

Appendix 1 Putting People First in Southwark – The Vision

Transforming Adult Social Care

Southwark Health & Social Care is transforming adult social care. It is giving vulnerable adults far greater choice and control over their care and support in order that they can live more independent lives.

This change is happening in councils across the country as part of the Government's personalisation programme, set out in the short pamphlet *Putting People First* (2007). It is a shared commitment by the Government, local councils and service providers to ensuring that people who need care and support have the choice, flexibility and control to live their lives the way they wish.

Detailed work to transform adult social care in Southwark is well underway and will continue at a pace until at least March 2011, funded by the Government through the social care reform grant. The transformational changes that Southwark Council is making will continue beyond that date, but by then we will already have made significant improvements for the borough's residents.

Economic Outlook

These changes are taking place during a recession and pressures on public spending that will have a significant effect for some years to come. The Council will have less money to spend on services over the next few years. It was for this reason that during 2009 the Council changed the level of need at which Southwark's residents are entitled to get paid care and support. Following full consultation, it was decided that people with substantial and critical needs under the national *Fair Access to Care Services* guidance will continue to receive Council funded adult social care support. Some people will have substantial and critical needs, but their income and savings mean that they have to pay the full cost themselves – often called 'self-funders.'

Social Care Outcomes

Faced with these different challenges, the Council will become far less prescriptive, moving away from telling people what they need and what services they can have. Its role will continue to be to provide an assessment and offer support to those who have eligible needs. But it will also become more about helping people to help themselves, giving them support when they cannot and being a trusted advocate for all residents. The Council will become less concerned about what services it is providing and more focussed on the benefits – or 'outcomes' – for vulnerable people. In particular we will work to ensure that our customers:

- Are healthy
- Have a good quality of life
- Make a positive contribution
- Exercise choice and control
- Are free from discrimination or harassment
- Have economic wellbeing
- Maintain their personal dignity

Advice, Information & Advocacy

The first major improvement will be when people first contact us or are referred to us for requesting an assessment or a service. Whether or not people are eligible for

Council funded care and support, we will make good quality information, advice and advocacy accessible to everyone so that they can get the care and support they need. The Council will retain its duty to provide an assessment and support those with eligible needs. But we will make access to 'support planning' tools available to everyone via the Council's website that will help people work out how they can best be supported to carry on living in their own home.

Prevention, Early Intervention & Reablement

The second major improvement will be our emphasis on giving people support that they need sooner rather than later, and on supporting people to get over a crisis, emergency or period of healthcare so that they can get 'back on their feet' and carry on living in their own homes. Often known as early intervention and reablement services, our aim will be to shift the emphasis to preventing people needing more costly health and social care services. The evidence from Southwark and elsewhere is that at least four out of every ten people who use these reablement services won't need longer term care and support.

Self-Directed Support

So the third major improvement will be the way in which people who do need long term care are supported. Instead of our customers receiving standard, contracted services, we will be inviting them to be in control. We will tell people up front how much the Council would reasonably expect to pay to meet their needs and invite them to work out how they would want to be supported and by whom, by producing their own support plan, funded by a personal budget.

People who are clear what they want will be able to do this quite quickly, whilst others will need varying levels of assistance to write their plan – and this will be available from a variety of sources. Some people in Southwark have started doing this - including a customer in her nineties! – and thousands more are making this 'self-directed support' work for them around the country. We aim to make this a reality for at least 30% of our customers by March 2011 and many more beyond that.

Independent Living

Overall we are moving away from a dependency on services, especially institutional residential care. We know that most older people wish to remain living in their own homes for as long as possible, and this personalised approach will enable more people to realise that desire. For some older people with healthcare needs, nursing home care will still have a place in the range of support on offer.

Far too many people with a learning disability in Southwark live in residential care compared to similar local authorities. So we will offer these customers a personal budget and assist them to create support plans that enable them to become included in our communities as full citizens – with their own rented or shared ownership home, income, access to community and leisure facilities and access to learning, voluntary work and employment.

Similarly we will invite people with a physical disability to live more independent lives. We will enable them to make informed choices about the way in which they live their lives. For example, rather than live in within institutional residential care, people may wish to live in their own home, in the community, taking the everyday risks associated with ordinary living that most of us take for granted.

Self-directed support will also be offered to people with mental health needs to support recovery and social inclusion.

Personalisation & Safeguarding

We are aware that many people worry about how customers will be safeguarded outside of regulated services and may be open to financial abuse, in particular. But it is already the case that most people who are referred for an adult protection investigation are living in regulated, institutional care and for reasons of financial abuse.

The Council will retain its legal duty of care. But in agreeing our customers' support plans we will need to be more open to people choosing to manage the risks in their lives differently, and move away from being so cautious and risk averse that people's lives are stifled. The best way to ensure that people remain healthy, safe and well is for them or those who love them to be in control of their support.

This means that the role of family carers, relatives and friends in continuing to enable most people to carry on living in the community will be even more critical. They will be vital in assisting many customers to plan and organise their own support or in doing it for them. So the Council will also offer personal budgets to carers in their own right, as part of the support available for them to be able to carry on sustaining their caring role and to assist them to achieve their own personal ambitions.

Advice, information and advocacy, preventative and reablement services are key parts of this transformed adult social care system. But it is the choice and control offered by self-directed support and personal budgets that marks the greatest potential to improve the lives of Southwark's vulnerable citizens.

Transformational Change

Achieving this transformation will require a lot of work and change for everyone working in the adult social care 'system.' Social workers will need to work with new approaches to assessment and a 'resource allocation system.' They will retain responsibility for assessment, agreeing eligible needs and resource allocation. They will have a role to assist some customers with support planning, but will need to 'let go' of some of their power to allow more people to do this themselves or with assistance from people outside of the Council.

Commissioners' will need to become less occupied in procuring and monitoring contracts and more focussed on developing a social care market that provides what individual customers wish to buy. Existing contracts will need to change to make this possible.

Providers will need to change their business model, gearing up to individuals becoming their customers instead of the Council. Where the Council does arrange and pay for support, providers will need to personalise their services in community based and residential care settings. Here the challenge is for them to listen to what people have been saying about personalisation and deliver individually tailored services based on intimacy and relationships.

The Council's relationship with third sector organisations – the voluntary sector – will need to change, as with other providers. The Council will target grant funding to

organisations that can deliver preventative approaches that can demonstrate that they avoid people needing to enter more expensive health and social care support and/or to access universal services that are available to everyone. Of particular benefit will be those organisations that help people connect to their community and assist people to build upon and increase their 'social capital' – the network of contacts and support that most people have in a two-way 'give and take' relationship to manage their life. Key to this will be the recognition that most people have their own unique gifts, talents and skills that they can contribute to the wider community.

Finally, one of the most important changes that is taking place is the way in which the Council is going about managing this transformation and creating the new 'system.' It is no longer acceptable for the Council to decide how things will work and consult with people about a 'done deal.' The challenge is to 'co-produce' the new system, now and over time, to ensure that disabled and vulnerable people are treated as experts by experience in their own care and support. To this end, and to meet a target set by the Government, the Council will establish a user-led organisation – based on the Centre for Independent Living model – to be the hub for support to disabled people taking more control of their lives.

Personal budgets – the vehicle
Self-directed support – the route
Independent living – the destination
(inControl)