

Social Care and Health Standing Committee

FOSTERING ASPIRATION - SOCIAL CARE AND HEALTH: PROGRESS ON PERSONALISATION

Agenda Item 4

Purpose

1. To provide an update on personalisation and to briefing the Committee on significant progress already made.
2. As part of the update the Committee will hear from service user on a Personal Budget.

Information

Putting People First (December 2007)

3. Putting People First (December 2007) was an agreement between central and local government. It sets out how social care could be improved by extending choice and flexibility to individuals and their communities, so that they could take more responsibility and find solutions that worked better for them. Putting People First was supported by a Department of Health circular – [LAC \(DH\) 2009 1](#) - Transforming Adult Social Care to support councils and their partners in the ongoing transformation.
4. In launching this circular it was recognised that, in order to deliver the outcomes of Putting People First, the present system will need to undergo further significant redesign in process, practice and culture to ensure people have access to high quality information and advice, appropriate early interventions and can exercise choice and control over the services and support they need.
5. In the context of long-term demographic changes and higher expectations, the Government has recognised that the "current system of social care delivery will need to be fundamentally re-engineered and modernised to respond to the pressures on the system".
6. **Helping People to remain as independent as possible is at the heart of Putting People First.**

Think Local, Act Personal

7. The Coalition Government's Vision for Adult Social Care '[Capable Communities and Active Citizens](#)' and its White Paper '[Equity and Excellence: Liberating the NHS](#)', maintain the drive towards the personalisation of public services in health, social care and beyond. The Department of Health publication, '[Think Local, Act Personal](#)' builds upon the delivery and objectives of Putting People First.

8. The key objectives of Think Local, Act Personal are:

- (a) A personalised and community-based approach

Personalisation and a community-based approach requires an efficient, effective and integrated service delivery alongside partnership working to support individuals and, their families, carers and the wider community - reducing the need for acute health and care support.

- (b) Prevention

The overall aim is to secure a shift to a position where as many people as possible are enabled to stay healthy and actively involved in their communities for longer and delaying or avoiding the need for crisis or acute services. Social care and health will work further to develop and deliver a range of effective and accessible preventative services such as intermediate care, Linkages (provides joined up preventative services to older adults through partnerships with health and the voluntary and community sector), re-ablement services (re-ablement helps people to regain the skills necessary for daily living, which may have been lost through deterioration in health or increased support needs) and assessment beds in the community. This is alongside supporting a range of low level services, such as access to minor adaptations.

- (c) Self Directed Support

For people who do have an ongoing social care need, then they should have maximum control and choice over their support and care.

Through a process of self directed support, people who are assessed as needing long-term support will have a personal budget.

- (d) Personal budgets

A key way the Council is delivering control and choice for those who need social care is through personal budgets. A personal budget enables people eligible for social care to know how much money they can have for their support and can spend the money in ways that achieves their outcomes. The budget can be taken as a direct payment (a cash payment), a managed

personal budget, as an individual service fund or a combination of the three.

Direct payments are a cash payment for people who would like to arrange, and pay for their own care and support services. A managed personal budget is for people who would like the Council to arrange and manage the services on their behalf. Although a managed personal budget is personalised, it offers less flexibility to the individual. An individual service fund is where the budget is managed by a provider on behalf of the service user.

A key message from the Government is that the default position is personal budgets should be taken as a direct payment.

In the financial year to the end of December 2011 a total of 9,355 people have had a personal budget at a cost of £35.6m, including one-off payments. Of this, around £10.5m is for direct payment and £25.1m for managed or individual service funds. On average the Council spends around £6,000 per person, per year or £120 per person, per week.

The national target is for all eligible service users and carers to be on a personal budget by 2013 and the Council is on course to ensure all eligible people have a personal budget. At the end of December 2011, 50% of all service users helped to live at home received a personal budget (this is based on the national indicator for personal budgets). When we measure only the number of service users eligible for a personal budget then this number increases to 81%.

We are also encouraging people to take a personal budget as a direct payment. As part of this we have recently introduced payment cards for direct payments. The local target for direct payments for 2011/12 is 14% and performance at the end of December 2011 is 13%.

From 2nd April 2012 all new and existing service users in long-term care will be offered a personal budget to meet expectations set out in Think Local, Act Personal. The target is for all service users in long-term care to be on a personal budget by April 2013.

(e) Control, choice and efficiency

The continued drive towards personalisation and improving outcomes is against a backdrop of significant efficiencies. This will involve a leaner structure, slimming down processes and designing new models, providing more integrated and accessible arrangements with Health and making better use of local resources within the community or families. Personal budgets, particularly when taken as a direct payment, can achieve a

more cost effective way of meeting social care need, with better outcomes for the service user.

Financial Implications in delivering personalisation

9. The government provided a ring-fenced Social Care Reform grant, with an extra £520 million over three years, to transform care for older and disabled people as part of "Putting People First". Nottinghamshire's share of this is £7,497,000:
 - £1.195 million in 2008/09
 - £2.813 million in 2009/10
 - £3.489 million in 2010/11.
10. The transformation must be delivered in a cost effective way and Councils are expected to contain ongoing costs within existing resources and through process reengineering. In implementing Putting People First the Adult Social Care, Health and Public Protection Department has been mindful to avoid ongoing financial commitments and realise efficiencies whilst improving outcomes for service users, carers and the public.

How will progress be measured?

11. Councils are judged on five key priorities:
 - transformation has been developed in partnership with service users, carers and citizens
 - all those eligible for social care support will receive a personal budget
 - cost effective preventative interventions are in place
 - all citizens have access to information and advice
 - there is broadening of choice and improvement in quality of care and support services.
12. In line with Department of Health expectation from October 2010 all new services users and carers are offered a personal budget and that all service users, whose care plans are subject to review, are offered a personal budget.

Progress already made

13. The Council has continued to make significant progress to deliver Putting People First, the objectives with Think Local, Act Personal, and all national targets have been met.
14. We have been visited by a number of local authorities who have visited the Council to learn from our work on personalisation. In particular our work on prevention, micro providers, reviews and support to self funders has received national recognition.
15. The following is a summary of the progress made:

- a) A redesigned customer journey is in place for service users that supports personalisation. A typical customer journey will start at the Customer Service Centre where queries are speedily resolved including signposting onto preventative services such as handyperson schemes or referrals filtered through for further assessment such as the reablement service. The reablement service helps people learn or relearn the skills necessary for daily living which may have been lost through deterioration in health and/or increased support needs so that they can stay independent and recover quickly from illness. Where there are ongoing support needs, a community care assessment will identify the level of ongoing support needs and a personal budget will be arrived at which means people will know how much money there is for this. They will then get the opportunity to say how the money could best be spent to meet their needs and help them achieve their outcomes in their lives through support planning. If people choose a direct payment then there is support available through direct payment support agencies to offer help with recruitment through to managing the account. This self directed support process gives individuals increased choice and control over how best to meet their needs.
- b) making a strategic shift in the focus of care and support away from intervention at the point of crisis to a more holistic, proactive and preventative model centred on improved wellbeing and fostering independence.
- c) having a universal joined up information and advice service available to all citizens utilising the Customer Service Centre and Linkages (provides joined up preventative services to older adults through partnerships with health and the voluntary and community sector),
- d) developing a proportionate contact and social care needs assessment to deliver more effective and joined processes. The department is increasing the number of queries that can be speedily resolved through better use of signposting to preventative services and supported assessment through the Adult Access Team based at the Customer Service Centre, enabling social care staff to spend time on people with complex needs
- e) reducing the number of people who need ongoing long-term support by increasing the number of people who receive a reablement service
- f) joint work between the Nottinghamshire Health and Social Care community. This has led to:
- Reduction in length of hospital stay
 - Reduction of inappropriate delays in discharge
 - Reduction in inappropriate admission into Care Homes
 - Improved patient pathways
 - Peoples independence being maximised

- Hospital avoidance.

The impact of joint reablement services with Health has reduced emergency admissions by one thousand (1,000). Seven hundred (700) people accessed reablement services aimed at avoiding hospital admissions during 2011 period.

- g) work completed with Care Services Efficiency Delivery (CSED) within the Department of Health to meet efficiency targets. These are key areas within the Improvement Programme
- h) supported the excellent work already in place to ensure services treat people with dignity and respect
- i) reduced the balance of services in order that less than 40% of the Adult Social Care and Health budget is spent on Care Home Placements. We are making good progress to achieve this.

Expenditure Plan

- 16. To meet the key objectives within 'Think Local, Act Personal' the key workstreams we have focused on are:

- a) Capacity Building and Support Services

The Council has a key role in shaping and developing the market to support communities and voluntary organisations to develop new ways of addressing social care needs, and thereby allowing service users to take more choice and control.

A first step has been supporting micro providers such as social enterprises to flourish and develop innovative and creative ways to meet support needs. The Micro Provider Project continues to grow with 125 enquiries from potential providers with a breakdown of activity below:

- 50 of these are actively working with the Project Co-ordinator
- 34 are currently providing services
- 17 have received start up grant
- 13 providers have been through the quality assurance process and are currently showing on the Nottinghamshire County Council (NCC) Directory of Support.
- 3 of these providers are also NCC approved providers – 1 direct payment support provider and 2 day service providers.

- 95 new or developing micro providers have been given information and advice and signposted to the relevant organisations where appropriate.

The development of the 'Support with Confidence' accreditation scheme for personal assistants has continued. This provides a directory of approved personal assistants for individuals who would like to directly employ someone to provide their support. The scheme is growing with 48 PA's on the web site, a further 48 who have undergone training and are awaiting a CRB checks and 42 booked on future training.

b) Information and Advice

The Adult Access Team at the Customer Service Centre provides a joined-up information and advice service for all individuals and carers, including those who self-assess and self-fund. From September 2011 the service was extended to offer advice, information and training on benefits.

To support access to information and advice, there was a need to provide effective provision of information to the public and staff to enable informed choices about support available at different points of the customer journey. We have now developed a shared single point of entry for staff and the public.

Meeting ongoing financial commitments from April 2012

17. Efficiencies have been achieved through a system focused on early intervention, prevention and reablement, where good information and advice, practical support, appropriate housing options, reablement and joint working between health and social care will assist people in living fulfilled and independent lives, thereby reducing the number of people entering or requiring ongoing support from the County Council.
18. A key programme for achieving savings is through reabling people to be as independent as possible and reduce the need for long-term support.
19. A second key programme for achieving savings is the reduction in community care spend through reviewing existing service users to ensure they are getting the right level of support for their support needs. Since April 2011, approximately 3,000 reviews have been completed. This has been achieved through applying the resource allocation system to arrive at the personal budget; providing people's support in the most cost effective way through encouraging take up of direct payments, better use of telecare and maximising community support; applying the revised national eligibility criteria 'Fair Access to Care' and enabling people who are ineligible to find alternative sources of support; and better support to self funders to purchase their own support.

Recommendation:

Members are requested to consider and comment on the information provided.

PAUL MCKAY
Service Director
Promoting Independence and Public Protection
Adult Social Care, Health and Public Protection

Background Papers: nil.

SCHSC4