Personalisation of adult social care in Herefordshire:

my life, my choices

1 Context

The personalised approach to the delivery of adult social care started with the 'Our Health, Our Care, Our Say: a New Direction for Community Services' Health White Paper in January 2006. This resulted in the 'Putting People First' (PPF) DH concordat of December 2007 and the associated implementation programme 'Transforming Adult Social Care' from 2008 to March 2011. These programmes identified funding and milestone commitments for all bodies responsible for adult social care:

- User & Carer Engagement Ensure that users and carers are at the heart of the local changes
- Information and Advice Universal access to information and advice (including self-funders) national and local solutions
- Prevention / Early Intervention With PCTs to deliver 3% efficiencies
- Personal Budgets all new users from October 2010, 30% and mainstream activity by March 2011
- Commissioning for change Working alongside service users and providers

In November 2010, the 'A Vision for Adult Social Care' policy document acknowledged the progress and restated commitment to personalisation for all service users by March 2013. This has been included into the next 'phase' of PPF entitled 'Think Local Act Personal' agreed and adopted in January 2011 by the DH, ADASS and twenty-four leading national organisations, including umbrella bodies that represent a large number of providers from the private, independent, voluntary and community sectors.

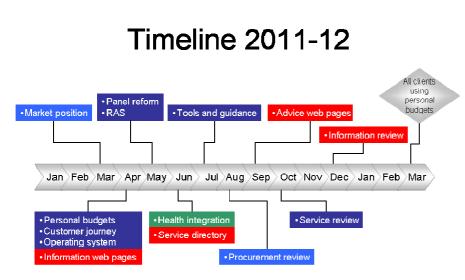
2 Putting People First in Herefordshire

programme The PPF in Herefordshire has not consistently. progressed In October 2010 it was clear that number of the PPF а milestones were unlikely to be met without unplanned use of resources and that any tactical attempts to do so could lead to longer term operational issues. e.g. just over 6% of social care users had a personal budget at that time.

The proposed creation of an 'integrated care organisation' and other organisational changes within the local authority also meant that such small-scale activities were not likely to succeed.



In November 2010, the DASS, the Head of Service and the programme managers for Maximising Independence and PPF agreed on moving from incremental delivery of personalisation to a whole system change in line with the new DH 'Vision' policy. Personalisation would be the default adult social care process in Herefordshire from 01 April 2011 and so all eligible users would have a personal budget within 12 months.

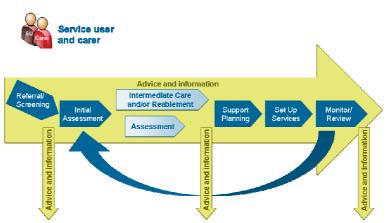


The existing PPF programme was changed to 'Personalisation': projects were refocused, stopped or created to address programme gaps particularly in the detailed processes of service user engagement and assessment. and subsequent support and provision of care. A single agreed process identified was and developed with the additional requirement that it could incorporate personalisation of other services (e.g. health. children) in the future.

3 Customer Journey

The Customer Journey is a deliberately straightforward process that any user can follow. It is

therefore entirely suitable for any citizen, or their advocate, requiring care and irrespective of eligibility and/or funding criteria. As the process is simple and clear, it is anticipated that this will become the way that care is sourced and provided throughout.



3.1 Main stages

Referral and

screening

The first contact of any citizen wanting to find out about or access care.

Initial assessment An outcome-based assessment that focuses on what the citizen wants to achieve and not a 'need-package' relationship.

<u>Intermediate care/</u> A focused 'care intervention' to address immediate needs, encourage independence and remove or reduce the need for longer-term care dependency. The success of this intervention will be assessed and, if required, initiate support planning for longer-term care.

<u>Support planning</u> An essential element of personalisation where the citizen will identify the services that meet their desired outcomes and will help them to live independently in their own home. This will be a key driver of service quality and innovation in the market.

<u>Set up services</u> Matching and sourcing providers to satisfy the outcomes in the support plan.

<u>Monitor/review</u> An audit process to ensure that outcomes and any funding are appropriate for the citizen, the provider and the Council.

There are various processes that will be triggered at any point of the Customer Journey:

- Safeguarding Adults: an allegation should raise a Safeguarding Alert.
- Emergency/urgency: should trigger the emergency/urgency process.

Appendix 2

- Appeals process: can be triggered by the client
- Reassessment of Needs: When a change in client's needs happens, a Reassessment will be undertaken.
- Carer Assessment: the Carer process will be triggered when a carer is identified.

Advice and Information is provided throughout the entire Customer Journey as an integral part to all roles (see below). Advice and information is always provided when signposting the client.

3.2 Resource allocation, panel and eligibility

A bottleneck is the matching of outcomes and possible funding to the services available in the market. The objective method that Herefordshire will use is known as a 'resource allocation

system' (RAS) that combines user outcomes in a calculation combining market prices, weightings from commissioning and other strategic direction that the Council wishes to influence.

Simply put, the RAS will almost instantly convert an appropriate assessment into an indicative budget that the citizen can start to use in developing their support plan.

The assessment panel is currently required to set both indicative budgets and also agree final care packages. When the RAS is sufficiently mature, the panel will be able to delegate decisions where the costed support plan is within defined tolerances of the indicative budget (plus/minus percentage and capped total amount).



Eligibility criteria in Herefordshire for Council funded adult social care are currently 'substantial' or 'critical'. These, together with funding criteria, will be assessed at the same time as outcomes. In full operation, citizens should often understand their situation in one visit and can plan accordingly.

4 Information and Advice

Information and Advice is critical to everyone involved in care. The need for both was highlighted throughout the customer journey, but more general availability is important for citizens' awareness – and hence prevention - and self-help.

Herefordshire Public Services are developing a new set of web pages that will be set out to make it easier for different audiences to find their most effective route through the information: users, carers, providers and care workers.

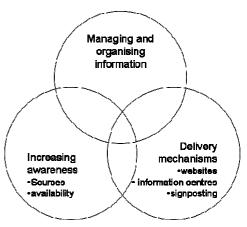
The web pages are intended to be a comprehensive and open resource on all Hereford Public Services care processes, tools and guidance so that the access to care is open and equitable at all times.

There will also be provision for a provider catalogue that is intended to be the primary resource for anyone looking for care provision in the County. It is intended that parts of this will be maintained by the providers themselves and that active discussions from all sectors will grow to develop ratings and innovative ideas.

5 Market Development

The Customer Journey and its component parts is a vital demonstration of Hereford Public Services intentions and will directly influence the commissioning intentions of Integrated Health and Social Care Commissioning as well as the market in which all providers operate.

It is also understood that - with decreasing health & social carel funding and increased care needs across many sectors of the population – the current economics and structure of the market will not be fit for the future. This will provide challenges for some providers and opportunities for others.



Appendix 2

Hereford Public Services will enter into frank and open dialogue with the market to discuss the ways that we can work together to ensure that users always have support and care available whilst the shape of the market changes to reflect new demands on quality and price.

It will publish and maintain a market position statement that will be a living document in open consultation with all stakeholders reflecting the state and trajectory of the care market in Herefordshire.

My life, my choices: working in partnership for independent living				
Who/what	Providers (Supply)	Quality	Resources and cost	Customers (Demand)
effects	Products and services will need to diversify to meet people's needs	High quality, value for money services will be demanded by people using personal budgets or their own money	Public spending will decrease and increasing numbers of people will self-fund their care and support	Demand for services will rise. People needing care and support will enter the market later in life and expect to stay well at home for longer
<u>_</u>	Commissioning intentions	Quality assurance	Budget settlement	• JSNA
Drivers	Budget commitments	 auditing 	• Eligibility	OP population growth
L/	Statutory requirements	 Safeguarding 	Private funding	 Rurality/geography
impacts	 HC procurement will move to framework agreements Funding for residential care will reduce a focus on providing reablement and rehabilitation at home Access to preventative services is a priority supporting younger adults with a disability into employment new services to keep people well for longer and not going into crisis a range of integrated care and support services delivered at home Supporting older adults to reduce social isolation 	 Outcomes will be the key measures of success, then cost Care Quality Commission and other accreditation requirements Expectations are rising: people in the future will increasingly expect quality and value for money from services and will 'shop around' HC provides open information and advice to support choice and diversity HC will facilitate and support services promoting and protecting the interests of vulnerable groups 	 HC position on how funding is allocated for eligible people Continuing delivery of quality services that offer value for money at a lower price. People who choose to self-fund part/all of their care will increasingly draw upon their own resources personal budgets for service users and carers give them more purchasing power Workforce development support for disabled people to apply for jobs Use of assistive technology 	 Significant rises in older people and learning disability populations Demand for care and support services increases but not matched by public spending Individual choice and control over purchasing care and support will be the norm people in the future will demand different types of services to today Younger disabled adults will ask for more support to enter employment Significant numbers of people needing care and support in isolated rural areas

5.1 Market position statement: draft for discussion