

REPORT TO:	Adult Social Services Review Panel 23 April 2014
AGENDA ITEM:	6
SUBJECT:	The Personalisation Agenda - update
LEAD OFFICER:	Hannah Miller, Executive Director of Adult Services, Health & Housing
CABINET MEMBER:	Councillor Margaret Mead, Cabinet Member for Adult Services and Health
WARDS:	ALL
CORPORATE PRIORITY/POLICY CONTEXT:	
<p>The development of the personalisation agenda alongside promotion of independence and transformation of adult social care services are key components of Croydon's corporate priority <i>A Caring City</i>. A genuinely personalised approach offers opportunities to support greater citizen independence and build stronger and healthier communities.</p>	

FINANCIAL IMPACT

None for the purposes of this report

FORWARD PLAN KEY DECISION REFERENCE NO: N/A

1. RECOMMENDATIONS

1.1 It is recommended that the report be noted and that the Panel take account of ongoing work in relation to developments in the personalisation agenda.

2. EXECUTIVE SUMMARY

2.1 The purpose of this report is to update the Panel on the progression of the personalisation agenda in Croydon; how we are progressing in our thinking and development of our service offer in accordance with strategic guidance around the personalisation agenda, with impending legislative changes in mind going forward into 2014/15.

- 2.2** At the Panel itself we intend to introduce members, through a piece of filming, to some Direct Payment service users, introduced by our Direct Payment Support Team Manager, who will outline some of the benefits and challenges to them of personalisation.

3. THE STRATEGIC AND LEGISLATIVE CONTEXT

- 3.1** Developing the personalisation agenda in the context of a financial climate in which new solutions must cost less is a huge challenge faced by all Local Authorities and their partners across the UK. We are placing a growing emphasis on prevention, early intervention and staying healthy as a means of implementing personalisation in a meaningful way that will improve quality of life for our citizens, alongside managing demand and promoting the efficient and effective use of public funds.
- 3.2** The new Care Bill supports this approach. When enacted, Local Authorities will take on new functions to make sure that people who live in their areas receive services that prevent their care needs from becoming more serious, that they can get the information they need to make good decisions about care and support, and that they have a good range of providers to choose from.
- 3.3** The Bill will make clear that Local Authorities must develop an array of personalised service offers that take into account those services, facilities and resources that are already available in the area (for example local voluntary and community groups) and how these might help local people to develop local solutions in order to meet local needs.
- 3.4** The 'Making it Real' personalisation framework has been developed by the National Co-production Advisory Group and a range of national organisations which are part of the programme 'Think Local, Act Personal'. The framework (now active in Croydon) is built around six themes that express what people expect to see and experience if personalisation is working well. <http://www.thinklocalactpersonal.org.uk/Browse/mir/aboutMIR/>

The framework guides our thinking around improving variety and capacity in the health and social care local market; offering a means for those with personal budgets to identify and 'shop' for their care and support needs without recourse to the Council if it is safe to do so.

4. THE CROYDON CHALLENGE

- 4.1** Croydon Challenge describes the response of DASHH to the challenges set by the national strategic agenda. Under the umbrella theme of “Vulnerable Adults”, a range of strategies (each with the personalisation approach at their core) is being developed. These strategies outline our intention to intervene with targeted social work support at key points in people’s lives. We want to enable citizens to effect their own changes and equip them to cope with crises at key life stages and transition points through using their own personal financial and emotional resources.
- 4.2** Croydon Challenge describes how we are challenging traditional models of adult social work practice. Linking with “Making it Real” Pioneers e.g. Royal Borough of Greenwich and London Borough of Islington has informed our thinking and decision making around how we want to give momentum to the local personalisation agenda.
- 4.3** In the Adult Social Care Local Account 2011-12 Croydon made a commitment to engage with adult social care services users and carers to find out more about their experiences of personalised social care services, assess how well local services achieve good personalisation outcomes, and decide where we should focus our efforts to make things better. We set up a series of engagement sessions during November 2013 to January 2014 and visited local care, support and reablement centres and support groups for a range of social care service user groups and carers; listening to people’s feedback and working through the assessment framework together. We also worked with service user groups such as CASSUP, the Mobility Forum and the Making a Difference group for people with learning disabilities.
- 4.4** Failure to listen to the voices of people who use services has been a key theme in all the high profile scandals in health and social care in recent years –so we are encouraging and enabling initiatives that strengthen the voice of service users and carers and develop models of co-production. As a result of our consultations we will be using an annual survey, based on “Making it Real”, to assess how we have improved on the delivery of personalised outcomes following direct service user feedback. We will be working with a group of service users to take a co-production approach to commissioning services – this means working collaboratively on the design and delivery of the services needed with the people who use them.
- 4.5** We are exploring how we can work with existing network, groups, and individuals to ensure local people have more regular and easily accessible information about what is happening in their local area, and opportunities to access mainstream support and engage in mainstream activities and events.

4.5 We will be reviewing progress every six months and will continue to work with those we have engaged with to update them on developments, reconsider the framework themes, refresh what our priorities are and look at how we can continue to make improvements.

4.6 Dealing with the challenge posed by the differences in ideology and culture between health and social care features highly on our priority list. We are making the personalisation agenda a key feature of our workstreams around integration of health and social care; developing a common language across the whole health and social care economy that provides a narrative for the work that all partners are engaged with in order to improve customer experience and satisfaction

5. DEVELOPMENTS IN ASSESSMENT AND CASE MANAGEMENT

5.1 Working closely with colleagues in Public Health, we have identified the opportunity to explore the Joint Strategic Needs Assessment process as a means of assessing and recording a strategic community asset register. This would identify the collective resources in a community amongst residents, professionals, businesses, and organisations.

5.2 We are getting back to assessment basics – by developing relationship-based social work practice and refining our assessment tools in line with our shift towards an asset based approach to assessment. We have developed our adult care needs assessment into a social assessment; with clients being encouraged and supported to identify, develop, and utilise social and community networks in order to meet their assessed needs. We are involving service users and providers in setting and monitoring achievement of goals relating to increased independence and improved access to mainstream housing, training, employment, leisure, etc.

5.3 A key theme of our commissioning strategy has been to focus on outcomes and this will continue to be a high priority as we look, along with NHS partners, for new solutions and new approaches to personalisation that enable us to cope with changing demand. Commissioning must place greater emphasis on personalised outcomes for service users and communities and on improved provider quality and diversity in order to ensure that the local market can offer a personalised menu of services and support

5.4 The other side of the personalisation coin is personal responsibility. Outcomes that promote independence of mind and mind-set (as well as physical and functional independence) are our focus. Outcomes that promote user satisfaction alone are not sustainable into the future and are not compatible with Croydon Challenge and the Council's agenda. With this in mind, we are developing a rolling programme of mandatory refresher training to all staff in the Assessment and Case Management social work service on outcome

focused independence planning and the development of personalised solutions.

6. DEVELOPMENTS IN DIRECT PAYMENTS AND PERSONAL BUDGETS

- 6.1** A recent snapshot of people receiving DPs showed that 672 people were using the Direct Payment Support Team to manage their Direct Payment. This is not the totality of people receiving Direct Payments and nor does it include the number of people on Managed Budgets. Of the people supported by the DP Support Team, 145 users are under 18, 443 are working-age adults and 84 are over 65. Numbers are currently quite low and, until recently, have remained fairly static for some time. Of those receiving Direct Payments, a significant minority 279, live in central Croydon postcode areas, 97 in Thornton Heath, 72 in South Croydon, 62 in South Norwood, 42 in Coulsdon and 38 in Norbury. The rest are in smaller numbers around the Borough.
- 6.2** In the past year we have reviewed the mechanism we use to calculate indicative personal budgets. We have refined the process in order to ensure that available resources are fairly allocated in a consistent and transparent way to individuals, that resources are allocated in a proportionate way that allows personalised outcomes to be achieved as efficiently and effectively as possible, and that we are able to manage available resources in accordance with our financial and budgetary responsibilities.
- 6.3** Eligibility for support from adult social care is determined by a community care assessment (social work assessment). This assessment is also used to inform resource allocation decisions about the individual's personal budget. The assessment takes into account other sources of funding and support that are available to the individual to help meet their needs. This includes support that family members or other informal carers are willing and able to continue to provide.
- 6.4** The personal budget allocation is agreed through the authorisation of an independence plan which details the cost (or reasonable estimation of the cost) of meeting the outcomes associated with the person's eligible needs. In some instances an individual may be able to meet all of their needs using universally available services and/or sources of funding other than community care resources. In these instances no personal budget will be provided. In all instances it is the authorisation of the independence plan that determines the final personal budget amount.
- 6.5** Improving the offer of our Direct Payments and individual support planning service is important to us. In the recent past the support service was brought back in house and is now working better, but there are pinch-points in the process that still need improving and we need to set up a system that is robust enough to accommodate the potential to absorb new demand through

the introduction of personal health budgets. As such we are in the process of reviewing the service and within 6 months we will bring forward a range of options around where we take our future service.

- 6.6** That new service offer will include how we support personal support planning, set up and ongoing practical help. An additional piece in the jigsaw will be the creation of a more accessible way for people with a Direct Payment to choose and purchase their approved care electronically, to see how registration bodies rate the care provider and to rate that care personally (like a 'Trip Advisor' facility).
- 6.7** This facility will help us to work with all providers, both those offering specialist and costly residential care and those providing high volumes of care towards a better commercial offer in order to make personal budgets go further. We anticipate this facility being in place within 2014. It will dovetail with and support the advice and information requirement that needs to be enhanced in line with the Care Bill and will be an excellent support to self-funders as well as people accessing Direct Payments.
- 6.8** Direct Payments are only one way of accessing a 'Personal Budget'. Local Authorities were targeted to achieve a rate of 70% of service users who are making use of personal budgets in order to meet their assessed need as outlined in their support/independence plan. Croydon achieved 73%. The new locally-set target is 80%. Final year-end figures are as yet unavailable but we are cautiously optimistic about achieving our target.

7. DEVELOPMENTS IN REABLEMENT AND RECOVERY

- 7.1** The growth in the numbers of people receiving domiciliary care following hospital discharge continues to be in excess of what can be explained by demographic changes. We have progressing a "whole system" approach, working across health and social care, to develop customised short term reablement interventions as the default service option post-discharge to help people regain skills and confidence in daily living and reduce need for ongoing social care services. Through utilising the Better Care Fund we have been able to explore frameworks for commissioning specific service providers as reablement specialists. These providers will deliver personal care and support interventions for a time-limited period that is tailored to each individual's requirements.
- 7.2** Alongside CCG colleagues we are encouraging and enabling the concept of self – management in health care so that patients experience better personalised outcomes in line with their expectations for improvements in their health and wellbeing. We want people to experience a better quality of care and earlier recovery. In order for this to happen, we are developing an approach that maximises personal responsibility alongside greater choice and

control. We have been developing links with Public Health over the past year to inform how the prevention agenda can best be taken forward.

8. DEVELOPMENTS IN MENTAL HEALTH SERVICES

- 8.1** All new packages of care in Croydon's Integrated Adult Mental Health Services are now provided exclusively through Self-Directed Support. With assistance from the Council's Learning & Development team, specialist training has been made available to all staff in the integrated service to enable them to complete comprehensive social care needs assessments against Fair Access to Care Services criteria. This is a significant achievement as the majority of care coordinators in the Integrated Adult Mental Health Service are from a non-social care background, comprising of Community Mental Health Nurses and Occupational Therapists.
- 8.2** With social care staff embedded in Community Mental Health services alongside their health colleagues, they are able to champion the personalisation agenda and offer assistance with the assessment and support-planning processes when required.
- 8.3** In keeping with the prevention agenda, there is a strong emphasis within mental health on intervening early to prevent clients from deteriorating to the point where more expensive forms of support such as hospital or residential care are required. Experience has shown us that when a small amount is invested, for example in helping a person to maintain their environment, the positive impact on their mental health and wellbeing is enormous. Clients who in the past may have been encouraged into residential settings in a sometimes misguided belief that they would be safer are now empowered to remain in their own communities, with their own tenancy, with interventions now focussed far more on promoting independence and social inclusion.
- 8.4** As part of a whole-systems approach to mental health, emergency short-term packages of self-directed support can now be quickly introduced to facilitate early discharge from hospital. This occurs where it has been identified that a brief period of intense social care support following discharge can help reable clients back to more independent living. This serves to combat institutionalisation, reduce dependency on services and speeds the individual's return to their home environment. Outcomes are improved when service users can access their own social support networks in the community. In this climate of constrained resources, this time-limited intervention also shortens length of stay on the ward, thereby minimising the use of high cost beds and maximising the number of people who can be treated within the currently commissioned bed numbers.
- 8.5** The Reablement Project in mental health, which started in 2013, continues to offer mental health service users a short focused programme targeting user-

identified needs and goals that aim to prevent the need for longer term use of secondary mental health services. Early findings from this pilot project have been positive with the majority of clients discharged back to primary care at the end of the focussed intervention. The programme is being formally evaluated by the University of York and the interim reports suggest that not only are the reablement staff very committed and engaged in working in this new way, but also that service users feel motivated and able to work on goals, engaging positively with the service.

- 8.6** Some of the challenges facing community mental health staff will be around ensuring the focus of the support provided is on keeping the service user journeying towards self-reliance and greater independence. This is in keeping with the recovery model, but requires rigorous attention to reviewing the individual's needs. This attention will ensure the client is being supported to take positive risks in the interests of encouraging resilience and preventing ongoing dependence on limited resources. Maintaining a throughput is essential to ensuring that those limited resources can then be reallocated to target other clients coming through the system.

9. CONCLUSION

- 9.1** In conclusion, personalisation in Croydon is working, but is still developing from an add-on to more traditional solutions to becoming part of the way we do things. There is still much to be learned from users of our services about how we can extend personalisation, how we can improve the process so that it becomes a more accessible form of service and how we can support a greater variety of provision to choose from in the market; these elements are all being progressed as part of the overall transformation journey in social care and health.

- 9.2** Despite obstacles, people who need social care and support continue to remind us that access to personalised services with choice and control over budgets is their right, and one for which disabled people have fought to have available as a preferred choice. Our job is to make that possible within the public purpose and we are making positive progress with this aim as the above report suggests.

10. CONSULTATION

- 10.1** None for the purposes of this report

11. COMMENTS OF THE COUNCIL SOLICITOR AND MONITORING OFFICER

- 11.1** None for the purposes of this report

12. HUMAN RESOURCES IMPACT

12.1 None for the purposes of this report

13. EQUALITIES IMPACT

13.1 This report is concerned with service developments to support people who are protected by the Equalities Act due to the protected characteristics therein, and due to the fact that they are vulnerable adults. The service developments outlined will help to maintain support to these individuals.

14. ENVIRONMENTAL IMPACT

14.1 None for the purpose of this report

15. CRIME AND DISORDER REDUCTION IMPACT

15.1 None for the purpose of this report

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