



DERBY CITY COUNCIL

**ADULTS HEALTH AND HOUSING  
COMMISSION**  
26 July 2010

# ITEM 9

Report of the Strategic Director for Adults,  
Health and Housing

## Putting People First – Update on the Transforming Social Care Programme

### SUMMARY

- 1.1 This report builds on the progress report which was presented to the Adult Services and Health Commission on 7 December 2009 and Council Cabinet on 20 April 2010. It outlines progress for the quarter 1 April – 30 June 2010.
- 1.2 Phase 1 Implementation ran from 2 November – 30 March 2010. This tested the new Resource Allocation System; introduced the new Assessment and Support Planning process and documentation; and started to embed the principles of Self Directed support.
- 1.3 The national target for Service Users/Carers with a Personal Budget by 31 March 2010 was 10%. Derby achieved 13%.
- 1.4 The review of Phase 1 highlighted the need to create capacity to:
  - deliver the programme and its constituent projects within the national timescales set
  - support staff during this fundamental transformation of service
  - support the development of new processes and policies.A resource plan has been developed but this is subject to the new vacancy control process.
- 1.5 A number of priorities have been identified for Phase 2 to respond to feedback from staff, service users and carers. Following the appointment of the new Strategic Director for Adults, Health and Housing, a wider review of the programme is currently taking place and it is anticipated that existing project plans will be revised as a result.

### RECOMMENDATION

- 2.1 To note progress made and endorse the approach to date.
- 2.2 To note action being taken to address issues raised.

### SUPPORTING INFORMATION

- 3.1 Putting People First is a three year national programme to develop a new adult social care system in England. The new system needs to be

able to respond to the challenges presented by an ageing population where an increasing number of people are living longer, but also with more complex conditions such as Dementia and chronic illnesses.

- 3.2 The aim is to deliver a system focussed on prevention, early intervention, enablement, and high quality personally tailored services. In the future, people should have maximum choice, control and power over the support services they receive. The programme covers social care and support services for all adult groups: Older People, Learning Disability, Physical Disability, Mental Health, Carers.
- 3.3 All local authorities are expected to develop a community-based support system focussed on the health and wellbeing of the local population. This will need to bring together the local authority, primary care, community based health provision, public health, social care and the wider issues of housing, employment, benefits advice, and education/training. Organisations need to come together to re-design local systems around the needs of citizens.
- 3.4 Derby City Council has set up a Personalisation Programme to deliver five key requirements by April 2011. The Personalisation Programme Board meets bi-monthly and includes representatives from:
- Derby City Council
  - NHS Derby City
  - Derbyshire Mental Health Services
  - Age Concern – now Age UK
  - Disability Direct
  - 2Care Trevayler – a mental health charity which provides community based rehabilitation and recovery services for people with long term mental health conditions
  - Trade Unions
- 3.5 The Personalisation Programme Management Team meets monthly and acts as the Project Board for the Programme's constituent projects. This includes Adult Social Care Directors, Heads of Service and Programme Project Managers.
- 3.6 The Programme was delivered by existing members of staff until November 2009 when a Temporary Programme Manager was appointed, funded until March 2011.

#### **4.0 Review of Phase One**

- 4.1 Phase One Implementation started on 2 November 2009 and ran until 30 March 2010. This included four workstreams for the development of:
- A new Resource Allocation System
  - New processes and tools for Assessment and Support Planning
  - Market and Provider Development
  - Services for Early intervention, Prevention and Well being.

The original programme workstreams have been reviewed and added to with 4 cross-cutting projects – See Appendix 2.

## **5.0 National Milestones**

5.1 Local Authority progress is monitored nationally against five milestones which need to be in place by April 2011. Progress against these milestones is reported quarterly to the Personalisation Programme Board and monitored nationally through the Association of Directors of Adult Services working alongside the Department of Health. The most recent quarterly return – June 2010 – is attached as Appendix 3.

### **5.2 Milestone 1 - Effective partnerships with people using services, carers and other local citizens**

5.2.1 A mail-out has been sent to 1821 service users which included information about personalisation and an invitation to attend a consultation day held on 30 March – this was attended by 170 people. This was a different kind of event which included drama to illustrate the benefits of personalisation and interactive voting to gauge people's views on a number of issues such as employing personal assistants and preferences for receiving information.

5.2.2 Service users have been invited to form a reference group to contribute to the development of local practice.

5.2.3 Co-production is a key requirement of the Personalisation Programme and transformation of adult social care services. All stakeholders should have a say in how services are designed and delivered to meet local needs. This goes beyond consultation exercises and should involve people and their representative organisations in developing processes, strategies and service specifications, delivering support services and designing and evaluating services.

5.2.4 Principles for co-production have been developed with voluntary sector partners. All projects in the Personalisation Programme will need to identify how co-production is being achieved in their projects.

5.2.5 As Disability Direct is represented on the Programme Board Derby has met the requirement to have a User Led Organisation directly contributing to the transformation programme.

### **5.3 Milestone 2 - Self-directed support and Personal Budgets**

5.3.1 Derby has developed a Resource Allocation System – RAS - to calculate an indicative Personal Budget to meet people's social care needs. A real effort has been made to create one system which is fair for all communities and this approach has been endorsed by the Board. The system still needs to be refined and development of the RAS is currently on hold while the functional specification is still being confirmed. In the meantime the existing RAS is being used to calculate indicative budgets.

5.3.2 A national target of 10% of Service Users/carers with a Personal Budget by 31 March 2010 was set – Derby achieved 13%. This was largely achieved by promoting Personal Budgets for existing services:

<b>Personal Budgets – Ongoing position at 30 June 2010</b>	
Direct Payments	334
Personal Budgets managed by Derby City Council	563
Personal Budgets – Carers	190
Personal Budget - Cash	2
<b>Total</b>	<b>1089</b>

The percentage of Service Users/carers with a Personal Budget at 30 June had increased to 14.5%.

5.3.3 We are optimistic that we will meet the target of extending Personal Budgets to 20% of all users and carers by October 2010 and 30% by March 2011.

5.3.4 Financial systems and policies are being reviewed to support the delivery of Personal Budgets. Options for payment methods, such as pre-payment cards, are being explored.

5.3.5 A new assessment and support planning process has been introduced for new referrals to Adult Social Services. Around 90 Assessment staff have been trained in the new process. It is intended that all Assessment staff and all Enablement managers will be trained in the new process by the end of July 2010. Eight Support Planners have also been trained from the voluntary and community sector.

#### **5.4 Milestone 3 - Prevention and cost effective services**

5.4.1 Helping people to maintain good health and independence with low level support, averting crises and helping people to recover from the effects of illness are key elements of personalisation. The following strategies are currently being worked on:

- Intermediate Care Strategy including Enablement
- Falls Prevention Strategy
- Assistive Technology Strategy
- Well-being/low level prevention strategy

5.4.2 A well-being and prevention strategy, developed jointly with the Primary Care Trust, should be in place by October 2010.

5.4.3 There is a 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.

5.4.4 Work needs to be carried out to understand current costs and how interventions such as Telecare and Enablement prevent NHS admissions and delay the need for residential and home care.

## **5.5 Milestone 4 - Information and advice**

- 5.5.1 An Information and Advice Strategy was approved on 27 April 2010. This will be key to developing a universal advice and information service relating to adult social care. The service should be available to all user groups including self-funders or people who only want to know about low level or preventative services. Three key components of the local Information and Advice approach are:
- A 'Do what you want' directory being developed by Disability Direct
  - A one-year city-wide 'First Contact' pilot being led by Age Concern. This is intended to refer vulnerable adults to the right source of help for a range of services including Benefits Advice, Community Safety, Fire Prevention, Health and Social Services.
  - Development of Derby City Council's Customer Service Information System.
- 5.5.2 An exercise has been undertaken to compare the public information produced by other local authorities to that of Derby. Some gaps in information were identified but all information has now been reviewed and revised and will be available on the council website [www.derby.gov.uk/HealthSocialCare](http://www.derby.gov.uk/HealthSocialCare)

## **5.6 Milestone 5 - Local commissioning**

- 5.6.1 Local market shaping research has been commissioned by the Personalisation Programme Board to improve knowledge about the needs and preferences of three potential user groups of personal budgets: carers, older people and physically disabled people. The research was carried out by Age Concern, Derbyshire Carers and Disability Direct. While this was a small sample, there is some consistency in views to learn from and inform future work around information and advice, payment methods and marketing, for example:
- Older people had the lowest level of aspiration for the personal budget, identifying services which provided functional tasks or transport.
  - Carers identified services which met their primary aim: to take a break, but could only imagine purchasing a service that met their cared for's needs as well
  - Disabled people showed a strong preference for individual services such as a Personal Assistant and for creative and social activities.
- 5.6.2 A Market Development Strategy is being developed. Derby is also taking part in a regional initiative for developing micro-providers. An event was held on 27 May to launch the project to stimulate and support a diverse Micro Market for personalised services. The focus is on services that are:
- providing support or care to people in their community
  - delivered by 5 or fewer workers – paid or unpaid
  - independent of any larger organisation.

The event was well attended and feedback on the day will inform the development of an action plan. This will be submitted to the Regional Improvement and Efficiency Partnership to approve further funding.

- 5.6.3 A meeting has been held with Disability Direct to discuss their ideas for starting a Personal Assistant register/agency.

## **6.0 Other underpinning requirements**

### **6.1 Workforce**

The personalisation agenda has potentially significant implications for local authority adult social care staff. The role of Social Workers/Care Managers will change. The level of in-house provision will be affected by how people choose to use their Personal Budgets. A draft workforce development strategy, including the public, independent and voluntary sector, has been produced.

### **6.2 Carers**

Carers' support is a key part of the personalisation agenda. Derby City Council has a national demonstrator site for carers and from 1 March – 30 June 2010 113 Carers Personal Budgets of £500 have been issued to recognise the input carers make.

### **6.3 Specific impacts on customers**

Key to personalisation is that people with care and support needs should have the same choice, control and freedom as every other citizen – this includes universal services such as transport, leisure, health and education.

- 6.3.1 People who decide to arrange their own support or equipment may, in effect, be no longer customers of Council services. However, the Council will still have a role in managing the risks for individuals and monitoring payments.
- 6.3.2 Even if people are not eligible to receive funding from the council for their support, information and advice should be available about the services where they live and they should still be able to get support to plan for their future and broker the services they want.
- 6.3.3 A survey was undertaken of the 20 people who had come through Phase 1 Implementation and received a Personal Budget by 31 March. Eleven people agreed to take part and found the experience of the process was good in the following respects:
- I was able to say how I wanted to change my life
  - My enablement period improved my independence
  - I was able to get the goods and services I needed.
- 6.3.4 The experience was found to be poor in relation to:
- Having to repeat information already given
  - Being clear about how much money was available to plan support
  - Understanding how to get help in planning support.

6.3.5 A Process and Practice Improvement Forum has been established to address issues raised, review the process and share good practice between staff.

## 7.0 Funding

7.1 The Department of Health is making available, through the Social Care Reform Grant, monies to support councils in this service transformation - a total of £2,499,000 for 2008-2011. The Social Care Reform Grant is specifically for:

- the redesign of systems, processes and transactions
- ensuring that people and their organisations are much more involved in the design of services
- joining up services to provide easy to recognise access points
- promoting new ways of working and new types of worker
- developing leadership to enable to enable this change to happen.

7.2 The Social Care Reform Grant conditions allow for any under spend to be rolled forward into future years. A reserve of £1.2m has been established to allow maximum opportunity to implement the changes required to the social care system beyond the three years of the national programme. This £1.2m reserve is included in the final figure below.

		£
<b>2008/09</b>	Grant received	401,000
	Spend in year	187,209
	Carry Forward	314,506
<b>2009/10</b>	Grant carried forward	314,506
	Grant received	939,000
	Total for year	1,253,506
	Spend in year	0
	Carry forward	1,253,506
<b>2010/11</b>	Grant carried forward	1,253,506
	Grant received	1,158,589
	Total for year	2,412,095
	Spend to month 2	66,377
	Forecast spend for year	498,262
	Total to spend/carry forward	1,913,833

## 8.0 Challenges and opportunities for the implementation of the Personalisation Programme

### 8.1 Corporate Restructure and Transformation Programme

8.1.1 A number of programme activities were planned to come together at the beginning of April and priorities were established for Phase 2. However,

the transformation of Adult Social Care is happening against the background of the corporate transformation programme. The recent corporate restructure and staff changes have resulted in some loss of momentum. The appointment of a new Strategic Director has also led to a wider review of the Personalisation Programme.

- 8.1.2 The corporate restructure does provide an opportunity to raise awareness in other departments about how they can support the Personalisation Programme. Two of the four key elements to deliver Putting People First are not fully covered by existing projects as they will need a Council-wide approach and the lead should not necessarily be taken by Adult Social Services. These are:
- Universal Services – help in accessing a range of services such as transport, leisure, health and education
  - Social Capital – care and support that individuals and their carers can get from their local community including family and friends, community groups and the voluntary sector
- 8.1.3 The creation of a new department which brings together Adult Social Care, Health and Housing will facilitate joint working in these areas.
- 8.1.4 The customer journey and processes will need to be reviewed against the principles recently set out in the Corporate DECATS programme.



## 8.2 Capacity in the service

8.2.1 The capacity of existing members of staff to deliver the Programme and business as usual without additional resources has been kept under review. The Phase 1 Implementation which included feedback from staff highlighted:

- insufficient capacity to deliver the programme and its constituent projects;
- a need to create capacity within teams to allow service managers to provide more support for their staff during this fundamental transformation of service;
- a need to create capacity for staff to support the development of new processes and policies; develop expertise to act as mentors to support other staff with the process.

8.2.2 A resource plan has been developed to be funded by the Transforming Social Care Grant. The recent tightening up of the vacancy control process means that even though external funding is available for posts, this will not automatically mean that posts can be created or filled.

## 9.0 Action steps

9.1 An Away Day is being held on 23 July to:

- discuss key sticking points for Personalisation in Derby
- identify key policy decisions that need to be made
- develop clear actions for Phase 2.

9.2 It is proposed to hold workshops to explore the development of Universal Services and Social Capital with other Council services and partners.

9.3 Update on progress to be reported to Adult Services and Health Commission in October.

<b>For more information contact:</b>	Mahroof Hussain 01332 255597 e-mail <a href="mailto:Mahroof.hussain@derby.gov.uk">Mahroof.hussain@derby.gov.uk</a>
<b>Background papers:</b>	None
<b>List of appendices:</b>	Appendix 1 – Implications Appendix 2 – Phase 2 Projects Appendix 3 – National Milestone Self Assessment – June 2010

# Appendix 1

## IMPLICATIONS

### **Financial**

1. None arising from this report.

### **Legal**

2. The Personalisation Programme operates within existing legislation relevant to adult social care.

### **Personnel**

3. None arising from this report.

### **Equalities impact**

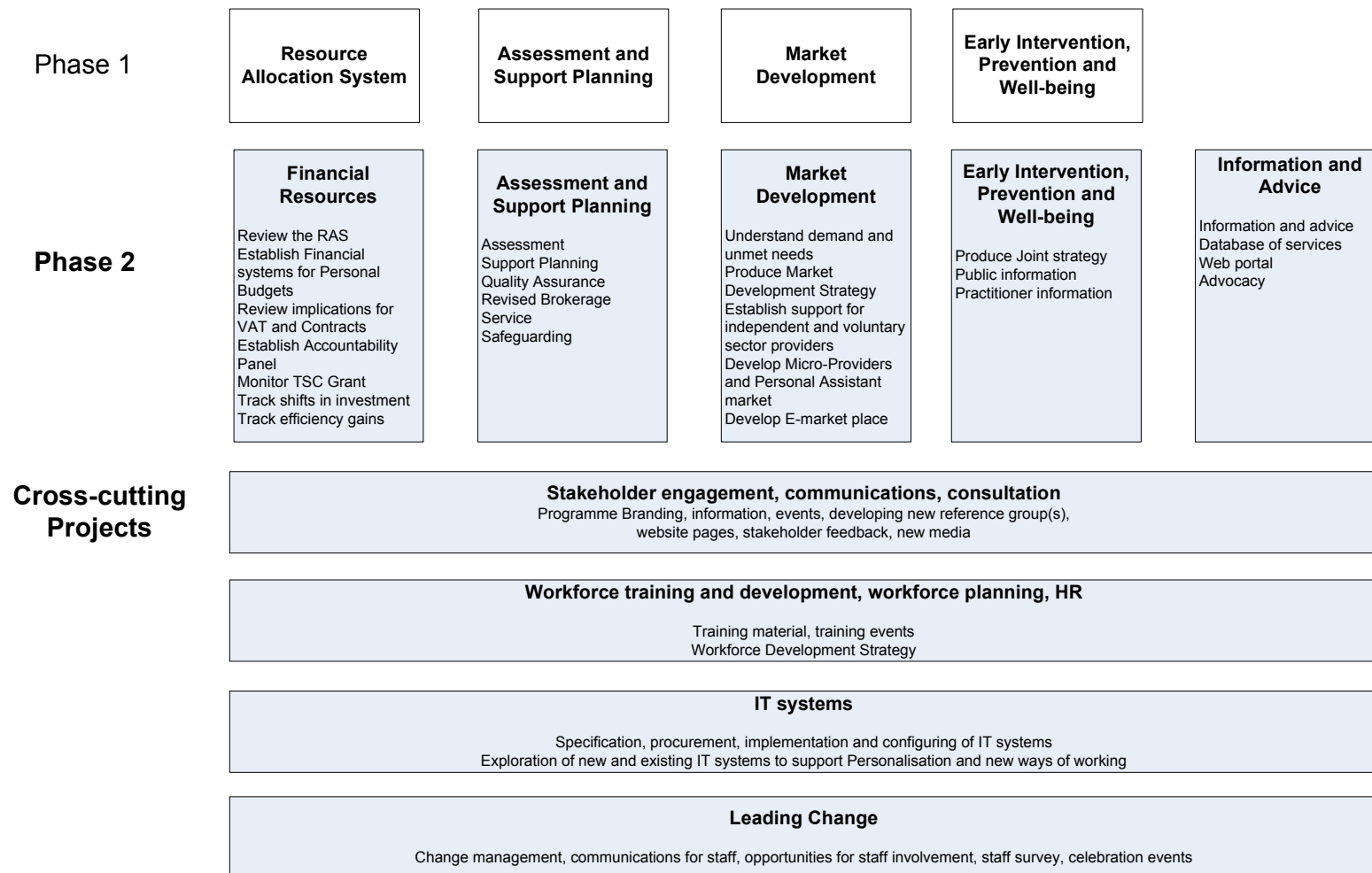
4. Effective scrutiny will benefit all Derby people.

### **Corporate Priorities**

5. This report links with Council's priority to make Derby, by 2020 a Healthy City where people enjoy long, healthy and independent lives.



# Personalisation Programme – Phase 2 Projects



**Progress with Putting People First milestones**

**Appendix 2**

**Council: Derby City**

**Date Completed: 15 June 2010**

<b>Underpinning Requirements</b>
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<b>Are all stakeholders fully engaged and supportive of local planning for “Putting People First”</b>	<b>Red</b>	<b>Amber/Red</b>	<b>Amber / Green</b>	<b>Green</b>
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.				✓
<b>Are the following Key Arrangements resolved and in place</b>	<b>Red</b>	<b>Amber/Red</b>	<b>Amber/ Green</b>	<b>Green</b>
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			✓	

<b>Milestone 1:</b>	<b>Effective partnerships with People using services, carers and other local citizens</b>					
<b>Description:</b>	<p>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.</p> <p>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”</p> <p>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</p>					
<b>Key Dates and Deliverables:</b>	<b>April 2010</b>		<b>October 2010</b>		<b>April 2011</b>	
	<p>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.</p> <p>That the move to personal budgets is well understood and that local service users are contributing to the development of local practice. <b>[By Dec 2009]</b></p> <p>That users and carers are involved with and regularly consulted about the councils plans for transformation of adult social care.</p>		<p>That local service users understand the changes to personal budgets and that many are contributing to the development of local practice.</p>		<p>That every council area has at least one user-led organisation who are directly contributing to the transformation to personal budgets. <b>(By December 2010)</b></p>	
	<b>Y/N</b>		<b>Y/N</b>		<b>Y/N</b>	
<b>How likely are we to achieve this milestone by this date?</b>	Very likely		Very likely		Very likely	
	Fairly likely		Fairly likely		Fairly likely	
	Fairly unlikely		Fairly unlikely		Fairly unlikely	
	Very unlikely		Very unlikely		Very unlikely	

<b>Milestone 1:</b>	<b>Effective partnerships with People using services, carers and other local citizens</b>					
	<b>Achieved</b>		<b>Achieved</b>		<b>Achieved</b>	✓
	<b>Reason if not achieved</b>	Communication to public achieved. Large public event held to promote move to Personal Budgets Principles for co-production currently being approved following regional event held in May				
	<b>When to be achieved</b>	Users/carers contributing to development of local practice and consulted about consultation – July 2010				
<b>Key Questions:</b>	<ul style="list-style-type: none"> <li>Does our Authority have plans in place to meet the DH target of a User Led Organisation (ULO) in place by the end of 2010?</li> </ul>	Achieved				
	<ul style="list-style-type: none"> <li>Is there a programme board for the delivery of PPF that has direct representation of users/carers?</li> </ul>	No				
	<ul style="list-style-type: none"> <li>Does our Authority have a range of means at all levels to effectively co-produce transformation with people who use care and support?</li> </ul>	Principles for co-production currently being approved				
	<ul style="list-style-type: none"> <li>What are we planning to do next?</li> </ul>	Take co-production proposals to Compact Forum and Health and Social Care Forum Working with BME community				
	<ul style="list-style-type: none"> <li>What could prevent us from achieving this milestone?</li> </ul>	Lack of resources Lack of time				
	<ul style="list-style-type: none"> <li>What external support would help?</li> </ul>					
<b>Key Risks and Mitigating Actions:</b>	<ul style="list-style-type: none"> <li>Lack of resources</li> <li>Lack of time</li> </ul>	Developed proposals for 1.6 FTE to support Stakeholder Communication and Engagement				
<b>Useful Information:</b>						

<b>Milestone 2:</b>	<b>Self-directed support and personal budgets</b>					
<b>Description:</b>	<p>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.</p> <p>For those citizens eligible for council funding, the amount available to those individuals should be known prior to starting person centred support planning.</p> <p>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.</p> <p>Extra help should be available to any citizen that needs help with information and advice or to negotiate their support.</p>					
<b>Key Dates and Deliverables:</b>	<b>April 2010</b>		<b>October 2010</b>		<b>April 2011</b>	
	That every council has introduced personal budgets, which are being used by existing or new service users/ carers.		That all <b>new</b> 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.	
	<b>Y/N</b>		<b>Y/N</b>		<b>Y/N</b>	
<b>How likely are we to achieve this milestone by this date?</b>	Very likely		Very likely	✓	Very likely	✓
	Fairly likely		Fairly likely		Fairly likely	
	Fairly unlikely		Fairly unlikely		Fairly unlikely	
	Very unlikely		Very unlikely		Very unlikely	
	<b>Achieved</b>	✓	<b>Achieved</b>		<b>Achieved</b>	
<b>Reason if not achieved</b>						
<b>When to be achieved</b>						



<b>Milestone 2:</b>	<b>Self-directed support and personal budgets</b>	
<b>Key Questions:</b>	<ul style="list-style-type: none"> <li>• Have we started to issue personal budgets?</li> </ul>	<b>Yes</b>
	<p>If <b>No</b> to the above</p> <ul style="list-style-type: none"> <li>• On what date are we planning to start issuing personal budgets?</li> </ul>	
	<ul style="list-style-type: none"> <li>• Is this a pilot or mainstream activity for all new customers?</li> </ul>	
	<ul style="list-style-type: none"> <li>• What are we planning to do next?</li> </ul>	
	<ul style="list-style-type: none"> <li>• What could prevent us from achieving this milestone?</li> </ul>	
	<ul style="list-style-type: none"> <li>• What external support would help?</li> </ul>	
<b>Key Risks and Mitigating Actions:</b>	<ul style="list-style-type: none"> <li>• Affordability</li> <li>• Service transition</li> <li>• Running two systems which may make some services unviable</li> </ul>	Created a reserve for transition costs and dual running costs which are anticipated as a result of personalisation beyond 2010.
<b>Useful Information:</b>		

<b>Milestone 3:</b>	<b>Prevention and cost effective services</b>					
<b>Description:</b>	<p>This milestone looks at a whole system approach to prevention, intervention and cost effective services.</p> <p>This includes the support available that will help any citizen requiring help to stay independent for as long as possible. A key part of this is ensuring council-wide and partnership approaches to universal services e.g. leisure, adult education, transport, employment, healthy living and health improvement (backed by targeted intervention), along with housing and supported living options.</p> <p>Examples of intervention include 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.</p> <p>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.</p> <p>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.</p>					
<b>Key Dates and Deliverables:</b>	<b>April 2010</b>		<b>October 2010</b>		<b>April 2011</b>	
	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.	
	<b>Y/N</b>		<b>Y/N</b>		<b>Y/N</b>	
<b>How likely are we to achieve this milestone by</b>	Very likely		Very likely		Very likely	
	Fairly likely		Fairly likely		Fairly likely	
	Fairly unlikely		Fairly unlikely		Fairly unlikely	
		✓		✓		✓

<b>Milestone 3:</b>	<b>Prevention and cost effective services</b>					
<b>this date?</b>	Very unlikely		Very unlikely		Very unlikely	
	<b>Achieved</b>		<b>Achieved</b>		<b>Achieved</b>	
<b>Reason if not achieved</b>						
<b>When to be achieved</b>	October 2010					
<b>Key Questions:</b>	<ul style="list-style-type: none"> <li>Do we have a strategy and/or an investment programme for Prevention and Early Intervention?</li> </ul>	Under development Currently working on: <ul style="list-style-type: none"> <li>Intermediate Care Strategy including Enablement</li> <li>Falls Prevention Strategy</li> <li>Assistive Technology Strategy</li> <li>Well-being/low level prevention strategy</li> </ul>				
	<ul style="list-style-type: none"> <li>If you do have a strategy in place – or in draft form – are you willing to share it with other authorities in the East Midlands? If yes, please send it with your return.</li> </ul>					
	<ul style="list-style-type: none"> <li>Are health partners involved in this strategy?</li> </ul>	Yes				
	<ul style="list-style-type: none"> <li>What are we planning to do next?</li> </ul>	Finish strategy development on Intermediate Care, Falls, Assistive Technology and look at other areas where joint investment may help in managing demand				
	<ul style="list-style-type: none"> <li>What could prevent us from achieving this milestone?</li> </ul>	Incomplete evidence in some areas of what is effective, particularly at primary and secondary prevention level				
	<ul style="list-style-type: none"> <li>What external support would help?</li> </ul>	Regional support for Falls work				
<b>Key Risks and Mitigating Actions:</b>	Sharing risks and benefits when organisations are under financial pressure.		Senior Management representatives from Health and Social Care on Programme Project board.			

<b>Milestone 3:</b>	<b>Prevention and cost effective services</b>
<b>Useful Information:</b>	

<b>Milestone 4:</b>	<b>Information and advice</b>					
<b>Description:</b>	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.					
<b>Key Dates and Deliverables:</b>	<b>April 2010</b>		<b>October 2010</b>		<b>April 2011</b>	
	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.	
	<b>Y/N</b>		<b>Y/N</b>		<b>Y/N</b>	
<b>How likely are we to achieve this milestone by this date?</b>	Very likely		Very likely	✓	Very likely	✓
	Fairly likely		Fairly likely		Fairly likely	
	Fairly unlikely		Fairly unlikely		Fairly unlikely	
	Very unlikely		Very unlikely		Very unlikely	
	<b>Achieved</b>	✓	<b>Achieved</b>		<b>Achieved</b>	
<b>Reason if not achieved</b>						
<b>When to be achieved</b>						
<b>Key Questions:</b>	<ul style="list-style-type: none"> <li>Do we have a strategy for universal access to information, support and guidance for adult social care?</li> </ul>		Yes			
	<ul style="list-style-type: none"> <li>Are self-funders (i.e. <b>all</b> citizens) included in this strategy so they can make use of both universal and paid for services to stay independent?</li> </ul>		Yes			

<b>Milestone 4:</b>	<b>Information and advice</b>	
	<ul style="list-style-type: none"> <li>On what date is it expected this strategy will be delivered?</li> </ul>	Achieved
	<ul style="list-style-type: none"> <li>If you do have a strategy in place – or in draft form – are you willing to share it with other authorities in the East Midlands? If yes, please send it with your return.</li> </ul>	Yes
	<ul style="list-style-type: none"> <li>Is the council helping voluntary organisations and other partners provide universal information and advice to a wide range of the population</li> </ul>	Yes Directory of services being develop by Disability Direct which will be available on-line City-wide First Contact pilot, led by Age UK started
	<ul style="list-style-type: none"> <li>What are we planning to do next?</li> </ul>	Map current funding and new funding opportunities Identify any evidence about service quality Produce a needs assessment Establish how effective/efficient current services are
	<ul style="list-style-type: none"> <li>What could prevent us from achieving this milestone?</li> </ul>	Corporate changes to website
	<ul style="list-style-type: none"> <li>What external support would help?</li> </ul>	Best practice examples Information sharing
<b>Key Risks and Mitigating Actions:</b>	IT Development	Report to Corporate IT on Programme website requirements Regular checkpoints
<b>Useful Information:</b>		

<b>Milestone 5:</b>	<b>Local commissioning</b>					
<b>Description:</b>	<p>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.</p> <p>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.</p> <p>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.</p>					
<b>Key Dates and Deliverables:</b>	<b>April 2010</b>		<b>October 2010</b>		<b>April 2011</b>	
	<p>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.</p> <p>These commissioning strategies take account of the priorities identified through their JSNAs.</p>		<p>That providers and third sector organisations are clear on how they can respond to the needs of people using personal budgets.</p> <p>An increase in the range of service choice is evident.</p> <p>That councils have clear plans regarding the required balance of investment to deliver the transformation agenda.</p>		<p>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.</p>	
	<b>Y/N</b>		<b>Y/N</b>		<b>Y/N</b>	
<b>How likely are we to achieve this milestone by this date?</b>	Very likely		Very likely		Very likely	
	Fairly likely		Fairly likely	✓	Fairly likely	✓
	Fairly unlikely		Fairly unlikely		Fairly unlikely	
	Very unlikely		Very unlikely		Very unlikely	

<b>Milestone 5:</b>	<b>Local commissioning</b>					
	<b>Achieved</b>		<b>Achieved</b>		<b>Achieved</b>	
<b>Reason if not achieved</b>	Work still underway to bring together elements of separate strategies which are in development.					
<b>When to be achieved</b>	To be confirmed					
<b>Key Questions:</b>	<ul style="list-style-type: none"> <li>Are we working with providers so they understand how we want them to develop and how they can develop flexible support arrangements?</li> </ul>	<b>Yes Already engaged with independent sector and voluntary and community sector organisations</b>				
	<ul style="list-style-type: none"> <li>Have we clear links between adults social care transformation and the NHS local services commissioning?</li> </ul>	Yes				
	<ul style="list-style-type: none"> <li>How have commissioning and contracting arrangements been changed to enable providers to offer choice and flexibility</li> </ul>	<b>Key principles of Personalisation are being introduced into framework agreements and contracts as they are revised.</b>				
	<ul style="list-style-type: none"> <li>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?</li> </ul>	<b>Received local research from voluntary sector to identify services required, barriers and support needs. Launched Micro Provider Project</b>				
	<ul style="list-style-type: none"> <li>To what extent are users, carers, providers and third sectors been involved in developing the commissioning strategy?</li> </ul>	<b>There are some examples of strong involvement for example in Derby's Dementia and Care Homes Strategy.</b>				
	<ul style="list-style-type: none"> <li>If you do have a strategy in place – or in draft form – are you willing to share it with other authorities in the East Midlands? If yes, please send it with your return.</li> </ul>					



<b>Milestone 5:</b>	<b>Local commissioning</b>	
	<ul style="list-style-type: none"> <li>• What are we planning to do next?</li> </ul>	<b>Consolidation of above work.</b>
	<ul style="list-style-type: none"> <li>• What could prevent us from achieving this milestone?</li> </ul>	
	<ul style="list-style-type: none"> <li>• What external support would help?</li> </ul>	<b>Data from other authorities about what non-domiciliary care is requested.</b>
<b>Key Risks and Mitigating Actions:</b>	Engagement of Voluntary and Community Sector	<b>Holding regular meetings to foster service development</b>
<b>Useful Information:</b>		