Creating Joined Up, Person Centred Services, Fit for the 21st Century

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- What changes have there been in the UK?
- What are the similarities and differences between Australia and the UK?
- What are the elements of joined up, person centred services in the UK?
- What have been the challenges of developing this approach in the UK and some of the responses?
- What remains to be done in the future?
- What is the role of leaders in achieving our ambition?
National Context in England

• 9% of national income is spent on health and social care; by 2060 it is predicted that half of government spend will be on health and social care (Kings Fund, Jan 2013)
• Gross expenditure of local authorities in England on adult social care 2012/13 = £17.2bn (Health and Social Care Information Centre)
• 1.3m people receiving services 2012/13 (Health and Social Care Information Centre)
• 1.5 million people work in social care
Similarities and differences

- We are both seeking to develop more personalised, consumer directed approaches
- The market in Australia has a bigger share of not-for-profit providers than in the UK
- Both countries have developed personalised services in disability services first
- The UK started a bit earlier
- We are both experiencing an increase in need and a challenge with resources
- We both charge for care and are introducing new arrangements
- Differences in political, governmental and organisational structures
- We are both keen on sport!
Development of Consumer Directed Care in England

- Began for working age people with a physical disability and has extended to learning disabled and older people
- 2001 – mandatory for local authority social services to offer a direct payment for community based services
- 2008-2011 National “Putting People First Programme” to further transform and embed changes to personalisation. £620m invested in change
- 2009 – extended to people who do not have mental capacity
Development of Consumer Directed Care in England (cont’d)

- 2011 – Formation of Think Local, Act Personal. More than 40 national organisations supporting continued implementation of personalisation and community based health, care and support
- 2014 – The Care Act - most significant legislation in care for 60 years providing principles and framework for the next few decades
- 62% of people receiving community based care are in receipt of a personal budget
Values and Principles

Care Act – key principles

- Health and wellbeing of individuals and carers
- Continued move towards personalisation of services enshrined in Personal Budgets, Direct Payments and co-produced assessment and commissioning
- Joining up services with Health and other public services
- Provision of information and advice
- Assessment and eligibility consistent across the country
Values and Principles (cont’d)

- Entitlement for informal carers – not just assessment but provision of services
- Responsibility to provide prevention and early intervention
- Safeguarding adults on a statutory footing
- Strengthening arrangements for commissioning services
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Person centred coordinated care

“My care is planned with people who work together to understand me and my carer(s), put me in control, co-ordinate and deliver services to achieve my best outcomes”

- My goals/outcomes
- Communication
- Emergencies
- Information
- Transitions
- Care planning
- Decision-making
What is the approach?

- Good advice and information
- Prevention and early intervention and helping people in crisis
- Assessment of needs, indicative budgets for people and support planning
- Providing a Personal budget, through a “managed budget” or a Direct Payment
- Building community capacity through social action – supporting informal carers, neighbourhoods and communities
Advice and Information

About...

- Managing the circumstances of disability and ill health to remain independent
- Sources of informal help and advice
- Entitlement to formal services
- Costs of care
- The way the system works
- Navigating the system
- Managing the crisis
Prevention and early intervention

- Reablement
- Housing options with access and support
- Support for informal carers
- Assistive technology and telehealth
- Early diagnosis and support for people with dementia
- Falls prevention
- Preventing and responding to strokes
- Public Health programmes
- Making all public services and communities sensitive and accessible to people with disabilities
Assessment, support planning and personal budgets

- Co-producing the assessment
- An indicative budget, using resource allocation systems
- Support planning – taking account of the options in the market
- Consumer demand leads to new services - personal assistants, “shared lives” and different arrangements for respite care and day care
- Much closer involvement of informal carers
- Setting personal budgets
- Supporting arrangements for Direct Payments e.g. accounts and payments
- Review
Building Community Capacity

- Much better and clearer strategies for support to carers in caring, employment and supporting health and wellbeing
- Campaigns to develop awareness and sensitivity towards disability
- Encouraging voluntary effort through social action and corporate responsibility – Local Area Coordinators, Circles of Support, Neighbourhood network schemes

- Joining up public services, health, housing and community services
- Initiatives include dementia awareness, loneliness (AgeUK) and encouraging voluntary action.
Mrs K is 84 years old, has been diagnosed with dementia and has a range of other health problems. Following a fall she was admitted to hospital and from there to a step up bed in a care home and was at risk of remaining in long term residential care.

With input from Short Term Assessment and Reablement Team brokerage, her husband chose one of three agencies that expressed an ability to offer home based support to Mrs K on her discharge. Mrs. K was discharged home with a direct payment with her husband acting as her Suitable Person. The care agency Mr K chose provides daily support mornings and evenings. Total cost of direct payment £147 per week.

Joint project between Nottinghamshire County Council and Alzheimer’s Society to promote use of Personal Budgets for people with dementia. This showed that:

- Personal Budgets for people with dementia can be very cost effective. Case studies evidence that people with dementia and other health conditions can live in the community with the right support, at comparable or less cost than in residential care
- Factors that make community and home based support effective in maintaining people with dementia at home - reliability, continuity of carers, trust and consistency
Mr D. has Lewy Body dementia and gets anxious and agitated when his routine changes. His mobility is also very slow. He has recently been discharged home after 26 weeks in hospital after being admitted with a severe leg infection causing him to hallucinate and not recognise his family. He was keen to remain independent at home for as long as possible, but is aware he has memory difficulties.

A direct payment was put in place with his daughter acting as a Suitable Person. She is using a prepayment card to manage the direct payment finances. Following input from START brokerage a support agency was identified that could provide practical support and personal care and could work around his need for consistency and reliability of carers. Total cost of Direct Payment £175 per week.

- Personal budgets can help people to remain at home who previously would have been in a care home
- START brokerage helps to source the support of choice
- The prepayment card is a way of making the direct payment more manageable and reduces transaction costs
The Challenges

• This is not just a technical exercise but a major cultural change for staff, leaders, consumers and informal carers.
• People’s needs are not in silos - how do we get all public services and communities to respond to this approach?
• Aren’t we already doing it?
• Is it safe and how do we regulate the services?
• Surely, giving consumers choice costs more money?
• It fundamentally changes the way we commission and contract for services.
• The age of austerity – a 26% reduction in social care expenditure in 4 years.
Responding to the challenge

- The cultural change requires a coalition of partners, a movement to make change happen – a social movement
- We may have been doing some of it, but not consistently and have we gone as far as we can?
- Helping people to manage and balance risk is a key part of the job of care services
- Think Local, Act Personal has helped to ensure that consumers are driving the changes and that wider collaboration exists
Responding to the challenge (cont’d)

- We need to see the benefits of the approach and the impact on people’s lives
- Creating new services and organisation, i.e. Personal Assistants through social enterprises
- There is no evidence that it costs more
The Future

• We are ten years into our journey, but there is still some way to go
• Outcomes based commissioning and service delivery
• Continued debate about the amount of funding and means of paying for care as needs increase
• Announcement by Simon Stevens, the NHS Chief Executive, on Personal Budgets to be increased in health – “North of 5 million people”

“*We need to stop treating people as a collection of health problems and treatments. We need to treat them as individuals whose needs and preferences should be seen in the round and whose choices shape services, not the other way round*”

Simon Stevens, July 2014
Leadership

“I made a list of what could be changed and what couldn’t. The second list was surprisingly short ...” - Min-Kyu Choi

• Democratic leadership and oversight – creating the expectations and conditions for success
• Making sure that consumers and commissioners are involved in every stage of service design
• Ensure providers are diversifying to support the arrangements of choice
• System leadership – ability to lead and co-ordinate broader public services, e.g. housing, voluntary and community services and business at a national and local level
Leadership (cont’d)

• Building on the strengths of communities and neighbourhoods
• Investing in the workforce and recruiting champions
• The stories of consumers are much more convincing
• Flexibility in design – there may be different ways of delivering consumer directed care

“You cannot mandate greatness, it has to be unleashed”

Joel Klein