



DERBY CITY COUNCIL

ADULT SERVICES AND HEALTH COMMISSION 7 December 2009

Report of the Corporate Director of Corporate and Adult Services

Putting People First – Update on the Transforming Social Care Programme

SUMMARY

- 1.1 Putting People First is a major national change programme which affects all aspects of adult social care services. We are progressing relatively slowly, but expect to achieve national progress/ performance milestones.
- 1.2 We have elected to develop one Resource Allocation System (RAS) which is applicable for any individual who is eligible for adult social care support. This promotes an equitable approach across age groups. There are however challenges in so doing, particularly developing the market so that the support required is affordable for younger adults in particular.
- 1.3 The Transforming Social Care Grant is time limited funding, ending in March 2011. The system developed will need to be sustainable without additional funding after this time. Work is on going to identify more efficient ways of service delivery , and also exploring patterns of investment with PCT colleagues which may lead to more efficient use of resources in the medium term

RECOMMENDATIONS

- 2.1 Commission note the progress made and endorse the approach to date
- 2.2 Further progress to be reported in April 2010

REASON FOR RECOMMENDATIONS

- 3.1 Whilst we have only recently begun to allocate personal budgets we are working to ensure that the approach adopted is sustainable and affordable in the medium term , once the transitional funding has ended
- 3.2 This is a whole system change programme. Whilst it will be substantially advanced by March 2011, it will continue to develop beyond this date. Implementation will need to progress rapidly early in 2010 in order to meet the October 2010 and March 2011 milestones.



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COUNCIL CABINET [DATE]

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SUPPORTING INFORMATION

4. The Personalisation programme and expectations are outlined in the Local Authority circular attached as Appendix 2.
5. We currently have 4 project work streams as follows
 1. Assessment and Support Planning
 2. Development and implementation of the RAS
 3. Provider and social care market development , changes to commissioning
 4. Development of prevention and early intervention services (a joint agenda with NHS derby City)

For the purposes of this report project streams 1 and 2 will be covered together.

6. **Progress so far**

6.1 Assessment, Support Planning and the introduction of personal budgets (project work streams 1 and 2)

a) RAS

Following planning work from April – October 2009 a RAS has been approved for Phase 1 implementation. This means that it is now being applied to new people entering the service, and to some existing service users at the point of review.

The RAS was developed by assigning points to all the domains within an assessment. A paper exercise involving 200 cases was conducted to establish the average number of points likely to be allocated to an individual; this was then factored up to match the total number of people currently using services. The community care budget was then divided by the total number of points giving a value to each point.

The community services budget has been top sliced by 15% to allow for protection of people whose personal budget may not allow current service levels to be maintained. This protection will be subject to review as the market develops.

The RAS is now being used in `real life` situations. We are clear that the RAS may need to change in the light of experience, either in terms of the number of points awarded to various needs or the value of each point. In this first stage of implementation people will be offered an indicative budget, and we will be carefully

monitoring impact and the comparison with previous likely costs.

The development of one RAS (rather than a different RAS for each user group) is generally considered to be the most equitable approach although undoubtedly it does bring issues of equity to the fore.

b) First Stage Implementation

Managers and staff involved are now in the early stages of implementation which went live from 1 November. This first stage of implementation involves older people and people with a physical disability who require on going support after the enablement period. The vast majority of people in this group are people new to using adult social care services. The number of new users is much lower in mental health and learning disability services; hence stage 1 implementation involves a small number of existing service users for both learning disability and mental health.

The new way of working involves use of the new assessment format, the allocation of a notional personal budget (based on the RAS) following assessment, and the opportunity for a person to develop their own support plan. The support plan may be done with the assistance of family, friends, or a trained support worker from either the local authority or a 3rd sector organisation. We believe that the quality of the support planning will be instrumental in either encouraging people to use their budget in different ways; or not. This is major cultural change which requires concerted and positive leadership, across all the organisations involved. There are potentially significant implications for adult social care assessment and care management arrangements for the future.

c) Training Arrangements

Due to the staged implementation approach initial training has involved only a small group of staff so far: five Care Managers for Older People and Physical/Sensory Disability; two for Learning Disability, and two for mental health services; together with 6 members of local third sector organisations. Local voluntary organisations were invited to submit nominations to provide help with support planning. Six have been selected, on the basis of providing a service to the widest range of people, and ability to deliver the service quickly and effectively.

The voluntary organisations taking part are :

- Disability Direct
- Derbyshire Association for the Blind
- Headway
- Derbyshire Advocacy Service
- Age Concern – Derby and Derbyshire
- 2Care Trevayler

Support planning training aimed to develop skills in supporting individuals and their families/carers to identify how they can use their Personal Budget to meet desired outcomes arising from eligible social care needs.

The training covered:

- The values behind Outcome-focused assessment, Self Directed Support, Support Planning and the transition from care plans to support plans.
- Derby City Council Principles for Support Planning and use of Personal Budgets.
- The sequence/order of activity from referral including:
 - supported assessment, enablement
 - application of resource allocation system
 - devising support plans
 - the process for 'sign off' of the support plan
- Supporting a service user in contributing to their assessment and involving informal carers appropriately.
- Explaining process and options to service users/ carers in a way that maximises choice and control.
- Helping service users to write support plans using the agreed standardised paperwork that Derby City Council has devised, including describing desired outcomes. This will allow service users to define what they expect from any services brokered by or for them.
- Understanding the importance of the support plan to the service user or broker in obtaining appropriate support.
- Helping people to access mainstream community resources

d) Documentation

Revised or new documents have been developed and agreed for the purposes of Phase 1 Implementation. They will be tested during this phase and adjusted accordingly

- Revised Person-centred Outcome –focused assessment
- Revised Duty Contact Assessment
- Revised Review
- Revised Guidance for Assessors
- Outcome-focused assessment – Guidance
- Principles and Opportunities – support planning guidance
- Support Planning pro- forma
- Support Plans Approval Process
- The Customer Journey – flow diagram
- Information for the public
- Quality Assurance Questionnaire

e) Carers' Personal Budgets

Work is currently being undertaken to introduce carers' personal budgets, scheduled to commence from January 2010. This builds on the existing Direct payments for carers.

A revised carer assessment process is being introduced, which will bring some

benefits to all carers completing an assessment. This will be a 2 stage process, initial carers assessments will be able to be undertaken by a range of different organisations and carers themselves, and will bring benefits in the form of access to the Caring with Pride scheme, the emergency contingency planning scheme, and, it is anticipated free access to Telecare for a time limited period. The assessment will contain a trigger point whereby carers who are providing regular and substantial care for whom the pressure of caring is having a more significant impact on their own life, will be passed onto a member of the adult social care team who will undertake a follow on assessment. This will, in some cases lead to the allocation of a personal budget as well as ensuring a full range of support such as Telecare and carers' breaks are in place. This should enable us to achieve considerable progress in the level of support we offer carers and fits with the prevention and early intervention arm of the personalisation agenda.

f) Personal Budgets – aids and equipment to support independence

We have recently renewed and simplified our process for the assessment for minor aids and equipment; when this is the only identified need. This is to ensure more efficient use of staff time and reduce waiting times for customers, but it also offers the opportunity to provide a personal budget as an alternative to direct provision. This commenced in November 09.

g) Information and advice services – the front door

Improved and easily accessible information and advice services available to anyone with possible needs for support are an important part of the change programme. This service should be available to anyone, whether eligible for adult social care support or not. In response to this we are working with partners to agree a model for ensuring this is the case. In addition we have reviewed our screening service to improve the quality and range of information and advice provided. This has already prompted some positive feedback from people using it. We are also in the process of appointing a customer services manager who will manage this 'front door' as well as the initial screening and assessment services, customer experience reviews, wider quality assurance and the adult social care statutory complaints process.

6.2 Provider and Social Care Market Development

Phil Bacon is now in post as the lead manager for market development. He is undertaking a review of readiness of the local provider market. He is also scoping possible models for the future of in house day support services. Once personal budgets are more widely available it is likely that some people currently using in-house services, possibly many people, will choose to use their budget for alternative forms of support. This is particularly likely if the in house service is more expensive or less flexible than alternatives. We therefore need to consider the risks and opportunities that this scenario brings.

a) Independent Home Care Providers

Face to face discussions have been held with 5 of the 7 preferred providers ranging from small local organisations to national providers. In all cases they welcome the opportunity to provide a more diverse range of services to the traditional domiciliary care services required by current care packages. Some of the providers have self-funding clients, and already provide them with a wide range of personalised support services, for example exercising at the gym, visits to the hairdressers, attendance at football matches, playing snooker, etc. Some of the

organisations maintain a register of staff hobbies and interests to enable matching with service user requirements for support activities. One organisation has negotiated reduced membership for customers and free entry for support staff at a number of leisure centres. All of these organisations view the provision of a broader range of personalised services as a benefit, especially in terms of staff recruitment and retention.

The need to 'market' their services to individual service users in the future is a new area. The larger organisations recognised the need but had done little about developing material. In general, the smaller organisations had not considered the requirement, but responded positively when discussed.

Two of the smaller, local providers have ideas about creating a more varied, innovative day support service as an alternative to the current day centres.

b) Voluntary & Community Sector

Meetings have been held with two of the larger local voluntary sector organisations to discuss their views on the opportunities offered by personalisation.

Organisations are interested in extending current services and developing new services to meet peoples' support needs. One of the organisations has launched two social enterprise companies over the last year, and is keen to market them to service users. The same organisation is also keen to provide a range of services from a recently acquired facility in Chaddesden Park. These include: green gym, silver surfers, recuperation meals etc.

Wider discussions have also taken place at the Health and Social Care Forum, and with Community Action (CA). CA's view was that although the larger organisations have recognised the opportunities, the small to medium sized organisations, in general, have not yet grasped the implications. In fact, there is a view that some of the smaller organisations see personalisation as a threat to their current membership and operation. Further work is ongoing with voluntary sector partners.

6.3 Development of Prevention & Early Intervention Services

The Transforming Adult Social Care agenda challenges local authorities and NHS partners to increase investment in prevention and early intervention services. This is based on the evidence from the POPP pilots that investment at key points in a care/support pathway reduces or removes the need for longer term support services. This is a significant area of joint work for us, to establish a shared understanding of what works to reduce demand on the system in the short, medium and long term, identify the investment required and agree resources for implementation.

East Midlands region have commissioned consultancy time to assist local authorities and PCTs in this task. Margaret McGlade has been commissioned to facilitate a joint health and adult social care exploratory workshop which is due to take place in December 09

We are likely to need to improve access to intermediate care and falls prevention services as part of this. Whilst our intermediate care service is currently in the top 10% nationally in terms of people remaining independent post hospital discharge, it is relatively small and availability therefore necessarily limited.

In addition to the above an 'enablement' approach is promoted by the Department of Health. We began implementation of our enablement service in April 2008, on a planned basis linked to the development and extension of independent sector personal care providers. This has proved successful, the enablement service is now available to most new service users, hence reducing long term demand; and equally importantly improving peoples' level of independence and hence control over their own lives. We are reviewing performance of this on a monthly basis. Further extension and maximisation of Telecare is also part of this.

As referred to earlier increased effective support for carers is another key strand of managing long term demand; as well as improving quality of life for individuals today. The Carers' Strategy and developments linked to the Carers Demonstrator Site and currently being progressed.

7. Programme Management

- 7.1 As outlined above there are many and varied strands to this work programme. We have recently appointed a programme manager as the need to co-ordinate, report on and ensure detail is addressed within this programme is considerable.
- 7.2 There is also a detailed public, user and carer involvement and engagement plan. We have undertaken a range of initial involvement and awareness raising activities; but this now needs to ratchet up a gear as we begin to make real changes.
- 7.3 Safeguarding implications of an increase in personal choice and control remain to be addressed. This is a priority for early 2010.
- 7.4 Further work is needed to develop brokerage, what it means, how it will happen, and what the implications are for the adult social care assessment and care management function. This will come to the fore once people start to identify their support plans, and will need to be developed sooner rather than later.
- 7.5 Further development work is also needed on how/if we are going to register and approve personal assistants who are not directly employed by a service user.
- 7.6 The Council is required to develop a strategic adult social care workforce plan to support the transformation of social care. This will also include operational arrangements for the use of the adult social care workforce grant. This is a major stand of work that requires considerable workforce strategic commissioning knowledge and expertise. It needs to be developed alongside the emerging understanding of the choices people are likely to make in the use of their personal budgets and hence what workforce will be needed, in which sectors, and what they will be needed to do. We are anticipating more people setting themselves up as very small businesses or self employed Personal Assistants. The question about who the adult social care workforce will be in 5 years time is an interesting, but as yet unanswered, one.
- 7.7 The Department of Health have recently produced the performance assessment framework, against which our progress will be judged. This is attached as Appendix 3.

- 7.8 The financial risk associated with this work remains considerable. Audit processes need to be agreed and detailed review of cost of new arrangements as compared to the existing arrangements undertaken on a monthly basis.

OTHER OPTIONS CONSIDERED

For more information contact:

Background papers:

Appendix 1 - Implications

IMPLICATIONS

Financial

- 1.1 The implications are considerable. The major risks are as follows
 - The RAS will not be set at an affordable level
 - More people will come forward who are eligible for support, but previously were not known to the local authority
 - The investment in prevention services to reduce medium to long term demand will not be effective, or not effective enough.
- 1.2 Detailed financial planning work is a significant part of the development programme
- 1.3 Block contracts with any providers, including the in house provider, represent financial risk for the council, as people will be able to choose whether to use that service or not.

Legal

- 2.1 There are no changes to the legislation relating to adult social care. Fair access to care eligibility remains in place, as does the legislation relating to charging

Personnel

- 3.1 There are major potential impacts on both the council adult social care workforce, and the wider sector workforce.
We are required to produce an initial workforce strategy by April 2010. it is important that this takes into account the wider implications of personalisation
- 3.2 Over time, if people exercise choice in how their budgets are used there is likely to be a reduced need for traditional day services, provided by the council.

Equalities impact

- 4.1 The RAS has been produced to address the inequalities of the current system. As part of the ongoing development an impact assessment will be carried out

Corporate priorities

- 5.1 This meets the corporate priorities of providing excellent services and value for money