

Putting People First in Plymouth

This document sets out the, vision, structure and governance arrangements for the Putting People First Programme in Plymouth.

Why change?

Putting People First is the Government's vision for social care in the future. The main aim is to give people more choice and control over how they get support. We need to transform the way we currently provide adult social care as the current model is not fit for the future. Our social care system is “unclear, unfair, in-sufficient value for money and delivering the wrong outcomes for people” (David Behan: Director General of Social Care DH).

Why do we need a new approach?

The present system is based on matching a limited range of services to people's assessed needs. Costs are rising and services are under increasing pressures as society is changing. There are more people living longer and more people living longer with illness and disability. Local Authorities have tried to make the system more effective by introducing Fair Access to Care but this has resulted in high numbers of “self-funders” exposed with limited or no access to services. Despite local authorities attempts to become more efficient and increased investment in adult social care the evidence points to a model of care that is fundamentally broken.

Politically the timing is right: the policies needed to make personalisation happen has been implemented at an unprecedented pace. There is cross party agreement to explore how personalisation can start to unlock and release unproductive resources back into direct Social Care. In England £17.5 billion is spent each year on Social Care - 45% of which transaction cost – 55% direct support for people. The current system has created a dependency culture within which people seek permission from professionals. ‘Transforming Social Care’ (DH 2007) makes it clear that all local authorities have to change the way they provide adult social care. **“Personalisation is about whole system change, not about change at the margins”** The DH is clear that this is not a box ticking exercise, but a call to deliver significant change.

What works?

Worldwide studies and pilot programmes have shown that services with the following characteristics deliver positive outcomes for people and society:

- Decisions are made by or close to the individual
- People have control over the money and know how much they have to spend
- People are in control of what support happens
- Information and Support are readily available to all
- The local authority is no longer the ‘expert’ but is there to help people get the life they want
- People are able to make decisions about Value, Quality and Risk within reasonable limits

What do we have to do?

We have to change the way we work so that:

- People who use social care services and their families will increasingly shape and commission their own services.
- Personal Budgets will ensure people receiving public funding are able to use available resources to choose their own support services.
- The state and statutory agencies will have a different role - more active and enabling, less controlling.

The key principles we need to apply are:

- **Universal Services:** everyone should receive the high quality care and support they need
- **Choice and Control:** People to have maximum choice, control and power over the support services they receive
- **Prevention and Early Intervention:** High quality personally tailored services designed to help people to stay independent and healthy at home
- **Social Capital:** investing in communities so people can live as citizens contributing as equal citizens
- **Affordability:** the service must be affordable for government, individuals and families

There is no national model for how local social services will look in the future: we have to work that out for ourselves based on the above principles: but there are some specific outcomes that we are expected to deliver for our citizens. The guidance published by the DH explains that we will need a new adult care system that empowers people who use services and spend social care money differently and we will have to demonstrate significant progress within 3 years. For Plymouth this means that

- In 2009/10 we must have 15.4% of clients and carers receiving self directed support: that means 1,585 service users and carers with a personal budget,
- By end of 2011 this number must have increased to 36.2%: meaning 4,019 people should have a personal budget.
- By end of 2012 it should be the norm for people to have a personal budget

What are we going to do?

In future the role of the Local Authority will be to maximise choice and control, whilst effectively managing risk and will do this by providing:

- Good quality information and advice for citizens about how to stay well and independent
- Support for market developments and quality assurance so that services provided in Plymouth meet minimum standards and are provided in line with personalisation principles
- Promoting services that meet our locally developed and agreed "kite marks"
- Support when people need help in a crisis
- Funding to meet self assessed needs
- Risk enablement services : so we can help people to manage risks and stay safe

What is our Vision?

Self Directed Support is the term used to describe how we will give people who are entitled to social care a Personal Budget. This means people will know up front how much money the local authority has to buy services to meet their needs and aspirations. People can then decide how they want to spend that money to meet their needs and live life their way.

In Plymouth, we are aiming to get all new people eligible for social care on a Personal Budget from October 2009, and existing service users by October 2011.

Our vision is:

We will place citizens of Plymouth at the heart of a reformed social care system which will enable them to have greater choice and control over their lives.

We believe that every individual should be able to:

- Live as independently as possible
- Make their own choices to achieve their personal goals and aspirations
- Take risks if they want to
- Live their lives free from abuse and neglect.

We will work in partnership with service users, carers and other involved agencies to ensure that high quality and personally tailored services are delivered by putting the individual at the heart of their assessment experience and the introduction of Personal Budgets.

We believe that this will offer people more choice, flexibility and control in achieving their desired outcomes.

How will we achieve our vision?

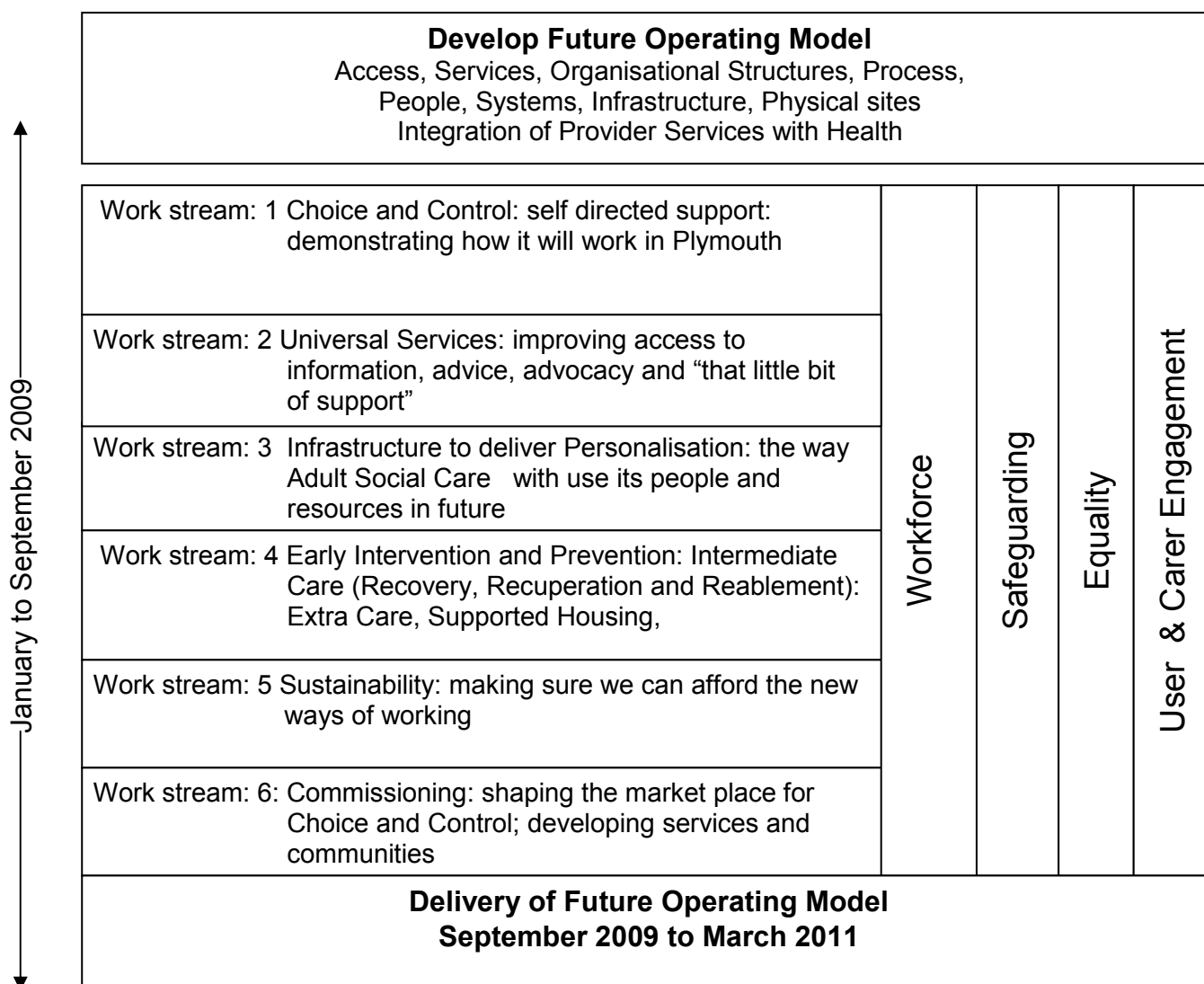
Each council has been allocated a Specific Support Grant to help with transformation. In Plymouth we are using the grant in 5 main ways:

1. Establishing a dedicated Transformation Team to lead us through the process of change
2. Creating time for care managers to try out new ways of working with clients and help us to identify and implement a new system for Self Directed Support
3. Running workshops and focus groups so we can work with all our stakeholders about the vision for transformation and how we get there
4. Commissioning some new services for people with low to moderate needs to help them to stay at home and prevent things getting worse:
5. Investing in new ways of providing people with information services so they can help themselves to stay independent

We have produced a high level programme plan which sets out how we will go about achieving change. The diagram below in figure 1 outlines the programme contents and timeframes.

In order to ensure that the programme is delivered a governance framework is in place and the programme is delivered there is a clear reporting structure detailed in Figure 2.

Figure 1: Plymouth Putting People First Programme



Programme Owners Group: Plymouth Partnership Board

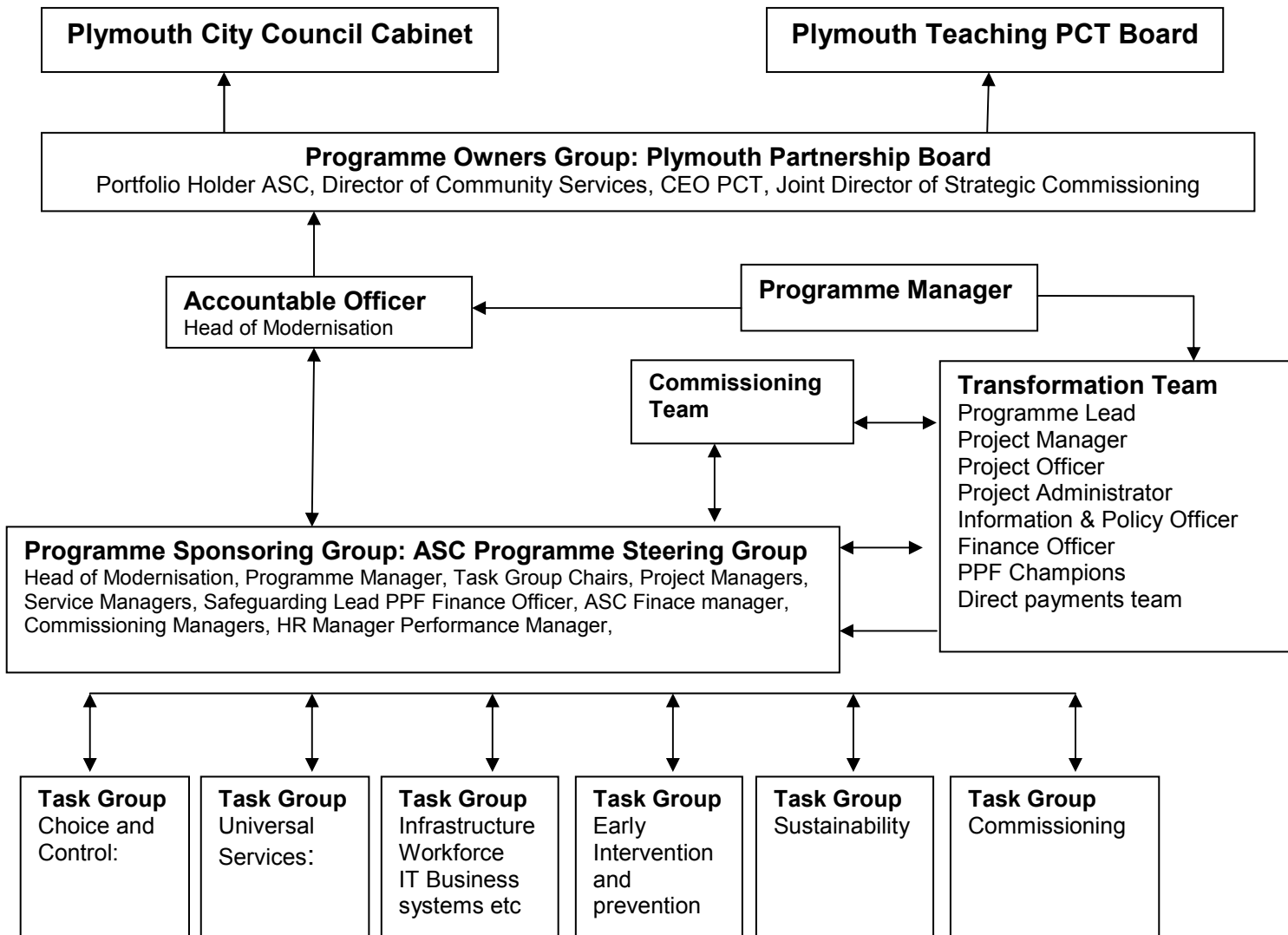
The role of this newly formed body is to set the strategic direction for Adult Community Health and Social Care Services in Plymouth and to ensure that commissioning plans are in place to deliver the strategic intentions. There are impacts and interdependencies within “Putting People First” and “Our Health, Our Care, Our Say” for the PCC and PCT and the Partnership Board will ensure that there is alignment for the effective delivery of the personalisation agenda.

The Director of Community Services for PCC and the Chief Executive of Plymouth tPCT will have overall accountability for delivery in line with their Executive responsibilities.

The Director Joint Strategic Commissioning works across PCCI and the PCT and is responsible for the commissioning of services within the both organisations and has accountability for delivery to both organisations.

The PCC Head of Modernisation: Adult Social Care is the senior responsible officer for the transformational change and is the conduit between the **Programme Owners Group: Plymouth Partnership Board** and the **Programme Sponsoring Group**

Figure 2: Plymouth Putting People First Structure and Governance Framework



Programme Sponsoring Group

The Programme Sponsoring Group will consist of the Adult Social Care Directorate Management Team and will be responsible for driving the programme forward and delivering the required outcomes and identified benefits; they will provide the necessary resource and commitment to support the Accountable Officer (Head of Modernisation) in designing the blueprint for the Future Operating Model and for the successful delivery of the transformational change.

Task Groups

These are being set up for each individual work stream. The Task Groups will be chaired by a member of Programme Sponsoring Group who will have accountability for the delivery of the project plans agreed by the Programme Sponsoring Group and will have project management and administration support from the Transformation Team.

Membership of each Task Group will consist of relevant stakeholders depending on the particular task; however each group is expected to include operational team leaders and staff plus provider and service user or carer representation.

Leadership and support to the Task Group Chairs will be provided by the Transformation Programme Lead.

The Transformation Programme Office

This would be the information hub and maintain standards of the governance of the programme change to include risk and issue tracking, maintaining a list of stakeholders and their interests and quality control around consistent practices and standards.

The Programme Office will be managed by the Transformation Programme Lead who is responsible for the overall co-ordination and delivery of the work programme reporting directly to the Accountable Officer (Head of Modernisation). The Transformation Programme Lead will have operational responsibility for the management of the Social Care Reform Grant on behalf of the Accountable Officer (Head of Modernisation).

What we have to do to deliver Putting People First in Plymouth

The tables below summarise the key actions we have to take to deliver our vision.

What we have to do to deliver Putting People First in Plymouth

STAGE	WHAT DOES THIS INCLUDE?	WHO MIGHT DO WHAT?	WHAT DOES PCC NEED TO DO TO MAKE THIS HAPPEN?
<p>Stage 1 Supported Self Assessment:</p> <p>Eligibility test, self assessment, moderation & identifying the indicative personal budget</p>	<ul style="list-style-type: none"> • Completing the SSAQ to establish no. of points • Testing the customer's needs against FACS to establish their entitlement • Using the RAS to translate points into an indicative level of funding (the amount of money that the Council deems to be no less than services already available to other local people with the same kinds of need) 	<ul style="list-style-type: none"> • Customers alone or with support (could come from family member, friend, another professional, 'care manager', voluntary organisation, contact centre, etc ... almost anyone ... because it's easy • Care manager's role is as a moderator (explicit de-professionalization of the assessment process) • Funding panel reviews all of the material and agrees the indicative personal budget 	<ul style="list-style-type: none"> • Develop SSAQ • Develop a RAS • Revise assessment procedures to enable robust resource allocations • Identify teams to demonstrate the SDS process • Set up development days for SDS teams • Issue the SSAQs & the RASs, & make public • Use the SSAQ & RAS at the point of first contact & assessment and at annual reviews in identified demonstration areas • Integrate SSAQ scores & indicative PBs into CF6. • Monitor financial impact and forecast outcomes based on demonstration sites • Evaluate risks to the Council through the demonstration sites. • Specify customer & workforce development plans as a result of demonstrator sites • Align social care Personal Budget (PB) with other funding streams to create a genuine Individual Budget (IB). • Develop / identify advocacy support
<p>Stage 2: Support Planning</p> <p>Working out what support is needed to achieve outcomes and aspirations</p>	<ul style="list-style-type: none"> • The customer works out how they should use the money to meet their needs in a way that suits them best • Investigate other funding sources • Investigate all forms of paid and unpaid support 	<ul style="list-style-type: none"> • Customers alone or with support • Support to do this could come from many sources, e.g. <ul style="list-style-type: none"> ○ Family & or friends ○ Circles of support ○ Peers ○ Workshops 	<ul style="list-style-type: none"> • Tell people what is required in a support plan, e.g.: <ul style="list-style-type: none"> ○ Person centred & Self-determined ○ Clear, practical, safe ○ Managed ○ In budget ○ Legal ○ Outcome based ○ Risks assessed and managed ○ Contingency plans

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	<ul style="list-style-type: none"> • Explore opportunities for supported employment • Write a support plan that meet the criteria required by PCC, eg within the PB level, to meet specific outcomes (CSCI) 	<ul style="list-style-type: none"> ○ Support brokers ○ Support providers ○ Advocacy agencies 	<ul style="list-style-type: none"> • Create a toolkit for customers to help them to do SDS • Identify local sources of assistance to help people plan • Set up workshops to support customers from demonstration areas • Make SDS support workers available to plan in crisis situations • Specify & deliver customer & workforce development plans as a result of demonstrator sites • Develop / identify support for people to write their own support plans • Develop / identify advocacy support
<p>Stage 3:</p> <p>Decision Making Making sure the plan will meet needs and keep the person safe</p>	<ul style="list-style-type: none"> • The customer checks out assessment & support plan with PCC and any other funders (eg Health, ILF, etc) • PCC decides whether it is able to make an agreement with the customer • PCC checks plans, challenges unacceptable plans and agrees plans that meet the required criteria • Agree arrangements for review • Appeal process to resolve disagreements 	<ul style="list-style-type: none"> • Customer and an Agent (someone acting on their behalf – but not necessarily someone who wrote the plan) • ‘Care manager’ • Panel • Customer, their Agent & the ‘care manager’ • Management 	<ul style="list-style-type: none"> • New process for agreeing individuals’ support plans • Integrate required information for SP onto CareFirst • Policy on mental capacity and agreeing to work with an agent • Criteria for evaluating support plans, including risk enablement • Business administration systems to record and notify customers about decisions • Review appeals process in the light of SDS • Specify & deliver customer & workforce development.

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<p>Stage 4: Manage the Budget</p> <p>Make a Personal Budget Contract through a Direct Payment ,Brokered Fund, Care Managed service or any combination</p>	<ul style="list-style-type: none"> • Being clear that the PB is being given for a purpose and checking that that purpose is fulfilled • Agreeing one-off funding re set-up costs in a new home • Agreeing recurrent funding re transitional funds, changes to the home or work environment (ICES, DFG, Access to Work etc) • Clarifying other sources of funding viz SP, ILF, LSC, CHC, other Council expenditure • Calculating the contributions and deducting from the PB • Issuing, signing & exchanging the contract • Opening a bank account • Agreeing monitoring and audit arrangements 	<ul style="list-style-type: none"> • Customers • A customer's representative • Individual organisation to broker the funds • Service provider, via an Individual service Fund (ISF) • 'Care manager' where the services are to be purchased or directly provided by PCC • Mix & match • 'Funding panel' 	<ul style="list-style-type: none"> • Agree appropriate audit mechanisms with Internal Audit team – proportionate, trusting the customer and their Agent • Agree arrangements for making funding decisions • Adopt / adapt a personal budget contract • Implement the ILF Protocol agreed with In Control • Agree arrangements for either side giving notice on the use of PCC directly provided services • Agree payment arrangements – via extension of existing DP system (must not duplicate / replicate) ie Indirect Payments • Review financial assessment & charging policy • Develop CareFirst to record relevant information • Specify & deliver customer & workforce development (eg managing own PB)
<p>Stage 5: Organising Support</p> <p>Putting in place the servcives identified to achive outcomes and aspirations</p>	<ul style="list-style-type: none"> • The customer and their supporter(s) organise the support that they need as agreed • Purchase from existing providers • Recruit and organise own support, inc. 	<ul style="list-style-type: none"> • Customer • A representative • Individual organisation to broker the funds • Service provider, via an Individual Service Fund (ISF) 	<ul style="list-style-type: none"> • Market shaping – Commissioning to manage the change in the nature of provision: <ul style="list-style-type: none"> ○ Supporting providers in changing to new forms of provision (70% customers will have personal assistants; tailored support; service development strategies) ○ Changing provision – in house services, independent providers, change process

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	<ul style="list-style-type: none"> • Personnel services • Finance services • Insurance • Use PCC in house services • Buy / purchase / pay for the things in the plan 	<ul style="list-style-type: none"> • 'Care manager' where the services are to be purchased or directly provided by PCC • Mix & match 	<ul style="list-style-type: none"> • Free up resources tied up in: <ul style="list-style-type: none"> ○ Bureaucracy re charging & collection ○ In-house services ○ Commissioned services • Community development – Community Services & Sustainability along with local partners to implement a broader strategic purpose with regards to disabled people: <ul style="list-style-type: none"> ○ Empowerment ○ Inclusion ○ Accessibility ○ Leadership • Local Area Agreement targets • Department of Work & Pensions • Learning & Skills Council • Support to customers in managing their own contracts • Information for customers about support & 'services' that are available
<p>Stage 6: Life Live</p> <p>The point of delivery.</p> <p>Individualised support is delivered – the customer lives their life</p>	<ul style="list-style-type: none"> • The customer has more: <ul style="list-style-type: none"> ○ Independence ○ Choice & Control ○ Decision-making • Community inclusion • Own home • A job • Equipment • Skills 	<ul style="list-style-type: none"> • Personal assistants • Family, friends & neighbours • Live-in support 	<ul style="list-style-type: none"> • Knowledge about what currently works and doesn't work • Customer feedback • Research & evaluation to monitor the impact of the implementation • Work with In Control, iMPower, CSIP & others on a new approach to gathering data about outcomes • National Performance Indicators • Peer development • Iterative feedback loop to review, revise &

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			improve what we do at steps 1-5 <ul style="list-style-type: none"> • Contingencies in place to respond to crisis / emergency failures in customers' support arrangements
<p>Stage 7: Review and Learn: Is it working for the customer? Are Council tax payers getting VFM? What are the lessons that can be shared with other disabled people? Measure improved customer satisfaction & outcomes</p> <p>Learning & experience of customers feeds into others who are at the support planning stage</p>	<ul style="list-style-type: none"> • Reviewing outcomes & financial arrangements • Self review • Peer review • External review • Care Audit moderation 	<ul style="list-style-type: none"> • Customers and their representative / Agent • Peer support groups • Care Audit 	<ul style="list-style-type: none"> • Developing peer review • Target the auditing of accounts • Use customer feedback to inform customers about good services: <ul style="list-style-type: none"> ○ Based on evidence ○ Avoid defence of prevalent systems • Establish mechanisms for customers to seek redress where they disagree • Record on CareFirst • Specify & deliver customer & workforce development.