

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

To: Adults Committee

Meeting Date: 26 May 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 decisions which will contribute to the further definition and development of the Transforming Lives Model and project. These include specifications for tiers one, two and three; geographical patches; customer contact points and the future operating model of the customer services team (including the development of the contact centre) and devolved budgets. This paper also presents early headline findings of the evaluation of the innovation sites and details of other innovation activities.

Recommendation: The Committee is asked to:

- a) Agree proposals for geographical patches for the Physical Disability Service and the Learning Disability Partnership.**
- b) Note continuing discussions with Uniting Care regarding the geographical patches for Older People's services.**
- c) Endorse the vision for future contact points, including the development of the contact centre model.**
- d) Support the continued exploration of devolved budgets through shadow budgets in the first instance**
- e) Support the continued work of the innovation sites, which will be evaluated and this evaluation will be shared with Elected Members.**
- f) Support innovation activities, which are contributing towards the implementation of the Transforming Lives model in Older People and Mental Health services.**

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1.0 BACKGROUND

- 1.1 Transforming Lives is a new strategic approach to social work and social care for adults in Cambridgeshire. Its aim is to 'transform the lives' of the individuals, families and communities within Cambridgeshire through a new three tier model which represents new ways of working with individuals and communities. This approach will contribute towards ensuring that we are meeting our legislative duties under the Care Act and are able to respond to emerging national agendas. The aim of this project is also to reduce demand on services, enabling the Council to work towards delivering planned and future savings.
- 1.2 It 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 healthy, fulfilled, socially engaged and independent lives, to the fullest extent possible.
- 1.3 Over the last nine months work has taken place to move this vision towards operational reality. This includes testing some of the core elements of the Transforming Lives vision through two innovation sites as part of a wider programme of innovation activities (further detail of which can be found below and in section 7 of this paper). We expect this early innovation work to influence the operational roll out of the Transforming Lives model, as learning will be applied across the services.

2.0 SPECIFICATIONS FOR TIERS ONE, TWO AND THREE

- 2.1 Specifications have been written for tiers one, two and three of the Transforming Lives model. These are being treated as 'live' documents and are being updated as a result of learning from the innovation sites.
- 2.2 There is a wide range of work that is being undertaken to the deliver the Transforming Lives vision, as outlined within the tier specific documents.
 - 2.2.1 Key pieces of work include:
 - a) The development of the Community Navigator model, to broaden and extend the current well-regarded service commissioned by the Council
 - b) The further development of information and advice provision to meet the requirements of the Care Act and to ensure that service users, carers and the public have the information and advice they need to prevent, delay or reduce their need for adult social care
 - c) The use of key assets, including libraries and community hubs, to support our vision for customer contact and the delivery of information and advice.
 - d) The development of our contact centre services (further detail can be found in section 4 of this paper)
 - e) The development of our assessment, support planning and review process and documentation, to meet the requirements of the Care Act and ensure that processes and documentation are aligned with the Transforming Lives approach
 - f) Working with providers to ensure that they support the delivery of the

Transforming Lives approach

- g) The transfer of the Reablement and Assistive Technology Services to the Council on 1st April a refresh of the services and increased focus on their contribution to the Transforming Lives vision
- h) Changes to support for carers including enabling more carers to make contingency plans in the event of a crisis
- i) Work to implement a Multi-Agency Safeguarding Hub (MASH) to enable services to triage safeguarding referrals and, if not a safeguarding matter, to make a referral to the appropriate service
- j) Embed 'Making Safeguarding Personal', a national initiative to develop outcomes-focused, person-centred safeguarding practice
- k) Person-centred approaches, through the Cambridgeshire Executive Partnership Board (CEPB), including information sharing, joint assessment and shared tools and processes

3.0 GEOGRAPHICAL PATCHES

- 3.1 The Transforming Lives model is predicated upon connecting people with their local communities, local opportunities and activities which will enhance their wellbeing and might prevent or delay them from requiring ongoing statutory support. All staff in each area would be required to make local connections and have knowledge and understanding of local resources. Initial thinking on geographical patches was shared with the Committee in January and work is currently being undertaken within the Transforming Lives project to refine both the configuration of services and what this will actually mean for service delivery.
- 3.2 The Physical Disability Service and Learning Disability Partnership both considered a range of options for the geographical patches for their services. Since January further analysis was completed and both services reconfirmed their decision to operate their services from a geographical patch based structure using the existing five district council areas. This will facilitate links with housing providers who have a key role in supporting service users with their housing options, a key feature of the Transforming Lives model. These patches will also help strengthen links to other voluntary and community sector organisations, which tend to organise their service areas around district boundaries. Both services concluded that district council boundaries also reflect their client groups' understanding of the geography of Cambridgeshire.
- 3.3 It is envisaged that within the district area, professionals will be allocated a smaller patch, possibly on a village or Uniting Care neighbourhood team basis, which would enable them to build knowledge and relationships with members of the local community, voluntary and community sector and with local health colleagues.
- 3.4 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 members of staff will cover:
 - a) Cambridge City and South Cambridgeshire
 - b) Huntingdonshire
 - c) East Cambridgeshire and Fenland
- 3.5 Under the direction of the senior staff members, approximately six members of staff will cover each of the above areas allowing them to focus on smaller

patches but also to work flexibly as required.

- 3.6 The Learning Disability Partnership (LDP) geographical patches will need to support the partnership working arrangements of this integrated health and social care service, as well as reflecting the population of service users across Cambridgeshire. Following further data analysis, and utilising learning from the East Cambridgeshire LDP Team innovation site, the LDP recommends that the geographical patches for the service will cover:
- a) Cambridge City and South Cambridgeshire
 - b) Huntingdonshire
 - c) East Cambridgeshire
 - d) Fenland
- 3.7 The geographical patches for Older People's Services are continuing to be developed. The ultimate aim is to achieve co-terminosity with the Neighbourhood Teams in Uniting Care's (UC) operating model. It is envisaged that this will support the shared objectives of early intervention, prevention and integrated solutions for adults at risk of requiring short term support (tier two) or ongoing care (tier three).
- 3.8 Older People's services have completed some extensive mapping work to develop an operational model based on twelve teams which would fit within both the district and Neighbourhood Team boundaries.
- 3.9 Recent conversations with UC have established that the UC Neighbourhood Team model is still under development and will not be in place until at least July of this year. Further work is required to ascertain the core function of these teams, and which cohort of the population they will prioritise before we can plan the arrangements for Older People's services in detail. The Older People's Service has decided that for the interim period, it will continue to operate within existing area boundaries, covering three areas (Huntingdonshire, East Cambridgeshire and Fenland, and Cambridge City and South Cambridgeshire), but will develop virtual patches and will identify one named member of staff to link with each Neighbourhood Team.
- 3.10 The service has agreed a series of actions which include work to define the role and function of these link staff and involving staff in deciding how the service can best work towards developing an effective collaboration with Uniting Care's Neighbourhood Teams whilst also delivering Transforming Lives. Older People and Mental Health Services are also facing considerable challenges at the moment in terms of meeting existing needs and demand due to a high number of vacancies.
- 3.11 These proposed geographical patch areas are being used as the basis for a model that is being developed to:
- a) Help understand the relationship between the three tiers of Transforming Lives
 - b) Model the possible demand for tiers one, two and three, both across the county and over time
 - c) Model the impact on resources of the implementation of Transforming Lives and
 - d) Help define the staffing requirement and structure required to meet the workload projections

- e) There may be some potential to share 'back office' functions between services and this is being explored

4.0 CONTACT POINTS / FUTURE OPERATING MODEL OF THE CUSTOMER SERVICES TEAM (CONTACT CENTRE)

- 4.1 Our vision is that people have the information and support that they need to allow them to stay independent and live their lives in the way that they choose. This has led us to consider the role of places where people make contact with us, including the contact centre, as key enablers of the Transforming Lives approach.
- 4.2 The vision for customer contact focuses on
 - a) Enabling people to access the information and support that they need
 - b) Reducing the number of people who require services at tier two and three and
 - c) Improving the customer experience of people making contact with us
- 4.3 In order to achieve our vision we are looking to move to an approach which places more importance on ensuring that we can help people to help themselves at the first point of contact rather than automatically escalating people through the system into tiers two and three. We therefore need to ensure that all of our staff, both in customer-facing roles and back-office roles, have the correct skills and behaviours to support this objective.
- 4.4 The model for the Customer Services Team moves away from a 'traditional' contact centre approach to one where the emphasis is on working with callers to find a solution to their problems at the earliest point. To achieve this we are planning to enable our Customer Service Advisers to have more in-depth conversations with callers to understand how we can best support them to move away from the current scripted processes to one where the conversation is more focussed on what the caller wants to achieve. We are also planning on introducing a 'see and solve' team who will work with people to find an immediate solution to their problems in order to prevent their needs escalating and stop them from being drawn into the statutory assessment process.

5.0 DEVOLVED BUDGETS

- 5.1 One of the principles of Transforming Lives is that financial decision making and financial accountability are devolved to the most local level possible. The intention is to maximise the quality of service delivery and minimise cost by increasing responsiveness, innovation, and creativity, as well as motivating and empowering staff.
- 5.2 The key aim of this work is to encourage staff to operate within available and reducing resources (budget) and do so as creatively and effectively as possible. This may involve using resources to put support in place before someone requires a statutory assessment or has eligible needs confirmed, if the member of staff is confident that this will delay the escalation of the person's needs and prevent the need for a statutory service. Creativity and flexibility will be maximised if resources are deployed and available at the

most local level. Some of the features of a successful model will include:

- a) More targeted reviews of packages (more frequent where required), with package changes happening much more often
- b) More scrutiny of increases of packages in response to need – staff asking themselves ‘do I really need to pay this money to support this person or could it be done in a different way?’
- c) More creative packages as staff support people to spend their personal budget differently and more sustainably
- d) Increased use of direct payments

5.3 This local flexibility through the use of devolved budgets will take place within a clear framework to ensure equity and financial control.

5.4 The two innovation sites in the East Cambridgeshire LDP team and members of staff within the PD team in Huntingdonshire are testing out two different approaches to the flexible use of tier 2 budgets. Within the LDP innovation site front line members of staff have been given an allocated maximum amount of funding per service user (£2k). This has recently been extended to health staff. In the PD innovation site a maximum amount of money has been allocated per care manager for them to use as required without needing manager discussion/approval. It should be noted that the work of the Innovation Sites has been on a fairly limited financial scale to date.

5.5 It has been agreed that further testing of devolved financial management is required to help to understand the implications and ascertain the level at which financial accountability should be devolved to. The testing will take place initially across LD services, and it is anticipated that this will begin with senior social workers being asked to ‘shadow’ financial management for an area budget, providing them with some time to familiarise themselves with the task and associated processes. Overall budget accountability will not change but by creating virtual budgets and budget responsibilities it will give the senior social workers the opportunity to test out the alternative financial model in a safe environment. We expect to have some learning and analysis from the shadowing of budgets by October 2015. This learning will help in preparation for the implementation of devolved financial management to support the Transforming Lives model.

6.0 EVALUATION OF THE INNOVATION SITES

6.1 The innovation sites are the ‘research and development laboratory’ of the Transforming Lives model and social work and social care practice. The innovation sites are developing new approaches based on the principles of Transforming Lives and testing the success of these approaches against the objectives of Transforming Lives.

6.2 Two innovation sites are currently underway in the Physical Disability (PD) Service, which is in the process of expanding from a small site to other locality areas, and the Learning Disability Partnership (LDP). The evaluation of these innovation sites will be shared across all adult services. The Older People’s and Mental Health services are working on other innovative activity; projects and other key pieces of development work that will reduce or delay the need for ongoing care (tier three). The timeline for some of these projects and activity has been influenced by the reconfiguration of the older people’s services landscape e.g. creation of UC, transfer of the Reablement service to

the Council and requirement to engage with partners within the CEPB workstreams. Further information about the innovation activity can be found in section 7 of this paper.

- 6.3 All of the adult services are different in terms of demand pressures and integrated arrangements and the innovation sites are therefore taking different approaches to trialling the Transforming Lives model. A separate evaluation will therefore be produced for each innovation site, and the innovation activity will be monitored and options for implementation evaluated.
- 6.4 The work of the innovation sites is being evaluated internally by colleagues from the CFA Strategy and Commissioning Directorate. The evaluation is intended to identify the elements of the innovation sites which are most likely to support the achievement of the Transforming Lives objectives and impact. These elements can then be rolled out across all services as part of the project.
- 6.5 The evaluation of the Transforming Lives will focus on two key elements:
 - a) The innovation sites within the PD and LDP services
 - b) The overall programme, following roll-out
- 6.6 Some of the methods for the overall evaluation will be tested within the evaluation of the innovation sites.
- 6.7 The initial Physical Disability innovation site was based on one member of the team adopting a Transforming Lives approach to their practice, and shifting the focus of their work. The member of staff focused their time on the following:
 - a) Carer's Drop In sessions
 - b) Working with individuals who were on the 'edge of eligibility'
 - c) Working with individuals who had come out of a period of reablement
 - d) Existing caseload
- 6.8 The evaluation completed to date has focused on the carers drop in sessions and the edge of eligibility work, which is being considered as phase one of the PD innovation site. The team are now beginning phase two, which will see the innovation site extend to the other locality teams within the service. Planning for phase two is underway.
- 6.9 Carers drop in sessions, are held county-wide and provide an opportunity for carers and service users to attend regular sessions, to meet with other carers and have the opportunity to ask questions, and gain information and advice.
- 6.10 The evaluation findings have demonstrated that these sessions are well received and 250 people attended 427 times. Of these 250 people, there were between 20-25 cases where the care manager made a difference which would not have otherwise occurred. For example, a carer of a person with Parkinson's Disease was given advice about the impact of Parkinson's on behaviour, or assessments for Assistive Technology support were done there and then and equipment shipped immediately. As far as can be known, all are still living independently, with only short-term services if any, which is the ideal outcome under the Transforming Lives model. However, it should be

noted that the time spent by the care manager per impactful outcome is quite high, and the time spent at a carer drop in means that they are not able to respond to other cases, particularly at tier two which might require an urgent response.

- 6.11 In response to this, a decision has been taken that care managers will not regularly attend drop ins, but have offered to support sessions where required. Instead, care managers will be focusing on people coming into the team on the edge of eligibility, at the point of crises and existing service users, making more productive and impactful use of their time. Strong links have been forged with the Carers Trust Cambridgeshire who now run these drop in sessions.
- 6.12 The edge of eligibility work involved supporting people in a variety of situations, some with existing services like home care or social support and others with no existing service but with a high risk of developing needs that would have to be supported with services. In seven out of ten cases, following the work of the PD care manager, the outcome was positive, in that the person's situation had changed and they had a better chance of living as independently as possible over the longer-term. For example, a service user was supported temporarily to access social activities with a clear plan of building support networks to enable them to continue to take part in the activity without permanent support. In some cases that meant continuing to use services where they had eligible needs, in other cases their use of services was planned to reduce as their eligible needs reduced to levels they could manage without statutory support. In the remaining three cases, the outcome was not 'positive' (at the time of collecting the case study evidence) but in fact 'stable'. In these cases, the person was safe and still being supported by PD or other teams, but the situation had not been changed and the underlying risks to the person's independence remained.
- 6.13 There are some key pieces of learning which have been acknowledged by the care manager leading this work. They include:
- a) Thinking differently, starting at tier one and not automatically thinking that a statutory assessment or hours of care are necessary
 - b) Help people to help themselves, for example providing a cooker with safety equipment to enable a service user to cook for themselves instead of paid support for hot meal preparation.
 - c) Work more closely with people. Calling and checking on a tier one conversation to ensure that people have done the things suggested can save a lot of time in the future, and will support their wellbeing.
 - d) Using mobile technology, tablets, has saved a lot of time and delivers a more efficient service
- 6.14 This learning will be applied as we continue to refine the detail of the Transforming Lives model and plan for implementation.
- 6.15 The Learning Disability team in East Cambridgeshire are an integrated team, comprising both social care and health professionals and are based at the Princess of Wales Hospital in Ely. The team began their Transforming Lives innovation site in October 2014. The innovation site is trialling the Transforming Lives three tier model based on progression with anyone who is seen by the East Cambs LDP team through the use of strengths based conversations.

- 6.16 The team have been recording their contacts according to which tier of conversation they have been having. This will enable the evaluation of the cases and the conversations held across the team. Based on an initial analysis of basic activity data from October to December 2014, there have been a number of positive case studies where there have been positive outcomes for the service user which the team consider would have been different under the current way of working. One service user was supported to access activity via a volunteer centre and now works as a volunteer when previously they would have received 1:1 support at a LDP Day Centre. Another example is of when a care manager spoke to a local business that was being visited on a regular basis by a service user. They were offered training and access to contacts in the team so that the visits could continue. The local business was grateful for the support as they did not want to exclude the service user from accessing the business. A carer whose health was changing was admitted to hospital on Christmas Eve. The previous response would have been to set up a period of respite care. Instead the care manager spoke to a neighbour who arranged varied support so the service user's wishes could be met and they could remain at home.
- 6.17 Key findings from the LDP innovation site include:
- a) The need to amend systems and processes to enable the collection of data in line with the three tier model. This has resulted in changes to the way in which case notes are used for recording and development of practice in reviews and assessments
 - b) The majority of contacts with the team are with individuals in receipt of some form of ongoing support at tier three. The activity data has demonstrated that 73% of tier one conversations take place with people already in receipt of tier three services. This emphasises the importance of tier one as core to the Transforming Lives model
 - c) The need to invest time and resource into connecting with and building relationships with the local community, community groups and organisations and service users and carers
 - d) The need to work more closely with local providers to understand their challenges, to support them to work in this new way to work collaboratively to support service users
- 6.18 The evaluation of the LDP innovation site has demonstrated the increase and impact of a more reflective approach within the team. The team manager conducts regular reflective supervisions with practitioners within the team, and the care managers meet weekly to consider the cases they are working on, to reflect on the use of the Transforming Lives model and to consider as a team alternative solutions or opportunities that could be considered. Feedback from the team on this approach has been very positive, and it has supported a shift in the thinking of the team.
- 6.19 The final evaluation report will include a matched comparison group. This will enable us to estimate the overall impact on funding requirements.
- 6.20 The final evaluation will encompass learning from case outcomes and the experience of practitioners.

7.0 INNOVATION ACTIVITY

- 7.1 As referenced in section 6.2 of this paper, Older People's Services and Mental Health are working within a challenging environment of managing demand, delivering savings and developing an integrated approach. The recent transfer of staff from the Reablement and Assistive Technology services to the County Council on 1st April provides an opportunity to confirm the role of these services as part of the Transforming Lives approach.
- 7.2 The service is working through the Transforming Lives programme, the Older People's Service Development Programme and Cambridgeshire Executive Partnership Board (CEPB) to develop the service in response to these challenges. The primary objective of much of this activity, and in line with the Care Act, is to improve outcomes and reduce, delay or prevent demand on statutory services.
- 7.3 There are some good examples from across the service of members of staff beginning to work differently. Examples include members of staff who have built strong links with local care homes, and regularly attending multi-disciplinary team meetings with health colleagues, which consider and discuss a number of cases.
- 7.4 The Older People's service has identified a series of innovation activities which will help them to begin to work towards the implementation of Transforming Lives approach and will help to manage the demand of the service. The timescale for this work will be impacted by the factors and projects listed above, upon which this work is dependent.
- 7.5 Mental Health is currently scoping innovation work with CPFT Fenland's Adult Mental Health team in relation to delivering Transforming Lives in Fenland's community. Additionally, the joint CCC and CPFT review of the Older People's Mental Health delivery model for social care will include detailing the implementation of Transforming Lives as a key outcome. This work is in response to Uniting Care's neighbourhood redesign of Older People's health services and is due for completion by Autumn this year.

8.0 ALIGNMENT WITH CORPORATE PRIORITIES

8.1 Developing the local economy for the benefit of all

- 8.1.1 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.
- 8.1.2 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.

8.2 Helping people live healthy and independent lives

- 8.2.1 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.

- 8.2.2 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.
- 8.2.3 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.
- 8.2.4 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.
- 8.2.5 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 will ensure that carers are well supported in line with the duties outlined in the Care Act.

8.3 Supporting and protecting vulnerable people

- 8.3.1 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.
- 8.3.2 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.
- 8.3.3 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.
- 8.3.4 Safeguarding will continue to be a key focus of the new approach to social work and social care for adults in Cambridgeshire.

9.0 SIGNIFICANT IMPLICATIONS

- 9.1 Work to further develop the detail of the Transforming Lives model is currently underway and this work will help to ascertain the implications listed below. 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.

9.2 Resource Implications

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

- a) The costs and the impact that this work will have on our ability to achieve required savings is currently being developed
- b) 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

- c) 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
- d) 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
- e) 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

9.3 Statutory, Risk and Legal Implications

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

- a) Transforming Lives is Cambridgeshire County Council's strategic approach to the implementation of the Care Act, which came into statute on 1st April 2015

9.4 Equality and Diversity Implications

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

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

9.4.3 A Community Impact Assessment (CIA) is being developed alongside the development work on the project.

9.5 Engagement and Consultation Implications

9.5.1 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.

9.5.2 In Summer 2014 three events were held for stakeholders including voluntary and community sector organisations, District Councils, Health and other public sector partners. These were well attended and provided the opportunity to explore the model with stakeholders, and begin to develop a joint approach to taking this work forward.

- 9.5.3 Providers of services have also had the opportunity to hear about the Transforming Lives model, and conversations with Providers are continuing as we further develop and define this approach. A specific Provider event for those working within the innovation site area of East Cambridgeshire LDP was held in April 2015. This event was very positive and generated many ideas for how we can work with Providers to take forward the Transforming Lives approach.
- 9.5.4 Consultation with service users and carers is taking place, primarily through the client-group specific 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. At their request, the partnership boards are considering each of the three tiers of the model separately to give them the chance to fully explore and provide comment on each of these areas of the model.
- 9.5.5 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.
- 9.5.6 Further planning is underway to ensure that all stakeholders have sufficient opportunity to participate in the development of this approach.

9.6 Public Health Implications

- 9.6.1 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.

9.7 Localism and Local Member Involvement

- 9.7.1 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.
- 9.7.2 The work to build community capacity as part of the Councils new Target Operating Model is considered key for both Member involvement in taking forward the Transforming Lives approach and furthering the localism agenda in relation to this project.

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