

Item No. 6.	Classification: Open	Date: 21 September 2010	Meeting Name: Cabinet
Report title:		Transforming Adult Social Care - Putting People First in Southwark	
Ward(s) or groups affected:		All wards All adults over 18 years with social care needs	
Cabinet member:		Councillor Dora Dixon-Fyle, Health and Adult Social Care	

FOREWORD – COUNCILLOR DORA DIXON-FYLE, CABINET MEMBER FOR HEALTH AND ADULT SOCIAL CARE

1. This report asks the Cabinet to agree to major changes in the way that adult social care is provided in Southwark. In line with the national transformation of adult social care, a new customer pathway would be introduced to provide a focus on prevention, reablement and allocating personal budgets to people who need long term support – in order that they can self-direct the planning, organisation and delivery of their care and support.
2. The recommendation's principal benefits to the local authority over time will be:
 - People will have better access to advice, information and targeted prevention that will help them to live their lives without support from the Council
 - People will be supported through reablement to be as independent as possible
 - People will have more choice and control, leading to higher satisfaction levels
 - More people will be supported to live in the community, rather than institutions
3. Having completed the development and testing of the new way of working, it is now time to begin implementation for all customers. There is a national deadline to be offering all customers a personal budget from 1 October, so it is important that Cabinet consider the proposal on 21 September.
4. This proposal is expected to deliver improved outcomes for customers and to support the delivery of efficiencies for the authority in the future. I am therefore asking the Cabinet, after consideration of the officers' report set out from paragraph 6 onwards to approve the recommendation set out below.

RECOMMENDATIONS

5. Further to the report titled 'Personalised services in adult social care' that was presented to Executive on 28th April 2009, Cabinet is now asked to:
 - a. agree to the implementation of 'personalisation' to deliver the vision for putting people first in Southwark (see paragraphs 6-13 and appendix 1);
 - b. agree to the introduction of the new 'customer journey' and its systems, processes and procedures as the means to transform adult social care (see paragraphs 14-25 and appendices 2, 3 & 4);
 - c. acknowledge the impact that personalisation will have upon existing providers as people exercise more choice and control and endorse the

- approach being taken to shape the social care provider market (see paragraphs 26-31); and
- d. endorse the other actions that are being taken to underpin and deliver personalisation (see paragraphs 32-34).

BACKGROUND INFORMATION

6. The last three years have seen a growing force for change in adult social care, driven by the desire to improve the quality of life for disabled and older people. This vision for social care fits squarely within the wider public policy reform agenda outlined in the 2006 Local Government White Paper 'Strong and Prosperous Communities' and supported by the 2007 Lyons Inquiry into the future of local government. It is about the role that councils can play in improving the well-being of local disabled and older people, and the choice and flexibility that can be extended to individuals and communities so that they can design solutions that work for them.
7. Published in December 2007, Putting People First is an agreement between central and local government and other key organisations about the direction for adult social care for the next 10 years and beyond. Putting People First sets out the shared aims and values which will guide the transformation of adult social care and radically improve people's experience of local support and services. It supports partnership working between central and local government, social care professionals, providers and the regulator to achieve this, and builds on the 2006 White Paper 'Our Health, Our Care, Our Say'.
8. Under the overall theme of 'Personalisation' the key aspects of the desired transformation are:
 - a. improved information, advice and advocacy leading to improved access to universal services (such as transport, leisure and education),
 - b. a strategic shift towards prevention, early intervention and reablement to promote health, well-being and independence,
 - c. individuals having real control and choice by 'self-directing' their care and support by means of a personal budget – aiming to increase peoples' social capital to make sure that they have opportunities to be part of a community and experience the friendships and support that can come from families, friends and neighbours.
9. Southwark Health and Social Care is actively managing this transformation through its personalisation programme. The programme is being delivered through a number of workstreams. It is funded by the social care reform grant that is due to end in March 2011.
10. Through implementation of Putting People First, Southwark is making whole systems change, transforming the end to end process for adult social care services. This means that the 'customer journey' in future: will start with a single point of contact; people who need help to get back on their feet will have a reablement service; and where it is established that people have a longer term need, they will receive a personal budget that they can directly manage or that can be managed on their behalf by a third party (including the Council). Safeguarding adults at risk will be fundamental to this process. Safeguarding alerts and investigations will be integral to the 'end-to-end' process and support plans for people will only be agreed where the arrangements are judged to be safe.

11. The programme is governed by the transformation board which coordinates all associated initiatives across adult social care. This ensures that the future for adult social care is tailored to specific local conditions whilst ensuring compliance with the wider regulatory requirements and guidelines. Since September 2009 users and carers have been and remain closely involved in helping to develop and co-produce the new system. A wider stakeholder forum has been established to ensure that the voices of all key stakeholders are heard, 'weighed' and acted upon.
12. The Council has introduced personal budgets, which are being used by some existing and some new customers. At 31 March 2010, 511 customers had some form of personal budget (380 Older People, 131 under 65). Of this total, 235 had direct payments under the existing scheme, 261 had personal budgets that are managed by the council in line with their support plan and 15 people had elected to self manage their personal budget.

KEY ISSUES FOR CONSIDERATION

13. An overall vision for the future of adult social care in Southwark has been developed and shared widely. In summary, the vision is for residents in Southwark to live more independent lives, less dependant on traditional services and supported to remain living in their own home. The full vision statement is attached at appendix 1.
14. The existing care management process is being replaced with a new customer journey that delivers the principles of personalisation set out in paragraph 8, above. It includes:
 - a. information, advice and advocacy before people need to contact the Council and for self-funders,
 - b. a single point of contact – via the Council's customer service centre - for people who do need to access adult social care,
 - c. reablement services to support people to regain their self-confidence and independence, so that they do not need longer term support,
 - d. people involved in their own outcome based assessments, with an up front personal budget allocation so that they can create their own support plan,
 - e. formal agreement of the support plan so that people can then receive their personal budget and organise their own support,
 - f. regular reviews to ensure that agreed outcomes are being met.Appendix 2 describes the new system in more detail.
15. This transformation is intended to deliver a number of strategic benefits for service users and carers, the Council and the wider community. These include:
 - a. improving outcomes for people with social care needs;
 - b. delivering efficiency savings through an improved business process - realised through deploying appropriately skilled resources, reductions in transaction costs and the use of a new resource allocation system to make more equitable, transparent and affordable funding allocations;
 - c. changing the prevailing culture by extending choice and control for individuals so that they are in charge of their support.
16. In autumn 2009 the Department of Health and the Association of Directors of Adult Social Services agreed a set of delivery milestones for the Putting People First programme. The Council is self-assessing against these milestones every

three months to ensure that it meets the milestones. The key milestone is that which requires the Council to apply the new system to all new customers a personal budget from October 2010, and all existing customers at their next review following October 2010. The programme in place will deliver to these milestones and will mean that by April 2011 at least 30% of people receiving services in the community will be self-directing their support.

17. The Council has piloted self-directed support and personal budgets with a number of service users across care groups. People who complete reablement and need longer term support are now routinely offered a personal budget.
18. For a number of months a ready reckoner was used to calculate each person's personal budget. This was calculated using a traditional formula including the number of hours of traditional service needed and the cost per hour.
19. After some months of development, the Council started to implement a resource allocation system (known commonly as a RAS) in June 2010. The RAS is used to calculate each person's indicative, or 'up front' personal budget allocation. This is an estimate of the amount that the Council would reasonably expect to pay to meet each person's support needs. It is a guide that enables people to start making their own support plan, knowing how much money is available. The actual allocation is agreed only when the support plan has been authorised by the social worker and the responsible budget manager.
20. The RAS is the mechanism that will enable the Council to ensure that the funding allocations to each person and to various groups (e.g. older people, people with a physical disability, people with a learning disability and people with mental health needs) are: sufficient to allow people to organise their own support, affordable for the Council, equitable, fair and transparent. It will also be used to bring social care expenditure in Southwark into line with similar local authorities and this may result in some resource shifts. For example, some reductions will be achieved by reducing the number of people cared for in institutional residential care homes and enabling more people to live in their own homes, with support; such changes are underway through other transformation projects.
21. The evidence from across the country and from early experience in Southwark is that given choice and control, and a personal budget to realise their preferences, many people continue to purchase personal care and support from existing providers. However, they also use their personal budget in simple, but innovative and creative ways that work for them. Some examples are given at appendix 3.
22. In an independent consultation into adult social care provision with existing customers in Southwark in February 2010, 35% of those surveyed said that they already had or wished to have the money to manage their own support. This is expected to grow over time as new people enter the system and the benefits become more apparent. See appendix 4.
23. For various historical reasons, Southwark provides support to a very high proportion of its service users in institutional residential care. The personalisation agenda and the need to use resources more effectively means that this will be changing significantly in this financial year and beyond.

24. The prospect of reducing public finances means that the Council will need to focus some investment in preventative services. Recent national and local pilots have identified a range of services that have been demonstrated to be effective in supporting people to avoid entering the health and social care system, or to prevent them from escalating onto higher level, higher cost services. Examples include greater use of assistive technology, telecare and community equipment.
25. The Council is also a national leader by being one of the first local authorities to transform its community equipment services. People in Southwark can now get a prescription for small items of equipment that support them in their own home. These prescriptions can be taken to local chemists/pharmacies where people can select the item that is most suitable for them.
26. Work has started between adult social care managers and Public Health colleagues from Southwark Primary Care Trust (PCT) to review investment in prevention and create an agreed strategy that delivers efficiencies across the health and social care systems. This work is being overseen by the Health & Well-Being Partnership Board.
27. Personalisation will therefore have an impact upon most if not all existing service providers – both commercial and third sector organisations who currently provide a range of services. In order to deliver effective prevention services that generate cashable savings, the Council will need to re-focus its expenditure from a range of existing contracts to those that can demonstrably deliver better outcomes. As more people exercise choice and control the Council will need to re-shape the market by moving away from block contracts to framework agreements and spot purchasing arrangements. The re-commissioning of home care services reflects this shift. Local and national evidence indicates some continued need for personal care contracts in at least the medium term, but new contracts are due to be let with a reducing number of guaranteed hours.
28. The role of commissioners will become less as purchasers and contract monitors and increasingly in shaping and market stimulation – in effect, changing from a social care wholesale model to a retail model, where individuals are the purchasers.
29. The Council is working alongside providers to assist them to think about the ways in which personalisation will effect their business, work out what changes they may need to make and identify new opportunities. A strategy for commissioners to use to manage this change has been coproduced with external consultants, staff and providers. Putting this strategy into practice is a key workstream within the personalisation programme.
30. A range of providers have collaborated with the Council, DEMOS (an independent think tank and research institute), In Control and the University of Lancaster to find out how Southwark residents who currently use social care services would choose to spend a personal budget. Over 530 existing customers responded to the survey and the results are currently being analysed by DEMOS. This feedback will be used to inform market shaping activity.
31. In many cases this market shaping will require decommissioning or re-commissioning of services, which will require political support.

32. One of the additional benefits of this survey referred to above is that over 500 people have now aware of personal budgets and might ask to transfer from their existing service to a personal budget. This will complement and reinforce one of the Council's main communication strategies during the coming year - promoting Putting People First. A series of case studies have already been written to explain the benefits of personalisation for Southwark people. These have been used in the March 2010 edition of Southwark Life , at a staff conference in February 2010, in regular staff newsletters and in work with providers.
33. There is a workforce development workstream that is assessing, planning and implementing the work necessary to enable the social care workforce to deliver personalised approaches to customers and their carers. The very nature of self-directed support means that the 'social care workforce' will be much broader than it is currently defined. The strategy will ensure that the social care workforce as it is 'to be' will understand the values, principles and practical application of personalisation and have the opportunity to engage in appropriate learning and development. Staff from the Organisational Development section within Human Resources are assisting with this work along with The Really Useful Learning Company – an organisation specialising in 'people development' for personalisation.
34. The transformation of adult social care will require a major change to the adult social care organisation structure, which will have a significant impact on staff roles. These organisational changes will require staff consultation to implement. Staff from the Change Management section of Human Resources are assisting with this work

Policy implications

35. Guidance produced by the Association of Directors of Adult Social Services and the Department of Health in 2009 confirms that the move to self-directed support and personal budgets can be managed with existing community care law and regulations.
36. Revised guidance was published by the Department of Health in 2009, updating and extending the operation of direct payments. That guidance confirms Government commitment to all eligible social care users being offered a personal budget – either as a direct payment or as a notional budget held and managed by a council or a third party.
37. New national Guidance on Eligibility Criteria for Adult Social Care was published in February 2010. This underpins the move to personalisation but maintains the existing four band approach to eligibility (low, moderate, substantial and critical). In line with the majority of local authorities in England, Southwark provides services to people with substantial and critical needs. The new guidance reinforces the need for prevention services (as described in paragraphs 24 to 26 above) for people with moderate and low needs.
38. The implementation of personalisation in Southwark has the following policy implications, described in detail above:
 - a. Improved information, advice and advocacy services for all residents of the borough prior to any contact with the Council – including support to self-funders who need to organise social care and support;

- b. A single point of access for people with adult social care needs, via the Council's customer service centre;
 - c. Development and implementation of a range of preventative services, with Health, for people who do not meet the Council's eligibility threshold and to prevent people entering or escalating through the health and social care systems;
 - d. All people eligible to receive adult social care to be first offered reablement / rehabilitation services in order that they can remain living in their own home or move into their own home, rather than in institutional residential care;
 - e. All people who need and are eligible for long term support to have a personal budget – to be taken either as a direct payment or managed by a third party (which could be the Council) on their behalf. This to be offered to all new customers from October 2010 and existing customers at their next review from October 2010.
39. The overall effect of this policy shift is intended to make the Council a preventative and enabling organisation that gives residents more choice and control in order that they can live as full and active life as possible in their own home and community – and away from the 'dependency culture' that expects the Council to provide 'one size fits all' type services.

Community impact statement

40. The intention is that everyone who receives social care support - whether from statutory services or by funding themselves - will have choice and control over how the support is delivered, confident that services are of a high quality, are safe and promote their individual requirements for independence, well-being and dignity. This is in line with the fundamental human right to self-determination and responds to the rising expectations of both older and younger people individuals that whatever their disabilities they should lead the life of full and active citizens.
41. The approach to development and implementation in Southwark has been to ensure that the new system meets better outcomes for customers, meets the Council's statutory responsibilities to ensure that equality issues are addressed and promoted.
42. In practice the approach has been to: design parts of the new process, consult with staff, users and carers about the proposal and then pilot the new way of working in a controlled manner. This action learning approach builds on the expertise and experience of users, carers and staff. It recognises that not all of the consequences of a change to working practices can be anticipated ahead of those changes being made. The outcome of this approach is that all parties are involved, their 'buy-in' is more likely, and systems are created that work.
43. Formal research and evaluation is being employed. The Council recently worked with In Control (the organisation that created the movement toward self-directed support and personal budgets), the University of Lancaster and Age Concern locally to conduct research with the first people to have had a personal budget in Southwark. This measured their views and their family carers' views about the outcomes. Staff who have been involved were also surveyed.

44. In this local evaluation service users/customers reported significantly improved outcomes. For example:
- 82% said that their choice and control over their support had improved
 - 73% said that they felt that they were being treated with more dignity and felt safer at home
 - 70% said that their emotional well-being was better, and
 - 66% reported improvements in the control that they had over things that were important to them

Family carers reported significant improvements in their lives following the introduction of self-directed support. All (100%) reported that they had the support to continue caring and remain well and all (100%) reported improvements in their mental and physical well-being.

When we asked our staff whose role is most affected by self-directed support about their perceptions of the impact of personal budgets on individuals and on their own working lives:

- 89% reported that self-directed support made a positive difference to customers
- 86% said it enabled them as staff to support people to make their own choices
- 85% thought that support was better tailored to the individual's needs
- 83% felt that it made good use of their own knowledge and skills
- 77% thought that it got the right amount of help to people and was effective in getting support plans agreed

The Council was pleased to receive feedback from In Control that the results of the staff satisfaction survey are particularly positive when compared to other local authorities that have used the same evaluation framework.

45. It is anticipated that SDS has the potential to be advantageous for specific equality groups within the population, by offering greater choice and services to meet diverse needs in a person-centred way.
46. The formal process of equality impact assessment is underway. Stage one of the Council's process (scoping) has been complete. The full impact assessment will be undertaken as part of the user and care coproduction workstream. The aim is to involve customers in the process in order that members of the community inform the full assessment alongside formal research outcomes and the contributions of Council staff. It is hoped that in this way the completion of the equality impact assessment will support the cultural shift in people's mindsets and be part of the Council's communication strategy about the new approach.
47. There is anecdotal evidence that self-directed support and personal budgets significantly improve access to support for people from black and minority ethnic communities, who can be dissatisfied if provided with traditional services that are felt not to be sensitive to their cultural requirements.
48. It is anticipated that personalisation has the potential to be advantageous for people of different religions, faiths or beliefs by offering greater choice to meet diverse needs in a person-centred way.
49. Our information and materials will need to be produced in easy read versions, audio and alternative formats, with details about how to request information in different languages.

50. There is no evidence to suggest benefits of personalisation will be disproportionate to men, women or transgendered customers.
51. There is ample evidence that personalisation promotes equal opportunities and social inclusion for disabled people.
52. There is often concern that personal budgets may not be attractive to older people, yet In Control's national studies show that 53% of people with a personal budget are older people. The two case studies in appendix 3 give examples of older people in Southwark who have given permission to share their experiences about the way in which personal budgets have worked for them.
53. Indeed, personalisation is a response to the older peoples, disabled peoples and mental health service users lobbies over many decades to shift more choice and control into their hands.
54. There is no reliable information about the impact on lesbian, gay and bisexual people, but it is anticipated that, like other minority groups, they are likely to be better served by a more personalised service that is focused on empowering individuals to take as much control as they choose over their care and support.

Financial implications (FI:923)

55. The transformation activity programme for personalisation has been funded through the adults social care budget, using the Social Care Reform Grant. This is a central government grant which has been paid as follows:

Year	Amount (£000s)
2008/09	524
2009/10	1,211
2010/11	1,478

The current financial year is the final year of the grant. It is anticipated that personalisation will become a mainstream activity from April 2011 and that transformation activity will cease. Any outstanding transformation activity after March 2011 will need to be from the Council's own resources, with equivalent savings identified elsewhere.

56. Transformation of adult social care is at the core of the departmental budget strategy for 2011-2014.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Finance Director

57. Self directed support is being implemented during a period when the Council is under considerable economic pressure with reducing financial resources. It is recognised that efficiencies of around 25% may be necessary by 2014. Therefore at each stage of the project design, consideration is being given to reducing costs whilst meeting assessed needs to fulfil the council's legal obligations to service users. The council will also focus some investment in preventative services.

Strategic Director of Communities, Law and Governance

58. The key drivers to transforming adult social care are set out in the body of the report at paragraphs 6-8. The implementation of personalisation is achieved without the need for changes in legislation.
59. When changing services the Council must give due regard to its disability equality duty under s49A of the Disability Discrimination Act 1995. Stage one of the equalities impact assessment process has been completed. The report highlights from paragraph 42 how the personalisation programme is being developed in a way to ensure the council remains alert to the impact that this change will have on users and carers. This shows that the impact of personalisation is being monitored appropriately and will be evaluated. The results of the equality impact assessment will be presented to Scrutiny Committee.
60. In the new customer journey, all customers with long term support needs will have a personal budget. It is the customer's choice whether they have this as a direct payment, have it managed by the Council, or opt for a combination of both. Some service users will prefer to rely on the Council as a body of professionals who owe them a duty to arrange services.
61. Personalisation anticipates empowering individuals to choose how their social care allocation is spent. However the Council retains its duty to assess individuals' needs and its duty to meet eligible needs. Failure to provide services, or offer a personal budget capable of obtaining services that meet assessed needs will risk legal challenge. When reviewing its support to current service users, with a view towards personal budgets and change of residence, the Council must consider each person on a case by case basis.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Personalised services in adult social care (Executive report, 29 April 2009)	Southwark Health & Social Care	Brian Frisby
Putting People First (HM Government, 2007)	Southwark Health & Social Care	Brian Frisby
Social Care Transformation: Elected Member Briefing (I&DeA, LGA, SCIE, DH)	Southwark Health & Social Care	Brian Frisby
PPF Milestones Report – 2010 March	Southwark Health & Social Care	Brian Frisby
Personalisation Programme – Phase 2	Southwark Health & Social Care	Brian Frisby
Guidance on Eligibility Criteria for Adult Social Care (DH, 2010)	Southwark Health & Social Care	Brian Frisby
Common resource allocation framework (ADASS & DH, October 2009)	Southwark Health & Social Care	Brian Frisby
Guidance on direct payments: For community care, services for carers and children's services (DH, 2009).	Southwark Health & Social Care	Brian Frisby
A report on In Control's third phase: evaluation and learning 2008-2009	www.in-control.org.uk	-

APPENDICES

No.	Title
Appendix 1	Putting People First in Southwark – The Vision
Appendix 2	The new customer journey
Appendix 3	Self-Directed Support Case Studies
Appendix 4	Some customers' views about self-directed support and personal budgets

AUDIT TRAIL

Cabinet Member	Cllr Dora Dixon-Fyle, Cabinet Member for Health and Adult Social Care	
Lead Officers	Susanna White, Strategic Director of Health and Community Services & Chief Executive NHS Southwark and Sarah McClinton, Deputy Director, Adult Social Care	
Report Author	Brian Frisby, Head of Putting People First	
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Key Decision?	Yes	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments included
Strategic Director of Communities, Law and Governance	Yes	Yes
Finance Director	Yes	Yes
Executive HR Manager	Yes	No
Date final report sent to Constitutional/Community Council/Scrutiny Team	9 September 2010	