

Appendix B

Southwark's vision for the future of social services

Why the future of services needs to be different from today

Southwark Council wants people to live independent and fulfilling lives, based on choices that are important to them. We want care and support services to be more effective and focused on individuals so that they can be independent and get involved in their local communities.

We need to consider this alongside the long-term impact for services. Demand for adult social care has been growing year on year and this is also the case in Southwark. People are living longer (we expect to see an increase of 17percent in the number of people over eighty five living in Southwark over the next 10 years) and we are finding that there is an increase in the number of people with long-term conditions, including dementia. People are also living longer with very disabling conditions. We have particular pressures here with a high level of mental health and substance misuse needs. As in other London boroughs, we also have pressures from younger disabled people coming through transition with very long term needs.

Adult social care represents around one third of the council's total budget. The Coalition Government's finance settlement for Southwark means there will be large cuts to the council's budget over the next 3 years. Almost £34m will be removed in 2011/12. This could be followed by £17m in 2012/13 and further cuts, not yet quantified, in 2013/14.

We need to balance all of these elements to make sure that we have a sustainable system that puts people in control of their own care and support, makes sure that the most vulnerable people are supported and also delivers value for money for local residents. To try and achieve this, we need to create a very different set of expectations and radically change the way we do things.

We need to minimise what we spend on administrative costs and find more innovative ways of helping our residents to support themselves with fewer formal council services. A key part of this is shifting the balance of care away from costly residential homes and towards more personalised services in community settings.

This vision sets out how we propose to work towards this model in the coming years. We recognise that this is a very challenging task and we want to work with all groups locally to harness good ideas and maintain good quality services for people who access care and support.

Several measures have been taken over recent years to manage rising demand, including raising the Fairer Access to Care Services (FACS) eligibility criteria to substantial and critical needs only. It is an option to raise eligibility further to critical need only. However, some evidence suggests that this may not deliver the required level of savings as people with substantial needs who do not get support may deteriorate, leading to a spiral of higher costs. However, this may need to be revisited if the level of savings required is not delivered.

A Fairer future for older and disabled people

To create the system described above we need to develop a different relationship between the council and the community. We need to move from a model of dependency to one where older and disabled people are seen as people who can contribute and exercise control over their own lives, improving their own health and well-being. If we want to maintain the level of access that we currently have for adult social care we need to signal a different, and smaller, offer to everyone. This is within the boundaries that we do have to meet the needs of people who fulfill the eligibility criteria for access to care and support. What the council provides also needs to be of excellent quality.

We will offer people high quality, useful information that can help them to make informed choices about care and support, including what services are available locally and how to access them. This will be for everyone, including people who self-fund their care and support.

More people across the whole spectrum of support needs will be helped to live as independently as possible, through prevention, signposting and 're-ablement' – short term interventions to help people recover skills and confidence following a period of poor health or admission to hospital. Overall, fewer people will be dependent on long-term council support and more interventions will be time-limited. This support will be aimed at enabling people to access mainstream services rather than relying on specialist services.

We will continue to develop the offer of personal budgets for those people who do require ongoing care and support, including direct payments in cash. People will need information on the amount of money to be spent on their care and support needs so they can make choices on how it is spent. We recognise there is a role for the council in supporting the development of a care and support market that provides the sort of services that people want to access. This includes the availability of support for people in making those decisions and the implications of choosing to employ their own staff, for example.

We recognise the vital role that carers play both in delivering care and in helping prevent people from getting worse or needing more intensive packages of support over time. This means we must carefully consider interventions that can have a demonstrable impact in improving outcomes for people and supporting carers.

Care and support is about partnership – involving individuals, communities, voluntary and private sectors, the NHS and the council's wider services, particularly employment and housing. We will need to work closely with the NHS in addressing individuals' and carers' needs and supporting seamless pathways for care. We also need to take account of the proposals for reform of the NHS, particularly the enhanced role for GPs in terms of commissioning services, and for the council in terms of joining up commissioning across health, social care and health improvement.

Voluntary and community services have a key role to play in helping to build strong community engagement. The experience of the sector is also invaluable in thinking of new ways of doing things and helping people understand the need for change. We know that voluntary and community organisations will experience challenges in the future as the overall amount of funding available is reducing. It is important for us to work together with people using services and carers to make the best use of available resources.

Some key aspects of how the service will be different

The focus for the system is about enabling people to live independently and well for as long as possible, and not feeling restricted to traditional support options. Partnership is key here – self help, helping yourself and others as an active citizen, working with the wider community and voluntary sectors to develop social capital are all vital components of a system that provides effective care and support, and which goes beyond the traditional sense of statutory services. This means that the council also has to think differently about the wider services available to support people to make the most of these opportunities.

We recognise that many people need some intensive support at the end of their lives. What we want is to have a good balance of services in place to promote health and wellbeing and make that period as short as possible for everyone.

1. With this in mind, we are looking to re-shape our **universal offer** (open access discretionary services) that cover areas such as lunch clubs and day care services as well as befriending, information and advice. These are available to people who may not have eligible social care needs.

Services will need to think differently about how they may want to provide social and practical support to people but with a reduced level of council funding available. We are considering re-shaping the offer within the wider voluntary sector to provide a model with fewer buildings but from which services could reach out and deliver services in different ways. People could get together, have meals, access advice, signposting and support planning from buildings but there could also be more reaching out, with organisations potentially delivering services that people choose to purchase through their own resources or personal budgets, for example hot meals in the home or practical help. There will continue to be a role for the voluntary sector but different kinds of services will be needed in future, which will need to be financially self-sustaining.

Current examples of this self-sustaining approach in Southwark include the SE Village, HOurBank and Southwark Circle. Services are offered in a way that also enables people to contribute time and skills, rather than being seen as passive recipients of care.

2. We will create a **single point of informed contact** so that people can access high quality information and advice about social care services and be signposted to resources outside the council. This will be for everyone regardless of whether or not they receive support from the council for their care. There will be an expectation that practical help is funded by the individuals themselves (through benefits if eligible).

3. **Prevention** work needs to consider ways of stopping people's care and support needs from getting worse and of helping people minimise the risk of them entering the adult social care system as far as possible. It is important that we target this work based on available evidence, particularly around how investment early on can support a reduced demand for longer-term social care support. This may include help for carers and the development of telecare, enabling people to live independently at home with the use of technology and equipment, for example personal alarms, fall detectors or temperature extreme sensors. Health services also have a key role to play in helping us become more aware of the groups of people who are more likely to enter the social care system, particularly when they have long-term conditions so that we can target interventions effectively. The biggest impact of preventative action is often on health provision. We will look to engage with GP commissioners and work as part of the proposed new Health and Wellbeing Board to support this.
4. We want to focus on opportunities that support people to retain their independence for as long as possible. This may include short-term home care or **re-ablement** to help people get back on their feet, making use of technology and providing effective equipment for the home. Over time, our ambition is for this to be expanded to become the initial offer to everyone with eligible needs, either as new entrants to the system (obviously taking into account certain circumstances, for example people requiring end of life care) or, for existing clients, at the point of review where appropriate. This includes thinking about intermediate or step down care for people coming out of hospital.
5. Once a person has been through re-ablement and a longer term need is established, a **personal budget** will be the offer. People will plan ways in which their agreed goals can best be met in the most cost-effective way. They will be encouraged to plan and to manage their own budget through a direct payment and to creatively make use of existing resources within their family and community to support their plan.
6. There will be help with **support planning** only for those who need it – including local support planners, council-based social workers and, in the future web-based self service. We hope that creative support planning and smarter brokerage will lead to greater use of mainstream services and a significant shift in the balance of care so that people are better able to achieve the outcomes they want for themselves. This may include fewer people requiring high cost residential and nursing provision where this does not most effectively contribute to their identified goals.
7. We are looking to re-shape day services for people with eligible needs in support of the vision and for people who continue to choose this model. Services will be focused on offering respite and support for a smaller number of people with the most complex needs but also providing opportunities for people to gain the skills they need to live **independent lives**, including access to employment.

8. **Transitions** from children's to adults' services will be re-shaped to minimise duplication across services and further promote the concept of whole life planning. This aims to support people to maintain independence throughout their lives and seek creative ways of making best use of resources over the long term.
9. A set of triggers and alerts will be embedded in the system with the aim of ensuring that people who are at risk are **safeguarded**. The culture will support positive risk-taking and the whole community will be responsible for picking up warning signals and will need to be part of an effective response.
10. All people receiving support through the council will benefit from regular **review** of their needs and circumstances, proportionate to the level of risk. The review process needs to be supportive of the overall direction of services, particularly in terms of supporting people to live independently and well and make the most of their own capabilities, not just passively receiving services.
11. The system as a whole will be underpinned by the ethos of independence and re-ablement. Support will be progressive and proportionate to need, **minimising bureaucracy** and duplication, and ensuring all steps along the way are timely and focused on outcomes. The resources we have for helping people arrange care and support will be increasingly focused on those who are less able to help themselves, including people without family or networks, people with cognitive impairment or a lack of mental capacity.
12. The **workforce** has a key role to play in supporting and delivering this vision and transformational change. It will be important for us to review our structure and skill mix to make sure that they best support the vision and continue to provide timely, clear and high quality responses. Our focus will be on reducing back office costs as far as possible and supporting frontline workers to operate effectively and efficiently. This includes a range of supporting elements including performance management and IT systems, for example mobile technology.
13. In addition, **providers** of care and support will need to **think differently** about the services they offer as individuals take control of their own care and support needs. The council will have a role to play here to help providers understand the changes that are happening and we will also be focused on the need for all care and support offers to be about high quality support that helps people to achieve the outcomes they want. Quality assurance will therefore need to be focused on understanding whether services available to people are effective in helping them achieve their goals and provide the degree of choice and control people want for themselves.

This is a long-term vision for the future of adult social care and we recognise it is a challenging one that requires us to look at the whole system. At the heart of the vision is the intention to support people to live independently and well for as long as possible while making best use of the resources that are available. We want to work together to develop a sustainable system so people can live the lives they want while delivering value for money for the residents of Southwark.

Annex – what does the vision mean for individuals?

This case study shows how our vision for adult social care is already being put into practice and the impact that this can have on people's lives.

Case study – re-ablement and personalisation

Following a recent spell in hospital as a result of ongoing and long-term health problems, Mr T was referred to the re-ablement team in Southwark to look at what ongoing support in the community may be required.

Following a re-ablement review and assessment of his ongoing needs Mr T began the process of support planning to look at the money that was to be spent on his care and support and how he wished to use that money to achieve the outcomes he agreed in three key areas:

- personal care
- practical care
- social needs.

Although he had not had a care package before Mr T had a lot of ideas of how he wanted to organise and manage his support and was very keen to manage things himself, including his money. He had a network of friends and neighbours who he wanted to help him with personal care, doing laundry and cleaning his house, paying expenses as appropriate.

He also chose to arrange for one of his friends to come and make home cooked African food for him that he could store in the freezer, rather than using the meals on wheels service, which he did not want.

He felt that by having his friends support him more formally he would be able to organise his life in a much better way, with control over when people worked and the tasks they did for him, rather than waiting around for someone from a care organisation to arrive. Discussion also needed to include how and whether he would require support for any help around employment issues and with payroll for people he decided to employ, and how to use money from his personal budget for this.

For social engagement and activities Mr T was keen to get back to regularly going to church and meeting up with friends through that route rather than using traditional day care services, as he felt better off with people he previously knew rather than strangers. As part of this he organised for a friend to transport him there and back, covering petrol costs.

Mr T was also very keen to learn how to use the internet so that he could be in regular contact with his family who live abroad. He chose to put his money for day care towards purchasing a laptop computer and computer lessons. Having regular contact with his family was one of the most important things for him and he felt more useful to him than attending a day centre, for example.

Through the support planning process, he was also sign-posted to a variety of voluntary organisations that could provide support and input, both relating to his interest in art and films, and for advice and support relating to his particular health conditions.