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Democratic Services

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DATE: 18 July 2011

Dear Councillor

ADULT SOCIAL CARE SCRUTINY COMMITTEE - WEDNESDAY, 20TH JULY, 2011

I am now able to enclose, for consideration at next Wednesday, 20th July, 2011 meeting of the Adult Social Care Scrutiny Committee, the following reports that were unavailable when the agenda was printed.

Agenda No Item 6

**Think Local Act Personal - A National Strategy for Local
Implementation (Pages 1 - 10)**

Yours sincerely

Mark Grimshaw
Scrutiny Officer

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CHESHIRE EAST COUNCIL

REPORT TO: CABINET

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| Date of Meeting: | 1 August 2011 |
| Report of: | Phil Lloyd, Director of Adults, Community, Health and Wellbeing |
| Subject/Title: | Think Local Act Personal – a national strategy for local implementation |
| Portfolio Holder: | Councillor Roland Domleo |

1.0 Report Summary

- 1.1 *Think Local, Act Personal (TLAP)*- the statement of intent that makes the link between the government's new vision for social care and *Putting People First* - has now been finalised as the way forward for personalisation and community-based support.
- 1.2 Putting People First was issued in November 2007 and articulated the shared ambition is to put people first through a radical reform of public services, enabling people to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual needs for independence, well-being and dignity.
- 1.3 Putting People First established the collaboration between central and local government, the sector's professional leadership, providers and the regulator. It set out the shared aims and values which guided the transformation of adult social care, and recognised that the sector had to work across agendas with users and carers to transform people's experience of local support and services.
- 1.4 Cheshire East Council has pursued the key approaches in Putting People First and has been a leader in developing personalisation and preventative approaches to the delivery of effective social care in the community.
- 1.5 TLAP originally released for comment at the National Children's and Adult Social Services conference in November 2010. It asserts that councils, health bodies and providers need to work more collaboratively to personalise and integrate service delivery across health and adult social care; and make vital public funding go further. It also recognises the contribution that individuals, families, carers and communities make in providing care and support - both to those who are publicly funded and those who either pay for themselves or rely on family carers.
- 1.6 Twenty-four leading national organisations, including umbrella bodies that represent a large number of providers from the private, independent, voluntary and community sectors endorsed the document

2.0 Decision Requested

- 2.1 Cabinet notes the issue of TLAP and affirms CEC support for the approach contained within it
- 2.2 Cabinet re-affirms its support for a personalised approach to the delivery of publicly funded care, in line with Corporate Objective 1, and notes the Personalisation Principles in Appendix 2
- 2.3 Cabinet recognises that the creation of an affordable social care system is dependent upon the development of preventative services delivered locally, most often by organisations from all sectors as well as the Council itself.
- 2.4 Cabinet notes that most people accessing care in its area are not funded by the Council and requires the Director of Adults, Community, Health and Wellbeing to identify a strategy to provide advice, information and support to the wider public including self funders and their carers to maximise independence and minimise reliance of Council funded care.
- 2.5 Cabinet notes and supports the development of an on-line citizen portal or information gateway, with a resource directory, recognising the investment required to maintain this initiative funded by the Department of Health as part of the Common Assessment Framework.

(Accessible at:-

http://www.cheshireeast.gov.uk/social_care_and_health/social_care_directory.aspx)

3.0 Reasons for Recommendations

- 3.1 Personalisation and community are the key building blocks of a reform agenda, shaped around an individual's own expertise and resources. When people need ongoing support, this should help them to retain or regain the benefits of community membership including living in their own homes, maintaining or gaining employment and making a positive contribution to the communities they live in.
- 3.2 Experience has shown that most progress in implementing personalisation is made where:
- 3.3 Local leadership focuses on cultural change, just as much as systems change, encouraging concentration on outcomes determined by people and communities and engaging solutions beyond the narrow definitions of social care.
- 3.4 People have real control over the resources used to secure care and support, with commissioning strongly guided by their decisions.

- 3.4 In their local leadership role, councils can influence and support the development of a wide range of local resources and opportunities, regardless of how they are paid for or who provides them.
- 3.6 An effective community-based approach is achieved when councils and their partners:
- I. Secure greater cooperation and better use of resources across public services to improve individuals' and their families experiences, including housing, leisure, culture, transport, health, welfare benefits, employment support, social care and community safety.
 - II. Encourage and help local communities and groups to provide networks of support, to help people improve their health and well-being, and to reduce their need for more acute care and health services.
 - III. Actively involve people, carers, families and communities in the design, development, delivery and review of innovative care and support arrangements to maximise choice and independence and utilise the widest range of resources. Facilitate a broad range of choice in the local care and support market, including housing options, and personalise the way in which care and support services are delivered wherever people live.
 - IV. Ensure that those people eligible for council social care funding receive this via a personal budget (either as a direct payment or a managed account) allowing them to exercise the same amount of choice and control as those who pay for their own care and support.
 - V. Ensure all people have the information and advice needed to make care and support decisions which work for them, regardless of who is paying for that care. This includes help to make the best use of their own resources to support their independence and reduce their need for long-term care. The developments of an on-line citizen portal or information gateway, with a resource directory, are viewed as pivotal developments to support this aspect of the transformed adult social care system in Cheshire East. The portal will enable people to find information, advice and services easily in one place, supporting people who want to self serve, as well as those who access social care in the more traditional ways. The portal is being developed as part of the East Cheshire Common Assessment Framework for Adults Partnership Programme, as a demonstrator programme, funded by the Department of Health.

4.0 Wards Affected

- 4.1 All

5.0 Local Ward Members

5.1 All

6.0 Policy Implications including - Carbon reduction and Health

6.1 Carbon Reduction – no impact

6.2 Health – the development of this approach requires close cooperation with Health partners. It also involves a strong informative and supportive role to citizens to ensure that they know about health and health risks and are supported to take responsibility for maintaining and improving their own health.

7.0 Financial Implications (Authorised by the Borough Treasurer)

7.1 This approach does not involve the commitment of additional resources by the Council. However, it does require a whole Council response that deploys resources differently and thereby reduces the overall cost to the Council of the delivery of care. Appendix 2 provides a graph that shows the significant unfunded growth of care if action is not taken to reduce demand. Recommendation 2.5 will require relatively small scale capital and revenue to support the resource directory, the development of which has been funded by the Department of Health pathfinder in Cheshire East.

8.0 Legal Implications (Authorised by the Borough Solicitor)

8.1 The law has not changed on the provision of Adult care. The approach outlined in this report provides a means whereby fewer people will reach the threshold at which the Council will be required to provide funded care. Significant changes in the law relating to social care may be expected that will assist in delivering personalisation and prevention that are in the attached principles.

9.0 Risk Management

9.1 This approach is a powerful mitigator of the large risk to the Council presented by the spiralling cost of care. However, in order to mitigate the risk effectively it will require an approach by the whole Council at its partners that ensures that people are supported to maintain independence for as long as possible.

10.0 Background and Options

10.1 The Government's Vision for Adult Social Care *Capable Communities and Active Citizens* and its White Paper *Equity and Excellence: Liberating the NHS*, maintain the drive towards the personalisation of public services in health, social care and beyond. The key delivery partners across the sector share this ambition, alongside those who use social care support, their families and carers, and the paid staff vital to delivering it. This agreement represents a joint commitment to go forward together. The delivery of *Putting People First*, whilst widely supported, required major change from providers and councils. The scale and complexity of those changes has inevitably led to uneven progress across the country with Cheshire East

progressing well, especially in the delivery of personal budgets and reablement. The current financial context and consequent reductions in public expenditure now present an even greater challenge. We will need to focus heavily on reducing duplication and improving outcomes. Targeted joint prevention strategies and effective provision of information and advice will be critical to support the changes to service delivery models. Providers will need to offer an increasingly flexible and wider range of good value services developed with the people who use them, with the independent sector greatly extending its reach.

The strategy will build on existing strengths: the disabled people's movement, the huge contribution of family carers and the input and experience of people as they grow older. Organisational and professional culture and practices will need to adapt to facilitate greater freedom for people and their communities to shape their support. The principles of personalisation remain at the centre of this change, underpinning a leaner, more outcome focussed and outward facing role for the public sector. The overall aim is to secure a shift to a position where as many people as possible are enabled to stay healthy and actively involved in their communities for longer and delaying or avoiding the need for targeted services. Those however who do need such help, including many people at the end of life, should have maximum control over this, with the information, means (financial and practical) and confidence to make it a reality. This agreement draws on learning from implementing *Putting People First* across England over the past three years and focuses on areas where further action is required. The agreement underlines the necessary connection between preventative, community-based approaches and personalised.

11.0 Access to Information

The background papers relating to this report can be inspected by contacting the report writer:

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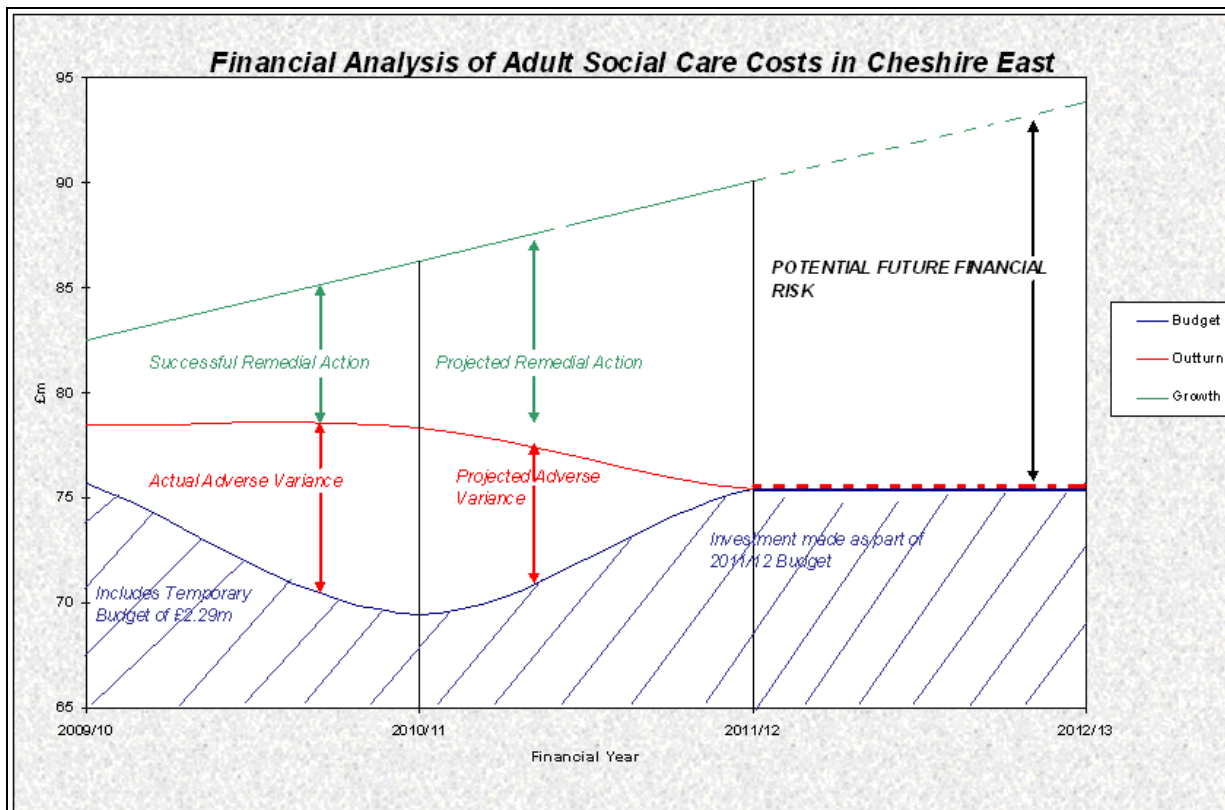
The main document is the Think Local Act Personal compact

http://www.puttingpeoplefirst.org.uk/library/PPF/NCAS/THINK_LOCAL_ACT_PERSONAL_17_1_11.pdf

The Information Directory for Adult Services is

http://www.cheshireeast.gov.uk/social_care_and_health/social_care_directory.aspx

APPENDIX 1 – PRESSURES ON SOCIAL CARE SPENDING



On the chart is a gross cost of care line (growth). This line demonstrates the potential care cost pressure risk for the service. This risk is currently being mitigated through prevention activities such as re-ablement. Whilst this cost of care line can be suppressed in the short term, it is evitable over time that this slope will increase due to population growth and pressures. The measures in Think Local Act Personal are designed to ensure that Councils and partners can manage the growth of care costs and protect the financial position of the Council.

Key measures in 3.3 of this report are

- VI. Secure greater cooperation and better use of resources across public services to improve individuals' and their families experiences, including housing, leisure, culture, transport, health, welfare benefits, employment support, social care and community safety.
- VII. Encourage and help local communities and groups to provide networks of support, to help people improve their health and well-being, and to reduce their need for more acute care and health services.
- VIII. Actively involve people, carers, families and communities in the design, development, delivery and review of innovative care and support arrangements to maximise choice and independence and utilise the widest range of resources. Facilitate a broad range of choice in the local care and support market, including housing options, and personalise the way in which care and support services are delivered wherever people live.

- IX. Ensure that those people eligible for council social care funding receive this via a personal budget (either as a direct payment or a managed account) allowing them to exercise the same amount of choice and control as those who pay for their own care and support.
- X. Ensure all people have the information and advice needed to make care and support decisions which work for them, regardless of who is paying for that care. This includes help to make the best use of their own resources to support their independence and reduce their need for long-term care.

DRAFT

CHESHIRE EAST COUNCIL APPENDIX 2

PRINCIPLES OF THE PERSONALISATION OF ADULT SOCIAL CARE

DATE 1 AUGUST 2011

Background

Within three months of its formation, Cheshire East Council had signalled its intention to pursue the personalisation of Adult Social Care, building on work done in Cheshire County Council and the findings of a consultation of that Council.

At its meeting on 16 June 2009, the Cabinet resolved'

the new model of Social Care services for Adults, which fully embraces and expresses the personalisation of services, be adopted;

and noted the intention to instigate a review of the Council's Finance and Contract Procedure Rules to ensure compliance with a personalised approach to commissioning adult social care services;

These two resolutions provide the framework to change the way services are delivered and the also ensures that the framework in respect of finance and contracting are also compatible with this change. In respect of the first of the two resolutions the main change has been a significant shift towards the provision of personal budgets that provide choice and control to the person over the way care is provided to meet assessed care needs.

The second resolution has spawned a number of changes that enable personal budgets to be operated more flexibly and in particular has supported the move towards the creation and use of the Empower Card whereby people can receive money on a pre-paid card thereby eliminating the need for separate processes to collect contributions and reclaim unspent allocations. The process also enables the authority to avoid the need for expensive debt collection.

This was underpinned by Cabinet decisions of 14 March 2011.

That approval be given to maximise the use of the Empower processes as the primary method of receiving a direct payment and as the single option to new service users unless in exceptional cases and where legally required to commission services on behalf of the customer.

That approval be given to explore options to streamline the Council's Appointeeship and Deputyship system via electronic banking/Empower processes and to introduce a moderate annual fee for administration of the service where possible from interest gained on accounts.

The following are key principles in Cheshire East Council in respect of Personalisation

1. That the health and wellbeing of the assessed person be the primary consideration.
2. That reasonable risks, consistent with the operation of choice and control and the capacity of the individual to choose to take such risks, be accepted as part of the delivery of personalisation.
3. That eligibility in respect of funded care is at the level of substantial care needs.
4. That staff carry out and record their assessment of eligibility in a manner that makes clear how they have reached their decision.
5. That a range of available methods be considered to meet or reduce eligible care needs before allocating a personal budget.
6. That the amount of personal budget be set at the minimum level necessary to meet unmet substantial and critical assessed care needs.
7. That the methodology for reaching a figure for an individual personal budget be apparent in the process.
8. That the provision of a personal budget be arranged through the Empower card except where this is not possible as outlined in the Cabinet decision of 14 March 2011.
9. That the allocation of personal budgets be reviewed in line with significant changes in circumstances or annually whichever is the shorter.
10. That the allocation of personal budget should, in as many instances as possible, be designed to reduce the need for funded care.
11. That as much scope as possible be given to the individual as to how they spend their allocation in meeting their unmet care needs.
12. That the assessment of carers and meeting their needs be considered within the scope of these principles.
13. That the effectiveness of personalisation be measured in part by the proportion of the care budget that is allocated to eligible citizens and the proportion of those eligible for personal budgets (after following processes to reduce their levels of need) who are actually allocated such a budget.

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