



Think Local, Act Personal

Next Steps for Transforming Adult Social Care



**A proposed sector-wide
commitment to moving forward
with personalisation and
community-based support
November 2010**

This is a proposed sector-wide partnership agreement to moving forward with personalisation and community-based support. A number of leading organisations across health and adult social care are already on board, but we welcome your endorsement and comments by emailing thinklocalactpersonal@scie.org.uk by 30 November 2010. We will then formally set out how the sector will move this forward, taking into account the Government's vision for adult social care.

1 Introduction

The Government's vision for adult social care 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 key delivery partners across the sector share this ambition, alongside those who use social care support, their families and carers, and the paid staff vital to delivering it. This Partnership Agreement represents a joint commitment to go forward together.

The delivery of *Putting People First*, whilst widely supported, has required major change from providers and councils. The scale and complexity of those changes has inevitably led to uneven progress across the country. Most areas have, however, taken significant steps in redesigning systems and models of care and support, and we intend to build strongly on progress to date.

The current financial context and consequent reductions in public expenditure now present an even greater challenge. Our response is to encourage continued reform. In doing so, we place a huge premium on efficient, effective and integrated service delivery alongside partnership working to support the contribution of individuals, their families, carers and the wider community - reducing the need for acute health and care support. We will need to focus heavily on reducing duplication and improving outcomes. Targeted joint prevention strategies and effective provision of information and advice will be critical to support the changes to service delivery models. Providers - large and small - will need to offer an increasingly flexible and wider range of good value services developed with the people who use them, with the independent sector greatly extending its reach.

Change of this kind will require the harnessing of the sector's long tradition of voluntary and community action, so that people and their

communities can play a bigger role in supporting themselves and others. It will build on existing strengths: the disabled people's movement, the huge contribution of family carers and the input and experience of people as they grow older. Organisational and professional culture and practices will need to adapt to facilitate greater freedom for people and their communities to shape their support.

The principles of personalisation remain at the centre of this change, underpinning a leaner, more outcome focussed and outward facing role for the public sector. 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 targeted services. Those who do need such help, however, should have maximum control over this, with the information, means (financial and practical) and confidence to make it a reality.

This proposed agreement draws on learning from implementing *Putting People First* across England over the past three years and focuses on areas where further action is required. The agreement:

- Underlines the necessary connection between preventative, community-based approaches and personalised care and support.
- Provides a general framework for action; supported in the next few months by examples to assist partners in benchmarking progress, and by co-designed tools to aid delivery.

2 A personalised, community-based approach for everyone

Personalisation and community are the key building blocks of a reform agenda, shaped around an individual's own expertise and resources. When people need ongoing support, this should help them to retain or regain the benefits of community membership including living in their own homes, maintaining or gaining employment and making a positive contribution to the communities they live in.

Experience has shown that most progress in implementing personalisation is made where:

- Local leadership focuses on cultural change, just as much as systems change, encouraging concentration on outcomes determined by

people and communities and engaging solutions beyond the narrow definitions of social care.

- People have real control over the resources used to secure care and support, with commissioning strongly guided by their decisions.

In their local leadership role, councils can influence and support the development of a wide range of local resources and opportunities, regardless of how they are paid for or who provides them. An effective community-based approach is achieved when councils and their partners:

- Secure greater cooperation and better use of resources across public services to improve individuals' and their families experiences, including housing, leisure, culture, transport, health, welfare benefits, employment support, social care and community safety.
- Encourage and help local communities and groups to provide networks of support, to help people improve their health and well-being, and to reduce their need for more acute care and health services.
- Actively involve people, carers, families and communities in the design, development, delivery and review of innovative care and support arrangements to maximise choice and independence and utilise the widest range of resources.
- Facilitate a broad range of choice in the local care and support market, including housing options, and personalise the way in which care and support services are delivered wherever people live.
- Ensure that those people eligible for ongoing council social care funding receive this via a personal budget (either as a direct payment or a managed account) allowing them to exercise the same amount of choice and control as those who pay for their own care and support.
- Ensure all people have the information and advice needed to make care and support decisions which work for them, regardless of who is paying for that care. This includes help to make the best use of their own resources to support their independence and reduce their need for long-term care.

3 A Framework for Action

Care providers, councils and their partners will work to further develop and deliver a personalised, community-based care and support system with a focus upon effective prevention and the shifting of resources from crisis and acute interventions. Transformation will take time, but a strong basis has been established over the past three years. This now needs to be firmly consolidated.

Local leaders will need to ensure that two core sets of activities are present in their area:

- **Universal approaches designed for all** including: promotion of health and wellbeing; hospital admission avoidance; public information including assured financial advice; assessment of social care needs on request; advice and support to choose and arrange suitable services; the availability of an adequate range and quality of provision in the market place; robust local community capacity; quality assurance and consumer feedback on care and support services.
- **Targeted support for particular groups** including crisis support; re-ablement/intermediate care; personal budget entitlement; care management and safeguarding; carer support.

3.1 A community-based approach for everyone

Joint Strategic Needs Assessments (JSNAs) and Community Budgets can be used to identify the needs of local communities and utilise all available resources. Commissioners across all public services will increasingly focus on people within their 'natural' communities, rather than service and organisational boundaries. The financial and productivity challenge will require integrated working between councils, public health bodies and emerging GP consortia to identify and meet local health and social care needs efficiently, using existing mechanisms and the new public health structures.

In bringing together health, well-being and social care, councils and their partners will need to:

- **Integrate health and social care commissioning around agreed outcomes** to support independence and enable the joining of social and health personal budgets wherever possible.
- **Integrate health and social care processes, systems and resources** to avoid duplication and provide more accessible and joined-up multi disciplinary arrangements
- **Work closely with private and social housing providers** to continue developing a wide range of options that enable independent living.
- **Engage with local networks, community associations and assets** and review the use of universal services by older and disabled people, their families and carers, to identify and rectify obstacles to access.
- **Make and sustain evidence-based investments**, which maximise existing community capacity, reduce demand and enhance well-being through primary, secondary and tertiary prevention. This may include: providing equipment and adaptations; support to local voluntary organisations and mutual self-help schemes; providing small community grants or business advice to social enterprises; and making best use of existing housing, leisure, library and other cultural services. It can also include work with providers to maximise and sustain investment in the development of services providing greater choice, control and community connection.
- **Develop and facilitate workforce skills and activity** to help people use their personal, family and community capacity.
- **Deliver "whole family" services** which look at supporting disabled and older people and their families across health and social care, in an integrated flexible way. This will help ensure that families are not pushed to breaking point where they can no longer provide support.
- **Make public information accessible and fully available.** Jargon free information, that respects peoples' dignity and is specific to the needs of diverse groups, will support a full understanding of local choice. A developing range of media can be used to offer this information directly to people and their families.

In addition to building community capacity, it will be vital to secure an adequate supply and good choice of quality provision for those requiring targeted support, including:

- **Stronger and more collaborative relationships to develop new models of provision and reduce costs** (including transaction costs). Councils will need to promote the broadening of supply and to assist entry to the market for new providers. Ongoing and open communication between all partners is essential to ensure effective, sustained and responsive service delivery, investment in innovation, development of workforce skills and value for money. The introduction of more business development expertise would benefit the process of local market improvement.
- **A changing offer from providers:** small-scale voluntary and independent sector "micro-providers" and social enterprises can offer community-based, affordable and niche support to individuals or small groups. Larger providers will be encouraged to offer more flexible community options, and care homes will see themselves increasingly as community facilities. Greater focus on the development of suitable housing and supported-living options will be required in the transition from outmoded models and housing stock.
- **Better ways of gathering and utilising market intelligence.** Councils and their partners need to understand their local context regarding care and support needs, and the relative supply position, if they are to develop a diverse range of high quality provision that people want. 'Market Position Statements' (of the kind recommended by the National Market Development Forum¹) and market development strategies can be produced to assist this. Commissioning and supply partners should collaborate across public sector boundaries to achieve better efficiency and support innovation.
- **The full engagement of people using services, their carers and families in commissioning and service development.** Co-production is integral to commissioning activity at all stages in the cycle, rather than an add-on or one-off process. This will mean the range of support commissioned meets both identified need and people's aspirations for the future within available resources.

¹ *Market Development Forum, www.puttingpeoplefirst.org.uk*

- **Outcomes-based approaches to commissioning and procurement** that support people to take choice and control. Personalisation implies less council purchasing overall and less block contracting. Some existing contracted services may become unviable and will need to be downsized or discontinued, in partnership with people affected and the relevant providers. Arrangements that enable the individual (or their representative) to agree directly with the provider the what, how, who and when of any support provided, are a good way to do this.
- **Local partners proactively managing their risks**, through a shared approach. The contracting process will need to be mindful of the specific issues and potential barriers relating to the creation of new services, such as cash flow, early transactional costs, regulatory compliance, employment law and unduly complex procurement procedures. Close working between providers and councils at the earliest stage is essential to ensure arrangements are workable, sustainable and do not increase cost. New market entrants can benefit from consortia/shared service arrangements in regard to common back office or supply chains.

3.2 Personalisation

In parts of the country, people eligible for ongoing funding from the council may comprise only a minority of those using care and support services. A whole community approach is therefore essential to help all people exercise choice and control. However, those who are eligible for ongoing council support, will receive this by way of a personal budget, with **direct payments as the preferred delivery model for most**.

Successful personalisation of social care will require increasingly efficient delivery, with further attention to important elements of council operating systems, and a strong focus on workforce development.

3.2.1 Choice, Control, Efficiency

The most significant efficiencies are likely to come through reducing people's reliance on paid support and changing the way that support is provided. However, public agencies and providers will need to ensure their implementation of personalisation

makes a contribution to the better use of local resources as well as transforming outcomes for people.

This will involve slimming down processes and designing new models that remove some of the previous bureaucracy associated with public sector social care delivery. It is important to remove costly constraints on people's ability to self-direct their support while balancing this with up-to-date thinking about managing risk and helping people plan and manage support.

Local partners will therefore wish to consider:

- **Supporting prevention and avoiding crisis admissions** to hospital and other high cost services by combining health and social care personal budgets, crisis support, equipment, adaptations, re-ablement and the better use of housing opportunities.
- **The potential for self-directed support to deliver efficiencies in the business process of councils.** For example, by focusing social work time on key functions and thus freeing up care management resource; and by enabling councils to better understand costs at an individual level.
- **Provision of support planning and advisory services that make better use of user-led, independent and voluntary sector resources**, which can secure creative support arrangements, increase take-up of direct payments and reduce reliance on traditional services. Councils should consider partnership arrangements which might include arrangements with Centres for Independent Living, Carers Centres and specialist and condition-specific organisations.
- **Encouraging greater exploration of price and affordability in the market** by helping individuals to secure support more efficiently than through councils (or the NHS) e.g. employing personal assistants or buying more creatively/selectively from the independent sector. A key component of success will be the ability to deliver wider transparency in costing and pricing.
- **Promoting the delivery of a broader range of housing/accommodation** designed to offer more supportive living environments to people with care and support needs.

- **Supporting community capacity** so people make use of informal support from family, neighbours, volunteers, community enterprises and live-in support tenants.
- **Mobilising people's own resources, skills and assets to meet their care and support needs, leaving public funding** to cover those that cannot be met from such means.

3.2.2 Council operating systems

To deliver the potential of personalisation, councils and providers will want to ensure that personal budgets make a real difference to the people who use them and that all can benefit. Experience has shown us that to achieve the win-win of choice and control and more effective delivery:

- **Personal budgets not taken as a direct payment should be offered as a managed account**, but this arrangement must be authentic in affording people real choice and control. Simply telling someone how much the council is contributing to the cost of their care, whilst providing some transparency, will not on its own achieve this.
- **Councils and providers need to demonstrate the difference** being made to someone's life. This can be done by putting in place independent processes to check that outcomes are achieved and publishing the results. As part of this, it will be important to include an understanding of the experience of local people who self-fund their care and support.
- **Personal budget holders need reasonable discretion in use of their funds** (within the law). Personal outcomes should be agreed but focus is best placed on whether outcomes are met within an acceptable risk framework rather than the detail of support arrangements. Flexibility for people to change the use of budgets to meet agreed outcomes, without prior council agreement, will maximise creativity and reduce transaction costs.
- **Help to plan, organise and secure support arrangements** should be available for all who need this but provided more often as a service from the community, as previously described.
- **Carers should benefit.** Professional practice should adopt a 'whole family' approach, giving carers due recognition and taking their

contributions and circumstances into account alongside those of the person requiring support, e.g. if carers want to gain or maintain paid employment.

- **Self-directed support should be available wherever people live, including in residential and nursing homes.** Simple but powerful person-centred approaches to practice have been shown to work within such settings – without additional costs – helping people retain their dignity and stay connected to their families, friends and communities.
- **Younger disabled people can be enabled to use self-directed support during their transition years into adulthood.** Person-centred approaches and personal budgets offer an opportunity for young people and their families to take more control and plan for the future, including finding a place to live, undertaking further education and seeking employment.
- **Councils and providers can take an active role in promoting individuals' mental health as well as their physical well-being.** This means ensuring that people with mental health and / or mental capacity issues are able to make informed choices and have as much opportunity for personalisation, dignity and respect as other citizens.
- **Risk management and protection/safeguarding should be addressed in a balanced way** across all sections of the community, avoiding an approach that views people in receipt of social care funding as most at risk.

3.2.3 Workforce

The care and support sector employs 1.7million people and will grow to meet the future needs of an aging society. It is a key part of the national economy. Social care is primarily about 'person-to-person' support, requiring the right people in the right numbers in the right places. Planning and development must therefore be adequately focussed on the needs of this sector to ensure its sufficiency during the coming period, with the right dialogue between employers and commissioners.

At an individual level, choice, control and greater efficiency will be achieved when workers in social care are able to help people decide and pursue their goals and stay connected to their community.

To achieve this, employers can:

- **Support professional development and equip staff so they can play their part in the shift to personalisation.** Ensuring all interactions are respectful and encourage the increasing choice and control of the person's support is at the heart of all personalised service provision. Greater value for money can be achieved on behalf of the personal budget holder by facilitating a style of work that maximises a person's natural networks and community presence. The person being supported should be fully involved in the recruitment, induction, appraisal and ongoing professional development of workers.
- **Support the development of new types of workers and help remove barriers to informal support.** This includes the adequate supply of good quality personal assistant support and the removal of unnecessary rules and practices, whilst still ensuring appropriate safeguards are in place.
- **Help all providers, including local and micro-providers and families, to recruit and train staff** able to deliver personalised support and build or retain community connections.
- **Focus council care management and social work resources** on areas that legally require local authority involvement, such as formal elements of assessment, review and authorising of support plans, or helping people in complex or risky situations. Staff deployment and connected processes could be re-focused towards people who need the most help and targeted prevention programmes.
- **Develop the health and care workforce to work in multidisciplinary teams** around the needs and support of people with complex and intensive support needs so that they can remain at home.
- **Facilitate the sharing of information** and integrate mobile IT systems to enable the workforce to work more productively.

4. Measuring and supporting progress

To help deliver the next steps in this agenda, the sector will develop a new set of benchmarks so local partners can check progress. There will also be a supportive tool providing links to a range of materials to aid delivery, based on the best practice

from implementation to date. Councils and their partners can use these benchmarks with effect from 1 April 2011.

To support implementation, people who use services and their carers, key national representatives of independent sector organisations, the Association of Directors of Adult Social Services, the Local Government Group, and the Social Care Institute for Excellence will establish a new sector-wide partnership to offer national leadership and support on delivery of social care reform. This will include:

- Sharing learning and best practice and supporting problem solving.
- Working with the Department of Health to support appropriate policy development.
- Continuing the surveys of progress based on local self-assessment.

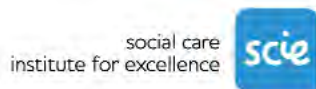
Sector leaders, working with the Department of Health, are publishing a number of tools and materials alongside this proposed agreement including best practice on:

- Building Community Capacity
- Market Shaping for Better Care
- Coproduction
- Personalisation and safeguarding
- Personal Budgets: checking the results
- Enabling risk, ensuring safety: self-directed support and personal budgets

These will be supplemented by further materials later in the year.

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This proposed agreement is endorsed by the following organisations, comprising representatives from across the adult social care sector including local government, health, private, independent and community organisations.



Standing Commission on Carers

Transforming Adult Social Care Coproduction Group

