Calderdale Council

Integrated Commissioning for Better Outcomes Peer Challenge

Feedback Report.

Yorkshire and Humber Regional Peer Challenge Programme

May 2018
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Introduction

Calderdale Council asked for a regional Integrated Commissioning for Better Outcomes (ICBO) peer challenge as part of sector led improvement within the Yorkshire and Humber ADASS Region. The peer challenge used the ICBO four key domains as a framework, and the specific scope provided by Calderdale Council to test their approach to integrated commissioning, was based on key questions, which were:

- As system leaders, have we set out and articulated our ambition?
- Do we have the right capacity and skills set to deliver the ambition?
- Have we got the right building blocks in place for successful integration and enhanced collaboration?

The Yorkshire and Humber ADASS regional peer challenge programme is not a regime of inspection and seeks to offer a supportive approach undertaken by ‘critical friends’. It is designed to help an authority and its partners assess current achievements and areas for development within the agreed scope of the review. It aims to help an organisation in identifying its current strengths along with what it should consider in order to continuously improve. All information is collected on the basis that no comment or view from any individual or group is attributed to any finding. This approach encourages participants to be open and honest with the team.

The LGA managed peer challenge team would like to thank all stakeholders who made themselves available to meet the team, for their open and constructive responses during the challenge process and for making the team feel very welcome.

The Yorkshire and Humber ADASS Regional Group has contracted an LGA Associate to deliver this peer challenge based on the LGA’s knowledge and experience of delivering this type of work for over twelve years. The LGA Associate delivered this work on behalf of Yorkshire and Humber ADASS Regional group and the outcomes are owned by them.

The members of this regional adult social care peer challenge team were:

- Phil Holmes (DASS Sheffield, Peer Challenge Lead)
- Cllr Carol Runciman, (Portfolio Holder, Adult Social Care and Health City of York Council)
- Christine Jackson (Head of Case Management, Performance and Finance, PSW North East Lincolnshire FOCUS)
- Victoria Gibbs (Head of Integrated Commissioning and Prevention, North Lincolnshire)
- Lisa Willcox (Service Manager Learning Disabilities and Mental Health, Wakefield)
- Elizabeth Walton (Designated Nurse Safeguarding Adults, MCA Lead and Prevent Lead, NHS Salford CCG)
- Venita Kanwar (LGA Associate, Peer Challenge Manager)

The team was on-site from 9th May 2018 until 11th May 2018. 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, senior officers, frontline staff, providers, partners and people using services.
- Reading documents provided by the council including a self-assessment of progress, strengths and areas for improvement against the four ICBO domains which were:
  - Building the foundation
- Taking a person-centred, place based and outcomes focused approach
- Shaping provision to support people, places and populations
- Continuously raising the ambition

The key messages in this report reflect the presentation delivered to the council on 11th May 2018 and are based on the triangulation of what the team read, heard and saw. This report seeks to cover the areas Calderdale Council were particularly keen for the team to explore. Detailed responses to the headline areas the council asked the team to focus on are outlined in this report.
Strong foundations

“We’ve got a reputation for doing what we said we would do” System Leader

Partnerships

1. There was strong evidence of commitment to working in partnership as a whole system, with people and communities at the heart of delivery. This was evidenced from examples given by the Chief Executive, Director of Social Services (DASS), Chief Officer, CCG, front line staff, voluntary sector and providers.

2. All partners showed that they were aiming to focus on the right things, the needs and wellbeing of their citizens firmly rooted in the diverse localities and communities they live in. This was clearly demonstrated by conversations with the CCG Quality Assurance Team who used public engagement and national standards to ensure that the services the CCG commission aim to be of high quality. The Council in their engagement with Providers at Provider Forums and at conferences have a key focus on delivery of a more sustainable market including the training and support which local providers require to deliver relevant and safe care. The Future Focus Framework being commissioned focuses on leadership behaviours and a coaching offer for provider services across regulated care, including residential and domiciliary care, signals a commitment to work with private providers to drive up quality of care through a sector led improvement approach.

3. There is a genuine commitment from the Council and partners to deliver services that are right for each unique locality. There is an understanding that organisations cannot provide services alone, but must collaborate with partners and co-produce with empowered communities. The geography of Calderdale is diverse, and services are beginning to be tailored to the different localities in the area. There are plans to develop an integrated wellness system / offer within the localities. As part of this initiative there is a commitment to understand the needs of populations within the localities. The partnership within Calderdale acknowledged the need to engage with the localities and gave a commitment to co-produce services and solutions with individuals and communities. This commitment is evidenced by intelligence gathered by the Joint Strategic Needs Analysis, Asset Mapping exercises, Population Data and Mental Health data.

4. Many officers recognised that resilience sits within communities at different degrees; the Upper Valley exhibits a different kind of resilience to the Lower Valley. Calderdale’s staff, because a good majority of them live in local neighbourhoods, understand the different kinds of resilience required and are able to tap into it as a resource or build upon it, encouraging it to grow and strengthen.

Relationships

5. The importance of trust is evident in Calderdale. At a senior level, Leaders’ Group is attended by the Chief Executives of all relevant agencies; a key focus of which has been to build trust and confidence and set ambitions for the Council and the Place Based agenda. This has set the tone for collaborative, trusting relationships, which have been demonstrated particularly by the united way in which health and social care successfully challenged national targets for Delayed Transfer of Care (DToC).
6. There have been challenging issues to contend with in Calderdale, for example the proposed hospital reorganisation requiring Council officers and NHS staff to work together. This issue has been, and continues to be, controversial and Councillors have never shied away from performing their role of providing local democratic oversight in a challenging but balanced and accountable way. This has generated strong respect from partnership organisations. One senior leader stated “we are a strong leadership group, tested by a democratic mandate.” The firm foundations of trust that the council and partners exemplify will provide a supportive base as and when future challenging decisions need to be made against a backdrop of limited resources.

7. Additional capacity has been created in the new Business Relationship Managers, who liaise with local residential care providers to ensure that individuals are provided with good quality support. This has improved working relationships, and driven up standards.

8. We did not have an opportunity to speak to many local people. However those we did encounter, and people using services in particular, spoke highly about their relationships with Council staff and the support and respect which they felt from their involvement. People told us that officers had enabled people to engage within their own communities in local groups, and had provided educational opportunities that gave individuals a purpose and a ‘reason to wake up in the morning’. There was recognition of the need to build stability and sustainability within community settings, and officers voiced examples of how they worked with communities in the setting up of resources that would become self-sustaining over time. There were some examples of powerful outcomes, improving people’s health and quality of life. This is particularly important in the climate of diminishing resources.

9. We heard the following complementary quotes from the Council and NHS that demonstrate the common philosophy we refer to above.

“Change should be community led not organisationally led”
Council Lead

“Not patients but people”
NHS Lead

Achievements

10. Calderdale has a great many achievements, which include winning a Sports England bid which will make a huge difference to the wellbeing of citizens, bringing approximately £8M to the area over three years and joint working with partners to commission and deliver Project Search (a supported internship programme for adults with learning disabilities), in partnership with the Local Acute Hospital. However, there were three achievements in care services that were especially highlighted and deserve particular recognition. These were Calderdale Cares, Gateway to Care and Staying Well.

11. Calderdale’s locality operating model, Calderdale Cares, is a strategic and place-based approach, focused on providing care closer to home. The aim is to build a model that provides care to smaller populations, is directly responsive to the specific community it’s located in and builds on the principles of Calderdale’s Vanguard site, providing significant strategic sign up. Calderdale Cares will run a shadow year in 2018/2019, but will, by 2020, be fully established and will develop alongside other partners. This
approach aims to build resilience within communities. Many of the people we interviewed proudly mentioned Calderdale Cares as the future means of operational delivery.

12. Gateway to Care is an example of an integrated workforce, with health colleagues sitting alongside social care colleagues providing an excellent joined up service, focused on results. A dedicated telephone function enables residents to be directed to the correct service for their needs, signposted by skilled officers who understand exactly the approach required to help people quickly locate help in their communities. When necessary, workers have access to support hours, funded by Health and by Social Care, which enable them to put in short term provision to resolve crises. Workers within Gateway to Care told us of the direction of travel towards a service that is to become the Single Point of Access. Of particular mention is the Occupational Therapy bathing service which has brought waiting times for bathing equipment provision down from approximately eighteen months to three weeks, as a result of adopting a mobile bathing service which includes a multi skilled team that can assess and fit adaptations all in one visit. Over 90% of calls to the Gateway Service are resolved without needing to be referred on for Statutory assessments.

13. The Upper and Lower Valley Staying Well Projects evidenced an outcomes-based service focused on individual need; creating community led sustainable services, and being highly valued by people who used them. Services such as Staying Well are making real differences to people’s wellbeing and with relatively little resource exemplify how community assets and resilience creates supportive communities. Calderdale should consider the expansion of the Staying Well service, given the significant outcomes it is achieving and the relatively low level of investment which is making a significant difference to people in their communities.
Niggling Uncertainties

“It’s not broken, it just needs to change” Workforce Lead

Services

14. The areas highlighted within this section are issues that may require some further consideration with regard to integrated commissioning and associated operational practices, they are the “business as usual” things to think through, rather than large scale strategic developments.

15. There are opportunities to maximise the influence of the Safeguarding Adults Board (SAB) by strengthening links with the Integrated Commissioning Executive (ICE) this should enable the golden thread of safeguarding to flow into strategic commissioning across organisations and there is potential for these elements to be embedded in the SAB strategic plan.

16. Embedding Making Safeguarding Personal (MSP) across partnerships would further promote safer practices. There is potential to develop and embed the MSP systems and processes, including the use of revised documentation to support MSP, in order to provide safeguarding assurance. A shared understanding of the aims, and benefits, of a MSP approach across all partners would enable a more responsive safeguarding partnership. Calderdale should consider undertaking an audit of cases to understand how thresholds work in practice given the high proportion of referrals that lead to a safeguarding enquiry.

17. Calderdale could consider further strengthening the strategic approach to mental health; there is a perceived lack of clarity around strategic commissioning and how this is delivered in a way that most appropriately responds to the needs of Calderdale residents, noting their particular geography and natural resources. The area does not currently have a mental health strategy, and this would provide an opportunity to work in partnership to develop a joint strategy across relevant organisations for the Calderdale area, and set priorities for joint working.

18. It was recognised that Calderdale Council, the CCG and South West Yorkshire Partnership NHS Foundation Trust (SWYFT) have strong partnership and project working practices. However, there are few, if any, discrete opportunities for a strategic dialogue between senior operational/strategic managers in these organisations that is specifically focused on Calderdale. Consideration could be given to developing a regular opportunity for such discussion, which may enable issues to be raised and addressed on a more strategic, rather than individual project issues, level. This could further develop partnership working, by enabling the development of shared vision and objectives around Mental Health in Calderdale, and identifying how each organisation may contribute to their achievement.

19. Gateway to Care and Better Lives are flagship developments, and are impressive in their performance, providing a direct and immediate service to people. However, there could be further clarity on the distinctive roles of the two services. There was a sense that there may be some duplication across the two, and a need to clarify the specific role of each to reduce potential confusion for citizens and staff and make best use of resources for Calderdale. There was certainly an opportunity to expand these approaches and build on
the services’ immediacy and accessibility. There were plans mentioned to expand the Gateway to Care to other services including health.

20. There was a suggestion from Community Groups and Public Health that more could be done to improve access and services to the Asian communities. The strategic thinking has begun with the place-based Calderdale Cares Programme.

21. Calderdale continues to provide a significant amount of directly provided care services. There is a risk that these services become taken for granted and are not supported to develop. These services are typically more expensive than those which are purchased from the independent sector. It may be helpful for Calderdale to understand whether their directly provided services have added value or strategic benefits which justifies this, for example being able to respond to a level and complexity of needs which other providers cannot currently meet, or in localities where other providers are unable to consistently staff and maintain service provision. Services will need continued investment and support if they are to keep pace with broader Calderdale developments and remain both popular and relevant.

**Communication/ Relationships**

22. There is some further thinking to be done around integration change management. As services become closer aligned, there is the potential for raised anxieties for staff who are left wondering about the implications for change in their roles. This is a by-product of organisations proceeding through large scale change programmes. It is helpful to consider how communications can be improved through times of change and while there are communications from senior channels for example the West Yorkshire and Harrogate Health Partnership - Weekly Update, it may be helpful to step up communications face to face to alleviate any anxieties caused as a result of moving towards further integration. Social workers and front-line staff have been fortunate to be able to communicate easily with the DASS and senior officers when located in the same building. Recent changes which took place when people have been re-located in different buildings have made senior officers slightly more remote. Social work staff have strong professional leadership and support each other well. However, they feel less connected with Calderdale’s strategic direction than they once did. The DASS understands this and is making plans to improve communication.

23. IT systems are difficult to align across agencies. There are some good examples of agencies working across each other’s systems, but also examples of where there are difficulties. Gateway to Care exemplifies both the positives and negatives. Information is available from both Health and Social Care systems, but worker’s access is role-restricted which means that they rely on other professionals in the team to access and relay information. Similarly, information has to be “cut and pasted” onto two systems, creating duplication of effort. There are plans to be able to access the EPR system, which have experienced delays; this will provide additional valuable information in ensuring the right outcomes for individuals. There may be opportunities to develop more integrated systems across partners, although it is recognised that this is a complex area which all authorities find challenging.

24. There are opportunities to further strengthen the work with primary care. There is good engagement evident, however it is important to send a consistent message to all GP’s in Calderdale about what the new vision might be like in practice and how it links to their agendas for prevention and wellbeing. Further emphasis could be provided to primary
care of the support that CCG’s can provide to them. A collaborative agenda with primary care is a further example of how Calderdale can have more impact on communities by working together rather than working separately.

25. Gateway to Care had developed good links, with a significant level of contact from Primary Care, including GPs (perhaps due to the inclusion of nurses in the service). However, there is potential to develop and strengthen these links with Primary Care across the other social work teams, as many of the front-line staff felt disconnected from GPs and had little engagement with them, despite undoubtedly working with many of the same individuals as the staff in Gateway to Care.

**Commissioning**

26. Care home and home care providers have noticed a change in relationships between themselves and the Council and CCG. There are supportive, “can do” relationships evident between providers, commissioners and Business Relationship Managers, engaged in collaborative, incentivised relationships. This is impressive. Neither providers nor commissioners said that the journey was complete and it was good to see continued ambition and no shred of complacency.

27. There are some very good examples of individual commissioners in the CCG and Local Authority working together. However, it might be helpful for organisations to be clearer about what their vision of commissioning is, and what it means. For example to be more precise about what is traditional commissioning and preventative commissioning and to ensure that commissioners are on the same page, There was a sense from some areas that financial processes sometimes undermine a preventative approach, and this can create tensions in commissioning intentions.

28. Whilst the ‘big steps’ around integrated commissioning have been progressing, there has been some good examples of opportunistic joint commissioning – recognising and seizing the chance to work together on specific schemes as opportunity has arisen to do so. For example, the commissioning for the Voluntary and Community Sector (VCS) Infrastructure Services which were previously schemes commissioned separately by the CCG and the Council, and which are now a single jointly commissioned service. Similarly, as the Council has re-commissioned Domiciliary Care service, they have worked closely with the CCG and whilst they were not able to achieve a joint contractual approach, both organisations are now commissioning their services using the same service specification. This sends strong messages of a shared vision to providers and ensures consistency of quality targets and outcomes, and demonstrates a great deal of trust and joint understanding of need.

29. It was evident that a lot of good work was being done across Calderdale, but it was sometimes difficult to identify what outcomes were expected, and whether these were being delivered. Workers were not always able to articulate what difference the project/work has made to the people of Calderdale, which is often a question asked by CQC inspectors. The BCF has very strong metrics associated with each of the schemes, with the outcome of these schemes being carefully monitored and reported. It would be beneficial for Calderdale to expand this approach, or elements of it, so that it becomes embedded practice to be outcomes focussed, with consideration of the “so what” of services - enabling staff at all levels to consider what difference the service being provided has meant for the person receiving the service.
30. The Council also host the Integrated Commissioning Board with an open invitation to the CCG. There was an acknowledgement that there could be efficiencies gained from a review of the functions of the various sub groups in an attempt to streamline, reduce duplication and achieve greater integration.

31. The Council and CCG have invested time wisely in building relationships and trust; however, leaders recognised the need to jointly progress commissioning priorities with momentum and pace to improve outcomes for people and to meet the financial challenge.

32. Staff recognised that there are numerous competing priorities and vocalised that they would welcome the opportunity to progress an identified priority within the single plan at scale.

33. A work stream is underway to re-commission homecare and domiciliary care to reconfigure care and support services with a new approved provider list and framework. Commissioners spoke of the need to ensure effective urban and rural provision across a locality provider model. This is part of a stepped approach to achieving integrated and sustainable care and support services. Plans are in place to consider block contracts with providers; this would give assurance of guaranteed hours whilst balancing choice and control for people accessing services.
Delivering the Ambition

“We’re Arsenal. We pass it around really nicely outside the box, but nobody shoots”

Focus group participant

Capacity

34. There is definitely capacity in Calderdale to achieve the transformation ambitions. There are strong foundations in relation to people, place and population. There is a clear sense of purpose with a well-articulated ambition. Without doubt there is a tangible and palpable sense that Calderdale’s health and social care services have an enthusiastic, talented and loyal workforce committed to delivering services in collaboration. The whole system should seize the momentum for change to ensure better outcomes for people. This was heard loud and clear. Capacity could be released to deliver change by streamlining meetings and agreeing an integrated governance framework to take forward integrated commissioning and delivery.

35. There are strong collaborative relationships across the partnership in a range of sectors, including providers who are supportive of the changes and who have been enthused by the journey of delivering locality-based person centred services. Structures are well developed with governance in place. The Council and CCG have formed an Integrated Commissioning Executive (ICE) that has accountabilities to Cabinet and also the CCG Governing Body. The ICE reports into the Health and Wellbeing Board and is responsible for the implementation of the Single Plan for Calderdale and the Better Care Fund Plan. The ICE is supported by the ICE Operations Group. In order to deliver the transformation, the challenge for Calderdale is to articulate how these three boards fit together and how the processes can best be strengthened. Possibilities could include perhaps streamlining some of the structures to release further capacity, and in the process of doing this, reviewing the terms of reference and membership. There has been a great deal of investment in relationship building across partnerships and this has resulted in a strengthened whole system, which could cope with further rationalising governance structures.

36. People are ‘ready to go’, but are held back by trying to complete all the elements of the transformation in one go. There are currently too many “priorities”. The message for Calderdale would be: focus on the key priorities that will effect the greatest change and improve outcomes and financial stability. It seems clear that the joint transformation of community health services is one such priority. There will be a small number of others with similar tactical importance and strategic impact. Having taken a small amount of time to identify focused priorities, move them on at pace and with scale, with all partners together making best use of change capacity.

37. There is an impressive intelligent performance and business function in place, which has a wealth of information and data. There is further work to be done using the effective infrastructure which is in place to develop outcomes framework and KPIs for the Single Plan. Calderdale has an impressive amount of intelligence at the five locality levels to enable Calderdale to develop tailored services; plans are in place to look at population segmentation to help refine this further. A critical milestone for Calderdale to achieve is the engagement of GPs and primary care and to ensure that the information governance is in place to enable this.
Managers, commissioners and leaders within the local authority have access to real time performance dashboards that enable them to focus on performance and support in the allocation of resources, care and support. The business intelligence function works closely with colleagues to understand the “story behind the baseline” to contribute to improved outcomes for people.

A senior leader said, “*It’s our job to change the system*”. The area is fortunate to have the strong foundations in place, the challenge to Calderdale from the peer team is to prioritise more effectively, thinking strategically and tactically so that your change programme builds on strong foundations, transfers learning and celebrates success. Calderdale leaders are hugely ambitious and restless to do more for local people. Calderdale also punches far above its weight in regional work. However perhaps more could be done to celebrate success and to acknowledge that it is difficult to do everything at once. The challenge for Calderdale is to slow down slightly in order to go faster.

**Voice**

People using services said they felt listened to but wanted to work more closely alongside the Council and partners. In doing even more to focus on the voice and energy of local people, Calderdale will increase the capacity for change, and ensure that the change is relevant to local need. There was an acknowledgement that an area for consideration was for the partnership to return to representative groups to share with them how their views and comments influenced the strategy, practice, commissioning and service delivery.

A range of staff across organisations and levels of seniority said that they “*do it for the people out there*”. The Calderdale vision will be delivered by a group of staff with a very strong value base, committed to driving improvement and achieving outcomes. However there is an opportunity to move from doing “for” to doing “with”, to co-produce outcomes and future models of care and delivery. More attention on understanding how people can be enabled to be healthy, safe, independent and well, along with a firm focus on explaining how people can help themselves to reduce and delay the need for specialist services and the nurturing of a preventative perspective will further embed the Care Act in practice. There are opportunities to amplify the voice and experience of individuals within communities, which will enable improved co-design of services, and facilitate the change to doing it “with” people and not “for” people. It is important to have a range of choices available to people and then to help them to make the right choices, leading to behavioural change.

There is good evidence of participation and engagement of residents by the CCG and by the Local Authority, for example mystery shopping, the advocacy service and the Learning Disability Partnership Board. However, that participation could be better joined up. There are opportunities to build capacity by adopting a strategic approach to collaboration and co-production and designing new strategies, new services and new solutions for people to enable them to be healthy and independent.

Calderdale may wish to consider adopting formal mechanisms for leaders and senior officers to directly hear the voices and lived experience of people. Harness the potential of the Learning Disability Partnership Board and other stakeholder reference groups to enable people to set the agenda for things that really matter to them.
Innovation

44. Calderdale is a place where innovation is allowed to flourish. There is a sense that if a good idea in Calderdale has a robust business case, there would be an opportunity to pilot it. There is a Future Focus Framework aimed at improving the quality of registered residential care sector and providers are motivated by this to improve outcomes. The Molly and Bill initiative started off with twelve months funding and now has a year’s further funding and will work across different care settings; it is achieving excellent outcomes for people particularly in residential homes, for example there was an individual who responded to music sessions and sang, this person had not spoken before, and was now able to engage with others. There is a vibrant arts scene in Calderdale, with West Yorkshire obtaining Beacon Status for arts, and Quality Voices, an independent mystery shopping group provide objective and independent feedback on care services, and Incredible Edible Todmorden, provides fresh produce at low cost.

45. Calderdale is an area that is outward focussed and is willing and enthusiastic to learn from other areas and take the learning and develop it into practice. There may be opportunities to embed the learning so that it is consistent across the partnership. The Team heard positive examples of organisational development, and service user engagement within both the CCG and the Council, however, the approach and learning could be further strengthened by being joined up and integrated. A key area for consideration would be to determine how further integration between the Council and CCG could be achieved with a consistent approach to workforce development, culture, and organisational development.

46. There is an opportunity to reflect and evidence, how best the Calderdale pound can be spent and to think about what would have the greatest impact on people. Calderdale supports innovation and piloting approaches and initiatives, however there is a danger that if this continues unchecked, it may prove to be unsustainable in the future. Calderdale should consider how new approaches, re-commissioning and pilots relate to the Single Plan priorities, in order to ensure that the Calderdale pound is spent to achieve the jointly agreed outcomes contained in the Single Plan.
Achieving the outcomes

“It feels more like a family here” Care Provider

It’s a critical time

47. The Council’s request for a peer challenge, and the full engagement of NHGS organisations with this, has been timely. Having gone through many years of austerity and significant challenge the foundations are in place for further progress. As the quote above exemplifies, relationships are good even where historical challenges have been significant. This is testament to leadership from all organisations across the system: it feels as though people have stayed in touch with their humanity and recognised that the key predictor of success is honest but respectful relationships that enable collaborative problem-solving. However there are also pitfalls to be avoided.

48. For example, Calderdale is definitely punching above its weight in West Yorkshire. This is evidenced by significant presence at a leadership level in strategic discussions across the region. However, it is a challenge for senior leaders to strike a balance between driving synergies across the region and ensuring a clear focus on Calderdale, with its unique profile and individual opportunities. For example Mental Health commissioning felt like an opportunity to re-establish a clearer local focus, with the Local Authority more explicitly supporting the CCG to drive local preventative outcomes and help to reinvigorate services from the bottom up.

49. You are continuing to take big steps together. We heard about exciting plans for an Apprenticeship Levy Event on the week after our visit. This is being driven from the very top, involves all anchor organisations, will provide leverage for work opportunities and give a degree of commonality to the vision and strategic direction in terms of economic development. Senior leaders have recognised that a collaborative approach to supporting Calderdale’s brilliant workforce, whatever their sector and whoever their employer, is absolutely critical to future success. However, we did find evidence that more needed to be done to knit together workforce leads of respective organisations. They shared the same vision and philosophies, but needed more practical opportunities to come together and deliver in partnership. Hopefully the work around Apprenticeship Levy will be the starting point of a fully collaborative workforce programme.

And focus on outcomes above all else

50. This Peer Review was shaped by the Council and partners to focus upon commissioning partnerships above all else. The Peer Review Team was asked to look at the different ways that organisations worked together across the full commissioning cycle to support local providers in ensuring good outcomes for local people. This is an understandable focus at this point in Calderdale’s development, and hopefully this Review will help local leaders build on some impressive joint work, “see the wood for the trees” in terms of future priorities, and streamline governance so that further improvements can be delivered in a timely way.

51. However, it is essential to ensure that all partnership mechanisms are geared towards achieving better outcomes that are clearly understood in terms of improved experiences for local people. This means maintaining a strong focus on hearing the voice of local people, and having a qualitative perspective to complement quantitative data. This focus
will prepare Calderdale for any future extension of the system reviews that have been completed on a pilot basis by the Care Quality Commission. Two members of the Peer Review Team are part of Councils recently subjected to these reviews, and found them helpfully rooted in the actual experience of local people, as well as the views of front line health and care staff about whether the “system” was helping or hindering them in delivering the timely, individually tailored outcomes that local people wanted.

52. There is very strong evidence that Calderdale “thinks local”, but local leaders acknowledged there is always more to do to “act personal”. Some of this is about following through on vision so that front-line staff truly have the tools and the infrastructure to put Calderdale’s values into practice with every person they support. The social workers interviewed by the Peer Review Team exemplified this. They agreed with the vision and their values were strong, but they needed just a little more support to get the practical obstacles out of the way (long, bureaucratic forms being a key example) that were hindering them turning theory into practice. This is only an example. Social workers are highlighted because they were seen by the Team. But there are likely to be similar issues with other key staff (for example CCG professionals undertaking Continuing Healthcare assessments) along with opportunities for collaborative workforce development so that “acting personal” happens consistently.

53. The three words that the Peer Review Team wants to leave Calderdale with are clarify, simplify and communicate. This report sets out the strong foundations that are in place, and the truly impressive achievements that Calderdale partners probably take for granted but would be the envy of many other areas. The report also describes “niggling uncertainties” where there needs to be a greater degree of follow-through to make consistent connections and truly ensure staff can put values into practice. And finally, at a strategic level, the Peer Review Team feels that the time is right for partners to take a breath, consider priorities, and describe the critical path that will help Calderdale build on achievements in the most simple, impactful and inclusive way, resulting in outcomes that both local people and front line staff can own and celebrate.
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