

CABINET ITEM COVERING SHEET PROFORMA

AGENDA ITEM

REPORT TO CABINET

21st July 2008

**REPORT OF CORPORATE
MANAGEMENT TEAM**

CABINET DECISION

Portfolio Children Education and Social Care – Lead Cabinet Member –Councillor Ann McCoy

TITLE - Personalisation of Services - Update

1. Summary (expanded report summary)

This report outlines the requirements of the recent government concordat “Putting People First” which has signalled a transformation in the delivery of adult social care based on the personalisation of services for adults and older people.

A Social Care Reform Grant has been awarded to support this transformation which offers an opportunity to focus our plans on how services need to develop to address this agenda.

2. Recommendations

1. To note the direction of travel and support the principles of personalising social care.
2. To agree to the investment approach.
3. To agree the project management approach.

3. Reasons for the Recommendations/Decision(s)

To enable Stockton to progress the implementation of Personalisation for adults and older people in a cohesive and coordinated manner.

To progress the investment plans as outlined in the report.

To support the project management arrangements.

4. Members’ Interests

Members (including co-opted Members with voting rights) should consider whether they have a personal interest in the item as defined in the Council’s code of conduct (**paragraph 8**) and, if so, declare the existence and nature of that interest in accordance with paragraph 9 of the code.

Where a Member regards him/herself as having a personal interest in the item, he/she must then consider whether that interest is one which a member of the public, with knowledge of the relevant facts, would reasonably regard as so significant that it is likely to prejudice the Member’s judgement of the public interest (**paragraphs 10 and 11 of the code of conduct**).

A Member with a prejudicial interest in any matter must withdraw from the room where the meeting considering the business is being held -

- in a case where the Member is attending a meeting (including a meeting of a select committee) but only for the purpose of making representations, answering questions or giving evidence, provided the public are also allowed to attend the meeting for the same purpose whether under statutory right or otherwise, immediately after making representations, answering questions or giving evidence as the case may be;
- in any other case, whenever it becomes apparent that the business is being considered at the meeting;

and must not exercise executive functions in relation to the matter and not seek improperly to influence the decision about the matter (**paragraph 12 of the Code**).

Further to the above, it should be noted that any Member attending a meeting of Cabinet, Select Committee etc; whether or not they are a Member of the Cabinet or Select Committee concerned, must declare any personal interest which they have in the business being considered at the meeting (unless the interest arises solely from the Member's membership of, or position of control or management on any other body to which the Member was appointed or nominated by the Council, or on any other body exercising functions of a public nature, when the interest only needs to be declared if and when the Member speaks on the matter), and if their interest is prejudicial, they must also leave the meeting room, subject to and in accordance with the provisions referred to above.

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CABINET DECISION

TITLE Personalisation of Services - Update

SUMMARY

This report outlines the requirements of the recent government concordat "Putting People First" which has signalled a transformation in the delivery of adult social care based on the personalisation of services for adults and older people.

A Social Care Reform Grant has been awarded to support this transformation which offers an opportunity to focus our plans on how services need to develop to address this agenda.

RECOMMENDATIONS

1. To note the direction of travel and support the principles of personalising social care.
2. To agree to the investment approach.
3. To agree the project management approach.

DETAIL

Background

1. In 2006 the White Paper *Our Health Our Care Our Say* was published which outlined the Government's intention to achieve four goals:
 - Provide better prevention services and earlier intervention;
 - Give people more choice and a louder voice;
 - Tackle inequalities and improve access to community services; and
 - Give more support for people with long-term needs.
2. At this time, Stockton developed its "Vision for Adults" which was based on the principles outlined above, but also included a focus on leadership, commissioning and the use of resources. Since then this Vision has supported the ongoing modernisation and redesign of services to meet these aims.

Putting People First

3. "*Putting People First – A shared vision and commitment to the transformation of Adult Social care*" is a concordat established as a collaborative approach between central and local government, the sector's professional leadership, providers and the regulator. It was published in December 2007 and signalled that the Department of Health wanted to maximise the role of communities in supporting care but also deliver support tailored to the individual. Personalisation and early intervention are seen as key issues for the whole of local government and not just for adult social care.

4. The key elements included:
 - Giving most people who receive funded care their own personal budgets;
 - Much closer collaboration between the NHS and local government;
 - A focus on early intervention and prevention;
 - Enabling universal information, advice and advocacy for all;
 - Investing in support that tackles loneliness and isolation;
 - Joint strategic needs assessments undertaken by councils, PCT and NHS Providers.
5. More detail on the specific elements is outlined in **Appendix 1**.
6. Central to this reform is local authority leadership and partnership working with the local NHS, other statutory agencies, third and independent sector organisations, users, carers and the wider community. The expectation is that there will be shared outcomes designed to ensure that, irrespective of illness and disability people are supported to:
 - Live independently;
 - Stay healthy, recover quickly from illness;
 - Exercise the maximum control over their own lives;
 - Sustain family units and avoid children taking on inappropriate caring roles;
 - Participate as active and equal citizens;
 - Have best quality of life; and
 - Retain maximum dignity and respect.
7. In practice this might mean:

Ensuring that universal information, advice and advocacy service for people needing services and their carers is available regardless of eligibility. The development of a “first stop shop” which can deal with issues and queries in an accessible manner and that connects with other partners such as the Pensions Agency or the voluntary sector.
8. Individuals may self assess or will be assessed and may be given a personal budget that enables them to make decisions on the support they wish to purchase. This might be, for example, the purchase of a car to be able to get out and about, the purchase of bike to get fit, funding for carer support including friends and family members, gym membership, a new bed to help address sleeping problems, holidays, tools and equipment to support hobbies and start up a craft enterprise. The pilot work has found that this has offered individuals greater choice and control over how they want to spend the money and greater satisfaction with their outcomes.
9. In taking forward personal budgets our systems and processes will need to change. There will need to be the appropriate safeguards in place to protect vulnerable adults and systems to ensure that there is no financial abuse. There will need to be detailed work to assess how the resource allocation will function and how outcomes will be monitored. Our workforce will need to support and develop personalisation, however roles will change. It will mean that existing services will change from the way they are provided now.
10. In order to provide more detail about Personalisation an information session has been scheduled on 2 September 2008 for Councillors. Additional sessions with providers and workforce have also been planned.

Social Care Reform Grant

11. To enable Personalisation to be implemented the Social Care Reform Grant has been identified to support the redesign of systems to transform service delivery. It is recognised that this is a demanding agenda and will require a major cultural, transformational and transactional change in all parts of the care and support systems and not just in social care. This is about whole system change. Therefore the grant has been focused on addressing some of the initial components around personalisation. The allocation for year one is £289,000 which needs to be focused around two areas;

- The development of a team to provide support and expertise for this programme, and
- New service and workforce development.

12. We are currently recruiting to a post of a Personalisation Manager who will act as a change agent, facilitating the necessary developments in our processes, systems and workforce. The remaining funding has been used to invest in new services that address the principles of personalisation and support the workforce changes. This includes investment into additional support capacity for direct payments and individual budgets, the “Brighter Futures” scheme for young adults with learning disabilities and the development of alternatives to day services across adult groups.

Project Management

13. Recognising the wide-ranging nature of the programme it has been agreed that the Adult Vision will be refreshed to take into account the requirements of *Putting People First*. The Adult Care Management Team oversees the implementation of this programme and will review progress against the Project Initiation Document. A draft Project Initiation Document has been developed and the Personalisation approach will be subject to risk assessment and project controls. A Project Board is currently being developed.

FINANCIAL IMPLICATIONS

14. The Social Care Reform Grant will be utilised to “pump prime” the required service change. The project will need to continually review the impact of personalisation and in particular the approach to personal budgets to ensure that there are no untoward implications. There are potential long- term implications in redesigning budgets and addressing future demands on care resources. This will need to be addressed via the Medium Term Financial Planning processes across the Council, PCT and other partners.

LEGAL IMPLICATIONS

Not applicable at this stage.

RISK ASSESSMENT

A risk assessment will be undertaken as part of the initial project management approach.

SUSTAINABLE COMMUNITY STRATEGY IMPLICATIONS

Economic Regeneration and Transport

Will support some of the actions relating to Personalisation of services.

Safer Communities

Will support some of the actions relating to Personalisation of services.

Children and Young People

Will contribute to the focus on transitions and family units.

Health and Wellbeing

Contributes to the improving health and well being, with a focus on joint strategic needs assessment and preventative services.

Environment and Housing

Will support some of the actions relating to Personalisation of services.

Supporting Themes:-

Stronger Communities

Supports the development of stronger communities by working in partnership with a range of partners to enable a high quality care system.

Older Adults

Will support the Older People Strategy Action Plan.

Arts Leisure and Culture

Will support the personalisation approach in particular the contribution to well being and prevention.

EQUALITIES IMPACT ASSESSMENT

This report is not subject to an Equality Impact Assessment at this stage.

CORPORATE PARENTING

Not applicable.

CONSULTATION INCLUDING WARD/COUNCILLORS

An information session is planned for Councillor for 2nd September 2008 to outline the potential service implications and give examples of how personal budgets, in particular, could look.

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Background Papers

Our Health Our Care Our Say – DH – 2006

Putting People First – A shared vision and commitment to the transformation of Adult Social Care - 2007

Ward(s) and Ward Councillors:

Not applicable

Property

Not applicable

System Wide Transformation – Putting People First – Key Principles

- Joint Strategic Needs Assessment – jointly developed with PCT and LA which informs our financial and commissioning plans;
- Development of effective commissioning approaches which includes market management and provider development;
- A locally agreed approach which informs the Sustainable Community Strategy involving community and voluntary sectors to maximise early intervention and enablement;
- Development of universal information, advice and further advocacy services;
- A common assessment process which encourages self assessment and enables more social work time supporting and brokering services;
- Enhancement of Telecare and Telehealth services as an integral part of local support;
- Person Centred Planning and self directed support;
- The development of personal budgets;
- Increased uptake of Direct Payments and Individual Budgets targeted at specific groups and in line with LAA targets;
- Service user involvement influencing/ leading the way in which services/ self directed support is developed;
- Improved number and range of Carer support services;
- Development of the retail model for community equipment;
- Clear Transition plans for children moving into adulthood;
- Dignity champions, safeguarding and risk assessment models seen as an integral part of local care services;
- Workforce plans in place for all sectors that encompass in house, private, community and voluntary sectors.