SUBJECT:	**TURNING THE WORLD UPSIDE DOWN: TRANSFORMING CARE AT HOME IN MONMOUTHSHIRE**
MEETING:	**Adult Select Committee**
DATE:	**8th February 2018**

1. PURPOSE:

To approve the implementation of a transformational approach to the delivery of care at home. Following a creative, co-produced approach carried out under the banner of Turning the World Upside Down we have developed a model which represents a paradigm shift in the provision of care at home and are seeking the Adult Select Committee's support to now work towards its implementation.

2. RECOMMENDATIONS:

That the Adult Select Committee endorses the Turning the World Upside Down model and supports its implementation.

3. KEY ISSUES:

3.1 **Background:** Domiciliary care or care at home is the single largest area of care and support which Monmouthshire County Council offers. In 2016/17 the total gross spend across older adults social services was £20million; a significant proportion (33%) of this was spent on care at home for older people.

There is a growing acknowledgement across the sector that the traditional model of time allocated slots to provide personal care tasks is broken. We have evidence that the current system can lead to less person centred outcomes, difficulties in the recruitment of carers and providers struggling to continue to operate.

In embarking upon our programme of Turning the World Upside Down, we acknowledged that we needed to fundamentally transform the current model of care at home.

3.2 **The Approach:** We have worked to secure the new approach in a very different way:

- Through our in-house care at home provision we tested and re-modelled our approach through the successful Raglan project. The in-house service is a very visible and supportive partner in the process.

- We heralded change through a variety of Turning the World Upside Down events and workshops. We welcomed providers from across the UK to immerse themselves in Monmouthshire's values and aspirations at four events at Kate Humble's Farm and through this and individual follow ups:
  - We clearly signalled a desire and commitment to change.
  - We enthused and encouraged existing and potential providers to work with us to develop a new model for care at home in Monmouthshire.

- o We gauged significant but realistic levels of interest and potential in working with us in very new ways.
- o We started the process of thinking differently and creatively about care at home.

- We have co-produced a means of making Turning the World Upside Down a practical proposition through a six day Vanguard Systems Thinking approach. Through this process we witnessed first-hand the impact of the current system on people and together as key stakeholders, created a design for the future. We co-produced and agreed an Experiment Design, a set of Operating Principles and Relationship Principles which underpin the Turning the World Upside Down approach.

- Significant investment has been made in building relationships with those wishing to Turn the World Upside Down. Our premise has been to move away from the traditional artificial commissioner/provider split and instead work in partnership from the outset co-producing and developing a new model of working towards a shared aspiration of better outcomes for individuals.

- To this end, we have also established a Leadership Group of key Turning the World Upside Down providers, and key Council interface (Chief Officer, Head of Adult Services, Commissioning and Team Managers). The Leadership Group works through the Action Plan, removes barriers and makes things happen. To emphasise the equality of the partnership, the Leadership Group is independently facilitated.

3.3 **The Model:** We have rigorously progressed key streams of work along the themes set out in the design below:

Our Turning the World Upside Down Design

- ∗ **Patch based - to allow a flexible response for people.**
- ∗ **Providers integrated into Health and Social Care teams.**
- ∗ **FISH / Discharge Liaison Nurse agree the most appropriate expertise to send - including a provider.**
- ∗ **Providers to have access to FLO.**
- ∗ **Support is based on what matters, and builds on existing networks and community assets - not time and task.**
- ∗ **Predictable payments based on patch.**
- ∗ **Providers support each other if capacity is reached.**
- ∗ **There is a common measurement system - based on what matters to citizens.**
- ∗ **Quality assurance is based around the use of the measurement system.**

We have now reached the stage where a large proportion of the Turning the World Upside Down Design principles have been realised and we are entering a period of transition to the new model.

3.4 **Implementation:** Putting in place large elements of the Turning the World Upside Down design has provided us with a strong foundation from which to transition to the new model. The key elements of the implementation are as follows:

- **Patches:** In our design we aspire to a model that comprises patches which enable us to recognise communities and networks and thus engender a flexible, person centred response. The process of identifying meaningful patches has been an iterative and active one. Our starting point was to collect baseline data on numbers and hours across a target week to arrive at a rational proposition. This data was provided in an open and collegiate way from the Turning the World Upside Down providers. Independent and in-house providers then worked with care managers to identify practical patches from which we could deliver the new Turning the World Upside Down approach. There were many changes and we arrived at a twelve patch model as set out below:

- **Price per Patch:** In our design we aspire to achieve predictable payments based on patches. This has been a challenging but important exercise. If we are truly going to enable a new approach to care at home we need to alter the dynamic away from paying per hour per task to giving providers a budget to deliver care in a patch; thus offering them financial certainty, the ability to recruit staff on guaranteed hours contracts of employment and the flexibility to support people in their patch in a way that matters.

  In seeking to arrive at a price per patch, we identified key factors that would have a financial impact on delivery of the model:

  The Baseline: We will use 2016/17 cost data as a basis, using a geocoding process to relate individual packages of care and their cost to the relevant patch. From this we will be able to attribute a historic cost per patch.

2018/19 Prices: We will need to uplift the historic 2016/17 costs to reflect likely 2018/19 prices by allowing for the National Living Wage and pension auto-enrolment in 2017/18 and a further increase to reflect the National Living Wage uplift in 2018/19. The costs that we arrive at, at this stage, will represent a cost that would have been incurred irrespective of any changes to the model.

Training Allowance: The new model requires carers to work in a very different way supporting people to do what matters. For the model to be successful it is imperative that at the outset we invest in training and development. A fair cost will need to be identified that enables providers to access and release staff to access training. This is likely to be amalgamated into a global training budget.

Efficiency: It is important to signal an expectation that ultimately that there should be efficiencies in operating this new model. These might either be particular to specific patches or across the board. Whilst there would be no such expectation in Year 1, efficiencies should be a consideration in future pricing decisions.

Rurality: One of the factors that impacts most upon the delivery of care at home under the current model is rurality. It is acknowledged that rurality sometimes presents significant challenges and as such it is felt that in the new model we should make a reasonable cost allowances for this. To determine a fair allowance, we calculated the population aged over 85 in each patch, we divided that by the area/km^2 to arrive at a population density figure. From this we will be able to discern those areas that are rural, semi-rural and non-rural and establish a reasonable + or - weighting accordingly.

Market Pressures: Being able to secure care in certain areas of Monmouthshire is becoming increasingly problematic. Providers evidence that in some areas recruitment of staff on current rates paid is almost impossible. Acknowledging this, an allowance will be made where there is evidence of significant market pressure.

Unmet Need: At any one time there are packages of care that have been agreed but are yet to be delivered. We will calculate the actual number of hours of unmet need per patch and for accuracy it is important that this included in the pricing calculation.

Early indications suggest that the total additional cost from the 2016/17 baseline is in the region of £250,000. It should be acknowledged that an element of this will be incurred if we change nothing.

In terms of the apportionment of prices across patches, our design principles envisage that providers support each other if capacity is reached. We would therefore expect that there would be at least two providers in each patch.

- **Integration:** In a word, Turning the World Upside Down is about relationships. It is about changing the dynamic between commissioner and provider; it's about dismantling traditional boundaries and enabling the whole sector to work together to deliver what matters to people.

It is therefore heartening to report that the biggest success story of Turning the World Upside Down is the relationships that now exist between everyone involved. They are built on a foundation of trust and respect and have enabled:

- o A co-produced and mammoth effort to address winter pressures;
- o Providers willingly offering access to their data systems to enable the co-production of patches;
- o An agreed approach which enables organisations to reduce and increase packages of care themselves if outcomes can still be met, families are willing and it is appropriate.

Whilst we have not yet formally integrated, in each of the three integrated team areas, providers meet regularly with the care team in a solution focused way to consider capacity issues and work together to address these.

Integral to our system design is access to the social care data management system (FLO). The technical work to enable this is being undertaken and shortly several of the Turning the World Upside Down providers will be piloting its use. To underpin the use of FLO across the system, a Task Group has developed an Information Sharing Protocol.

- **Measures:** Care managers, commissioners and providers have together developed a common measurement system. It has been vital that we arrived, not at a suite of targets, but rather a set of measures that are owned by everyone, are capable of evaluation and enable us to tell us whether we are achieving what matters to citizens. The set of measures below has now been agreed by the Leadership Group.

Our Common Measurement System

Leading Measures
- Personal outcomes (measured on the 'outcome flower')
- End-to-end times:
  - First contact with the system to appropriate support being in place
  - Broken down into component parts, eg. first contact to allocation
- Number of people helping me

Lagging Measures
- Score out of ten from people we are supporting and why
- Capacity (volume in/volume out)
- Repeat referrals and reasons
- Volume/payments/revenue (predicted versus actuals)
- Morale:
  - Turnover/sickness and reasons
  - Score out of ten and why

- **Doing What Matters:** Fundamental to Turning the World Upside Down is a movement away from time and task to support which is based on what matters and builds on existing networks and community assets. We are aware that this places a huge onus on frontline carers. We have together developed an Action Plan to ensure that this is addressed comprehensively. Much of the support will be undertaken on a patch basis, commencing with a facilitated 'cultural workout'

at which all those involved are equipped with key tools to deliver what matters, networks and relationships are developed and the patch is supported to develop its onward training and development programme.

3.5 Securing the Model:

- **Procurement:** The extensive best practice research undertaken at the outset of the project revealed that whilst a number of authorities had published plans to move towards more outcome focused, person centred models of care at home, very few had been able to deliver it. It was our analysis that the need to specify a system in detail for contractual purposes and proceed through a tightly defined procurement process appeared to quash the creativity and originality perceived at the modelling stage.

  The process to date has yielded very positive results and it is vital that we implement a procurement process that enhances the transformative, co-produced approach that is emerging.

  We can distil this as needing a process which:

  o Enables us to be transformative; to experiment and develop new and creative solutions;
  o Is fair and equal;
  o Supports, encourages and enables co-production;
  o Selects partners on values and behaviours rather than price. There would be a set price (budget) for each patch;
  o Supports the maintenance and development of a relationship based approach with stakeholders.

  In developing our procurement process, we are acutely aware that we will be challenging the current orthodoxy of the procurement regime which pits commissioner against provider and instead seeking a response which selects partners. We need to work within the parameters of the EU Directives but develop a response which enables the principles of Turning the World Upside Down to be achieved and thus will need legal advice to arrive at a solution.

- **Contract:** We are committed to co-producing a partnership agreement with the Turning the World Upside Down providers. The model has been developed on a mutual basis and it is important that the essence of co-production is reflected in the process and product of contract development.

  To achieve this in a practical way, we will need:

  o Independent facilitation
  o Stakeholder representatives agreeing those contract terms which should be standard and thus included without further consideration.
  o A forum to work through the spirit, design and content of the partnership agreement.

- **Implementation Managers:** Whilst sound progress has been made in implementing aspects of the design at a strategic level, the model will only be truly

effective when it works in practice in each of the three Integrated Health and Social Care Hubs across Monmouthshire (Abergavenny, Monmouth and Chepstow/Caldicot). We know that operationally there will be a need to further develop and maintain relationships to ensure that the new system works effectively at a local level. We have given this a lot of careful thought and it is proposed that we invest in an Implementation Manager in each of the Hubs.

The role of the Implementation Manager would be to:

- o Achieve the integration of providers into the team.
- o Build upon, enhance and maintain relationships across the sector, including Health.
- o Monitor flow through the system and, with the support of the Team Manager, manage capacity issues drawing on and building a relationship based approach to solutions.
- o Work to develop a whole sector approach to the provision of care at home in each Hub area.
- o Be active in the development of other aspects of the Turning the World Upside Down approach, eg. quality assurance, shared access to systems.

The Implementation Managers represent a critical investment in the realisation of Turning the World Upside Down and will need to be skilled and experienced individuals with strong interpersonal skills. To attract the right people it is proposed that we recruit:

- o 3 x Band J Implementation Managers: £40,057 at top of Band J, plus on costs = £52,074
- o Total Cost: £156,222

It is proposed that we look to secure the first of these posts over the next three months to assist in the implementation on a two year fixed term contract. Funding and appointments to the other two posts will be secured as further areas come on board.

3.6 Timescales

In terms of how we phase the implementation, our aspiration is to move as quickly to the new model as possible. However, as we approach the implementation phase we are acutely aware that we are breaking new ground and so to set timescales with any certainty is difficult. However, indicatively:

- We need to take a view as to whether we pilot a patch that has an annual value under OJEU limits to prove concept. Were we to pursue this, with the support of an Implementation Manager, we could have this operational by September 2018.

- A rational approach to full implementation would be to:

- o Phase the letting of patches in three tranches Abergavenny, Monmouth and Chepstow/Caldicot. The order should be determined by further analysis of preparedness. It is envisaged that the first tranche would be advertised in late 2018.

- o Allow for a six month 'development phase' between the providers being selected in each tranche and the contracts formally commencing.
- o The interval between letting tranches would be between six months and twelve months, depending upon the success of the earlier process.

3 OPTIONS APPRAISAL

The Turning the World Upside Down process has involved an active exploration of all options for the future. In effect, we have started from a blank sheet of paper and re-designed the system from scratch. Set out below are some of the more likely options explored as part of the process accompanied by an explanation of how these might work and why we decided not to pursue these options:

Option 1: Secure and continue the current arrangements:	
Advantages:	**Disadvantages**
• Relatively straightforward to introduce. • The system is well understood by providers, commissioners, carers and those who receive the service.	• Systems thinking work evidenced poor outcomes for individuals • Current system generates a great deal of bureaucratic waste which could be better invested into front line support. • The current system is under a great deal of pressure. Increasingly, providers are experiencing problems recruiting and retaining staff and there are areas where we are unable to secure care. At times of high demand, it is difficult to gain sufficient supply from the market. There is every likelihood that if we pursued this option, before the end of the contract we would again be looking to re-model.
Option 2: Provide all care at home through in-house Council services:	
Advantages:	Disadvantages:
• The in-house team plays an important role both specifically in re-ablement and supporting people with dementia and more generally providing high quality care at home to older people.	• A totally in house option could potentially be costly. • There would be reliance upon a single supplier. • The Council would be missing an opportunity offered by the independent sector to offer excellence, be innovative and engender change when we work in partnership on the basis of trust.
Option 3: Move to other emerging models:	
Advantages:	**Disadvantages:**
• There are other systems which are less radical and rather than transform, change the contractual model; for instance, a number of authorities have embarked upon Dynamic	• The new contractual systems do nothing to ameliorate the fundamental challenges of the market. In fact, anecdotal evidence suggests that they place more tension in the market and

Purchasing Systems which broker each package of care amongst a group of accredited providers.	more complex packages of care are difficult to broker through such a system.
	• A small number of authorities in Wales are embarking upon similar paths to Monmouthshire and together we are sharing our learning. However, none of the like-minded authorities are so far advanced that we could pull down their approach and replicate it. Monmouthshire is somewhat of a trailblazer in this arena!

Option 4: Turn the World Upside Down:	
Advantages:	**Disadvantages:**
• We are now confident that through our co-produced Turning the World Upside Down process we have designed a model that will enable us to support people in their home in the future. Furthermore, this support will be person centred, community centric and delivered in an integrated way. • The new model offers a blend of in house and independent provider involvement and expertise. • The relationship based approach to commissioning will potentially transform wider approaches.	• Given the scale of the transformation, there is a relatively small additional cost which can be incorporated within budgets. Much of the increased costs are likely to have been incurred in any model. In the Turning the World Upside Down approach they are known up-front and therefore can be accommodated.

4 REASONS:

We are recommending the Turning the World Upside Down approach because:

- Experience has shown that our current arrangements for care at home are unsustainable. The market is fragile, providers are often unable or unwilling to pick up more challenging packages of care and providers are increasingly feeling it necessary to charge rates outside of agreed parameters.

- The outcomes for people as a result of the current system are limited. A model predicated on time and task lacks humanity and actively discourages carers from establishing relationships with the people they support. In an era underpinned by the Social Services and Well-being Act where we focus on what matters and community connections we must be able to do better?

- The experience of developing the Turning the World Upside Down has shown that if we work with rather than against providers, so much more is possible. Commissioners and providers alike are struggling to provide support within the existing system so if we combine our strengths, aspirations and ideas we can envisage and work towards solutions that never seemed possible.

- The new 'light touch' procurement regime enables us to imagine a process to secure partners on the basis of shared values.

5 RESOURCE IMPLICATIONS:

The financial viability of the current system is being brought into question. Agreed rates have become increasingly irrelevant as providers are able to negotiate to pick up packages in areas of significant market pressure or indeed where packages are so complex they are perceived as not financially viable. In the old system, we are seeing power swing away from the commissioner towards providers who are increasingly able to quickly offer solutions in times of crisis on terms that are financially beneficial to them.

Turning the World Upside Down, by removing this artificial split and drawing providers into an integrated delivery system, provides a long term, financially sustainable solution. We fully anticipate that over time, the new system will generate efficiencies in terms of:

- People requiring less support as they build networks of support within their communities and seek support as it is needed. This efficiency will largely offset any increased demand due to population changes.
- Internal savings by no longer having to operate complex systems to secure care. This has yet to be quantified.

However, the new system also requires investment:

- As indicated, there is likely to be an additional cost to implement the new model of around £250,000. This has been accounted for within existing pressure within the 2018/19 MTFP.
- There is a need to invest in the implementation of the new model in terms of the Implementation Manager roles and potential specialist support. Initially a bid for short term investment to enable the first of these roles to be realised will be explored.

6 WELLBEING OF FUTURE GENERATIONS IMPLICATIONS (INCORPORATING EQUALITIES, SUSTAINABILITY, SAFEGUARDING AND CORPORATE PARENTING):

The significant impacts identified in the assessment (Appendix 1) are summarised below for members' consideration:

Positive:

- Improved contractual arrangements for care staff, greater job security and satisfaction. Furthermore it will contribute to raising the profile of social care as a career and attract and retain more people to the profession.
- Build upon people's strengths and lead to improved personal outcomes for the people supported to achieve what matters to them and maximise their sense of well-being.

- The new model moves away from one which is focused merely on time and task of personal care support. It seeks to support people to achieve personal outcomes which may include pursuing social, recreational and cultural interests.
- Supporting people to remain active and engaged within their communities is at the heart of the new model of support.
- People are supported to achieve their own personal outcomes building upon their strengths and existing networks of friendship and support regardless of background or circumstances.
- The new model seeks to embed sustainable and person centred arrangements which will meet future needs in the short, medium and longer term.
- A very different relationship between commissioners and providers of services; working towards a shared aspiration of better outcomes for individuals.
- People are able to improve their lives which brings benefits in terms of improvement in health and well-being and enables them to remain independent for longer.
- Improved personal outcomes and a more fulfilled life leads to a sense of greater well-being. The positive impacts this can bring includes maintaining better physical and mental health and therefore will positively impact upon the NHS in terms of a demand for health services.
- Older people will be the positively impacted through this transformation of care at home as they are the majority recipients of the service.
- The workforce is mainly female and therefore the improvements in terms of better working terms and conditions, enhanced job satisfaction and career progression will have a positive impact upon women generally.

Negative:

- People may experience a change in the way in which they receive support which they may find unsettling initially.
- There is potential to undermine the local market and relationships if procurement arrangements are not designed to support existing relationships and strengthen sustainability.

The actual impacts from this report's recommendations will be reviewed every year and the above perceived impacts will form the criteria for monitoring and review. The first review will take place in March 2019 and its outcomes will be reported to the Social Care and Health Departmental Management Team. Any pricing adjustments will be considered in accordance with the MTFP and reported through the annual fee setting process.

9 CONSULTEES:

Social Care and Health DMT – 31st January 2018

10 BACKGROUND PAPERS:

Report to Adult Select Committee – 13th October 2015

11 AUTHOR:

Shelley Welton, Lead Commissioner, Transformation
Ceri York, Service Manager, Commissioning and Disability Services

12 CONTACT DETAILS:

Tel: 01600 730510
E-mail: shelleywelton@monmouthshire.gov.uk

**Future Generations Evaluation
(includes Equalities and Sustainability Impact Assessments)**

Name of the Officer Ceri York **Phone no:** 01633 644933 **E-mail:** ceriyork@monmouthshire.gov.uk	**Please give a brief description of the aims of the proposal** To implement a transformational approach to care at home through the delivery of strength based support, flexible patch based services and integration within the health and social teams.
Name of Service Adult Social Care and Health	**Date Future Generations** Evaluation form completed 24th January 2018

1. Does your proposal deliver any of the well-being goals below? Please explain the impact (positive and negative) you expect, together with suggestions of how to mitigate negative impacts or better contribute to the goal.

Well Being Goal	Does the proposal contribute to this goal? Describe the positive and negative impacts.	What actions have been/will be taken to mitigate any negative impacts or better contribute to positive impacts?
A prosperous Wales Efficient use of resources, skilled, educated people, generates wealth, provides jobs	**Positive:** The implementation of the new model will result in improved contractual arrangements for care staff, greater job security and satisfaction. Furthermore it will contribute to raising the profile of social care as a career and hopefully attract and retain more people to the profession.	

Well Being Goal	Does the proposal contribute to this goal? Describe the positive and negative impacts.	What actions have been/will be taken to mitigate any negative impacts or better contribute to positive impacts?
	Negative: Potential to undermine local market and relationships if procurement arrangements are not designed to strengthen sustainability .	Design a procurement approach which supports the maintenance and development of a relationship based approach with stakeholders.
A resilient Wales Maintain and enhance biodiversity and ecosystems that support resilience and can adapt to change (e.g. climate change)	None	N/A
A healthier Wales People's physical and mental wellbeing is maximized and health impacts are understood	**Positive:** The new model of support will build upon people's strengths and lead to improved personal outcomes for the people supported. This will support people in achieving what matters to them and maximizing their sense of well-being.	N/A
A Wales of cohesive communities Communities are attractive, viable, safe and well connected	**Positive:** Supporting people to remain active and engaged with their communities is at the heart of the new model of support. It is envisioned that through patch based services and support to people for remain an active member of their communities there will be positive benefits for the communities as a whole.	N/A
A globally responsible Wales Taking account of impact on global well-being when considering local social, economic and environmental wellbeing	None	N/A
A Wales of vibrant culture and thriving Welsh language	**Positive:** The new model moves away from one which is focused merely on time and task of personal care support. It seeks to support	N/A

Well Being Goal	Does the proposal contribute to this goal? Describe the positive and negative impacts.	What actions have been/will be taken to mitigate any negative impacts or better contribute to positive impacts?
Culture, heritage and Welsh language are promoted and protected. People are encouraged to do sport, art and recreation	people to achieve personal outcomes which may include pursuing social, recreational and cultural interests.	
A more equal Wales People can fulfil their potential no matter what their background or circumstances	**Positive:** At the basis of the model is the belief that people are supported to achieve their own personal outcomes building upon their strengths and existing networks of friendship and support. Older people receiving care at home support will have the opportunity to maximize their potential regardless of their background or circumstances. It is anticipated that the positive impacts will effect women more greatly due to an increased number of women in the older population.	N/A

2. How has your proposal embedded and prioritised the sustainable governance principles in its development?

Sustainable Development Principle	Does your proposal demonstrate you have met this principle? If yes, describe how. If not explain why.	Are there any additional actions to be taken to mitigate any negative impacts or better contribute to positive impacts?
Balancing short term need with long term and planning for the future	Transforming the model of care at homes seeks to ensure there is approach to supporting people. . In line with national demographic predication Monmouthshire's older population is due to increase over the next 10-15 years. The new model seeks to embed sustainable and person centered arrangements which will meet future needs in the short medium and longer term.	N/A

Sustainable Development Principle	Does your proposal demonstrate you have met this principle? If yes, describe how. If not explain why.	Are there any additional actions to be taken to mitigate any negative impacts or better contribute to positive impacts?
Collaboration — Working together with other partners to deliver objectives	A key principle of the model development and future operation is co-production. The new approach has been co-produced with providers of services and heralds a very different relationship between commissioners and providers of services; working towards a shared aspiration of better outcomes for individuals. Its implementation will further strengthen this co-production through the integration of providers as part of the locality Integrated Health and Social care teams.	N/A
Involvement — Involving those with an interest and seeking their views	We have co-produced a means of making Turning the World Upside Down a practical proposition through a six day Vanguard Systems Thinking approach. Through this process we witnessed first-hand the impact of the current system on people and together as key stakeholders, created a design for the future. As part of this we sought to really understand the perspectives of a sample of people who use the service and care staff. Their views and perspectives heavily influenced the model's design	The next phase will involve meaningful engagement people and their families on an individual basis to explore the positive impacts which the new model will bring .

A programme is being to developed to support carers to transition to the new way of working which the model will bring. |
| **Prevention** — Putting resources into preventing problems occurring or getting worse | By offering support which builds on people's strengths and existing networks we believe that people will be supported to achieve their personal outcomes with reduced reliance on services. The Social Services and well-being Act recognises the importance of supporting people to be in control of their lives as a means to decreasing demand on statutory services . Where people are able to improve their lives it bring benefits in terms of improvement in health and well -being and enables them to remain independent for longer. | N/A |

Sustainable Development Principle	Does your proposal demonstrate you have met this principle? If yes, describe how. If not explain why.	Are there any additional actions to be taken to mitigate any negative impacts or better contribute to positive impacts?
Integration Considering impact on all wellbeing goals together and on other bodies	By supporting people to achieve personal outcomes and to maintain strong links with family and comminutes there is the potential to improve people's sense of well- being. It is acknowledged that improved personal outcomes and a more fulfilled live leads to a sense of greater well- being. The positive impacts this can bring includes maintaining better physical and mental health and therefore will positively impact upon the NHS in terms of a demand for health services .	N/A

3. Are your proposals going to affect any people or groups of people with protected characteristics? Please explain the impact, the evidence you have used and any action you are taking below.

Protected Characteristics	Describe any positive impacts your proposal has on the protected characteristic	Describe any negative impacts your proposal has on the protected characteristic	What has been/will be done to mitigate any negative impacts or better contribute to positive impacts?
Age	Older people will be the positively impacted through this transformation of care at home as they are the majority recipients of the service. A more person centered approach which builds upon their strengths will bring positive impacts in terms of : • Achieving personal outcomes • Support focused on what matters to them • Greater involvement and engagement with their communities • Improvements sense of well being	People may experience a change in the way in which they receive support which may be initially unsettling.	People will be supported through the implementation of the new model to understand the benefits and to overcome any negative impacts which are identified.
Disability	Person centred support which builds on people's strengths is at the heart of the new model. Many of the older people who use services have disabilities and supporting them to achieve what matters is the primary focus. This approach will bring positive impacts in working with people with disabilities to support them to access opportunities available to the wider community	None	N/A
Gender reassignment	None	N/A	N/A

Protected Characteristics	Describe any positive impacts your proposal has on the protected characteristic	Describe any negative impacts your proposal has on the protected characteristic	What has been/will be done to mitigate any negative impacts or better contribute to positive impacts?
Marriage or civil partnership	None	N/A	N/A
Pregnancy or maternity	The workforce is mainly female and therefore the improvements in terms of better working terms and conditions, enhanced job satisfaction and career progression will have a positive impact upon women generally.	None	N/A
Race	Turning the World Upside Down aims to transform services to ones which are person centered and support people in achieving their personal outcomes. This individual and strength based approach will enable what matters to people to shape the support they receive and thereby take account of what's important to them including cultural or racial matters.	None	N/A
Religion or Belief	Turning the World Upside Down aims to transform services to ones which are person centered and support people in achieving their personal outcomes. This individual and strength based approach will enable what matters to people to shape the support they receive and thereby take account of what's important to them including religious or other beliefs.	None	N/A
Sex	None	None	N/A

Protected Characteristics	Describe any positive impacts your proposal has on the protected characteristic	Describe any negative impacts your proposal has on the protected characteristic	What has been/will be done to mitigate any negative impacts or better contribute to positive impacts?
Sexual Orientation	None	None	N/A
Welsh Language	None	None	N/A

4. Council has agreed the need to consider the impact its decisions has on important responsibilities of Corporate Parenting and safeguarding. Are your proposals going to affect either of these responsibilities?

	Describe any positive impacts your proposal has on safeguarding and corporate parenting	Describe any negative impacts your proposal has on safeguarding and corporate parenting	What will you do/ have you done to mitigate any negative impacts or better contribute to positive impacts?
Safeguarding	The new model seeks to bring improved personal outcomes for people and maintaining greater links with their communities. Strong personal networks of support have been shown to bring positive impacts for people in terms of reducing their vulnerability and potential for being at risk of abuse.	None	N/A
Corporate Parenting	None	None	N/A

5. What evidence and data has informed the development of your proposal?

In determining our baseline position and in the on-going co-production of the new model we have drawn on a vast array of data including:
- Comprehensive 6 day Systems Thinking analysis of current model.
- Local Land and Property Gazetteer (LLPG).
- Local population data for Monmouthshire by Output Area (SASPAC).
- MapInfo application to create new patches building from Census Output Areas.
- MapInfo application to geo-code and map current service users.
- MapInfo application to calculate land area (square kilometres) for each patch.
- MapInfo application route planner to calculate distance in miles between each hub and each service user.
- Analysis of historic service delivery data.
- Analysis of historic service costs.
- Brokerage data to calculate unmet need by each patch.
- Service user data from FLO.
- Gwent Regional review of domiciliary care.

A set of common measures has been developed that are owned by everyone, are capable of evaluation and enable us to tell us whether we are achieving what matters to citizens.

Leading Measures
- Personal outcomes (measured on the 'outcome flower')
- End –to-end times:
  - First Contact with the system to appropriate support being in place
  - Broken down into component parts, eg. first contact to allocation
- Number of people helping me

Lagging Measures
- Score out of ten from people we are supporting and why
- Capacity (volume in/out)
- Repeat referrals and reasons
- Volume/payments/revenue (predicted versus actuals0
  - Morale: Turnover/sickness and reasons and Score out of ten and why?

6. SUMMARY: As a result of completing this form, what are the main positive and negative impacts of your proposal, how have they informed/changed the development of the proposal so far and what will you be doing in future?

Since the inception of Turning the World Upside we have sought to understand the impact of the current model of care at home and to use this assessment to design a future model of support. The key positive and negative impacts are:

Positive:
- Improved contractual arrangements for care staff, greater job security and satisfaction. Furthermore it will contribute to raising the profile of social care as a career and hopefully attract and retain more people to the profession.
- Build upon people's strengths and lead to improved personal outcomes for the people supported to achieve what matters to them and maximizing their sense of well-being.
- The new model moves away from one which is focused merely on time and task of personal care support. It seeks to support people to achieve personal outcomes which may include pursuing social, recreational and cultural interests.
- Supporting people to remain active and engaged with their communities is at the heart of the new model of support.
- People are supported to achieve their own personal outcomes building upon their strengths and existing networks of friendship and support regardless of background or circumstances.
- The new model seeks to embed sustainable and person centered arrangements which will meet future needs in the short medium and longer term.
- A very different relationship between commissioners and providers of services; working towards a shared aspiration of better outcomes for individuals.
- People are able to improve their lives which brings benefits in terms of improvement in health and well -being and enables them to remain independent for longer.
- Improved personal outcomes and a more fulfilled live leads to a sense of greater well- being. The positive impacts this can bring includes maintaining better physical and mental health and therefore will positively impact upon the NHS in terms of a demand for health services.
- Older people will be the positively impacted through this transformation of care at home as they are the majority recipients of the service.
- The workforce is mainly female and therefore the improvements in terms of better working terms and conditions, enhanced job satisfaction and career progression will have a positive impact upon women generally.

Negative:
- People may experience a change in the way in which they receive support which may be initially unsettling.
- Potential to undermine local market and relationships if procurement arrangements are not designed to support existing relationships and strengthen sustainability.

7. **ACTIONS: As a result of completing this form are there any further actions you will be undertaking? Please detail them below, if applicable.**

What are you going to do	When are you going to do it?	Who is responsible	Progress
Engage legal advice to support us to work within the parameters of the EU Directives but develop a response which enables the principles of Turning the World Upside Down to be achieved	From February 2018	Ceri York /Shelley Welton	
Engagement with people and their families on an individual basis to explore the positive impacts of the implementation of the new model	As part of implementation phase - indicative implementation date from sept 18	Integrated Service Teams and providers	

8. **MONITORING: The impacts of this proposal will need to be monitored and reviewed. Please specify the date at which you will evaluate the impact, and where you will report the results of the review.**

The impacts of this proposal will be evaluated on:	March 31st 2019 SCH DMT

9. **VERSION CONTROL: The Future Generations Evaluation should be used at the earliest stages of decision making, and then honed and refined throughout the decision making process. It is important to keep a record of this process so that we can demonstrate how we have considered and built in sustainable development wherever possible.**

Version No.	Decision making stage	Date considered	Brief description of any amendments made following consideration
1	SCH DMT	31.01.2018	*Agreed and amended for submission to Adult Select*
2	Adult Select Committee	08.02.2018	