

Cabinet

25 September 2008



Putting People First / Transforming Social Care: Personalisation of Services, and Increasing Preventative and Early Intervention Services.

[key decision SHSC/A&CS/07/08]

Report of Rachael Shimmin, Corporate Director for Adult and Community Services

Councillor Morris Nicholls, Portfolio Holder for Adult and Community Services

Purpose of the Report

- 1 The purpose of this report is to provide information to Cabinet members regarding the most recent policy drivers, regarding personalisation of services¹ for people who use adult social care services.

Background

- 2 The publication of the Putting People First concordat document coupled with the Transforming Social Care; Local Authority Circular, are intended to produce the biggest transformation of social care since the National Health Service and Community Care Act 1990.
- 3 The Government's vision for the personalisation of services is contained in the publication of 'Putting People First: a shared vision and commitment to the transformation of Adult Social Care' in December 2007. This concordat signed by adult social care and health providers across all sectors, the NHS Executive, central and local government, professional bodies and regulators, jointly commits all signatories to a radical transformation of adult care services over the next three years.
- 4 This transformation is aimed at improving choice and control for service users and requires detailed work to put in place the pre-requisites for this to be properly effective.
- 5 In recognition of this, the Department of Health will provide £520 million of ring-fenced national funding over the next three years through the 'Social Care Reform' revenue grant to support this system-wide transformation.

¹ An update on these policy drivers is detailed in Appendix 2.

Durham County Council will receive the following allocation:-

- 2008/09 £966,000
- 2009/10 £2,259,000
- 2010/11 £2,789,000

In order to deliver this major cultural change, Adult and Community Services have now appointed a Personalisation Development Manager.

Personalised Services

- 6 Both the Commission for Social Care Inspection (to be the Care Quality Commission from 1st April 2009), and the Regional Centre for Improvement, will monitor the progress of the Local Authority.
- 7 The Putting People First concordat sets out key elements of a personalised Adult Social Care system. This system-wide transformation will be developed and owned by local partners and will include;
 - Personal budgets for everyone eligible for publicly funded adult social care.
 - A Joint Strategic Needs Assessment (JSNA) undertaken by local authorities, PCT's and NHS providers.
 - Commissioning which supports third and private sector innovation.
 - A locally agreed approach that informs the Sustainable Community Strategy, using all relevant community resources: "so that prevention, early intervention and enablement become the norm".
 - A universal information, advice and advocacy service.
 - A common assessment process of individual social care needs with a greater emphasis upon self-assessment.
 - Person centred planning and self-directed support to become mainstream and define individually tailored support packages.
 - Family members and carers to be treated as experts.
 - Support for at least one local user led organisation to enable a collective service user voice, influencing policy and provision.
- 8 In social care, the personalisation agenda includes initiatives connected with the delivery of cash-based entitlements to users and carers. This includes a more transparent resource allocation system which brings a radical approach to the allocation of resources. The new system allocates points to people, points convert to pounds that form an individual budget, rather than everything being based on the cash equivalent of traditional service patterns e.g. home care hours.

Promoting Independence through Better Universal Services and Use of Early Intervention Services

- 9 The purpose of these services are to provide greater opportunities for self care and prevent or delay the need for people to access higher levels of services.

Such services can reduce the massive investment in acute services. The Department of Health definition of preventative services is divided into three categories.

These are;

- Primary prevention which includes health promotion and the provision of information/advice. For example, the Welfare Rights Team supporting people to claim the Winter Fuel Payment.
- Secondary prevention which includes maintaining health and well being. For example, assistive technology such as Telecare and minor adaptations, like fitting a handrail.
- Tertiary prevention aims to promote quality of life through active rehabilitation. For example, modernisation of Day Care Services to ensure active participation in community activities.

Expectations of an 'Excellent Council'

- 10 The Commission for Social Care Inspection have provided an outcomes framework based upon the 'Our Health, Our Care, Our Say' White Paper. This highlights what an 'excellent council' needs to achieve in many areas, including personalisation of services, prevention and early intervention. Expectations include;

Personalisation Outcomes

- Routinely and systematically making almost all people aware of the availability of self directed services (such as Direct Payments, Independent Living Fund and individual budgets). There is evidence of increased take up of self directed services across all groups of people who use these services.
 - Almost all of those using self directed services consider they are more in control as a result (can be measured through satisfaction surveys).
 - Improved quality of life for people living in County Durham.
- 11 There will be a need to review our new current performance systems in the light of this agenda and set realistic targets. However, it is highly likely that additional evaluation will be needed to develop and embed outcome based measurements in the Council.

Charging and Implications of the Personalisation Agenda

- 12 The introduction of the personalisation agenda is expected to deliver a substantial increase in individual choice and control. All charging policies will need to be reviewed to ensure that they are suitable for an entirely cash-based, rather than service based, system. There is also the possibility that self-directed support may attract increased demand, which should be more easily absorbed into available budgets due to greater efficiencies.

Commissioning and Implications of the Personalisation Agenda

- 13 The Association of Directors of Adult Social Services (ADASS) envisages difficult decisions will need to be made in terms of market development and

commissioning to ensure that too much money is not tied up in block contracting, whilst at the same time ensuring providers remain in or are encouraged into the local market and that quality continues to be monitored.

Next Steps

- 14 A Programme Board is now set up to oversee the whole programme which will operate according to sound Project Management principles. This will allow for strategic management of the change process and a common approach to financial management and performance measurement.

Recommendations and Reasons

Cabinet are requested to note the content of this report.

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Appendix 1: Implications

Local Government Reorganisation (Does the decision impact upon a future Unitary Council?)

Currently many front line services which promote independence are delivered by District Councils and community organisations. The future Unitary Council will need to ensure these service outcomes are incorporated into the transformation agenda.

Finance

The Department of Health will provide ring fenced funding over the next three years through a new 'Social Care Reform' revenue grant. Inter-agency project groups will need to determine how this grant is allocated to achieve system-wide transformation.

Staffing

The future service delivery workforce, both in-house and independent sector, will have to change radically to meet the challenges, and this has many implications such as training and working practices. Front line staff need to be participants in the change programme from the design stage onwards, as changing the hearts and minds of staff is critical for successful implementation.

Equality and Diversity

Personalised services will offer greater independence, choice and control for service users and carers. Transformation of services is expected to address inequality in service delivery. Charging and resource allocation systems need to ensure fairness and equality regardless of level of need.

Accommodation

This change agenda will mean additional staff being appointed in due course. This may produce accommodation issues which will be addressed at a later date.

Crime and disorder

N/A

Sustainability

Personalised services may mean an increase in spot purchasing and a greater number of providers. The least flexible services, and those that deliver least value for money, will be those at greatest risk, and this issue will affect both in-house and external providers. Market analysis and shaping will be necessary in the short and medium term to prepare current and future providers for this.

Human Rights

Organisations will be expected to put citizens at the heart of a reformed system. Universal information, advice and advocacy service for people needing services and their carers irrespective of their eligibility for public funding will enable increased awareness of human rights.

Localities and Rurality

This system is more flexible and can ensure market development to meet needs. However, it may not have a large impact upon the limited providers in rural areas.

Young people

This approach is based around the whole family and supporting family relationships. It includes a focus upon the role of carers and system development which will support integrated working children's services. This includes transition planning and parent carers, and identifying and addressing concerns about children's welfare.

Consultation

This agenda has been proposed by the Government partly due to the demands nationally of service users to have outcome based services which better match their needs and aspirations, rather than continue to operate a task based system. Work will have to be carried out urgently within County Durham to determine the wishes and likely structure of services desired by the service users here and seen as meeting their needs.

Health

The concordat signed by adult social care and health providers across all sectors, the NHS Executive, central and local government, professional bodies and regulators, jointly commits all signatories to a radical transformation of adult care services over the next three years. The Darzi review, published in July 2008 also commits the NHS structures to delivering personalised services, in some form, by 2011 for those people with long term conditions.

Appendix 2

Background Papers

'Common Core Principles to Support Self-Care'. Department of Health, May 2008

'County Durham Sustainable Community Strategy'. County Durham Partnership, August 2008

Health and Social Care Act 2008. UK Parliament, July 2008

'High Quality Care for All: NHS Next Stage Review'. Department of Health, June 2008

'In Control Adult and Community Services Management Team report', Keith Wilkinson, 12th December 2007

'Making it Personal', Charles Leadbeater et al, DEMOS, 2008.

'Paper to promote discussion on Personalisation/Self Directed Support', Association of Directors of Adult Social Services (ADASS), 17th October 2007

Putting People First – Working to Make it Happen: Adult Social Care Workforce Strategy – Interim Statement'. Department of Health, July 2008

'Transforming Social Care', Local Authority Circular, Department of Health, 17th January 2008 (LAC, DH, 2008, 1).

Appendix 3

1. Related Policy Drivers which will Influence the Delivery of Personalised Services.

a. Common Core Principles to Support Self-Care – Department of Health, May 2008

The 'Common Core Principles to Support Self Care' aim to help health and social care services give people control over, and responsibility for, their own health and well-being, working in partnership with health and social care professionals. Consistent with the personalisation agenda they put people at the centre of the planning process, and recognise that they are best placed to understand their own needs and how to meet them.

b. County Durham Sustainable Community Strategy(Draft) – County Durham Partnership, August 2008

This is a locally agreed approach, which utilises all relevant community resources especially the voluntary sector so that prevention, early intervention and enablement become the norm.

c. Independent Living Strategy – Office for Disability Issues, April 2008

This is a cross government strategy which sets out how to improve disabled people's experiences and life chances. It is the Government's ambition that by 2013, disabled people have more choice and control over how their needs for support and/or equipment are met.

d. The Darzi Review: High Quality Care for All – Department of Health, June 2008

Although focused on the NHS, this review talks about more personalised and integrated care. It aims for an NHS which gives patients more information and choice to make the system more responsive to their personal needs, through a variety of proposals including:

- **Ensuring everyone with a long-term condition has a personalised care plan.** Care plans will be agreed by the patient and a named professional and provide a basis for the NHS and its partners to organise services around the needs of individuals.
- **Pilot personal health budgets.** Learning from experience in social care and other health systems, personal health budgets and direct payments will be piloted by 2010, giving individuals and families greater control over their own care, with clear safeguards.

2. Future Policy Drivers Which Will Influence the Delivery of Personalised Services.

a. Fair Access to Care Services Review – Commission for Social Care Inspection, April 2008

In April 2008, the Commission for Social Care Inspection carried out a major review of the eligibility criteria that councils use (FACS) to decide whether or not a person receives help from the council with social care services. CSCI aim to make recommendations on how this system could change, later in 2008 or early 2009. CSCI will become the Care Quality Commission from April 2009.

b. Green Paper – Reform of Care and Support System, HM Government, May 2008

Care and support describes the activities, services and relationships that help people to be independent, active and healthy – as well as to be able to participate in and contribute to society – throughout their lives. Research shows that if people can get the right support at the right time, they can retain their independence for longer, and the need for intensive care later on can be prevented. Therefore, there needs to be a focus on preventative services so that people can avoid or delay the onset of more intensive needs. A new care system should help people to be independent for as long as possible by focusing on prevention and early intervention. This is currently out for consultation (May to November 2008), and the Green Paper is due in 2009.

c. Health and Social Care Act 2008 – Direct Payments Change, July 2008

Amongst other things, the Act extends direct payments to people lacking mental capacity and unable to give consent. Direct payments can now be made to a 'suitable person' who can receive and manage the payment on behalf of the person who lacks capacity. This will be particularly useful for parents of children with a learning difficulty, who otherwise would have had to give up direct payments when the child reached 18. It will enable the parents of a child with learning disabilities who are in receipt of direct payments, under section 17A of the 1989 Children Act, to continue to be able to receive them once their child reaches 18 years of age. Under current legislation, the young adult loses their direct payment once they turn 18.

d. Putting People First – Working to Make it Happen: Adult Social Care Workforce Strategy – Interim Statement, June 2008

This interim statement identifies the key issues for the workforce as set out in Putting People First and goes on to develop these into broader, strategic priorities for the workforce, for example; greater focus on integrated working across the sectors, skills and knowledge development, workforce re-modelling and regulation. It is intended to provide all stakeholders, whether public service or private and voluntary sector, with a high-level overview of strategy development prior to finalisation of the full Adult Social Care Workforce Strategy for launch in October 2008.