Division(s): All

# CABINET – 13 MARCH 2012
# EMBEDDING PERSONALISATION

**Report by Councillor Arash Fatemian - Cabinet Member for Adult Services**

## Introduction

1.  The Local Involvement Network hosted the annual Hearsay event in March 2011. The Hearsay event is an opportunity for people who use social care, their family and friends to meet with council staff and the cabinet member for adult social care to say what changes they would like to see in services.

    The five key areas from the 2011 Hearsay event that people wanted to see the Council work on are all related to improving the quality and type of support available through improved choice and control:

    - improve information and communication;
    - provide a more consistent standard of care received at home;
    - support people who are worried there will not be enough money to pay for all the care needed;
    - improve standards in care homes and respite care;
    - ensure Self Directed Support and personalisation reflect the need of the individual and is a well-organised system.

2.  The Business Strategy engagement sessions with senior managers in December 2011 raised a number of similar personalisation issues as Hearsay in March so in addition to the areas above service users and carers wanted the Council to continue to:

    - communicate openly and listen to the views of people affected;
    - monitor the impact of changes in the way support at home is provided;
    - promote the approval scheme for PA's to ensure high standards;
    - develop safe and supportive alternatives to care homes;
    - provide information, advice and guidance that supports service users to become employers of the people that support them;
    - develop services for people with dementia and Asperger's to improve personal services;
    - implement a more flexible approach to meeting carers needs.

3.  A key theme in the Hearsay event was that the culture of personalisation should be embedded from political leadership right through to front line staff. As part of this process, it was recommended that a debate on this topic should be held at full Council, led by the Cabinet Member for Adult Services.

4. The hopes and aspirations of service users chime strongly with those of the Council whereby the intention is to embed personalisation in everything we do, promote choice and control and encourage providers to improve the quality of their services through personalising their approach to individuals.

5. This report summarises the background to personalisation in Social Care, and the progress that has been made to date. Some of the risks involved in purchasing by individuals are set out, with measures that are proposed to assure service quality. The report notes the opportunities offered for members to take an enhanced role in community leadership, and to support the continuing drive to improve the quality of services delivered to vulnerable people.

**What is Personalisation?**

6. Personalisation is a social care approach described by the Department of Health as meaning that 'every person who receives support, whether provided by statutory services or funded by themselves, will have choice and control over the shape of that support in all care settings'. While it is often associated with direct payments and personal budgets under which service users can choose the services that they receive, personalisation also requires that services are tailored to the needs of every individual, rather than delivered in a one-size-fits-all fashion.

7. It also encompasses the provision of improved information and advice on care and support for families, investment in preventive services to reduce or delay people's need for care and the promotion of independence and self-reliance among individuals and communities.

**The Policy Context - Why do we encourage Personalisation?**

8. The origins of personalisation go back to the Community Care Act reforms of the 1990's. This legislation sought to increase choice by opening up the market in social care, making the state an 'enabler' rather than a supplier of health and social care provision. The aim was to allow more people to remain in their own homes for longer, or to live in residential care rather than in NHS settings. Significant progress was made, direct residential care provision was reduced substantially and the independent market in domiciliary care developed rapidly over the next 15 years.

9. Further impetus was given to the personalisation agenda by the publication of 'Putting People First' in 2007. This concordat set out a shared vision and commitment to the transformation of adult social care over a period of three years. Key elements were:

- Prevention
- Early intervention and re-enablement
- Personalisation
- Information, advice and advocacy.

A reform grant was made available to Local Authorities over the period 2008-11, and Councils were required to move to a system of personal budgets for everyone who is eligible for publicly-funded adult social care support. A 'Transforming Adult Social Care' programme was established in Oxfordshire to implement the vision. This programme was completed in March 2011, and the principles of personalisation have been embedded in operational practice for the assessment and delivery of social care services.

10.     There have been major changes in personalised services as a direct result of the transformation programme. Personal budgets for all service users will be in place by 2013. The internal Home Support Service has been closed, and two large internal services for people with Learning Disability will be outsourced by 2013. All of these developments will reduce unit costs, improve efficiency and increase choice.

**Assuring Quality and Managing Risk**

11.     Personalisation brings many benefits to Service Users in terms of increased choice, more control and potentially reduced costs. It also introduces increased risks for individuals and the Council. When services are directly provided or contracted by the Council, markets are more stable and the maintenance of quality is more straightforward. As the social care market expands, and more services are purchased directly by citizens using their own funds or Personal Budgets, the Council has less direct control over provision and quality. This is particularly the case where a person directly employs a person of their choice to be a Personal Assistant (PA). Following national legislation PAs do not have to be registered with the Care Quality Commission.

12.     As the Council moves away from block contracting for domiciliary care and residential/ nursing care (to enable individuals to have the freedom to choose how they will spend their personal budget), there is much less direct monitoring of services by contracts officers.

13.     The importance of balancing personalisation with an acceptable level of risk has been extensively debated within Adult Services at a Member and senior Officer level. A cross-party Working Group has been set up, and a paper on 'Assuring Quality in Externally Provided Social Care' was discussed at Adult Social Care Scrutiny Committee on 6th March 2012.

14.     A six-point plan for assuring quality is being proposed, for implementation over the next two years. Key elements are:

- Setting clear standards for Providers
- Enhancing the role of Members
- Setting up a Leadership programme for Providers
- Tendering and proactive monitoring
- Helping people raise concerns

- Organisational restructuring to support consistent quality assurance

**Promoting Personalisation and Service Quality**

15. Members have a central role to play in the further development and promotion of personalisation in Oxfordshire. While many of the technical solutions have now been introduced, the culture among service users and their families has not kept pace with developments in policy and practice. Unless there is a wider acceptance of personalisation, service users and their families may tend to demand more traditional service models, and are unlikely to derive the full potential benefit from personal budgets.

16. The Council has a responsibility to promote quality on behalf of all people who use services, whether or not those services are funded by the Council. Many Members already have links with social care service providers, and visit care facilities in their local area from time to time (e.g. Lunch Clubs and Care Homes). In their routine contact with citizens, and in dealing with complaints, Members also have frequent opportunities to promote the benefits of personalisation, and to make people aware of some of the risks.

17. The Adult Services Scrutiny Committee is considering proposals for Members to take a more formal role in assuring service quality across key provision in their local area. This could include working in partnership with Officers to improve standards in major care facilities, through building relationships with service users, managers and care staff.

**Embedding Personalisation**

18. The way that personalisation develops over coming years will be crucially affected by national policy on funding and charging for social care. Significant decisions in this area are expected later in 2012.

In the interim, the Cabinet is invited to reaffirm their commitment to championing personalisation as an approach – including asking Officers to promote the personalisation of services as part of a wider strategy of quality assurance for all care services in Oxfordshire.

## RECOMMENDATIONS

**19.** **The Cabinet is RECOMMENDED to:**

**(a)** **note the current position; and**

**(b)** **RECOMMEND Council to receive the report and debate its implications for Members.**