

**STRATEGY FOR THE IMPLEMENTATION
OF 'PUTTING ME FIRST' – PERSONALISED
ADULT SOCIAL CARE SERVICES IN
SLOUGH**

August 2010

1. Introduction – Putting me First

Adult Social Care services provide support to vulnerable and disabled people. In Slough, approximately 3,500 people are in receipt of care and support either provided or commissioned by the council in any given year. How the care and support is provided is changing to reflect and deliver the aims of 'Putting People First', the national policy to deliver more personalised social care support.

In Slough we have called this work '**Putting Me First**' to reflect the focus on meeting the needs of our residents.

The 'Putting Me First' strategy identifies the approach to be taken in Slough to deliver the significant changes needed whilst reflecting the context of Slough's particular local conditions and needs.

The strategy identifies key priorities as:

- Increasing choice and control for service users
- Urgent Care, early intervention and preventative
- Enabling people to live independently
- Enhancing Citizenship & Access to community based services
- Improving Customer responses
- Providing targeted preventative support and support for carers
- Ensuring personal safety and high quality service provision

Implementing the strategy will deliver direct benefits for vulnerable and disabled people in Slough. These include:

- Improvements to customer responses at the first point of contact
- Improved access to consistent and high quality information
- A re-ablement service to promote recovery and minimise the need for long-term care
- Better integration of adult social care service users in the community through the use of services such as leisure, adult education, libraries and community centres for people with disabilities

These improvements to services will enable more vulnerable and disabled residents to:

- Have increased opportunities to make informed decisions about their lives, including how their assessed eligible needs could be met
- Have good information, advice and support to inform their choices
- Continue to live for as long as possible in their own homes, avoiding the need for residential or nursing care
- Have increased opportunities to make a positive contribution to their communities and neighbourhood

And, as a consequence of the improvements, we will:

- Support more people to live at home for longer
- Reduce the costs of long term care

- Deliver efficiencies through changes to working systems, structures and patterns of service delivery

2. Links to Slough's Sustainable Community Strategy

The Slough Putting Me First strategy will contribute to the delivery of Slough's Sustainable Community Strategy in a range of ways:

- *Health and Wellbeing* will be promoted by supporting and enabling people to make informed choices about the care and support they receive. There will be early interventions and reablement services to aid recovery and promote health. The provision of effective and tailored services will enable people to live socially inclusive and active lives and to continue to live independently for as long as possible.
- *Community cohesion* will be enhanced by enabling and supporting people to become involved in community activities and in supporting access to services for vulnerable and disabled people.
- The provision of improved public information and the focus on ensuring personal safety and high quality service provision will promote *community safety*.
- There will be support available for adult social care users to access adult learning, leisure, culture, volunteering and employment opportunities to address the *economy and skills* agenda. New types of services and job roles such as individual support workers will also evolve which will provide opportunities for local employers and individuals.

3. Why are we making these changes?:

The way in which the council and its partners, including health services, operate in the future must develop to respond effectively to local people and to find new ways of working within the limited resources available. The services and support available have to meet the changing needs in our communities and to ensure that resources are used most effectively to support the most vulnerable in our society.

These changes do not relate only to adult social care services, but will also have implications for the council as a whole and for partner organisations. The changes will contribute to the council's wider transformation agenda, ensure value for money and deliver efficiencies through new ways of working and improved outcomes.

The aims, objectives and key actions set out in this strategy will:

- Further develop joint working with NHS partners to deliver co-ordinated services to support recovery and to prevent admissions to acute hospital care
- Improve customer responses at the first point of contact and assist people in making their own choices through access to high quality information
- Support the development of services in the community which change the historic pattern of provision and provide a range of alternative support options that deliver to the council's priority objectives
- Deliver efficiencies by streamlining processes
- Focus on promoting independence and where possible reducing the need for long term care
- Give service users greater choice and control over the support they receive
- Provide better integration of adult social care service users in the community through increased use of services such as leisure, adult education, libraries and community centres
- Promote more active engagement of people in their communities

4. What are the views of our customers and other stakeholders:

Throughout the development of this strategy there has been extensive engagement of and consultation with service users, carers and other stakeholders such as voluntary and private sector provider agencies, as well as with council staff.

There have been regular presentations at:

- Partnership boards involving all partners
- Providers forum meetings
- Staff conferences
- Community Care Forum
- Specific events including World Mental Health Day, Learning Disability 'Our Big Day'
- Personalisation User and Carer Reference Group
- Personalisation Stakeholder conference

These events have been welcomed by participants who have appreciated the information provided to them and the opportunity to influence the shape and development of this strategy.

- A number of favourable comments have been received on the positive developments to promote independence such as the introduction of Extra Care housing, and the effective work undertaken by the Intermediate Care Service. The proposals to build on these initiatives through, for example, the establishment of the reablement service have been welcomed.

- There has also been positive feedback on choice and control for users through the use of personal budgets, and users currently in receipt of Direct payments have talked about the benefits they have experienced through being able to have choice over their support.
- Stakeholders have stressed the need for clear information to be provided about how personal budgets will be arranged and managed to ensure that people understand issues around eligibility, rights and responsibilities. These issues will be addressed by the provision of a range of appropriately targeted public information.
- There has been important feedback on customer experiences when contacting the council. Proposals to improve these services have been particularly welcomed and form key actions and priorities within the strategy and the council's wider improvement programme.

As the strategy is implemented engagement with stakeholders will continue through the forums mentioned above, and public information on developments will also be provided through press articles, the website and leaflets.

5. The National Policy Context:

In December 2007 the document '*Putting People First – A shared vision and commitment to the transformation of Adult Social Care*' was published by the Government. It sets out the vision and policy direction for Adult Social Care for future years.

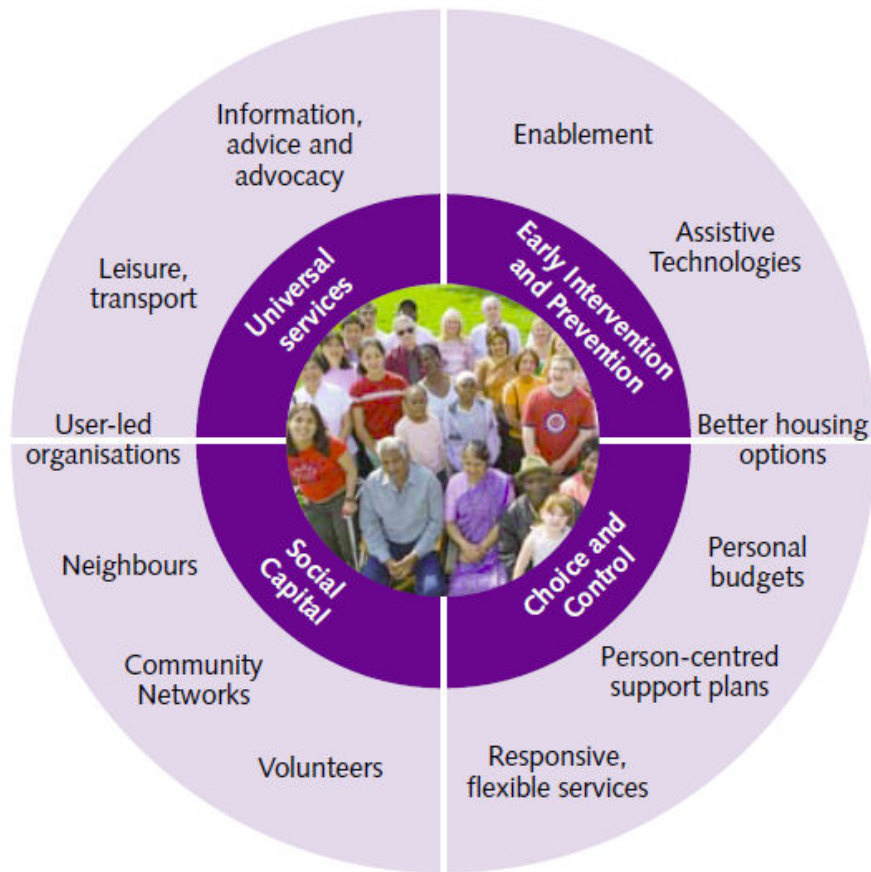
There is a commitment to reform existing adult social care systems to respond to changing demographic needs such as significant increases in the number of older people

The concept of 'Personalisation' is at the core of 'Putting People First'. This means that people with adult social care needs will:

- have choice and control over the support they receive
- benefit from safe services which promote independence, well-being and dignity

The principles of 'personalisation' will be the same whether people have services arranged for them, or if they fund their care themselves.

The national policy has four key components which are illustrated in the diagram below.



In summary, the national policy states:

Universal Services:

People should have good access to universal services such as transport, leisure and education as well as information, advice and advocacy.

Prevention and Early Intervention:

Systems and services should be developed to help people early enough or in the right way to enable them to stay healthy and to recover quickly from illness. This approach will focus on helping people to live at home independently and preventing them from needing social care support for as long as possible.

Choice and Control:

People who are assessed as eligible for care and support from the council should have choice and control over what support they receive, who from and how this is managed. Through Personal Budgets people will know how much money is available to fund their care and will have access to advice to help them to decide what care they want to purchase.

Social Capital:

A person's engagement in the wider community can have positive effects on their health and well-being. The aim is to ensure that everyone has the opportunity to be part of a community and to experience the benefits that can

come from meaningful engagement with families, friends, neighbours and community groups.

To deliver 'Personalisation' many changes will be needed, not just in adult social care services, but also in other parts of the council and in partner agencies such as the NHS and independent sector organisations.

6. The service model for Slough:

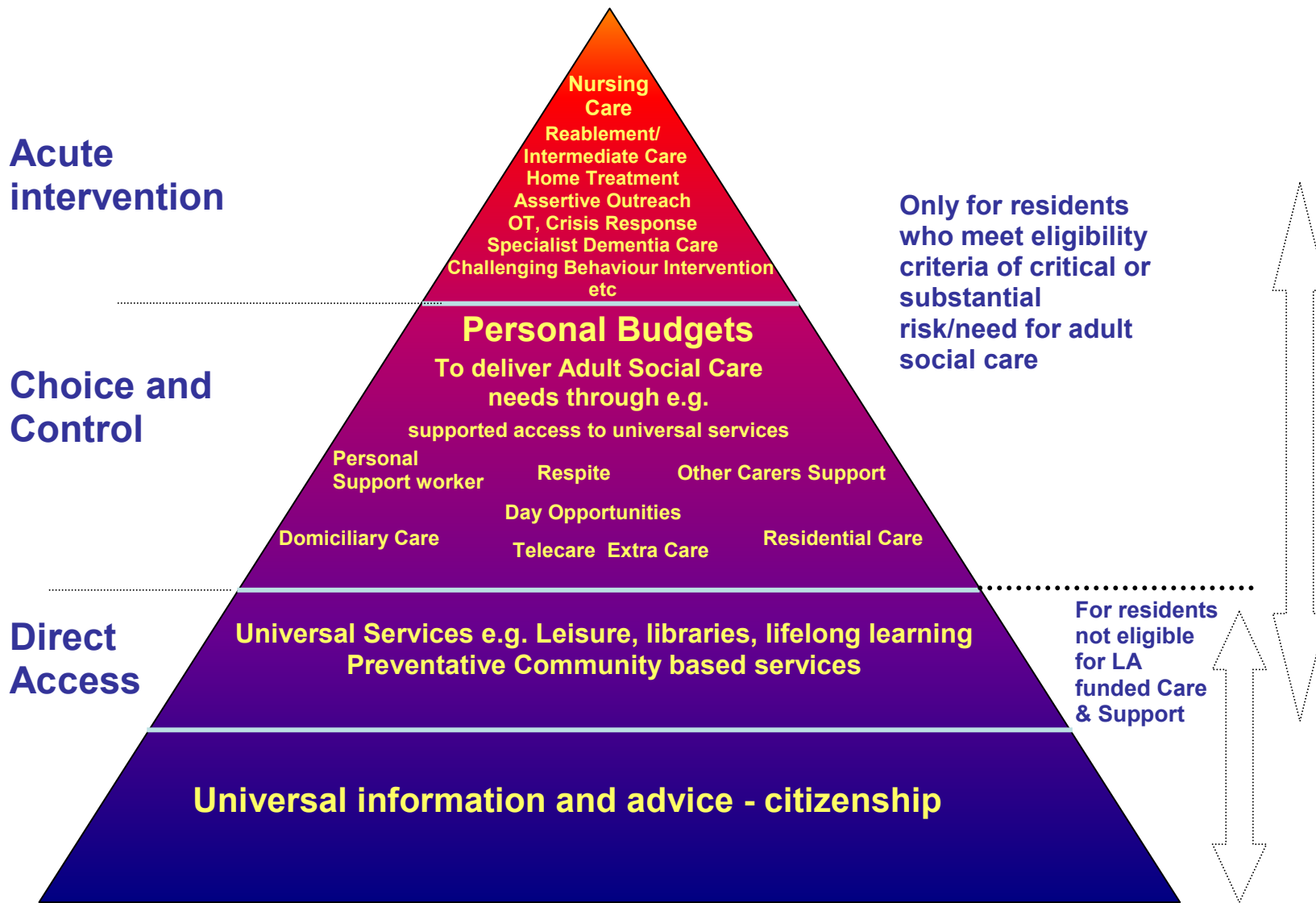
The diagram below illustrates the range of options and support that will be available to residents.

For those not eligible for local authority funded social care and support, there will be access to information and advice. This will enable residents to make their own choices or be signposted to appropriate services and support available in the community which can be accessed directly.

All residents will also be able to directly access community based services such as leisure, libraries and life-long learning provided by the council or other agencies . Community based preventative services will be targeted at and available to those with moderate needs.

People who meet the eligibility criteria for adult social care will be allocated a personal budget and will be able to exercise choice and control over how the budget is used to meet their eligible needs. The diagram gives some examples of the types of support people may wish to purchase. Eligible service users will also have access to the directly accessed information, advice and community based services.

There will be a range of more acute service interventions for eligible people at the point of initial referral or who have complex needs.



7. The Customer Journey:

The diagram at Appendix 1 illustrates in detail the customer journey through the new system.

In summary:

- At the point of initial contact, advice and information will be available to all
- Following initial screening assessment to determine eligibility, those not meeting the criteria for adult social care will be signposted to appropriate community based services
- People who, following a financial assessment, are judged to have sufficient resources to fund their own care will have access to advice and information to assist them in purchasing their care
- If a person meets the social care eligibility criteria, appropriate support will be arranged for those whose care is to be funded in full or in part by the local authority. For most people this will be a reablement service
- Following reablement intervention or another initial service response, if a person requires on-going social care support they will be assessed for a personal budget to meet eligible needs
- A support plan will then be developed, usually with the support of a broker. This will require approval by the council, after which support will be arranged and put in place
- An annual review is then undertaken by a social care professional

| | | | |
|---|--|--|---|
| Eligibility and Cost to Customer | Non-chargeable for all residents and self funders | For people requiring low level support (not eligible for adult social care) and self funders | Self funders - fully chargeable All other users eligible for adult social care following fair access to care assessment and financial assessment |
| Service Offer | Information and advice | Preventative Services | Adult Social Care Targeted Services |
| Strategic Approach | Co-ordinated information and advice One Council integrated approach | Setting new commissioning priorities within financial limits to deliver the Council's key objectives | Service options targeted to early intervention and prevention promoting independency in the community with use of personal budgets |

8. PRIORITIES FOR DELIVERING 'PUTTING ME FIRST' IN SLOUGH:

By implementing the changes set out in this strategy to deliver personalised adult social care services in Slough we will achieve a range of outcomes for service users.

The sections below identify the priorities and key actions required locally.

8.1 Increasing choice and control for service users:

Our aim is to ensure that service users and carers who are eligible for adult social care services are able to exercise informed choices over the care and support they receive to meet their assessed and identified needs.

If a person is assessed as being eligible for on-going adult social care support, they will be allocated a '**personal budget**'. Within the resources made available to meet identified eligible needs, service users will have the opportunity to make choices about the type of support they receive, how that is delivered and by whom. There are different ways in which people can make the choices about and take control of their personal budgets and care.

Some service users may wish to take some or all of their Personal Budget as a *Direct Payment*. In these cases the user takes on full responsibility for managing the money and the support they purchase. This approach can work well for users who are more confident and able, but others may not wish to take on these responsibilities. Direct payments have been available for a number of years and uptake has been steadily increasing. As at the end of March 2010 there were 544 service users and carers receiving Direct Payments in Slough.

Other service users may choose to have a *managed personal budget*. In these cases the user will still be able to choose what care and support is purchased, but the budget will be held by someone else (such as a Care Manager) on their behalf. This option is likely to be popular as it affords the user choice whilst not giving them significant responsibility for on-going management of their care and support or responsibility for managing money.

For people with complex needs who are receiving high levels of care in, for example, a nursing home they will be able to express preferences over how their care is delivered on a daily basis and will have choice over the quality and design of the care.

During the early months of 2010 a pilot scheme involving new service users over the age of 50 has delivered personal budgets to a number of local people. This has enabled service users to have greater choice over the type of support they receive. There has been positive feedback from service users and carers who have valued the opportunity to develop their own support plans and have also found the process to be user focused.

This approach now needs to be rolled out to other client groups and eventually to become the 'norm' for all new and existing service users and carers

Following allocation of a personal budget, many service users will require support and advice to enable them to develop their support plan and to identify appropriate services to deliver their plan. This type of help is known as '**brokerage**'. Brokers will have detailed knowledge of the range of services and support options available locally, and will need to be imaginative and creative in their approaches to support planning to enable service users to make best use of the resources available to meet their specific individual needs. A new job role of broker will be established within adult social care services, which will take on responsibility for developing and implementing support plans. These tasks are currently undertaken by care managers. The new positions will be delivered within existing resources by reconfiguring job roles. Options for externally provided brokerage will also be explored, again funded from existing resources.

We will:

- Make personal budgets available to all new and existing service users from autumn 2010
- Provide personal budgets for 30% of our service users by March 2011
- Establish brokerage roles within adult social care services and explore options for commissioning external brokerage support

8.2 Urgent Care and Early Intervention:

The council works closely with partners in the health services to provide support to people requiring urgent care to meet immediate and complex needs.

New initiatives are already being developed in partnership with the PCT which include **rapid response and hospital avoidance** services. These will consist of integrated health and social care teams focussing on people with failing health conditions to provide medical interventions and support at home where people's conditions do not require the facilities of acute hospital settings. These approaches will build on the concept of Intermediate Care

Targeted intensive support services to respond to people in acute need are also in place for mental health service users. These include Crisis Response, Early Intervention and Assertive Outreach Teams.

We will:

- Continue to work with health partners through the joint development of enhanced intermediate care services to reduce hospital admissions and facilitate timely discharge
- By April 2011 provide new hospital avoidance services for people with long term conditions in partnership with the PCT.

8.3 Enabling people to continue to live independently:

Promoting and maintaining independence continues to be a priority in Slough.

We will focus on providing support that enables people to continue to live in their own homes for as long as possible. This will build on achievements in recent years which have seen an increase in the number of people supported to live in their own homes, and consequent reductions in the numbers in residential care. There are three main elements:

1. Extra Care housing
2. Intermediate Care and reablement
3. Assistive technology

In terms of **housing**, the provision of 128 units of Extra Care housing for older people in recent years has enabled significant numbers of service users to remain in community based settings rather than being admitted to residential care. These initiatives have reduced costs for the council.

There have also been developments in the range of supported housing options, for example for people with Learning Disabilities and those with Mental Health problems which have also enabled people to live in the community rather than in residential care.

However, the levels of residential care purchasing for people with Learning Disabilities and Mental Health problems remain comparatively high in Slough, and the further development of extra care type models for these client groups and people with early stage dementia will contribute to reductions in residential care admissions and will deliver cost benefits.

The **Intermediate Care Service** provided in partnership with health colleagues has proved effective in enabling people to maintain independent living in the community. Approximately 600 people benefitted from the service during 2009/10 with 90% of them remaining independent 91 days after the intermediate care input.

There is good and extensive research evidence to show that targeted short term interventions with service users are effective in enabling people to recover from illness or injury by learning or re- learning skills necessary for daily living. This support

- maximises independence in people's own homes and offers choice and quality of life
- minimises the level of ongoing support required and delivers efficiencies

Our objective is to extend the benefits of intermediate care to more older people and people with disabilities. We will provide reablement input to people eligible for care services relevant to their need. We anticipate that this will be an appropriate service response for up to 80% of people eligible for services.

Research also confirms that use of **assistive technology** (also known as telecare) such as alarms and motion sensors is successful in maintaining and supporting independent living and preventing or delaying admission to residential care.

We will:

- Establish a multi-disciplinary reablement team based upon the existing intermediate care team and redesign of the existing internal home care team. This will provide support for a period of up to 8- 12 weeks to aid recovery and minimise long term care requirements and costs
- Increase the use of Telecare and assistive technology to enable people to continue to live in their own homes, including people with dementia
- Further explore the provision of community based housing options to avoid residential care for younger people with disabilities and chronic illness

8.4 Enhancing Citizenship & Access to community based services:

For people who meet the eligibility criteria, and those who do not, access to community based services can form an important element of their care and support.

This can include leisure, libraries, adult learning and services available through community centres and voluntary sector organisations.

Active involvement of people in their communities can bring positive benefits for individuals and we aim to maximise the value this can bring to supporting people with low level needs within the community.

During the last year there have been greater links forged between day care services and community based services with regular sessions established in libraries and sports facilities for day centre users and a range of adult learning opportunities provided. The aim is to build on and expand these initiatives to make available new opportunities for people currently attending traditional day centre services to access the range of community offers in the Borough.

People may also increase their involvement in their community through the use of their personal budgets to engage support to enable them to access community services. That support may be provided by family members or neighbours which would further enhance community engagement.

We will:

- Implement new service models and opportunities for day services
- Explore opportunities to increase access to community based services including adult education, libraries, leisure and community centres
- Encourage and support the involvement of people in their communities and neighbourhoods

8.5 Improving Customer responses:

A key element of the Putting Me First strategy is to ensure universal access to information and advice services. This is not just information and advice about social care services and support options, but will also cover the needs of the wider community and all information needs.

Information needs to be readily available to:

- All local residents for any of their needs
- Signpost those not eligible for adult social care to community based support
- Enable those responsible for funding their own care to make informed choices
- Enable people eligible for adult social care to make decisions on how to use their personal budget

There are a number of different ways in which residents of Slough can access information and advice. We will ensure this is better co-ordinated and streamlined to ensure easy access to consistent, high quality comprehensive information which is accessible to all.

A key development will be improving the initial customer contact points for people to ensure that they receive prompt responses. This will be managed as part of a wider council review of customer contact functions and services ensuring a consistent 'one council' approach.

These improvements will:

- improve the range of information available
- enable residents to access information for themselves
- reduce the volume of contacts and enquiries for general information which are currently passed on to specialist staff
- deliver efficiencies in the provision of services.

We will:

- Explore options for the provision of universal advice and information with a focus on a 'one council' approach to ensure consistency
- Ensure advice and information is accessible to all in a variety of locations and formats
- Deliver timely customer responses at the first point of contact

8.6 Providing Preventative support and support for carers:

Much support for vulnerable and disabled people is provided by family members or unpaid carers. Support in the form of respite breaks for carers and access to information and advice can be important in enabling carers to continue in this role. Carers assessed as eligible for council funded support

will be able to use personal budgets to purchase services such as respite breaks.

Community based preventative services have an important role to play in supporting people who do not meet eligibility criteria, as well as being an element of support for those who are eligible.

The services currently available have developed incrementally over a number of years and there is some overlap and duplication in the services provided. We need to consider the range of preventative services available in the community in the context of the current fiscal pressures and the increasing focus on targeted services which deliver our priorities and support those most in need.

The range of services commissioned will be reviewed and recommendations made on the priorities for future service provision.

User Led Organisation:

Department of Health guidance recommends that there should be a user-led organisation (ULO) in place in each adult social care authority area. A ULO can provide a range of services, including information and advice, advocacy and peer support, support in using direct payments and personal budgets, and disability equality training.

There are specific characteristics which define a ULO including:

- providing support to enable people to exercise choice and control
- is a legally constituted organisation
- has a minimum of 75 per cent of the voting members on the management board drawn from the organisation's constituency
- is able to demonstrate that the organisation's constituents are effectively supported to play a full and active role in decision-making
- has a clear management structure
- has paid employees, many of whom must reflect the organisation's constituency
- identifies the diverse needs of the local population and contributes to meeting those needs
- is accountable to the organisation's constituents and represents their views at a local level
- works with commissioners to improve commissioning and procurement

There is currently no organisation in Slough which meets the criteria of a ULO in terms of characteristics and functions, but there are a number which deliver some of the services (eg information, advice and advocacy). These organisations generally meet the needs of one particular service user group.

Options are being explored to commission a ULO which could operate across all user groups to provide brokerage, advocacy, information and advice. The provider will be required to deliver these services and either

already meet the characteristics of a ULO or be in a position to achieve them quickly as part of contractual requirements.

We will:

- Develop commissioning priorities and strategies to identify the range of preventative services and services that support carers to be commissioned over the next five years
- Explore options for the provision a User Led Organisation to provide information, advocacy and brokerage support

8.7 Ensuring personal safety and high quality service provision:

Ensuring that service users are safe and are protected from abuse and neglect is a key priority in Slough. The multi-agency independent Safeguarding Vulnerable Adults Partnership Board co-ordinates and monitors this work. The Board's primary responsibility is to ensure that the agencies working in Slough in the statutory and independent sectors have clear policies and procedures to ensure strong and effective safeguarding practice within and between agencies.

There will be new challenges to address as people choose their care from services which are not provided or commissioned by the local authority and which are not subject to formal regulation. These will include ensuring that services are of high quality and meet appropriate service standards and that information on these issues is readily available to people when making decisions on purchasing their care.

We will:

- Ensure that brokers and the brokerage service are fully trained and aware of all aspects of safeguarding and can assist service users to make informed safe and risk-managed choices
- Apply and support brokers and providers with due process around CRB checking and independent safeguarding authority standards
- Monitor and audit providers of support to ensure they conform to acceptable standards
- Share local knowledge of risks
- Ensure brokers and support providers are aware of, understand and can apply multi-agency procedures for the safeguarding of people

9. CHANGES IN WAYS OF WORKING TO DELIVER THE MODEL

In order to deliver the strategy there will need to be significant changes to organisational structures and processes, key policies, staff roles and responsibilities, and to the range of services commissioned and available in the community to meet individuals' needs. These changes will have training, learning and development implications for staff both within the council and in partner agencies, and will involve a cultural shift in the ways of working.

A number of specific actions will be required. These include:

- Developing personalised support plans for all users and carers
- Introducing a Personal Needs Assessment and a Resource Allocation System (RAS) to deliver personal budgets for users and carers
- Redesigning our existing structures and processes to ensure people in need are responded to quickly and effectively
- Training and supporting our staff through organisational change to ensure they have the right skills and are in the right structures to deliver Putting Me First
- Changing how we arrange, buy and provide services to deliver person centred care
- Developing and promoting the market to deliver flexible support options
- Working with partners to identify ways they will change and develop to deliver personalised care and support services
- Reviewing and revising the existing charging policy for services to ensure equity for all service users

9.1 Redesign of care management team structures and functions:

The structures and functions of existing teams will need to be revised to deliver 'Putting Me First'. Some job roles will change accordingly (eg new role of broker). These changes will affect adult social care services, but will also impact on other functions such as initial customer contact.

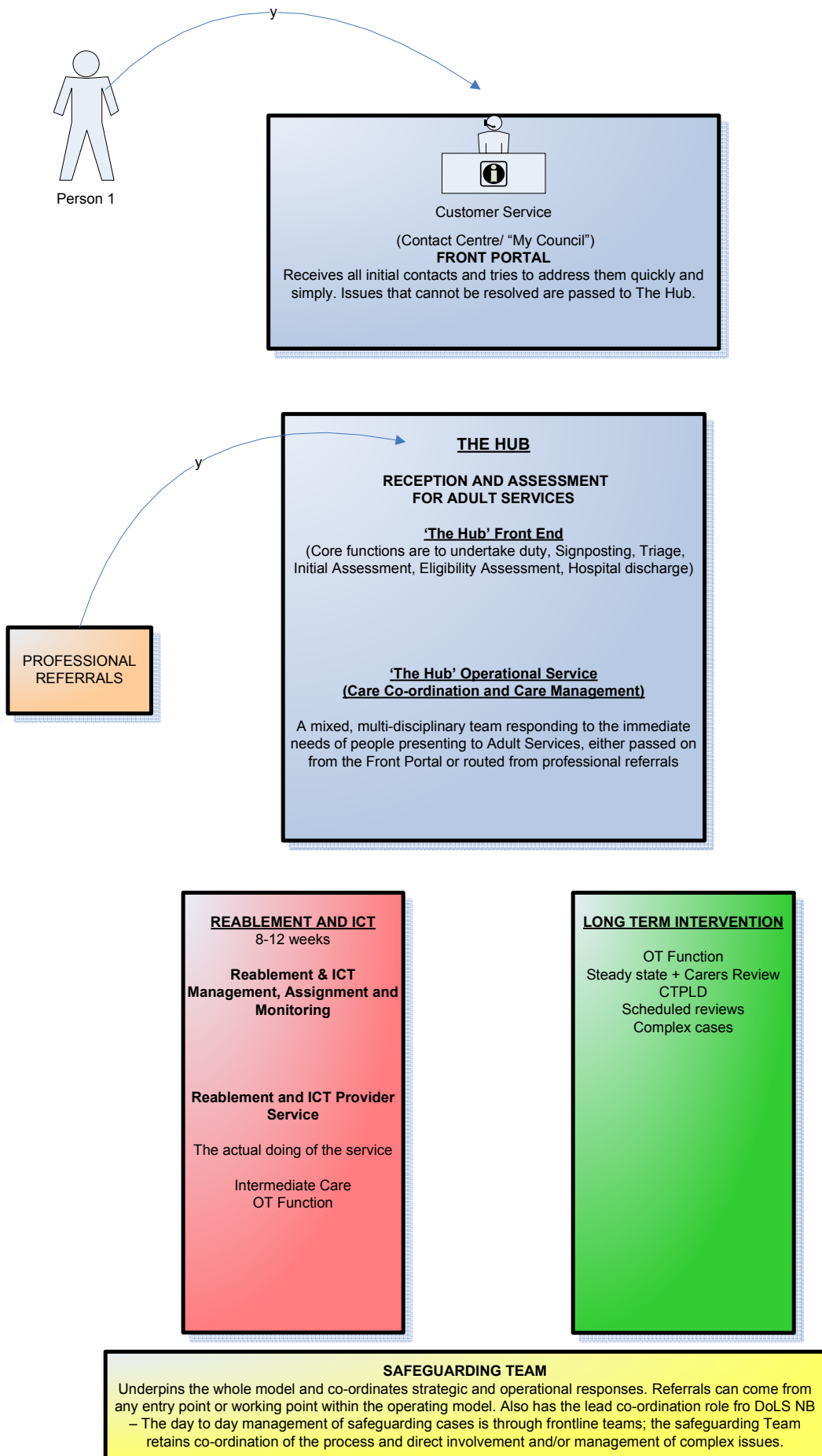
There will be three main elements to the redesign:

- Initial contact and response
- Reablement
- Long Term Intervention

We will redesign the way Adult Social Care assessment and care management functions are structured and operate to:

- deliver more outcome focussed personalised adult social care in a timely manner
- improve the customer experience
- enable the customer to "tell it once" and minimise the number of "hand offs" between professionals
- develop a support plan which is person centred and owned by the user

The diagram below sets out the key elements of the new model.



9.2 Personal Budgets & Resource Allocation System

In order to deliver personal budgets, new assessment procedures will be introduced. Assessments will be carried out using a Personal Needs Questionnaire (PNQ). The assessment will be carried out by social care staff and will closely involve the service user/carer to identify their eligible needs and the outcomes they wish to achieve

A Resource Allocation System (RAS) is then used to calculate the individual indicative budget allocation based on the assessed need. This is an approximate figure for each individual. Indicative and final personal budget allocation may differ because:

- The council has a duty to meet eligible assessed needs
- The person may be able to meet their own needs through universally available services, or through unpaid formal support
- Social care services are 'means tested' and people may need to contribute some or all of the costs of support from their own finances

Slough has chosen to use a Personal Needs Questionnaire and RAS which was developed through a national working group which involved 18 councils, disabled people and family members. These tools were launched in October 2009 and have been piloted and adapted for use locally.

We will:

- Fully implement use of the Personal Needs Questionnaire as part of the roll-out of personal budgets
- Continuously review the Resource Allocation System to ensure appropriate allocation of personal budgets and maintain fiscal control

9.3 Charging policy

Councils are granted discretionary powers to charge adults who receive community based adult social care support. In Slough currently there are a range of services which are subject to charging based on a 'means test' to identify service users' contributions.

The current charging policy will be reviewed and revised to make it fit for the future.

The existing policy identifies specific services for which people are charged. These include home care and day care. As people exercise their choice to use personal budgets to purchase care in different ways, there will be situations where inequalities and unfairness will arise in terms of service user contributions. Because charges are linked to particular services, it is possible that people with similar needs and receiving similar levels of support but in different ways may be charged at different rates, or some may be required to make a contribution to their care costs while others may not.

There are some services for which council's cannot charge. These include:

- Intermediate Care services for a maximum of 6 weeks

- Needs and financial assessments for Community Care services
- Provision of information, advice and guidance
- Community equipment and minor adaptations

Long stay residential care services are charge under the Government's 'Charging for Residential Accommodation Guide' (CRAG).

Guidance has been issued by the Department of Health on a Fairer Contributions policy which will inform the development of Slough's new policy.

We will:

- Develop a revised 'Fairer Contributions' policy for Slough
- Consult widely with service users, carers and other stakeholders on the revised draft policy
- Implement the new policy from April 2011

9.4 Workforce development

In implementing this strategy there are significant implications for the adult social care workforce of the council, for other council staff, and for employees of partner organisations including the private and third sectors.

The structural re-organisation of assessment and care management services will have some impact, and there will need to be changes to jobs. New roles and functions such as brokerage will be developed and new initial contact arrangements put in place.

In more general terms there are significant cultural changes required in the workforce so that they adapt to, fully adopt and implement the new ways of working that Putting Me First will bring.

We have undertaken a comprehensive programme of staff briefing sessions, regular conferences and specific training events since summer 2009 which raised awareness, understanding and commitment to the aims of the Putting Me First strategy. These sessions will continue.

External providers of social care and other services will also need to address workforce issues in terms of roles and competencies. For example, traditional home care organisations may wish to diversify to provide more flexible support to meet users' needs in different ways.

Provider agencies have been briefed and consulted throughout the development of the Putting Me First strategy through regular sessions at the providers forum, a stakeholder conference and other events such as the Community Care Forum. Providers will continue to be engaged as this strategy is implemented.

Through the providers forum a number of provider agencies have also put themselves forward to become part of a working group linked directly to the

workforce and organisational development and market development project groups and workstreams.

We will:

- Ensure our workforce is appropriately trained and supported
- Work with provider agencies to address workforce development issues

9.5 Market development

As personal budgets are more widely introduced and people begin to exercise greater choice and control over the support they wish to receive, it is highly likely that gaps in the current market of services available will begin to appear. Some of the gaps cannot be accurately predicted at this stage as these will be dependent on individual preferences. However, other issues such as greater availability of personal assistants and people to support service users in community settings and in accessing services can be predicted.

There is a need to develop more flexible, responsive and user focused services within the market. This will mean that, in addition to the development of new types of provision, many existing services will need to change or be decommissioned.

These developments present opportunities for service providers who wish to diversify their provision. For others this will present challenges as some existing services may not meet users' preferences and some traditional service models will no longer be required. Providers will need to better understand and anticipate the wishes and needs of service users and ensure they are flexible and responsive to meet user choices.

The way that services are commissioned and procured by the local authority will also need to change. For example, contracts with provider agencies are likely to move away from block contract arrangements with fixed and guaranteed volumes to more flexible framework agreements. Guaranteeing the flow of business to providers will be far more challenging than in the past and will require those services to adapt. The future commissioning of services can only be achieved through commissioners and providers working together in partnership with citizens at the centre of the process.

There will be difficult and challenging decisions to be made concerning the future commissioning intentions and priorities for social care support as new ways of working and new services are developed while others decline, and it will be important that this work carries on over a number of years to maintain stability within the market during the transitional period.

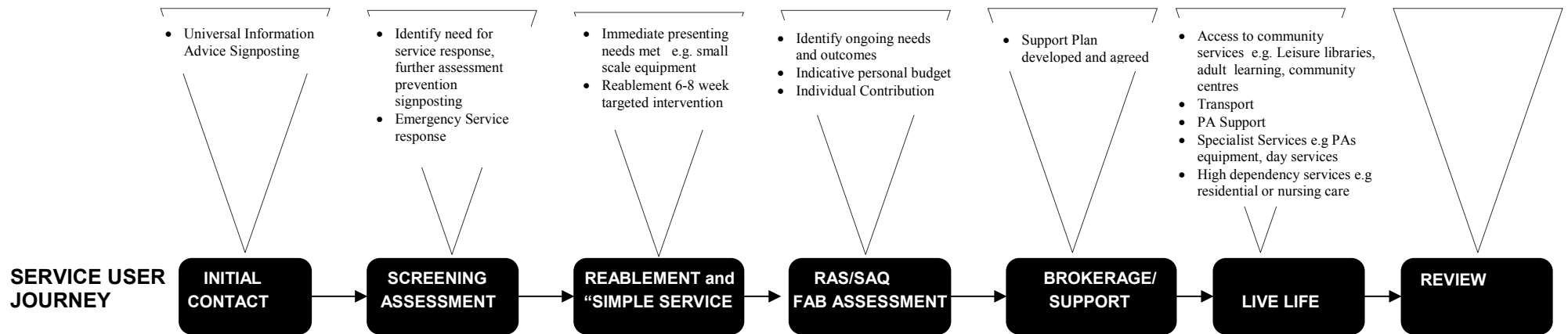
We will:

- Develop a new commissioning strategy which identifies priorities for commissioning in future years to deliver more personalised care within the available resources
- Continue to work closely with providers to engage with and support them through these changes through the regular providers forum and project sub-groups

10. Outline Timetable of Key Actions:

| Issue | Key Action | When |
|--|--|---------------------|
| Implementing Personal Budgets: | Roll-out to all client groups – new & existing service users | From October 2010 |
| | Fully establish brokerage support: Internal – new roles as part of care management redesign | Jan – June 2011 |
| | Externally commissioned brokerage in place | April 2011 |
| Urgent Care & Early Intervention: | Enhanced Intermediate Care services | From October 2010 |
| | Hospital avoidance scheme in partnership with PCT | April 2011 |
| Redesign of Assessment & Care Management (including Re-ablement service) | Cabinet report | Sept 2010 |
| | Staff consultation | Sept - Dec 2010 |
| | New structures implemented | Jan – June 2011 |
| Day Opportunities | Formal user, carer and staff consultation | Sept – Nov 2010 |
| | Health Scrutiny report | Oct 2010 |
| | Cabinet report on options for decision | Dec 2010 |
| Commissioning Priorities | Health Scrutiny report | Sept 2010 |
| | Consultation with partner organisations | Sept – Oct 2010 |
| | Cabinet report on options | Oct 2010 |
| Provision of universal advice and information services | Options developed | Sept – Dec 2010 |
| | Universal advice and information in place | April 2011 |
| Contributions policy | Cabinet report on proposed new policy | November 2010 |
| | Consultation with users, carers etc | Nov 2010 – Feb 2011 |
| | Implement new policy | April 2011 |

Appendix 1 - Putting me first – a service user journey



WHAT WILL IT DELIVER

- Improved quality of advice and information
- Effective allocation of time and expertise
- Increased service user satisfaction
- Improved performance to meet targets
- Reduction in long term needs
- Increased choice and control
- Increase in reviews completed
- Promoting Independence

WHAT WILL IT ACHIEVE

- Universal information offer
- Agreed roles and responsibilities
- Redesign of Social Work team and structures
- Revised processes
- Savings through reduction of long term care needs
- Reablement service established
- Different staff mix-skills and roles
- Culture change
- Contributions policy revised
- Re-investment to fund brokerage
- Developing PA support e.g. training and recruitment
- Outcome based reviews
- Deliver Personal Budgets
- Increased access to Community services e.g. Libraries, Lesiure, Adult Learning, Community Centres, Transport