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To: Adult Social Services and Public Health Policy Overview and Scrutiny
Committee – 7 April 2011

Subject: **THINK LOCAL ACT PERSONAL**

Classification: Unrestricted

Summary: The purpose of this report is to provide a briefing for Members on the key components of the Vision for Adult Social Care and the Think Local Act Personal commitment.

Introduction

1. (1) In November 2010, the Care Services Minister, Paul Burstow launched “A Vision for Adult Social Care: Capable Communities and Active Citizens”.

(2) The vision sets out how the Government intends to develop a new direction for adult social care and put personalised services and outcomes at the centre of service delivery.

(3) Alongside the vision document, a partnership made up of the Association of Directors of Adult Social Services, the Local Government Association, the Department of Health and other stakeholders has produced a sector wide commitment to personalisation and community based support. The partnership agreement, entitled Think Local, Act Personal, is a statement of intent that makes a link between the government’s new vision for social care and builds on the Putting People First Strategy (December 2007) which set out a vision for the transformation of social care.

A Vision for Social Care: Capable Communities and Active Citizens

2. (1) The vision focuses on the Government’s commitment to:

- “Break down barriers between health and social care funding to incentivise preventative action;
- Extend the greater roll out of personal budgets to give people and their carers more control and purchasing power; and
- Use direct payments to carers and better community based provision to improve access to respite care”.

(2) At the core of the vision is an intention to devolve decision making as closely to the individual as possible and looks to the care sector, working with partners, to promote and deliver this transformation (as evident in the Think Local Act Personal partnership agreement).

(3) The vision is built on seven principles:

(i) Prevention

This relates to empowering people and promoting strong communities to assist people in maintaining independence. Where the state does provide support it is to help people retain and regain independence.

(ii) Personalisation.

This principle sees individuals and not institutions taking control of their care and recognises personal budgets, preferably in the form of direct payments, as a powerful way to give people more control over their own lives. It also recognises that to have real autonomy and choice, people need to have access to good information and advice.

(iii) Partnership

Care and support should be delivered in a partnership between individuals, communities, the voluntary sector and private sectors, the NHS and councils – including wider support services such as housing. The vision is for local councils to play a lead role in their communities to ensure local services are coherent, responsive and integrated.

(iv) Plurality.

The vision recognises that social care already involves a diverse range of providers, including the voluntary and private sectors. However it is thought that more can be done to promote a thriving social market and to stimulate and shape the market (including social enterprises) to develop innovative and creative ways of addressing care needs.

(v) Protection.

The Vision perceives that there should be sensible safeguards in place against the risk of abuse or neglect. It also advocates that Safeguarding is everybody's business. However it also notes that risk should not be an excuse to limit people's freedom.

(vi) Productivity.

Another principle is to seek greater productivity along with achieving efficiencies and value for money at a time of significant financial pressure. The shift is to be away from the centre and top down performance management towards empowered local communities' holding organisations to account for the services they provide based on the experiences of service users and carers.

(vii) People

The vision calls upon the whole workforce, including care workers, nurses, occupational therapist, physiotherapists and social workers, alongside carers and people who use services to lead the changes set out in the vision document. It recognises a need to empower workers and devolve decision making. It also indicates a much more diverse workforce with people working in a variety of settings, some in more integrated services and a variety of types of employing agencies.

(4) The vision makes many references to the role of local councils in making the vision a reality. Key principles of the vision, such as personalisation, prevention and protection are building on the “Putting People First” strategy which commenced a major transformation of Adult Social Care. Where the new Vision is significantly different, is the greater emphasis on localism and empowering people and strong communities.

(5) This approach is a reflection of the shift to localism in other spheres of the public sector. There are numerous examples – pathfinder GP consortia leading NHS commissioning, parents establishing free schools, elected police commissioners, and citizens founding social enterprises to run local services.

(6) A separate but related document to the vision is a DH document entitled Transparency in Outcomes: a framework for adult social care. This document contains proposals for a new approach to quality that is not about “top down performance management where the national government directs and the sector follows, but about recasting this relationship for a new, more decentralised future”.

Think Local, Act Personal

3. (1) It is in this context of localism and a new vision for adult social care, that a consortium of key agencies including local government, social care providers and the Department of Health has produced the partnership agreement - Think Local Act Personal, which consolidates lessons learned over the past three years within the new financial context. It makes clear that personalisation and community are the key building blocks of the reform agenda which includes a changing offer from service providers. The partnership agreement explains how councils, service providers, voluntary and community organisations can respond to the Government’s vision and make progress happen on the ground.

(2) It advocates continued reform, placing a huge premium on efficient, effective and integrated service delivery alongside partnership working to support the contribution of individuals, their families, carers and the wider community – reducing the need for acute health and care support. Providers –large and small – will need to offer an increasingly flexible and wider range of good value services developed with the people who use them.

(3) A key message is the need for more integrated working between councils, public health bodies and emerging G.P consortia to identify and meet local health and social care needs efficiently, providing more accessible and joined up multi disciplinary arrangements. (See the separate paper on today’s agenda regarding the forthcoming changes to the NHS arrangements).

(4) Key themes from Think Local, Act Personal include:

- Promoting prevention and harnessing voluntary and community action, so that people and their communities can play a bigger role in supporting themselves and others, reducing the need for more acute care and health services.
- Actively involving 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.
- Facilitating a broad range of choice in the local care and support market.

- Ensuring that those people eligible for on going council social care funding receive this via a personal budget (with direct payments as the preferred delivery model for most) allowing them to exercise the same amount of choice and control as those who pay for their own care and support.
- Promote self-directed support to deliver efficiencies and reduce unnecessary processes.
- Ensuring 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 resources to support their independence and reduce their need for long term care.

(5) The consortium of organisation that produced “Think Local, Act Personal” has also issued a number of best practice papers to support delivery of the initiative. (This includes papers on building community capacity; market shaping; practical approaches to personalisation and safeguarding; and personal budgets).

(6) This report provides Members with a summary of the key issues contained in the Vision for Adult Social Care and in the Think Local Act Personal initiative. Members might wish to find out more through the following links:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_121971.pdf

http://www.puttingpeoplefirst.org.uk/library/PPF/NCAS/Partnership_Agreement_final_29_October_2010.pdf

The Position in Kent

4. (1) In recent years, KCC Adult Social Services, along with partner organisations has taken significant steps to transform and redesign systems and models of care and support in the county. This has been achieved whilst sustaining a strong performance culture and at a time of demographic change and rising expectations.

(2) Services are more personalised with people having greater choice and control through personal budgets, direct payments and self-directed support. The enablement service, alongside the telehealth and telecare developments and supported living schemes, has allowed people to remain independent whereas in the past they might have become dependent on long term care services.

(3) Kent has also worked over a number of years to develop a flourishing private and voluntary sector – again where possible providing people with a level of choice and flexibility over the services they receive. This includes providing choice, along with information and advice for people who are self-funders.

(4) Although a strong basis has been achieved and needs to be further “bedded in”, there are further challenges ahead to continue with the reform agenda, developing and delivering a personalised, community based care and support system with a focus on prevention. This needs to be done in the current financial context with the associated reductions in public expenditure.

(5) Whilst a period of consolidation might seem appealing, this is not an option in the current environment. Members are therefore asked to give their continued support to the change agenda – making a reality of localism, building community capacity, supporting new ways of working, putting the citizen in control through personalisation and tackling disadvantage.

(6) The key messages of Think Local Act Personal, are – in the main – not new ones but they are placed in the realities of the current financial pressures and are consistent with the localism agenda, the Liberating the NHS White Paper (2010), and the Health and Social Care Bill (2011).

Recommendation

5. (1) Members are asked to NOTE and COMMENT on the contents of this report.

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Background documents: None