TRANSFORMING LIVES: A NEW STRATEGIC APPROACH TO SOCIAL WORK AND SOCIAL CARE FOR ADULTS IN CAMBRIDGESHIRE

To:	**Adults Committee**
Meeting Date:	**6TH January 2015**
From:	**Adrian Loades, Executive Director: Children, Families and Adults Services**
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable** *Key decision:* **No**

Purpose:	**The Committee is asked to consider the progress made on key decisions which will contribute to the further definition and development of the Transforming Lives Model. This paper provides an update on the progress made in developing the specifications for tiers one, two and three of the Transforming Lives model, geographical patches for services, arrangements for contacting services, devolved budgets and member involvement in taking forward this work.**
Recommendation:	**The Committee is asked to comment on:**

   a) **The principles on which tier one and tier two of the Transforming Lives model are based**

   b) **Proposals for geographical patches for the Physical Disability Service and the Learning Disability Partnership and to note the continuing discussions with Uniting Care Partnership (UCP) regarding the geographical patches for Older People's services.**

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1.0 BACKGROUND

1.1 Transforming Lives is an ambitious change programme which presents an opportunity to develop a model of adult social work and social care which is markedly different from the current model in Cambridgeshire. We are seeking to develop an approach that is increasingly proactive, preventative and personalised and will enable the residents of Cambridgeshire to exert choice and control and ultimately continue to live, to the fullest extent possible, healthy, fulfilled, socially engaged and independent lives.

1.2 Integration with our partners is fundamental to the success of the Transforming Lives model. The Cambridgeshire Executive Partnership Board (CEPB) for Older People and Vulnerable Adults brings together key partners across the County to provide a joint strategic approach to service transformation and delivery of the Better Care Fund. This executive-level partnership board also reports to the Health and Wellbeing Board. The purpose of the Board is to provide whole system leadership and coordinated multi-agency oversight of health and social care service transformation for older people and vulnerable adults in Cambridgeshire.

1.3 Over the last six months, work has taken place on a number of key areas, which have sought to start to move this vision towards operational reality. Work is being undertaken using different methods, which includes testing some of the core elements of the Transforming Lives vision through two 'Innovation Sites' which will influence the final operational practice.

2.0 APPROACH TO TIERS ONE, TWO AND THREE

2.1 The Transforming Lives model is predicated on three different 'tiers' of working, as outlined in the diagram below.
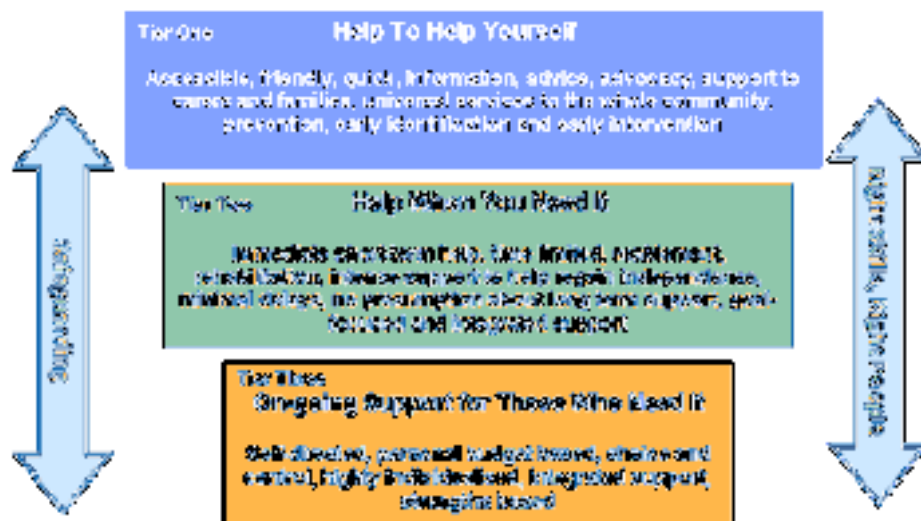
2.2   The vision for this new way of working is to:
- i. Enable people to live independently
- ii. Support people in a way that works for them
- iii. Support the development of strong, connected communities
- iv. Recognise the strengths of individuals, families and communities and build upon these
- v. Work in partnership to achieve this

2.3   This model requires a significant shift in the way that services to adults are delivered and will enable services to meet their statutory, financial and professional objectives. The current care management system is focused upon a cycle of assessment and review, where the primary role of social care professionals is to assess the needs of an individual with a view to providing services to meet those needs [a deficit model]. The new approach will be focused upon the individual's strengths and assets and those of carers and families, and to consider holistic creative solutions to support the individual to meet their aspirations.

2.4   Documents have been written which outline our approach to tiers one and two of the Transforming Lives model, and tier three work is being planned to ensure that it is fully reflective of the Care Act Regulations and Guidance which were published in late October. These documents will continue to be developed as we learn from the innovation sites.

2.5   The following principles underpin the thinking and conversations taking place at tier one as part of the Transforming Lives model:
- i. Individuals want to remain in control of their own lives.
- ii. We will work to keep people living as independently as possible.
- iii. We will support carers and families to continue to support people.
- iv. People will be offered information about and connections into their local communities.
- v. Local people, places, resources and informal support systems are key.
- vi. We will encourage people to be as active as possible and to contribute to their community.
- vii. Knowledge of local communities is essential.
- viii. Connecting people and providing supported introductions can be key.
- ix. This tier is accessible to all.

Tier one encourages people to look to their family and community networks, to prevent loneliness and isolation and ultimately prevent or delay the need for ongoing statutory support.

2.6   Three events have been held since June 2014 with partner organisations, including the Voluntary and Community sector, Health, District Councils and Housing Associations. These events have provided an opportunity for the Council to have discussions about the many contributions of our partners to the Transforming Lives model

and the implications that this new way of working could potentially have for them. These discussions have further highlighted the key role that our partners play in the delivery of the Transforming Lives model, and the need to work increasingly closely with them as we seek to manage the demand of ongoing statutory social care services.

2.7 The approach to tier one - 'help to help yourself' acknowledges the key roles that all partners, communities, families and individuals can play in managing the future demand experienced across adult social care services. The inherent complexity of tier one is acknowledged as there are many individuals, groups and organisations involved in the myriad of elements of which the tier one infrastructure is comprised of. The Council could never control, and nor should not seek to control all of the services and support mechanisms that make up tier one. Instead it will take a facilitating role, support people to access the help and support that they require and seeking, with partners, to address significant gaps in the support available, for example through commissioning arrangements and contracts.

2.8 Tier one is predicated upon a comprehensive information and advice offer. The council is working with partners in Health and Voluntary and Community Sector to develop an information and advice model that will meet the requirements of the Care Act, support delivery of the Transforming Lives model and most importantly help meet the needs of individuals looking for answers to situations they face for themselves or those they care about. The information content and support will be available equally to workers, practitioners and volunteers working with adults and older people.

Key elements of the model include:
i. information content – utilising reliable facts and detail secured from a range of suitable sources, quality assured, routinely reviewed, available online and in hard copy where needed.
ii. Information and advice available from publicised places to go to for face to face enquiries, and a telephone helpline.
iii. Recognition of the range of people, in a wide range of roles both within the community and across organisations, (voluntary, statutory and private sector) who act as an 'advice community' that people go to when looking for help, and the support they need to feel confident to carry this out.
iv. Effective promotion and communications to publicise and promote information.
v. An online directory of information will be produced that will link information about CCC services to information about the services provided by the voluntary and community sector. This will ensure that content is joined-up, easy to navigate and will ensure that we are complying with the Care Act.

2.9 Across CCC there are a multitude of projects and activities which contribute to the development of our approach to tier one. Key pieces of work which are supporting the implementation of tier one include:
i. The development of a new information and advice model, as detailed above
ii. The development of work around the future access points or

'front door' for services, through the CEPB.

    iii.   The development and retender of the Community Navigator Contract

    iv.   Conversations with the Voluntary and Community sector, Housing and other partners to look at wider contributions to Tier One.

    v.   Development of the Multi-Disciplinary Team working

    vi.   The development of Community Hubs

    vii.   The new model of support for carers

2.10   Tier one is key to the success of the Transforming Lives model and the Council must continue to work closely with its partners as it seeks to further develop this work ahead of the implementation of the Transforming Lives model.

2.11   A document outlining the approach to tier two 'help when you need it' has been written, which outlines the key principles which underpin the tier two approach. This specification was informed by discussions with partners at the events described in 2.6.

2.12   Tier two is characterised by a coordinated approach to individuals who are experiencing a crisis / unplanned urgent event. A Tier two conversation would inform immediate actions with or for someone who is experiencing a crisis / urgent unplanned change in their life, which might put them at risk of losing independence and need ongoing services (social care, health or other). The aim of tier two is to work closely with a person to support them through their crisis or unplanned event, and into recovery within their family and community networks with minimal or no ongoing statutory support. A tier two approach will result in a plan that brings together informal, community and statutory support, into a coherent and intensive attempt to deal with the crisis.

2.13   The principles of our commitment at tier two 'help when you need it' are detailed below:

    i.   We will act quickly and efficiently to stop someone losing their independence; our response must be immediate.

    ii.   We will think differently and creatively, reducing the need to rely on traditional solutions.

    iii.   We will listen to what people tell us - not just aligning customers to services. We will consider what will make a difference to them and their lives.

    iv.   We will help people maintain the independence they want with swift and appropriate support. We will work to get the person back on their feet and back to as near to their previous level of independence as possible.

    v.   We will support carers who are key to helping individuals to regain their independence.

    vi.   Our support is planned, time-limited and monitored to the point where independence is achieved or maximised, or enough stability has been achieved to have a good conversation about ongoing support.

    vii.   Any tier two approach will build on that person's strengths and assets and will include options and support that might have been part of a tier one conversation. Any tier two approach will

also utilise the support a person is getting at tier three, if they have on-going support and experience a crisis.

viii. Partners have a key role to play. Crisis resolution might not necessarily come from CCC, but the most appropriate person or organisation.

2.14 The model has many implications for operational practice. It will require a stronger level of operational integration with our colleagues in Health and other partners, to ensure a coordinated, effective and timely responsive to individuals experiencing a crisis. This approach will continue to be explored through discussions with the NHS, Voluntary and Community Sector, Housing and other partners.

2.15 There are a number of strands of work to take forward the implementation of Tier Two. These include:

i. Discussions with our partners and providers to explore how we can best work together to support people through crisis

ii. Discussions with partners to explore data and information sharing across organisations

iii. Consideration of the role of reablement as part of a tier two offer, as we plan for their move back to CCC in April 2015.

iv. Exploration of the use of devolved budgets at tier two through the innovation sites

v. Finding different approaches to responding to crisis through the Innovation Sites

vi. The new model of carers support which is currently out for tender. This provides support for carers at tier two through the provision of responsive support for individual carers who require short term input to manage their situation. By providing intensive targeted support in partnership with health, housing, voluntary organisations and the wider community this will ensure that the carer is appropriately supported through the particular situation.

2.16 Tier three 'ongoing support for those who need it' of the Transforming Lives model is largely informed by the newly released Care Act Regulations and Guidance which provide detailed information about how local authorities must fulfil their statutory duties. The approach to tier three is currently under development, which describes the vision for a good tier three conversation and response which is based on self-directed support, personalisation, consideration of an individual's strengths and assets, and which must also include a tier one conversation about the individuals' access to universal support within the community.

2.17 The principles underpinning tier three of the Transforming Lives model are as follows:

i. We will work with people to make sure that they are able to get the support that they want, which is appropriate, and tailored to their individual circumstances.

ii. We will work with them to find out what would make a real positive difference to their lives, using their allocated funding and other resources.

iii. Interventions will be based on individual strengths and assets.

    iv.   Tier one support will always be included, as will any key elements of tier two e.g. assistive technology.

    v.   People will have greater choice and control through self-directed support and direct payments.

    vi.   If a new need presents itself, the individual will have a tier one conversation to ascertain whether there is any support, activities or opportunities available within their existing networks, community or within the voluntary and community sector.

2.18   The timeline for the completion our approach to tier three is detailed below, highlighting key milestones in the process:

    i.   Care Act compliant service user and carers assessment to be completed, April 2015

    ii.   Care Act operational procedures and guidance to be completed, April 2015

    iii.   Options for devolved budget and proposal to be finalised, March 2015

    iv.   Develop high-level tier 3 proposal, January 2015

    v.   Evaluation and review of innovation sites to be completed, March 2015

    vi.   Business case to be completed, April 2015

2.19   The detailed proposals for all three tiers will be brought to the Adult Committee for their consideration in May 2015.

3.0   GEOGRAPHICAL PATCHES

3.1   The Transforming Lives model is predicated upon connecting people with their local communities and local opportunities and activities which will enhance their wellbeing and might prevent or delay them from requiring ongoing statutory support. Across the Learning Disability Partnership and Physical Disability Service geographical patches are being considered as part of the Innovation Sites with support from the Corporate Research and Service Transformation teams. A number of factors need to be considered before final proposals are reached. The thinking at this point is set out below.

3.2   The Physical Disability Service, a countywide service, has recommended that to meet the requirements of the new ways of working under the Transforming Lives model, their three Senior Social Workers would be organised in three patches based on District Council boundaries and covering City and South Cambridgeshire, Huntingdonshire and East Cambridgeshire and Fenland. There is a small amount of work being done to fine tune these boundaries to ensure that they are the most appropriate fit.
Under the direction of the Senior Social Workers, approximately six Care Managers will cover each of the above areas, allowing them to focus on smaller districts but work flexibly as required. All staff would be required to make local connections and have knowledge and understanding of local resources and a nominated individual within each of the identified geographical areas would have a particular responsibility for investigating local resources.

3.3   The Learning Disability Partnership (LDP) geographical patches will need to support the partnership working arrangements of this integrated health and social care team, as well as reflecting the population of service users across Cambridgeshire.

3.4   Initially, proposals have been made for the LDP which would involve changing existing boundaries to reflect natural centres of community and to work towards a more equitable split of service users across the teams.

The following geographical patches have been proposed for the LDP:
- Fenland to cover: March and Wisbech
- Huntingdon North to cover: Ramsey, Sawtry, Yaxley, Chatteris and Whittlesey
- Huntingdon South to cover: Huntingdon, St Neots and St Ives
- North City to cover: Cottenham, Swavesey and the North of Cambridge City, using the river as the boundary
- South City to cover: Bassingbourn, Melbourn, Gamlingay, Sawston, Linton and the South of Cambridge City.

3.5   The final decision around geographical patches will need to be informed by the evaluation of development and learning within the Physical Disability Service and Learning Disability Partnership Innovation Sites, which are piloting the approach.

3.6   The geographical patches for the Older People's service are currently under development. The Uniting Care Partnership (UCP) was declared as the preferred bidder for the CCG's Older People's healthcare and community services contract. Since the announcement, CCC has been having early conversations with UCP to consider the feasibility of aligning the geographical patches of both services. Early indications are that UCP is considering 18 patches overall across Cambridgeshire and Peterborough.
In addition, the current and future older population is being mapped against CCC assets, GP surgeries and other community assets. The final decision about geographical patches for Older People's Services will need to be aligned to the UCP patches and in accordance with the findings of the mapping exercise.

4.0   THE FRONT DOOR / FUTURE OPERATING MODEL OF THE CUSTOMER SERVICES TEAM

4.1   A proposal paper has been written which outlines the vision for the 'front door' or future operating model of the customer services team (or customer contact team / contact centre as they are currently known). If Transforming Lives is working effectively, most people will be able to access the support that they require within their local community or through resources that are available online. The role of Customer Services is to support those people who are unable to do this, for example people who contact the team as they don't know where else to go. One of the key roles for Customer Services will therefore be to measure the number of people who are contacting them and the number of avoidable contacts, and provide feedback on when and where people are unable to access the information and

community resources that they need in their local community. This feedback can then be used to ensure that any gaps in provision are filled.

4.2   Under the proposed model, Customer Service Advisers (CSAs) will have a structured conversation with the caller to fully understand their strengths as well as the triggers that have led to the person turning to Cambridgeshire County Council for support, rather than taking a service-based approach and providing information or referring people onwards through the system. CSAs will be responsible for starting the conversation with the caller about how they would like to solve their problem. This will ensure that the principles of the Transforming Lives model are being applied from the very first point of contact.

4.3   Discussions with partners including those within the voluntary and community sector have highlighted the importance of the principle of a 'no wrong front door' which must underpin the delivery of the Transforming Lives model. Under this principle, whichever partner or agency receives a contact, they will ensure that the person is put in touch with the most appropriate organisation to support them. Further work is required with partners to take this work forward and make it a reality.

4.4   In addition, UCP's service will include a twenty four hours, seven days a week single point of coordination integrated with GP out of hours and NHS 111. CCC will discuss with UCP the feasibility of integrating our 'front door' proposals.

5.0   DEVOLVED BUDGETS

5.1   A general design principle of Transforming Lives is to delegate budgets and financial accountability to the lowest possible level, taking into account the balance between: the required level of consistency across the service, the potential to create innovative and creative solutions, the potential to address local flexibilities and circumstances, equity for service users, financial control and budget management within a context of reducing resources, the potential to motivate staff, give staff the opportunity to develop, and have a more fulfilling role. The potential to overload the role of staff and demotivate them must also be taken into account, as must any costs of new systems, training and support required to manage devolved budgets.

5.2   Devolved budgets would better allow front line staff to use their professional judgement to respond quickly and innovatively to support individuals. It is anticipated that this will particularly support the response to crisis situations whereby responding immediately and flexibly to a crisis situation is required. However, we would expect devolved budgets to be used across all tier conversations. Currently, members of staff have to seek managerial sign off for any financial spend which may cause delays for service users. Devolved budgets should provide a better, more efficient service user experience.

5.3   Within the Innovation Sites team managers are overseeing the expenditure, and their experience will be used to develop guidance for staff to reduce the potential risks of the use of devolved budgets, for example inequity or inappropriate spend.

5.4   The greater devolution of financial management is currently being tested as part of the 'Innovation Site' pilot areas by the East Cambridgeshire LDP team and members of staff within the PD team in Huntingdonshire. Two different approaches to the devolution of budgets are being trialled within the Innovation Sites. Within the LDP Innovation Site front line members of staff have been given an allocated maximum amount of funding per service user. In the PD Innovation Site a maximum amount of money has been allocated for the member of staff to use as required.

5.5   The use of devolved budgets will be formerly evaluated as part of the wider evaluation of the Innovation Sites. Early findings from the Innovation Sites are indicating that staff feel more empowered to respond to service users more quickly and effectively than they can under existing budget arrangements which involve seeking sign off and approval by senior managers or a panel. Findings also indicate that the devolved budgets have not been used as much as anticipated, as staff are increasingly seeking to find solutions for individuals within their existing networks, the local community or voluntary and community sector. This is a positive development which supports initial assumptions about the use of devolved financial management to support the Transforming Lives model.

6.0   ROLE OF ELECTED MEMBERS IN SUPPORTING THE TRANSFORMING LIVES APPROACH

6.1   Elected member engagement in the development of the Transforming Lives model and approach is key.

6.2   Work is underway across Council Services to look at building community resilience. As the public sector works to transform how it delivers services to meet demand in the midst of increasing financial pressures many of the new service delivery models rely more and more on having individuals, families and communities that are sufficiently resilient so that they can support themselves and each other through life's challenges. This work, joining up services in a 'one council' approach is currently under development and is being lead by the Customer Service and Transformation Directorate. Our vision of elected members supporting the development of community resilience as part of the Transforming Lives model will be taken forward as part of this wider cross-council work on building Community Resilience.

7.0   ALIGNMENT WITH CORPORATE PRIORITIES

7.1   Developing the local economy for the benefit of all

7.1.1   Transforming Lives is based upon recognising the strengths and assets of individuals and of those within our communities. It is therefore a model which has progression at its core.

7.1.2   Adults will be encouraged to participate in their local community and where appropriate will be encouraged to maximise opportunities for development of their learning and skills. This will be highly individualised, to ensure that the individual is supported to achieve their aspirations.

7.2   Helping people live healthy and independent lives

7.2.1   Transforming Lives aims to encourage people to live healthy, fulfilled, social engaged and independent lives. It is increasingly proactive, preventative and personalised and aims to enable the residents of Cambridgeshire to exert choice and control over their lives and to support family carers.

7.2.2   Transforming Lives proposes that universal 'tier one' support available within communities is a key facet of this model and a key priority for Transforming Lives is 'Strong, integrated community capacity'. Elected members could play a key role in the leadership of strong independent communities and the development of community capacity.

7.2.3   This approach recognises the power of strong, locally-led communities and will support local communities to come together to consider and further develop the support on offer.

7.2.4   The strengths based approach adopted as part of Transforming Lives will ensure that individuals to consider their strengths and assets and will encourage them to participate in their local community.

7.2.5   Transforming Lives recognises the huge contributions of family carers and that they are often best placed to support individuals to achieve their aspirations. This approach, together with the work taking place on the Support for Carers Project, will ensure that carers are well supported in line with the duties outlined in the Care Act.

7.3   Supporting and protecting vulnerable people

7.3.1   The Transforming Lives approach will ensure that we continue to use our resources to support the most vulnerable and those most in need of our support in our communities.

7.3.2   This approach is predicated on a three tier approach which places early identification and intervention at the very front, therefore working to prevent, where possible, people falling into crisis.

7.3.3   This new strategic approach provides us with an opportunity to work together with our partners and communities to ensure that together we are providing local, personalised and self-directed support that is based upon recognition of the strengths and assets within communities and of individuals.

7.3.4 Safeguarding will continue to be a key focus of the new approach to social work and social care for adults in Cambridgeshire.

8.0 SIGNIFICANT IMPLICATIONS

Work to further develop the detail of the Transforming Lives model is currently underway. This work will help to ascertain the implications listed below and will be documented in a business case that will be brought for consideration by the relevant Committee at a later date. There are significant implications in the implementation of this work for workforce development and the supporting systems that underpin all of the work of adult social care, including areas such as ICT and management information.

8.1 Resource Implications

8.1.1 The following bullet points set out details of significant implications identified by officers:

i. The costs and the impact that this work will have on our ability to achieve required savings is currently being developed. A business case will outline the financial implications of this work. This is under development and will be completed in April 2015, and will take into account the learning from the Innovation Sites.

ii. One of the overarching aims of this work is to ensure that the organisation is providing the best possible support to the residents of Cambridgeshire and value for money.

iii. There are implications for Information and Communications Technologies (ICT) and issues of data ownership that will need to be resolved. Staff will need ICT and systems that will support the new ways of working, that help us to reduce bureaucracy whilst capturing and sharing all of the necessary information.

iv. There will be an impact on staff as they will be required to work differently in future. The extent to which it will impact on staffing levels is still to be determined, and will become clearer as work is undertaken to further develop this new approach.

v. Research has been undertaken into the responses of other local authorities to the financial and demographic pressures facing Adult Social Care services. The Transforming Lives approach has been developed based on best practice and a working knowledge and understanding of what might provide an effective approach for Cambridgeshire.

8.2 Statutory, Risk and Legal Implications

8.2.1 The following bullet points set out details of significant implications identified by officers:

• The proposal will help us to meet our new statutory duties outlined in the Care Act 2014.
• The business case, which is currently being developed, will outline any key risks.

8.3   Equality and Diversity Implications

8.3.1   The Transforming Lives approach aims to maintain access to support by the full range of communities in Cambridgeshire.

8.3.2   The implications for fairness, equality and diversity within the workforce and for service users is being considered throughout the further development of this approach.

8.3.3   A full Community Impact Assessment (CIA) is being developed as part of the business case, which will be brought back to this Committee for consideration in May 2015.

8.4   Engagement and Consultation Implications

8.4.1   Consultation is underway with staff, partners and stakeholders, service users and carers, to provide the opportunity for them to contribute to the design and development of the Transforming Lives model.

8.4.2   Over the Summer, three events were held for stakeholders including voluntary and community sector organisations, District Councils, Health and other public sector partners. These were well attended an provided the opportunity to explore the model with stakeholders, and begin to develop a joint approach to taking this work forward.

8.4.3   Providers of services have also had the opportunity to hear about the Transforming Lives model, and conversations with providers will continue as we further develop and define this approach.

8.4.4   Consultation with service users and carers has begun, initially using the Adult Social Care partnership boards to inform stakeholders of the approach and ensuring that they have the opportunity at all future meetings to contribute to the development of key elements of the Transforming Lives model.

8.4.5   The Transforming Lives approach has been shared with staff, who will be involved in the development of this work. At the three 'Staff Roadshows' held across the county, staff have been supportive of the 'common sense approach'. A further workshop with managers has been held to gather their views and work to develop this approach further.

8.4.6   Further planning is underway to ensure that all stakeholders have sufficient opportunity to participate in the development of this approach.

8.5   Public Health Implications

8.5.1   The Transforming Lives approach will seek to have a positive impact upon the health and wellbeing of Cambridgeshire residents. Public Health colleagues will be involved in the development of the work. The emphasis upon prevention of ill-health and prevention of people requiring the notion of 'traditional' social care support is aligned with public health objectives.

8.6   Localism and Local Member Involvement

8.6.1   Localism is a key feature of the Transforming Lives Model and the involvement of all Members is essential if community capacity is to be developed to support the health and wellbeing of local people. Details of the proposed plan to support Members in building community resilience within this role is set out in section 6 above.

Source Documents	Location
Supporting and background documents to this report include: 'Shaping our Future: Transforming Lives: A new Strategic Approach for Social Work and Social Care in Cambridgeshire' Transforming Lives: Approach to Tier One Transforming Lives: Approach to Tier Two	*These documents are held with Charlotte Taylor and are available from 2ndt Floor, Octogan, Shire Hall, Cambridge.*
The Care Act	http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted
The Social Work Reform Board	www.education.gov.uk/swrb
The College of Social Work	www.tcsw.org.uk