

REPORT TO: Executive Board Sub Committee

DATE: 12 February 2009

REPORTING OFFICER: Strategic Director – Health & Community

SUBJECT: Personalisation Agenda and Individual Budgets
– Waiver of Procurement Tendering Standing
Orders

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To request the waiving of Procurement Standing Orders 3.1 - 3.7 which places a requirement on the Council to tender for contracts set up with external providers of services.

2.0 RECOMMENDATION: That:

- i) **Procurement Standing Orders 3.1-3.7 be waived in accordance with Standing Order 1.6 and the Operational Director Health & Partnerships be authorised to award the contract for the Personalisation Workforce Development and Training Programme to Helen Sanderson Associates Ltd, for the sum of £129,100 in light of the exceptional circumstances outlined in this report, due to there being only one possible contractor.**

3.0 SUPPORTING INFORMATION

3.1 On 17th January 2008, the Department of Health issued a Local Authority Circular (LAC (DH) (2008) 1) entitled “Transforming Social Care”. The Circular sets out “information to support the transformation of social care signalled in ... *Independence, Well-being and Choice* and re-enforced in ... *Our health, our care, Our say: a new direction for community services*.”

3.2 The Circular sets out familiar commentary – that people are living longer due to advances in healthcare, have higher expectations of what they need/want to meet their circumstances, want to continue living independently at home for as long as possible, and to have greater control over their lives.

3.3 Long-term demographic changes mean that current systems of delivering social care need to be fundamentally changed and

modernised if they are to respond to the pressures of increased expectations and substantial culture change. Any changes will have to recognise the need to explore options for the long-term funding of the care and support system.

3.4 **What Reform Means**

3.4.1 The Government's approach to personalisation can be summarised as "the way in which services are tailored to the needs and preferences of citizens. The overall vision is that the state should empower citizens to shape their own lives and the services they receive". (Transforming Social Care)

3.4.2 This approach is one element of a wider cross-government strategy on independent living, due for publication early in 2009.

3.5 The Government is clear that everyone who receives social care support in any setting, regardless of their level of need, will have choice and control over how this support is delivered. This will be the case whether they receive support from statutory services, the third/community/private sector or by funding it themselves. The intention is that people are able to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual requirements for independence, well-being and dignity.

3.6 This means a common assessment of individual social care needs, emphasising the importance of self-assessment. The role of social workers will focus on advocacy and brokerage rather than assessment and gate keeping. This shift will result in a change from the model of care, where the individual receives the care determined by a professional, to one that has person-centred planning at its heart, with the individual firmly at the centre identifying what is personally important to deliver their outcomes.

3.7 In the future, "all individuals who are eligible for publicly-funded adult social care will have a personal budget. The budget will be a clear, upfront allocation of funding to enable them to make informed choices about how best to meet their needs, including their broader health and well-being", (Transforming Social Care). Having an understanding of what is available will enable people to use resources flexibly and innovatively, no longer simply choosing from an existing menu but shaping their own menu of support.

3.8 Further more, National Indicator (NI)130 has a target requiring 30% of service users and carers in receipt of community services to be purchasing them using an Individual budget or direct payments by April 1st 2011. The figure will be calculated per

100,000 population aged 18 or over.

3.9 **Traditional Model v In Control Model**

3.9.1 At the core of self-directed services is a change in process that intends to give those people involved new incentives and power to shape services and get better value for money and as such, there are many associated workforce issues that need to be addressed via an appropriate Workforce & Training Programme.

3.10 The identified Workforce, Training Programme and associated costs is located in Appendix 1

3.11 The workforce and training is not just Council focused, it needs to incorporate the Independent Sector, which is a significant task.

3.12 **Business Case for Waiver of Procurement Tendering Standing Orders**

3.12.1 **Value for Money and Competition**

3.12.1.1 The proposed provider, Helen Sanderson Associates are market experts in providing training, workforce development and associated support, advice and guidance on Personalisation and Person Centred Planning to a number of local authorities including Warrington Borough Council, Northamptonshire County Council, Hertfordshire County Council, Oldham Council and Sefton Metropolitan Council.

3.12.1.2 Given that Helen Sanderson Associates has previously been commissioned by other local authorities who wanted to commission a personalisation programme it would seem a poor use of resources for Halton Borough Council to instigate a further formal tendering process which would require additional resources to progress it.

3.12.1.3 With our knowledge of the market, the Operational Director for Health & Partnerships is satisfied that the cost of £129,100, for 116 days training to a wide variety of employees, Service Users, Carers and Contracted Providers, is a fair price.

3.12.1.4 Further options have been investigated, for example, the use of the Corporate Training Team and the use of part-time staff to increase their weekly hours to deliver the requirements. Both of these options have been rejected due to the lack of expertise, skills and knowledge of the staff identified.

3.12.1.5 The Workforce and Training Programme (Appendix 1) is designed to create a truly personalised care system and will deliver those outcomes identified in Halton Borough Council's Self-Directed

Support Project Plan, which should ensure people, irrespective of illness or disability, are supported to:

- Live independently;
- Stay healthy and recover quickly from illness;
- Exercise maximum control over their own life and where appropriate the lives of their family members;
- Sustain a family unit which avoids children being required to take on inappropriate caring roles;
- Participate as active and equal citizens, both economically and socially;
- Have the best possible quality of life, irrespective of illness or disability;
- Retain maximum dignity and respect

3.13 **Transparency**

3.13.1 Transparency will be achieved by ensuring a clear audit trail for the procurement of all goods and services.

3.13.2 Statements have been obtained from other local authorities detailing how they commissioned services and the reasons why they elected to appoint Helen Sanderson Associates to assist them with the implementation of the personalisation and Individual budget agenda.

3.13.3 References and feedback have been obtained from Warrington Borough Council, Northamptonshire County Council, Hertfordshire County Council, Oldham Council and Sefton Metropolitan Council.

3.13.4 The contract will be placed on the Halton Borough Council Procurement website. The contract is also subject to the Freedom of Information Act and audit processes.

3.14 **Propriety and Security**

3.14.1 Integrity clauses will be built into the contract documents and only Officers with a need to know will have information about the contract.

3.15 **Accountability**

3.15.1 Accountability would remain with Operational Director for Health & Partnerships awarding the contract and a rigorous evaluation and performance-monitoring framework will form part of the contract

with Helen Sanderson Associates.

- 3.15.2 This service is exempt from the tendering requirement of the Public Contract Regulations 2006 because the training is ancillary to Health and Community Service's which falls into Part B category, Procurement Regulations 2006.

4.0 POLICY IMPLICATIONS

- 4.1 National Indicator 130 has a target requiring 30% of service users and carers in receipt of community services to be purchasing them using an Individual budget or direct payments by April 1st 2011. The figure will be calculated per 100,000 population aged 18 or over.

- 4.2 Over the next 5 years, Personalisation is likely to substantially affect the way in which people receive services and the Local Authority will need to support this national agenda.

5.0 FINANCIAL IMPLICATIONS

- 5.1 The cost of this contract will be funded by the Social Care Reform Grant.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Individualised Budgets are used by some councils to support young people with disabilities in transition from Children's to Adults'

Services and this is at an early stage of development in Halton. It is important to ensure Children's and Adults' services work closely to develop a single process for individualised budgets.

6.2 Employment, Learning & Skills in Halton

This decision supports the planned development of employees, service users, contracted provider services and carers to ensure they have the correct skills and knowledge to carry out their duties in a safe and competent manner.

6.3 A Healthy Halton

The Government anticipates that the use of Individual Budgets will lead to health gains. Further work with Health will take place to ensure health gains are maximised.

6.4 A Safer Halton

Staff will be trained to provide advice, support and guidance to enable service users to manage how their own care needs are met.

6.5 Halton's Urban Renewal

None identified

7.0 RISK ANALYSIS

7.1 There are 2 primary risks.

- Progressing the personalisation agenda without an adequate understanding of the full implications and the impact this may have on care service provision.
- Giving insufficient priority to the work so that the Council falls behind other Councils and Government expectations and does not meet its NI 130 target by April 2011.

7.2 A competently delivered, comprehensive Workforce and Training Programme would eliminate or reduce the risks identified.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Following approval of the request to waive Standing Orders a full equality impact assessment on any proposals will be undertaken by the Directorate Equalities Group.

8.2 The personalisation agenda promotes equality, diversity and greater well-being to the residents of Halton.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

None.