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| MEETING | B&NES HEALTH AND WELLBEING BOARD |
| DATE | 21/01/2015 |
| TYPE | An open public item |

| <u>Report summary table</u> | |
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| Report title | 'Making it Real' in Bath and North East Somerset |
| Report author | Wendy Sharman (01225 477922) |
| List of attachments | The following are included and referenced as follows in this report: <ol style="list-style-type: none"> 1. Equalities impact assessment 2. Risk register 3. Making it Real Markers for Change 4. Steps you need to take to declare a commitment to Making it Real 5. Draft programme structure and draft action plan 6. Integrated personal commissioning programme documents |
| Background papers | As attached |
| Summary | Bath & North East Somerset Council (B&NES) and BaNES CCG intends to work towards developing, publishing and implementing a 'Making it Real' action plan, with a view to embedding the principles of personalisation, co-production and integration within the decision making processes of adult health and social care commissioning. The embedding of a truly personalised approach is key to the successful implementation of the Care Act. |
| Recommendations | The Board is asked to endorse: <ul style="list-style-type: none"> • The commitment to Making it Real • The proposal to develop a 'Making it Real' action plan • The principles of co-production which this will entail • The draft programme structure and draft action plan as attached at Appendix 5 The Board is also requested to receive six monthly progress reports. |
| Rationale for recommendations | Norman Lamb MP, Care and Support Minister wrote to all local authorities in 2014 to encourage them to sign up to Making it Real, stating councils and other organisations "have used Making it Real to build strong momentum for personalisation locally, and I want this to be a universal experience." The Care Act centralises person centred care and support planning, but also gives local authorities broad responsibilities around supporting wellbeing and preventing, reducing and delaying needs within our population. B&NES aims to work |

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| | <p>collaboratively with our communities in order to deliver the Care Act, and adopting the principles of co-production outlined in Making it Real will support this. The recommendations in this report fully support the cross cutting commitment to public, patient and provider engagement within the Joint Health and Wellbeing Strategy, more specifically the following outcomes:</p> <p>Theme 1 - Helping people to stay healthy, specifically:</p> <ul style="list-style-type: none"> • Improved support for families with complex needs • Create healthy and sustainable places <p>Theme 2 - Improving the quality of people’s lives, specifically:</p> <ul style="list-style-type: none"> • Improved support for people with long term health conditions • Enhanced quality of life for people with dementia • Improved services for older people which support and encourage independent living and dying well <p>Theme 3 – Creating fairer life chances, specifically:</p> <ul style="list-style-type: none"> • Improve skills, education and employment • Increase the resilience of people and communities including action on loneliness <p>In addition, a key objective of NHS England (outlined in the Government's Mandate to the NHS) is for the NHS to become dramatically better at involving people; empowering them to manage and make decisions about their own care and treatment. This includes through the provision of personal health budgets which became mandatory in April 2014 for those who are entitled to Continuing Health Care (CHC) funding so that they can have a greater say in how their health and social care needs can be met.</p> <p>These recommendations also fully support the strategic vision of Bath and North East Somerset as being “internationally renowned as a beautifully inventive and entrepreneurial 21st century place with a strong social purpose and a spirit of wellbeing, where everyone is invited to think big – a ‘connected’ area ready to create an extraordinary legacy for future generations.”</p> |
| <p>Resource implications</p> | <p>The Transformation and Strategic Planning Manager will take the lead in developing and supporting the MIR Implementation Group and action plan and subsequent co-production policy statement(s).</p> <p>Funding will be required to deliver the action plan and it is intended to use the Transformation budget.</p> |
| <p>Statutory considerations and basis for proposal</p> | <p>An equalities impact assessment has been carried out in relation to this proposal (see Appendix 1).</p> <p>This report follows the recommendation by Norman Lamb MP to develop a Making it Real action plan and endorse the principles behind Making it Real. The principles of Making it Real also support the implementation and principles of the Care Act.</p> |
| <p>Consultation</p> | <p>The proposal to develop a Making it Real action plan has been discussed with Bath and North East Somerset CCG, Sirona Care</p> |

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| | <p>& Health and The Care Forum.</p> <p>It should be noted that the purpose of Making it Real is to ensure that reports such as this are co-produced with service users and carers as well as 'professional' partners. A key part of the proposed Making it Real action plan will be to ensure this occurs in the future.</p> |
| <p>Risk management</p> | <p>A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance. The risk register is at Appendix 2.</p> |

THE REPORT

1 AN OVERVIEW OF PERSONALISATION

- 1.1 The 2006 White paper 'Our Health Our Care Our Say' set the direction for more personalised services, delivered in community settings, enabling greater choice and control for people who need support so that they can live full and meaningful lives
- 1.2 It also advocated for people who use services to have a greater voice in how services are developed, designed, delivered and evaluated.
- 1.3 Personalised services are those that are delivered in consultation with the person receiving them. Personalised services are 'done with' rather than 'done to' a person.
- 1.4 'Putting People First' (2007) was the sector's response to 'Our Health Our Care Our Say'. It is a protocol setting out the shared vision for an adult social care system that was personalised and values led.
- 1.5 An example of an individual benefiting from a personalised approach is below (example taken from Community Care):
 - (1) Josephine had to cut short her career as a graphic designer due to the severity of rheumatoid arthritis. Her application for an individual budget gave her £324 per week of care. This is partly spent on massage, acupuncture and pedicures which help relieve some of the symptoms of the condition. Of most significance though is the employment of three personal assistants 30 hours a week to provide care and take her out on shopping trips. Finding PAs that could drive was hugely important giving Josephine regular contact with the outside world, whereas previously she'd been unable to get out much.
- 1.6 A key objective of NHS England (outlined in the Government's Mandate to the NHS) is for the NHS to become dramatically better at involving people; empowering them to manage and make decisions about their own care and treatment. This includes through the provision of personal health budgets which became mandatory in April 2014 for those who are entitled to Continuing Health Care (CHC) funding so that they can have a greater say in how their health and social care needs can be met.
- 1.7 A personal health budget is an amount of money to support a person's identified health and wellbeing needs, planned and agreed between the person and their local NHS team.
- 1.8 Further references can be found at the following sources:
 - (1) The National Health Service (Direct payments) Regulations 2013
 - (2) National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care November 2012 (Revised) DoH.

2 MAKING IT REAL – AN INTRODUCTION

- 2.1 Think Local Act Personal (TLAP) is the sector wide commitment to transform adult social care through personalisation and community-based support. It committed

over 30 national organisations to work together and to develop, as one of the key priorities, a set of markers.

- 2.2 These markers are being used to support all those working towards personalisation. The markers will help organisations check their progress and decide what they need to do to keep moving forward to deliver real change and positive outcomes with people.
- 2.3 The result is Making it Real, a framework developed by the whole Partnership, but led by members of the National Co-production Advisory Group, which is made up of people who use services and carers.
- 2.4 Making it Real is built around “I” statements. These express what people want to see and experience; and what they would expect to find if personalisation is really working well.
- 2.5 The “I” statements are set of "progress markers" - written by real people and families - that can help an organisation to check how they are going towards transforming adult social care.
- 2.6 The aim of Making it Real is for people to have more choice and control so they can live full and independent lives.
- 2.7 The “I” statements are at Appendix 3 – the Making it Real markers for change.
- 2.8 The CCG has also completed the NHS England markers of progress for CCGs introduced in 2014. This is a self-assessment tool that enables CCGs to understand local progress and plan their next steps. The CCG can access a local report comparing its progress with the national picture. BaNES CCG was not part of the early pilot site for PHBs but has made good progress against the markers in 2014.

3 EXPECTATIONS OF ORGANISATIONS THAT ENDORSE ‘MAKING IT REAL’

- 3.1 Organisations that wish to endorse the principles of Making it Real begin the process by registering on the website www.thinklocalactpersonal.org.uk/Browse/mir/.
- 3.2 There are a series of steps that an organisation then follows to demonstrate their commitment to the Making it Real process and outcomes. These steps are outlined in Appendix 4 and include developing an action plan and identifying the top three priorities for change in the following 12 months.
- 3.3 Once registered, organisations then require Board level endorsement to continue the steps to Making it Real.
- 3.4 The purpose of this paper is to obtain that endorsement.
- 3.5 Each stage of Making it Real, including action plans and priorities, is made publicly available through the Think Local Act Personal website above.

4 AT WHAT STAGE IS BATH & NORTH EAST SOMERSET COUNCIL?

- 4.1 Bath & North East Somerset Council (B&NES) has made a commitment to Making it Real and has taken the first step by registering this commitment on the Making it Real website.
- 4.2 B&NES was an early adopter of personalisation and integration and is in a strong position to deliver against the Making it Real markers. However, there are identified areas that need improvement, including service user and carer involvement and co-production.
- 4.3 It is recommended therefore that the initial Making it Real action plan is written to prioritise further development in those areas.
- 4.4 A series of events are planned to support and promote the Making it Real agenda and approach. The first of these will be on 20th January, when a session will be held to introduce commissioners across the council and CCG to the principles of co-production, with examples of how this has worked within Children's Services. This will be followed by representation to the Health and Wellbeing Board on the 21st January to seek endorsement for our approach.
- 4.5 An event for providers has been organised to discuss the principles of Making it Real and to encourage them to develop action plans of their own to further this agenda. We are also planning further events to look specifically at implementing co-production during monitoring and evaluation.
- 4.6 A series of 'breakfast' type sessions are planned for the senior leadership teams of the council and CCG around co-production. These will introduce the concept and principles of co-production and review case studies of best practice. An on-going communications exercise is also planned to ensure members of staff within the Council and CCG that are unable to attend any of the sessions are up to date and aware of developments.
- 4.7 A draft programme structure is at Appendix 5 outlining the recommended approach to Making it Real in Bath and North East Somerset.

5 WHAT ARE THE LINKS WITH OTHER AREAS?

5.1 The implementation of the Care Act (2014)

- (1) The Care Act (2014) is the single biggest change to care and support legislation in a generation. The Act consolidates 60 years of previous legislation, and also introduces new rights and obligations for people with care and support needs and local authorities respectively.
- (2) The embedding of a truly personalised approach is key to the successful implementation of the Act and the Care Act Implementation Board is working to ensure the cultural change is in place to enable practitioners to have different conversations with people about their care and support. The aspirations of Making it Real are fully compatible with the aspirations of the Care Act and this proposal seeks to both avoid duplication and create continuity in delivering both agendas.
- (3) The Care Act Implementation Board is currently responsible for the delivery of the outputs and outcomes of the Care Act for Bath and North East Somerset.

- (4) It is proposed that during the development stage of the Making it Real Implementation Group, it sits alongside the Care Act Implementation Board, and that Care Act work streams include representation from the developing Making it Real Implementation Group (MIR Implementation Group).
- (5) Once the Making it Real Implementation Group and its membership are established, it may be in a position to succeed the Care Act Implementation Board, as the main vehicle to direct and effect change within Adult Social Care. This will need further discussion and agreement in the future.

5.2 Integrated Personal Commissioning (IPC)

- (1) In July 2014, NHS England set out plans for a new Integrated Personal Commissioning (IPC) programme. This will for the first time blend comprehensive health and social care funding for individuals, and allow them to direct how it is used.
- (2) In October 2014, Tracey Cox- BaNES CCG Chief Officer endorsed the application submitted by the South West Strategic Clinical Network on behalf of organisations across the South West to become an early adopter of the IPC:
 - a) “On behalf of BaNES CCG and my Local Authority Colleagues, Ashley Ayre, Strategic Director People & Communities, and Councillor Simon Allen, Chair of the Health and Wellbeing Board, we are happy in principle to support this application.”
- (3) Appendix 6 contains the supporting papers for the IPC programme in the SW.

6 WHAT ARE THE RESOURCE IMPLICATIONS AND RECOMMENDATIONS?

- 6.1 This work will be managed and co-ordinated by the Transformation and Strategic Planning Manager with the initial support of the current multi-agency Personalisation Implementation Group. This Group will form the pre-MIR Implementation Group and will be responsible for the actions outlined in the draft action plan in Appendix 5.
- 6.2 Funding will be required to deliver the action plan and it is intended to use the existing Transformation budget.

7 WHAT IS REQUESTED OF THE HEALTH AND WELLBEING BOARD?

- 7.1 The Health and Wellbeing Board is requested to endorse:
 - (1) The commitment to Making it Real
 - (2) The proposal to develop a ‘Making it Real’ action plan
 - (3) The principles of co-production which this will entail
 - (4) The draft programme structure as at Appendix 5
- 7.2 It is also requested that the Health and Wellbeing Board receive six monthly reports detailing progress towards the Making it Real markers of change.

Please contact the report author if you need to access this report in an alternative format