

Hertfordshire County
Council
Commissioning for
Better Outcomes
Peer Challenge Report

November 2015

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Appendix 1 – Commissioning for Better Outcomes
Standards

Executive Summary

Hertfordshire County Council 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 Iain MacBeath, Director of Health & Community Services Hertfordshire County Council and led by Sue Darker, Operational Director for Learning Disability & Mental Health and Frances Heathcote, Assistant Director Health & Community Commissioning who were the clients for this work. They were seeking an external view on the quality of commissioning activity at Hertfordshire County Council in the Health & Community Services directorate 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:

- Joint commissioning arrangements with the Clinical Commissioning Groups (CCGs), and included within the Section 75 Agreement with health partners. This will include services commissioned through the Better Care Fund (BCF), i.e. Home from Hospital and Homefirst
- Secondary commissioning carried out through Herts Partnership Foundation Trust
- All commissioning activity carried out by the four commissioning teams, and this will include in-house services such as day services and supported living
- Operational arrangements for safeguarding
- Arrangements with SERCO, including the Service Solutions Team (SST).

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. Our overall analysis found the following strengths along with further areas for consideration and reflection by the Council.

Strengths

- Culture of approachability and partnership
- Committed and dedicated staff supported by appropriate development
- Sense of dynamism with many new initiatives and developments in train
- A strong resource base and assurance that demographic pressures would be covered financially by the Council
- The presence of a NHS New Care Models 'Vanguard Site' within the County
- Support for integration at political/CE level with the acknowledgement that this incurs risks

Areas for consideration

- A clear, overarching narrative linked to new models of care
- Whether there was a consistent internal logic of commissioning model
- Opportunities for closer working for better outcomes with Children’s services
- Does the focus on good relationships inhibit effective challenge
- Opportunities to strengthen micro-commissioning
- Analysis and reporting of case file audits
- Monitoring and oversight of performance in Adult Safeguarding – notably with respect to practitioners performance

- Familiarity with peer challenge
- Hertfordshire has a strong tradition of working in partnership. A great deal of effort and resource goes into developing and maintaining effective relationships. People that the Team met commented on how approachable the people at the County were, at all levels in the system. The culture described by representatives of service users, providers, health and other partners was one of openness and joint working. This was exemplified by the establishment of two assistant director posts, jointly with the CCGs, that have been instrumental in progressing the partnership with Health.
- The staff that the Team met were dedicated and committed and were being developed in an appropriate way following an overarching workforce strategy. There are key staff in the system, both within the Council and in partner organisations who are instrumental in taking forward change. The challenge for the Council is to ensure there is continuity and succession so that a systemic approach is not dependant on personal relationships.
- We were told about a number of new initiatives that had just begun or were being developed for imminent implementation. From the evidence presented to the Team there appeared to have been an increase in pace over the previous 18 months. This was particularly evident with respect to adult safeguarding, commissioning and housing related activities.
- Elected members recognise the demographic pressures facing adult care services in the county and appear to have provided sufficient resources to address these. This provides a strong base to facilitate an equal partnership with Health colleagues (which have invested £10m for the protection of adult social care), which is not always the case in other parts of the country and enables the Council to appear credible with partners.
- The Vanguard site enables the Council to enhance services, understand the performance effect this has on service users and carers collectively and then apply the learning elsewhere in the county. The fact that Hertfordshire has been awarded Vanguard status is recognition of strong joint working is in itself.
- There is significant senior level support for integration. There is also clear recognition that integration may present either financial and/or reputational risk for the Council and this is a significant step in the face of ongoing austerity.
- There is a clear macro commissioning narrative for the commissioning of Home Care. This now needs to be built on and replicated for Day, Supported Living and Residential Care. Being clear on this and other areas, including where you intend to take learning from the Vanguard site, will help you build on the good relationships that you have invested in and jointly prepare with partners for new ways of integrated working. It will also support the Care Act responsibilities for ensuring a dynamic and sustainable market in these areas.
- There are opportunities to develop an all age approach with Children's Services (e.g. autism) and this should be taken so that you are providing a more person focussed approach. Work on transitioning the individual from Children's to Adult social care could start sooner; as early as 14 years old and needs to be incorporated into the all age approach; for example, the opportunity to develop personal budgets for young people in transition across health, education and social care presents a much more coherent 'personalised journey'.

- The investment in developing positive relationships has been beneficial in bringing in different ways of working. However, where partners have a good relationship there may be a risk that they are less likely to provide effective challenge. Peer challenge may provide you with additional external scrutiny (beyond that already provided by partners), both at an organisational and partnership level. You may wish to consider which authorities you benchmark yourselves against and usefully engage with around sector led improvement; these may require a broader horizon than exists within the Eastern region.
- The dialogue between the field work team and the commissioners needs to be strengthened to ensure there is effective exchange of information so that the commissioning framework sets out what is needed.
- There needs to be a systematic approach for auditing case files, including reporting back to individuals; notably to support ongoing professional development and, at an organisational level, identifying systemic themes. Senior managers should participate in auditing files to maintain a rich understanding of practice and what is being commissioned at a micro level. This information will also be useful when monitoring safeguarding performance.

Our report includes detailed commentary across the Commissioning for Better Outcomes Standards as well as specific answers to the scoping questions posed to help Hertfordshire and partners to continue with its ambition to develop and improve.

Report

Background

1. Hertfordshire County Council 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 Iain MacBeath, Director of Health & Community Services Hertfordshire County Council and led by Sue Darker, Operational Director for Learning Disability & Mental Health and Frances Heathcote, Assistant Director Health & Community Commissioning who were the clients for this work. The Council was seeking an external view on the quality of commissioning activity at Hertfordshire County Council in the Health & Community Services directorate 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:
 - Joint commissioning arrangements with the Clinical Commissioning Groups, and included within the Section 75 Agreement with health partners. This will include services commissioned through the Better Care Fund (BCF), i.e. Home from Hospital and Homefirst
 - Secondary commissioning carried out through Herts Partnership Foundation Trust
 - All commissioning activity carried out by the four commissioning teams, and this will include in-house services such as day services and supported living
 - Operational arrangements for safeguarding
 - Arrangements with SERCO, including the Service Solutions Team (SST).
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 experienced and knowledgeable 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 and thus is commissioning in Hertfordshire:
 - Person-centred and outcomes-focused
 - Inclusive
 - Well led
 - Promotes a sustainable and diverse market place
4. The members of the peer challenge team were:
 - **Lead Peer – Glen Garrod**, Director of Adult Social Services - Lincolnshire County Council

- **Senior Officer Peer – Helen Taylor**, Director Integrated Commissioning & Vulnerable People - Essex County Council
- **Senior Officer Peer – Sharon Bailey**, Independent Social Care Consultant
- **Member Peer – Cllr Dale Birch, Deputy Leader and Executive Member** Adult Services, Health & Housing - Bracknell Forest Council
- **Health Peer – Neill Bucktin**, Head of Commissioning, Dudley CCG
- **Expert by Experience – Jenny Young**, Hertfordshire Carer
- **Challenge Manager – Jonathan Trubshaw**, Local Government Association

5. The team was on-site from 24th – 27th November 2015. To effectively deliver the strengths and areas for consideration in this report the peer challenge team reviewed over 40 documents, held 44 meetings and met and spoke with at least 95 people over four on-site days, spending 340 hours preparing for and engaging in the Challenge, the equivalent of 48 days. 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 Iain MacBeath and his colleagues for their efforts in supporting the review team to make the detailed arrangements for a complex piece of work with a wide range of members, staff, partners, those who access services, carers and others. The peer 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 Linda Morrison, Business Support Manager and her team for their invaluable assistance in planning for and in the undertaking of 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:

Person-centred and outcome focused

Strengths

- The Complex Care Premium contributes to improved quality of care and helps providers retain skilled staff
- The Introduction of a 'support envelope' in home care to provide greater choice and control for service users building on existing practice in Learning Disability Services (e.g. an allocation of hours over a period of time for the service user and provider to discuss how best to use)
- The Property review is being organised to help ensure care settings are more customer focussed/user friendly
- A Dementia carer support workers service was commissioned in response to feedback from carers
- Overall there is clear evidence for strong backing for carers (internally and externally)
- Good use of Expert-by-Experience to assist with contract monitoring in some areas
- Recently established work with NDTi to co-produce an outcomes based specification for day services
- Using contract monitoring and quality data to develop more outcomes focused specifications
- Intention to use the learning and evaluation from the Vanguard site to focus on improving DTOC and reduce hospitalisation (notably non-elective admissions)
- Outcomes based approach to mental health placements by HPFT secondary commissioners
- Service users systematically asked for their experience of home care

Areas for Consideration

- Planning for transition starts too late – at 18yrs, when best practice suggests 14yrs
- Joint commissioning of Mental Health needs to ensure delivery of social care outcomes including personalisation
- Different approaches by the two CCGs leading to inconsistent outcomes for service users across Hertfordshire.

- Collation, analysis and reporting of results from case file audits were not systematic or reported upon to aid strategic analysis. This also means that it is more difficult to evidence Making Safeguarding Personal in practice
 - Some duplications and inconsistencies in monitoring both internally and with CQC
 - An optimum design model for Extra Care is necessary as part of an overarching accommodation strategy for older people
 - A standardised tariff (e.g. meals provision in supported living) may not reflect individual need.
 - Some providers and staff unclear about who to contact, notably in commissioning given the level of change having recently taken place
 - Opportunities to develop integrated personal budgets were being missed given the apparent lack of 'joint-ness' between Children and Adult Services
 - Opportunity to increase dialogue between micro-commissioners and the commissioning teams, notably with respect to fieldwork teams in specialist areas
 - No evidence/reference to advocacy to support personalisation. Neither the Market Position Statement or the Local Account gave credit for the level of activity undertaken by the Council in this area
 - Need to identify early and support potential capital depleters who would otherwise lack the best possible advice in making potentially life changing decisions.
8. The Team considered the work undertaken on the Complex Care Premium to be of notable practice. Evidence was received from a number of sources that this will help improve the quality of care and retain skilled staff. Providers in particular commented on how the Premium has benefited individuals receiving care.
9. The 'support envelope' works well and encourages providers and service users to negotiate how the agreed number of hours is delivered. This approach empowers the service user/provider relationship, allowing the individual more choice and control over the delivery of their care package. This is particularly strong in Learning Disability and the knowledge from here is being used to inform delivery arrangements in other areas.
10. A Property review was in process, designed to make improvements to the capital assets of Adult Care, and should also help ensure care settings are more customer focussed.
11. The Team was impressed with the way in which feedback from carers was used to inform the commissioning of the dementia carer support workers service. This was notable practice, of which you are aware and commented

upon in your self-assessment and is used by the Council to inform practice in other areas. This approach should be continued and built further upon.

12. The Team was impressed with the support offered to carers, both by staff within the Council and through external mechanisms. These arrangements are promoted widely, including through the use of posters and leaflets oriented both at staff within the Council and the wider public.
13. Good use is made of a range of Experts-by-Experience (EbE), including their involvement in co-production and engaging service users in providing feedback on their experience of the services they receive. The EbE enrich the information and intelligence you have. The challenge is to make this a universal experience across all areas of service provision. The use of people with expertise to inform what you do is also evidenced in your recent work with the National Development Team for Inclusion NDTi to co-produce an outcomes based specification for day services.
14. The Team heard evidence, particularly from voluntary sector bodies, that you are using contract monitoring and quality data to develop more outcomes focused specifications. The facility of a dedicated commissioning unit for this sector provided a strong resource for further evolution, for example to ensure voluntary sector bodies have the systems in place to provide the required intelligence to support future commissioning activity.
15. The Team acknowledged the significance of becoming a Vanguard site and recognised the focus on Delayed Transfers of Care (DTOCs) and reduced hospitalisation, which are both a local and a national issue. Being part of the Vanguard Programme offers a number of opportunities for shared learning with other sites, as well as access to international exemplars. This and your own evaluation processes should enable you to exploit these opportunities for wider application across the system.
16. In the Team's view, using HPFT as secondary commissioners to provide an outcomes based approach to mental health placements was a positive example of health and social care working together on shared objectives. This could provide a good model for joint working to manage risk and future budgetary constraints, for example in an Accountable Care Organisation.
17. People using services appear to be routinely asked for their experiences of home care. There are specific staff dedicated to the task who clearly add value in this area of activity and recognises the worth of the people working for the Council, it also presents a challenge if this is seen as being reliant on what an individual 'added-value' is. More needs to be done to ensure this is embedded in a systematic way.
18. In the Team's view planning for transitioning from Children's to Adults care starts too late. You may wish to consider best practice models where planning is moved back from 17/18 to 14 years of age. This would help enhance the service user's experience along with their families, especially in planning housing for supported living, etc. so that family/carers are able plan for their own futures. This may be particularly important where individuals are not moving into Further Education or where individual health and care budgets can be utilised.

19. The Team considered that your current arrangements for the joint commissioning of Mental Health may be too focused on meeting health needs. You may want to consider how to rebalance the arrangements so that social care needs and outcomes, including personalisation are equally delivered. Personal budgets may prove helpful in this context as a vehicle.
20. Having two Clinical Commissioning Groups (CCGs) provides an inevitable challenge in ensuring that there are consistent outcomes across the County to meeting residents' needs. The Council should seek to assure itself that residents in the north-east and south-west of the county are receiving an even level of service. Data on outcomes from the Vanguard site may provide information indicating a differential service, the learning from which could be applied county wide. ASCOF data could be broken down on a CCG basis and used to identify where targeted work needs to be undertaken to drive improvements.
21. The functioning of the Safeguarding Adults Board could be enhanced with some resource to support the capture, analysis and reporting of performance data. This would help in delivering the objectives of "Making Safeguarding Personal" (MSP) by ensuring all partners understood what was required of them through the monitoring of robust performance information. Presentations had been made on MSP to the Safeguarding Adults Board but it is not yet fully embedded in practice.
22. The Team heard from some providers that the application of monitoring standards is not always applied in a consistent fashion across the health and social care community; this includes being monitored by the Care Quality Commission (CQC). Providers will respond to different organisations monitoring them differently, so the challenge is to ensure that whatever the approach taken, the outcomes are consistent across the partners.
23. The provision of Extra Care should be seen as part of an overarching accommodation strategy along with a model design brief. The ASCOF data suggests that Hertfordshire has a reasonably high uptake of residential placements for both adults of working age and older people. Extra Care should help address this going forward, particularly if the spread and choice of accommodation available is currently insufficient to meet local need. This may be particularly significant for LD young people transitioning into Adults and needing accommodation. The Team was aware that you are already working with providers and planning authorities to address a range of accommodation needs and early help is an element of the strategy.
24. The Team received evidence from some providers that pressures within the system were causing delays and backlogs to assessments, reviews and payments to providers. This may be an area for further investigation and data capture so that you and your providers are reassured.
25. The Team received evidence from some carers that the standardised tariff, for example in Supported Living did not always meet individual need, particularly in regard to the provision for food. This again may be an area for further investigation to assure yourselves that personal needs and circumstances are being appropriately addressed.

26. Some providers and staff reported to the Team that they were unclear as to who to contact within the council to answer commissioning queries, particularly at an operational level. Learning Disability providers that the Team spoke with were very clear on whom to contact and the information given to this group and the way in which it is communicated could provide a model for ensuring others are equally as clear on who to contact.
27. There are opportunities to develop integrated personal budgets that may be similar to children's education, health and care plans. By bringing health and social care resources together at a personal level, individuals may be better able to maintain their independence and avoid the need for other services. These should enable a more personalised approach to achieving outcomes and a better use of resources.
28. There needs to be increased dialogue between the micro-commissioners (social workers in fieldwork teams) and the macro-commissioners (in the commissioning unit) so that there is a clearer flow of information between the two that influences the overall commissioning approach. The micro-commissioners need to understand the implications of their actions on the commissioning framework and the macro-commissioners need to understand what is being commissioned locally so that activity at both levels can operate in a more coherent framework.
29. More could be done to work with providers to identify early those who may be in danger of depleting their capital to such an extent that they are left seeking advice from providers regarding what they should do when 'the money runs out'. We were told about the level of stress and anxiety this can cause to individuals and their families which, in a number of cases is avoidable. The delay to implementation of the 'Dilnot Funding Reforms' probably means this situation will continue at least until 2020.

Inclusive

Strengths

- A really inclusive approach taken in developing the six Market Position Statements
- Broad based membership of Health and Wellbeing Board (for example with NHS Trust presence) and the Hertfordshire Safeguarding Adult Board (for example with the Police and Crime Commissioner Present)
- Working with districts on an integrated accommodation strategy based upon a housing needs analysis
- Public Health is encouraged to “*infect*” the rest of the council with the health agenda
- Co-production of CAMHS strategy
- Partnership with HCPA engages wider markets
- Culture of engagement and approachability

Areas for Consideration

- We were told about a number of multiple access points and discharge pathways across the County and for different agencies. The resulting experience of some providers and consumers is therefore fragmented
- We were given an example where a Home Care Trust had duplicated recruitment of Home Care Assistants. This created a competitive approach to a limited pool of home care staff where a joint approach would probably have avoided unnecessary costs.
- Co-production not consistently strong though building upon Experts by Experience suggested an available and successful model
- No evidence in either the Market Position Statement or the Local Account of what the Council's approach was to offender health and wellbeing given the clarification of responsibilities arising from implementation of the Care Act.
- Development of all age approaches, here the team felt that opportunities for closer working between Children's Services and Adult Services might generate better outcomes for people.

30. The Team saw evidence of a really inclusive approach taken in developing the Market Position Statements. This was a universal experience expressed by the people who the Team met. An extensive series of engagement events were held to develop the market position statements and the format (six individual client group statements) was directly influenced by the providers.

The approach taken showed engagement with partners and a clear approach to co-production.

31. Both the Health and Wellbeing Board and the Safeguarding Adults Board (SAB) have a wide base of partner engagement from both social care and health, including two NHS providers. The inclusion of the Police and Crime Commissioner on the SAB was seen as notable practice. Further good practice examples were the memoranda of understanding between partners that captured key aspects of the working relationships on safeguarding, and the recent increase in the level of investment in the SAB by the statutory partners.
32. In the Team's view the approach being taken towards a housing strategy accompanied by an analysis of housing need is good practice and should be progressed swiftly. Bringing the 10 district authorities together in pairs to participate in addressing needs appears to offer considerable advantages. For example in delivering on Transforming Care given that the Council is part of a 'fast-track' programme.
33. There is a clear corporate intention for Public Health to have a strong voice. This includes keeping it as a separate directorate so that it and its message are not subsumed into another area of the County's work. There is a clear desire for the Public Health agenda to influence the direction of the Council and its partners.
34. The Team saw a number of examples of where co-production had had a beneficial impact including the CAMHS strategy. Co-production, when it works well, ensures services are tailored to the needs and wishes of the people who will use them and affords them with a sense of greater control over what happens next.
35. The partnership with Hertfordshire Care Providers Association (HCPA) is strong and provides an effective mechanism for engaging wider markets. It was clear to the Team that a significant investment in the relationship with the HCPA administration has made improvements in the offer to service users for example the encouragement to improve leadership skills and ensure an additional component of quality assurance. However, there is a potential for overreliance on key individuals and thought should be given to ensuring the continuity of the positive relationship with the provider sector as a whole.
36. From the people that the Team met it was clear that the Council has a culture of engagement and approachability. This was evidenced at a number of layers in the system, from senior strategic roles to those operating at the front line. This is a culture that is appreciated and welcomed by those engaging with the Council and should be built on to further develop joint production and delivery arrangements in to the future.
37. In the Team's view the Council has a lot of 'Single Points of Access'. An example of this was the discharge pathways, particularly in the west of the county, being described as a "Spaghetti Junction" with numerous connections to other pathways and services. The challenge is to manage multiple access points, some of which will be demand led and responsive to individual need. The Team heard from a member of the Vanguard panel that a single point of

access for carers had been created where callers are signposted to all the relevant connected agencies or health professionals. There is a need to work more closely with colleagues, both internally and within partner organisations (especially Health), to minimise isolated responses which may overlap or compete with what is offered elsewhere. Access to learning from other Vanguard sites may assist with this.

38. More needs to be done to ensure greater consistency in your approach to co-production. EbE offer an opportunity to base your offer on informed opinion. Identify where they are being used successfully; contextualise the approach for other areas so that it can be adapted to meet specific need.
39. The Team was made aware of the work you were doing with the Prison to manage offender health and wellbeing. You may wish to consider how this can be highlighted, both internally to promote and celebrate good practice and also to share externally, including with partners. It was a pity that an area of self-perceived good practice had not been included in key publications.
40. There are opportunities for you to work more closely with colleagues in Children's Services to develop an all ages approach to an area of activity or a joint commissioning endeavour such as autism. This would help achieve better outcomes for individuals, particularly as they transition from Children's to Adults. Further examples where this approach would be beneficial include; advocacy, sensory impairment, carers and home care.

Well led

Strengths

- The “Herts Way” appears to be predicated on establishing strong relationships and clearly permeates multiple-layers within the council and without
- The Leader and Chief Executive supportive of adult care and integration
- Political leadership and engagement is good and the Department has high levels of credibility having built a strong corporate reputation over a number of years with successful incumbents
- The DASS’s personal involvement and desire for improvement e.g. Dementia Friendly Training, HCPA celebratory evening
- Independent chair of HSAB leading a system wide approach
- Financial support to HSAB is good across the 3 funding partners – the Council, Police and Health
- Use of JSNA, health and care data suggests an increasingly sophisticated understanding of need

Areas for Consideration

- There would appear to be an inconsistent logic to the commissioning model when considered across; residential, day and home care sectors: compared with the approach taken to Quantum Care, weighed against the wider residential market and how the narrative for Day Services is presented when compared to Home Care
- Missed opportunities with Children’s services: all ages approach (Sensory Impairment, advocacy, carers, home care), transitions.
- Balance between commissioning and quality assurance activity where commissioning appeared well resourced with apparently less for quality assurance. The team accepts this may be an evolutionary point where the need to transform commissioning is greater.
- Challenge of working across two different CCGs with very different approaches.

41. In the Team’s view there was a distinct and powerful approach in Hertfordshire that several of the people interviewed identified as the “Herts Way”. This approach is based on the emphasis on and investment in positive relationships. The focus on relationships both at an individual and collective level, helps ensure effective co-production and joint commissioning and to overcome differences with partners. However, this may lead to an ever increasing desire by partners for you to provide ‘face time’ in the hope of ensuring swift outcomes that they are not able to match.

42. There is clear support for the adult social care agenda from both political and managerial leaders. There is also an understanding of future issues and the role that integration can play in order to meet the challenges of demographic changes and the experience of disjointed care and health from the point of view of the individual citizen. The Portfolio Holder is engaged, well briefed and promoted the adults' agenda to cabinet colleagues.
43. Staff reported to the Team that the DASS was visible and known to them, as were the Assistant Directors. The DASSs personal involvement in the delivery of dementia awareness training was seen as a powerful message of his engagement and willingness to participate; that there was a connection between senior management and the front line. Staff felt able to raise issues and that answers would be forthcoming. Such approachability was valued and should continue.
44. Hertfordshire has some very good system leaders who engage in key activities. In the view of the Team the Chair of the HSAB was seen to provide strong leadership and was able to hold the partnership to account. In turn the partners demonstrate their support for the Board and its activities through their financial contributions. This is not the case with all SABs and should be maintained to bring about further partnership working, notably concerning activity and data analysis.
45. There is an increasingly sophisticated understanding of need, developed through using the JSNA. The research skills in Public Health are beginning to be used beyond developing the JSNA to provide insight and information to enable better commissioning e.g. in Mental Health and the development of Market Position Statements. This could be broadened to consider issues in Learning Disability and other areas of activity.
46. In the Team's view Home Care had a very clear narrative around the delivery model, which is widely understood. More needs to be done to ensure that there is the same level of clarity for Day Services, SERCO and Quantum Care. You may determine that a blended solution is right for Hertfordshire; however, this is not how partners currently see the situation and a clearly articulated model would help them position their offer.
47. In the Team's view Hertfordshire has a good level of resource to undertake commissioning activity and this is helping you evolve. The commissioning function is well regarded and has ascribed value, both internally and with partners. However, the quality assurance resource is less well regarded and has less resource. You may wish to consider whether the balance is now right with regards to achieving stated outcomes.
48. Two large CCGs need time and resource to work with their different approaches. With a need to consider how to facilitate a consistent approach that can be adopted for the whole county this presents particular challenges. If both the JSNA and adult care specific datasets were available by CCG area this would allow senior officers the opportunity to ascertain whether different outcomes were experienced and perhaps learn from these.

Promotes a sustainable and diverse market place

Strengths

- A strategic approach to home care, lead provider areas and contract longevity
- Innovative approaches to whole market workforce
- Herts Care Quality Standard is good practice, supported by robust monitoring and effective links with CCGs
- Allocation of weightings in contracts: 60% quality, 40% price is generating a quality orientated service environment and is recognised as such by partners

Areas for consideration

- Knowledge of the self-funder market could be strengthened and a protocol with providers would help ensure the 'offer' of assessment is pursued by self-funders
- Planning for capacity in the next 2-5 years still in development
- Future direction of day services and supported living is worthy of further reflection – does the current commissioning model facilitate greater choice and control?
- The relationship between telecare and Hertfordshire Equipment Service (HES) does not appear well developed
- Performance of SERCO and Goldsborough was questioned by some
- The MPS documentation lacks sufficient detail to enable providers to plan for future commissioning intentions

49. The strategic approach that has been taken with home care provision, including lead provider areas and contract longevity, has helped stabilise a key market. This will be a crucial area in the future and you may wish to consider offering even longer contracts in the future to provide increased stability.

50. The Herts Care Quality Standard is good practice and should be used to mitigate any differentials in monitoring practice across different agencies. There was notable practice in bringing together the Council's quality monitoring staff with those in the CCG so that there is a coherent view and approach to monitoring.

51. The Team noted that the weighting in contracts had shifted to give more emphasis to the quality of provision, in some cases up to 70%. The Team also recognised the level of political support needed in adopting this approach, which in other Council areas has been the reverse and criticised as 'a race to the bottom'. Providers that the Team spoke with welcomed this shift and reported a more positive attitude towards working with the Council

as a result. There were also benefits in being clear on the minimum price you were willing to pay and in stating that you wanted providers to be members of HSPA.

52. You may wish to offer self-funders an assessment before they purchase a service. This could help establish a relationship and provide useful market information, as even if they do not obtain services through Hertfordshire there is still a responsibility towards them that will grow as the deadline for implementation of the Dilnot Funding Reforms approaches.
53. In the Teams' view the work on developing the workforce is strong and needs to continue, particularly in the context of integration with Health. More could be done to jointly construct scenarios for what a future workforce might look like, the work they will be expected to undertake and the skills required to do this. This approach might be useful when considering the future direction of day services and supported living.
54. There may be an opportunity to consider telecare and Integrated Community Equipment Service (ICES) collectively as service blocks rather than separately. For the person receiving a service this could make for one point of contact and potential rationalisation of logistical arrangements.
55. Where the SERCO and Goldsborough services are operating smoothly there may be an opportunity to shift capacity to focus on more transformational activity, for example onto performance review. As integration develops the Council will need to be clear where these services sit in new integrated pathways
56. There is an opportunity with the next iteration of the six Market Position Statements to make them more explicit with respect to future commissioning intentions. Providers can then be clear about expectations and be better able to plan ahead in order to meet those expectations.
57. We have sought to make the findings of the peer challenge constructive and helpful to the Council and also to strike an appropriate balance between support and challenge. We hope that you are able to receive positively the comments made here in this context. The team have learnt a great deal from the process ourselves and we have really appreciated the opportunity to take away some good examples of care and support that we can share with our own organisations.
58. On behalf of the team I would like to thank you for hosting this peer challenge and for working so positively with us. I hope you will agree this has resulted in helpful and constructive outcomes.

59. Yours sincerely,

Glen Garrod

(On behalf of the Peer Review Team)

Contact details

Hertfordshire County Council is a member of the Local Government Association and has an on-going relationship managed by my colleague Gary Hughes, Principal Adviser – East of England who can be contacted on email: gary.hughes@local.gov.uk or telephone: 07771 941337, who would be happy to discuss the implications of this work for your further improvement and the LGA offers that support this.

Rachel Holynska is the LGA Care and Health Improvement Advisor (East Midlands & East of England) and can be contacted on email: r.holynska@btinternet.com or telephone: 07585328458.

For more information about this Commissioning for Better Outcomes Peer Challenge at Hertfordshire County Council please contact:

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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 (Previous version)

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	<ol 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.	<ol 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.	<ol 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.	<ol 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.

**removed in final agreed version of the CBO Standards.*