ITEM 12

DERBY CITY COUNCIL

COUNCIL CABINET
20 April 2010
Report of the Corporate Director of Corporate and Adult Services

TRANSFORMING ADULT SOCIAL CARE (PERSONALISATION): PROGRESS REPORT

SUMMARY

1.1 The Transforming Adult Social Care (Personalisation) programme is now well-established. The Personalisation Board has been operational since October 2008, with four initial work streams which together comprise phase 1 of the programme. Phase 1 is due to end in March 2010. This report outlines progress to date and the suggested focus for phase 2 of the programme which will run up to October 2010. The 4 work streams currently are :

- Information , Assessment and Support Planning
- Development of Resource Allocation System (RAS)
- Market and provider development
- Development of prevention and well being services.

The current structure of the programme is included as Appendix 2. We have benefited from very strong support from Age UK, Derby and Disability Direct since the beginning of the programme.

1.2 Local authority progress in implementing the Personalisation programme is monitored nationally through the Association of Directors of Adult Services working alongside the Department of Health (DH). Councils are required to complete quarterly update reports; in future these will be available to CQC as part of their performance assessment process. The most recent quarterly return is attached as Appendix 3.

1.3 In terms of people benefiting from personal budgets, the national target is for 10% of all users of adult social care services and carers who receive services to benefit from self directed support by March 2010, and 30% by March 2011. We expect to meet this target. Further information is contained in the body of the report, in Section 3.0.

1.4 The provision of information and advice for anyone who may have a social care need is the foundation of personalisation. The aim is to support people to get the right help, advice and assistance when they need it, hence promoting independence and quality of life. Significant work has been undertaken to improve the Reception and Screening service in Adult Social Care. This has resulted in greater public satisfaction and increased efficiency. At the same time we have developed a proposal to extend the information and advice service with partners. This will increase the priority given to the provision of advice and information and also ensure that people who are signposted to other organisations are followed up

to check that the assistance required has been given. This is due to be considered by Personalisation Board in April, with a view to implementation early in 2010/11. This is also linked to the extension of 'First Contact' across the city. Further details are in the background information of the report, in Section 2.1 (i). This will significantly assist older people to get the help they need, in partnership with Age UK.

1.5 Initial work on information, assessment and support planning is complete and new arrangements have been implemented on a trial basis since November 2009. Section 2.1(i) and (ii) contains more detail about the changes and work in progress.

1.6 Enablement services which support people to regain independence are key to the personalisation change programme. Development work to implement our Derby Enablement service stemmed from the Homecare strategy in November 2007, and has been on going since April 2008. This is progressing well with most new people requiring adult social care support now able to benefit from enablement. We do however still have some capacity difficulties in this service, and are currently working to resolve these. Further information is in the body of the report in Section 2.1(iii).

1.7 The development of existing providers and potentially new providers is essential because choice is necessarily limited if the desired alternative services are not available. This is a learning curve for all existing providers. Instead of selling their services to the Council as commissioners providers are, in effect, selling their support to individual customers. Work to develop the market and support providers to change their 'offer' to customers is ongoing. This will be a longer term challenge but it is a pre-requisite of choice and control becoming a reality. Further detail is in the body of the report in section 2.1(vi).

1.8 The fourth work stream (development of prevention and well being services) is currently the least advanced. The national programme requires that we develop a well being and prevention strategy, jointly with our local PCT, which is based on the principle that financial efficiencies through investment in services which divert people away from expensive acute care should be shared across the Council and PCT (and re-invested in prevention and well being support). Work to re-model Intermediate Care is well underway; however other elements of prevention are yet to be addressed on a joint basis. Further details are in Section 2.1(vii) of the report.

1.9 Transforming Social Care also involves the implementation of national strategies in relation to carers, dementia and people with learning disabilities.

1.10 Work on developing a joint local dementia strategy is well advanced, and has been praised by the DH, regionally and nationally. The investment plan agreed through the Council budget process gives us an excellent opportunity to turn this into a reality in terms of improved services and support for people with dementia and their carers. Our approach to implementation has been recognised as an example for others to follow, and as the new services come into being we should celebrate this success.

1.11 Work on increasing carers' services as part of the prevention strategy has been successful. We have moved from a performance of supporting 8% of carers

through assessments and services in March 2008 to a current position of 21%, exceeding the LAA target of 16%.

1.12 Learning Disability Services in Derby are, in many ways, typical of those in most other local authorities. Significant progress has been made in recent years to reduce reliance on residential care, modernise day support services and transfer commissioning responsibility from the NHS to local authorities (for social care needs). The National Learning Disability Strategy 'Valuing People Now' requires significant further improvements with an increased focus on settled accommodation (secure alternatives to residential care), integrated community focused day support and supporting people into employment. We are currently updating our local strategy in line with this, jointly with NHS Derby City. This will be subject of a further cabinet report in June 2010.

1.13 Over the past two years Adult Social Care has focused on changing ways of working, changing the shape of the overall service, and improving efficiency and cost effectiveness. During the past 2 years the number of people supported in residential care homes has reduced by 20%. This is in line with national advice re the most efficient / cost effective use of resources. It is also in line with the personalisation agenda, namely to increase investment in prevention and well being and reduce demand for more expensive, less personalised options.

1.14 There remains much to be done. The challenge in changing ways of working is fundamentally a cultural one, and we still have a long way to go in developing new ways of working, leading this change coherently, and ensuring users, carers, staff and partners are all closely involved. There are likely to be considerable challenges for our own staff and this will need skilled and sensitive leadership and significant levels of HR support. There may be changes to the role of social workers and community care workers as support planning and brokerage develops. The question about how many staff we will need, and what changes to their role are needed, must be addressed. We anticipate an increase in Safeguarding Adults work as more people take control of their own support plans. Similarly there are fundamental questions about the on going future of in house directly provided services. If they are not attractive in terms of what they offer and cost then personal budget holders may not choose to use them. This brings questions of value for money and sustainability to the fore. Work is already underway to begin to understand the implications and the options in relation to directly provided services. (Enablement is not affected; this process takes place before a personal budget is allocated.)

1.15 Phase 2 implementation will therefore prioritise:

- Completing the initial sector-wide workforce strategy and designing a development programme with providers
- Implementation of the new information and advice arrangements
- Extending Personal Budgets to 20% of all users and carers by October 2010
- Increasing training and development of staff involved in support planning and brokerage (inside and outside the Council)
- Further refining the RAS to ensure it is responsive to Learning Disability and Mental Health users
- Developing proposals for the future of in house directly provided services
- Completing work on falls and Telecare with NHS Derby City
- Extending engagement and involvement of users, carers and members of the

public in the ongoing change programme.

1.16 The Personalisation programme is supported by a time-limited grant until March 2011. To date we have underspent this grant by £1.2m. It is however a wide-ranging and fundamental change programme which will not be complete by March 2011. The financial implications of introducing such a wide ranging transformation will continue after March 2011. The underspend in this ring-fenced grant to date allows for an extended transition period.

2.0 RECOMMENDATIONS

2.1 To note the progress of the Personalisation work programme in general and supports the focus of Phase 2 implementation.

2.2 To agree the establishment of a reserve of £1.2m for Transforming Social Care into the future, from April 2011 to March 2013 to allow maximum opportunity for this wide ranging change programme to be implemented, by providing extended transitional funding.

2.3 To agree the use of part of the 2010/11 Transforming Social Care Grant to accelerate progress with NHS Derby City on the prevention and well being element of the programme, specifically to focus on falls and Telecare / Telehealth.

3.0 REASON FOR RECOMMENDATIONS

3.1 The personalisation programme is led through the Personalisation Board; the focus suggested in this report builds on progress to date and reflects the priorities discussed with partners.

3.2 Given the complexity of the Transformation programme, it is realistic to extend the period of transitional financial support to ensure maximum spread of the potential changes. The creation of this reserve will give the city opportunity to implement this programme without the impediment of a lack of transitional financial support, especially post March 2011. It will also reduce financial risk to the Council during 2011 - 2013.

3.3 It is important that we develop a stronger approach to prevention and well being jointly with NHS Derby City. The funding of this one-year post will allow additional capacity to focus on this area.

SUPPORTING INFORMATION

1.1 'Personalisation' is a national Adult Social Care Transformation programme. This represents the most significant change to Adult Social Care for decades. The principles underlying the change are outlined in 'Putting People First', Dec 2007 and the requirements the Council must meet are laid out in the LA Circular Transforming Adult Social Care (March 2008 and March 2009). Alongside Transforming Social Care the following major new national strategies are also required to be implemented by local authorities and partners:

- Living Well with Dementia (the National Dementia Strategy) Feb 2009
- Carers at the heart of 21c communities (the National Carers Strategy)
- Valuing People Now (National Learning Disability Strategy).

These form part of the overall Transformation programme in line with Putting People First principles, but are additional to what is generally referred to as the Personalisation programme.

1.2 The background to the personalisation programme is:

- The current Adult Social Care system is not considered to be flexible, personal or responsive enough in many cases

- More people are living for longer, often with more complex needs and this leads to more people needing support and hence financial pressures in adult social care

- Without change there is a likely gap in support as Councils raise the eligibility bar higher in order to manage within budgets available. This leaves more people without support and is not sustainable.

- Recent years have seen particular pressure in adult social care budgets, leading Councils to reduce service levels. This financial pressure led to the publication of the green paper on the long term funding for social care services. A white paper is expected imminently before the end of March 2010. The issue of funding for adult social care has recently taken centre stage as part of the run up to the general election

- Research suggests earlier intervention before people reach higher levels of need may be more cost-effective for the health and social care system and provide better outcomes for individuals. It is suggested that Local authorities should aim to spend no more than 40% of their gross social care budgets on residential type care and instead invest in prevention , well being and support to live independently at home.

- The hypothesis is that individuals will achieve better outcomes, often at reduced cost, through taking control of their support plan and how it is delivered.

1.3 The Change programme is supported by a ring fenced Transforming Social Care grant. This was £400K in 08/09, £900k in 09/10, and £1.1m in 10/11. The grant is intended to offer transitional protection to local authorities as implementation progresses, and to fund the capacity and infrastructure required. To date we have been cautious re the use of this grant. Whilst we have incurred some additional staffing and support costs, we have deliberately kept these to a minimum, partly to design in ownership of the programme, and partly with an eye on future financial implications. In particular we are concerned about short term increased unit costs of in house services (if use declines), transitional protection for existing service users (if their new personal budgets do not allow them to fund existing services), the costs associated with changes to staff roles, information technology and training and development across the sector.

1.4 The key elements of the personalisation programme are:

- Advice, information and support planning for all (regardless of eligibility)
- Person centred support – people eligible for social care support will have the opportunity to have control over what support / services are provided, how and by whom
- Transparent funding allocated to individuals through personal budgets
- Developing the market so that there are more providers and different providers delivering services commissioned by individuals
- Increased prevention and early intervention services to achieve better outcomes for individuals and to manage demand within available resources.

The anticipated White Paper on the future funding of Adult Social Care is also relevant. A new national pilot for Individual Budgets is due to start in 2010, aimed at bringing various sources of funding together for individuals (not just social care).

2.1 Progress in Phase 1 of implementation is as follows:

(i) Information and Advice Services

An improvement programme has been implemented in the Adult Social Care Reception and Screening Service, which has resulted in improved customer experience (measured through feedback), and increased productivity through simplifying work processes. We have re-designed the process for assessing and issuing items of equipment to assist daily living. This is a high volume activity, however the situation is often straightforward and people know what they need. This process is now highly efficient, and delivered quickly to the customer. Feedback is excellent. It is important to screen requests competently, as this may be a point where people have further needs, not yet addressed, which an early intervention focus will pick up.

'First Contact' is a service (available in part of the City only), delivered through voluntary sector partners which aims to ensure that people are put in touch with the range of services that could assist them. For the future we need to ensure that anyone with social care needs receives the information and support necessary to get the help they need. We have designed a new model which would cover the whole city, in partnership with Age UK (previously Age Concern and Help the Aged.) This will significantly improve older peoples' access to information and advice.

(ii) Assessment

Personalisation requires people to be enabled to take the lead in their own assessment which should clearly outline the needs of a person from their perspective, and the outcomes that they themselves wish to achieve. We have re-designed the assessment format to assist in this, but also to capture sufficient information on which to allocate the points in a fair and consistent way. This has been amended following early experience and we continue to test it with service users and include their feedback in subsequent versions. The assessment is not a self assessment as initially envisaged in Putting People First, but is a shared process between the worker and the person themselves. At the conclusion of the assessment the information contained is entered into the RAS model, which then indicates an indicative personal budget. The person is then informed of the amount of their budget as soon as practicable following the assessment.

(iii) Enablement

Enablement is a key part of the transformation of services, and the basis for efficiency and effectiveness in the use of resources. Enablement is an extended home care support service, with input from therapists, which aims to support people back into independence, rather than simply "doing for". Since April 2008 we have introduced enablement as the first stage of the social care service pathway. This means that most people newly referred are offered an enablement period, where their goals are understood and increased support is provided to help people regain skills, confidence and independence. Telecare plays an important role. The assessment leading to a personal budget allocation is not undertaken until the end of this enablement period. There is clear evidence that the new enablement service is reducing the amount of ongoing care packages needed by individuals. No charge is made for four weeks of the enablement period.

The service is delivered directly by Council staff. We are now at a stage where the majority of new service users are benefiting from this service. However we did hope to be able offer it to everyone by April and are still working to create the necessary flexibility and capacity. The service has been developed in-house due to its strategic importance in managing demand. It does, however, require more flexibility in staff working patterns than has previously been the case, and we have been working closely with staff and unions to achieve this. We also still have some long term home care support delivered through the in house service. As the opportunity arises we are seeking to encourage people using the long term in house service to take up more personalised options or to move to independent providers. This then frees up staff to work on enablement. This will also be in individuals interests as more personal budgets are taken up, as the hourly cost of purchasing an in-house home care service is considerably higher to the personal budget holder than the cost of buying a similar service from an independent provider or personal assistant.

(iv) The RAS and Support Planning

The RAS is the means by which points (or £s) are allocated in respect of a person's eligible social care needs following an assessment. This is a new way of working and it is important that we do not undervalue or overvalue a point if we are to both maintain financial balance and enable people to achieve the support they need. This is an area of high risk for the Council.

The budget for the RAS was established by using actual spend on a range of ongoing community support services for people with eligible social care needs, totalling £25m. The budget was then top sliced by 15% to allow for double running while setting up the new system, new people entering the service who otherwise would not have done, and protection of existing levels of service if the personal budget allocated to an existing user is insufficient to fund their current services. The latter situation may arise if the services are predominantly in-house, if the market is under-developed, or if the only available service currently is over-specified (and hence more expensive) than the persons needs require. In order that the Personalisation changes can be seen positively by everyone concerned, the Personalisation Board recommended protection for existing service users which can be reviewed annually as more services become available.

The value of a point was calculated by factoring up the total points awarded to a representative test group of 200 people to build the total number of points for on going service users (approximately 2400 people). The budget was then divided by the total number of points, giving a £ value per point. This does not allow for new people who may enter the service but have not done so to date as the service on offer did not meet their needs (hence the top slicing arrangement).

This methodology and the first version RAS was agreed by the Personalisation Board and has provided the basis for allocation of personal budgets since November 2009. As work continues we are reviewing this closely to understand the impact for individuals and the implications for the overall management of the social care budget. It is a complex process and we expect the number or value of points will need to be adjusted for 2010/11. We have been comparing the resource the RAS allocates with the likely 'old style' service. It equates reasonably well for older people and physical disability, less well for people with learning disability or mental health needs. We are currently working on a Mark II RAS to address this, but overall it is more accurate than not.

(v) Support planning

Support Planning is the process by which a person decides how they would like to spend their personal budget to achieve their social care outcomes; the ensuing support plan then needs to be agreed by the local authority. This process comes after the assessment, the period of enablement, and the allocation of the indicative personal budget.

Support planning is a new way of working. Once an indicative personal budget has been allocated the person can decide for themselves how to use that budget to best meet their needs as described in the assessment, in line with a set of principles agreed by the Personalisation Board. A person may choose to use their budget to buy existing services, or use it in a different way. S/he can draw up their

own support plan, with the assistance of friends/family or with the assistance of a member of staff trained in support planning. We have trained identified members of staff and also nominated staff from voluntary sector organisations in this process. Support planning is a critical element of the new way of working. It is important for support planners not to simply fall back on established services but to be aware of, and promote, other opportunities and possibilities. It is equally important that support planners understand Value For Money and seek non cost alternatives wherever possible. The easy option of seeking a service that has to be paid for to meet every need must be avoided if this system is to be sustainable in the future. This takes time and knowledge of the local community, hence our interest in the potential contribution of local voluntary sector partners. Once developed the support plan is confirmed by the Council to ensure the spend is in line with the assessment, in line with the principles agreed, and that any adult safeguarding issues are addressed. The support plan will then be put into place, either by the person themselves, a family or friend, or the support broker. We are currently working on an audit process, as it will be important to demonstrate how personal budgets are actually used and what outcomes are achieved.

(vi) Market and Provider Development

There is a significant challenge to all councils in developing the market, understanding customer needs and exiting from block contract agreements. Block contract arrangements are no longer appropriate as individual budget holders may, in future, choose an alternative to the services currently on offer. Personalisation requires providers to be flexible, to be highly sensitive to customer's needs and wishes and to be cost effective. The difficulty for providers is in developing a clear picture of what people might want that is different from today, and this will emerge as we go forward into the programme and people are more empowered to make use of this new way of working. We have also commissioned market research which is currently being undertaken on behalf of the board through voluntary sector partner organisations.

We currently have few block contracting arrangements with the independent sector but a significant level of in house services, in effect in house block contracts as follows:

- Learning disability day services /support
- Learning disability domiciliary support
- Learning Disability respite care
- Homecare services (on going services, not including enablement)
- Older peoples day services/support

There is a clear challenge to all of these directly provided council services. The unit cost of these services will be published to personal budget holders who may view them as positive and value for money, or may not. We are currently working in all services to understand the implications for the future and to ensure that they are as competitive as possible. This is an area for further exploration as the programme goes forward. Some early research (national) suggests around 30% of people who use existing day services may choose not to in future, for example. Developing providers and challenging all providers to meet the requirements of customers is the key to choice for the future; without a thriving and flexible market the impact of personalisation is likely to be limited.

(vii) Prevention and Well Being

Prevention services operate at three levels:

1. Open access/well being type services, available to anyone as soon as a need arises (people may not meet eligibility criteria but do need a small amount of advice, assistance or intervention)

2. Services to promote and regain independence where needs are already apparent (enablement would be an example)

3. Services to specifically prevent admissions to hospital or care homes (such as intermediate care) where people have more complex needs

The national milestones require councils to agree prevention investment plans, and the use of efficiencies achieved with NHS colleagues. Whilst the principle of sharing the gains is undoubtedly a sound one, it is very optimistic in the light of our particular local challenges. In the past year we have reviewed our Intermediate Care model and strategy, led by NHS Derby City. This will lead to re-modelling and increased effectiveness of Intermediate Care. This is critical for NHS Derby City in their financial management plan, as effective services will offer more people alternatives to acute care. In addition we have agreed with NHS Derby City that, as early as possible in 2010/11, we will re model our falls services and develop a joint Telecare and Telehealth strategy, both of which are important areas of preventative services. Currently we do not have capacity in either organisation to achieve this, hence the suggestion that we utilise part of the 10/11 Transforming Social Care Grant for this purpose.

The viability of the transformed model of social care services is dependent on managing demand without raising the eligibility bar ever higher. A range of services are required to be developed or extended, in order to intervene earlier and hence reduce longer term demand. Guidance for local authorities is set out in the DH report 'Making a strategic shift towards prevention and early intervention' October 2008.

3.0 Progress in Offering Personal Budgets

The national target (NI 130) is for 30% of all users of adult social care services, and carers in receipt of assessment and services, to benefit from self directed support by March 2011. We have already achieved the March 2010 milestone of 10%. This particular measure is not, however, the most helpful in terms of whether this new policy is actually working and making meaningful change for individuals. This is because the measure is a percentage of all people who have any services from adult social care (including small, one-off services). A more helpful measure is a percentage of people who have on going community services. We have therefore set ourselves a local target to supplement the national target. This is that 30% of all people who have on going community services will have a personal budget by March 2011 (10% by March 2010). We have met both the local and national first milestone.

4.0 Progress in implementing associated national strategies

4.1 National Dementia strategy

'Living well with dementia' is the national strategy to improve services for people with dementia and their carers, published in February 2009. This contains 17 objectives for councils and health care partners to address:

1. Improving public and professional awareness and understanding.
2. Good quality early diagnosis and intervention for all.
3. Good quality information.
4. Easy access to care, support and advice following diagnosis.
5. Development of peer support and learning networks.
6. Improved quality community personal support services.
7. Implementing the Carers Strategy.
8. Improved quality of hospital care for people with dementia.
9. Improved intermediate care.
10. Increased housing and housing related services including Telecare.
11. Improved quality in care homes.
12. Improved end of life care for people with dementia.
13. An informed and effective workforce.
14. Joint commissioning strategy on a local level.
15. Improved assessment and regulation of services and systems.
16. Clearer research evidence and use of research.
17. Effective national and regional performance and implementation networks.

We have worked over the past year to raise awareness of the national strategy, and consult on how we will address key priorities within it. A local joint strategy is currently being finalised with NHS Derby City. This will be subject of a further cabinet report in June 2010. Partnership working to identify local needs around peer support has resulted in a successful bid for Derby to become a National Dementia Demonstrator Scheme, bringing £140,000 DH investment over an 18 month period to develop 'peer support' for people with dementia and their carers. This is a new partnership with the Alzheimer's Society. This project will also be supported by Derby's National Carers Demonstrator Site work, which seeks to extend breaks for carers, including carers of people with dementia.

4.2 Carers Strategy

Carers' support is a key part of the personalisation agenda. The level and effectiveness of support for carers is significant in enabling more carers to continue caring or to offer unpaid support to friends or family. The level of support the Council is able to provide to assist carers in managing their own life and health while continuing to care will be critical to managing social care resources in the future. According to population projections around 8000 people in Derby provide 20 hours or more of care per week for a relative or friend. It is highly likely that, if we do not increase support for carers, more of this 8,000 group of carers will be unable or unwilling to continue to care, and also their own health and well-being will be adversely affected. It is likely to have a significant impact on the future efficiency of the Council, as more people require more informal care from friends and family.

The National Strategy for Carers was launched in June 2008, called "Carers at the heart of 21st century families and communities: A caring system on your side. A life of your own". It sets out a series of initiatives and new commitments to help and improve the lives of carers.

Actions expected from local authorities include:

- Improved carers information and contingency planning
- Extended voluntary sector provision
- Increased training and awareness
- New flexibilities for personal budgets
- Increased breaks for carers (both the number and types of breaks).

Our local strategy was launched in 2009. We have prioritised improving services to carers over the past two years and have significantly improved the number of carers benefitting from assessment and support in their own right. This includes the addition of advice and information, and also the recent new development of personal budgets for carers. Carers support services now compare fairly well to other local authorities. This is a key plank of our future prevention and demand management strategy; further progress is still required for the benefit of individuals and of the system. Extending carers' support is included in the Local Area Agreement. Plans for 10/11 include a further increase in the number and range of carer's breaks, more carers' personal budgets and extending the use of Telecare to support carers. The carers' agenda has been well supported through the Council's budget strategy, with an additional £500k identified for this service.

We have been successful in being selected as a national demonstrator site for carers services, and have attracted considerable additional DH funding to assist us in moving carers services forward in 09/10 and 10/11.

4.3 Learning Disability

Valuing People Now is the national three year strategy for people with learning disabilities, published in January 2009. It recognises some of the progress made nationally in modernising services and opening up opportunities, but also that there remains much more to be done, particularly:

- Increased inclusion and access to community facilities and services
- Increased housing and support locally, reduced reliance on residential care
- Increased support for people with the most complex needs
- More people commissioning their own services using Personal Budgets and Direct Payments
- More people being supported in learning and to support skills to enhance working and social relationships
- More people supported into paid work
- Better health.

Supporting people with learning disabilities into paid work is a key component. There is a separate employment strategy, with new national performance targets. We are currently on the average/low side of performance in relation to people in employment.

Valuing People Now is rooted in the 'personalisation' aim of designing and delivering services and support which meet people's individual needs. Again it requires, and sits alongside, the implementation of the Carers Strategy.

This represents an enormous challenge, nationally and locally. In recent years we have made real progress in all of the above areas. However, there are still too many people living in care homes (when this is not necessary nor meeting their needs), too many people in segregated services, an aging carer population, too little choice and flexibility in day support for some people and too few people in paid employment. Valuing People Now requires local partners to develop a delivery plan to address all these issues.

In response to this we are currently refreshing our Joint Commissioning Strategy, together with NHS Derby City. We have an ongoing modernisation programme funded through the Learning Disability Development Fund. This funding is ring-fenced and time limited; it is not clear if it will become mainstream. It is currently scheduled to finish in March 2011. We do have existing commitments within it and hence are planning their sustainability if funding does cease. In addition, we need to develop services further, especially to support more people to live in their own homes. The learning disability population is increasing, including more people aged 60 years or over. The need for increased strategic investment in this area is clear. There are also however opportunities for increased efficiencies and potential cost-reduction in some areas which are currently part of the local work programme. The strategy will contain further details together with proposals to establish a joint commissioning approach with NHS Derby City.

OTHER OPTIONS CONSIDERED

5. This is a national programme with cross party support. It is a key performance and change area, with national progress milestones.

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Background papers:	Appendix 1 – Implications Appendix 2 – Personalisation Programme Board Membership and Structure Appendix 3 – RAS Allocation of points Appendix 4 – Dementia Services Summary of indicative investment required Appendix 5 – Carers Strategy Summary of indicative investment

Appendix 1

IMPLICATIONS

Financial

1.1 This report recommends the establishment of a £1.2m reserve for Transforming Social Care from March 2011. This is already achieved through an under spend in the Transforming Social Care grant in 08/09 and 09/10. Any further under spend of the grant in 10/11 could be added to the Transitional Reserve.

Legal

2.1 The personalisation programme operates within existing legislation relevant to adult social care.

Personnel

3.1 The personalisation agenda has potentially significant implications for local authority adult social care staff. The role of Social Workers / Care Managers will change and the numbers of staff needed to fulfil this function may change. The level of in-house provision will be affected by how people choose to use their personal budgets and whether or not these services are attractive and competitive. We are in the process of developing an Adult Social Care Workforce Strategy which will contain further information in relation to these and other issues.

3.2 Some functions previously undertaken by local authority staff will now be extended to other organisations. One early example is the involvement of voluntary sector staff in support planning. It is too early to draw any solid conclusions regarding how extensively this will develop.

Equalities impact

4.1 The development of the assessment and RAS exposed inequalities in the current system. The RAS has been developed to cover all user groups with protection built in, in order to address the current inequalities and make the new system fairer.

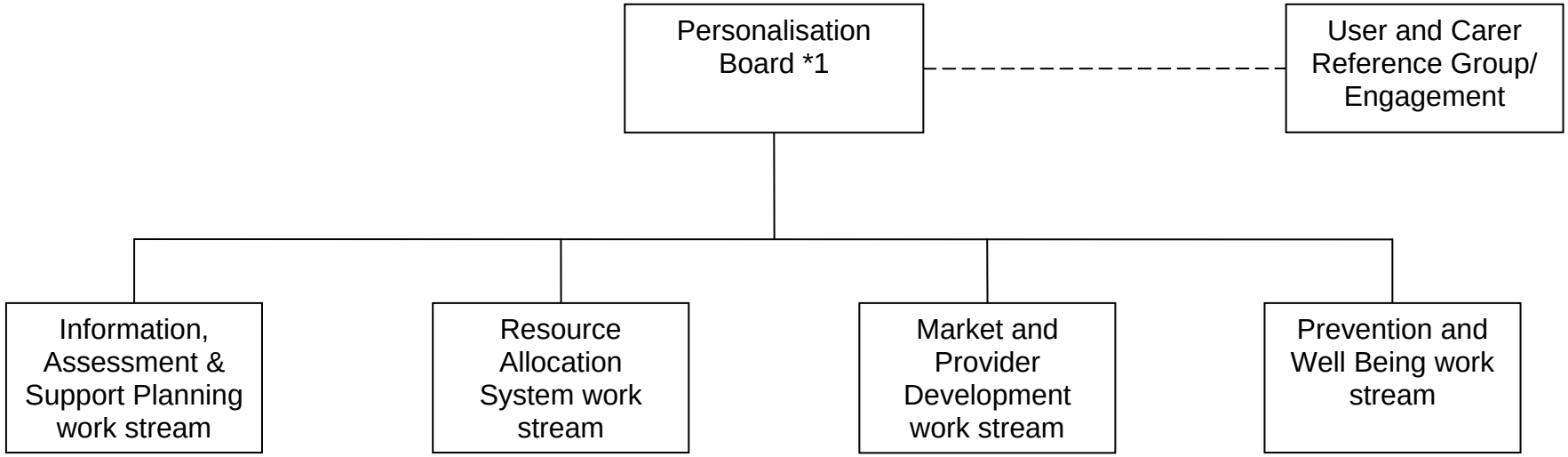
Corporate priorities

5.1 The Personalisation agenda contributes to:

SSC1	To provide local democracy and active citizenship
HC1	To increase choice and control to support independence
HC2	To increase the range and quality of regulated and non regulated adult social care services
HC3	To improve well being and tackle health inequalities
HC4	To deliver accessible, high quality, inclusive housing and advice services

Appendix 2

Personalisation Phase 1 Operating Structure



*1 Board membership:

Derby City Council:	Cllr Ruth Skelton; Nicole Berrisford, UNISON rep; Sally Curtis, Adult Social Care; Sheila Downey, Adult Social Care; Simon Fogell, Adult Social Care; Michael Foote, Corporate & Adult Services; Perveez Sadiq, Adult Social Care; Olwen Wilson, Adult Social Care
Partners:	Janet Inman, NHS Derby City; Christine Lawrence, Voluntary Sector; Janet Little, NHS Derby City; Katy Pugh, Age Concern Derbyshire; Amarjit Raju, Disability Direct; Chris Wheway, Derbyshire Mental Health Services

Putting People First
Milestone Self-Improvement Framework

Purpose of this document

This has been co-designed by the Putting People First Social Care Consortium to accompany the milestones. It provides you with some brief descriptors for each of the milestones and also with some questions to help you with your planning for each of the milestones. These are not intended to be prescriptive.

How might you use this?

We have designed this as a self assessment tool. We hope that councils will find it a useful means to:

- stimulate strategic discussions, internal challenge and a review of existing plans in the light of the milestones
- map and measure your own progress in implementing the milestones and to enable reports to key Local Programme Management and management teams
- to identify areas where you need to do more work
- to form the basis for a discussion with regional Transformation Leads, and to identify where the assistance of regional support staff from regional JIPs and partner bodies will be helpful
- to identify opportunities for sharing learning with other local authorities
- to identify areas for regional work/projects, to assist with particular common challenges

How often will you want to use this?

We think it will be sensible to update this self assessment at least quarterly, or at a time appropriate to the authority, taking into account the timescales for the milestones. The results should feed into normal reporting processes in your council.

How will Information be used regionally?

How this information is used will be a decision for each region.
It could provide regional Putting People First/TASC steering groups/JIP Boards etc with progress and planning reports to assist with the ongoing development of regional programmes of support. Transformation Leads could use this information to better focus support to their regions and to highlight areas of innovative practise.

Progress with Putting People First milestones

Council: Derby City .....Date completed: 15 January 2010 By: Olwen Wilson

Underpinning Requirements

Are all stakeholders fully engaged and supportive of local planning for "Putting People First"	**Red**	**Amber/ Red**	**Amber/ Green**	**Green**
The full engagement of all service users			✓	
The full engagement of all staff working to support the delivery of care, which includes people working in the provider services and third sector organisations			✓	
The full engagement of Primary Care Trusts and the wider health community		✓		
The full engagement of local politicians			✓	
The full engagement of all parts of local councils and of other key strategic partners		✓		
The support of regional and national programmes				✓
Stakeholder engagement reflects the diversity of the population			✓	
Are the following Key Arrangements resolved and in place	**Red**	**Amber/ Red**	**Amber/ Green**	**Green**
A system is in place, which manages the risks associated with the transformation that includes both the risks for individuals and financial and other risks			✓	
Clarity of the business models that will need to be adapted to support the transformation			✓	
Financial systems, which support the delivery of personal budgets			✓	
A local project plan for the delivery of the transformation with clear projections and targets to reach locally identified milestones			✓	
Business cases which track the new investments, and disinvestments that will be required to support the change.		✓		
A workforce strategy that supports the transformation eg, Lincolnshire's Joint ASC Leadership, Culture Change and Workforce development Strategy		✓		
A system of Equality Impact Assessments that is informing the delivery of transformation to the benefit of the whole community			✓	

Milestone 1:	**Effective partnerships with people using services, carers and other local citizens**					
Description:	Successful delivery of Putting People First will depend on citizens, people accessing care and support and carers working in a co-productive relationship with local authorities and their partners at all levels in the design, planning and delivery of new personalised systems and services. Formal and informal structures should be in place to allow citizens and the full spectrum of user and carer representatives to contribute to the local design and delivery of social care transformation. This should go well beyond traditional "consultation" User led organisations can provide expertise (such as service user experience) that is not always available within local authorities and this expertise should be harnessed to co-produce the transformation of social care.					
Key dates and deliverables:	**April 2010**		**October 2010**		**April 2011**	
	That a communication has been made to the public including all current service users and to all local stakeholders about the transformation agenda and its benefits for them. That the move to personal budgets is well understood and that local service users are contributing to the development of local practice. ***[by December 2009]*** That users and carers are involved with and regularly consulted about the councils plans for transformation of adult social care.		That local service users understand the changes to personal budgets and that many are contributing to the development of local practice.		That every council area has at least one user led organisation who are directly contributing to the transformation to personal budgets. ***(by December 2010)***	
How likely are we to achieve this milestone by this date?	Very likely	✓	Very likely	✓	Very likely	Done
	Fairly likely		Fairly likely		Fairly likely	
	Fairly unlikely		Fairly unlikely		Fairly unlikely	
	Very unlikely		Very unlikely		Very unlikely	

Milestone 1:	**Effective partnerships with people using services, carers and other local citizens**	
L	• Does our authority have plans in place to meet the DH target of a ULO in place by the end of 2010?	**Achieved**
	• Is there a programme board for the delivery of PPF that has direct representation of users/carers?	**No**
	• Does our authority have a range of means at all levels to effectively co-produce transformation with people who use care and support?	**Currently establishing reference groups including Service Users who have received Personal Budgets in Phase One.**
	• What are we planning to do next?	**Mailshot about Personal Budgets to new and existing Service Users;** **Redesign website;** **Hold Service User event in March 2010;** **Carry out Quality Assurance work;** **Distribute questionnaire;** **Record video interviews with Service Users for QA and training**
	• What could prevent us from achieving this milestone?	**Lack of resources** **Lack of time**
	• What external support would help?	
Key risks and mitigating actions:	• **Lack of resources** • **Lack of time**	
Useful information:	The DH document "User-led organisations project policy" sets specific criteria for ULOs: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078804	

Milestone 2:	**Self-directed support and personal budgets**					
Description:	Success on this milestone would mean systems are in place to allow citizens who require social care support to easily find and choose quality support, and control when and where services are provided, and by whom. For those citizens eligible for council funding, the amount available to those individuals should be known prior to starting person centred support planning. People should have the ability to spend part or all of their money in a way that they choose; including being able to mix directly purchased and council provided services. Extra help should be available to any citizen that needs help with information and advice or to negotiate their support.					
Key dates and deliverables:	**April 2010**		**October 2010**		**April 2011**	
	That every council has introduced personal budgets, which are being used by existing or new service users / carers.		That all **new** service users / carers (with assessed need for ongoing support) are offered a personal budget. That all service users whose care plans are subject to review are offered a personal budget.		That at least 30% of eligible service users/carers have a personal budget.	
How likely are we to achieve this milestone by this date?	Very likely	✓	Very likely	✓	Very likely	✓
	Fairly likely		Fairly likely		Fairly likely	
	Fairly unlikely		Fairly unlikely		Fairly unlikely	
	Very unlikely		Very unlikely		Very unlikely	
Key questions:	• Have we started to issue personal budgets?		**Yes**			
	If **No** to the above • On what date are we planning to start issuing personal budgets?					
	• Is this a pilot or mainstream activity for all new customers?		**Phased introduction for customers in Older People, younger Disabled People, Learning Disability, Mental Health.**			

Milestone 2: Self-directed support and personal budgets

If **Yes** to the above

- What actual numbers, by client group, have we issued personal budgets and direct payments to:

	Carers	Child	LD	PD	OP	MH	Total
DPs	29		35	180	87	16	347
IBs					66		66
Total	29		35	180	153	16	**413**

In either case:

- What are our target numbers (not percentage), by client group, that we are aiming for by March 2010

	Carers	Child	LD	PD	OP	MH	Total
DPs	39		43	195	95	21	393
IBs	82		20	95	148	12	357
Total	121		63	290	243	33	**750**

In either case:

- What are our target numbers (not percentage), by client group, that we are aiming for by March 2011

	Carers	Child	LD	PD	OP	MH	TOTAL
DPs	39		43	195	95	21	393
IBs	427		104	494	770	62	1857
Total	466		147	689	865	83	**2,250**

• What are we planning to do next?	**Extend Phase 1 and include reviews as they fall due** **Hold meeting in January to improve alignment with Care Programme Approach**
• What could prevent us from achieving this milestone?	**Lack of infrastructure to deliver creative Support Plans**
• What external support would help?	**Best practice examples from other authorities**

Key risks and mitigating actions:

- **Affordability**
- **Service transition**
- **Running two systems which may make some services unviable**

Useful information:

Upcoming SDS restatement / legal advice / operating model document

Milestone 3:	**Prevention and cost effective services**		
Description:	This milestone looks at a whole system approach to prevention, intervention and cost effective services. Prevention and early intervention initiatives can be directed at any of primary, secondary or tertiary prevention levels. This includes the support available that will help any citizen requiring help to stay independent for as long as possible and reduce the need for high cost health and social care services. A key part of this is ensuring joint NHS and council-wide partnership approaches to universal services, eg, leisure, adult education, transport, employment, healthy living and health improvement (backed by targeted intervention), along with housing and supported living options. Examples of intervention include intermediate care services, including rapid response and reablement type services that help people regain independence to live in their own home. It also helps people to avoid becoming dependent on council provided services with national studies demonstrating many people finish reablement services with either a reduced need for care, or no ongoing requirement at all. It is important that the council and the NHS are jointly investing in early intervention and prevention and monitoring the effectiveness of services together, eg, joint interventions at best include telecare, case finding / case co-ordination and joint teams for complex and end of life care. Being able to evidence these types of savings is crucial, and reablement type services should form an intrinsic part of any Putting People First operating model.		
Key dates and deliverables:	**April 2010**	**October 2010**	**April 2011**
	That every council has a clear strategy, jointly with health, for how it will shift some investment from reactive provision towards preventative and enabling/ rehabilitative interventions for 2010/11. Agreements should be in place with health to share the risks and benefits to the 'whole system'.	That processes are in place to monitor across the whole system the impact of this shift in investment towards preventative and enabling services. This will enable efficiency gains to be captured and factored into joint investment planning, especially with health.	That there is evidence that cashable savings have been released as a result of the preventative strategies and that overall social care has delivered a minimum of 3% cashable savings. There should also be evidence that joint planning has been able to apportion costs and benefits across the 'whole system'.

Milestone 3:	**Prevention and cost effective services**					
How likely are we to achieve this milestone by this date?	Very likely		Very likely		Very likely	
	Fairly likely		Fairly likely	✓	Fairly likely	✓
	Fairly unlikely	✓	Fairly unlikely		Fairly unlikely	
	Very unlikely		Very unlikely		Very unlikely	

Key questions:		
	• Do we have a strategy and/or an investment programme for Prevention and Early Intervention?	**Under development** **Currently working on:** • **Intermediate Care Strategy including Enablement** • **Falls Prevention Strategy** • **Assistive Technology Strategy** • **Well-being / low level prevention strategy**
	• Are health partners involved in this strategy?	**Yes**
	• What are our top 4 priorities and what are the estimated savings:	
	Priority	**Estimated Savings**
	1. Intermediate care including Enablement	**Latest work indicates £400K pa Intermediate Care savings (mainly accruable to health) deliverable by 2013. Evidence base for Enablement savings still being developed.**
	2. Enablement	**Local evidence base for savings still being developed.**
	3. Falls Prevention	**Evidence base for savings still being developed. Recent scoping indicates opportunities exist in care after hip fractures and in follow-up after first fracture. Evidence base for other initiatives is less clear.**
	4. Assistive Technology	**Evidence base for savings still being developed: evidence at present points to cost-neutral implementation and improvements in service user experience. PCT beginning to explore Telehealth where cashable savings are more reliable.**

Milestone 3:	**Prevention and cost effective services**	
	• What are we planning to do next?	**Finish strategy development on Intermediate Care, Falls, Assistive Technology and look at other areas where joint investment may help in managing demand**
	• What could prevent us from achieving this milestone?	**Incomplete evidence in some areas of what is effective, particularly at primary and secondary prevention level**
	• What external support would help?	**Regional support for Falls work**
Key risks and mitigating actions:	• **Sharing risks and benefits when organisations are under financial pressure.**	
Useful information:	Core elements of a Good Reablement Service East Midlands Reablement Evaluation Tool (EMRET)	

Milestone 4:	**Information and advice**					
Description:	All citizens should be able to easily find locally relevant quality information and advice about their care and support needs in order to enable control and inform choice. Information should be available in a range of formats and through channels to make it accessible to all groups. Provision of information, advice and guidance should move from being largely developed from separate initiatives to a single coherent service strategy.					
Key dates and deliverables:	**April 2010**		**October 2010**		**April 2011**	
	That every council has a strategy in place to create universal information and advice services.		That the council has put in place arrangements for universal access to information and advice.		That the public are informed about where they can go to get the best information and advice about their care and support needs.	
How likely are we to achieve this milestone by this date?	Very likely	✓	Very likely	✓	Very likely	✓
	Fairly likely		Fairly likely		Fairly likely	
	Fairly unlikely		Fairly unlikely		Fairly unlikely	
	Very unlikely		Very unlikely		Very unlikely	

	• Do we have a strategy for universal access to information, support and guidance for adult social care?	**In development**
	• Are self-funders (ie, **all** citizens) included in this strategy so they can make use of both universal and paid for services to stay independent?	**Yes**
	• On what date is it expected this strategy will be delivered?	**End February 2010**
	• Is the council helping voluntary organisations and other partners provide universal information and advice to a wide range of the population	**Yes** **Directory of services being developed which will be available on-line**
	• What are we planning to do next?	**Hold Stakeholder event focusing on approach to providing information and advice**

Milestone 4:	**Information and advice**	
	• What could prevent us from achieving this milestone?	
	• What external support would help?	**Best practice examples** **Information sharing**
Key risks and mitigating actions:	• **IT Development** • **Database of services not delivered according to time/quality/budget**	
Useful information:		

Milestone 5:	**Local commissioning**					
Description:	Councils need to ensure the development of a diverse and high quality market in care and support services to offer real choice and control to service users and their carers. Commissioning strategies based on the local JSNA, and in partnership with other local commissioners, providers and consumers of services should incentivise development of diverse and high quality services, and balance investment in prevention, early intervention/reablement with provision of care and support for those with high-level complex needs. User-led initiatives and a much wider range and scale of services to address local need should emerge, in a market that is increasingly populated by individual purchasers.					
Key dates and deliverables:	**April 2010**		**October 2010**		**April 2011**	
	That councils and PCTs have commissioning strategies that address the future needs of their local population and have been subject to development with all stakeholders especially service users and carers; providers and third sector organisations in their areas. These commissioning strategies take account of the priorities identified through their JSNAs.		That providers and third sector organisations are clear on how they can respond to the needs of people using personal budgets. An increase in the range of service choice is evident. That councils have clear plans regarding the required balance of investment to deliver the transformation agenda.		That stakeholders are clear on the impact that purchasing by individuals, both publicly (personal budgets) and privately funded, will have on the procurement of councils and PCTs in such a way that will guarantee the right kind of supply of services to meet local care and support needs.	
How likely are we to achieve this milestone by this date?	Very likely		Very likely		Very likely	
	Fairly likely	✓	Fairly likely	✓	Fairly likely	✓
	Fairly unlikely		Fairly unlikely		Fairly unlikely	
	Very unlikely		Very unlikely		Very unlikely	

Milestone 5:	**Local commissioning**	
Key Questions:	• Are we working with providers so they understand how we want them to develop and how they can develop flexible support arrangements?	**Yes** **Already engaged with independent sector** **Meeting arranged with Voluntary Sector Infrastructure group**
	• Have we clear links between adults social care transformation and the NHS local services commissioning?	**Yes**
	• How have commissioning and contracting arrangements been changed to enable providers to offer choice and flexibility	**Not changed yet – Framework Agreement and service specification currently broad enough to allow a range of services**
	• Do we have a Market Development Strategy in place?	**No**
	• If not, when do we hope to have one in place?	**April 2010**
	• How are we shaping the market in order to develop a supply of services that will meet the needs of all citizens that require social care?	**Currently in early stages of gathering information about developing needs, identifying training and cascading this to small groups**
	• To what extent are users, carers, providers and third sectors been involved in developing the commissioning strategy?	**Learning Disability strategy is currently being updated involving users, carers and providers. Older People strategy will be due for review.**
	• What are we planning to do next?	
	• What could prevent us from achieving this milestone?	
	• What external support would help?	**Data from other authorities about what non-domiciliary care is being requested**
Key risks and mitigating actions:	• **Engagement of Voluntary and Community Sector**	
Useful information:	What a Good Commissioning Strategy Would Look Like	