

Committee	Date	Classification	Report No.	Agenda Item No.
Health Scrutiny Panel	25 January 2011	Unrestricted		4.5
Report of: London Borough of Tower Hamlets Presenting Officers: Deborah Cohen – Service Head Commissioning and Strategy, London Borough of Tower Hamlets		Title: Transforming Adult Social Care and Personalisation Ward(s) affected: All		

1. Summary

This paper sets out the work that is currently underway to implement the Transformation of Adult Social Care which provides the overall future direction for Adult Social Care in Tower Hamlets. The Transforming Adult Social Care Programme is the Tower Hamlets response to the national *Putting People First (PPF)* initiative.

2. Recommendations

The Health Scrutiny Panel is asked to consider and comment on the information set out in the paper.

Transforming Adult Social Care and Personalisation

Introduction

This report advises Health Scrutiny of the programme of work that is currently underway to implement the Transformation of Adult Social Care which provides the overall future direction for Adult Social Care in Tower Hamlets. This means maximising choice for people with support needs whilst shifting our focus to prevention and early intervention, minimising where possible the need for long term support.

Putting People First and Personalisation

The Transforming Adult Social Care Programme is the Tower Hamlets response to the national *Putting People First (PPF)* initiative. This is a cross government concordat launched in December 2007 that set the direction for adult social care over the next ten years. It required the most radical changes to social care since the establishment of the modern welfare state. Traditionally the support provided to people with disabilities and older people through social services nationally has been service led, rather than person centred. The Putting People First Concordat seeks to change this. The origins of this lies within campaigns over many years by the Disability Rights movement and the underlying ethos is that support is a "right" or an "entitlement" that should be under the control of the service user.

The process of change is often referred to as the "personalisation" of adult social services. It is about being led by the needs and aspirations of each individual service user/customer and not shoe-horning service users into existing services regardless of whether these services really are what they want. This means that service users individually and collectively many no longer wish to use existing services and may wish for other services that may not up to now been offered as options.

To achieve this requires a transformational programme of change that impacts on residents of Tower Hamlets, staff, and providers of Adult Social Services. This is considered in more detail below.

Transforming Adult Social Care Programme (TASC): Stage 1

The Transforming Adult Social Care (TASC) Programme involves system-wide change to work differently to deliver social care, and wider public support, for vulnerable people in Tower Hamlets. We have thought about this as devising a new "customer journey" which is the term we are using to describe the "pathway" through services from referral through to support/care plan that service users undergo.

The TASC vision for Tower Hamlets is:

"To shift from a service based approach in the kinds of support people use now towards support that is personalised and community based so that by 2011 everybody will be given the opportunity to meet their needs in a way that is personalised and effective for them."

To achieve this vision presents significant change to the people that use our services, our staff, the council itself, our partners and providers.

The Council's Transforming Adult Social Care Programme seeks to offer greater choice, independence and control to our residents in need of social care information or support. We aim to enable residents to become more independent and make better use of the resources in the community as well as the council's resources. This includes:

- a) providing universal services (services that anyone in the community can access) from a range of organisations including: the Local Authority, Primary Care and other public, voluntary and private agencies;
- b) focusing on early intervention and prevention to increase independence - such as reablement services;
- c) increasing choice and control by enabling and supporting customers eligible for social services support to participate fully in their own assessment and support planning to identify outcomes which are important to their physical and mental well-being;
- d) encourage social capital by supporting and stimulating social networks and community-based support groups

Stage 2 in the Transformation of the Customer Journey

The Directorate's work has focussed to date on developing the structures and policies to put in place a new customer journey for social care whereby people are supported to become more adept at self-assessing and self-managing their support.

The Directorate Management Team came together on 10th January 2011 to review progress on the Transformation Programme and to agree the next step by which we can step up the volume of customers (service users) receiving personal budgets.

This next stage focuses on ensuring that as many service users have a personal budget, which means that their choice of supports and services will not be constrained by a menu of pre-purchased services. The only constraints will be that the choice must be lawful and not the formal responsibility of another agency. To get to a personal budget, an individual will be assessed and based on that assessment will be given an indicative budget that people can use as a guide to plan their support to meet their eligible needs – this is called a support plan. After the Support Plan is agreed then the Personal Budget is allocated and confirmed. This is significantly different from the experience of customers currently which involves assessment and care planning led by social workers.

In terms of the structure of the organisation, this next stage sees a move away from “care groups” and instead the current older peoples, physical disabilities and vulnerable adults teams along with the occupational therapy service come together to form a new single adults’ service. The new adults’ service will be staffed by Social workers, Occupational Therapists and other social care “officers”. Teams will reflect the customer pathway or customer journey as follows:

- **First Response and Hospital Service** will have responsibility for receiving all new referrals and enquiries and also to respond to enquiries regarding people that already have support in place but do not currently have an active involvement. It is expected that the First Response Service will resolve 80% of contacts without referring on to other services. It is also expected that the majority of episodes will be concluded within five days. This Service will be a multi-disciplinary team consisting of OT’s and Social Workers.
- **Reablement Service** will have responsibility for working with people to maximise their independence. The Service will set goals in the form of an independence plan and will work with people to deliver the elements of the identified outcomes. The Reablement Service will need to link with services outside of AHWB, to ensure that there is a holistic approach to maximising independence. It is expected that the Reablement Service will complete most episodes within 6 weeks and will be involved in determining the appropriate resource allocation, for people eligible for ongoing support.
- **Longer term Support** will work with people to explore choices available to them for how their eligible needs can be supported. The Longer Term Support Service will have a responsibility to ensure that the support people receive is personalised. The Longer Term Support Service will be focussed on delivering personal budgets to all people eligible for support and on maximising the number of people that receive their Personal Budgets as a cash payment.

From June 2011 the above teams should be in place.

In addition to the work we are doing to develop the new adults service we will also be working with both learning disabilities and mental health services, both of which are services integrated with health, to ensure that the customer journey in these service areas has the same type of support and achieves similar outcomes for people.

Safeguarding is an important and critical part of the work of the Adults Health and Wellbeing Directorate. The Safeguarding challenge involved in the Transforming Adult Social Care Programme is to introduce more choice and control without exposing people to serious risk or harm. The aim is to achieve a focus on safeguarding that does not limit people’s ability to make real choices. In the new Customer Journey we will be educating people about risk, and working with people to minimise risk. We will aim to manage risk in partnership with people. The Preventative approach that is a key element in personalisation will extend to Safeguarding and we will be investing in empowering organisations and individuals to recognise, prevent, report, avoid and complain about abuse in all its’ forms.

A transformed market place

To deliver the outcomes of increased choice and control a different marketplace for adult social care is needed. We are ensuring that the market of support options is, on an individual basis, high quality, good value for money and easy to access through good information, advice and brokerage. The Commissioning section of the Directorate is being redesigned to ensure that it can respond to the new requirements.

As highlighted before, the Transforming Adult Social Care programme has a significant impact on our providers and partners. Increasingly people will be able to purchase support themselves that is agreed in the support plan. This means that over time, the Council may reduce the amount of services that are

directly commissioned as people take on this role more and more. The role of the Council with regards to commissioning services will increasingly become one of a market facilitator and developer working with people and providers to understand need, demand and emerging market areas. This will role will include community development within the context of the national agendas of Big Society and Localisation.

For providers this may mean a loss of income from Council block contracts that guaranteed income and minimum levels of business, to having to compete in the market place for the custom of individual service users who can purchase their services using a personal budget.

Tower Hamlets has a well established Voluntary and Community Sector and we are working with this sector to ensure providers can transition into a position whereby they are sustainable without block contracts from the Council.

Customer engagement

We have been working with over twenty different customer forums over the last six months on the changes being made to social care¹. To get more in-depth feedback on particular issues with transformation we have recently set up a customer Reader's Panel to focus on our information and publications; and a Customer Steering Group to focus on the market shaping and commissioning elements of the programme.

To develop the programme we are also working with the Housebound Older People's Reference Group to ensure we are hearing the views of people not able to attend customer forums; as well as enabling people to give feedback via the Tower Hamlets website and in response to the articles we have submitted in a variety of newsletters.

The resulting feedback and views that we hear from customers are compiled and submitted to the programme on a monthly basis to consider and respond to; and in turn, customers are informed as to what difference their feedback has made. For example, the Housebound Older People's Reference Group gave feedback on what makes a good social care professional:

A good Social Worker is someone who understands a person's needs by listening carefully, is caring, "keeps their eyes open" (doesn't take things on face value), is patient and not rushed

This is being used to inform the review of staff competencies and the design of future staff learning and development programmes.

We are continuing to work in partnership with THINK to make these changes. The feedback gained through a customer event organised by THINK in March 2010 resulted in five "Customer Engagement Principles" for the programme, which in turn has been used to inform the new organisational values in the Directorate.

Working in partnership with people that use services is also an important element of the programme. As part of work on transformation and engagement, five service users from learning disability services are currently leading on the development and production of a DVD, which is intended to explain Personal Budgets to people with support needs. We are also working with three service user volunteers in new work placements to assist us with communication and engagement work.

Provider engagement

Adult social care has a range of existing forums with local service providers to enable good communication and engagement between the Directorate and the third sector. We have set up a Personalisation Provider Network to focus on transformation, which continues to meet on a regular basis. A programme of support and training has also been provided and is ongoing.

Member engagement

Post the Mayoral election, plans have been put in place to engage Members in the development and progress of the Adult Social Care Transformation Programme. Short updates have begun to be included into the Member Briefing and these will continue on a regular basis.

Alongside this, Member workshops are being planned. Topics that will be covered will be:

- § What adult social care is and does
- § Demographic pressure in Tower Hamlets

¹ Groups we have been working with include: the Older People's Reference Group, the Alzheimer's Society Carers Forum, the Tower Hamlets Interfaith Forum and Rainbow Hamlets.

- § The transformation of adult social care
- § Why we are changing
- § The impact on local people - case studies
- § Value for money
- § Question and Answer Session

The outcome of these events is that Members will feel informed about social care and can influence the changes ahead. Importantly, these workshops will support Members in answering potential queries from constituents that may arise as a result of the changes.

Once the Member workshops have been scheduled we will ensure that members of Health Scrutiny are informed.

APPENDIX 1 – Case Studies

Mr A case study

Background

Mr A is 102 years old, he was born in Cork in Ireland on the 23 November 1907. Mr A has a physical disability and is housebound.

He has been widowed for the last 35 years and has two children. As Britain's oldest carer, Mr A has been the main carer for his daughter, who is a 65-year-old woman with a moderate learning disability, for 35 years. Mr A lives with his daughter in a three bedroom maisonette, which is owned by Tower Hamlets local housing authority.

Life before personal budgets

Mr A previously received homecare from the council, but would much rather be taken out and about. He has never attended any of the boroughs day centres and never participated in any of the older people events or celebrations that take place annually. In the past, one of his friends used to visit him to take him to his local pub twice a week.

Even if Mr A could go to the council's day centres for older people, he personally felt that this traditional service was not for him. Given the choice, he would rather visit sites around the borough or enjoy a short break with his daughter.

"It's been about four years since I've been able to get out and about," said Mr A. "I don't want to be housebound anymore because it's boring and quite isolating. I just want the opportunity to go out and pursue my own leisure and recreational interests once a week in the community. Sorry but I'm not really into going to day centres!"

Life after personal budgets

Mr A is now in receipt of a personal budget and is no longer housebound. Having gone through the support planning process with social worker and key worker, Mr A was able to plan his support to achieve the outcomes he wanted, to meet his social care needs.

When asked about what the changes mean for him Mr A said: "I'm happy about the changes and being able to go out. More choice is important. It makes me feel young. If you do nothing you become a vegetable!"

"It's important to me to be able to make decisions, be independent and do things that I enjoy. It's also important for me to continue to live with and care for my daughter for as long as possible."

Mr A was able to use some of his personal budget to pay for his care and support so that he could enjoy a short break in Eastbourne with his daughter and is already planning another short break next year to Scarborough.

"I am looking forward the most to visiting Mile End Park because I have not been to the park for years. I can wonder around and look at the scenery and there is a restaurant there where I can have a cup of coffee."

Working with his social worker, Mr A has tailored his support in a way that fits with his life, rather than his life fitting in with existing services. His support reflects the outcomes that Mr A feels are important in his life – especially the outcomes in relation to his daughter.

"I am happy to have more control of my money. But that doesn't mean you have to change everything," said Mr A. "I chose to have the same carers that currently support me. I have built up a good rapport with them all because they understand my needs, are patient and kind and another important factor is that they get on well with my daughter."

"My quality of life will improve because my personal carer will take me out for an hour three times a week. I am looking forward to going on the buses because I understand that they can take wheelchairs now!"

Personal budgets Case Study: Mr Z

"My name is Mr Z and I was born in Morocco in a town called Wogda on 14 August 1940. I came to the United Kingdom in 1967 and settled in Sheffield. I met my wife at Chase Farm Hospital where she was a

patient. We married in 1976 in a Mosque based at Waltham Forest in London. I moved to Tower Hamlets with my wife, and we are blessed with three wonderful children, two daughters and one son.

"I suffered a brain injury in 1996 in the Canary Wharf bombing. This has resulted in severe cognitive impairment, memory loss, confusion and speech and comprehension difficulties. I also suffer with epilepsy resulting from the accident, and am at risk of fits.

"Prior to my accident, I was a very fit and healthy person and had no major health problems. I am now dependent on others with my daily living activities, because I have little insight and lack capacity to make any informed choices or decisions regarding my care needs due to my medical condition.

"My wife is a strong advocate for me and she ensures that all decisions are made on my behalf thus ensuring my safety and wellbeing. I do not understand basic risk which therefore puts me at risk of wandering."

Mr Z's situation before Personal budgets

When asked what he wanted to change in his life, Mr Z said:

- To learn to be safe
- My wife has significant health problems, she suffers with high blood pressure, diabetes and depression. I am dependent on my wife with most aspects of my activities of daily living, though the current care package gives her a break from her caring role. However, I could like her to have more support to enable her to have a good quality life as this will ease the every day stress and prevent imminent carer breakdown.

His needs:

- Being unable to undertake aspects of personal care
- Unable to go into the community due to little safety awareness
- A flexible worker for both community-based and home-based activities
- Being unable to cook meals
- "I might choose to stay indoors because I need some form of stimulation as I do not want to attend any day centre. Therefore I will need my PA to stay with me to support me with activities like painting, drawing, gardening, watching other programmes on the television or chatting with me, providing social stimulation and ensuring my safety."

With personal budgets, Mr Z chose:

- **Personal Care:** A Personal Assistant that undertakes any aspects of his personal care
- **Community access and social interaction:** A Personal Assistant to take him to places of interest like the park or seaside, to go to the cinema to watch films and other locations, depending on the weather
- **Choice of assistants:** Mr Z was able to choose Personal Assistants that understand his culture, faith and are sensitive to his complex needs and circumstances
- **Social stimulation at home:** The same Personal Assistant for outdoor activities will also help him with activities at home such as painting, drawing, gardening, watching TV, chatting and social stimulation
- **Continuing support from family:** To continue with his wife supporting him with daily living activities independently such as shopping, housework, laundry and attending healthcare appointments, as well as food and a nutritional balanced diet.
- **Personal safety and supervision:** Mr Z's support plan is designed and tailored so that he is always has 24 hour supervision whether from a Personal Assistant or his family and unpaid carers.
- **Nominated individual:** Mr Z nominated his wife to manage his Personal budget

Overall Outcomes

- Choice and control over a flexible set of Personal Assistants to ensure Mr Z is supported to be safe in both indoor and outdoor environments
- To be clean and smartly dressed, maintaining safety, independence, dignity and personal hygiene
- Supported with all daily activities that aim to ensure his safety, health and wellbeing in the community
- By being part of the support planning process, Mr Z's wife is able to be involved and ensure that his support is tailored to ensure 24 hour supervision and work for the family.