



Barony
Consulting
Group Limited

Putting People First - The Localisation of Personalisation – Briefing Paper

Introduction

The personalisation agenda for adult social care has been creeping up on professionals for a few years with green papers, pilots and pathfinders, speeches and intentions. Now the plans have been revealed. In England, the Putting People First (PPF) protocol launched last week is designed to transform social care across the whole country. With a focus on personalisation and more user control, the vision is clearly outlined.

We have until March 2011 to achieve it. Change will be grant supported based upon deliverables or outcomes. Independent Living, LINKs and LinkAge schemes are seen as priorities for programmes which should commence in 2008. However, like most schemes, the devil will be in the detail and that is to follow. DH has promised some detail this month but importantly, leadership is firmly placed in the hands of local authorities.

Impressively the transformation is supported by a large number of agencies. This is the strongest signal of support. Indeed, comment on key websites such as 'Care and Health' has all been highly positive. So we have the vision. After outlining the key points from the protocol, we offer some insights into the local issues which will require to be addressed.

Putting People First

- It's a protocol for development and large system transformation;
- New ways of working;
- Local authority leadership with partnership working;
- Agreed and shared outcomes;
- System wide transformation;
- Now till Mar 2011;
- DH funding for transformation;

Key Aims

- Joint Strategic Needs Assessment;
- Commissioning which incentivises and stimulates quality provision offering high standards of care, dignity and maximum choice and control for service users;
- Supports third and private sector innovation;
- Locally agreed approach;
- Supporting people to remain in their own homes;
- Universal information, advice and advocacy;
- LinkAge Plus;
- Common Assessment Process with greater emphasis on self assessment;
- Social workers spending less time on assessment and more on support, brokerage and advocacy;
- Person centred planning and self directed support to become mainstream;
- Telecare viewed as integral not marginal;
- Personal budgets for everyone could include NHS resources;
- Direct Payments utilized;
- Family members and carers to be treated as experts and carer support provided;
- Transformed community equipment service based on retail model;
- Integrated working with children's services;
- Support for at least one local user led organization;
- Promoting dignity and minimising risk of abuse;
- Local workforce development strategies co-produced, co-developed and co-evaluated; and
- Hearts and Minds of all stakeholders especially front line staff.

Approach

- Will receive guidance but what is put in place will be determined locally; and.
- Up to us collectively to form ideas and act on this

What will it mean for Community Leaders, Directors and Professionals?

We have identified a number of areas for localised transformation. We hope that this will add value to your transformation programme.

Personalised Budgets – Do you hand out cash which can be taxed directly to service users? It is public money and by using approved providers with centrally held budgets against named users, you can drive provider skills sets



upwards. Notably PPF is silent on the decision to distribute cash or hold the budget centrally against a user account. Holding the budget for the user will allow virement and changed allocations. Imagine the problem with recovering overpayments from a vulnerable adult when the money has been spent and taxed. This is a level of complication which is unwanted.

How do you set and control individualised budgets at all levels of need not just critical and substantial? What eligibility criteria are there? What other funding sources can be used to help the individual?

Will the **choice given to service users** be restricted to the method of payment against their account. For instance, will payments be on outcomes or inputs?

Will the **Third Sector** rise to the occasion? Will you form a joint communication strategy in partnership with the sector?

Does the **single shared assessment** require to be developed into a financial assessment tool which is transparent and auditable? How will single shared assessment be linked into personalisation and in particular budget allocation? What will be the role of self assessment in that case?

How will places in **residential and nursing homes** be reprovisioned and suitable personalised care packages be developed in the community. How will these meet changing needs?

What will a **Personalised Independent Living Support Service (PILSS)** deliver? How can it be used to reprovision residential care places?

What needs to be done with **BME groups** to further integrate them into this system?

What rules require to be changed in the **NHS**, say for continuing care, which may inhibit funding or movement into the community?

If funding is going to be pooled with PCTs, what about the **cultural divide**?

Workforce development plans will be resource intensive. What processes will require to be changed, how and with what effect. How will you assess workforce development needs without this vision? What competencies will be required both for the transformation programme and to act in the newer roles such as advocates?

Is your IT suitable for assessing and managing personalised budgets based upon outcomes?

How will you map existing **processes and redesign** them for personalisation?



How will your **homecare contracts** need to be changed? Are you letting some five year contracts now which will not be fit for purpose in 2011? Are Dynamic Procurement Systems more suited rather than framework agreements. Will pricing be based on outcomes?

Will you need improved **financial and performance management systems**? When will you be ready to produce a specification for the revised systems or do you expect your existing suppliers to deliver?

How will the **monitoring and appeals** process change on introduction of personalised budgets?

How will **personalisation, budgets, means testing and self funders** sit together? Currently there is a needs and financial assessment before someone goes into residential care. Others choose to pay themselves. Will the current self funders get a personalised contribution to fund their own placement? Is the government signalling a movement towards the Scottish system or something like it?

Finally, how will you reach **the users and communicate** the changes? We suggest that you start a communications programme once you have a clear view of what it means and how it will work locally. LINKs and LinkAge projects are being rolled out soon. Can you afford to wait?

What does this mean for your elected members, Trust Members, the Third and Independent Sectors, Children's Services, PCTs and Justice, the DWP, Pensions Agency and Police? Internally, CEOs, Finance, Commissioning, IT, HR and service professionals including Housing, Leisure and Benefits will all require to take a view and decide their role and outcomes.

As many of these decisions will be made at local levels, we foresee the transformation process focusing on the **localisation of personalisation**. So how do you intend to rise to the challenge? Please feel free to circulate this think piece to your staff and contacts.

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