

2008

Camden PCT Partnership Board

Title: **Transforming Adult Social Care – the Personalisation agenda**

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Report for: Information

Summary

Transforming Adult Social Care will require a fundamental reshaping of the assessment, financial, procurement and involvement roles of the local authority social care services.

This briefing sets out the main issues to be addressed to deliver the government's vision of a personalised system of assessment and care management, promoting independence and a significant degree of choice of service provision for all adult clients.

As a number of services are commissioned and provided jointly with NHS colleagues, with integrated mental health, physical disability and intermediate care services, this briefing is of direct relevance to the PCT in its partnership work.

The Board is asked to note the report.

Briefing to PCT Board

TRANSFORMING SOCIAL CARE AND THE PERSONALISATION AGENDA

Summary

1. The Local Authority Circular entitled *Transforming Social Care* sets out information changes to social care signalled in recent DH policy and more recently the *Putting People First* concordat (December 2007). The Concordat presents a “*shared vision and commitment to the transformation of Adult Social Care*”, and establishes a collaborative approach between Central and Local Government, the sector’s professional leadership, providers and the regulator. We are told there will also be a Green Paper published in 2008.
2. The Circular:
 - looks at what needs to be done, the vision for development of a personalised approach to the delivery of adult social care and the history and the context in which this policy is grounded
 - sets out how the Department of Health (DH) and sector leaders propose to develop a sector led programme to support councils with social service responsibilities in delivering this modernisation agenda
3. This briefing summarises the main elements of the Circular and outlines Camden’s initial response. Central to this work will be to develop individual budgets in Camden and putting in place a programme management approach to the whole system change required with a view to delivering significant change by 2011.

National Policy Context - Why change is needed

4. The circular gives an overview to the context behind the changes based on research and consultation in developing the recent health and social care green and white papers:
 - Advances in healthcare and changes in society – people are living longer.
 - As communities are becoming more diverse
 - People have higher expectations of what they need to meet their own particular circumstances, wanting greater control over their lives and the risks they take.
 - People want dignity and respect to be at the heart of any interaction
 - People want to be supported and enabled to improve their wellbeing and independence rather than relying on crisis intervention
5. The Circular states that the direction of travel for adult social care is clear:

*“to make **personalisation**, including a strategic shift towards **early intervention and prevention**, the cornerstone of public services”*

6. **Personalisation** - The Circular places the developments in social care within the wider government approach to personalisation, which it summarises 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 and is intended to be the cornerstone of the modernisation of public services”.

7. Personalisation forms one element of wider cross-government strategy on independent living which will also be published early in 2008. The paper elaborates further on what Personalisation means for social care –

“everyone who receives social care support, regardless of their level of need, in any setting, whether from statutory services, the third and community or private sector or by funding it themselves, will have choice and control over how that support is delivered. It will mean 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. “

8. Throughout the circular reference is made to the scale of change required in “reforming” social care to achieve personalisation. It expects that this will require

“a huge cultural, transformational and transactional change in all parts of the system, not just in social care, but also for services across the whole of local government and the wider public sector.”

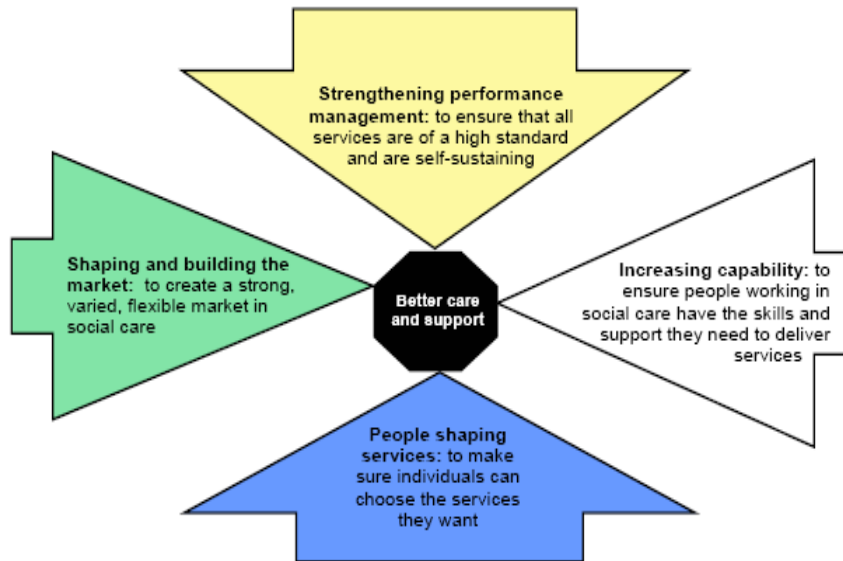
9. **Early intervention and prevention** - Changes to promote personalisation and the development of Individual Budgets are also being seen alongside a focus on early intervention and prevention. The circular points to evidence from the Partnership for Older People Projects (POPPs), homecare re-ablement, assistive technology and minor adaptations. The developing National Dementia Strategy emphasises the importance of people receiving an early diagnosis being offered appropriate choices, rather than at a time of crisis.
10. A strategic balance is needed between investment in prevention and approaches to promote independence and providing intensive care and support for those with high-level complex needs. Local commissioners working with local partners, in particular the NHS, must consider how to release resources from across the whole system to enable investment in early intervention and prevention for all levels of need.

The Vision – what reforming social care will mean

11. It is envisaged that in the future, all individuals eligible for publicly-funded adult social care will have a **personal budget** (other than in circumstances where people require emergency access to provision); 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.
12. 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. A person will be able to take all or part of their personal budget as a direct payment, to pay for their own support either by employing individuals themselves or for purchasing support through an agency.
13. Others may have the council continue to pay for this directly. The approach, which may be a combination of both, will depend on what works best for the individual. The term personal budget will describe this transparent allocation of resources. The circular also clarifies that personal budgets will enable people to have support tailored to individual choices and preferences in all care settings.
14. Direct payments and Individual Budgets are presented as existing mechanisms to foster this transformation in the community. Individual budgets can bring a number of

income streams together to give the individual a more joined-up package of support (ie. Supporting People, ILF, DFG, Access to Work and ICES). Critically they allow the person to plan how to achieve outcomes, which meet their needs within a clear allocation of resources.

15. The reform model (below) identifies the four domains the Government and its partners must address in order to reform social care



The Challenges

16. **Scale and breadth of change required** – The Circular warns that the scale and purpose of this ambition should not be underestimated. DH point to the experience of direct payments where the impact has been limited (only 54,000 people out of a potential million recipients receive support through a direct payment). In Camden we currently have around 240 people on Direct Payments out of a total of around 6,000 clients (about 4%). If, as some authorities project, 75% of clients receive direct payments or individual budgets this will mean 4,500 people having greater control over the care they receive through DP or IB.
17. The perception is that the reason for the limited impact is to do with local leadership, professional culture and the availability of support and will require a significant cultural shift and management of change for the wider social care **and** local government sectors.

“This is a challenging agenda, which cannot be delivered by social care alone. To achieve this sort of transformation will mean working across the boundaries of social care such as housing, benefits, leisure and transport and health. It will mean working across the sector with partners from independent, voluntary and community organisations to ensure a strategic balance of investment in local services.”

“When considering transformation partners should look at resources spent through mainstream services, the NHS, housing and other relevant statutory agencies, the voluntary and private sectors, and not just those resources spent via the adult social services department.”

18. **Resources** – The view expressed in the circular is that “*personalisation, early intervention and efficiency are not contradictory*”. It is also recognised that the aspirations for the modernisation of social care through personalisation, choice and control must be set in the context of the existing resources and be sustainable in the longer term, but that some development funding is needed to smooth the transition towards operating what will be a vastly different system.
19. The new **Social Care Reform Grant** is worth £85 million in 2008/09, £195 million in 2009/10 and £240 million in 2010/11. This includes money from resources secured in CSR07 for the NHS and recognises the positive impact investing in social care can have on people’s health and the demand for healthcare.
20. Alongside this additional investment, councils are expected to spend some of their existing resources differently, utilising mainstream services to ensure the health and wellbeing of their communities and working in a genuinely collaborative way with third and private sector agencies.
21. In addition to local partners using some existing resources across the health and well-being system differently, DH will be making over half a billion pounds available as a ring-fenced grant to local councils over the next 3 years. Camden’s allocation is shown below.

Social Care Reform Grant			
	2008-09	2009-10	2010-11
Camden	£0.471m	£1.107m	£1.371m

22. **Workforce** - The vision for a personalised approach to adult social care has huge implications for the workforce of the future. It is clear that, given population and workforce demographics as well as rising expectations of people who use services, the current and future workforce need to change radically to meet the challenges it will face.
23. **National and regional development** - There are a number of developments at a national and regional level that will provide leadership and support to change including the establishment of Joint Improvement Partnerships (JIPs) in each region that will work with Regional Improvement and Efficiency Partnerships (RIEPs). ADASS, LGA and IDeA will work together as a sector-led ‘consortium’ at national level to support the change agenda and link with the *National Improvement and Efficiency Strategy* (NIES).

Taking this Agenda Forward in Camden

24. The Circular states that Councils must set:

*“clear benchmarks, timescales and designated delivery responsibilities to ensure tangible short-term progress, and by March 2011, significant moves towards fundamental system-wide change.....councils will also need to talk directly to disabled people and their organisations. **What is clear is that doing nothing is not an option**”*

25. There are a number of current workstreams and previous changes that will contribute to delivering this agenda, including the new social care Information and Access Service, developing outcomes based monitoring, joint work with NHS providers, commissioners and public health on prevention, rehabilitation .
26. Central to this agenda will be developing systems to provide personal or individual budgets locally and we will aim to build on the successful implementation of direct payments.

27. A personalisation board has been established chaired by Neil Litherland the Director of HASC. We have also commissioned iMPower to assist the Council in developing its vision for this agenda.
28. iMPower have worked with CSIP (DH) and a number of authorities in planning their response to Putting People First including Manchester City Council, West Sussex and Hampshire who are recognised as leading in the development of individual budgets and personalisation.
29. The vision will be developed over the summer and will form the basis for wider engagement with stakeholders, providers and service users in the Autumn.
30. The PCT Board views on further engagement with NHS colleagues are welcomed.