considers the outcomes of social care at both an individual and population level	1. Person-centred and focuses on outcomes 2. Promotes health and wellbeing 3. Delivers social value
Inclusive	This domain covers the inclusivity of commissioning, both in terms of the process and outcomes.	4. Coproduced with local people, their carers and communities 5. Positive engagement with providers 6. Promotes equality
Well led	This domain covers how well led commissioning is by the Local Authority, including how commissioning of social care is supported by both the wider organisation and partner organisations.	7. Well led 8. A whole system approach 9. Uses evidence about what works
Promotes a sustainable and diverse market place	This domain covers the promotion of a vibrant, diverse and sustainable market, where improving quality and safety is integral to commissioning decisions.	10. A diverse and sustainable market 11. Provides value for money 12. Develops the workforce

Good commissioning is:

Person-centred and outcomes-focused

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

Inclusive

4. Coproduced with people, their carers and their communities - Good commissioning starts from an understanding that people using services, and their carers and communities, are experts in their own lives and are therefore essential partners in the design and development of services. Good commissioning creates meaningful opportunities for the leadership and engagement of people, including carers and the wider community, in decisions that impact on the use of resources and the shape of local services.
5. Promotes positive engagement with providers - Good commissioning promotes positive engagement with all providers of care and support. This means market shaping and commissioning should be shared endeavours, with commissioners working alongside providers and people with care and support needs, carers, family members and the public to find shared and agreed solutions.
6. Promotes equality - Good commissioning promotes equality of opportunity and is focused on reducing inequalities in health and wellbeing between different people and communities.

Well led

7. Well led by Local Authorities - Good commissioning is well led by Local Authorities through the leadership, values and behaviour of elected members, senior leaders and commissioners of services and is underpinned by the principles of coproduction, personalisation, integration and the promotion of health and wellbeing.
8. Demonstrates a whole system approach - Good commissioning convenes and leads a whole system approach to ensure the best use of all resources in a local area through joint approaches between the public, voluntary and private sectors.
9. Uses evidence about what works - Good commissioning uses evidence about what works; it utilises a wide range of information to promote quality outcomes for people, their carers and communities, and to support innovation.

Promotes a diverse and sustainable market

10. Ensures diversity, sustainability and quality of the market - Good commissioning ensures a vibrant, diverse and sustainable market to deliver positive outcomes for citizens and communities.
11. Provides value for money - Good commissioning provides value for money by identifying solutions that ensure a good balance of quality and cost to make the best use of resources and achieve the most positive outcomes for people and their communities.
12. Develops the commissioning and provider workforce - Good commissioning is undertaken by competent and effective commissioners and facilitates the development of an effective, sufficient, trained and motivated social care workforce. It is concerned with sustainability, including the financial stability of providers, and the coordination of health and care workforce planning.