

SUPPORTING PEOPLE COMMISSIONING BODY – 17 JUNE 2011

Taking Personalisation Forward

This paper is for discussion.

Personalisation is at the forefront of service change and development in the health and social care sectors. This paper summarises how this has progressed nationally and locally since the government signalled its ambitions in *Putting People First (2007)* and considers the future impact and options for Supporting People services going forward.

Definition of Personalisation

1. Personalisation is defined broadly as *'the way in which services are tailored to the needs and preferences of citizens. The overall vision is that the state should empower citizens to shape their own lives and the services they receive'* (HM Government Policy Review, 2007). Personalised services start with individual service users, rather than the services themselves as the public sector has traditionally done.
2. Leadbeater (2004) suggests that personalisation is *'a new organising logic for service provision...as influential as privatisation was in the 1980s and 1990s in reshaping service provision'*. For a considerable period of time growing dissatisfaction has been expressed by disabled people about a lack of flexibility and the unreliability of welfare services. Traditional modes of social delivery have been argued to produce the dependency of individuals, rather than promoting independence, and to prevent disabled people from obtaining full citizenship rights (Morris, 2006).
3. Boxall *et al* (2009) have argued that *'those promoting personalisation often contrast the 'one-size-fits-all' approach of standard services with this more 'personalised' approach where services and supports are tailored and customised to match the needs and preferences of an individual, offering them 'choice and control''*.
4. Personalisation is therefore a broad outcome in the sense that it is ultimately about active citizens (as opposed to passive recipients), co-producing services which allows them to live life in a way in which they have determined.
5. The ultimate measures of success of the transformation agenda, as set out in *Putting People First*, are that where possible everyone will be able to:
 - live independently
 - stay healthy and recover quickly from illness
 - exercise maximum control over their own life and, where appropriate, the lives of their family members

- sustain a family unit which avoids children being required to take on inappropriate caring roles
 - participate as active and equal citizens, both economically and socially
 - have the best possible quality of life, irrespective of illness or disability and
 - retain maximum dignity and respect.
6. *Personalisation* is an almost universally popular approach, supported by key stakeholders including people who use services, voluntary organisations, professionals and politicians of all parties. However, although it is supported in principle, national implementation has been more problematic. Councils are being required to make tough choices including considering service redesign, decommissioning, managing the provider market and radical change to working responsibilities.

Transforming Adult Social Care

7. Radical reform of adult social care has and is taking place based on the cross-government concordat, *Putting People First (2007)*. The objectives of this reform include:
- adult services departments working with the NHS, wider local government partners and other agencies so that people with social care needs are supported through universal as well as specialist services
 - a strategic shift in care and support away from intervention at the point of crisis to a proactive and preventative model centred on improved well being and maintaining independence
 - commissioning strategies which balance intensive care and support for those with high-level complex needs with investment in prevention and early intervention/re-ablement
 - a shift to choice and control for individuals through self-directed support and the opportunity to control a personal budget or direct payment
 - an increasing emphasis on treating people with dignity and respect and a more explicit systematic understanding of what that means
8. The Transformation of Adult Social Care has been a high profile programme in Oxfordshire since it commenced in 2008. Widespread system change has been implemented with all new and existing adult social care service users now being eligible for a personal budget.
9. In Oxfordshire, 2,421 Adult Social Care Personal Budgets have been allocated and over 100 self directed support training and briefing sessions have been delivered to approximately 350 staff. It has been recognised, however, that although the right to a personal budget is currently limited to adult social care, the implications of *Putting People First* reach beyond this to encompass health and wider community support.

Personalisation beyond Adult Social Care

Personal Health Budgets

10. A personal health budget allows people to have more choice, flexibility and control over the health services and care they receive.
11. A pilot programme involving around half the primary care trusts in England is currently underway, testing out personal health budgets in the NHS. Twenty of these pilot sites have been selected for an in-depth study as part of a wider evaluation exploring the potential of personal health budgets to benefit different groups of people. Oxfordshire is one of these pilot sites with personal budgets being tested out for individuals receiving continuing healthcare or end of life care. This pilot will end in 2012.

Right to Control Pilots

12. The ambition of central government to extend personalisation beyond adult social care is illustrated in the recent Right to Control Pilots which began in December 2010.
13. The Right to Control is a new legal right for (physically) disabled people. It gives disabled people more choice and control over the support they need to go about their daily lives. Disabled adults living in seven test areas will be able to combine the support they receive from different sources and decide how best to spend the funding to meet their needs.
14. The funding sources are:
 - Access to Work
 - Adult Social Care
 - Disabled Facilities Grant
 - Supporting People
 - Work Choice
15. Disabled people will be able to choose to:
 - continue receiving the same support
 - ask a public body to arrange new support
 - receive a direct payment and buy their own support
 - have a mix of these arrangements.
16. Trailblazers are areas where the Right to Control is being tested, for up to two years. Seven local authority areas are working with Jobcentre Plus to

test how the Right to Control will work for disabled adults. The Office for Disability Issues (ODI) will evaluate the Trailblazers which will inform a decision about wider roll out.

17. Seven local authority areas are testing the Right to Control. Five Trailblazers started on 13 December 2010. They are:
- Essex County Council
 - Leicester City Council
 - London Borough of Barnet
 - London Borough of Newham
 - Surrey County Council (two parts only: Epsom and Ewell Borough Council and Reigate and Banstead Borough Council).
18. There is a significant degree of overlap with the Department of Health's individual budget pilots, which ran in 13 areas from 2005-7, and were designed to test how funding could be pooled for disabled and older people from a range of funding streams. Key differences between the two schemes include the fact that 'right to control' will apply to all disabled people, not just social care service users, and is backed by legislation.

Personalisation and Supporting People

19. Supporting People services are largely delivered via block contracts. They are, however, already recognised nationally as having a highly personalised focus which emphasises choice and independence. For example, many services offer flexible hours to meet the needs of the service user. Each service user has an individual support plan which includes specific person led outcomes they are working towards. The highly reputable Supporting People Quality Assessment Framework sets out rigorous expectations that services are personalised with well evidenced service user involvement in their planning and delivery.
20. Personal budgets can offer a more focussed, and sometimes cheaper, solution for delivery of support. They can contribute to savings targets and relatively quickly. They can facilitate long-term shifts from long-term high-value Supporting People packages linked to long-term support to lower value, short-term preventative work for more people.
21. A resource allocation system for calculating personal budgets has the advantage of being:
- Transparent
 - Outcome focussed
 - Efficient
 - Explicit in rationing of resources
 - Able to encourage innovation and flexibility
 - Dynamic
 - Fair

Implementation options

Option 1: Inclusion of Supporting People funding in Adult Social Care funded personal budgets

Issues

- Exclusion of clients: Housing support can only be included in Adult Social Care Personal Budgets for those individuals who meet the local authority FACS (Fair Access to Care) critical and substantial eligibility criteria. This definition excludes the majority of people in receipt of housing support who have mild and moderate needs. It also is clear that in future, those who have a physical disability will have a 'right to control' which extends beyond being evaluated as having critical and substantial social care needs which will need careful consideration
- Measuring outcomes: Issues of joint monitoring and different outcome expectations of Adult Social Care and SP funding
- Different market rates for both types of care/support can cause difficulties determining what can be bought

Option 2: Delivering Personal Budgets that do not include Adult Social Care

Issues

- No ready-made infrastructure in place for delivering personal budgets unlike the Self Assessment Questionnaire, Needs assessment and Resource Allocation processes established now within Adult Social Care
- Existing Supporting People administered direct payments to older people for low volume and cost preventative services has substantially challenged existing administrative arrangements, continue to be labour intensive to administer and need to be reviewed in the light of this developing agenda
- Some services may best be delivered as commissioned block contracted services rather than as a personal budget- particularly rapid response, crisis interventions and preventative services

Issues for consideration

Oxfordshire Supporting People have already engaged with personalisation via the use of the Quality Assessment Framework for block contracted services,

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use of direct payments for older people and through the innovative work undertaken within learning disabilities and now within mental health.

We need to consider how personalisation can be implemented more broadly in terms of the programme as a whole.

Issues and options to consider are the following:

1. Implementation of Flexi and Core models within accommodation based services
2. Use of personal budgets across Supporting People services, for example for floating support
3. Integration of supporting people funding with adult social care and health care funding for individuals
4. Ensuring that the needs of people who have mild/moderate needs are not lost in the system
5. Getting the right balance between block commissioned services and individually commissioned support

National and Local examples of Housing Related Support Personal Budgets

2 service examples and 3 area wide examples are provided below to illustrate existing approaches to personalisation of services.

Look Ahead

Look Ahead have pioneered the use of a Core and Flexi approach in their accommodation based service in Tower Hamlets for people with complex needs which is jointly funded by PCT and SP. There are 3 elements to the service which are:

- Core Service (a basic service which covers the health and safety aspects of the scheme)
- Flexible Support Hours (the service user can choose when and from whom additional support is provided)
- Cash Allocation (a sum of money is allocated for the service user to use to meet their support needs)

This service has been positively evaluated and received by service users, commissioners and service providers and has received national recognition as a model of good practice.

Cheshire Peaks and Plains Housing Trust

This service provider has changed its service for older people so that there are a range of support options clients can choose from.

- **1* Monitoring** – no visits. If there was an emergency the nominated key holder would be notified.
- **2*** As above. No visits but emergency response as required.
- **3*** As above plus monthly visit to check circumstances etc.
- **4*** As above plus weekly visit.
- **5*** as above plus daily visit.

The level of service is based on choice for self-funded customers and a needs assessment for customers who are eligible for housing support funding. However, all customers have the option to upgrade to a higher level of service if they are willing to pay the difference.

The Trust also offers a temporary '*Home Alone*' service for up to a month, to help people settle back at home after a hospital visit, or when their main carer is away. This package can include temporary equipment rental (including lifeline pendant and basic telecare equipment)

Since this tiered approach was introduced, a majority of tenants have opted for the lowest tiers, thereby freeing up staff time for targeted more intensive work, as and when required. People also feel it is a fair system – and can see that those who are fit and well are not paying for the same level of service as their frailer neighbours.

Oxfordshire County Council-Learning Disabilities

Supporting People Programme funding is used to purchase support services for people with learning disabilities. The housing related support is purchased from the same provider as part of a cohesive and integrated package, ensures a seamless service, promoting effective communication and accountability and also offering good value for money. To this end the SP funding has been placed inside (but separately accounted for) the Learning Disability health and social care pooled budget. Quality assessment and outcomes monitoring is based on a social care framework and does not include specific SP elements.

All service users are being (re)-assessed using the personal budget assessment tool (FACE), which considers all support needs (care, health, housing related support, transport, day activities, etc) and delivers an indicative budget based on the Resource Allocation System (RAS). Using a broker or a care manager a service can be designed and built up as a result of the assessment. Eligibility for services remains unchanged and is governed by Fair Access to Care Services (FACS) criteria. Only those who are assessed as substantial and critical will be given a personal budget and learning disability service. A care manager will always have final "sign off" of the money in order to maintain financial probity. This also goes to Learning Disability panel for formal agreement.

The money available can be made to work in a number of ways:

- 1) **Direct payment** (for all or some of the services required) - whereby the money goes directly to the service user to purchase services.
- 2) **Block contacted services** - whereby a service is commissioned and purchased by OCC and service users are given access to it - e.g. a day activities service. These are transitional services as in future they are unlikely to be re-commissioned in this way. Zero-hour contracts will become the norm, whereby service users opt in to using a service and pay for it with a nominal voucher or real money.
- 3) **A service bought by OCC under a framework agreement** (preferred provider list) which the service user has chosen to use following a tender exercise whereby they individually exercise choice and control. This allows the service user and their family to fully engage in choosing services and service design but without the burden of managing a budget and its

associated expense and liabilities. The service user can choose to use a provider on the framework whereby their personal budget can be used as a "service fund", whereby the provider in conjunction with the service user and family purchase the required service. The services can be bought with the provider or with another provider of choice.

Where there are shared supported living arrangements, then the general rule is to stick with one provider in the house although other providers can be used for other aspects like day activities.

In many cases service users have taken option 3 for individual aspects of the support needs. New and younger service users tend to follow a model of self directed support, building services they want and where they want (as far as possible) whereas older existing service users have tended to continue with the status quo. Existing service users can be transitioned into the self directed support model at the point of review if their needs have changed substantially.

Oxfordshire County Council and NHS Oxfordshire-Mental Health

All FACS eligible service users within the newly commissioned longer term From Supported to Independent Living services will be assessed for and will be allocated a personal budget. This personal budget will include adult social care, health and supporting people elements and the service user will have choice in how this will be used. We are at an early stage of this process but this is being worked on in partnership with the Primary Care Trust, Adult Social Care, Oxford Health and Response (the service provider).

Medway Council

This is the most significant example of an area-wide, programme-wide approach which is being piloted by Medway Council. Medway are piloting the use of an existing commissioning gateway to provide the administrative structure for time-limited Personal Housing Support Grants (PHSG).

The Personal Housing Support Grant can be used to purchase a variety of different services, depending on individual need. Lowest level is renewable as infinitum. Higher levels are paid for 12 months and can only be renewed for 5 years.

Grant Package	Award Period	Extendable up to
Acquiring Independence	12 months	5 years
Long Term Support	2 years	Unlimited
Supported Living	Level 1: 2 years Level 2/3: 12 months	Unlimited 5 years

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Resettlement	6 months	12 months
Crisis Intervention	3 months	3 months
Housing Options	3 months	3 months
Practical Support	2 years	Unlimited

The PHSG is paid 4-weekly. Individuals can choose whether they

- receive a direct payment – cash paid into designated bank account
- nominate a ‘principle provider’ – to receive the money for them and help them spend it
- have a local credit card (the Medway Card) – allowing people to make payments directly without having the hassle of using cash

A mix of clients is taking part in the pilot, with both long and short term needs. Grants are not means tested for the period of the pilot.

Note: Further information is provided at [Annex 9c](#).