Councillors can: Understanding the role of councillors in shaping social care outcomes

A literature review conducted for School of Social Policy, Health Services Management Centre, University of Birmingham

By Dr Dave Mckenna (Dave Mckenna Solutions)

January 2021

Contents

Summary points

- This review sought to map out what is known and what is not known about the ways in which councillors can shape adult social care practice in England
- A search of academic databases revealed that there is no peer reviewed academic research that looks substantially at the role of councillors in shaping social care outcomes
- While there is no single, substantial treatment of the role of councillors in shaping social care outcomes in the practice literature there are, nevertheless, a number of references
- By drawing on the references in the practice literature, the success factors associated with successful practice, highlighted in the social care literature and the influencing strategies available to councillors, as highlighted in the local government literature, different mechanisms can be developed and inferred
- In total 26 mechanisms have been developed and inferred using the CMO (context-mechanism-outcome) formula developed by Pawson and Tilley (1997)
- As might be expected, there is little in the literature exploring the training and development needs associated with councillors and adult social care
- Subject specific knowledge, along with soft, relational skills, appear to be important for councillors in social care roles
- Given the complexity and context specific nature of the social care role, councillors are likely to need highly tailored individual support packages and menus of opportunities to choose from
- There is a research gap in terms of:
  - In depth study of councillors, in different roles, working to achieve impact in the context of different social care approaches
  - The implications of seeking to use different influencing strategies at the same time
  - The relative effectiveness of different strategies used in different settings
  - Training and development needs and how they might be met
  - The effect of context and how organisational, partnership, system changes, etc, might help councillors to be more influential
  - The implications of gender

1. Introduction

The purpose of this literature review is to map out what is known and what is not known about the ways in which councillors can shape adult social care practice in England. The work was commissioned by the School of Social Policy, Health Services Management Centre, University of Birmingham and conducted by Dr Dave Mckenna (Dave Mckenna Solutions). The work was done during January and February 2021.

The work was commissioned as a discovery exercise for potential research to support councillors in the social care roles as this seemed to be an important gap. The review was guided by the following questions:

1. What are the mechanisms through which councillors *are* influencing social care outcomes?
2. What are the mechanisms through which councillors *might* influence social care outcomes?
3. What relevant training and support do councillors currently receive?
4. What conflicting expectations might councillors have to navigate?
5. Where is further research needed to help councillors develop their role?

2. Method

To ensure conceptual consistency, and to be clear about how councillors might shape social care outcomes, this review uses the Context-Mechanism-Outcome (CMO) configuration proposed by Pawson and Tilley (1997). This realist formula is a type of logic model that specifies explanatory mechanisms, the contexts in which they are likely to be activated and the outcome patterns that may result. This formula can be stated simply as:

Mechanism + context = outcome (Pawson and Tilley, 1997, p. xv)

This formulation is helpful as it draws attention to:

a) The influence of different **contexts** in which councillors might be able to shape social care outcomes. This means specifying the different roles that councillors operate within and the social care models that councillors will be working with (see Section 3).

b) The specific **mechanisms**, that might shape outcomes. As Pawson and Tilley distinguish between two components of a mechanism, namely the resource provided and the corresponding reasoning of stakeholders (1997), so here a mechanism is understood to incorporate the activity or intervention performed by the councillors, along with the corresponding response of the leaders, managers and staff associated with a particular organisation, service or programme.

c) The **outcomes** that might be expected as a result of a given mechanism 'firing' in a specific context. Here this refers to the benefits for social care clients and their carers that might flow from the activity or intervention performed by the councillor.

In order to identify credible CMO configurations, the review proceeded as follows:

First, the review sought to capture CMO configurations present in the academic and practice literature as either hypotheses, prescriptions or observations. This was done by searching for any relevant scholarly texts or practice reports produced since 2020. The search covered:

1. Two academic databases: International Bibliography of the Social Sciences (IBSS) and the Web of Science (SSCI) (see Appendix A for technical search details).
2. Google Scholar
3. Google
4. Practice websites (See Appendix B)

The search of academic databases yielded extremely limited results with only one substantial reference (Peck et al., 2002) and one minor reference found (Gulland, 2011). The Google Scholar search also had limited results with Google providing the most relevant results, mainly practice reports. A limited number of additional materials were captured from the review of practice websites. In total 73 sources have been cited in this review including from the general literature on councillor influence and roles and from the general literature on adult social care in the UK. From these sources 26 CMO configurations have been identified or inferred. These are presented in Section 4.

In terms of limitations, while this review has sought to identify all UK references to councillor roles and adult social care, the use of literature in the broader local government and social care fields has, given the time available, been limited. References outside of the UK, which may also have been useful, have not been reviewed for the same reason.

3. Councillor roles and social care models

Mechanisms are contingent and only have the power to affect outcomes in the right circumstances. It is important, therefore, to specify which mechanisms are likely to operate in which circumstances, and to take care not to generalise further than is reasonable (Pawson and Tilley, 1997). While context can be 'an endless source of complexity' (Pawson, 2013, p. 36), taking in a range of layers from individuals to the wider social economic and cultural setting, for the sake of brevity two aspects of context are brought into focus here.

Here context is limited to (1) the role being performed by the councillor, as this shapes the interventions that they are likely able to utilise and (2) the adult social care service model that the councillor is seeking to engage with as this shapes the likely responses of practitioners. This is not to downplay the wider importance of social, economic and institutional differences. More generally, it has been noted that, given differing contexts between councils, 'freedom and discretion to make local decisions on adult social care is therefore crucial' (Local Government Association, 2018e, p. 15). Furthermore, 'what councillors do, and the roles that they might adopt' reflect the types of wards that they represent' (Thrasher et al., 2015).

Councillor roles

The literature on councillor roles is well established and discusses both formal aspects and the different ways in which roles might be interpreted in practice (for example: Ashworth et al., 2006; Local Government Information Unit, 2007; McGarvey and Stewart, 2018; Copus, 2016). For the purpose of this review, the following (more or less) formally defined roles are used:

Executive role
Cabinet members or committee chairs have formal powers that they can use to lead the development of strategies and plans, balance different needs, identify priorities and target resources (Local Government Association, 2017b). Executive members may also act as commissioners (Lucas and Carr-West, 2012; Bovaird and Loeffler, 2019). Councillors (typically, but not always, in an executive role) may also be appointed to represent the council on partnership bodies (Ashworth et al., 2006) or may work informally to promote partnership working.

As collaborative leaders councillors may operate as stewards, mediators and catalysts (Needham et al., 2020) or as 'social entrepreneurs' or more widely as community leaders, facilitating resident, community and business participation in all aspects of decision making and the shaping of services (Local Government Association, 2017b; Communities and Local Government Committee, 2012, p. 11).

Scrutiny role
Non-executive councillors may have a formal scrutiny role, through committee membership, that allows them to scrutinise council plans, policies, and decisions while providing wider democratic accountability for public services and constructive challenge of officers (Local Government Association, 2017b; 2018a). While the emphasis of the scrutiny function may vary from council to council, it will typically involve constructive "critical friend" challenge,

amplifying the voices and concerns of the public; an independent perspective and a focus on driving service improvement (Centre for Public Scrutiny, 2019).

Frontline role

The frontline or ward role of councillors involves representing local communities to the council, influencing decisions on their behalf and managing casework (Local Government Association, 2017b; Gardiner, 2006). Beyond this the frontline role involves being a community champion and advocate 'exerting influence over non-council service providers at ward and council wide level, and providing support for community development, mediation and social cohesion' (Local Government Information Unit, 2007). Furthermore, councillors may act as 'civic entrepreneurs', facilitators, brokers, catalysts or activists in their communities (Communities and Local Government Committee, 2012) or as community leaders 'enabling community groups and voluntary organisations to improve their communities' (Ashworth et al., 2006).

Regulatory role

Councillors are also required to carry out specific regulatory duties such as planning and licencing (Local Government Association, 2017b). While there is no reason for these responsibilities to be separate from adult social care, they did not feature in the review.

Adult social care models

Local authorities have a range of choices when it comes to the provision of social care and this means that there are various contexts in which councillors might be operating which in turn has implications for the effectives of different mechanisms. While noting that approaches are not uniformly applied and can be combined, for brevity, the following have been used for the review:

Traditional

Also known as 'time and task', this model, associated primarily with home care, involves a formal client-contractor split with care provided in defined packages and allocated according to an agreed pre-defined schedule and structured assessment process (For example: Bennett et al., 2020).

Personalisation

This model involves 'starting with the person as an individual with strengths, preferences and aspirations and putting them at the centre of the process of identifying their needs and making choices about how and when they are supported to live their lives' (Carr, 2010). It is a person centred approach that seeks to support to the needs and aspirations of the client, working co-productively and collaboratively to find tailored solutions (Carr, 2010, p. 3).

Assets based assessments

Sometimes called strengths-based assessments, this approach uses the assessment to consider 'all of the personal assets a person has (and their strengths) in order to contribute towards meeting their needs. This might include involving family members, neighbours and friends along with a clear understanding of what motivates the person and how helping them

might be able to assist in them recapturing former benefits from life… This approach is sometimes (but not always) linked to an approach which looks to find solutions to meeting needs from within local communities' (Bolton, 2019, p. 8).

Promoting independence

This model focuses on opportunities to maximise independence through an effective menu of short term help typically developed alongside the NHS with an emphasis on the role of occupational therapists. Promoting independence is associated with recovery, rehabilitation, recuperation and reablement interventions (Bolton, 2019).

Outcome based commissioning

In contrast to the traditional model, which is process focused, this model seeks instead to design contracts around the end result either for individuals or the system more widely. Outcome-based contracts transfer appropriate risk to providers who must 'collaborate, problem solve, and deliver efficient, integrated services' in order to achieve the agreed outcomes' (Outcome Based Commissioning Alliance, 2014).

Within these models, different settings and approaches are also relevant to context. These include domiciliary care, care homes, integrated care and coproduction.

4. CMO configurations

A number of mechanisms can be drawn from the literature and these are presented below. While few are available as complete CMO configurations, it is nevertheless possible to both develop theories from observations and prescriptions present in the literature and to present credible conjectures. This is done by linking the success factors associated with successful practice, highlighted in the social care literature with the influencing strategies available to councillors, as highlighted in the local government literature. Of the 26 CMO configurations, 14 are theories developed from the literature and 12 are conjectures.

The 26 CMO configurations are listed below. A summary table, linking the different configurations to councillor roles can be found at Appendix C.

A. Accountability

Councillors in their executive, scrutiny and frontline roles can hold service providers to account and ensure that they operate effectively for clients and carers. The democratic legitimacy of councillors allows them to hold accountable 'all those all those whose policy decisions impact on any council's local community' (Copus, 2017). The accountability mechanism, therefore, helps ensure that adult social care providers operate transparently and in the best interests of clients and carers and, councils with social care functions, can hold all commissioners and providers of publicly- funded health and social care to account for the quality of their services (Local Government Association, 2015). In the context of safeguarding adults, councillors can assure themselves 'that there are robust arrangements in place across key partners (particularly councils, the NHS and Police) to respond to concerns about abuse and neglect' (Social Services Improvement Agency, 2015).

In the context of co-productive approaches elected politicians, through facilitative leadership "…can play a crucial role in strengthening mechanisms of overview and democratic accountability over private and community-led processes and encourage substantive resource redistribution" (Bussu and Tullia Galanti, 2018, p. 335). In the context of integrated care, councillors can provide system governance and assure system accountability (Local Government Association and Social Care Institute for Excellence, 2019) and, in their scrutiny role, hold councils, commissioners and providers to account 'for the level of local ambition to improve health and integrate services' (Centre for Public Scrutiny, 2015). Scrutiny also provides transparency and accountability for commissioning (Local Government Association, 2018c).

B. Awareness raising

Councillors in executive and scrutiny roles can use their positions to highlight issues that are important for clients and carers, amongst partners and the public, that might otherwise be neglected. For example safeguarding (Local Government Association, 2019) or loneliness (Local Government Association, 2018d). Similarly, elected members can help promote volunteering and social action, to improve social care outcomes, by promoting informed debate on the subject (Volunteering Matters and Local Government Association, 2016).

C. Budget setting*

Executive and scrutiny councillors can prioritise funding for adult social care despite pressures for budget reductions. In executive roles, councillors have responsibility for setting corporate and departmental budgets while those in scrutiny roles can help to shape budgets as they are developed (Local Government Association, 2017c; Chartered Institute of Public Finance and Accountability and Centre for Public Scrutiny, 2020; Local Government Association, 2018b). As a result, councillors can prioritise adult social care in the face of significant budget reductions (ADASS, 2015). While budget setting can be a means of influencing internal commissioning processes (Lucas and Carr-West, 2012), so councillors as facilitative leaders can help secure resources, despite scarcity, for experimental approaches such as coproduction (Bussu and Tullia Galanti, 2018).

D. Change champion

In executive roles, councillors can provide political support to help implement radical changes adult social care. In Wigan, for example, the portfolio holder provided 'vocal and consistent support' for their transformation process. Furthermore:

> Political leaders worked with the council's officers to develop a positive narrative articulating why the changes would lead to better services for local people, and Cabinet members played an important role in communicating this narrative to other councillors. Frontline staff told us that having the backing of local politicians and other senior leaders gave them the confidence to hold their nerve through difficult points in the process of change. (Naylow, 2019, p. 41)

In the context of prevention, success is associated with 'distributed leadership rather than reliance on a single champion' (Tew et al., 2019). The change champion mechanism, therefore, aligns with the facilitative style of leadership as highlighted by Gains et al. (2009).

E. Clarifying outcomes*

Executive councillors in commissioning roles, can help support successful social care practice by engaging providers and frontline staff in processes to agree expected system wide outcomes. In the context of outcomes-based commissioning it is important to avoid conflicting expectations and to ensure common purpose, by agreeing a shared language around outcomes. Commissioners, providers and assessment staff 'need to be in tune to get this right' (Bolton, 2019). Wide debate, with wide stakeholder involvement, about the priorities to be embedded within outcome-based commissioning is essential (Bovaird and Loeffler, 2019). Councillors, as commissioners, can operate as facilitators in this regard 'enabling dialogue and discussion between all people and groups involved' (Local Government Association, 2018c).

F. Client advocacy

Councillors in a frontline role can improve outcomes for individual clients and carers by using their status to provide advocacy for those who find it difficult to be assertive to service providers. Furthermore, councillors 'represent a key means by which people can engage with the adult social care system' (COSLA, 2020).

In the context of Domiciliary care, for example, Lucas and Carr-West (2012) highlight that:

Councillors have a crucial role to play in connecting council processes to the outcomes they see through their case-work in the community. At present many people in receipt of care, and older people in particular, find it difficult to make their voice heard.

The client advocacy mechanism improves outcomes for individual clients and carers through mediation with council services and also with the wider system (Needham et al., 2020). Councillors can act as a 'buffer' or 'protector', helping citizens to find alternative support where needed (Needham and Mangan, 2014). Examples of client advocacy include encouraging people to make complaints (Gulland, 2011), escalating social services support (for example to have an elderly relative moved closer to a family who also received counselling and welfare advice) (COSLA, 2020), contacting officers to have a downstairs toilet or intercom installed or getting different council departments to work together (Northampton Borough Council, 2019).

G. Community catalyst*

Councillors in their frontline role can act as a catalyst in their communities to develop new projects and solutions that can in turn benefit people with social care needs. Acting as a catalyst or community entrepreneur involves 'enabling citizens to do things for themselves, having new conversations about what is now possible' as well as working with citizens and partners to develop new solutions (Needham and Mangan, 2014). Similarly councillors may act as 'orchestrators' which involves 'convening groups of people to work together, mediating between different groups, and helping to broker relationships' (Needham and Mangan, 2014). Acting as community facilitators, to support community and voluntary organisations, councillors can make a difference through 'transference of soft skills, providing support and guidance for grant applications, and encouraging local people to support activities (Ashworth et al., 2006). As Bovaird and Loeffler suggest; 'not all outcome improvements come from the provision of public services – in some cases the outcome improvement is brought about by behaviour change or public sector support for self-help and self-organising' (2019, p. 199). The success of prevention, for example, is associated with 'a genuinely co-productive' approach (Tew et al., 2019).

H. Community connecting*

Councillors can use their local knowledge in their frontline role to give clients and carers greater access to services and opportunities. Councillors can: "Ensure individuals and their carers have easy and ready access to information about local services and community assets; and that they are supported to navigate these options and to make informed decision about their care" (Local Government Association and Social Care Institute for Excellence, 2019, p. 6).

Improved outcomes associated with Assets Based Assessment in particular, are linked to frontline workers having good knowledge of resources available within communities. Hence the value of neighbourhood-connect schemes or Local Area Coordination schemes. Strong evidence from a case study in Thurrock suggests that 'a sustainable care model can be developed on the back of Local Area Coordination' (Bolton, 2019). As Bolton observes from

schemes in Somerset and Leeds: "Where these links were being made there are clearly benefits for people looking for help and support" (Bolton, 2019, p. 11). Similarly, local knowledge and awareness are a key strength of local befriending and reablement schemes (McGoldrick et al., 2017). Councillors in their frontline role are well placed to be knowledgeable about their communities and can therefore provide intelligence to frontline workers. Specifically councillors should be more involved in Local Area Coordination schemes (City and County of Swansea, 2014).

I. Community development*

Councillors in executive roles can improve outcomes by supporting community development and ensuring strong links to adult social care. These links are associated with better outcomes for Assets Based Approaches in particular (Bolton, 2019). Case study evidence suggests that a strong connection between community development and adult social care helps councils to meet social care demands (Bolton, 2019). Benefits go beyond better outcomes for clients and benefit those experiencing mental ill health and isolation as case study evidence demonstrates:

> *"There were many examples shown that demonstrated how people who became active in their own communities could reduce their own anxieties and social isolation in a very beneficial way. Many of those who were encouraged to participate in community life themselves became volunteers to help others. (Bolton, 2019, p. 12)*

In the context of personalisation, councillors in partnership roles can ensure that Joint Health and Wellbeing Strategies prioritise 'building community capacity and resilience' (Local Government Association, 2014). Furthermore, in the context of the pandemic, councils can support 'mutual aid and other support networks to flourish beyond the end of the immediate COVID-19 crisis' (Social Care Institute for Excellence, 2020).

J. Community representation*

Councillors in executive, scrutiny and frontline roles can shape outcomes for the benefit of clients and carers by ensuring their needs and wants are reflected in service planning. Elected members have a central role to play in finding out what local residents want, balancing the needs of different groups, and ensuring this affects the way services are delivered through commissioning for example (Local Government Association, 2010, p. 4; 2018c). This aligns with the advocate role of councillors which involves 'acting on behalf of all citizens' while 'being responsive to those who are vulnerable and those who struggle to make their voices heard' (Needham and Mangan, 2014, p. 8). In their scrutiny role, councillors can add value by 'comparing the view of services held by service commissioners and providers with that held by service users, people who care for them and people not currently receiving services or support' (Centre for Public Scrutiny, 2010).

K. Corporate connecting*

Executive and scrutiny councillors can bring social services together with other relevant departments to provide better aligned, and therefore more effective services. Assets based approaches, for example, benefit from a strong connection between community development and adult social care (Bolton, 2019). In the context of outcomes based

commissioning, the alignment between housing and social care is also important (Lucas and Carr-West, 2012).

L. Cultural leadership

Executive councillors can support better outcomes by promoting an organisational culture that supports a particular model of adult social care. In the context of co-production, this means ensuring 'that co-production runs through the culture of an organisation', and that this culture builds on a shared understanding, principles, benefits and outcomes supported by a communication strategy (Needham and Carr, 2013). Other examples include leading and seeking assurance that a culture supporting safeguarding is in place (Local Government Association, 2019), embedding an overarching culture and emphasis on personalisation (Local Government Association, 2014) or promoting an organisational culture that supports community engagement in service delivery (Local Government Association, 2010).

M. Direction setting*

Councillors in executive roles can set a clear direction for staff involved with social care initiatives in order to improve outcomes. As a 'facilitative leader', councillors can make a difference by 'giving direction and then mobilising the resources necessary to ensure that the vision is fulfilled' (Gains et al., 2009, p. 93).

In respect of new models of adult social care, direction setting is associated with successful practice (Bolton, 2019). In the context of coproduction, one function of leadership is 'setting the priorities of coproduction and clarifying shared goals' and 'political leadership may have a vital role in shaping a shared vision of the outcomes of the collaborative action' (Bussu and Tullia Galanti, 2018, p. 353). In the context of integration, councillors can 'agree a common purpose and a shared vision for integration, including setting clear goals and outcomes' (Local Government Association and Social Care Institute for Excellence, 2019). Similarly, in the context of commissioning, setting strategic objectives is an important role (Local Government Association, 2018c).

N. Enabling the voluntary sector

Councillors in executive roles can support and encourage voluntary and community organisations that can in turn provide people with help before and after assessments are provided by social workers. Coventry, for example, have commissioned six voluntary sector organisations who provide help outside of formal council services. The approach, associated with promoting independence, 'helps to sustain a low cost model for the delivery of adult care with overall very good outcomes for citizens' (Bolton, 2019, p. 11). In the context of integrated care, executive councillors can 'foster partnerships to develop community assets to provide easy access to a wide range of support' (Local Government Association and Social Care Institute for Excellence, 2019). At the same time, scrutiny councillors can 'can help promote volunteering and social action through scrutiny of operational plans' and executive councillors through strategic planning (Volunteering Matters and Local Government Association, 2016).

O. Evaluation

In executive and scrutiny roles councillors can ensure that services are operating as they should though evaluation. Scrutiny in particular 'can provide a platform for councillors, professionals and communities to come together around the complexities of health and wellbeing, to help evaluate the planning, delivery and reconfiguration of services. (County Councils Network, 2016, p. 36). Approaches involving coproduction benefit from continuous learning about 'what has worked and what has not worked' and regular reviews to ensure a difference is being made (Needham and Carr, 2013). Reviews and evaluations should also be co-produced (Needham and Carr, 2013).

P. Group advocacy*

Councillors in executive, scrutiny and frontline roles, can shape system wide outcomes by advocating to managers and commissioners on behalf of less powerful groups in the community and the organisations that represent them. An important function of leadership associated with successful coproduction, is to guarantee greater inclusion, particularly with regard to the weakest sectors of the population (Bussu and Tullia Galanti, 2018). This aligns with an important aspect of the frontline councillor role which is to be a community champion, working with diverse communities (Local Government Information Unit, 2007), and a 'skilled advocate' for the community with a 'high profile locally' who can engage with all parts of the community (James and Cox, 2007).

Q. Long term commitment

Councillors in executive roles can afford long term commitment and stable leadership to social care initiatives in order to promote innovation and system wide working. More generally, long term commitment and stable leadership are common success factors associated with new models of adult social care (Bolton, 2019). The role of councillors is illustrated through this experience of an older persons partnership:

> It has been the emergence and support of strong local political leadership in the County Council, and the appointment of a senior Councillor as Older Persons Champion, that have boosted the priority given to promotion of independence and well-being. This has had the effect of reinforcing the overall vision of effecting change and, more important, allowed the sort of risk taking necessary to tackle some of the barriers to whole-systems working. (Pidgeon, 2009, p. 29)

R. Market management*

Executive councillors in commissioning roles can actively shape markets through contracts and investment choices to ensure a wide range of products are available to clients and carers. There are many options given 'the great diversity of commissioning strategies being adopted' (Drake and Davies, 2007). In the context of personalisation, managing or shaping the market means the council ensuring high- quality, flexible and responsive care is available for personal budget holders and self-funders (Social Care Institute for Excellence, 2009; Local Government Association, 2014). Market management, however, should be about increasing the range of care products available, rather than simply increasing the volume of providers in the market. (Lucas and Carr-West, 2012).

When setting contracts councillors can influence the balance between quality and costs and promote certainty for providers by addressing trends towards shorter commissioning periods and framework contracts involve greater risks that may deter smaller providers and therefore dimmish competition (Lucas and Carr-West, 2012). In addition adaptability and resilience can be built into contracts to take account of unforeseen contingencies and the complexity of care provision (Bovaird and Loeffler, 2019; Davies et al., 2020b).

As commissioners, councillors can also 'ensure the right balance of investment between different services – aggregated and disaggregated investments – as well as the appropriate balance between cost, quality and value for money to meet local needs (Social Care Institute for Excellence, 2009). They can also focus on strategic investment (rather than service commissioning), look to address gaps in the market as 'strategic bridge builders and sustain and stimulate and protect local 'micro-markets' that provide innovative 'micro care and support (Carr, 2010). Contracts should be drawn up in a way that helps councillors shape service delivery and have regular contact with frontline staff (Communities and Local Government Committee, 2012, pp. 13-14).

S.   Menu building*
Councillors in executive roles can ensure that a range of services are available through direct provision, collaboration and commissioning. This ensures that there is a range of services, short term and long term, available to help clients and carers with different needs. In the context of promoting independence, success is linked to the availability of occupational therapists and services associated with reablement, recuperation, rehabilitation, progression and recovery. One of the keys, therefore, is to ensure there is a good "menu" of short term help available for people when they need help but also for those with longer term conditions (Bolton, 2019). Integrated commissioning can also 'enable ready access to joined-up health and social care resources and transform care' (Local Government Association and Social Care Institute for Excellence, 2019).

T.   Partnership stewarding*
In partnership roles, executive councillors in particular are able to shape outcomes by facilitating collaboration between different organisations in the social care system. While capacity building can help partnerships, such as those seeking to improve services for older people, to create new services and engagement opportunities for citizens so partnership-based area and neighbourhood arrangements provide a route to influence for some councillors (Local Government Information Unit, 2007). This aligns with the stewardship role for councillors that 'focuses on making collaboration happen and setting the ground roles' (Needham et al., 2020). More widely, in the context of Integrated care, councillors can 'foster a collaborative culture across health, social care and wider partners' and 'maintain cross-sector agreement about the resources available for delivering the model of care (Local Government Association and Social Care Institute for Excellence, 2019). Furthermore, in the context of successful prevention initiatives, external organisations and networks are able to provide expertise, capacity and challenge for local councils (Tew et al., 2019).

A study of one Joint Commissioning Board suggests that partnerships in health and social care contribute to better outcomes by providing a symbol of partnership working for the wider

system, sustaining the commitment of key players and by bringing elements of elements of openness and public accountability (Peck et al., 2002).

Health and Wellbeing Boards (HWB) play an important role in cross-system coordination and are seen by councillors as a means to influence council decision making as well as a means of forging better relationships between different system actors (Coleman et al., 2016). As these partnerships have no formal powers relationship building is key to successful influence (Coleman et al., 2016; Coleman and Glendinning, 2015). Furthermore, being linked structurally to the council as well as chairing by a senior councillor was 'seen to give the HWB the opportunity to progress on the whole redesign of the system, taking the public with them as they do' (Coleman et al., 2016, p. 6). Political leadership, through HWBs, can also help ensure a strong local government voice in an integrated care system (Humphries, 2019).

U. Performance management

Councillors in executive and scrutiny roles can manage performance to enable their councils to perform well in adult social care and to manage any risk (Local Government Association, 2017d). At the same time, scrutiny councillors have a complementary performance monitoring role through wish they can raise concerns and propose improvements (Centre for Public Scrutiny, 2019).

V. Provider nurturing

As commissioners, executive councillors can seek to work collaboratively with outsourced providers, such as care home providers, to improve outcomes for clients and carers. In contrast to traditional client – contractor roles, open contracts along with a 'relational approach nurturing the intrinsic motivation of providers, appears to be pivotal to effective commissioning in the future. This could afford opportunities to find jointly agreed solutions to intractable challenges, such as commissioning for outcomes and recruiting care workers' (Davies et al., 2020a, p. 11). Trusting relationships can be built though partnership working and discussions. Where trust is achieved 'providers can help with reviews and in particular when people are ready to end or reduce their services' (Bolton, 2019). Such open relationships can also help with workforce management (Improvement and Development Agency, 2008).

W. Public engagement

Councillors in executive and scrutiny roles can facilitate public engagement in the development and delivery of adult social care services to ensure user needs are responded to. For example, 'lead members are 'best placed to advise on early and effective public engagement to support development and implementation of STPs [Sustainability and Transformation Partnerships]' (Local Government Association, 2017e) and can use their influence to ensure that those needing safeguarding services are involved 'at both practice and strategic level' (Local Government Association, 2019). In the context of personalisation, councillors can help ensure that communities and individuals are involved as co-producers in service development and delivery (Local Government Association, 2014) when it is important to ensure that everyone who will be involved should be involved from the start (Needham and Carr, 2013). In the context of assets based assessments there is a challenge to ensure that informal (family) carers can be better heard and supported (Bolton, 2019).

The public engagement mechanism is illustrated by the example of an older person partnership where 'the high level of engagement of older people and their representative bodies is itself a key driver of a whole-systems dynamic in enabling challenge and re-shaping of thinking to take place' (Pidgeon, 2009, p. 27). According to Ashworth et al (2006, p. vii) councillors more generally 'could be more pro-active and play a much greater role in empowering and equipping local people to take a greater role in designing and monitoring services'.

X. Research

Councillors in executive and scrutiny roles can improve outcomes by commissioning and undertaking research to improve the understanding of the experiences of clients and carers and the effectiveness of services. One example is provided by the London Borough of Bexley who commissioned a study to capture the perspectives of people receiving domiciliary care. (Palmer et al., 2015). In their scrutiny role, councillors can conduct inquiry days on topics such as integration, to improve the evidence base for decisions (Centre for Public Scrutiny, 2015).

Y. Staff support

Councillors in executive and scrutiny roles can provide support and protection for staff to improve outcomes for clients and carers. This matters because 'a skilled and knowledgeable workforce will be pivotal in making sure that people who need care and support in our communities can access services that will support them to live full lives in the way they want' (National Institute for Health and Care Excellence, 2019, p. 18). Furthermore, staff ownership is associated with success in newer adult social care models (Bolton, 2019) and frontline staff working with co-productive approaches need to be given 'time, resources and flexibility' (Needham and Carr, 2013). Supporting higher pay and better conditions for frontline staff can also help improve social care outcomes (Social Care Institute for Excellence, 2020). As commissioners, councillors can pay by outcomes rather than time-slots to allow providers the incentive and ability to invest in frontline staff (Lucas and Carr-West, 2012, p. 48). At the system level, councillors can lead workforce planning to support delivery of integrated care (Local Government Association and Social Care Institute for Excellence, 2019).

Z. Supporting innovation

Councillors in executive roles can encourage innovation that in turn helps to improve the quality of services. In domiciliary care, innovative commissioning, for example, has the potential to improve service quality for users (Bennett et al., 2020). Co-production benefits from risk aware, rather than risk averse, organisational cultures (Needham and Carr, 2013).
In the context of personalisation initiatives led by local authorities, strong leadership and support were key to the success of innovation associated with successful practice (Brookes et al., 2015). This aligns with Bolton's (2019) observation that staff freedom to innovate is a common feature of successful practice associated with new models of social care.

In the context of outcomes based commissioning, 'providers can be more successfully incentivised to deliver outcomes if the authority is willing to let go of their close control of support planning and to be clear that their role is to be focused on assessment and quality assurance', furthermore, 'giving them the space to innovate is likely to expand the range of products available in the market more broadly, offering care users in both the funded and

self-funded categories a better choice of quality services' (Lucas and Carr-West, 2012, pp. 47-48).

Bussu and Tullia Gallanti identify encouraging and supporting innovative practices as leadership function associated with successful co-production. They argue:

> *The role of politicians as sponsors (which entails acting not only as policy entrepreneurs but as actual 'guides' in the policy process) can encourage innovation by stimulating connectivity between staff and other stakeholders (beyond traditional partnerships on an institution-to-institution basis); by protecting the collaborative space from political and financial pressure, as in the cases of the Neighbourhood Community Budgets; and by taking responsibility for risks in order to shield frontline staff from fear of failure and manage their resistance to change. (Bussu and Tullia Galanti, 2018, pp. 357-8)*

Councillors themselves may also see innovation as part of their own role in the context of retaining services by delivering them in different ways or through different organisations, for example (Needham et al., 2020).

5. Observations

This review has provided a diverse and extensive number of credible mechanisms that councillors in adult social care can potentially choose from. While 26 configurations are presented here, the list is unlikely to be exhaustive. Furthermore, these CMOs, while offering credibility, are nevertheless theories that would benefit from further testing. There are a number of tentative observations that can be highlighted.

First, in working through the literature, it is evident that, while just over half of the presented CMOs are developed from an observations or prescriptions, none are developed in depth. The reviewed practice literature, in other words, lacks any detailed treatments of the mechanisms through which councillors might shape social care outcomes.

Second, the good practice reports covering adult social care, reviewed for this report, barely mention councillors (e.g. Bolton, 2019) or don't mention them at all (e.g. Local Government Association and Social Care Institute for Excellence, 2019).

Third, the literature lacks any exploration of how councillors might apply more than one mechanism at the same time, nor is there a detailed single treatment of these issues by role. There is no 'guide to adult social care for executive councillors', for example, or research looking at adult social care solely from this perspective. While councillors might seek to specialise, it is more likely, given the pressures of the role, that a bundle of measures might be required. Are market shaping and community catalyst mechanisms complementary or in tension, for example? Does it add value to combine different mechanisms or should different mechanisms be kept distinct?

Third, as mechanisms are not considered as bundles the tensions between different interventions are not evident in the reviewed literature. A number of tensions between councillor roles have been extensively explored, however, and these might be mapped on to future research in this area. Tensions in this regard include executive and ward roles, party and community and party and scrutiny, for example (Copus, 2016; 2004). Tensions in adult social care settings also need to be navigated for example; tensions in commissioning between tight prescription and collaboration (Davies et al., 2020b), tensions in partnership working brought on by the consequences of funding cuts (Coleman and Glendinning, 2015, p. 59) and tensions in outcome based-commissioning between the need to experiment and risk averse political and organisational settings (Bovaird and Loeffler, 2019).

Fourth, the relative effectiveness / impacts of different mechanisms are not explored. One question that councillors might reasonably ask is: "If I have a choice of mechanisms and only limited time and resources, which should I choose to have the greatest impact?"

Fifth, the CMOs presented here are possibilities only. Mechanisms may fail to be effective due to a range of contextual factors not covered. Councillors' power generally is limited through a number of factors including the modernisation changes of the Local Government Act 2000, austerity and partnership working (Raine, 2013). There are also barriers in respect of partnership working due to geography and cultural resistance (Local Government Association, 2017a; 2018e; Coleman and Glendinning, 2015).

Sixth, given that women are more likely to hold portfolios or chair scrutiny committees related to 'caring' issues for example social services or social inclusion (Bochel and Bochel, 2008), the gender dimension of the councillor role is unexplored and might warrant further research.

6. Training

As the treatment of mechanisms in the literature is limited, so it follows that there is little in the literature about the training and development needs of councillors looking to influence adult social care outcomes. In many ways the training and development requirements for councillors involved in adult social care may be similar to the those required for the role as a whole. The Local Government Association (2013), for example, identify six core skill areas for councillors; local leadership; partnership working; communication; political understanding; scrutiny and challenge; and regulating and monitoring. All of which have relevance for adult social care. However, some specific points may be made.

First, councillors need the right knowledge to navigate what are often complex processes in the adult social care arena. In the context of commissioning for domiciliary care, for example, Lucas and Carr-West highlight the importance of councillors understanding often complex processes if they are to have an impact: "Responses to our survey revealed a significant level of confusion among some councillors with scrutiny responsibilities. Offering the right training and support will be important in ensuring elected members can take a more prominent role in this agenda" (Lucas and Carr-West, 2012, p. 44). Similarly, the effective exercise of scrutiny powers 'will depend on whether local councillors have the information and expertise to ask the right questions (Dixon, 2011).

Second, given the emphasis on collaboration with partners and the community, councillors will need the appropriate interpersonal 'soft skills' alongside technical skills and subject knowledge. In the context of co-productive practice 'relational dynamics rather than organisational structures appear as the key variable of leadership' (Bussu and Tullia Galanti, 2018). It can also be a problem if policy makers lack community engagement skills (Bussu and Tullia Galanti, 2018). In the context of commissioning, 'outsourcing needs great collaborative skills' (Bovaird and Loeffler, 2019). The importance of these skills for councillors has grown in prominence over recent years. To influence non-council stakeholders, councillors must engage in 'diplomatic activity' and use informal meetings to exercise influence (Copus, 2016). Being community champions requires councillors to have 'improved individual influencing skills' (Local Government Information Unit, 2007). More generally, relational skills, including connective, digital and reflective skills, are seen as essential for effective 21st Century Councillor roles (Needham and Mangan, 2014). As Needham and Mangan also note (2020, p. 5), the Covid crisis has led to a 'huge improvement of members online skills'.

Training and development for councillors generally, however, 'tends to be generic and focused on 'hard' technical skills, not the 'soft' skills widely seen as essential' (Ashworth et al., 2006; also see Needham and Mangan, 2014). While there is an over reliance on knowledge based training (Ashworth et al., 2006), traditional training seminars may attract poor attendance (Gardiner, 2006).

Instead, members may prefer opportunities that are flexible and able to 'fit around their wide variety of commitments and roles' for example videos, webcasts, distance-based learning or mentoring (Gardiner, 2006). 'Learning on the job' is also widely seen as the best development tool (Ashworth et al., 2006). As James and Cox (2007, p. 28) report from their research: "The most fundamental problem identified was that councillors are so busy trying to fit in their

councillor role with wider commitments they do not have sufficient time for training, not least when the quality of training is so variable". Also important, therefore, may be 'individual reviews of training and development needs, and the provision of individual personal development plans for councillors' (Local Government Information Unit, 2007).

Peer learning may also be an important development opportunity. As Wilks-Heeg argues:

> *There is a great variation in the level of awareness of local councillors about the powers available to them, and their willingness to use them. Just as significantly, however, there is perhaps even greater variation in the extent to which local councillors are able to identify and make use of more informal forms of power and influence open to them. Encouraging local councillors to recognise and share experience of these more informal mechanisms is arguably as important as training sessions explaining, for instance, the details of the overview and scrutiny function. (Local Government Information Unit, 2007, p. 22)*

While attendance at internal training is often poor, attendance at external training may well be favoured for the opportunity to network with other members (Ashworth et al., 2006).

The range and diversity of potential ways that councillors have to influence social care outcomes, alongside the preferences of councillors themselves, suggest that training and development needs to be tailored to individual need and reflect a 'menu' of opportunities of the type suggested by James and Cox (2007). Training and development, like some new social care models needs, perhaps, to be person centred and outcome based.

In the context of commissioning, the Institute of Public Care (2017) highlight the need to tailor skills development and capacity building according to different roles and the level of engagement including formal and informal activities. Leadership, management, production and partnership are identified as gaps or weaknesses in commissioning skills. This also 'confirms the need for a menu of skills development opportunities tailored to meet specific local, regional or national needs' (Institute of Public Care, 2017).

7. Conclusion

The aim of this review was to map out what is known and what is not known about the ways in which councillors can shape adult social care practice in England. To provide a consistent framework, and given the limited literature dealing specifically with this topic, CMO configurations have been used to develop and infer theories about how councillors can shape outcomes. In total 26 credible CMO configurations have been presented demonstrating both the range of options open to councillors and the likely complexity of their task. While credible, these configurations are tentative and could usefully be tested further.

More generally, in terms of future research, there is clearly a gap when it comes to:

- In depth study of councillors, in different roles, working to achieve impact in the context of different social care approaches
- The implications of seeking to use different influencing strategies at the same time
- The relative effectiveness of different strategies used in different settings
- Training and development needs and how they might be met
- The effect of context and how organisational, partnership, system changes, etc, might help councillors to be more influential
- The implications of gender

References

ADASS (2015) 'ADASS calls on government to `protect essential care and support services to our most vulnerable citizens''. Available at: https://www.adass.org.uk/budget-survey-2015-press-release.

Ashworth, R. E., Copus, C., Downe, J. D., Martin, S. J., & Williams, P. (2006). Review of the role and functions of elected members: literature review.

Bennett, L., Park, M., & Martin, S. (2020). Alternative models of domiciliary care.

Bochel, C., & Bochel, H. (2008). Women 'leaders' in local government in the UK. *Parliamentary Affairs*, 61(3), 426-441.

Bolton, J. (2019) 'New Developments in Adult Social Care'. Institute of Public Care, Oxford Brookes University.

Bovaird, T., & Loeffler, E. (2019). Outcome-based commissioning: four pathways to achieving public value. *Collaboration in Public Service Delivery*: Edward Elgar Publishing.

Brookes, N., Callaghan, L., Netten, A., & Fox, D. (2015). Personalisation and innovation in a cold financial climate. *British Journal of Social Work*, 45(1), 86-103.

Bussu, S., & Tullia Galanti, M. (2018). Facilitating coproduction: the role of leadership in coproduction initiatives in the UK. *Policy and Society*, 37(3), 347-367.

Carr, S. (2010). Personalisation: a rough guide (revised edition). *London: Social Care Institute for Excellence*.

Centre for Public Scrutiny (2010) 'Scrutinising the Transformation of Adult Social Care: Practice Guide'.

Centre for Public Scrutiny (2015) 'Piecing it together: Effective scrutiny of health and social care integration'.

Centre for Public Scrutiny (2019) 'The Good Scrutiny Guide'.

Chartered Institute of Public Finance and Accountability, & Centre for Public Scrutiny (2020) 'Financial scrutiny practice guide'.

City and County of Swansea (2014) 'Building an Independence Service: Report of the Social Care at Home Scrutiny Inquiry Panel'.

Coleman, A., Dhesi, S., & Peckham, S. (2016). Health and Wellbeing Boards: the new system stewards. *Dismantling the NHS*, 279-300.

Coleman, A., & Glendinning, C. (2015). Going round in circles? Joint working between primary health and social care. *Journal of Integrated Care*.

Communities and Local Government Committee (2012) 'Councillors on the Frontline'. House of Commons: Sixth Report of Session.

Copus, C. (2004). Party Politics and Local Government. Manchester: Manchester University Press.

Copus, C. (2016). In defence of councillors. Manchester University Press.

Copus, C. (2017). Could local government govern? Rethinking the role of councillors. *British Politics and Policy at LSE*.

COSLA (2020) 'COSLA Submission to the Independent Review of Adult Social Care'.

County Councils Network (2016) 'Delivering Adult Social Care in Challenging Times'.

Davies, K., Dalgarno, E., Angel, C., Davies, S., Hughes, J., Chester, H., et al. (2020a). Home-care providers as collaborators in commissioning arrangements for older people. *Health & Social Care in the Community*.

Davies, K., Dalgarno, E., Davies, S., Roberts, A., Hughes, J., Chester, H., et al. (2020b). The challenges of commissioning home care for older people in England: commissioners' perspectives. *Ageing and Society*.

Dixon, A. 2021 (2011) 'Paradoxes in the debate about the Health and Social Care Bill'. King's Fund 3.2.21. Available at: https://www.kingsfund.org.uk/blog/2011/01/debate-about-health-and-social-care-bill-commissioning-competition.

Drake, P. R., & Davies, B. M. (2007). Approaches to commissioning home care from the independent sector: A survey and taxonomy with particular reference to Wales. *International Journal of Public Sector Management*.

Gains, F., Greasley, S., John, P., & Stoker, G. (2009). The impact of political leadership on organisational performance: Evidence from English urban government. *Local government studies*, 35(1), 75-94.

Gardiner, T. (2006). Frontline councillors and decision making. *York: Joseph Rowntree Foundation*.

Gulland, J. (2011). Taking complaints seriously: the role of informality in complaints about public services. *Social Policy and Society*, 10(4), 483-493.

Humphries, R. (2019). Health and wellbeing boards and integrated care systems. *The King's Fund, November*.

Improvement and Development Agency (2008) 'Lessons from outsourcing adult social care: the workforce issues'.

Institute of Public Care (2017) 'National Assessment of Health and Social Care Commissioning Skills and Capacity in Wales (Older People Services)'.

James, S., & Cox, E. (2007). Ward Councillors and community leadership. *Young Foundation*.

Local Government Association (2010) 'Integrating community engagement and service delivery – pointers to good practice'.

Local Government Association (2013) 'The Political Skills Framework: A councillor's toolkit'.

Local Government Association (2014) 'Personalisation'.

Local Government Association (2015) 'Must know, Adult Social Care: Scrutiny'.

Local Government Association (2017a) 'Councillor's Perceptions of Sustainability and Transformation Partnerships'.

Local Government Association (2017b) 'A councillor's workbook on being an effective ward councillor'.

Local Government Association (2017c) 'A councillor's workbook on scrutiny of finance,'.

Local Government Association (2017d) 'Performance: How do you know your council is performing well in adult social care?'.

Local Government Association (2017e) 'Sustainability and transformation plans (STPs): How do you know if STPs are making a positive impact?'.

Local Government Association (2018a) 'A councillor's workbook on effective councillor/ officer relationships'.

Local Government Association (2018b) 'A councillor's workbook on local government finance'.

Local Government Association (2018c) 'A councillor's workbook on the commissioning of services'.

Local Government Association (2018d) 'Loneliness: How do you know your council is actively tackling loneliness?'.

Local Government Association (2018e) 'A sustainable adult social care and support system for the long term'.

Local Government Association (2019) 'Safeguarding adults: How do you know your council is being effective in keeping people safe?'.

Local Government Association, & Social Care Institute for Excellence (2019) 'Achieving Integrated Care: 15 best practice actions'.

Local Government Information Unit (2007) 'The role of councillors: Report of an inquiry'.

Lucas, L., & Carr-West, J. (2012). Outcomes Matter: effective commissioning in domiciliary care. *London: Local Government Information Unit and Gloucester: Mears Group, 49pp*.

McGarvey, N., & Stewart, F. (2018). The role of the councillor. *The Routledge Handbook of International Local Government* (pp. 54-69). Routledge.

McGoldrick, C., Barrett, G. A., & Cook, I. (2017). Befriending and Re-ablement Service: a better alternative in an age of austerity. *International journal of sociology and social policy*.

National Institute for Health and Care Excellence (2019) 'NICE impact: Adult social care'.

Naylow, C. (2019). A citizen-led approach to health and social care: Lessons from the Wigan Deal. King's Fund.

Needham, C., & Carr, S. (2013) 'Coproduction in Social Care: What It Is and How To Do It'. Social Care Institute for Excellence, London.

Needham, C., & Mangan, C. (2014) 'The 21st Century Public Servant'. University of Birmingham.

Needham, C., & Mangan, C. (2020) 'Keeping The Window Open: The 21st Century Public Servant & COVID-19'. University of Birmingham,
North West Employers,.

Needham, C., Mangan, C., Bottom, K., & Parker, S. (2020). Elected Officials in an Era of Austerity: Stewards, Mediators, and Catalysts. *The Palgrave Handbook of the Public Servant*, 1-19.

Northampton Borough Council (2019) 'Report of the Scrutiny panel - Adult social care'.

Outcome Based Commissioning Alliance (2014) 'Commissioning for outcomes: Driving the delivery of value based care'.

Palmer, D., Williams, L., Hatzidimitriadou, E., Hossain, R., Ball, C., Bexley, H., et al. (2015). Care for me at home. *A qualitative exploration of experiences of people receiving domiciliary (home) care in the london borough of bexley.[online] Retrieved from* http://www. *healt hwatc hbexl ey. co. uk/sites/defau lt/files/care_for_me_at_ home_full_report. pdf [Accessed 24 October 2018]*.

Pawson, R. (2013). The science of evaluation: a realist manifesto. sage.

Pawson, R., & Tilley, N. (1997). Realistic Evaluation. London: Sage.

Peck, E., Gulliver, P., & Towell, D. (2002). Governance of partnership between health and social services: the experience in Somerset. *Health & social care in the community*, 10(5), 331-338.

Pidgeon, J. (2009). Whole System Working in the Promotion of Independence and Well-Being for Older People. *Journal of Integrated Care*, 17(3), 26.

Raine, J. (2013). Elected Councillors: How much influence and power are they able to exercise? INLOGOV. https://inlogov.com/2013/05/03/councillors-influence/. Accessed 19/1/2021.

Social Care Institute for Excellence (2009) 'Personalisation briefing: Implications for commissioners'.

Social Care Institute for Excellence (2020) 'Beyond COVID: New thinking on the future of adult social care'.

Social Services Improvement Agency (2015) ' Safeguarding Adults: Councillors Workbook'.

Tew, J., Duggal, S., Carr, S., Ercolani, M., Glasby, J., Kinghorn, P., et al. (2019) 'Implementing the Care Act (2014): Building Social Resources to Prevent, Reduce or Delay Needs for Care and Support in Adult Social Care in England'. University of Birmingham/NIHR, Birmingham.

Thrasher, M., Borisyuk, G., Shears, M., & Rallings, C. (2015). Councillors in Context: The Impact of Place upon Elected Representatives. *Local Government Studies*, 41(5), 713-734.

Volunteering Matters, & Local Government Association (2016) 'Volunteering & Social Action and the Care Act '.

Appendix A: Technical search details

The academic literature was searched using two academic databases: The International Bibliography of the Social Sciences (IBSS) and the Web of Science (SSCI) in order to:

a) Search for items since 2000 referring to adult social care in abstracts AND keywords that also featured reference to councillors anywhere in the full content (IBSS).
b) Search for items since 2000 referring to councillors in the abstract AND keywords that also featured reference to adult social care in the content (IBSS).
c) Search for items since 2000 referring to adult social care and councillors in topics (SSCI)
d) Review abstracts (and full texts where available) to ensure relevance to England / UK and to check for hypothesised, observed or prescribed CMO configurations.

The results of the first IBSS search were as follows:

- ("Social care" OR "social services" OR "promoting independence" OR "outcome* based commissioning" OR "strengths based assessment" OR "asset based assessment" OR "personali*ation") [anywhere but full text][after 1/1/2000] (15,051)
- AND ("councillor*" OR "elected" OR "executive member*" OR "scrutiny committee*" OR "scrutiny panel*") [Anywhere] (422)
- Filtered for UK/England (39)
- Filtered for CMO reference (1 (minor reference))

The results of the second IBSS search were as follows:

- ("councillor*" OR "elected" OR "executive member*" OR "scrutiny committee*" OR "scrutiny panel*") [anywhere but full text] [after 1/1/2000] (9,039)
- AND ("Social care" OR "social services" OR "promoting independence" OR "outcome* based commissioning" OR "strengths based assessment" OR "asset based assessment" OR "personali*ation") [Anywhere] (17)
- Filtered for UK/England (1)
- Filtered for CMO reference (0)

The results of the SSCI topic search were as follows:

- ("Social care" OR "social services" OR "promoting independence" OR "outcome* based commissioning" OR "strengths based assessment" OR "asset based assessments") [2000-2021] 17,024
- ("councillor*" OR "elected" OR "executive member*" OR "scrutiny committee*" OR "scrutiny panel*") [2000-2021] 13,105
- ("Social care" OR "social services" OR "promoting independence" OR "outcome* based commissioning" OR "strengths based assessment" OR "asset based assessments") [2000-2021] AND ("councillor*" OR "elected" OR "executive member*" OR "scrutiny committee*" OR "scrutiny panel*") [2000-2021] (39)
- Filtered for England / UK and CMO reference (1)

Appendix B: Practice websites

Practice websites reviewed using site search for relevant publications and blog posts.

Academi Wales	https://academiwales.gov.wales	
COSLA	https://www.cosla.gov.uk	
Directors of Adult Social Services	https://www.adass.org.uk	
Kings fund	https://www.kingsfund.org.uk	
Local Government Association	https://www.local.gov.uk	
Local Government Information Unit	https://lgiu.org	Membership paywall for most items
New Local (formally NLGN)	https://www.newlocal.org.uk	
Research in Practice	https://www.researchinpractice.org.uk	Some items covered by paywall
SASCI: Supporting Adult Social Care Innovation	https://www.lse.ac.uk/cpec/research/sasci	
Social Care Future	https://socialcarefuture.blog	
Social Care Institute for Excellence	https://www.scie.org.uk	
The Tavistock Institute	https://www.tavinstitute.org	
Welsh Local Government Association	https://www.wlga.wales	

Appendix C: Table of CMO descriptions

CMO configurations drawn or inferred from the literature (*conjectures)

	Title	Description	Executive	Scrutiny	Frontline
A.	Accountability	Councillors in their executive, scrutiny and frontline roles can hold service providers to account and ensure that they operate effectively for clients and carers.	x	x	X
B.	Awareness raising	Councillors in executive and scrutiny roles can use their positions to highlight issues that are important for clients and carers, amongst partners and the public, that might otherwise be neglected.	x	x	
C.	Budget setting*	Executive and scrutiny councillors can prioritise funding for adult social care despite pressures for budget reductions.	x	X	
D.	Change Champion	In executive roles, councillors can provide political support to help implement radical changes adult social care.	X		
E.	Clarifying outcomes*	Executive councillors in commissioning roles, can help support successful social care practice by engaging providers and frontline staff in processes to agree expected system wide outcomes.	X		
F.	Client advocacy	Councillors in a frontline role can improve outcomes for individual clients and carers by using their status to provide advocacy for those who find it difficult to be assertive to service providers.			x
G.	Community catalyst*	Councillors in their frontline role can act as a catalyst in their communities to develop new projects and solutions that can in turn benefit people with social care needs.			X
H.	Community connecting*	Councillors can use their local knowledge in their frontline role to give clients and carers greater access to services and opportunities.			x
I.	Community development*	Councillors in executive roles can improve outcomes by supporting community development and ensuring strong links to adult social care.	X		
J.	Community representation*	Councillors in executive, scrutiny and frontline roles can shape outcomes for the benefit of clients and carers by ensuring their needs and wants are reflected in service planning.	x	x	X
K.	Corporate connecting*	Executive and scrutiny councillors can bring social services together with other relevant departments to provide better aligned, and therefore more effective services.	x	X	
L.	Cultural leadership	Executive councillors can support better outcomes by promoting an organisational culture that supports a particular model of adult social care.	X		
M.	Direction setting*	Councillors in executive roles can set a clear direction for staff involved with social care initiatives in order to improve outcomes.	X		
N.	Enabling the voluntary sector	Councillors in executive roles can support and encourage voluntary and community organisations that can in turn provide people with help before and after assessments are provided by social workers.	X		
O.	Evaluation	In executive and scrutiny roles councillors can ensure that services are operating as they should though evaluation.	x	X	
P.	Group advocacy*	Councillors in executive, scrutiny and frontline roles, can shape system wide outcomes by advocating to managers and commissioners on behalf of less powerful groups in the community and the organisations that represent them.	x	x	X
Q.	Long term commitment	Councillors in executive roles can afford long term commitment and stable leadership to social care initiatives in order to promote innovation and system wide working.	X		
R.	Market management*	Executive councillors in commissioning roles can actively shape markets through contracts and investment choices to ensure a wide range of products are available to clients and carers.	X		
S.	Menu building*	Councillors in executive roles can ensure that a range of services are available through direct provision, collaboration and commissioning.	X		

T.	Partnership stewarding*	In partnership roles, executive councillors are able to shape outcomes by facilitating collaboration between different organisations in the social care system.	X		
U.	Performance management	Councillors in executive and scrutiny roles can manage performance to enable their councils to perform well in adult social care and to manage any risk.	x	X	
V.	Provider nurturing	As commissioners, executive councillors can seek to work collaboratively with outsourced providers such, as care home providers, to improve outcomes for clients and carers.	X		
W.	Public engagement	Councillors in executive and scrutiny roles can facilitate public engagement in the development and delivery of adult social care services to ensure user needs are responded to.	x	X	
X.	Research	Councillors in executive and scrutiny roles can improve outcomes by commissioning and undertaking research to improve the understanding of the experiences of clients and carers and the effectiveness of services.	x	X	
Y.	Staff support	Councillors in executive and scrutiny roles can provide support and protection for staff to improve outcomes for clients and carers.	x	x	
Z.	Supporting innovation	Councillors in executive roles can encourage innovation that in turn helps to improve the quality of services.	x		