



Transforming adult social care in Derby

SUMMARY

- 1.1 This report updates Cabinet on major changes to the way in which local authorities are required to provide adult social care and makes recommendations about how these changes are achieved in Derby
- 1.2 In line with the national transformation of adult social care, a new customer journey would be introduced to provide a focus on prevention, reablement and allocating personal budgets to people who are eligible for long term support – in order that they can self-direct the planning, organisation and delivery of their care and support.
- 1.3 The principal benefits to the local authority over time will be:
 - People will have better access to advice, information and targeted prevention that will help them to live their lives without support from the Council
 - Better use of universal services that the Council and other organisations provide and fund
 - People will be supported through reablement to be as independent as possible
 - People will have more choice and control over their care and support arrangements, leading to higher satisfaction levels
 - More people will be supported to live in the community, in a home of their own
- 1.4 Having completed the development and testing of the new way of working, it is now appropriate to begin implementation for all customers. There is a national deadline for all customers to have a personal budget by 31 March 2013, whether managed themselves as a direct payment, by someone else on their behalf, or by the Council.
- 1.5 This proposal is expected to deliver improved outcomes for customers. People will have the opportunity to design and organise their own care and support, ensuring that these are personalised to their own circumstances. Customers will be able to choose the way in which they are supported and by whom, creating scope for innovation, creativity and flexibility – including traditional services if they so wish.
- 1.6 This proposal is expected to support the delivery of efficiencies for the authority in the future, linking strongly with the corporate one Derby one Council programme.

RECOMMENDATION

- 2.1 To agree the vision for Putting People First in Derby (Appendix 2).

- 2.2 To agree to the implementation of the new personalisation customer journey and its systems, processes and procedures to deliver the vision (Appendix 3).
- 2.3 To agree a new self-directed support policy (Appendix 4), a new resource allocation policy (Appendix 5) and a new risk enablement policy (Appendix 6).
- 2.3 To acknowledge the impact that personalisation will have upon existing providers as people exercise more choice and control and endorse the approach being taken to shape the social care provider market.

REASONS FOR RECOMMENDATION

- 3.1 The last three years have seen a growing force for change in adult social care, driven by the desire to improve the quality of life for disabled and older people. This vision for social care fits squarely within the wider public policy reform agenda outlined in the 2006 Local Government White Paper 'Strong and Prosperous Communities' and supported by the 2007 Lyons Inquiry into the future of local government. It is about the role that councils can play in improving the wellbeing of local disabled and older people, and the choice and flexibility that can be extended to individuals and communities so that they can design solutions that work for them.
- 3.2 Published in December 2007, *Putting People First* was an agreement between central and local government and other key organisations about the direction for adult social care for the next 10 years and beyond. *Putting People First* set out the shared aims and values which will guide the transformation of adult social care and radically improve people's experience of local support and services. It supported partnership working between central and local government, social care professionals, providers and the regulator to achieve this, and built on the 2006 White Paper 'Our Health, Our Care, Our Say'. The transformation agenda set out in *Putting People First* enjoyed full cross party political support.
- 3.3 Published in November 2010, *Think Local, Act Personal* confirmed the Coalition Government's commitment to continue with the personalisation of adult social care. It made this concrete by issuing a new target for all people using adult social care to have a personal budget by 31 March 2013 – just eighteen months away.
- 3.4 Under the overall theme of 'personalisation' the key aspects of the required transformation are:
 - a. improved information, advice and advocacy leading to better access to universal services (such as transport, leisure and education),
 - b. a strategic shift towards prevention, early intervention and reablement to promote health, wellbeing, independence and choice,
 - c. individuals eligible for long term support having real control and choice by 'self-directing' their care and support by using a personal budget – aiming to increase people's social capital to make sure that they have opportunities to be part of a community and experience the friendships and support that can come from families, friends and neighbours.
- 3.5 Adults, Health & Housing is actively managing the implementation of personalisation through its transformation programme. The programme is being delivered through a number of workstreams, funded by the Social Care Reform grant. The programme is making whole systems change, transforming the end to end process for adult social

care services.

- 3.6 This means that the 'customer journey' in future will start with a single point of contact. Where new customers have substantial risks to their independence they will have a reablement service to help them gain or regain independence, if possible. Where, after reablement, it is established that people have eligible longer term needs, they will receive a personal budget that they can directly manage or that can be managed on their behalf by a third party (including the Council).
- 3.7 At the heart of 'personalisation' is the opportunity for customers to design, plan and organise their own care and support. They can do this themselves or with the support of others. The aim is to ensure that care and support is individualised to each person's unique circumstances. This is funded by the amount of money that the Council would reasonably expect to pay to meet each person's needs. The stories of seven of Derby City Council's customers and carers who have used a personal budget to get the support that is right for them are attached in Appendix 9.
- 3.8 Safeguarding adults at risk will be fundamental to this process. Safeguarding alerts and investigations will be integral to the 'end to end' process and support plans for people will only be agreed where the arrangements are judged to be safe.

SUPPORTING INFORMATION

- 4.1 An overall vision for the future of adult social care in Derby has been developed and is being shared widely. In summary, the vision is for citizens in Derby to live more independent lives, less dependant on traditional services and supported to remain living in their own home, wherever possible. The full vision statement, with the values and principles that underpin it and a description of what success would look like are attached at Appendix 2.
- 4.2 The existing care management process is being replaced with a new customer journey that delivers the principles of personalisation set out in paragraph 3.4, above. It includes:
- a. information, advice and advocacy before people need to contact the Council and for self funders
 - b. a single point of contact – via Derby Direct - for people who do need to access adult social care
 - c. reablement services to support people to regain their self-confidence and independence, thus reducing the need for longer term support,
 - d. people involved in their own outcome based assessments, with a provisional personal budget allocation so that they can create their own support plan,
 - e. formal agreement of the support plan so that the final amount of the personal budget can be confirmed and they can and organise their own support,
 - f. regular reviews to ensure that agreed outcomes are being met.

Appendix 3 shows the new system in graphic form.

- 4.3 This transformation is intended to deliver a number of strategic benefits for customers and carers, the Council and the wider community. These include:
- a. improving outcomes for people with social care needs;
 - b. delivering efficiency savings through an improved business process realised through deploying appropriately skilled resources, reductions in transaction costs and the use of a new resource allocation system to make more equitable, transparent and affordable funding allocations;
 - c. changing the prevailing culture by extending choice and control for individuals so that they are in charge of their support - and for many people this means being more in control of their life.
- 4.4 The overall effect of this policy shift is intended to make the Council a preventative and enabling organisation that gives residents more choice and control in order that they can live as full and active life as possible in their own home and community – and away from the ‘entitlement and dependency culture’ that expects the Council to provide ‘one size fits all’ type services. Fear of supporting disabled and older people to take reasonable risks in their daily lives can prevent them from doing the things that most people take for granted. By taking account of the benefits in terms of independence, well-being and choice, it should be possible for a person to have a support plan which enables them to manage identified risks and to live their lives in ways which best suit them.
- 4.5 People who require and are eligible for longer term support will be invited to think through and decide how they best wish to be supported. They will be offered the opportunity to manage the funds that the Council would otherwise use to pay for their support. This process is called self-directed support and is essentially a self-service model that gives people choice and control over their lives. The money made available to them is called a personal budget. The tool that the Council uses to work out how much it reasonably expects to pay for each person’s support is called a resource allocation system (RAS).
- 4.6 A new policy for administering self-directed support and personal budgets in Derby is attached at Appendix 4.
- 4.7 A new policy for operating a resource allocation system in Derby is attached at Appendix 5.
- 4.8 A new policy framework for positive decision-making in relation to the enablement of risk and in doing so, support customers to achieve their desired outcomes is attached at Appendix 6.

OTHER OPTIONS CONSIDERED

- 5.1 There is a requirement for local authorities to transform adult social care as described in a range of policy documents, with 'Think Local, Act Personal' being the most recent.
- 5.2 As part of this transformation the Department of Health requires that everyone eligible for long term social care support must receive this via a Personal Budget by 31 March 2013. Therefore, not implementing personalisation is not an option.

This report has been approved by the following officers:

Legal officer Financial officer Human Resources officer Service Director(s) Other(s)	Robin Constable Martyn Marples Liz Moore Brian Frisby, Sally Curtis & Perveez Sadiq
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For more information contact: Background papers: List of appendices:	Name 01332 255238 e-mail brian.frisby@derby.gov.uk None Appendix 1 - Implications Appendix 2 - Putting People First in Derby Appendix 3 - The New Personalisation Customer Journey (graphic) Appendix 4 - Self-Directed Support Policy Appendix 5 - Resource Allocation Systems Policy Appendix 6 – Risk Enablement Policy. Appendix 7 – Equalities Impact Assessment Summary Appendix 8 – Summary of the results of the first national personal budgets survey. Appendix 9 - Personal Budgets in Derby – Real Examples
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IMPLICATIONS

Financial and Value for Money

- 1.1 The transformation activity programme for personalisation has been funded in its entirety through a ring-fenced Social Care Reform grant. Grant received in each of the 3 financial years since 2008/09 have been set aside and currently amount to £1,946,783. In addition, the ring-fenced grant received in 2011/12 was received as part of the formula grant and therefore forms part of the base budget and amounts to £1,399,989. There is uncertainty as to the continuation of the grant in future years.
- 1.2 The predicted spend for the total grant received of £3,346,772 is anticipated to be spread over the next two financial years and the profile of forecast spend is as follows:

	2011/12	2012/13
	£000	£000
Staffing	457	457
Systems Cost Provision	166	389
Events & Communications	125	125
Learning, Development & Training	200	200
Provider Development Fund	135	315
Support Planning	87	87
Programme Support Projects	90	60
Other Programme Projects	152	152
Contingency	75	75
Total	1,487	1,860

- 1.3 Transformation of adult social care is at the core of the directorate budget strategy for 2011 to 2014.
- 1.4 For various historical reasons, Derby provides support to a very high proportion of its customers in institutional registered residential care. The personalisation agenda and the need to use resources more effectively means that this should change significantly in this financial year and beyond.
- 1.5 The prospect of reducing public finances means that the Council needs to focus some investment in preventative services. Recent national and local pilots have identified a range of services that have been demonstrated to be effective in supporting people to avoid entering the health and social care system, or to prevent them from escalating onto higher level, higher cost services. Examples include greater use of assistive technology, telecare and community equipment.
- 1.6 Personalisation will have an impact upon most if not all existing service providers – Council run, commercial and third sector organisations who currently provide a range of services. In order to deliver effective prevention services that generate cashable savings, the Council will need to refocus its expenditure from a range of

existing contracts to those that can demonstrably deliver better outcomes. As more people exercise choice and control the Council will need to reshape the market by moving away from block contracts to framework agreements and spot purchasing arrangements, and then to individual service funds.

Legal

- 2.1 The key drivers to transforming adult social care are set out in the body of the report. Guidance produced by the Association of Directors of Adult Social Services and the Department of Health in 2009 confirms that the move to self-directed support and personal budgets can be achieved with existing community care law and regulations.
- 2.2 New national Guidance on Eligibility Criteria for Adult Social Care was published in February 2010. This underpins the move to personalisation but maintains the existing four band approach to eligibility (low, moderate, substantial and critical). In line with the majority of local authorities in England, Derby provides services to people with substantial and critical needs. The new guidance reinforces the need for prevention services for people with moderate and low needs.
- 2.3 Personalisation anticipates empowering individuals to choose how their social care allocation is spent. However the Council retains its duty to assess individuals' needs and its duty to meet eligible needs. Failure to provide services when the person has eligible needs, or to offer a personal budget capable of obtaining services that meet assessed needs is unlawful and will risk legal challenge.

Personnel

- 3.1 There is a workforce development workstream that is assessing, planning and implementing the work necessary to enable the social care workforce to deliver personalised approaches to customers and their carers. The very nature of self-directed support means that the 'social care workforce' will be much broader than it is currently defined. The strategy will ensure that the social care workforce as it is 'to be' will understand the values, principles and practical application of personalisation and have the opportunity to engage in appropriate learning and development.
- 3.2 The transformation of adult social care will require a major change to the adult social care organisational structure. This will have a significant impact on some staff roles, not only in the range of responsibilities but potentially also on the number of staff directly employed by the Council to implement and deliver the personalisation customer journey. Any organisational changes will be subject to the Council's consultation and restructure principles, and any relevant employment legislation.

Equalities Impact

- 4.1 When changing services the Council must give due regard to its disability equality duty under s49A of the Disability Discrimination Act 1995. The personalisation programme is being developed in a way that ensures that the Council remains alert to the impact that this change will have on customers and carers. This shows that the impact of personalisation is being monitored appropriately and will be evaluated.

A summary of the detailed equality impact assessment is attached at Appendix 7.

- 4.2 The intention is that everyone who receives social care support whether from statutory services or by funding themselves will have choice and control over how the support is delivered, confident that services are of a high quality, are safe and promote their individual requirements for independence, wellbeing and dignity. This is in line with the fundamental human right to self determination and responds to the rising expectations of both older and younger people that, whatever their disabilities, they should lead the life of full and active citizens.
- 4.3 The approach being taken to development and implementation in Derby is to ensure that the new system achieves better outcomes for customers, meets the Council's statutory responsibilities to ensure that equality issues are addressed and promoted. In practice the approach is: design parts of the new process, consult with staff, users and carers about the proposal and then pilot the new way of working in a controlled manner. This action learning approach builds on the expertise and experience of users, carers and staff. It recognises that not all of the consequences of a change to working practices can be anticipated ahead of those changes being made. The outcome of this approach is that all parties are involved, their 'buy-in' is more likely, and systems are created that work.
- 4.4 Formal research and evaluation is being employed. The Council is working with In Control (the organisation that created the movement toward self-directed support and personal budgets), the University of Lancaster, Disability Direct, Age UK Derby and Derbyshire Advocacy to conduct research with the first people to have had a personal budget in Derby. This research is using a tool called POET (Personal budgets outcomes assessment tool) and will be part of the national personal budget survey. This will measure the views of customers, family carers and staff who were involved. It measures their views about outcomes.

A summary of the results of the first national personal budgets survey, published in June 2011, is attached at Appendix 8.

- 4.5 SDS has the potential to be advantageous for specific equality groups within the population, by offering greater choice and services to meet diverse needs in a person centred way. The formal process of equality impact assessment is underway. The full impact assessment will be undertaken by involving customers in the process, in order that members of the community inform the full assessment alongside formal research outcomes and the contributions of Council staff. It is hoped that in this way the completion of the equality impact assessment will support the cultural shift in people's mindsets and be part of the Council's communication strategy about the new approach.
- 4.6 There is anecdotal evidence that self-directed support and personal budgets significantly improve access to support for people from black and minority ethnic communities, who can be dissatisfied if provided with traditional services that are felt not to be sensitive to their cultural requirements.
- 4.7 It is anticipated that personalisation has the potential to be advantageous for people of different religions, faiths or beliefs by offering greater choice to meet diverse needs in a person centred way.

- 4.8 Information and materials will need to be produced in easy read versions, audio and alternative formats, with details about how to request information in different languages.
- 4.9 There is no evidence to suggest benefits of personalisation will be disproportionate to men, women or transgendered customers.
- 4.10 There is ample evidence that personalisation promotes equal opportunities and social inclusion for disabled people.
- 4.11 There is often concern that personal budgets may not be attractive to older people, yet In Control's national studies show that 53% of people with a personal budget are older people. Indeed, personalisation is a response to the older people's, disabled people's and mental health service users lobbies over many decades to shift more choice and control into their hands.
- 4.12 There is no reliable information about the impact on lesbian, gay and bisexual people, but it is anticipated that, like other minority groups, they are likely to be better served by a more personalised service that is focused on empowering individuals to take as much control as they choose over their care and support.

Health and Safety

- 5.1 None

Environmental Sustainability

- 6.1 None

Asset Management

- 7.1 None

Risk Management

- 8.1 A risk log has been created as part of the personalisation programme. Twenty-five major risks have been identified, with counter measures. Each risk is owned by a senior manager within the directorate and is reviewed regularly by the programme board.

Corporate objectives and priorities for change

- 9.1 Personalisation will be the vehicle by which Adults, Health & Housing will directly contribute to four of the city's key outcomes:
- A thriving sustainable community
 - Good health and well-being
 - Being safe and feeling safe
 - An active cultural life

- 9.2 Personalisation will be the vehicle by which Adults, Health & Housing will, by 2014:
- Continue to protect vulnerable people from harm
 - Further support people to live independently in the community
 - Maximise choice and control through personal budgets
 - Increase the range and quality of accessible housing in the city
 - Deliver cost effective sustainable outcomes for people seeking housing and social care support