

<u>Committee and Date</u> Health Overview & Scrutiny Committee 9 March 2009 10:00am	<u>Item</u> 7 Public	<u>Paper</u>
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PUTTING PEOPLE FIRST: THE PERSONALISATION AGENDA

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Summary

This report describes the shape and scale of the transformation of adult social care required in order to achieve the personalisation agenda. The report sets out the implications for Shropshire Council and its citizens and the anticipated service improvements.

Recommendations

Health Overview and Scrutiny Committee are asked to:-

- A. Note the content of the report and support the development of the Personalisation Agenda in Shropshire.

REPORT

Background

1. The "Our Health, Our Care, Our Say" White Paper and the Comprehensive Spending Review 2007 outlined the key elements of a reformed adult social care system for England.
2. The Cross-Government Concordat, "Putting People First", published in December 2007, gave shape to the overall policy. The Concordat was developed and agreed by central government departments, the Local Government Association (LGA), the Association of Directors of Adult Social Services (ADASS), providers and the Commission for Social Care Inspection (CSCI).
3. The Department of Health then issued a circular on "Transforming Social Care" (LAC2008/01) which provided details of the grant that central government would make to support the cost of implementing the new system as well as the expectations of local authorities in implementing the change.

4. "Transforming Social Care" is driven by demographic pressures and changes to public expectations. By 2022, 20% of the English population will be over 65 and the number of those over 85 will have increased by 60%. In Shropshire ONS population projections show that the population of over 65 year olds will have increased by 40.2% and over 85s by 56.3% by 2022. It is estimated that there will be 86,100 people aged over 65 and 13,300 aged over 85 in Shropshire by 2022.
5. Whilst the development of better housing options, such as Extra Care Housing, will be crucial, the majority of older people will expect to live in their own homes for as long as possible and with more people living longer and requiring support, an increasing number of families will feel the impact of these demographic changes – for example, working parents bringing up children while caring for ageing parents; an eighty year old caring for a wife or husband with dementia.
6. There is an increase in public expectations. Older people, disabled people and people with mental health problems rightly expect both equality of citizenship and support which places dignity and care at the centre of any intervention. This expectation extends to greater choice and control over the support that they might need. These expectations cannot be met through traditional approaches to delivering social care services. A fundamental change in Adult Social Care is required in order to ensure that the needs of each unique person can be met in a way that suits their personal and individual circumstances. This new policy is referred to as "Personalisation".
7. "Personalisation" comprises a number of key elements:-
 - A common assessment of the person's social care needs, based on a self-assessment wherever possible.
 - The assessment identifies care and support needs, which relate to an allocation of funding known as the personal budget. The client takes control of the personal budget or may ask that this be administered by a relative, carer, an organisation or the Council.
 - Knowing the budget available, the person takes control of their own care through a support plan to be funded within the available personal budget. This is sometimes called "self-directed" support.
 - Self-directed support allows more choice and control for people, identifying what is personally important to them and how they would like to see their support delivered in a way which best suits their individual needs, priorities and circumstances.
 - The role of social workers will change in emphasis from assessment and gate keeping of resources to advocacy, information, advice and "brokerage", helping people to arrange their own services.
8. A hypothetical example is given below of how it might impact on a carer:-
 - Mrs X has retired from work to care for her husband who has been diagnosed with Alzheimer's Disease. His short-term memory loss affects almost all his daily living activities and these are undertaken by his wife.

- Currently, Mrs X would be referred, an assessment would be carried out by a social worker which would identify both her and her husband's needs and a care programme would be purchased through a contract with one or more providers. While the existing service provides a good standard of care and needs are met, there is little choice and control over when, how and by whom the service is being delivered.
 - Personalisation means that in future, Mrs X would complete a self-assessment questionnaire (either independently or with support), which would indicate her husband's and her own needs. Based on the level of needs, an amount of funding (the personal budget) would be calculated to meet the needs identified. With the personal budget available, Mrs Jones would develop a support plan according to the couple's own individual choices and preferences about their care. The social worker's task would be to assist Mrs X in creating the support plan, if she needs help with this. Mrs X may feel that what is important to her is to spend time caring for her husband at home. She could opt to provide the majority of the care herself and use the personal budget to pay for domestic support so that she can continue in her caring role. She may also opt to pay for respite care for Mr X at a day centre so that she can have some time with her friends, helping maintain her own well being and independence. She may also be put in touch with a voluntary organisation, which may be able to provide a sitting service in their own home so she can spend some time in their garden without her husband feeling he has to come looking for her.
9. All those people with care needs by virtue of age, physical disability, learning disability or mental health difficulties, will be embraced within the new arrangements. Personalisation is closely linked with other important developments in Social Care. For example, "Valuing People Now", the new Government guidance on Learning Disability, which will be published in the autumn, is expected to include personalisation as one of the "four big priorities" for improving services for people with a learning disability.
10. Personalisation requires a drive to provide earlier intervention with a growth in support for preventative services and accessible, good quality public information to assist people to arrange their own services. Research shows that people benefit from timely earlier intervention at an early stage to support and maintain their well being and independence rather than relying on action at the point of crisis, and that this approach is also more cost effective.
11. Personalisation is a challenging agenda which cannot be delivered by social care alone. Achieving this transformation will require us to work across other Council services such as housing, benefits, leisure, libraries, customer access (Customer First Points), transport, as well as with the NHS. It will also mean working with partners in independent, community and voluntary organisations to ensure a strategic balance of investment in local services.
12. We are building on a strong base in Shropshire. We have many innovative services and partnership including:-
- **Short Term Assessment and Rehabilitation Team (START)** - the START Programme is operated by the County Council Community Services team

working in conjunction with Shropshire County PCT. It is based on the principle that by giving a more intensive level of support over a period of 6 to 8 weeks people can be helped to return to a level of independence which for many means that they will not require ongoing support.

- **Help at Home Services** - The Age Concern Help at Home Service represents a considerable investment in prevention services and is now in its 5th year of operation. It enables us to deliver services at a much lower level of support – and at a lower level of cost – which reduces the need for people to have high level care packages such as residential care.
 - **Extra Care Housing** - In an Extra Care setting service users live within their own home but care staff are on hand whenever they need support. Nationally Extra Care has expanded quickly and it is seen as a valuable and flexible addition to other forms of care at home.
 - **Services Provided by the Third Sector** - These include the delivery of meals on wheels, the provision of day centres for older people, transport and benefits advice, all of which are important elements in the preventive agenda.
13. Central Government has provided a three year Transforming Social Care Grant to support the costs of making these changes. A project group has been established currently, led by the Director of Community Services, and a team will be set up once the project team manager has been appointed (recruitment to commence January 2009). The team will comprise of specialists in finance, IT management information, public information and commissioning in Adult Social Care to take forward this fundamental transformation of services.

Framework for Implementation

14. An outline work programme has been developed to take forward the “Personalisation” agenda in Shropshire. The programme includes the following key elements.

Two **targets** relating to the personalisation agenda have been agreed in the LAA:-

National Indicators

	2008/09	2009/2010	2010/2011
NI130 – Social Care clients receiving self directed support.	400 people	450 people	500 people
NI135 – Carers receiving a specific carers’ service, or advice and information, following a needs assessment or review.	1643 carers (15.5%)	1864 carers (17.5%)	2130 carers (20%)

However, the target for NI130 will need to be reset following a refresh of the original definition and a need to set ourselves more challenging targets.

15. We will build on the established framework for **Direct Payments**. A Direct Payment is where the individual receives a financial allocation and manages this themselves, buying from the Independent Sector though not being able to purchase Council Services. There were 304 people receiving Direct Payments as at 31 March 2008. Our overall target for March 2009 is 400, each team has been set an individual target and we are on track to achieve this.
16. A transparent **Resource Allocation System** will be developed to calculate entitlement to personal budgets and to ensure that overall demand can be met within available resources. We will need to develop new financial systems on which personal budgets can be administered; the existing processes used for Direct Payments would not cope with the expected increase in numbers of payments.
17. Existing systems and processes for **social care assessments** and **person-centred care planning** will be reviewed. Risk Panels or a similar meeting will be essential to manage effectively the risks of operating Personal Budgets and to ensure that client support plans are agreed and signed off which will keep the client healthy, safe and well.
18. We will measure and monitor the **impact of personal budgets** on existing services, both in-house and external. Many services will in future be commissioned by the client and this will have implications for take up of directly provided Council services and those we commission from the independent sector.
19. Involving **clients and carers** in implementing this new policy in Shropshire will be critical to its success and will be facilitated through building on existing advocacy services, forums and other groups for consultation and engagement with communities and user/care organisations.
20. **Access to Information:** it will be vital over the next three years to secure acceptance and understanding by the public, staff and partners (including third sector providers), some of this has already started. The provision of good quality accessible information to the public is a vital element of this. The new Signposting initiative is one way we will do that in Shropshire. The philosophy behind the Signposting scheme is to connect as many vulnerable people as possible to services they need to remain independent and living in their own homes, particularly those who may not already be engaging with services and who may be at risk. It will be important to make use of existing and developing channels of customer access provision for this, including the Customer Service Centre, face to face contact points and self service access points, such as Telly talk.

Access to a comprehensive range of information and services for clients and their carers could also be achieved by effective “signposting” to relevant targeted culture and leisure services, for example Books, Dance or Walks on Prescription.

This would extend support to all citizens of Shropshire including those who currently fund their own support often referred to as self-funders.

21. A **training plan** will be developed that will encompass the staff in the Council and the Independent and Voluntary Sector, to ensure that the workforce is competent and confident in supporting the public to make use of personal budgets and self-direction support. This will include regional and local events.
22. Personalisation offers more choice and control but it may also carry higher risks for vulnerable adults. Implementation will therefore include ensuring our arrangements for **safeguarding vulnerable adults** are up to the task. A review of current arrangements will therefore be undertaken and appropriate action taken to ensure they are fit for purpose. This may require a programme of work on improving interagency cooperation, training and compliance with policies and procedures.
23. Working with **Health** partners to consider ways in which individual patient budgets can be implemented in Shropshire to promote choice and control for patients will also be part of our future plan.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

- Putting People First: A Shared Vision and Commitment to the Transformation of Adult Social Care – December 2007
- Transforming Social Care LAC 2008/(1)
- Our Health, Our Care, Our Say: March 2006
- Independence Well-Being and Choice: March 2005

Human Rights Act Appraisal

The recommendations in this report are compatible with provisions of the Human Rights Act 1998.

Environmental Appraisal

Not applicable

Risk Management Appraisal

To be determined.

Community / Consultations Appraisal

To be determined.

Cabinet Member

Councillor Barbara J Craig

Local Member

All

Appendices

None