

# Personalisation in adult social care – an overview

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Report for the Healthy Communities Committee

October 2014

# **Background – what is personalisation?**

1. The Social Care Institute for Excellence (SCIE) describes personalisation in the following way.

Personalisation means recognising people as individuals who have strengths and preferences and putting them at the centre of their own care and support<sup>1</sup>.

- 2. Work on personalisation recognises that a traditional service-led approach to support has often previously meant that people have not been able to shape the kind of support they access, or receive the kind of help that suits them best. Personalisation represents a set of key principles that provide an overarching framework for the way that we have sought to transform adult social care and support in recent years. More recently, the concept of personalisation is increasingly applied to elements of wider public services. This report focuses on personalisation in adult social care.
- 3. Personalisation can also be linked to elements of the disability, mental health survivor and service user movements that emerged in the 1970s, where people were lobbying for change and direct action. Personalisation also shares links with elements of key social work values, with good social work practice being strongly linked with respect for the individual and promoting self-determination.
- 4. The remainder of this report covers:
  - Policy and legislative context for personalisation
  - Personalisation in Southwark our work and successes to date, and an overview of people's journey through the system, plus the impact of personalisation on commissioning and market development
  - Areas for continuing development and wider work on personalisation in the health and care system.

#### **National policy context**

- 5. Personalisation's first specific application to adult social care came through publication of the *Putting People First* concordat<sup>2</sup>, signed up to by a wide range of national bodies representing the adult social care sector (local authorities, regulators, provider bodies, NHS, workforce development, etc<sup>3</sup>).
- 6. Putting People First highlighted a range of areas in which transformation needed to happen to make personalisation a reality and local authorities across the country undertook a range of different work to support this. Key areas included:
  - Improving information and advice services to enable people to make informed choices
  - Considering effective ways to delay or reduce the need for ongoing care and support
  - Focus on outcome-based assessment and person-centred planning for ongoing care and support needs
  - Developing and implementing the personal budget approach to give greater control to people on how the money for their care and support was spent, again linked to outcomes rather than services
  - Considering how carers and families could be better supported and treated as equal partners in care

<sup>2</sup> Putting People First: a shared vision and commitment to the transformation of adult social care (HM Government, 2007)

<sup>&</sup>lt;sup>1</sup> Personalisation: a rough guide (Social Care Institute for Excellence, 2012)

<sup>&</sup>lt;sup>3</sup> The full list of signatories was: Department of Health, Department for Work & Pensions, Department of Communities and Local Government, Department for Children, Schools and Families, Department for Innovation, Universities & Skills, ADASS, LGA, Society for Local Authority Chief Executives (SOLACE), Social Care Institute for Excellence, Skills for Care, NHS, NHS Confederation, Commission for Social Care Inspection, English Community Care Association, National Care Association, UK Home Care Association, National Care Forum, General Social Care Council

- A commissioning approach that supports high standards of dignity, care and choice in the services that people are able to access locally.
- 7. The key principles of independence, choice and control continue to be drivers for national policy direction, spanning successive governments.
- 8. The Coalition Government's White Paper *Caring for our future*<sup>4</sup> set out its vision for the future system. This highlighted that, if adult care and support in England is going to respond to challenges it must help people to stay well and independent by:
  - promoting people's wellbeing
  - enabling people to prevent and postpone the need for care and support
  - putting people in control of their lives so they can pursue opportunities to realise their potential.
- 9. Most recently, the Care Act received Royal Assent in May 2014 and represents the legislative element of national Government's approach to reforming care and support. It is one of the biggest changes to adult social care law in over 60 years. The aim of the changes are to:
  - Create a legal framework that is clear and easy to navigate
  - Bring the law up to date to reflect a focus on outcomes that people want
  - Address areas of unfairness.
- 10. Many elements of the Act are focused on furthering the principle drivers of personalisation. Key relevant areas of change in the Act are:
  - Introducing general responsibilities including promoting people's wellbeing, focusing on preventing and delaying needs and providing information and advice to everyone, regardless of whether they have eligible care and support needs, helping them take responsibility for planning their future
  - Introducing national, consistent minimum eligibility criteria for LA assistance for ASC
  - New rights to support for carers, on an equivalent basis to the person they care for
  - Legal right to a personal budget and support plan for eligible needs that are being met by the LA (this is currently not a legal right but usual practice for people receiving support in the community)
  - Making Safeguarding Adults Boards mandatory and introducing new responsibilities around safeguarding.
- 11. There are also major reforms to the way social care is funded (from April 2016) including:
  - A lifetime "cap" on care costs to meet eligible needs for individuals (anticipated to be around £72,000 in 2015 prices)<sup>5</sup>
  - An increase in the threshold at which the level of people's assets mean they are not eligible for state support (currently £23,250).

## Local policy context

- 12. Southwark has been working hard to implement and embed a personalised approach to adult social care, enabling people to live independently and well in their own communities for as long as possible.
- 13. In 2011 the council's Cabinet agreed a vision for adult social care<sup>6</sup> for the future, focusing on maintaining these principles of independence, choice and control, while recognising that there were significant changes in the public sector and the need to increasingly operate with a reduced public purse.

<sup>&</sup>lt;sup>4</sup> Caring for our future: reforming care and support (HM Government, 2012)

<sup>&</sup>lt;sup>5</sup> To note that the cap does not include general living costs in residential care. Government is suggesting that this could be set at £12,000 p.a.

<sup>&</sup>lt;sup>6</sup> http://www.southwark.gov.uk/downloads/download/2638/vision for adult social care services paper

14. As local and national policy continues to drive further towards increased integrated across the health and social care system in order to support delivery of these aims, the council and the clinical commissioning group also outlined a vision for integration in Southwark<sup>7</sup>, which remains committed to seeking to enable people to take control of their lives, connect to and participate in communities, and access care and support that is suitable for them and enables them to achieve the outcomes they want. This is also being developed on a wider basis through Southwark's involvement in leading work across health and care partners in both Southwark and Lambeth through the Southwark Lambeth Integrated Care programme of work, which has been developing integrated approaches particularly to support older people, and which is now looking even more broadly at opportunities to join up health, care and support for people with long-term conditions.

# Personalisation in practice – key areas of development to date

- 15. Significant work has been undertaken in Southwark to transform care and support to enable people to live independently and well for as long as possible. This includes:
  - developing and implementing a dedicated telephone response for all queries about care and support, including information about universal access and voluntary sector services, as well as our online information portal, My Support Choices (www.southwark.gov.uk/mysupportchoices)
  - funding a range of community support services in the voluntary sector providing advice and information, befriending and other services, promoting social inclusion and supporting people to actively participate in their local community
  - ongoing and increasing investment in short-term support to help people get back on their feet after an injury or period or hospital through practical re-ablement and intermediate care support services – with over 1,800 people accessing re-ablement support in 2013/14
  - developing a re-ablement service in mental health that supports people to learn to live independently with their condition without the need to become permanent mental health service users
  - focusing our approach to assessment for ongoing care and support on outcomes for individuals and working with people to develop a support plan that shows how a personal budget will be used to meet someone's identified social care outcomes
  - creating the Southwark Resource Centre as a hub for local disabled people to access support in the community and live independently and well for as long as possible
  - transforming day services to allow a more personalised and outcome focused approach, reviewing mental health, learning disability and older people's services. This includes developing a Centre of Excellence offering high quality day opportunities for older people
  - creating an offer of free telecare (such as pendant alarms) for people with ongoing eligible care needs, those who are 85+, those who have been through our re-ablement service and are assessed as not having ongoing eligible needs (moderate needs), and people with a diagnosis of dementia – this has supported over 500 new clients since its launch in April 2014.
- 16. The concept of personalisation applies to carers as much as it does to those people who access care support. We have sought to increase the number of carers to whom we provide support, information and advice. In 2014 Cabinet agreed to implement a three-year carers' strategy<sup>8</sup> that will improve our offer to carers and provide them with high quality support, not only in their caring responsibilities but also to support carers themselves to stay healthy and feel independent and fulfilled.

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<sup>&</sup>lt;sup>7</sup> http://moderngov.southwark.gov.uk/documents/s45069/Appendix%201%20Integration%20vision.pdf

<sup>&</sup>lt;sup>8</sup> http://www.southwark.gov.uk/info/100010/health and social care/3238/our pledges to carers

## Personalisation and personal budgets

17. An important mechanism introduced as an approach to giving people greater control over their care and support is a **personal budget**. This is the amount of money allocated by the council to an individual to meet their eligible, ongoing care and support needs where they will access support in the community. People will complete a unique support plan that will highlight how they choose to use their personal budgets to achieve the outcomes they want relating to their social care needs. More information on what personal budgets and support plans are can be found in the information boxes below.

## What is a personal budget?

A personal budget is a sum of money eligible to people for support from adult social care – the amount to be spent on their care and support. It allows them to plan and pay for assistance or other resources that will meet their individual needs.

People can manage the budget themselves or ask a trusted person, organisation or the council to do so on their behalf.

Personal budgets do not affect any benefits that people receive. People may need to contribute to the value of their personal budget – the council takes into account things like income and savings when working this out.

People might use their budget to purchase support to get washed and dressed, go out and about, feel part of the community, keep safe and well, develop a skills, or access work or training.

## What is a support plan?

A support plan shows how a person intends to use their personal budget to meet their social care needs. It lists who will be providing each element of support, who will be managing the budget and what outcomes the plan will achieve to improve people's independence, wellbeing, health and safety.

Support plans are tailored to the individual and should reflect their thoughts and preferences about support options. People can complete the support plan themselves or get help from friends, family, a social worker or a support planner.

18. There have been significant drivers to increase the proportion of people who access personal budgets and we have made a great deal of progress in Southwark in recent years. Table 1 (overleaf) shows growth in the number of people in receipt of community services who have a personal budget over the last five years<sup>9</sup>. The over 65s continue to be the largest group of people in receipt of a personal budget (and the largest number of people accessing adult social care overall), though everyone who is eligible for a personal budget will have their support reviewed to reflect the personalisation agenda.

<sup>&</sup>lt;sup>9</sup> In 2013/14 there was a slight dip in the number of people using community services who have a personal budget – this is the result of data capture changes across the system overall.

Table 1 Southwark Clients on personal budgets by age and primary client group

Year	Age band	Physical Disability			Substance	Other Vulnerable People	Total	Total community service users	Personal budget %
	Age 18 to 64	90	5	35	0	0	130	1310	9.92%
	65+	0	0	0	0	0	375	2520	14.88%
2009/10 Total	2009/10 Total	90	5	35	0	0	510	3830	13.32%
	Age 18 to 64	245	25	155	0	0	425	1570	27.07%
	65+	0	0	0	0	0	680	2415	28.16%
2010/11 Total	2010/11 Total	245	25	155	0	0	1105	3985	27.73%
	Age 18 to 64	385	70	275	10	0	740	1425	51.93%
	65+	0	0	0	0	0	1445	2405	60.08%
2011/12 Total	2011/12 Total	385	70	275	10	0	2185	3830	57.05%
	Age 18 to 64	495	160	350	10	0	1010	1535	65.80%
	65+	0	0	0	0	0	1545	2445	63.19%
2012/13 Total	2012/13 Total	495	160	350	10	0	2970	3980	74.62%
	Age 18 to 64	470	155	355	15	5	1000	1670	59.88%
	65+	0	0	0	0	0	1990	2685	74.12%
2013/14 Total	2013/14 Total	470	155	355	15	5	2990	4355	68.66%

Source : Health and Social Care Information centre NACIS RAP data Tables

This is based on all community service users in line with Adult Social Care Outcome Framework definition 1.C

Note 65+ is not categorised by Primary client group so the figure is shown in 65+ total line

19. Southwark's performance remains in line with the London average of 67.5% and above the national average of 62.1% of people using community services with a personal budget. It is also important to be aware that not everyone accessing community services would have a personal budget, for example people accessing short-term support such as re-ablement or using just meals on wheels services. Southwark's council plan highlighted the ambition for all people accessing community support who were eligible for personal budgets should have one and in 2013/14 we had achieved 97% of community service users who were eligible for a personal budget accessed one.

## Options for managing a personal budget

- 20. People with personal budgets also have a range of options for how they manage their money, enabling them to make the choice of which option works best for them. The four main options are summarised below.
  - a) Self-managed personal budget

The personal budget is paid into <u>the person's account</u> so they can purchase support directly. They may get assistance from a trusted friend or family member to help them manage their budget.

b) Third party-managed personal budget

The personal budget is paid into the <u>account of a third party individual or organisation</u> that holds the money for the person and purchases support on their behalf and under their instruction.

c) Council-managed personal budget

The personal budget is managed by the council. While the person has choice and control over their support, this will support will be from directly council-commissioned services *only*.

d) Mixed personal budget

This is a combination of any of the above options.

Options a) and b) mean that the person (or the person or organisation managing the money on their behalf) receives a **direct payment**.

- 21. Whilst there has been an increase in the number of people on a personal budget the number of people taking a self managed personal budget/direct payment has stayed largely the same for the last two years. Approximately one third of people took their personal budget as a direct payment option at the end of 2012/2013 and 2013/2014. This puts us ahead of the London average of 22.9% and ahead of the national average of 19.1% of people on a self managed personal budget/direct payment.
- 22. Southwark Council's latest Local Account<sup>10</sup>, which provides an overview of performance and priorities in adult social care was published in January 2014. The Local Account also includes two case studies demonstrating how personalised approaches to care and support, including personal budgets, are making a real difference to people and enabling them to live independent and fulfilling lives based on choices that are important to them. See Appendix 1 for case studies.

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<sup>10</sup> http://www.southwark.gov.uk/localaccount

## The customer journey for a personal budget

- 23. There are four main stages for a personal budget to be agreed:
  - I. The assessment

This enables the service user and staff to identify and understand the eligible needs that will need to be addressed in the support plan.

## II. Support planning

The support planner and the service user work together with any other people the service user would like to involve, identifying the outcomes the person wants to achieve based on their needs. The person also decides the way they would like to manage their personal budget (see page seven for summary of options). A plan is developed and this demonstrates how the personal budget will be used to meet the outcomes identified. If any additional actions are required, for example setting up a bank account to receive a direct payment this is completed at this stage.

## III. Agreement of the support plan

The Council agrees the support plan. Any relevant documentation is sent to the Adult Social Care Finance team to be processed for payment.

# IV. Implementation of the support plan

If a direct payment agreement is required this is signed and the service user receives the schedule of monitoring, the personal budget is paid and the plan is actioned.

For further detail on the process see the Customer Journey Process in Appendix 2.

- 24. There are no national requirements on timescales for the completion the support planning process. This is because it is recognised that the process should be based on the individual and completed in a way which works best for the person, this may include the person writing the support plan themselves. However, during the support planning process a holding package of care is put in place in order to meet the individual's needs.
- 25. We do not record the length of time the process takes for a person to have a complete and active support plan but based on the information available to us on average it takes between eight and twelve weeks to complete. The more complex cases and ones where the person is taking a self managed personal budget/direct payment to employ a personal assistant may take longer in order to undertake the recruitment and source the appropriate care and support. Once the support plan is approved and the paperwork completed these are submitted to the finance team for processing and this takes up to 7 working days.
- 26. Factors that could affect the length of time it takes to set up a self managed personal budget include: the handover to the external support planning agency, the need for the person to set up a bank account specifically to receive the payment, signing of the direct payment agreement and the explanation of the monitoring processes.
- 27. We continue to investigate ways to streamline the process to receive a self managed personal budget, these include:
  - Examining the efficiency of the external support planning agency;
  - Using Innovation Funding to support the personal assistant recruitment;
  - Using the opportunity of upgrading our adult social care IT system to streamline the processes, this is should be available from mid 2015; and

- o Investigating the use of pre paid cards to eradicate the need to set up a bank account and reduce the need for the service user to submit monitoring information.
- 27. We have created a simple leaflet that describes the overarching process for people who access adult social care support. This leaflet is available from our front line staff and via our online portal My Support Choices, where people can also find out information on wider elements of care and support, such as welfare benefits, housing information and telecare.

  <a href="http://www.southwark.gov.uk/my\_support\_choices">http://www.southwark.gov.uk/my\_support\_choices</a>. See Appendix 3 for a copy of the personalisation leaflet.
- 28. We have also created a Frequently Asked Questions Document for people taking a self managed personal budget to assist them in answering some of the financial questions without having to contact the department. See Appendix 4 for a copy of the FAQ document.

## Local policy on personalisation

29. We have developed a local policy on personalisation and personal budgets for staff to ensure that the key principles and ways of working are effectively captured. This is reviewed regularly in light of ongoing work in the system to improve our approach. This is available for all staff on Tri-X<sup>11</sup> the department's online policy and procedure manual.

#### Personalised care and support in non-community settings

- 30. Personal budgets currently are only available to people who are receiving ongoing care and support in the community. This means that people who are in residential or nursing care would not have a personal budget. However, the key principles of supporting independence, choice and control for individuals are vital to good quality care and support, whatever the setting.
- 31. In recognition of this, Southwark has developed a Care Home Quality Improvement Strategy for 2013-2015<sup>12</sup>. This seeks to work with people using services, families, providers and other partners across the system to embed the key principles of personalisation as a marker of excellent quality care and support for people in residential and nursing care. The strategy was agreed by the council Cabinet in September 2013 and an action plan is currently being implemented.

# Commissioning and market development in a personalised world

- 32. The Market Position Statement is a market facing document which outlines the current demand and supply within Southwark and identifies gaps within the market including areas of work which may support personalisation further. One of the areas which is being looked into is the potential for a Personal Assistant (PA) finder. This service would enable people who are willing to work in Southwark as a personal assistant to advertise their services and people requiring a PA to list their requirements and search for potential applicants. This service could significantly speed up the recruitment process however; it is in the very early stages of being investigated.
- 33. The current Innovation Fund programme has been established to promote innovative ways of providing support that reduce reliance on formal council services and creates financially self sustaining business models. This includes a major focus on supporting the development of the PA market. A number of voluntary sector services have been awarded funding for three years with the aim of delivering a new approach to the recruitment and matching of personal assistants with service users across all client groups. This is part of the process to develop the ongoing infrastructure needed to support personalisation.

<sup>&</sup>lt;sup>11</sup> This is a draft working document due to the ongoing changes in this are. This document can be accessed here <a href="http://southwarkadults.proceduresonline.com/chapters/p\_pers\_budget\_key\_pol.html">http://southwarkadults.proceduresonline.com/chapters/p\_pers\_budget\_key\_pol.html</a>

http://moderngov.southwark.gov.uk/documents/s42855/Appendix%203%20-%20My%20Home%20Life%20Care%20Home%20Quality%20Improvement%20Strategy%202013-15.pdf

- 34. The Leonard Cheshire Personal Assistant (PA) service supports people with physical and sensory impairments, people with learning disabilities and older disabled people living in Southwark enabling them to develop the skills and confidence to employ and manage their own PAs. Key outcomes will include:
  - o PA training programme developed in conjunction with Thames Reach;
  - o engagement with 400 service users through monthly promotion and information events:
  - o 100 of those recruiting & employing their own PAs /set up managed accounts;
  - Establishment of "Discover IT" at home scheme for people with disabilities to recruit their own PAs at home; and
  - An expansion of the existing Southwark Advice Plus service to provide five days of support and advice a week.
- 35. Community Catalysts is a social enterprise which harnesses the skills of people and local communities to establish micro-markets of imaginative sustainable support and care options in Southwark by stimulating and supporting new enterprises. Working in partnership with Community Action Southwark (CAS) the service will support individuals and small groups of local people to provide services aimed at people who may need support or care because they are older, disabled, have ill health. Outputs expected after three years (based on the work in other areas) are:
  - o 80-100 micro entrepreneurs supported;
  - 55% established flourishing enterprises;
  - 85% to continue to flourish after 3 years;
  - o 750-850 people with learning disabilities or older people using these services;
  - o 125 jobs; and
  - o 40 volunteering opportunities created.

## Personalisation and safeguarding adults

- 36. To ensure compliance with the Care Act 2014, which requires Southwark Safeguarding Adults Partnership to follow an outcomes based approach to safeguarding enquiries, the Southwark Safeguarding Adults Board has signed up to the 'Making Safeguarding Personal' initiative. This is a national initiative that aims to change safeguarding practice so the needs and wishes of the service user are central to any safeguarding enquiry and the outcomes of the enquiry are those that the service user regards as important rather than those required by professionals.
- 37. Making Safeguarding Personal has three levels: Bronze Silver and Gold. Southwark Safeguarding Adults Partnership is currently aiming to achieve Bronze level by September 2015 and Gold by September 2017. Professor Jill Manthorpe from King's College is providing the academic support to validate the research activity necessary to achieve Gold status.

#### Personal health budgets

- 38. Opportunities to extend elements of this personalised approach into the wider health system have also been recognised. The Department of Health previously piloted personal health budgets for certain groups of individuals. Following an independent evaluation a national roll-out was announced. People who are eligible for NHS Continuing Healthcare<sup>13</sup> now have a right to ask their clinical commissioning group (CCG) for a personal health budget. This will become a 'right to have' from October 2014. The aim of this introduction is to provide an opportunity to support greater choice, flexibility and control for people over the health and care support they receive.
- 39. In addition, Southwark is a national demonstrator site for NHS England to look at opportunities to provide personal health budgets for people with mental health needs as an alternative to residential or nursing home care, seeking to link these with personal budgets for care and

<sup>13</sup> http://www.nhs.uk/chq/pages/2392.aspx

support.

## Personal budgets and direct payments for young people aged 0-25

- 40. The Children and Families Act 2014 included a range of reforms affecting children and young people with special educational needs and/or disability (SEND). This was designed to improve the experience for children, young people and families, and ensure that support enabled young people to reach their full potential. Key elements of the reforms include:
  - Focus on a wider pathway of support for children and young people from 0–25
  - Introducing education, health and care (EHC) plans (to replace statements), to achieve a more joined-up approach to assessment and with a greater focus on outcomes
  - Introducing personal budgets for young people and their families so that they have greater
    control and flexibility over the support they access. A SEND personal budget is an amount
    of money identified by the local authority and/or the NHS to deliver all or some of the
    provision set out in an EHC plan. By having a say in the way this budget is used, a parent,
    young person or young adult can control elements of their support
  - Introduction of a "local offer" that lists the support and services available to access locally, along with local policies and procedures relating to the new SEND system.
- 41. Implementation of the reforms is beginning this month and Southwark will be working with young people, families and our other partners in the ongoing development of this

#### Areas for development and wider opportunities to embed personalisation

- 42. As this report seeks to highlight, we have been developing our approach over a number of years and have seen some really positive results to date. We have learnt from the experiences of early personal budget pioneers in Southwark, (both service users and providers) and from this we know there are areas where we could work differently to make the experience better for everyone.
- 43. As greater numbers of people exercise their own choices about their care, so the dynamics of the care market are also changing. We have moved from the majority of community care being provided by contracted providers or grant-funded provision to a market where much more care is being provided to people independent of the council, as service users and carers commission their own care and support.
- 44. As commissioners of their own care, there is an implicit assumption that service users and carers can cease using services that are not meeting their needs and purchase their care elsewhere. However, in reality, the care and support market is unique as it provides highly personal and often intimate support to people and they are reluctant to change providers, even where care may not be the quality that we, as the council, would expect.
- 45. While it can be argued this is personalisation in action, there is an overriding duty of care that remains with the council so fresh thinking on quality assurance is required. The council's duty of care extends not just to helping our service users / carers / providers once things have gone wrong, but also in working with both service users, carers and the market to avoid things going wrong.
- 46. An emerging priority is the need to provide more practical support to third sector providers. In this changing market to manage self managed personal budgets and third sector providers need to strengthen their 'business skills' so they can establish themselves and thrive, for example, having a strong business model, pricing structure, marketing, and self-review/quality assurance.
- 47. The third sector have sometimes struggled with balancing their charitable approach with the business side and this means some third sector providers have struggled to survive the

- introduction of personal budgets. Some are vulnerable and their internal systems are not always strong enough to ensure the quality and safety of their services to the degree that they would like.
- 48. The council can help to support this sector to transform themselves through mentoring them to operate in the changing market but also to ensure their developing services meet the councils requirements for quality and safety.
- 49. There are a number of options for how this can be approached and thinking on this has commenced. Key concepts being reviewed include:
  - a. Provision of third sector development and mentoring support programme (ongoing and sustained support)
  - b. Carrying out basic due diligence on providers who appear on the council's My Support Choices site (similar to the work community engagement did with third sector providers to enable them to pass a pre-qualification process once rather than resubmitting for every tender / grant application process).
  - c. Providing a 'kite mark' for providers and / or giving service users the ability to comment on the services they have used to help with decisions about which services to buy.
- 51. Given the requirements of the Care Act, highlighted in the policy context section, we will need to continue to review our approach to personalisation and will be looking at key areas, including our existing overarching policy, in the coming months, to ensure that it remains fit for purpose. The key principles and values of personalisation remain at the heart of the work we have done and continue to do, but we recognise there are some areas for change and it will be important to ensure we are preparing for these effectively.

# Our priorities for the future

- 52. Ensuring we maintain the Council plan's target of eligible people with personal budget
- 53. Encouraging further uptake of self managed personal budgets across all user groups and streamlining the processes to make them as easy and efficient as possible.
- 54. Supporting our third sector to transform themselves to operate effectively in the changing market.
- 55. Developing our quality assurance approach further to ensure it supports people to manage their care and support while maintaining the Council's duty of care the service users, carers and providers.