

**ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL
1 DECEMBER 2009**

**PERSONALISATION UPDATE
(Director of Adult Social Care and Health)**

1. INTRODUCTION

- 1.1 To note the work undertaken to ensure the Council meets its responsibilities in response to the Putting People First Agenda (Personalisation) and the outline plans to meet the milestones to March 2011.

2. SUGGESTED ACTION

That Adult Social Care Overview and Scrutiny Panel:

- 2.1 **Notes the progress report, including the new “milestones”, progress against which will be reported to the Executive in January; and**
- 2.2 **Notes the Personalisation Annual Report at Annexe B.**

3. REASONS FOR SUGGESTED ACTION

- 3.1 The “Putting People First” Concordat set out the shared agreement between Government, Local Government and their partners for how people with additional support needs should be supported. It clearly sets the agenda for change in a number of key areas:
- Choice and control for adults with support needs
 - Information and advice for people with support needs, regardless of who pays for the support
 - Support that promotes independence
 - Universal services
 - All stakeholders working together to shape communities
 - Cost effective, quality, outcome focused support
- 3.2 The Local Authority Circular DH 2008(1), Transforming Adult Social Care (TASC), demands that people be supported to understand the money and community resources available to them and will be encouraged to use these imaginatively to meet their needs. Councils need also to ensure that the supply and type of support that people need and want to buy. Creating capacity in the community and enabling natural support networks are integral planks to this agenda. Bracknell Forest Council approved an approach to personalisation and the associated programme of work including the pilot in summer 2008 which is being funded through a specific grant from the Department of Health.

4. ALTERNATIVE OPTIONS CONSIDERED

4.1 None

5. SUPPORTING INFORMATION

Personalisation Pilot

5.1 In July 2009, Bracknell Forest Council began a seven month pilot study to test self-directed support for adults who meet the social care eligibility criteria and who would currently receive either services or a direct payment. Self-directed support will enable people and their family or informal support networks to have greater control over the type of support that is provided and the way in which it is delivered.

5.2 Self-directed support and personal budgets were already in place for adults with a learning disability. Although this will not be a new way of working to people who are supporting people with a learning disability some aspects of the pilot such as testing the new Resource Allocation System will still apply.

5.3 The pilot study is to test an approach to implementing self-directed support in Bracknell Forest.

- Individuals who are eligible for social care support complete a supported self-assessment questionnaire. The completed questionnaire is scored and weighted and the result determines the personal budget amount that the individual is entitled to pay for their support.
- Individuals receive a financial assessment and their contribution to their support costs (if they can afford it) is calculated.
- The individual develops a support plan, with help if needed, which will be agreed by the Council.
- The individual then chooses how they want to manage their budget – this could be via a direct payment to themselves or a third party (i.e. to a trust or a broker), through the personal facilitator working for the Council or a combination of those options.

The Council retains the duty to ensure that people's support plans are keeping them safe and their support needs are being met.

People taking part in the pilot still have access to specialist assessments, advocacy and a social worker if they need them.

5.4 The pilot study aims to test the following areas:

- Experiences and outcomes for people and carers taking part in the pilot, and their carers – in comparison with the traditional approach
- Testing of the personalisation procedures – including self-assessment and the Supported Self-Assessment Questionnaire, the Resource Allocation System, support planning, accessing support and information and review.

- Implications for other services/functions – including social work, occupational therapy, links with health, providers and community and voluntary groups
- Flexibility of support options and capacity within the community - what choices are people making and what supports and activities need to be developed further
- Implications for Council support services – including finance, legal, safeguarding, brokerage and commissioning
- Cost-effectiveness in comparison with standard approaches – need to record costs and estimate traditional cost for comparison

5.5 An evaluation tool for the pilot has been developed. The aim of the evaluation is to identify challenges and improvements associated with implementing the personalisation agenda. The evaluation covers both the developing processes and outcomes of personalisation by identifying key lines of inquiry as follows:

- Experiences and outcomes for people taking part in the pilot, and their carers
- Testing of the personalisation procedures
- Flexibility of support options and capacity within the community
- Implications for Council and other services
- Cost-effectiveness in comparison with standard approaches

The evaluation period is during February to March 2010 with the report available in April 2010.

5.6 The pilot is being carried out by a team of Personal Facilitators that was recruited for the purpose and is being managed by a Personalisation Development Manager.

5.7 The aim is to support a minimum of 40 individuals through the pilot split between care groups as follows:

- 3 older people with Mental Health problems
- 7 people with Long Term Conditions
- 5 people with Mental Health problems
- 25 older people

People selected will include -

- a representative sample of people in terms of the Bracknell Forest demographic, including both new and re-referrals, with varying support needs;
- at least a representative sample of people from BME groups.

All people approached to take part in the study will be informed that it is a pilot and they are asked to agree to take part in it.

5.8 The pilot has been accepting referrals for 3 months and is currently working with 47 individuals on the pilot which breaks down as follows:

- 15 people with a long term condition
- 25 older people
- 4 older people with mental health problems and
- 3 adults (18 – 65) with mental health problems

An additional 16 people with a learning disability are also being supported by the Personalisation Team. Two more referrals are needed to have a sufficient number of individuals to enable the pilot to be fully evaluated.

5.9 Of the 47 people on the pilot, 23 people have been informed of their indicative allocation (the amount of money the Council has assessed as being needed by the individual to pay for their support). These individuals are now in the process of developing support plans with a member of the team, their families and an advocate if needed.

5.10 Three people have been supported to present their support plans to the Council. It remains the duty of the Council to ensure that the support plan will keep people safe. Of the plans presented, two individuals have long term conditions and the other is an older person with dementia. The plans describe the individual, what is important in their life and their aspirations. It also details their current support arrangements, including any issues with those arrangements, and support that any carers may need to continue in their caring role. Finally, it details the new support arrangements and how the personal contribution and any contribution that the individual might make will be spent.

5.11 All the plans that have been presented to the Council have been approved and the individuals and families involved have identified significant benefits resulting from the changes to their support arrangements. All three people are choosing to take their budget as a direct payment and to employ personal assistants for some of their support. This enables the individual to know who will support them and to have control over what support is provided and when. As a result of positive feedback from one family, the Council has been contacted by a local support group to refer six older people with mental health conditions to the Personalisation Team.

Department of Health Transforming Adult Social Care Milestones

5.12 In September 2009 the Department of Health and its partners published milestones with targets for Councils for the implementation of the TASC circular. Appended to this report is the completed milestones document for Bracknell Forest. The milestones will be monitored locally through the Personalisation Programme Board and reported to the Council's Executive in January 2010.

5.13 The Personalisation Communication Strategy and the Corporate Engagement Strategy have action plans to address the milestones to ensure that all stakeholders are informed of the council's progress and have opportunities to contribute to strategic planning. By December 2010 every Local Authority area should have at least one user-led organisation. We are working with local groups to identify options and accessing support from the regional personalisation support team.

- 5.14 The Council has a mechanism (Supported Self-Assessment Questionnaire and Resource Allocation System) to allocate personal budgets. This is in operation for people with a learning disability and is being piloted for people in all other care groups. The evaluation of the pilot will inform the rollout plans and the workforce strategy to ensure that we meet the NI 130 target by March 2011 (that 30% of the people we support have a personal budget and/or a direct payment). This is a challenging target for the Council as a significant proportion of individuals supported do not go on to receive ongoing support from the Council following reablement. In December the Programme Board will set targets for each team.
- 5.15 The Council have a service, funded by a pooled budget with the PCT, to provide reablement services in order to prevent people, where possible needing ongoing support from the Council. There is a joint board to monitor the impact of the service. Monitoring the impact of preventative services to determine cashable savings is complicated and guidance from Department of Health is awaited.
- 5.16 An Information and Advice strategy for Adult Social Care is in development to ensure that individuals have universal access to information and advice. The front desk system, already in operation, provides a first point of contact for information and advice for all new calls to adult social care. An IT system to host information is currently being investigated.
- 5.17 The Council have commissioning strategies in place for all care groups which are due to be refreshed in the light of personalisation. The strategies are informed by the Joint Strategic Needs Assessment which is refreshed annually. A workshop was held in April to educate providers, from all sectors, about the personalisation agenda and the Council's programme for implementation. A further workshop is planned, in partnership with BFVA, following the pilot. The Community Capacity Building work stream and the internal Development Liaison Group are working to identify needs in the community and to co-ordinate future development work. A workshop will be held in May 2010 to understand the future commissioning requirements based on the aggregated needs of individuals.

6. ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

- 6.1 The relevant legal provisions are contained within the report.

Borough Treasurer

- 6.2 The Borough Treasurer is satisfied that no significant financial implications arise at this time. However, the wider introduction of personalisation could have significant financial implications for individuals and the Council. For example, the introduction of the Resource Allocation System, and the potential redistribution of funding presents a financial risk. The completion of the pilot programme will help to undertake a detailed evaluation and to establish more clearly the financial implications and the potential impact on the budget.

Impact Assessment

- 6.3 The Personalisation agenda aims to make support flexible and responsive to meet the diverse needs of the community and to ensure that universal services are accessible.

Strategic Risk Management Issues

6.4 The risk log for the programme is within the annual report.

Other Officers

6.5 N/A

7 CONSULTATION

Principal Groups Consulted

Personalisation Implementation Team
Personalisation Programme Board
Departmental Management Team

Method of Consultation

7.1 Meetings

Representations Received

7.2 All recommendations have been incorporated within this version of the report

Background Papers

Putting People First, December 2007
LAC 2008 (1) DH Transforming Adult Social Care

Contact for further information

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Personalisation Annual Report 2008/9 & Milestones