REPORT TO:	**Healthy Halton PPB**
DATE:	**13th January 2009**
REPORTING OFFICER:	**Strategic Director, Health & Community**
SUBJECT:	**Personalisation**
WARDS:	**All**

1.0 PURPOSE OF THE REPORT

1.1 To inform Healthy Halton PPB of the progress to date in the implementation of Personalisation.

2.0 RECOMMENDATIONS

2.1 That Healthy Halton PPB:-

(1) Note the contents of the report.

3.0 SUPPORTING INFORMATION

3.1 On 17th January 2008, the Department of Health issued a Local Authority Circular (LAC (DH) (2008) 1) entitled "Transforming Social Care". The Circular sets out "information to support the transformation of social care signalled in … *Independence, Well-being and Choice* and re-enforced in … *Our health, our care, Our say: a new direction for community services.*

3.2 The Circular sets out familiar commentary – that people are living longer due to advances in healthcare, have higher expectations of what they need/want to meet their circumstances, want to continue living independently at home for as long as possible, and to have greater control over their lives.

3.3 Long-term demographic changes mean that current systems of delivering social care need to be fundamentally changed and modernised if they are to respond to the pressures of increased expectations and substantial culture change. Any changes will have to recognise the need to explore options for the long-term funding of the care and support system.

What reform means

3.4 The Government approach to personalisation can be summarised 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".** This approach is one element of a wider cross-government strategy on independent living, due for publication early in 2009.

3.5 The Government is clear that everyone who receives social care support in any setting, regardless of their level of need, will have choice and control over how this support is delivered. This will be the case whether they receive support from statutory services, the third/community/private sector or by funding it themselves. The intention is 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.

3.6 This means a common assessment of individual social care needs, emphasising the importance of self-assessment. The role of social workers will focus on advocacy and brokerage rather than assessment and gate keeping. This move is from the model of care, where the individual receives the care determined by a professional, to one that has person-centred planning at its heart, with the individual firmly at the centre in identifying what is personally important to deliver their outcomes.

3.7 In the future, "**all individuals who are eligible for publicly-funded adult social care will have a personal budget. The budget will be 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".** 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.

Traditional model v In Control model

3.8 At the core of self-directed services is a change in process that intends to give those people involved new incentives and power to shape services and get better value for money.

3.9 Table 1 compares the *in Control* model for self-directed support with the traditional service model for delivering social care.

Table 1

Traditional service model	**In Control model**
Assessment by professionals	Early self-assessment
Lack of transparency in the process of allocating resources; budget decided at the end	Transparency in resource allocation; budget decided at the start
Care plan decided by professionals	Support plan designed by individual with people or professionals of their choice
Money managed by local authority	Money managed by individual or nominated person or organisation
Services commissioned by local authority	Services commissioned by individual
One-off planning process, with yearly review	Reflexive process; support plan constantly reviewed and learned from
No flexibility in spending	Flexibility in spending
Responsibility for risk lies with local authority	Responsibility for risk lies with the individual and the local authority
Individual receives services from the state – no incentive to innovate	Individual designs and commissions their own services – opportunity to be creative and innovative
Individual as part of public services machine	Individual as empowered community member

3.10 There are 13 pilot sites nationally who are implementing (on various scales) the above model. The Department of Health has commissioned an evaluation of these pilots and the final report was published in October 2008. The Department of Health is encouraged that the overall results for social care outcomes were positive and the introduction of personal budgets in social care is the right approach

3.11 Appendix 1 illustrates a personalised approach to service delivery.

4.0 PROGRESS TO DATE

4.1 The Government has provided a Social Care Reform Grant to support the implementation of Personalisation. A Divisional Manager – Personalisation has been appointed and the Directorate has commissioned external support (including the Personal Social Services Research Unit) to develop the work and this involves: -

(i) a review of current systems, including eligibility criteria and resource allocation;

(ii) financial modelling and predicting the impact on the social care market; and
(iii) staff support, training and culture change.

4.2 The work on finance is at a preliminary stage only and will require close working with the Corporate Financial Services Team. Preliminary discussion has taken place with the Operational Director – Financial Services.

4.3 A project implementation document has been developed which proposes the project management structure. A "Transforming Adult Social Care Change Board" (TASC) will be established to oversee the Strategic planning and implementation of personalisation in Adult Social Care.

4.4 There are new targets that will accompany the Government's directives, but there is a clear expectation that by March 2011 significant change will have taken place. CSCI are already tracking progress on implementation. The National Indicator Set, has a new Performance Indicator for (2009/10), Definition: Number of adults, older people and carers receiving self-directed support in the year to 31st March as a percentage of clients receiving community based services and carers receiving carer's specific services. Halton will target 30% of Service users and carers.

4.5 The Directorate has a strong track record of delivering Direct Payments and it is this work that will form the foundation for a wider programme of Personalisation across Adult Social Care. It remains to be seen what different funding streams (other than Community Care budgets) will form an integral part of the Individualised Budget made available to service users and their families.

5.0 POLICY IMPLICATIONS

5.1 Over the next 5 years, Personalisation is likely to substantially affect the way in which people receive services and will require political support.

6.0 OTHER IMPLICATIONS

6.1 The financial implications of Personalisation require very careful consideration. This is because information available to date is not consistent – some councils have claimed significant savings, or potential savings, others have expressed concern about the programme possibly resulting in overspends.

7.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

7.1 **Children and Young People in Halton**

Individualised Budgets have been used by some councils to support young people with disabilities in transition from Children's to Adult's Services and this is at early stages of development in Halton. It will be important to ensure Children's and Adult's services work closely to ideally develop a single process for individualised budgets.

7.2 **Employment, Learning and Skills in Halton**

None identified.

7.3 **A Healthy Halton**

It is clear that the Government anticipates that the use of Individualised Budgets will lead to health gains and further work is needed on the interface with Health services.

7.4 **A Safer Halton**

None identified.

7.5 **Halton's Urban Renewal**

None identified.

8.0 RISK ANALYSIS

8.1 There are 2 primary risks. The first is the danger of progressing the agenda without an adequate understanding of the full implications. The second is giving insufficient priority to the work so that the Council falls behind other Councils and Government expectations.

9.0 EQUALITY AND DIVERSITY ISSUES

9.1 Equitable policies and practice will need to be introduced for all client groups.

10.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

Document	Place of Inspection	Contact Officer
LAC (DH) (2008) 1 Transforming Social Care	John Briggs House	Marie Mahmood Divisional Manager Tel:01928 704400
White Paper, Our Health, Our Care, Our Say. (2006)	John Briggs House	Marie Mahmood Divisional Manager Tel:01928 704400

APPENDIX 1

Joe's Story

Our first child, Joseph, was born in October 1988.

Like many families we started to make the huge adjustments needed with the demands that such a small person brings. Our life was ordinary until 6 months later when Joseph contracted meningococcal meningitis.

To cut a long story short, after numerous assessments and examinations it was evident that Joseph had severe developmental delay and we entered a world we never knew existed - **Service Land**.

But the help we received was what I call **conveyor belt care**. This means that services put in help at the most crucial parts of the day based on their assessment of our needs. For example, home care was provided by the Local Authority to come into the home and assist with getting Joe bathed, dressed and eating his breakfast. Then there was more help again at tea time.

At first it worked okay. But as the service increased because of Joe's support needs we needed two people to assist him. In the end it began to feel that we were being invaded every morning and every tea time by an army of home care assistants. Due to rotas, rest days and everything else, the number of different people coming through our door had gone from two to over 40 in six months. This was totally unacceptable for Joe and very intrusive for us as a family. But all the time we felt that we had to be eternally grateful for the 'gift' of professional services – services that didn't really work.

Not only did Joe's home care not work but he was also being sent to a school that was over an hour's drive away. Joe wasn't happy there and his connection with his community was getting weaker by the day. And it was all at a phenomenal cost to the Education Department. Joseph didn't need specialist out of borough support. He just needed people to listen to what he was trying to say in his own unique way.

So when we heard about **in Control** we jumped at the chance of being involved. We had felt over the years that we were passive recipients of a service system that intruded in our lives and confused Joe. What he really needed was a person-centred approach to his support. In other words it was designed for Joe, by Joe - and the people who knew him best. He also needed to be recognised as an equal citizen, someone with rights who was entitled to his own life, someone who was prepared to take on some responsibilities too.

The social worker used the assessment to give Joe an allocation of money from Social Services and we considered a number of the other funding streams that might be available to Joe. In short we applied for funding from the Independent Living Fund and we maximised Joe's benefits. It is essential that the individual maximises their benefits, because, in order to get a life, you need money to spend – a disposable income.

This first phase of money enabled Joe to employ four Personal Assistants who work on a rotational basis and enable Joe to access ordinary social and leisure opportunities. (We need four because he needs two people at any one time to support him).

He now attends a gym, goes on the treadmill and swims in the pool. So he uses an ordinary facility, meets new people, has some important exercise which helps him to sleep. We get an excellent package from the local gym, Total Fitness - they allow any of his PAs to go with him. He visits a lot of the National Trust Parks as he is interested in history and likes to walk round the gardens. He loves fairs and fast rides. So Alton Towers is a great favourite, as well as Blackpool. He also likes to ride his bike, which is a specialised tandem. His PAs need the right range of skills to support him in his varied life style and we also need the flexibility from the PAs so that if we go away for a weekend the PAs can carry on working together as a team and can stop over at our house to support Joe round the clock.

The management for the staff works relatively easily. I do a monthly rota, the PAs fill in time sheets and they get paid on a monthly basis. I have a local company of accountants doing the PAYE and it all works quite smoothly. We have insurance for the PAs and have to deal with any staff management issues, which so far has worked fine for us all. Over the past few weeks we have started to break down the funding within the education system and have enabled Joe to attend the local college. We have considered how he can be in control of all of his week.