

# Peer Review of Adult Social Services Commissioning

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# 1 EXECUTIVE SUMMARY

- 1.1. Following the transfer of the commissioning function into the Adult social services division in June 2022, the Operational Management Team (OMT) took the decision to review the wider functionality of the team. The OMT were keen to ensure that the role of the team was understood more widely and that commissioning was properly embedded within Adult Social Services, to achieve effective outcomes for those residents and families that required a service.
- 1.2. Although the team is referred to as commissioning, it is also known by many as brokerage and the Head of Service (HoS) has 'brokerage' rather than commissioning in their job title. The team that the HoS manages covers the following areas:
  - Quality Assurance
  - Adults Brokerage
  - Brokerage Payments
  - Direct Payments, Appointeeship and Court of Protection
  - Advice & Financial Assessments
- 1.3. In addition to the areas above, structure, functionality and governance arrangements relating to both joint and operational commissioning were reviewed as they would need to be robust given the financial challenges and emerging 'new' partnership arrangements being shaped following the establishment of the Integrated Care System approach with the NHS. Also, there was a need to understand other commissioning activity taking place within Haringey particularly around early intervention, prevention and place. However, references to "commissioning" within this document, unless otherwise stated, are specifically referencing the Adult Social Services commissioning team, with its QA, brokerage and other functions, rather than making comments about the other commissioning functions (prevention, place etc).
- 1.4. It is clear that the OMT are keen to enable commissioning to establish itself as a key driver for transformation and to play its role in ensuring that Haringey's adult social services are some of the best locally, regionally and nationally. A key message echoed by OMT throughout the review was that residents were the main focus for everything that is done by the directorate and that they should have a strong voice in shaping services – which must include how they're commissioned. It was also equally clear that OMT valued the work of the team and that individual contributions were highly regarded.
- 1.5. A number of themes emerged during the review which were fairly consistent across the 9 areas of enquiry:

- Team members were seen widely by key stakeholders as hard working, helpful, caring and committed to doing a good job supporting the residents of Haringey.
- Other foundation blocks, if not always immediately obvious, were in place to build an effective, high performing set of functions, such as good people, relationships and policy documents.
- Further clarity of role, function, process and managerial arrangements would enable better working between teams and individuals, leading to significantly improved outcomes.
- Some resources were not immediately available or understood and need to be put in place, such as vision and strategic direction
- Staff noted pockets of great, innovative work such as the Inequalities Fund and the Community Chest that they've undertaken
- Staff noted that there is a lack of consistency in delivering joined-up working with health, providers and the VCS in order to deliver commissioning ambitions for Haringey
- Staff indicated that commissioning work has not yet brought consistency within the HBP structure, and joint-commissioning arrangements are not always delivering clear outcomes for the social care elements of the joint arrangements
- Adequate resourcing to enable the team to meet the expectations of an effective modern function would need to be put in place.
- The transfer of the team into Adult social services provided a real opportunity to strengthen the directorate's service offer to residents, by properly integrating commissioning and using all the levers, relationships and access to resources that it provides.

1.6. To ensure that the emerging vision and ambition of the Council, directorate and OMT can be achieved, this review highlights some key recommendations that need to be implemented. Although there are some helpful building blocks in place, there are some important gaps that need to be addressed.

1.7. For example, the transfer of the function into Adult social services appears to have been undertaken without extensive review or consideration and at the time (June 2022) as staffing changes occurred, pragmatic decisions were taken. Prior to the transfer, arrangements around commissioning (and other functionality) appear to have evolved rather than to have been planned and so any existing gaps in role, function, process, governance or resources were not properly addressed.

1.8. There are also some foundational resources that are lacking within the Adult Social Service Commissioning team which would provide support to not only the commissioning function, but also to the teams with which it engages. These include:

- An overall commissioning strategy
- A clear vision about strategic commissioning across all areas in which it works
- Leadership to support the team and its functions at all levels of the organisation
- A contracts register

1.9. The Peer Review highlighted that an alignment of staff and teams within a clear commissioning process, that allows for strategic development of community support and resources is lacking, and this is due to under-resourcing of the strategic commissioning function and the inevitable fire-fighting that has developed as a result.

1.10. Recommendations therefore propose putting in place sound foundational strategic information and direction; and support to staff to develop and engage in a commissioning process that stimulates and supports innovative practice for the benefit of residents.

## 2 Process

2.1. The process followed through this supported self-assessment was one that has been developed in partnership between the Local Government Association (CHIP program), Commissioning Academy and the Public Service Transformation Academy. Although still to be launched formally, it was agreed that London Borough of Haringey (LBH) would use the process to test its applicability and effectiveness before further national roll out.

2.2. The tool was seen as offering LBH social care commissioners the opportunity to strategically assess the constraints and enablers that apply to the Council to:

- Better Understand the relevant factors at play that constrain and enable effective adult social services commissioning
- Create a commissioning development plan
- Select a strategic approach that suits the place

2.3. As part of the process, LBH ASC commissioning was assessed against the 8 aspects of commissioning outlined in the material provided. Questions under the 8 aspects enabled LBH to ascertain a position about where they stood in relation to what a high-scoring Council looks like (and what a lower-scoring Council looks like). Each of the 8 aspects were scored out of 100 and this helped establish the commissioning development plan.

2.4. The process of assessment also helped identify which factors most enable and constrain – what shapes the context and room for manoeuvre, and strengths that could be

leveraged. In order to support the review further, a 9<sup>th</sup> area – ‘structure’ was added, and review of the wider structure of commissioning functions across Adult Social Service and its joint-commissioning arrangements has continued since its launch via the Peer Review.

2.5. Therefore the 9 aspects used for the review were:

- **Whole system design** – how close are we to being able to work as one place and shape a whole health and care system or better still a wellbeing system?
- **Relationships and organization across the system** – how do the critical relationships, including incentives and funding streams, work at present and what could change to help outcomes improve?
- **Capacity, capability and confidence** – are we helping to shape and set up the provision from all sources (this includes market, social procurement, VCSE, asset-based work, workforce etc.) that helps need to be met and people to achieve their day-to-day purposes in life?
- **User and outcome centred** – are citizens in charge of their own care, are we measuring our success by whether they say their needs are met?
- **Information, insight and innovation** – the role of innovation, disruption and experimentation in changing the system and the role and power of commissioners.
- **Managing the policy and compliance landscape** – are we actively interpreting, shaping and influencing the core enablers and constraints of the legal and policy framework that we have to operate within?
- **Commissioning process** – is our commissioning process and practice well developed as a mechanism- competition, collaboration commercials, clarity of contracting? Are we using this for incremental improvement as well as new approaches?
- **Models and tactics** – are we paying attention to the way in which services are structured and delivered? Service design, practice, workforce, technology, innovation, aggregation, joining up, reducing waste and failure and improving residents' journeys?
- **Structure** - do we have adequate resources and have we configured the commissioning structure (in Adult Social Service and across other functions and joint-commissioning arrangements) to ensure that it is fit for purpose to help deliver a modern commissioning service?

2.6. Each of the aspects had a set of fixed questions designed to assess the effectiveness of commissioning in that aspect, and to score and establish the areas that were well developed and those that required improvement and would form part of a commissioning development plan. The in-office phase of the assessment was undertaken over a 3-day period and was led by senior managers from OMT and other senior colleagues from across other functions within LBH and the ICS. Participants in the self-assessment included participants from the following areas:

- Adult Social Service Operations
- Finance, Audit & Risk
- Procurement
- Commissioning, including Prevention and Joint-Commissioning and Place-Based
- Human Resources
- Health (ICS)
- VCS organisations
- Local providers of social care services

2.7. A large number of face-to-face, MS Teams and telephone interviews were undertaken both individually and in small groups. These interviews were conducted using a number of pre-set questions designed to help assess the position of commissioning in that particular domain. The interview feedback together with evidence compiled through Haringey documentation and NCL comparators (where available), was used to inform the scoring for each aspect. The scoring approach is set out below:

**Score of 0-24 Poor** (significant risk) – The peer review process has identified failures that pose significant risk to the system, these will need to be given high priority in the commissioning development plan. (red RAG rating).

**Score of 25-49 Fair** (risks – improvement required) The peer review process has identified risks to the system in place and improvement is required and will need to be addressed in the in the commissioning action plan but with a lower priority than red rag rated issues. (amber RAG rating – higher level risk).

**Score of 50-74 Good** (shortfalls identified to be addressed) The peer review process has identified no immediate risk is posed to the system in place, however several shortfalls will need to be addressed in the commissioning action plan with a lower priority. (light green RAG rating – lower-level risk).

**Score of 75-100 Excellent** (no action required) The peer review process has identified that very good/excellent practice and systems are in place and that no risk has been identified in the process (dark green RAG rating – low risk).

2.8. Analysis of themed comments linked to the areas of Residents and Community; Foundations and Information; and Finance are attached in Appendix I. Scoring of the 8 aspects reviewed via the Public Service Transformation Academy (PSTA) format is attached in Appendix II.

2.9. A copy of this report has been shared with Benjamin Taylor of the PSTA. Based on the results of the self-assessment marking, he has suggested that our approach develops through the Models as set out in Table 1.

**Table 1:**

<b>Model:</b>	<b>Models and tactics</b> Design of delivery models that are fit for purpose, effective, and sometimes innovative	<b>Approach:</b>	<b>Delivery model design</b> Effective delivery models enabling effective practice
<b>Model:</b>	<b>Commissioning process</b> Technically excellent and highly professional	<b>Approach:</b>	<b>Contestability and market management</b> Creating conditions for best value and outcomes within financial constraints
<b>Model:</b>	<b>Managing the policy and compliance landscape</b> Meeting and actively shaping policy requirements	<b>Approach:</b>	<b>Strategic procurement of services against needs</b> Services that meet demand
<b>Model:</b>	<b>Information, insight, and innovation</b> A commissioning approach that targets innovation and creativity	<b>Approach:</b>	<b>Values-based/disruptive commissioning</b> Changing the status quo
<b>Model:</b>	<b>User and outcome centred</b> Everyone who engages with the care system is in charge of what they get, and their assessment of whether they got what they needed is the one that counts	<b>Approach:</b>	<b>Citizen-centred commissioning</b> Putting people in charge of care

2.10. Based on Taylor’s feedback, and the recommendations being proposed as a result of the findings of the Peer Review, we propose that the commissioning development plan is formulated on the basis that Haringey ultimately will work according to the Information, Insight and Innovation model. This model supports a values-based, disruptive commissioning approach, and once the foundational approaches of the first 3 commissioning models has been implemented, it will be within grasp.

2.11. Information, Insight and Innovation is proposed as the medium-term model based on the fact that it will work best with Haringey’s strengths, and will support the regulatory CQC framework because it:

- Advocates a values-based approach which might appeal to staff who seem truly caring, but presently frustrated
- Would harness innovation and learning, and there are already pockets of this happening, but this approach would favour championing these examples
- Favours an approach based on co-production and co-commissioning that may appeal to many who are committed to delivering good outcomes for residents,

and is fundamental to the values of the CQC assessment framework for Local Authorities

- Requires a strategic options appraisal and commissioner capacity and capability
- Requires the ability to learn from practice and the previous models/systems that will be implemented (and senior-level buy-in)

2.12. This sequenced approach to implementation of the commissioning models is recommended, because it will support development of the team's current strengths, such as working within a values-base, but it also requires in-depth understanding of needs and strategic direction.

2.13. It insists upon co-production at all levels of the commissioning cycle, and encourages innovation. It is consistent with Haringey's newly launched values and would most obviously link well to them. It would need to be underpinned by development of the foundations of strategic direction in the recommendations below.

### 3 Key Messages

3.1. There were many positives to take from the comments and reflections of colleagues during the self-assessment. Many felt that innovation was supported; that there were examples of excellence and joint-working with the other NCL local authorities, NHS, VCS and Operational colleagues, for example. However, there were also areas that were a source of frustration to staff, and these along with the strengths of Haringey that were identified through the process, are summarised below.

#### 3.2. Workforce

##### 3.2.1. Internal Workforce

3.2.1.1. Working feels very silo-ed to people and reactionary internally.

3.2.1.2. Professional development needs were identified by members of the team. It was acknowledged however that there had been improvements to the commissioning team in recent years, but there is more to do.

3.2.1.3. One highlight that was noted was the effective joint-working relationships between Haringey and its other North Central London commissioners via the NCL ASC Programme. This group of commissioners



meet at least monthly, to address shared challenges in partnership and to promote a strong local authority presence within North London's Integrated Care System (ICS).

- 3.2.1.4. A core focus of the programme is to support the 5 Councils with market shaping and market management. This has focused on supporting each of the councils to understand and address shared challenges around the cost, quality and sufficiency of services in bedded-care markets, and has in recent months expanded into areas covering learning disabilities, extra-care housing and supported living.
- 3.2.1.5. The joint-commissioning function between health and social care, has noted that it has little understanding of the governance structures in Adult Social Services.
- 3.2.1.6. The reporting structure of the joint commissioning team means that Adult Social Services' commissioning managers have no regular management input with the team. There is little engagement between the joint commissioning team with the Adult Social Services commissioning function, which is resulting in a gap of commissioning activity that addresses the needs of the Adult Social Services and health directorate.
- 3.2.1.7. The wider review indicated that staff are committed to doing things well for Haringey residents and want the time to get them and providers involved in what they do. Staff across the Council and its partners have a good set of values which is why in part they feel frustrated by their working situations (where they can't do things to the best of their capabilities).
- 3.2.1.8. There are several examples of work of which staff are proud, and they'd like to see these rolled out wider (e.g. work with providers during Covid; work with health colleagues in OP services etc). However, it is also clear that work across different commissioning functions lacks aligned strategy and direction, resulting in siloed working habits and reactive rather than proactive approaches to the needs of Haringey's population.
- 3.2.1.9. Commissioning colleagues have a personal frustration that they do not have time for more strategic projects. Procurement colleagues are not always kept apprised of new hires, so they cannot give inductions consistently. Finance colleagues are dissatisfied that processes are protracted and are not delivering the savings required to keep the Council in budget. Operational social services colleagues are hampered by joint commissioning arrangements not meeting their statutory obligations, and local commissioning support not

having the resource to strategically address operational requirements.

- 3.2.1.10. Health colleagues, currently transitioning to their ICS arrangements, are facing challenges to maintain joint-working arrangements both from the perspective of not being clear of which social care team is responsible for what, and managing their own internal structural changes.
- 3.2.1.11. All of these working situations lead to miscommunications and difficult working environments.
- 3.2.1.12. There are examples of innovative, joined-up working, but also of a lot of silo-ed working, and a lack of understanding of each other's departments and roles is also prevalent. Improvement in communication was suggested as an action. Though it was noted that the structure and staff roles could be better defined and aligned to the work required, it was felt that as there's no clear vision and strategy this is going to be difficult to achieve until it is in place.
- 3.2.1.13. It was acknowledged that the Adult Social Services commissioning team was not part of a previous transformation exercise and may have missed the benefits of aligning with the rest of the organisation, and that it might benefit now from some workforce development support that human resources would be willing to discuss.
- 3.2.1.14. Retention of staff who wish to grow with the organisation will be central to reducing the overwhelming workload and firefighting that many staff experience. In addition, a focus on improving communication by and between departments will help improve the experience of accessing services for Haringey residents.

### **3.2.2. External Workforce:**

- 3.2.2.1. Providers who were part of the self-assessment process fed back many positive comments about colleagues, and they tended to highlight individuals with whom they worked well and about whom they had positive feedback.
- 3.2.2.2. However, Providers also noted struggles with some aspects of engaging with the Council and with their own workforce, around recruitment, retention and pay. Although not an explicit aim of this self-assessment, commissioning changes will need to consider the resources of the external workforce and its statutory role in managing the provider market as it seeks to meet the needs of the wider population.

### **3.3. Residents and Community**

- 3.3.1. The views of residents and the community were not directly sought as part of the self-assessment process, so the findings expressed here will reflect on the extent to which staff and external colleagues thought the Council is responsive to the needs of Haringey's residents and social care clients.
- 3.3.2. Colleagues highlighted the fact that there's no clear commissioning strategy, or other strategies which internal/external colleagues could use as a roadmap for their work. They noted the lack of regular forums with providers, service users, or carers, which makes consultation and co-production challenging, though there are some networks and good contacts within the VCS. One group noted that the carers' database needs to be updated.
- 3.3.3. Providers noted that they have issues with dealing with practical things with the Council, like knowing whom to contact with particular queries; getting paid on time; understanding how they can work better with the Council and what the Council needs them to provide to meet the community's needs better. They stated that they're willing to work with the Council to help establish and deliver its priorities once published.
- 3.3.4. Work was undertaken post-Covid that highlighted the impact of Covid on the borough and the issues that came up for residents during this period, and this provides some context of the local needs, and can be built upon.
- 3.3.5. Staff noted pockets of great, innovative work such as the Inequalities Fund and the Community Chest, but would like to see consistent, joined-up working with health, providers and the VCS.
- 3.3.6. Staff would like to be able to build upon the pockets of innovation and good practice that they have seen and delivered. Innovation, joint-working and co-production will need to be part of any future commissioning development plan.

### **3.4. Foundations and Information:**

- 3.4.1. Staff identified some areas that would improve their ability to commission effectively and strategically, rather than reactively and under time-pressure. While these areas were not identified as being non-compliant, it is worth considering the impact that these gaps might have under future inspection frameworks.
- 3.4.2. Strategic direction is not clear, and this is having an impact on staff understanding their roles and responsibilities in the larger context of place-based

commissioning, which would be a desirable long-term aim of Haringey.

- 3.4.3. Staff noted that a reliable and accurate contracts register needs to be developed, as the current one has over 2,000 contracts on it. Contracts that are not of a significant value are not held centrally by legal, but are dispersed throughout the local authority.
- 3.4.4. Colleagues have also noted that data is not easily accessible or reliable, and it needs to be captured in order to inform current and longer-term needs of the community. Though not explicitly noted in the self-assessment, current IT hardware, software and systems are not always helpful to staff in their work, and this will need to be considered within a commissioning development plan.
- 3.4.5. Although many participants in the self-assessment, including providers themselves, noted the positive relationships that they have with Haringey, regular provider forums and community engagement by different departments (commissioning, procurement, operations for example) is needed, to help providers understand the strategic intentions of the borough and be able to think about how they might help meet the local authority's needs.
- 3.4.6. Meaningful co-production and feedback from service users and carers was also identified as something that colleagues want to build into their day-to-day work but are finding difficult under the current pressures and circumstances.
- 3.4.7. Joint-commissioning arrangements, while providing pockets of innovation and support, are not consistently meeting the local social care needs of Haringey residents, and need review.
- 3.4.8. Feedback from colleagues indicated that local needs and providers are not well-understood, and residents are often placed out-of-borough if they need access to accommodation and support. It was also noted that the residential care market is not developed enough to meet local needs, for example, and that this needs to be addressed.
- 3.4.9. Regular opportunities for quality assurance were also highlighted as being a gap, due to resources. Quality Assurance currently has to be risk-based rather than a proactive and collaborative function.
- 3.4.10. Staff did highlight the benefits of the strong arrangements through the Haringey Borough Partnership that have allowed for progression in asset-based commissioning and strength-based practice. They also noted that innovation is supported (but not always with long-term funding), and that elected members and staff are willing to carry a degree of risk in order to try new things and make things

better.

3.4.11. In addition, the NCL ASC Programme of co-commissioning with other local authority partners have developed and implemented strategic and practical approaches to current needs, such as a consistent and fair approach to the annual inflationary uplift process to ensure a fair cost of care is paid to providers.

3.4.12. Continuation of this Programme will support this project's aims. These are all real strengths that can be leveraged.

### 3.5. Finance:

3.5.1. The financial landscape was not a predominant feature of the commissioning self-assessment, but it was present – it was acknowledged that financial pressures are having an impact on the pressures of the job, and that it is also putting pressure on procurement processes. The DPS used was highlighted as a constraint and a mechanism that is not working as well as it should.

3.5.2. Longer-term financial support for innovative projects was highlighted as a need, as it is difficult to encourage innovation with providers if the funding is not there beyond 12 to 18 months.

3.5.3. Colleagues representing finance noted their frustration at the lack of support for achieving even a 1% saving, which if applied across the entire Council would achieve budgetary targets.

3.5.4. Governance structures were also viewed as problematic, but it was difficult to ascertain if feedback was indicating that there's "too much" or "not enough" governance.

3.5.5. Overall, comments appear to indicate that governance starts too late, so that valuable conversations and advice from senior people can't happen until it's too close to a deadline, and then any required changes to a proposal delay the implementation of a service further.

## 4 Recommendations

4.1. The self-assessment process highlighted the following key messages:

- The need for better strategic direction and reliable data
- The opportunity to continue developing strengthened co-commissioning relationships, co-production and innovation.

4.2. The recommendations are as follows:

**4.2.1. Workforce:**

**4.2.2. It's proposed that Haringey implements the following priorities:**

- 4.2.2.1. Ensure that the internal workforce has the technological skills, knowledge and tools to do the job. This is about providing staff with basics like the right IT and systems and access to data to do their roles, and professional development opportunities (formal and informal) to develop in their roles.
- 4.2.2.2. Ensure the internal workforce is equipped to manage the needs of the Adult Social Services legislative and aspirational requirements of Haringey's population, working jointly with the ICB as needed.
- 4.2.2.3. Ensure that the employee journey leads to long-term retention of motivated staff
- 4.2.2.4. Support the development of the external workforce, so they are ready to deliver the current and future needs of Haringey residents

**4.3. Residents and Community**

**4.3.1. It was highlighted repeatedly that there is not consistent engagement, co-production and consultation of residents in Haringey, but there is a clear desire on the part of the workforce for this to improve and to have consistent contribution and engagement of the community. The following recommendations are proposed to improve this area:**

- 4.3.1.1. Engage the local community across all areas of the commissioning cycle, piloting smaller projects to leverage longer-term
- 4.3.1.2. Ensure prevention of need and provision of services meets the population's requirements through a well-understood and implemented commissioning cycle
- 4.3.1.3. Evaluate outcomes and satisfaction (separately) across several areas of work, internally and externally through pro-active Quality Assurance

**4.4. Foundations and Information**

**4.4.1. Haringey need to establish a baseline of data and develop strategic direction from it. This will involve creating a Commissioning Development Plan that will identify the information, data and strategies needed, and the resource required to put it in place. This foundation information will ensure that staff have reliable**

**frameworks from which to work and will result in an improvement of regulatory compliance, data quality, and a strategic direction being formalised and implemented. This will include, but is not limited to the following:**

- 4.4.1.1. Create a Commissioning Development Plan as a result of what the Self-Assessment identified that builds the foundational commissioning models towards the Information, Insight and Innovation model.
- 4.4.1.2. Improve the Governance pathway so that it is clearly understood by all and used to facilitate service delivery
- 4.4.1.3. Provide the necessary resources to create the baseline information needed (strategies, register, etc), as identified through the self-assessment process.
- 4.4.1.4. Draft strategies for commissioning as a whole, and specific areas as needed and identified through OMT. Ensure that this results in knowledge of needs of the local population being understood across the organisation. This will include, but is not limited to, the following actions:
  - 4.4.1.4.1. Update the Market Position Statement
  - 4.4.1.4.2. Update a comprehensive and accurate Contracts Register
  - 4.4.1.4.3. Evaluate relevant areas of Adult social services against the Borough Plan 2019-2023 and any successor documents and identify and address any gaps
  - 4.4.1.4.4. Update the Equalities Impact Assessment(s) across Adult Social Services, and cascade it for implementation across more specific projects as needed
  - 4.4.1.4.5. Develop and implement a Quality Assurance Framework for Adult social services, which will address compliance against the Health and Care Act 2022 and result in an action plan (inspection preparedness)

## **4.5. Finance**

- 4.5.1. Identify and implement cost savings where possible; consider in-sourcing, appropriate commercial approaches, reducing processing time
- 4.5.2. Develop an accountable, stable commissioning process that works with procurement and finance to deliver value-for-money on all Adult Social Services contracts.
- 4.5.3. Review current contracting mechanisms, such as the DPS, to see if it is working and modify arrangement as required

- 4.5.4. Identify other contracting options that can be leveraged going forwards
  - 4.5.5. Measure impact of spending locally (versus spending out-of-borough)
  - 4.5.6. Ensure local suppliers are ready to meet needs and engage in competitive bidding (market engagement, market development, training and support)
  - 4.5.7. Establish and cascade the financial markers / targets / budgets for this year and beyond, based on the corporately agreed budget
- 4.6. If a strategic direction can be agreed and implemented, then we are confident that the Council will be in a much stronger place to meet its current and future challenges for its residents.

## **5 Next Steps**

- 5.1. Sign-off of the Recommendations
- 5.2. Create a Commissioning Development Plan which will address issues related to workforce, residents and community, compliance/information and finance.
- 5.3. Put in place the resources needed to implement the Commissioning Development Plan



## Appendix I – Themed comments across the 9 aspects

### WORKFORCE

- We have some really good people with the skills we need.
- Staff are really approachable and helpful when called upon.
- People work really hard to support residents.
- The good staff are quickly overwhelmed by an increasing work load.
- Staff need to understand their roles and responsibilities and how they fit together across the commissioning cycle.
- We don't have commissioning managers, we have contract managers.
- People don't have the headspace or capacity to think and be more innovative.
- Procurement should be doing more networking and proactively bringing ideas in, sharing information and knowledge (see bullet above).
- Communication across the piece is an issue.
- Need to be on the front foot with the basics and proactive not reactive.
- People are hampered in their role by inefficient systems and processes but also by a lack of clear policies.
- The people are our greatest strength.
- We need round pegs in round holes.
- Some evidence of siloed working across whole system
- There is potential for real progress if learning was shared more widely and systematically across the whole system.
- Commissioning, procurement and contract management all play a key role in ensuring that we have successful outcomes and these need to be more closely aligned to ensure that we can achieve these.
- Accountability and responsibility is not always clear.
- We need to consider the wider care workforce and how to support it to help the Council deliver its priorities; recruitment within the care sector and also access to social work and clinical specialists to develop care workforce skills is needed.
- The vision and values of senior leadership is evident.
- A consistent approach to commissioning and behaviours across teams and specialisms, backed up by knowledge and understanding of best practice is needed.
- Changes to ICB and movement of responsibility and accountability unhelpful for joined-up working.

## **RESIDENTS AND COMMUNITY**

- We are not consistently engaging the community and the market, which means we are not consistently developing co-produced strategies, approaches and services for residents.
- We are not always aware of who are local providers are and what assets we can draw upon; we are not working consistently with the market to develop it
- We don't scope how we manage the needs of residents in several areas
- We need to focus on our ability to help people stay local
- We don't work with providers to develop the market and what meaningful activities are available.
- We could engage by developing forums and mechanisms for regular feedback
- For some residents, commissioning is a mystery and people don't understand how or what the process is or what is really involved. There is a lack of transparency.
- We need to improve communications with residents and the sector so that getting where we need to go is co-produced and there is buy-in and support.
- Sometimes, there is a disconnect between what commissioners think is happening and what is happening on the ground.
- There appears to be real disconnect in some of the ways of working. HRS and social care very confusing though this is moving forward.
- We need to learn from the pockets where co-production has happened really well and we need to learn from those areas.
- We need joint training plans (commissioning and Procurement) to explore innovation elsewhere and work through how these models might be applied locally.

## **FOUNDATIONS AND INFORMATION**

- Haringey's values have been published, and its vision and values need to be developed and widely shared internally and externally. This will give people a direction and behaviours to use as guides.
- We are lacking strategic documents and information across the Council, for both staff and residents. Strategies need to be co-produced with residents, family carers and the provider and VCS markets and other partners.
- There is a need to embed the commissioning cycle in all areas of the Council. For example, there's a lack of annual scoping or reflective practice regarding contracts (the "plan" and "review" elements of the commissioning cycle).
- Regarding market management, it's thought the Council isn't doing this as well as it could; staff don't understand each other's areas and it's not clear what areas of the market require input and development. We need a set of contracting and enabling tools and approaches.
- Quality assurance needs to be developed so it's clear how and to whom staff should share concerns about providers. A move away from risk-based assurance needs to be implemented, as risks change over time and may not be picked up.

- We need to develop the contract management function to serve residents and ultimately understand the value-for-money of what we do.
- We can build upon some good practice, such as the aging-well strategy, and how it has defined how to work with the aging population, partners and individuals to help older people stay fit and well.
- There's a lot of capacity within Haringey and a lot of people doing really progressive/supportive work in enabling people to self-manage.
- A big issue is around how pieces are connected and fit together; the strengths-based model may support pulling all of the parts together around a clear goal. Greater system-alignment is needed.
- Commissioning areas are too separate. We have to work closer together to ensure alignment and share what is working.
- There are good relationships but there's not a lot of joint working.
- Governance has a high threshold for decision reports leading to speed of process, but this needs to balance risk and follow guidelines.
- The basics of commissioning need to be in place to create a platform to innovate and increase partnership working.
- We need a partnership approach to bringing commissioning, operations and transformation strategy and plans together under the HBP structure to achieve consistency and economies of scale.

## **FINANCE**

- Funding challenges across the partnership make delivery challenging in several ways.
- Backlog of unresolved issues, unpaid bills could create a significant budget challenge.
- Stronger relationship between finance and commissioning would improve budget management and ensure major issues linked to the market are tackled in a more strategic way.
- Clarity about who holds what budget for commissioning activity would support any work on accountability, roles and responsibilities.
- A definitive contract register, agreed approach to contract monitoring and links to future commissioning activities/approaches would enable better use of resources.
- DPS does not always assure best value in the long run and a review of its success would be beneficial.
- An agreed strategic commissioning plan should enable LBH to match its financial resources to the strategic intent and ambition of the LA and where appropriate partners.
- Externally, there is a perceived disconnect between brokerage and finance which can be frustrating.

- **Payments to external providers are not always made in a timely fashion, putting a strain on service delivery.**
- **Short-term nature of funding undermining the stability of the system. For example, short timescales to spend means short cuts to solutions and makes co-production difficult. A long-term funding strategy is needed.**
- **Joint-work between commissioners, audit and procurement to agree a risk-based approach to securing services that supports innovation and satisfies management of risk for the organisation would be beneficial.**

## Appendix II – Self Assessment Scoring

### Self-assessment

Give your place an instinctive score on how you are doing in terms of each 8 aspects of commissioning, then revisit this after working through the questions and aspects /100

### Questions

Score your place on each question, but do not simply average your results – look at the overall pattern you are seeing.

### Factors in place that constrain or enable

Which of these factors most hold back your ability to work in this space? Which most support you? Think about both your level of understanding of the factors, and the factors themselves. The aspects that hold you back or enable you to work on this aspect of commissioning will be picked up in your commissioning development plan.

### Whole system design

Question	Observations	Self-assessment score /100
How are we working as a whole, place-based system?	As this infers that all parts – health, housing, transport, social care and beyond are working together, and that doesn't seem to be happening consistently, can't give this a high score.	20
Do we understand need and capacity as a whole?	Would assume that this isn't understood, though there is evidence of some more joined-up working across different parts.	22
Is the whole system coherent? Do we have a plan as a whole system?	Plan unclear and lacks coherence.	15
Are we putting social and environmental justice at the heart of the system?	I think, the values-base of all interviewed indicates that this is at the heart of what they do and what they want to do, but not always achievable because of fire-fighting.	50
Can we shift the dial to strengths, enabling, prevention and early intervention?	I think this is the basis of the operational commissioning / social work functions already, as well as	55

	health in terms of older people (for example – as recorded in interviews). Now need to be able to do this strategically.	
Are we learning as a whole system?	Not yet, and in order to do this, need to encourage and embed helpful behaviours across the system. That said, people are keen to learn and have engaged in this process for starters.	<b>30</b>
Can we work systematically at a strategic, operational, and individual level?	Not yet, this needs a lot of development but there are pockets of innovative and good practice to build on.	<b>25</b>

**Factors in place that constrain or enable**

<b>Factor</b>	<b>Most constrainin g</b>	<b>Most enabling</b>	<b>Observations</b>	<b>Score /100</b>
Levels of health and age distribution of the population		X	Younger population so can hopefully make an impact early on	
Wage rates and employment market				
Other geo-demographics of your place – characteristics, location, and density of population	X		Divide between one half of the borough and the other and diverse needs across it	
Understanding underlying need and what is actually shaping behaviour or demand		X	Some recent work e.g. learning from covid has helped give a view	
What matters to people and communities – local views about wellbeing and care		X	Need to build on this but there are examples of engaging well with community via VCS e.g.	

Geographical marginality and isolation				
Transport ease and accessibility		X		
Levels of deprivation	X		Pockets of it, and not consistent across borough so might make it more challenging to tackle?	
Population changes				
Amount, quality, and accessibility of green spaces				
Urban design				
Funding and structures of the council and partners (and how they link together, or don't)				
Degree of health and care integration and at what spatial level	X		Concerns about erosion of long-standing relationships as ICBs come into place and health restructures	
Land value and planning issues				
Workforce and workforce planning	X		Repeatedly highlighted	
Pressure to provide standardised services (discussion of 'postcode lotteries' etc)				
Payment funnelled through providers, not place, in ICS models	X		Reference to out-of-borough placements instead of funding local provisions	

### Relationships and organisation across the system

Question	Observations	Self-assessment score /100
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Do we have effective governance?	I'm very unclear – comments on governance either suggesting there's too much, too little, or that it's not coming at the right time to have the conversations about ideas that are needed.	<b>30</b>
Are we learning from the past?	There's learning and then getting stuck in the past, and because there's reference to staff churn, hard to have learning from past if people who lived through it have left. However, there is reference to both things that go well and things that don't so learning is being sought out. Covid learning seems to have happened, which is positive.	<b>40</b>
Can we look at the knock-on effects of our setup and our decisions?	Not consistently, though there are examples of this happening.	<b>45</b>
Do we have effective collaboration, partnership, and challenge across all key groups: commissioners, providers, politicians, communities, etc?	No – seems that providers want more of a view of what Haringey want. And it seems that people don't feel commissioning / procurement etc are working well with operational colleagues etc.	<b>24</b>
Are all stakeholders engaged with open communication?	I'm not sure there's an issue with open communication, but there's not enough communication generally by the sounds of it.	<b>25</b>
Are we learning about and working on our relationships?	Yes! I think this exercise is confirmation of that.	<b>50</b>
Are we optimising our results by responding appropriately to the maturity level of our relationships?	Possibly – tough to gauge.	<b>45</b>

**Factors in place that constrain or enable**

<b>Factor</b>	<b>Most constrainin g</b>	<b>Most enabling</b>	<b>Observations</b>	<b>Score /100</b>
Politician / partner politics				



Governance	X		Unsure if this is about too much or too little	
Formal partnerships	X			
Existing and historic relationships		X		
Different values that organisations and places put on commissioning				
Ethics and values of the organisation itself and people in it – culture		X		
Level of trust and involvement (not just engagement) of citizens / community				
Culture / behaviour development		X	Opportunity here to use relaunch of values to talk about culture / behaviour	
Incentives driven by funding streams	X		Shrt-term funding of “innovation” means it doesn’t last	
Trust / relationships / culture – open and honest vs judgemental and punitive or avoidant				

**Capacity, capability and confidence**

Question	Observations	Self-assessment score /100
How effective are we at building the capability of people to support themselves?	Patchy – right values, but not always the right engagement of people supported, families and support providers to make this real. Need for connecting good pieces of work highlighted.	30

How effective are we at supporting carers, family, neighbours, place, community to help support people?	Patchy – some felt okay, others felt more needed to be done in terms of support and feedback loop	<b>30</b>
How effective are we at building capacity and capability in providers from all sectors and sources (voluntary, community, faith-based, social enterprise, private, and public)?	Some evidence that there's good work going on in this area, but not consistent. Comments that VCS relationships stronger than provider market.	<b>24</b>
How consistently are we taking an enabling, strengths-based, 'Good Help' approach?	Approach is there but perhaps delivery of the outcome of good help is not.	<b>40</b>
Do we engage with providers as partners and collaborate with them?	Yes with VCS and no with private providers. Not consistent. Some evidence of good practice highlighted however. Unclear if provider forums happen, but providers do approach Haringey.	<b>20</b>
Effective balance of collaboration and contestability	Possibly because of some pockets of good working relationships, but much more to do.	<b>45</b>
Do we take an effective co-commissioning approach with others to build markets and unlock potential?	This seems to be a no, except in the case of Covid and the VCS and there was a good innovative piece of work done during this time. Also some good work highlighted via BCF and older people's services.	<b>30</b>
Are we taking an asset-based commissioning approach?	No, but only because understanding of the whole market seems unclear.	<b>49</b>
Do we have strong market insight?	No or yes, but not shared with org (so therefore it's a no!)	<b>50</b>
Do we have strong market making and market management capability?	No – DPS cited a lot as a hindrance rather than a help. Management has strengths but market-making a gap.	<b>50</b>
Do we have strong understanding of current delivery models and quality?	Yes overall, but perhaps not enough time to do anything about it.	<b>48</b>
Are we providing funding and support that takes a long-term	Mixed info, so overall conclude no.	<b>19</b>

view and looks at impacts including social justice?		
Are we taking into account the local economic impact of our spending?	I think impact needs to be measured	<b>15</b>
Are we actively supporting workforce development?	This seems unclear – some good work being done but not consistent.	<b>45</b>

#### Factors in place that constrain or enable

Factor	Most constrainin g	Most enabling	Observations	Score /100
Asset and provision mapping				
Potential for funding models to better support capacity and capability		X	Comments about good innovations due to funding in other feedback.	
Major costs and pressures	X			
Local provision strengths/weaknesses				
Cost and quality of care	X			
States of the community and voluntary sector		X	Good relationships that need to be built upon and widened.	
State of the market				
Levels of service user / carer / advocate satisfaction				
Understanding current configuration of interventions and practice				
Workforce development				

#### User and outcome centred

Question	Observations	Self-assessment score /100
Are we commissioning in a way that drives real change on the ground, as measured by real	Unclear, as there's pockets / descriptions of good / poor practice.	<b>30</b>

impact reported by citizens and communities?		
Are we taking outcomes-led approaches, learning from real change on the ground reported by citizens and communities?	<p>Yes and no, I think this is more of a strength than people realise.</p> <p>From the Adult social services Survey in Haringey 2021-22: 68.3% of service users stated that they have control over their daily life; a 5.4% decrease when compared to the 2019-20 results, putting Haringey below London, national and statistical neighbours averages.</p>	<b>40</b>
Do we have real engagement with and understanding of actual needs, including active identification of unmet needs?	<p>Unsure, as it's not clear what forums / community engagement regularly takes place.</p> <p>Living through lockdown report includes reference on p2 to all the groups incorporated.</p>	<b>35</b>
Is equity at the heart of our commissioning approach, seeking to identify real needs rather than our belief about what is needed?	I think this is the case, as it seems people are values-based, but unclear how it translates into the commissioning approach	<b>45</b>
Do we have co-production at all stages of the commissioning cycle?	I think this is likely to be a big gap at present.	<b>20</b>
Do we have a commitment to co-producing analysis, design, decision-making, delivery, and governance with all users, stakeholders, and especially excluded groups?	I think if this was presented to people and a way to get to what "good" would look like was provided, then people would commit, but it's not there at the moment.	<b>15</b>
Do we look at the whole experience of need and care from the citizen side, as opposed to our service, assessment, and process silos?	<p>Unclear.</p> <p>Greater coordination and consistency. In various ways the reference groups felt that services, communication,</p>	<b>18</b>

	information and advice should be centralised between the NHS and Haringey Council to facilitate clearer and more tailored communication, guidance and service provision. [Living through Lockdown]	
Are we making access to care clear and accessible to all including self funders?	The website isn't the easiest, but it isn't bad either. There's easy read for LD for example, but not consistently	<b>40</b>
Are we influencing the approach of the whole council and partners in a way consistent with user and outcome centred working?	Very hard to judge this, as it's pockets of good practice, not a consistent, Council-wide approach yet.  The Joint Partnership Board (JPB) was set up in 2017 to ensure that vulnerable groups in Haringey have a voice in the way NHS services and social care are provided for them. Public Voice, which runs and manages Healthwatch Haringey, was commissioned by Haringey Council to establish and support the running of the Joint Partnership Board and its reference groups.	<b>25</b>

**Factors in place that constrain or enable**

<b>Factor</b>	<b>Most constrainin g</b>	<b>Most enabling</b>	<b>Observations</b>	<b>Score /100</b>
How success is defined in your place – supporting citizens, ticking the right boxes, keeping costs down etc	<b>X</b>			
Leadership and bravery of local system leaders		<b>X</b>		
The aspirations of your local leaders, especially political leaders		<b>X</b>		

Local political ideology or vision (and interaction with national or wider scale ideologies)	X		Reference to “in-sourcing” as problematic	
How goals and targets are set for interventions	X		Needs strengthening?	
Outcome-focused vs time-and-task approaches	X		Want outcomes but pay by time and task	
Use of technology to support care	X		<p>From the Adult social services Survey in Haringey 2021-22: 62.3% of service users stated that it was easy to find information and advice about support, a 5.2% decrease when compared to the 2019-20 results. Haringey is below London, national and statistical neighbours averages.</p> <p>Digital exclusion is commonplace amongst vulnerable groups and therefore digital access (internet and email) cannot be relied on either as a means of communication or of accessing help and support.</p>	

			It is strongly felt that more work should be done to enable those currently unable to access services digitally. [Living through lockdown]	
Levels of coproduction – feasible and aspirational		X	Willingness?	
Level of education of community about specific conditions and people			Carer's database. It is understood that the Council's carers database is not up to date. Additionally, there is an issue with unidentified carers in Haringey. [Living through Lockdown]	
Focus on supporting wider enabling public health outcomes, like fitness and tackling obesity				
How funding is connected to individuals and outcomes				

### Information, insight, and innovation

Question	Observations	Self-assessment score /100
Do we have an ambitious and clear adaptive route map for change?	There are some strategies in place, but some are missing	40
Do we practice active learning and insight development?	I think people want to, but are totally swamped.	30
Do we have a culture of innovation, experiment and	There are really positive stories of innovation and pockets of brilliance, but just need it to be consistent.	45

learning from failure (and success)?		
Do we commission from a values-driven position, taking responsibility for outcomes while avoiding the 'heroic' mode of 'fixing everything' in favour of an enabling approach where people feel involved and part of designing and implementing things that matter to them?	First half, seems yes, second half seems to need improvement in terms of involvement and implementation	<b>45</b>
Are we using approaches that harness complexity and an appreciation of whole systems?	Doesn't seem so	<b>24</b>
Do we work across different paradigms as appropriate, based on multiple perspectives?	Limited work like this	<b>24</b>
Do we have an understanding of and great leadership of transformational change?	Think this seems to be developing in terms of tackling this strategically. Seems to have senior buy-in.	<b>50</b>
Are we able to connect small-scale tests of change with larger strategic bets?	Not yet – but think this might be possible because people can identify the smaller wins very easily and the models to follow.	<b>45</b>
Are quality, social value, and value for money evaluated proportionately, and evidence-based?	Patchy	<b>30</b>
Do we have and share data from across the whole system, including unmet needs?	Unclear, seems patchy	<b>30</b>
Do we seek external challenge, peer review, coaching, development, and reflective practice?	Yes!	<b>55</b>
Are we powerfully advocating for commissioning and leading by example?	Yes, this seems to be the case	<b>55</b>



**Factors in place that constrain or enable**

<b>Factor</b>	<b>Most constrainin g</b>	<b>Most enabling</b>	<b>Observations</b>	<b>Score /100</b>
Skills bases, experience and confidence of commissioners and key stakeholders/decision-makers	X			
Ability to innovate		X		
Quality of data analytics	X			
Communications, advocacy and influencing	X			
Capacity and resources in the spaces above	X			
Reputation of commissioners and commissioning				
Position of commissioners in formal and informal hierarchies				
Clarity about what 'commissioning' means to us	X			
Opportunity or not to design commissioning loops from information gathering through decision making, to commissioning and learning from outcomes				
Level of understanding of the market				
Understanding of place				
Understanding of unmet need compared to gaps in the system				
Of provision and outcomes				
History of the market/area – levels of change and engagement				
Longer-term view of changes in the environment, citizen, provider markets				
Understanding of different funding streams, spending conditions and incentives				

### Managing the policy and compliance landscape

Question	Observations	Self-assessment score /100
Are we understanding and complying with the core constraints and enablers of commissioning through active engagement with existing and current legislative and inspection requirements?	The fact this assessment has happened indicates that preparation for inspection is underway.	60
Do we have strong analysis and performance management, presented honestly and effectively?	Unclear	30
Do we understand how to manage compliance and get permission to extend capabilities – explain why we might get better outcomes if we do things differently, jointly focus on why things should be done, not ticking boxes etc?	Unclear	30
Do we have a proactive and dynamic risk appetite approach?	Yes, this was highlighted several times	65
Are we creating effective, good practice policy and guidance?	Unclear	30
Are we playing an active role in shaping council, place, and national policy?	Unclear, but unlikely based on feedback.	24

### Factors in place that constrain or enable

Factor	Most constraining	Most enabling	Observations	Score /100
Interpretation of the Care Act and other statutory requirements		X	This could be enabling but	

			<b>unsure if it is at present</b>	
Understanding of funding levels and drivers of cost	<b>X</b>			
Implications of our Medium Term Financial Strategy / long term financial situation	<b>X</b>		<b>Very unknown in current climate</b>	
Approach to the Market Sustainability White Paper?		<b>X</b>		
Clear equalities policy for commissioning	<b>X</b>		<b>Last one on internet is 2019/20?</b>	
Strong understanding and strong use of the Social Value Act		<b>X</b>		
Implications of inspection regime		<b>X</b>	<b>Acutely aware of need to embrace this</b>	
Understanding of other relevant legislation				
Clear local commissioning strategy and policy	<b>X</b>			
Shared approach across council	<b>X</b>			
Shared approach across place	<b>X</b>			

### Commissioning process

<b>Question</b>	<b>Observations</b>	<b>Self-assessment score /100</b>
Are you balancing meeting urgent financial and other priority requirements with thinking about long-term impacts?	No – anecdotally it’s about short-term reaction, and cannot focus on long-term	<b>45</b>
Does your commissioning process support good competition, collaboration, commercials, clarity of contracting and transactional improvement?	It appears that providers are waiting on invoices to be paid; DPS cited on several occasions as wanting; unclear if there is a contracts register	<b>15</b>

How do you relate your timeliness of engagement in your strategic commissioning process? Do you balance time on specification, contract management, learning etc?	No, not consistently	<b>20</b>
Do you have a positive approach to procurement that focuses on proportionality and outcomes?	Once procurement is happening I don't think there's a feeling that it's disproportionate, but more engagement with procurement about possibilities earlier might be needed	<b>40</b>
Are you using a broad range of evidence to inform commissioning and contributing your own insight through reflection and evaluation?	Data has been highlighted as an issue, but there is a lot of qualitative evidence that was highlighted as sources of reflection and the MPS is underway.	<b>60</b>
Does your process have a strong focus on Nolan Principles, social value, equity, ethics, and openness?	People's values came through, but it's about how they're implemented through a process that's unclear.	<b>45</b>
Are you able to maintain a strong commissioning process even in joint and share commissioning and shared arrangements?	Unclear.	<b>30</b>

**Factors in place that constrain or enable**

<b>Factor</b>	<b>Most constrainin g</b>	<b>Most enabling</b>	<b>Observations</b>	<b>Score /100</b>
Risk appetite		<b>X</b>		
Flexibility or alignment in terms of different commissioning teams in the same 'place' following the same approach	<b>X</b>			
Flexibility of procurement approach – enabler, or fixed constraint?	<b>X</b>		<b>Unclear what the approach is!</b>	
Ability to de-commission to free up resources for unmet needs	<b>X</b>			

'Permission' to be innovative/use different approaches		X		
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### Models and tactics

Question	Observations	Self-assessment score /100
Are we investigating innovative delivery and funding models that deliver demand reduction, reduced costs and increased impact, used appropriately?	Innovation, yes, but funded short-term so momentum not being built upon any successes.	24
Are we engaging effectively with disruptive technology?		35
Are we taking and encouraging a partnership approach to workforce challenges?	No – in that there appears to be a lot of knowledge lost as workforce moves on and issues of communication between teams, and understanding of role and function of teams.	20
Are we undertaking measurable supply chain optimisation?	Doesn't seem this would be measured if it's happening?	N/A
Do we have a strong focus on Social Value?	Yes, but unclear how well it's implemented based on feedback.	40
Do we have a proactive approach to cost of care, with genuinely proportionate unit costs and reducing demand for high-cost care?	I think there's a focus on high-cost care, but on a case-by-case basis.	45
Do we have supplier relationships not focused on costs but on quality, improvement, and outcomes?	Yes, but based on feedback elsewhere, it's patchy, though good evidence of partnership working to improve services in some places.	35
Is there appropriate aggregation and joining up between models?	(I'm finding this score interesting, because I don't see how this is possible based on the feedback)?	55
Are we reducing waste and user journey failures?	Unclear.	30

**Factors in place that constrain or enable**

<b>Factor</b>	<b>Most constrainin g</b>	<b>Most enabling</b>	<b>Observations</b>	<b>Score /100</b>
Current funding models	Y			
Workforce issues	Y			
Supply chain management				
Waste in delivery models	Y			
Joining up between models				
Potential for (dis)aggregation				
Digital and technical capability				
Opportunity to bring in different funding streams				