

## Personalisation

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		<b>Date:</b>	01/07/2015

### 1. Background

Personalisation is a social policy; the overarching theme is that an individual who requires support to live independently should be able to shape their support to suit their unique circumstances, preferences and needs. The central principle of personalisation is that individuals should have choice, control and flexibility around:

- identifying the support they need to be as healthy, safe, independent and well as possible
- how their support is provided, regardless of the setting.

Under the Care Act 2014 there has been a shift away from simply providing services (considering what services are available, and matching the service to the individual), to meeting individual needs. There are a range of ways in which their needs might be met, for example by providing council arranged support, arranging for a third party to provide support, or by making a direct payment so that the individual can make their own care arrangements. The individual's needs can only be fully understood and met through a personalised assessment and support provision. It is up to the individual or their representative to choose the type of support and the way it is delivered.

Personalisation marks a shift in focus from understanding care needs in terms of what an individual is unable to do, towards a strengths perspective, in which support from the local authority can enable an individual to achieve particular outcomes important to them. The Care Act 2014 has also introduced the concept of "wellbeing" which underpins how an assessment is carried out and recognises the impact that the inability to carry out some daily tasks have on a person's emotional health.

### 2. Personal budgets: a present day snapshot

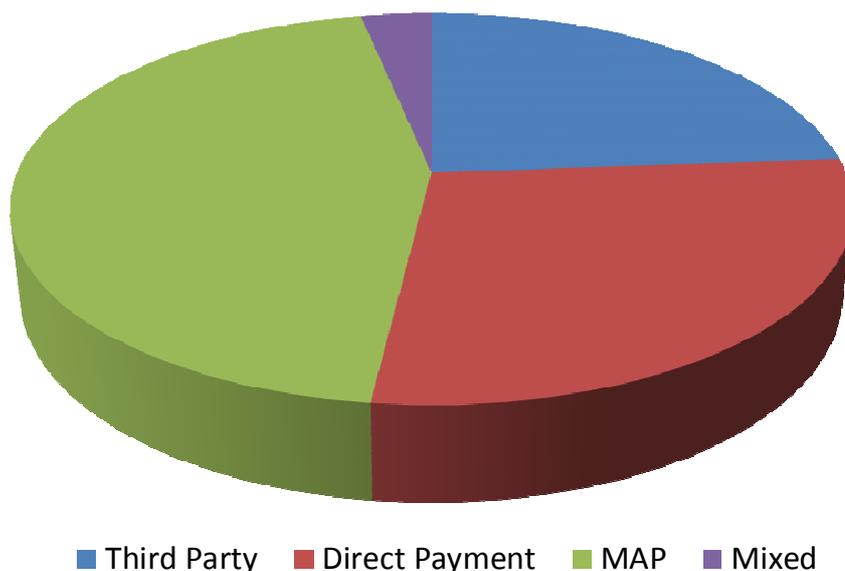
Personal budgets are key to delivering personalised services, and can be administered in several ways. The adult with support needs can opt to–

- receive a direct payment and organise their own support (with or without assistance);
- have a third party manage/administer their personal budget on their behalf;
- have their personal budget managed/administered by a managed account provider (MAP), usually an accommodation provider or service provider;
- receive a mixed package (for example a package made up of direct payments that they manage, and personal budget managed by a MAP or the Council).

At the beginning of July 2015, 836 services users were in receipt of a personal budget. Of this number -

- 45% of personal budgets are MAP administered;
- 28% are direct payments;
- 24% are managed by a third party.

The take up of mixed personal budget packages is relatively small, with only 3% of all personal budgets administered in this way.



	Third Party	Direct Payments	MAP	Mixed
Number	199	235	375	27
Percentage	24%	28%	45%	3%

### 3. Moving forward

Currently Southwark Council are working with the Clinical Commissioning Group (CCG) on many different projects including the delivery of Community Based Support, Out of Hospital Pathways, the Mental Health Strategy and Local Care Network. Southwark Council have recognised that we need a more joined up approach and integrated pathway between social care and health care. People in Southwark rarely have needs that only address one aspect of health or social support, therefore working in an integrated manner with multi agency leads will achieve a holistic approach and understanding into people’s situations.

#### 3.1 Community Based Support

Our vision for integrated care in Southwark is for people to stay healthier at home for longer by doing more to prevent ill health, by supporting people to manage their own health and well-being and by providing more services in people’s homes and in the community. We want people to feel in control of their lives and their care, with the services they receive co-ordinated and planned with them around their individual needs.

#### 3.2 Out of Hospital pathway

Discharges from hospital could be more seamless, with an exchange of information, understanding of responsibilities and clear guidance. This project has begun with a consultation to identify what works and what needs adjusting. The aim is to consult with all parties involved to design an integrated approach addressing the issues of communications, IT systems, processes, workforce skills and working relationships.

### 3.3 Mental Health

It's increasingly recognised that there is no health without mental health. It is to everyone's benefit, to the benefit of the family and community, to understand the development of good mental health and wellbeing and what it consists of; how it can be promoted and protected; and how mental ill-health can be prevented and avoided. And in circumstances where mental illness cannot be avoided, how best it can be treated and how a person and their family can be supported onto recovery. Southwark Council and the CCG are developing a strategy that will be delivered through focusing resources upon a set of decisive key objectives, taking into account the evidence available from Public Health, consulting with mental health service users, carers, families and the wider community, as well as reviewing the performance of service providers.

### 3.4 Local Care Network (LCN)

LCNs will support people to live healthier lives and reduce those people exposed to risk factors either by birth or behaviour. For people with a long term condition LCNs will take a rehabilitative/ reablement approach enabling people to manage their own health positively and to prevent deterioration wherever possible. For those people with complex LTC or who are in the last year of life support will be available to enable them to continue to lead as full and active life as possible. The services available will be proactive, accessible and coordinated; with a flexible, holistic approach to ensure every contact counts. This will be primary care delivered to geographically coherent populations, at scale, whilst still encouraging self-reliance.

### 3.5 Update on E-marketplace

In the autumn of 2014, Aiimi Consultants were asked to write a report to help inform the council's digital by default strategy. Within Children's & Adults' Services Aiimi focused on the schools admission process and an e-marketplace. We have also met with CAS to discuss requirements for developing and promoting an e-marketplace and have agreed to work in partnership to develop online resources for the community. Current priorities are the implementation of the new social care case management system Mosaic, which replaces Carefirst. Children's go live in July, followed by Adults in October. In addition we are currently developing the online local offer to have one front door into the department so that residents can easily access information about services available in the borough. The one front door project will interface with MySouthwark and provide an online resource directory with contributions from our partners, including health and commissioned services. This will form the backbone to develop an e-marketplace that will enable people to purchase services online, either from a personal budget or their own pocket. The local authority software application framework ID RM1059 lists a number of providers who have e-marketplace solutions; we plan to use Aiimi to facilitate workshops with residents, CAS and staff to view the products that are available to purchase through the framework to help us shape a detail specification for procurement in the autumn of 2015.

## 4. Summary

Personalisation as a concept is strongly valued as ways of working with all individuals and the way people proceed to develop their support is their choice. Adult social care via our front line teams continue to work with local care networks, health professionals

and the CCG in order to deliver personalised support to all people in Southwark that need our support and will continue to improve the person's experience of personalisation.