

Report for: Adults & Health Scrutiny Panel, 18 January 2016

Item number: 11

Title: Promoting a sustainable and diverse market place in light of the Care Act and following the Commissioning for Better Outcomes Peer Review

Report authorised by : Zina Etheridge, Deputy Chief Executive

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Ward(s) affected: All

Report for Key/

Non Key Decision: Non Key Decision

1. Describe the issue under consideration

1.1 This report offers an opportunity for the Adults and Health Scrutiny Panel to consider the issues arising for the Council in relation to promoting a sustainable and diverse market place in light of the Care Act and following the Commissioning for Better Outcomes Peer Review undertaken in the borough.

2. Recommendations

2.1. The Adults and Health Scrutiny Panel is asked to note the following:

- The Commissioning For Better Outcomes Peer Review and the actions taken in response to its findings with regard to the market
- Continued work to maintain positive relationships with and to develop the provider market

3. Reasons for decision

3.1 The focus of the Adults and Health Scrutiny Panel on promoting a diverse and sustainable market arises from Section 5 of the Care Act 2014. This sets out new duties for Councils with regard to shaping and managing their local care markets. There are duties placed on local authorities to facilitate and shape their market for adult care and support as a whole, so that it meets the needs of all people in their area who need care and support, whether arranged or funded by the state, by the individual themselves, or in other ways. The ambition as set out in the Care Act is for local authorities to influence and drive the pace of change for their whole market, leading to a sustainable and diverse range of care and support providers, continuously improving quality and choice, and delivering better, innovative and cost-

effective outcomes that promote the wellbeing of people who need care and support.

4. Alternative options considered

4.1 Not applicable

5. Background information

5.1 In January 2015, Haringey put itself forward as one of the Commissioning for Better Outcomes Peer Challenge pilots, led by the Local Government Association in partnership with the Department of Health and the Association of Directors of Social Services. Three local authorities across the country acted as pilots and peer challenge reviews were undertaken using the draft Commissioning for Better Outcomes Standards which were used to guide the review and as headings in the feedback. A peer challenge is designed to help an authority and its partners assess current achievements, areas for development and capacity to change in a constructive way. The peer challenge is not an inspection. The Executive Summary of the report is attached as Appendix 1.

5.2 At the time of the peer challenge, there were 12 standards grouped into four domains, which are set out in more detail in Appendix 2:

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

Following the three pilots, Haringey contributed to a process of revising the standards to reduce duplication and to ensure a clearer focus on key areas.

5.3 The work carried out by the review team on the fourth domain and the requirement to promote a sustainable and diverse market place has contributed to the development of the Council's current work in this area.

5.4 The review found that the Council had a number of strengths, identified as:

5.4.1 Strong and responsible leadership around the budget process

5.4.2 Internal workforce development programme and approach

5.4.3 Enthusiastic and motivated senior level commissioners working across the Council

5.4.4 Positive engagement with providers of services for people with learning disabilities

5.4.5 Positive commitment from providers to engage with the Council and deliver innovative services

5.4.6 A developed policy on anticipating and responding to provider failure

- 5.4.7 Consideration of new models of social enterprise
- 5.4.8 Extra care housing redesign engaged providers and people who use services
- 5.4.9 Data and analysis being looked at systematically to drive discussions around value for money
- 5.5 The review team also identified a number of areas for consideration by the Council moving forward under the domain of promoting a diverse and sustainable market place, as follows:
 - 5.5.1 The generation of positive engagement with provider partners and wider stakeholders
 - 5.5.2 Significant additional engagement required around next steps of budget consultation, ensuring clarity of options under consideration
 - 5.5.3 People do not feel listened to (providers, carers, service users, staff)
 - 5.5.4 Training and development for the whole ASC workforce is required (including consideration of resources required)
 - 5.5.5 Lack of clear approach to address inflation up-lift and Fair Fee process
 - 5.5.6 Lack of collation of intelligence on the diversity of the market place and of how this is being used to inform and assist micro and macro commissioning
 - 5.5.7 Lack of systematic monitoring of volume of commissioned services (capacity of the market to deliver)
 - 5.5.8 Underdeveloped response to the current and future needs of older people and market supply of care
- 5.6 The review findings have helped to shape areas of work the Council was already developing and the Council has acted in response to each of the areas identified for consideration. As Members of the Panel are aware, the initial consultation on the Medium Term Financial Strategy was followed by a period of co-design and statutory consultation on the proposals which engaged with a wide range of stakeholders in a variety of ways. This is now being followed up with a further co-design process to design and deliver the next phases of transformation of adult social care. Subsequent to the review report, the Market Position Statement setting out the Council's commissioning intentions for the market has been published, there has been further work with providers on quality assurance and safeguarding, the Provider Forum has been strengthened, the Voluntary and Community Sector Commissioning Framework has been approved and more opportunities for dialogue with providers have been established. The tenders for the Strategic Partner and Information, Advice and Guidance services are examples of processes where collaboration between providers in responding to the opportunities have enriched the services to be offered. The training point made was in relation to the understanding of service finding and micro-

commissioning and the Council has responded by developing a pilot brokerage service, discussed in more detail at 5.8.4.

- 5.7 For the Council, the four areas for consideration directly relating to the market place are felt to be particularly pertinent in drafting this report given the requirements to address demand and supply within a challenging financial landscape. The review team commented in their narrative that:
 - 5.7.1 More needs to be done to address inflation up-lift and enact a Fair Fee process. The Council should ensure that there are open discussions with providers about the current financial situation, including the levels of pay and quality of care. The Council should satisfy itself that providers are paying staff the minimum wage and make an assessment of the sustainability of supply. Discussions should also consider the cost of providing innovative methods of achieving agreed outcomes for service users.
 - 5.7.2 Information on the provider market needs to be brought together and held in one place so that it can be accessed and analysed more easily. By collating information on what and how much is being commissioned (as well as what services are already being provided that may not be formally commissioned) intelligence can be developed on the diversity of the market place as well as the capacity of the market to deliver what is specified through commissioning. There needs to be a systematic approach to knowing what is happening in the whole market and for this to be used to address issues such as out of borough placements due to lack of supply.
 - 5.7.3 In the Team's view there appeared to be an underdeveloped response to the current and future needs of older people and the market supply of care. There is a need for more data on older people and for this to be used to inform the need for future housing and extra care provision.
- 5.8 In response to these findings, the Council has taken a number of actions both better to understand and analyse the provider market and to develop a more systematic approach to micro-commissioning of care and support services.
 - 5.8.1 The Council has always had a process for addressing inflation uplift and ensuring that providers are paying staff the minimum wage. This year, however, with the first impact of the phasing in of the National Living Wage and clarification of the status of pay for sleeping nights, the Council is drawing up a revised process to consider any required uplift, fully cognisant of the financial challenges the local authority, and indeed the wider health and care landscape, are facing.
 - 5.8.2 The Council has carried out detailed analysis of Haringey's local provider market for residential and nursing care in the borough, across adult care groups. Council officers are currently working to complement the current set of data with more information on care and support services delivered in the home so that there is a comprehensive picture of provision in the borough. This information will be presented to the Panel at its January meeting. The analysis demonstrates the diversity of provision locally but also where some

of the capacity issues reside. A pan-London analysis of the provider market for care homes has also been carried out through London Councils, and this will be fed back to the Council in early February, which will further complement the information generated locally.

- 5.8.3 In response to the analysis carried out to date, the Council recognises that there is limited capacity for nursing care home placements available locally. It is partly in recognition of this that a decision to maintain Osborne Grove Nursing Home as a nursing home, delivered through an NHS provider to offer opportunities for greater clinical input and links with wider hospital services, was recommended to Cabinet in November. The peer review also identified such issues in relation to the capacity of the market to meet the current and future needs of older people and therefore to the market supply of care. The analysis above is helping the Council to have a better understanding of the situation and in addition, it is noted that there are two extra care sheltered housing schemes being developed, and nearing completion, in the borough which will enhance residential capacity in the borough by approximately 100 units. There is also a Supported Housing Review about to get underway across the Council, into which the care and support needs of older people – and indeed of working age adults with additional needs – will be fed to ensure that they are understood and addressed. The Council is already beginning to consider future need for additional extra care sheltered provision in the borough.
- 5.8.4 The Council has established, on a pilot basis initially, a brokerage function to micro-commission services for individuals following assessment and support planning. This function is being delivered through Commissioning with social workers now able to focus on dedicated social work tasks such as needs assessment, review and support planning. The brokerage function is developing a directory of services available to meet different outcomes, which meet quality and price requirements.
- 5.8.5 The authority is also actively participating in the CarePlace initiative, developed initially through the West London Alliance authorities but now widely used across London. This software system relies on local authorities providing data on their usage of care and support services thus enabling participating authorities to compare the rates they are paying for any particular care and support services and the take up of identified provisions. This is real time data which allows authorities to understand better the costs of care and places them in a stronger negotiating position with providers. The authority is due to take up the e-brokerage module on CarePlace which will enable Haringey to have access to live information on availability of placements, compare vacancies and monitor quality. This latter element is particularly welcome as there will be real time information about the quality of provision and requirements on providers to produce data about quality and performance which can be compared easily with that produced for other authorities
- 5.9 The Commissioning for Better Outcomes Peer Review provided the Council with some clear areas for consideration pertaining to developing a diverse

and sustainable market, as part of its wider Care Act duties. The Council has benefited from the insights of the peer review team in focusing on analysis of the market to guide future actions in relation to developing the market in line with Care Act requirements.

6. Contribution to strategic outcomes

- 6.1. The work set out above contributes to delivery of Priority Two (Healthy Lives) of the Corporate Plan and to the achievement of the Medium Term Financial Strategy.

7. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

7.1. Finance and Procurement

- 7.1.1. This report is for noting only and there are no financial implications arising directly out of this report. There are also no procurement issues arising.

7.2. Legal

- 7.2.1. There are no legal implications arising from the recommendations in the report

7.3. Equality

- 7.3.1. The care groups identified through the analysis identified above are people with protected characteristics. There will be positive impacts particularly on older people (over 65) and people with disability (including mental health) in responding in a timely and effective way to their care and support needs, which is enabled by an approach based on good data and analysis.

8. Use of Appendices

- 8.1. Appendix 1: Commissioning for Better Outcomes Peer Challenge Report – Executive Summary
- 8.2. Appendix 2: Commissioning for Better Outcomes Peer Challenge Report – draft domains and standards

9. Local Government (Access to Information) Act 1985



London Borough of Haringey Commissioning for Better Outcomes **Peer Challenge Report**

March 2015

Executive Summary

London Borough of Haringey requested that the Local Government Association undertake a Commissioning for Better Outcomes Peer Challenge at the Council and with partners. The work was commissioned by Beverley Tarka, Interim Director of Adult Social Services, London Borough of Haringey who was the client for this work. She was seeking an external view on the quality of commissioning activity at London Borough of Haringey 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 to consider where commissioning is:

- a) Currently in progress: improving outcomes (carers, access to information, advice and guidance, new strategic partner)
- b) In development (promoting independence through re-ablement and adopting an outcomes based approach to provision of domiciliary care)
- c) The governance framework for commissioning, (joint arrangements with the CCG through the BCF and the recently established Health and Care Integration Programme and the Corporate Plan)
- d) The use of systems, processes and procedures including those processes set up for integration between health and social care.

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

- There is strong leadership, vision and direction from senior management who have a clear insight into current position and required action
- There is clear political support for the adult social care and health agenda
- Strong corporate support for adult social care from Chief Executive and Deputy Chief Executive and the rest of the senior leadership team
- The workforce is committed and caring, with a strong focus on delivering outcomes for individuals
- There are a number of positive initiatives delivering positive for outcomes for those who access services, carers and the market place
- There are effective safeguarding arrangements in place across the partnership
- There is a strong commitment from the Council to engage service users, providers and partners

Areas for consideration

- The quality of current frontline services needs to be maintained during the changes in structure
- More needs to be done to proactively engage with and demonstrate that people with lived experience, care providers and staff feel that they are being listened to
- The Front Door arrangements need to be addressed so that people enquiring about services are respectfully and appropriate dealt with
- Existing change plans need to be reviewed and where possible governance arrangements aligned so that areas for action can be prioritised; maximising capacity whilst maintaining pace. This work should be undertaken in the context of greater integration with Health.

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

Appendix 2 –Commissioning for Better Outcomes Domains and 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	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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.