

**Meeting:** Executive  
**Date:** 9 February 2010  
**Subject:** 'Transforming People's Lives' –Transforming Care and Support Through Personalisation  
**Report of:** Cllr Mrs Hegley, Portfolio Holder for Adult Social Care and Health  
**Summary:** The report proposes a response to the national Putting People First concordat and local transformation plans which will improve performance, be financially sustainable and result in better outcomes for local people

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**Advising Officer:** Julie Ogley, Director; Social Care, Health and Housing  
**Contact Officer:** David Jones, Transformation Project Director; Social Care, Health & Housing  
**Public/Exempt:** Public  
**Wards Affected:** All  
**Function of:** Executive  
**Key Decision** Yes  
**Reason for urgency/ exemption from call-in (if appropriate)** N/A

## **CORPORATE IMPLICATIONS**

### **Council Priorities:**

- The proposed Transforming People's Lives programme will contribute to:
- Supporting and caring for an ageing population.
  - Promoting healthier lifestyles.

### **Financial:**

The immediate costs of the strategy, such as consultation and the project team, can be met from existing budgets, including the Social Care Reform Grant.

As the strategy develops and Personal Budgets and the RAS become further defined, these will be brought forward in separate reports with full financial implications.

### **Legal:**

The proposed approach in the report is consistent with current legislation. Legal input will be provided as more detailed proposals are developed.

**Risk Management:**

Transformation is supported by regional and national work through the Department of Health and Association of Directors of Adult Social Services. Oversight to be provided by the Local Strategic Partnership through the Healthy Communities and Older People Partnership Board.

The regulator, the Care Quality Commission, is monitoring progress.

**Staffing (including Trades Unions):**

No immediate direct implications. However, over the coming months functions and roles will be reviewed and the impact will be assessed as detailed plans are developed.

**Equalities/Human Rights:**

All Local Authorities are required to implement a range of equality legislation which requires the Council to:

- Understand issues relating to disability, gender, gender assignment, race, religion or belief, age and sexual orientation
- Engage with service users, local communities, staff, stakeholders and contractors to identify and implement improvements
- Tackle barriers which restrict access to services or lead to poorer outcomes when using services (e.g. inaccessible buildings, poorly publicised services and lack of employees understanding about the needs of particular groups)

Customers from more vulnerable sections of the Community may have lower levels of awareness of services and as a result may find it harder to access and use services. They may also feel uncomfortable when they do access a service if assumptions have been made about the types of activity people want to participate in, or staff do not understand or address their needs. Vulnerable groups could include older people, disabled people, people with low levels of literacy, people from poorer socio economic groups, people experiencing domestic violence, some people from ethnic minority communities including migrant workers and Gypsies and Travellers, and people from lesbian, gay, bisexual and transgender communities. As the Putting People First strategy is developed and consulted on, an equality impact assessment will be undertaken to ensure that these needs are identified and addressed. Reference will be made to the specific guidance on equality issues developed by CQC and formerly CSCI. Specialist training on these issues has been launched for social care staff in Central Bedfordshire.

**Community Safety:**

Risk assessment and enablement is an important part of support planning and is central to the proposed changes.

**Sustainability:**

No direct implications.

## RECOMMENDATION(S):

1. That the Executive approves the adoption of Putting People First, the national strategy, and supports the local draft vision statement for 'Transforming People's Lives' so consultation with stakeholders can commence.
2. That the Executive supports the proposed local partnership approach and governance arrangements as detailed in paragraphs 21 – 26 of the report.

*Reason for Recommendation(s): Central Bedfordshire Council is required to respond to the national Putting People First concordat and develop local transformation plans which will improve performance, be financially sustainable and result in better outcomes for local people.*

## Summary of Overview and Scrutiny Comments:

- The planned presentation to the Overview and Scrutiny Committee was cancelled because of the weather. This is now due to be given on 4 February and verbal feedback will be provided at the meeting.

## Background

1. **Putting People First** is a cross government concordat launched in December 2007 that sets the direction for adult social care over the next ten years. It requires the most radical changes since the establishment of the modern welfare state.
2. It is proposed that the changes should be at the heart of the Council's transformation programme and be developed in partnership with NHS Bedfordshire and especially the personal health budget initiatives. This response is proposed to have the most impact on improving outcomes for local people.
3. **Putting People First consists of four main elements:** (see diagram – appendix 1) Briefly these are:

**Universal services** - such as suitable housing, access to transport, including bus passes, leisure, including free swimming and libraries (to reduce social isolation, contribute to health and well being) and safe pavements (to reduce falls requiring hospital admissions which increases the need for longer term care), more accessible advice and information so people can make their own decisions about longer term support options illustrate that all Council directorates and other partner agencies have an important part to play.

**Early intervention and prevention** - there is increasing evidence (e.g. POPPS - Partnerships for Older People Projects) that re-directing investment to Telecare / Assistive Technology, health checks and re-ablement services reduces dependency and longer term costs (national research found that 58% of people utilising re-ablement did not need services afterwards).

**Social capital** - is about contributing to the development of relationships – such as support to carers, volunteering, and village care schemes (for example collecting pensions and taking people to appointments)– which increase the capacity of local communities to provide solutions and reduce the need for direct support from the state.

**Choice and control** - Although this report focuses more on Self Directed Support, especially Personal Budgets because of the performance requirements, the importance of the other quadrants should not be underestimated.

4. **Why is change required?** There has been a broad political consensus that current arrangements based on an out dated welfare model increasingly associated with rationing are not working and not sustainable with demographic trends (not only more older people but projected 100% increase in number of people with dementia over the next 20 years and people with complex needs living much longer) and peoples' expectations of greater choice and control over their lives. A common criticism is that often a number of workers provide care to an individual so there is a lack of continuity and the person has little control over their care arrangements. A citizenship model implies that individuals not only have more rights but have responsibilities to use funding to improve their health and well being and contribute if possible to their local community. Similar changes are taking place within NHS; for example the Staying in Control project for stroke sufferers and the personal health budget initiative which is soon to be launched.
5. This implies that major changes in organisational culture as well as the business processes will be essential. Already the majority of older people in Central Bedfordshire receiving care services are self funders and the vast majority of care staff is employed in the private and third sectors. Adult social care will increasingly be more of a catalyst rather than provider but will continue to have an important strategic role in the 'new world of personalised support'. During the period of transition, in common with all Councils, there will be some parallel running costs in the social care market until the new arrangements become the norm.
6. **A draft local vision, 'Transforming People's Lives'** has been developed (see appendix 2). This seeks to place the changes at the heart of the Council's transformation and the partnership approach being developed through the Healthier Communities and Older Peoples Partnership Board of the Local Strategic Partnership. Some preliminary presentations have been given to domiciliary and care home providers, to the Healthier Communities and Older Peoples Partnership Board, staff groups and the Social Care, Health and Housing Overview and Scrutiny Committee. However, before launching a more extensive engagement programme, provisional agreement is sought prior to consulting users, carers, partner agencies and other stakeholders.

### **Self Directed Support**

7. The foundation of the changes is around the radical expansion of the use of the Direct Payments approach and self directed support includes people in receipt of either Direct Payments or Personal Budgets.

8. There are a number of conditions to be met that would qualify as a Personal Budget and these are:
  - The person (or their representative) has been informed about a clear, upfront allocation of funding **an indicative budget** enabling them to plan their support and
  - There is an **agreed support plan** making clear what outcomes are to be achieved with the funding. The person (or representative) can use the funding in ways and at times of their choosing
9. There are wide variations in progress regionally and nationally. On the 31 March 2009 almost 93,000 people were receiving Personal Budgets (over 40% going to older people). The total is expected to rise to around 206,000 people by the end of March 2010. The Eastern Region is expected to be one of the higher performing areas.
10. People receiving self directed support (National Indicator 130) is a Local Area Agreement priority for Central Bedfordshire but the 15% target was not met for 2008/09. The disaggregated performance for Central Bedfordshire was 9.58% (628 people). As of 30 November 2009, performance was 11.6% - all Direct Payments; though some Personal Budgets have now been approved and progress is accelerating. The local targets are 18% (1,355 people) by March 2010 and at least 30% (2,258 plus people) by March 2011.
11. There are a number of national milestones to be met by April 2010, including developing a Prevention Strategy with our partners and the milestones extend to April 2011. (See appendix 3)
12. The transformation of care agenda has been supported by a Social Care Reform Grant for every Social Services Authority. The amount allocated to Central Bedfordshire is £677,000 for 2009/10 and £844,000 in 2010/11.
13. The customer journey through a personalised approach is shown at Appendix 4. There are local variants, for example whether advice and information is followed by re-ablement prior to offering self directed support. Proposed changes to the 'customer pathway' will be presented to a future meeting together with implications for the workforce, ways of shaping the local market and methods of allocating resources to individuals.
14. The system of allocating resources against individual needs (currently based on professional judgements) must be financially sustainable. Councils are required to develop a **Resource Allocation System** and national work is underway to assist Councils with this. Most Councils are using self/supported assessment questionnaires on needs and meeting outcomes to allocate points to individuals. Evidence suggests that people are more likely to under estimate their needs rather than seeks more costly support. The points are then added together to produce a monetary value – the indicative amount for the individual's Personal Budget. This is more transparent than the current arrangements and could mean that moving to another area enables the support arrangements to be portable although the points would probably have a different value to reflect local decisions / the local market.

15. The Council would continue to operate eligibility criteria (currently critical and substantial but being reviewed) as the means to determine access to public funding. The modelling of the RAS against current costs and ensuring it is 'future proof' is technically complicated but will be addressed as part of the project plan.
16. The Council needs to develop information, advice and support services so that it is able to assist the high number of people who completely fund their own care in Central Bedfordshire.

### **A Local Approach – 'Transforming People's Lives'**

17. As Central Bedfordshire is at the beginning of its transformation journey and needs to make significant progress, a number of steps have been implemented. A fast track approach has been developed so people are able to have Personal Budgets. A costing tool, based on current unit costs, is being used to calculate a person's indicative budget. This enables customers and staff to explore the use of Personal Budgets whilst the Council and its partners develop the RAS, improved information and advice and work with providers to shape the market.
18. The Care Services Efficiency Delivery Team (Department of Health) is working with the Council to improve the customer journey through personalisation (including amending business processes) and to improve the reablement service. Similarly, staff are working with regional colleagues utilising funding from the Regional Improvement and Efficiency Programme to fast track progress and improvement.
19. Operational Social Care Teams have been allocated targets for the numbers of people to receive Self Directed Support and support identified to assist in achieving this.
20. The Social Care Reform Grant is being used to fund a Transformation Project Director with high priority being given to cross Council working and developing a partnership approach with the NHS, Third Sector and other key agencies. Project management disciplines are being followed; with business cases, milestones, accountable officers and governance arrangements.
21. Local partners are keen to work together to improve outcomes for local people and are proposing an integrated approach that goes beyond transformation of social care and includes the wider Council and health. This is a more challenging ambition and will require thinking very differently about how care and support services are arranged and delivered. It will also require a partnership approach to governance.

### **Proposed Governance Arrangements**

22. A Programme Board is proposed consisting of senior officers from the Council (beyond the Social Care, Health and Housing Directorate), NHS Bedfordshire, BLPT/SEPT (Mental Health Trust) and the Third Sector. It will support the development of the Transforming Peoples Lives Programme and report to the Council's Executive/ Portfolio Holder, the Overview and Scrutiny Committee and the Healthier Communities and Older Peoples Partnership Board. (See Appendix 5 for proposed governance structure).

23. There will be a number of further reports to the Executive as key milestones are reached that require decisions, for instance, the adoption of the Resource Allocation System.
24. An Interim Implementation Management Group has been established which supports and monitors the progress of the five work streams:
  - Transforming the customer experience
  - Transforming the market
  - Transforming the workforce
  - Transforming the support systems
  - Transforming relationships

There are a number of project groups reporting to the work streams.

25. Users and carers will be actively involved in shaping the Transforming Peoples Lives Programme.
26. In conclusion, adopting the Transforming Peoples Lives approach will be challenging but will deliver the improvements and outcomes that the Council and its partners would wish to see for its population.

Appendices:

1. Transforming Peoples Lives' quadrants
2. Draft Local Vision
3. Putting People First: National Priorities and Milestones
4. Customer Pathway
5. Proposed Governance Structure

**Background Papers** (open to public inspection):

Putting People First (December 2007)

Available on the Department of Health website and from Melbourne House, Bedford