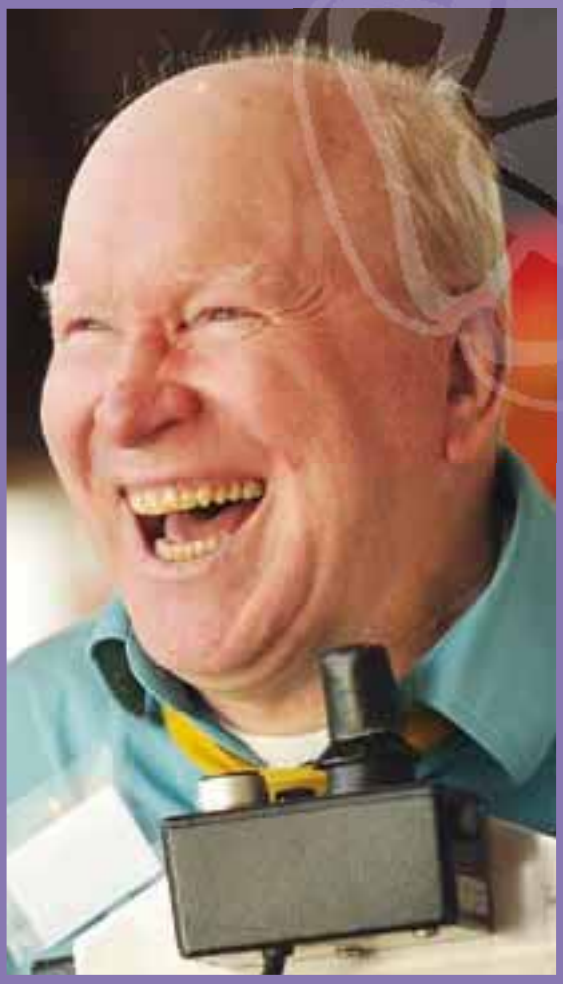
Getting personal : *a fair deal for better care and support*



The report of Hampshire County Council's Commission of Inquiry into Personalisation and the future of adult social care.

November 2008

Hampshire County Council

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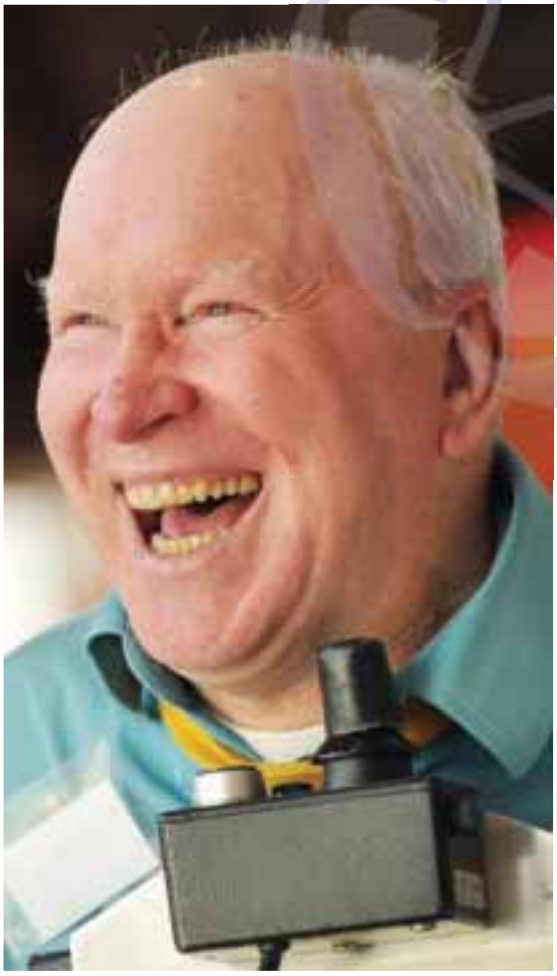


The report of Hampshire County Council's Commission of Inquiry into Personalisation and the future of adult social care.

November 2008

Contents

Foreword

When I decided to hold a Commission of Inquiry into Personalisation I wanted to fully understand the implications of this policy for the people of Hampshire. The Commissioners were delighted with the volume and quality of evidence received from local people and the willingness to take part in this debate with them. We were not surprised at the strength of feeling from Hampshire residents and we listened to, and considered carefully, all that people told us.

Despite the fact that we are spending more each year on social care, we, like all other local authorities, are finding it increasingly difficult to meet demand. The demographics, which suggest that in Hampshire alone we will have 15,000 additional people over 85 within the next 10 years, mean we have to think creatively about how we provide services across the whole County Council both now and in the future.

We have learned a great deal through the Commission and I personally intend to make a difference within Hampshire. Hampshire was once the place where the rest of the country looked towards for inventive and creative ways forward for disabled people. In 1986, disabled people in Hampshire pioneered Independent Living in the UK by using cash to buy their care. The Audit Commission in their report called 'Making Community Care a Reality', applauded Hampshire for its Independent Living Scheme as being so innovative that it encouraged other local authorities to do likewise.

Hampshire County Council is committed to building on its past history of working positively with older residents and disabled people and I will build on the work of the Commission in order to transform social care locally. Based on the recommendations of the Commission, we have developed a new model of support for adult services which will complement what people can achieve themselves with the support of families, friends and the wider community.

What we have learned from the Commission must inform the national picture. The recommendations offer real solutions to the issues and challenges faced not only by Hampshire County Council but by service users and carers, all local authorities, primary care trusts and care providers across the country.

We look forward to the response to this report from the people of Hampshire and the government.

Ken Thornber CBE
Leader of Hampshire County Council

Executive Summary

Background

The concordat 'Putting People First: a shared vision and commitment to the transformation of Adult Social Care', published 10th December 2007, made manifest a commitment to transforming care services by 2011. Transformation involves moving to a more person-centred or 'personalised' adult social care system which emphasises the individual's dignity, right to self-determination, choice, control and power over the support services they receive. The vision gives greater recognition to the importance of prevention and requires a whole system change.

Concurrently, a sense that the existing funding regime is unfair and disadvantages people who need only a 'little bit of help' or have saved for their old age, has been growing. Demographic pressures have made the present system unsustainable. In response the government is undertaking a major consultation exercise to inform a Green Paper on options for reform.

In January 2008, recognising the need to respond to the personalisation agenda proactively, and wishing to identify ways of tackling the unfairness and unsustainability of the current system, the Leader of Hampshire County Council, Councillor Ken Thornber, set up the Commission of Inquiry into personalisation and the future of adult social care.

The work of the Commission

The Commission consists of experts from a variety of organisations and interests, including community stakeholders, academics, local elected members and national organisations. It considered a wealth of research evidence and engaged with local people, including service users and carers, as well as MPs, academics and experts with a national remit on care, to determine how a new system of care and support should look.

This has resulted in the production of a set of national recommendations and the formation of a complementary local model for 'putting people first' in Hampshire.

Findings

The Commission firmly believes that personalisation is the right way forward but measures are needed at a national level to ensure that its benefits can be maximised.

Pressure on local authority budgets has led to social care being restricted to an increasingly small group of recipients. Local authorities have had to ration services through the application of tighter eligibility criteria and the extension of means testing.

Increasing demographic pressures, changes in health care and higher user expectations are creating pressure on the funding pot.

There is a need for greater fairness for those who do not currently receive any publicly funded help. As the majority of people do not qualify for such help they do not perceive that they have a stake in the social care system.

. . . . . a need for greater fairness . . .

For people in crisis, the fact that health care is free at the point of delivery and social care is means tested is hard to understand. People are confused and distressed at being asked to pay for the help they assume they would be entitled to free of charge at a time when they are feeling vulnerable.

People who have saved, often modest amounts, do not qualify for any publicly funded support nor, in practice, do they get sufficient information or advice. As a result many feel isolated, unsupported and confused. They feel that they are being treated unfairly because they have saved for their old age. They think it is unjust that people who have worked hard all their lives and paid their taxes should get no help whatsoever, yet people who have not saved get support.

People feel that the level of the savings and capital disregard in financial assessments for eligibility for financial help is set too low and excludes too many people who need care and have moderate savings.

For older carers, the effects of loss of earnings during working age does not end at 65: the loss of earnings means that people lose the opportunity to financially plan for their retirement, leaving them at risk of poverty in old age. Older carers cannot 'retire'; they carry on working long hours due to their caring role at a time when their own physical and mental health may be deteriorating. Many carers save up their Carers Allowance in order to purchase respite and at age 65 they have to cope without it. This can hasten the point of crisis and the need for the local authority to take up the caring role. To enable older carers to obtain Carers Allowance in addition to, rather than instead of, the State Pension would cost a small fraction of the amount the work of older carers saves the government every year.

The concept of 'charging' conflicts with the development of Individual Budgets. A more coherent approach - that promotes co-payment but places the onus on the government not the citizen - is that charges should be replaced by citizen 'contributions' based on a means test. The Resource Allocation System (RAS) helps a local authority calculate how much money is needed to meet someone's care needs and a means test is then applied to determine how much an individual should contribute towards the cost of their care. Having identified the appropriate RAS level for the individual and

the contribution that will be made from public funds, it will be up to the individual how they spend both the RAS allocation and their individual contribution. Charging is a difficult and contentious area and this shift to a contributions model would go some way to dealing with both the administrative costs and contention that it generates.

People in different local authorities face differing allocation and charging regimes and there is deep unhappiness at the perceived unfairness in the system and the lack of portability of entitlement. A national RAS needs to be developed, combining a consistent and portable framework for allocating resources and assessing need, with scope for local variations to enable response to the diversity across local authorities.

. . . . . .the importance of 'a little bit of help' . . .

Service users, carers and other stakeholders stress the importance of 'a little bit of help' and preventative services for people who might be considered to have 'Moderate' to 'Low' eligibility for services in the current system and are thus excluded from help in most areas. There are insufficient resources invested in social care to give 'a little bit of help' to everyone who would benefit from it. Primary Care Trusts (PCTs) have the mechanisms to transfer money to local authorities to pay for preventative services that may save the PCTs money in the long-term. However, the health service performance measurement regime for both NHS Trusts and PCTs makes acute services the priority, inhibiting the transfer of funds for prevention away from the acute sector to the community.

In order to achieve personalisation that truly promotes improvement in the lives of people in need of care and support, it is necessary to create a system that:

- shifts from an eligibility-based model providing limited silos of support to only those in the worst crisis, to one in which everyone who needs support is entitled to something that prevents crisis;
- is fairer, clearer, accessible, and inclusive to all;
- is adequately and sustainably resourced to give people the support they are entitled to;
- is the joint responsibility of the government, individuals and the people that support them;
- is person-centred and works with individuals to determine their support;
- takes into account the connections between care, benefits, housing, finance and other aspects of people's lives rather than considering personal budgets in isolation.

Recommendations - summary

To achieve a whole system change the Commission recommends:

1 The Universal Offer

- That the government sets out a Universal Offer for adult social care that has the following characteristics:
  - Access to information, advice and supported self-assessment for all, regardless of level of need or financial situation;
  - Links to other local services that promote health and well being, such as housing, equipment and adaptations;
  - Multiple points of access to good quality and reliable information, advice, advocacy and self-assessment.
- That for all those with more intense and urgent care needs there is a right to brokerage to support planning and arranging care, regardless of means.
- That, having agreed a Universal Offer, the government undertakes publicity, promotion and public engagement at a national level to ensure that everyone is aware of their entitlements.

2 Free urgent care

- That for all those at risk of admission to hospital or are being discharged from hospital, and in need of urgent social care, then this social care is free for up to eight weeks.

3 Savings disregard

- That the government increases the level of the savings and capital disregard from £22,250 to £50,000.

4 The legal framework

- That the Law Commission takes full account of the transformation to personalised health care and support in its review of social care legislation.

5 The retention of Fair Access to Care

- That Fair Access to Care criteria are retained in the transition period to ensure stability and affordability, but mitigated by:
  - The entitlements set out above;
  - A national minimum criteria, proposed as substantial and critical.
- That in the long term there is a fundamental shift in the means testing of social care to a means test that is:
  - Common across all types of care, i.e. breaking down the distinction between the means test for residential and non-residential care;
  - Separated from the assessment of need and the entitlement to support for the planning and arranging of care.

6 Resource Allocation System

- That a national Resource Allocation System is developed incorporating the principles of independent living. This must

combine a consistent and portable framework for allocating resources and assessing need, with scope for local variations to enable responsiveness to the diversity of local authorities.
- That the RAS is used as an assessment of the publicly funded net contribution to a care and support plan, rather than triggering charges, thus replacing the current charging regime.
- That the government abolish the Charges for Residential Accommodation Guide (CRAG) regulations and introduce a single consistent approach across all types of social care, that takes people's means into account.

7 Benefits
- That the government reviews the relationship between eligibility and the tax and benefit system.

8 Joint working with health services, targeted early intervention and prevention
- That public services invest in targeted early intervention and preventative services, aimed at those most at risk of losing independence and needing care, identified in FACS as Low.
- That a longer-term evaluation is undertaken of the financial impact and quality of life improvements brought by early intervention and prevention programmes.
- That the performance targets for Primary Care Trusts are reviewed to incorporate measures that give them an incentive to invest in preventative services.
- That the government actively encourage PCTs to use the power to transfer resources to promote a range of preventative and early intervention services across both health and social care.

9 User involvement
- That service users and their organisations are centrally involved in running and developing personalisation and self-directed support.
- That there is active encouragement to support user controlled organisations to enter the market to provide and manage care and support.
- That user controlled organisations are fully involved as providers of schemes for both individual and collective support.
- That there is improved and longer term funding support for user controlled provider organisations to ensure the development and sustainability of these services
- That service users, both individually and through user controlled organisations have a lead role in monitoring and assuring care services through user-led organisations and the development of user-led quality processes.
- That service users who wish to join the social care workforce are given support and training to do so.
- That service users who wish to take on the role of an employer are offered the necessary support and training.

10 Carers

- That the government formally recognises that caring goes on into old age and that therefore support to carers should recognise this.
- That the government remove the overlapping benefits rule and enable people to obtain Carers Allowance in addition to the State Pension, protecting the income of carers over the long term when they have given up work wholly or partly to provide unpaid care during their working life.
- That the Universal Offer is adopted and this will include consideration of the needs of carers at every stage.
- That carers must have the offer of training jointly from health and social care to help improve their confidence and capability to fulfil their caring role.
- That all financial assistance schemes offered by government and local authorities must be made more widely available and simplified to improve take up and make the process of application more customer friendly.
- That these must be more prominently advertised and marketed by the government and local agencies e.g. through GPs and other community venues such as libraries.

11 Market and infrastructure

- That a national project is undertaken to clarify the different roles of advocacy, brokerage and support planning within the commissioning process and how they should be developed to respond to market changes.
- That there is greater encouragement for the development and use of voluntary sector and small-scale specialist services.
- That the local authority closely monitors supply within the changing market and mitigates risks as a result of the development of personalised care by stimulating the market where needed to better match demand and supply.
- That the Social Care Reform Grant be extended for a further seven years, so it becomes a ten-year plan similar to the NHS Plan to support transitional funding.
- That Primary Care Trusts receive a similar grant for the same timescale to enable them to implement personalisation.

12 Risk, quality and outcomes

- That the new regulatory framework for health and adult social care must embrace the key values and principles of personalisation and includes an approach that:
  - Is proportionate according to risk both to the individual and the public;
  - Focuses on monitoring quality outcomes rather than process monitoring;
  - Offers flexibility and enables service users to purchase care from new and innovative sources;

- Is unambiguous on the relative responsibilities of local authorities and the Care Quality Commission;
- Is clear on the minimum requirements, for people providing paid care e.g.:
    - CRB checks
    - Health and safety training
    - Safeguarding training.

- That service users, both individually and through user led and user controlled organisations have a lead role in monitoring and assuring care services through user-led organisations and the development of user-led quality processes.
- That regulation of services be exercised in partnership with local authorities through a number of mechanisms such as:
  - Effective complaints and safeguarding systems
  - Monitoring of main providers
  - Providing assured providers for those that choose this option
  - Information on providers' performance, including enabling consumer assessment.
- That the Department of Health develops a joint performance framework across health and social care which links to the GP contract, including a increased role for GPs in signposting to assessment and services and identifying carers.

13 Workforce

- That ADASS, Skills for Care and the Department of Health explore:
  - A national voluntary accreditation scheme for personal assistants/careworkers;
  - A review of NVQs and Foundation Degrees to meet the needs of this emerging workforce;
  - Employment protection for this group given that action against the employer will provide limited recourse;
  - Support for self-employment as an alternative to direct employment and a review of taxation barriers to such options;
  - Support for the creation of networks of PAs and social enterprises;
  - Support for service users who wish to take on the role of an employer.
- That a new radically different approach to the care workforce and careers in care is made. There is a need to attract more young people into care work, including those for whom it will be a stage in their career rather than a career-long choice. There is also a need to transform the existing workforce and this must incorporate:
  - A review of the key professional roles, the boundaries between them and the potential need for new forms of health and social care roles in the future.
  - A national career pathway model that allows entry at any point and progression through a number of routes.

- Access to a national funding pot to support the career development and training of care workers regardless of their work setting or employer.
- A national training strategy ensuring that service user involvement – including involvement of service user trainers and person-centred approaches are at the heart of content and delivery of training programmes for health and social care.
- National recruitment campaigns.
- A review of the terms and conditions of the workforce to ensure that good quality staff can be attracted and retained.
- A review of NVQs and other relevant courses to ensure that they are sufficiently attractive and portable for those who may want to enter the care workforce for only part of their career.
- A review of the minimum age for care workers.
- Greater and more accessible training for unpaid carers.
- Guidance for local authorities on how to train staff across all departments and tiers, in two tier areas, so that all services, including mainstream services, can be joined up efficiently to respond to the personalisation agenda.

- That, following clarification of the different roles of advocacy, brokerage and support planning and how these should be developed, the skills required are identified and the development of a suitable workforce is commenced to fulfil these functions.

14 Place shaping and community capacity

- That a duty is placed on universal public services to plan their services with the needs of disabled and vulnerable people and their families and carers in mind. This should directly involve people who need social care and their organisations and be reflected in mechanisms such as Comprehensive Area Assessments and Local Area Agreements.
- That the national curriculum be used to increase understanding amongst children and young people so they are aware of and understand disability and social care as part of everyday life.
- That the government recognise the connection between the Independent Living Strategy, place-shaping and personalisation agendas and ensure implementation of these policy areas is complementary.
- That local communities actively engage in the development and implementation of these policies.
- That the government ensures that the natural environment and its health and well being benefits are integrated in to policies, strategies and partnership arrangements including planning and economic development.

15 Cost Implications

- The Commission has estimated that the cost of directly finance related recommendations is between £15m - £22m for

Hampshire and £750m - £1,100m nationally.

- The recommendations for increasing the capital disregard and extending Carers Allowance beyond age 65 would be between £545m - £745m nationally.

16 The Hampshire Model

- The national recommendations form the basis of a model for the future of adult social care in Hampshire. This model is an holistic, grounded and practical model for 'putting people first' in a local authority in partnership with health and other key partners, moving the personalisation agenda from rhetoric to reality. The Hampshire Model will be presented to Hampshire County Council's cabinet for approval on 22nd December 2008. Work in developing this model and the process of consultation has been done in compliance with and in the spirit of the Hampshire Compact, which is the framework for the working relationship between the County Council and the voluntary and community sector.
- Some of the recommendations of the Commission can only be implemented once there is national acceptance and relevant policy changes, however action will be taken on issues within the power of the County Council and its local partners that were raised during the work of the Commission. Some of these issues were:
  - Balancing risk and the duty of care with the wishes of individuals to make their own choices in life.
  - The cost of in-house services.
  - The impact on existing service providers.
- The actions Hampshire County Council will take include:
  - Ensuring that personalisation is offered to all, including people who use mental health services and people with drug and alcohol problems.
  - Establishing with its partners a joint choice, empowerment and risk policy which promotes transparent practices, incorporating a light touch in relation to audit and an explicit approach to balancing risk with the promotion of choice.
  - Moving to a transparent model for all in-house services.
  - Supporting service users to lead and undertake monitoring and quality assurance through user-led organisations in order to improve the quality of services available.
  - Facilitating provider forums and a stakeholders working group to lead the development and shaping of new services.
  - Promoting use of integrated health and social care personal budgets for older people with dementia.
  - Through the new Hampshire senate local authorities at all levels will seek to strengthen the integration of all relevant county and district services
- The Hampshire model builds on the current self directed support project and will be further developed during 2009.

The Commission will be reviewing progress against the recommendations in twelve months time. In recognition of the contribution made by the people of Hampshire to the work of the Commission, there is a strong desire to ensure that the adult social care system is transformed and that this is underpinned by evidence that over time demonstrates a whole system change.

Introduction

Hampshire's Commission of Inquiry has tackled one of the most important national issues facing us all: the future of adult social care for the growing elderly population and disabled people.

The future of adult social care presents great opportunities and challenges to society, the government, all local authorities, health services and every individual across England.

The opportunities emerged from the publication of 'Putting People First',[i] a ground breaking concordat which outlined a shared vision for the transformation of adult social care. In this document central and local government and the NHS make a strong commitment to the personalisation of care services over the next three years.

Personalisation means that support and care are built around the individual, taking account of personal aspirations, strengths and needs. It is clear that delivering personalised services will require a fundamental shift in focus, moving away from a system where people are matched to services, to one where the person in need determines how their needs will be met. It is expected that this transformation will bring about better outcomes for people in need and their carers and will ensure that they are afforded more choice, dignity and control in the way they lead their lives.

The challenges arise from the growing awareness that the current adult care system is failing people in need and is unaffordable within the current arrangements. There is a profound sense of unfairness in the current funding regime which is seen to disadvantage people who need only a 'little bit of help' or have saved for their old age.

Despite councils spending more money on services, demographic pressures, changes in health care and higher user expectations mean that demand exceeds resources. In the coming years even fewer people will be able to receive publicly funded social care. The government and all political parties have voiced concerns about how much support families can and should be expected to provide. More people have to fund their own care and for those people who do there is very little information available for them to help find the best possible solution to their care needs.

In response to these issues and with strong cross-party support, Hampshire County Council set up the Commission of Inquiry in January 2008 so that it could think positively about the issues and plan for the future through examining research, engaging with the public and receiving input and expertise from highly knowledgeable and well regarded Commissioners. Its purpose was:

- To develop a system for adult social care that will truly make a difference to the quality of care and support offered to the residents of Hampshire and provide a model for change which might be drawn upon by other local authorities;
- To make recommendations to government on the national implications for achieving services that put people first;
- To inform the County Council's response to the consultation for the green paper on the future funding of care.

. . . . truly make a difference. . . .

The Commission heard views and examined evidence on how the whole system could be changed through the concept of personalisation to ensure that people are given more choice and control over the care they receive. Having considered and debated the issues, the Commission outlines its recommendations for the future of adult social care in this report. These recommendations are complemented by the 'Hampshire Model' that forms Appendix E and represents an holistic, grounded and practical model for 'putting people first' within a local authority, moving the personalisation agenda from rhetoric to reality.

2 About the Commission

The approval to set up the Commission, its membership and structure was given by Cabinet on 21st January 2008.

The Commissioners invited to participate in the Commission came from a range of backgrounds and from different parts of the care and political spectrums. This was to ensure a balance of views and perspectives and also to incorporate a variety of expertise and experience to provide a full and comprehensive consideration of the complex issues under debate.

The scope and volume of material was immense and required dedicated input from all Commissioners over a prolonged period of time. They were often faced with conflicting and contradictory views and had to carefully consider all the submissions to retain a balance during the process. Hampshire County Council gratefully acknowledges the huge commitment made by the Commissioners.

2.1 Commissioners

The Commissioners were:

Councillor Ken Thornber CBE -
The Leader of Hampshire County Council, Commission of Inquiry Chairman

Councillor Felicity Hindson MBE -
Executive Member for Adult Social Care

Councillor Patricia Banks -
Executive Member for Children and Families

Councillor Margaret Snaith -
Executive Member for Recreation and Heritage

Councillor Jo Kelly -
Leader of the Labour County Councillors in Hampshire

Councillor Alan Dowden -
The Liberal Democrat spokesperson for Adult Social Care

Professor Peter Beresford OBE -
Director, Centre for Citizen Participation at Brunel University

David Brindle -
Public Services Editor of the Guardian

Stephen Burke -
Chief Executive, Counsel and Care

John Dixon -
President of the Association of Directors of Adult Social Services

continued

Professor Debra Humphris -
Pro-Vice-Chancellor at the University of Southampton
Andrew Lloyd -
Chief Executive, Rushmoor Borough Council
Professor Jonathan Montgomery -
Chairman Hampshire Primary Care Trust and Professor of Healthcare Law, University of Southampton
Madeleine Starr -
Strategic Projects Manager, Carers UK
Peter White -
Disability Affairs Correspondent for the BBC
Rt. Hon. Sir George Young -
Member of Parliament for North West Hampshire

Terms of Reference for the Commission

The Commission conducted its work within agreed terms of reference which are attached as Appendix B

Acknowledgements

The Commission would like to place on record its appreciation of the work of the, Director of Adult Services, and the Commission team at Hampshire County Council for the excellent support that they gave. It could not have asked for better background briefing, or for more interesting and well-organised evidence-taking sessions.
The team has also borne the brunt of drafting the report - at the same time as they have had to manage a complex department and prepare Hampshire's response to the consultation on the Green Paper. They were a model secretariat.

2.2 User and Carer Involvement

Service users and carers were actively involved in the work of the Commission throughout its duration. The Commission also established a reference group of service users, carers and user led organisations which worked alongside the Commission to consider the key points that people wanted to see included in the new model for adult social care in Hampshire. Many of its members attended the public sessions and were fully involved in hearing the evidence presented and participating in the round table discussions that were a feature of each session.

Membership of User and Carer Reference Group

Barbara Allen -
Service user, Service User Involvement Project (Mid Hants)
Robert Droy -
Service user, Southampton Centre for Independent Living
Ross Hamilton Smith -
Service user, Physical Disabilities
Nicky Wynne-Hedges -
Service user, Older Persons and Physical Disabilities
Stephen Hull -
Service user, Learning Disabilities
Philip Mason -
Service user, Hampshire Centre for Independent Living
Anne Meader -
Carers Together and the Local Government Network

Terms of reference for the reference group

The group conducted its work within agreed terms of reference which are attached as Appendix C

2.3 Published research and submitted evidence

In order to facilitate informed debate in which stakeholders, including Hampshire residents, could 'have their say' in shaping the future of social care, a general call for evidence was made through a press release on the 21st of January 2008. At the same time a web site was established as a vehicle to both receive evidence and to keep the public and organisations informed of the work of the Commission.[ii]

The Commission wanted to hear from as broad a range of people as possible and extensive use was made of Hampshire County Council's publications and the 'free' and 'paid for' press to encourage people to give their views. Leaflets were distributed to numerous

community groups and the Commission was present at various public events to promote discussion and engagement and receive feedback. Direct approaches were made to a wide variety of private, public and voluntary sector organisations which resulted in evidence being received from:

- 132 independent members of the public, of which 27 submitted evidence in confidence;
- 36 organisations;
- 27 members of staff in Local Authorities including Hampshire County Council.

In addition, two pieces of evidence on demographic change and economic diversity in Hampshire were commissioned.

A comprehensive range of published research and opinion pieces on the future shape of social care, which were hitherto highly disparate, were gathered and analysed.[iii] Summaries of this literature and the evidence submitted to the Commission were presented in a series of 10 briefing papers.[iv] These were considered to be of a very high standard and were used in the development of 'Personalisation, a rough guide' launched by the Social Care Institute for Excellence on 23rd October.

The scope and volume of material was immense and required dedicated input from all Commissioners over a prolonged period of time. They were often faced with conflicting and contradictory views and had to carefully consider all the submissions to retain a balance during the process.

. . . . volume of material was immense . . . .

2.4 Public Sessions

The work of the Commission was divided into four main subject areas. This was to ensure that the Commission could focus on the issues to be considered in a manageable way and build on the evidence received throughout the process.

The four areas were:

- People and carers
- Funding and partners
- The care market
- The local authority

These areas became the basis of public sessions held in April, June, July and September. Attendance at each session was by ticket. These were advertised through press releases, direct marketing and via the web site. Approximately 20 members of the public and 70 representatives of organisations and groups attended each event.

. . . . provided powerful testimony . . . .

Each hearing was addressed by 6 or 7 speakers who made keynote presentations on relevant topics followed by questions from the Commissioners. Several of the speakers were service users or carers who provided powerful testimony on their experiences of receiving care and what they wanted to see changed for the future. The morning sessions were followed by round table discussions to address some of the key issues raised. Following each hearing the Commissioners spent time together discussing and agreeing key areas.

2.5 Party Conferences

In September the Commission took a stand at each of the party political conferences as a means of raising the profile of the issues to key politicians and policy makers and learning from delegates their views on the subject. The high number of debates and fringe events on personalisation and related issues demonstrated that personalising social care, finding log-term solutions to the funding dilemma and making the system fair and affordable are of central importance to all parties. The stand attracted a lot of interest and Commissioners and staff from Hampshire spoke to many government ministers, senior shadow spokespersons and local MPs.

2.6 Question Time public debate

Peter White, disability affairs correspondent for the BBC hosted a question time event for the public in late September. This event was widely advertised and attracted an audience of over 120 people who brought questions to the panel of Commissioners. The public asked many challenging questions and these have been considered in shaping the recommendations made in this report.

2.7 Private sessions and workshops

The final session of the Commission was held in private with an invited audience of people who use Hampshire's services and members of the public who had shown an interest in the Commission by either submitting evidence, making presentations or attending any of the public meetings. This session was a significant help in developing the Commission's findings and recommendations for the report. Commissioners also held two half-day workshops to explore in detail some of the issues that emerged.

3 What people said

Feedback on the Commission as a whole was extremely positive from the public and the Commissioners. People were delighted that the Commission was looking into such an important issue. They valued the opportunity to contribute their views and have their voices heard. They also appreciated the opportunity to listen to the speakers and develop their thinking and understanding on the debate.

People who submitted their views or spoke to the Commission included people in receipt of care and carers, community stakeholders, academics and representatives of national organisations. As the submissions of evidence made by local residents and organisations were the result of self-selection, their views and experiences should not be considered representative of the views

and experiences of all Hampshire residents. Nonetheless, their messages are significant. They contribute to the evidence base for determining the future of adult social care. Some of the submissions are qualitative data from people who do not currently receive care, which are currently underrepresented in research literature. All of the submissions come from people who felt strongly enough about the issues to spend their own time compiling responses. They have a right to have their voice heard on personalisation and the funding of social care.

The evidence submitted to the Commission demonstrated that many people, from those who do not yet use services, through to current service users and carers, providers and local authority staff felt that personalisation is a good way forward. Perhaps unsurprisingly it also, in the most part, reflected the view that personalisation cannot be achieved for all who need it unless social care is better funded.

Interestingly the evidence also indicated that the need to overhaul and clarify regulation is deemed by all stakeholders as one of the most significant factors in ensuring that personalisation is an empowering opportunity rather than a measure that results in poorer outcomes. Furthermore, it highlighted the need to be mindful that personalisation cannot exist on a purely micro-level in which an individual selects their own services, but requires greater user involvement in commissioning, public service design, quality assurance, education and training to ensure that the whole system is one in which the people who need care are put first.

3.1 Putting people first

Powerful evidence was heard from speakers both on the benefits of individual budgets and direct payments, and also on failings in the current social care system. The majority of respondents who expressed an opinion on the personalisation of care welcomed, supported or endorsed the concept in principle.

Particular support was given to the principles of increasing choice in daily life, being treated as an individual, person-centred planning, self-assessment, personal or individual budgets and direct payments.

Most respondents felt that they themselves were the best person to make decisions about their own care. Most respondents suggested some measures that they felt would be important to make personalisation work well and would counter any potential personalisation might have to further burden people who already had to cope with the demands of illness or disability in their everyday lives. These included the need for a safety net if suitable personal assistants/care workers cannot be found or are suddenly unavailable through sickness, the need for support to make decisions and manage finances, and the need for sufficient funding to ensure personalised care would be available for all who need it.

A comparatively small number of respondents were opposed to personalisation. One disabled respondent felt that reform was unnecessary as the personalisation agenda was already being met through direct payments. An older carer whose wife has Alzheimer's felt that Adult Services provided a good service and if carers were given control of funds the system could be open to abuse.

3.2 Cultural change

A number of respondents highlighted lack of power and choice for individuals in the current system, and expressed the view that personalisation necessitates change from the paternalistic roles and culture existing in both local authority services and independent sector services.

Care managers put words in my mouth. It's about what they think I should do, such as leave home and they don't listen to me.
(Service user with disabilities)

Areas for change mooted included a shift from financial gate keeping and a gift mentality where the professional knows best, to one in which people's self-determination and individuality is respected and supported.

The paperwork attached to justifying my spending is incredibly time consuming, complicated, and quite frankly a waste of everyone's time! I hope that personalisation will end this and allow me to be trusted to spend the money on the things that matter most to me (and hence improve my lifestyle and general wellbeing), without having to continually justify my actions.
(Direct Payments recipient with a physical disability)

3.3 That 'little bit of help' and self-funders

Several respondents mentioned the difficulty of making decisions regarding their own care or that of people they know. They highlighted the lack of information and help with exploring care options and options for paying for care. Many of these respondents were self-funders or relatives of people self-funding disadvantaged by the unwillingness of statutory services to offer them any kind of help:

My mother was in... hospital after a stroke, where the Consultant advised that she would not be able to walk unaided, feed, dress or wash herself again and that we should find a nursing home for her, suggesting that we talk to the Hospital-based Social Services team. We did – and on hearing that she would be self-funding, the shutters came down and the help/information offered was zero.
(Carer)

A number of respondents lamented the lack of publicly-funded 'low-level' services such as 'home help', gardening help, advice and advocacy and several stressed that such services would help prevent crises and thus the need for more costly care that results from loss of independence.

I'm 81 years old and live alone. My heart valves are diseased. I have Diabetes and a Catheter. The day I was discharged from... hospital in October last year a person from Social Services came to ask if they could do anything for me. I asked if someone could look in me to see if I was O.K. The person seemed unsure, I then asked if someone could phone me once a week to see if I needed anything like shopping, the reply was short and to the point, we don't supply people to do shopping. I told the person to forget it.
(Older person)

3.4 Support for carers

The views of carers are included in most sections of evidence, and often their support and well-being is inextricably linked to the services available to those they care for. Interdependence, as well as independence, has to be recognised in looking at the outcomes of service delivery. In terms of their own support needs several respondents also emphasised the need to provide respite solutions to help prevent carers, particularly those caring for people with dementia, reaching crisis. Respite would help avoid being forced to resort to expensive residential care services:

If there could be a service whereby the carers' charge could stay in a suitable respite home for two weeks at a time –once, twice, three or even four times a year: - FREE of charge the carer, having recharged batteries would have time to more willingly, patiently and lovingly be able to ensure a dignified and happier life for their loved one.
(Older carer)

. . . . a dignified and happier life . . .

Respondents also stressed the importance of easy access to advice and information at the point at which it is needed. They suggested training would be useful not only to assist in understanding the condition of the person they cared for but also to help carers look after themselves. This would prevent crisis and the need for 'formal' care services.

3.5 Funding personalised care

The personalisation concept will not change the existing barriers until greater resources are available, and there is a danger that the publicised success of a small number of special cases may be seen as of benefit to the whole, whereas it may only divert resources.
(Carer)

Respondents stated that, for people who currently receive publicly-funded help, often only the most basic personal care needs are being met. If inadequate funding is supplied to meet needs there is a danger that people who have personal budgets will have to further stretch their resources to meet their priority needs, restraining or reducing their quality of life.

Furthermore, evidence submitted supports the conclusion that, unless there are national changes made to how care is funded, personalisation will only be achievable for a minority as fewer and fewer people qualify for publicly funded social care. The difficulty that local authorities will have in reconciling the opportunity for choice with insufficient funds and eligibility criteria could mean even the most reasonable and modest needs of people will continue to not be met:

. . . . 'It never dawned on me that they would do nothing!' . . .

Never mind the glossy brochures, the enlightened promises, our daily experience tells us a different story... How many times do we have to hear a bewildered voice on the phone exclaiming, 'It never dawned on me that they would do nothing!' as yet another family member discovers that a much loved relative does not qualify for help.

(User-Led Organisation supporting people with Direct Payments)

3.6 Funding social care in the long term

Approximately 70 respondents discussed the issue of the future funding of care. A considerable proportion expressed anger at the unfairness of the current system, many stating that people who save are penalised, whilst those who do not save benefit from free care. It was also highlighted that self-funders unfairly have to effectively subsidise publicly-funded places in care homes. Furthermore, those families using care suggested that the system, including the 'benefits' system, is focused on minimising payouts rather than helping, and is confusing - many did not understand why the NHS would not pay for care for people with dementia.

My wife is a sick lady and I am a full time carer to her. I applied for the carer's allowance and was told I qualified but only on condition I gave up my state pension as this was considered I was already in benefit!! In no way can I consider the state pension a 'handout' benefit as one contributes towards this by paying out of ones salary, all of one's working life. This anomaly affects many many people in similar circumstances.

(Older carer)

Responses were split between those who felt that care should be free for all at point of delivery and those who felt some or all should contribute the same as or more than they would now. There was recognition amongst some speakers and residents that co-payment is the most realistic option in the longer term. Many felt that universal entitlement to a basic degree of care would be more fair; they had paid their 'dues' through income tax and national insurance and therefore should be entitled to publicly -funded care.

Of course the state should pay all regardless of whether the person is rich or poor; why should one section of the community get justice and the other not, just because they have managed their finances better all their life and/or been more sensible.

(A Hampshire resident)

Several suggested that money should be taken from other pots, such as other council services or defence, to enable free care. Though some respondents displayed awareness of the funding crisis in social care, and an expectation or acceptance of the need to make additional contributions to deal with the crisis, several respondents, consisting predominantly of people whose elderly relatives had had to go into residential or nursing care and did not initially receive public funding, expressed shock that the person's assets were needed to pay for care resulting in the depletion or loss of their inheritance.

Some felt that means testing should be retained and it is notable that they thought that this should mean only the very rich pay for their own care. Of those who thought some or all should make more contributions, some said they wanted quality and value for money in return. Several ways in which people could make a greater contribution towards the cost of care were suggested, including:

- Taxation or national insurance;
- Compulsory savings;
- Equity release schemes;
- State pension offset against the costs of paying for care oneself;
- Tax relief on care to help more people to pay the fees themselves.

Respondents reported experience of barriers that make it difficult for people to make a financial contribution to care, including difficulty of obtaining power of attorney from the Office of the Public Guardian to enable selling the home of someone who has Alzheimer's, and the lack of regulation of equity release schemes - which deters people from using such schemes. The majority of respondents that expressed a view on selling ones home to pay for care felt vehemently that no one should have to sell their home. There were a small number of responses in which it was made explicit or implicit that the respondent felt that it was a reasonable way to pay for care. The two respondents who mentioned Disability Living Allowances said it should not be taken away to pay for care.

3.7 The care market

Private and third sector providers who submitted evidence expressed concerns about personalisation and the implications it would have for their organisations. They were particularly anxious about the potential shift towards contracting with individuals instead of the local authority and the effect this would have on their development, ability to be proactive and sustainability:

To ensure 'real' choice local authorities are going to have to recognise the risks involved for small providers especially as they are often the ones that bring diversity to the market place. We as an organisation are very positive regarding personalisation but we have identified that personalisation could be a risk to our sustainability. Small organisations like our own will not be able to withstand variable purchase from individuals as we will still have to provide annual budgets, salaries, pensions, training, overheads whilst also developing appropriate strategies/services. It is obviously guaranteed income, which makes all this possible.

(Independent service provider)

. . . risks involved for small providers . .

A number of respondents mentioned the likelihood of an increased demand for personal assistants and care workers who would work flexibly and there was concern that people would face difficulty in finding such staff:

It is no good being given money if the service you need is not there. I have found it very hard to find a carer for my father locally as to get a carer for an hour is hard when the bus service is so poor. This excluded several who applied and I have currently been forced to use an organisation to provide help.

(Carer)

One respondent provided information on how service users in Hampshire were exercising choice and successfully accessing universal services in the local community, such as mainstream adult education, in preference to traditional services such as day services. However, some respondents felt that mainstream services are not right for everyone or expressed concern that people would be expected to access universal services without being given sufficient support or funding to do so.

A further risk and fear is that personalisation could covertly collude with a prevailing fantasy economically driven and supported by those more able people that there is employment for all, that all day opportunities are unnecessary and intrinsically bad and that everyone can live and wants to live independently and are able to access their communities with support... We also need to remember that our communities are not always the warm, friendly and welcoming places we would like to believe they are and it often takes a brave and confident person to tackle covert discrimination and negative attitudes.

(Independent service provider)

Some respondents felt that there will be a continued market for traditional services such as day and residential care but it was also suggested that changes to these services would be needed to meet the personalisation agenda.

Assumptions have been made that there is no longer a demand for traditional day services with people desiring more social inclusion through use of universal services such as leisure centres and libraries. This view is certainly contradicted at older people's carer group meetings, where there appears to be a high level of anxiety about the possible reduction in provision of day services...We could link more closely with the residential units on site to provide combinations of overnight and short stay (weekend) respite to complement day services provided and could rotate staff to work in both the residential and day service settings so that people experience some continuity of staff. In this way, trusting relationships can be formed with individuals and their carers which will fully support people to remain in the their communities.

. . . . trusting relationships can be formed . . . .

(Manager, local authority)

3.8 Regulation

Several respondents expressed concern about the quality and regulation of personalised services and for people self-funding care. Some respondents in receipt of home care cited the closure of local authority in-house home care services and a shift to use of private companies as an example of how outsourcing might result in a deterioration of quality for the service user even when services are subject to regulation. It could be inferred from their experiences that, if personalisation results in an increase in privatisation, greater effort will need to be made on quality control:

Anecdotal reports indicate that service quality is at best erratic and at worst poor. Regulation enforcement from CSCI has been disappointing. This begs the question of how the new regulatory body will respond to a decentralized market and a possible large rise in individual complaints. What sanctions if any will be implemented against poor providers? Currently the regulatory framework focuses on 'risk', POVA etc. The benchmark of 'quality' is set low; provided adequate risk management is in place you can provide a poor quality service. This needs to change... The new regulatory body (CSCI ends April '09) will have to adapt and provide a clear customer-focused service that is responsive to individuals as well as regulation of statutory body's and enforcement.
(User-led organisation)

Some respondents expressed particular concern about the current lack of regulation for personal assistants and support brokerage, citing potential problems with standards of service and training, awareness of the law, lack of emergency cover, and abuse. Others who contributed their views felt that regulation of personal assistants might inhibit their ability to exercise choice and live the lifestyles they want. Regulation may also prevent people from becoming personal assistants. Various measures were suggested to safeguard against such problems, including a 'Kite Mark' for services or providers considered by the local authority to provide good service; 'licensing' staff; the local authority acting as an agency for personal assistants, providing training and liaising between them and clients; accrediting agencies; a local authority-run website listing available carers/personal assistants who have had CRB checks and providing complaints procedures and advice on legal and training matters for both employers and employees.

One respondent highlighted the fact that lack of regulation regarding personal assistants can mean that the personal assistants themselves experience poor working conditions or are put at disadvantage:
I was a close friend of a profoundly disabled person...
When he died he owed the bank about £12,000... His full time PA therefore lost a months salary, her job and as she was a joint tenant, her home all at a time when she was personally bereaved. Fortunately the benefits agency were able to help until she got back on her feet, but the bank was completely unsympathetic. I believe that a consortium approach to contracts and payment of PA's could reduce transaction costs and provide some protection in the circumstances described.
(Friend of a disabled person)

3.9 Workforce

With regards to the local authority workforce, two respondents, one a carer, the other a provider, highlighted the need for more training in person–centred planning as particularly important. Other respondents mooted that the shift towards self-directed support as part of personalisation means fewer local authority social care staff might be needed, and employees would need different skills than previously.

UNISON stated that employees want to support personalisation. However, it was also indicated that there is a degree of skepticism about individual budgets and concern amongst staff that the personalisation agenda would be used to close in-house services, cut and deskill the workforce and mask cuts in the budget for services. The trade union suggested that, to ensure a positive way forward, the workforce must be brought on board as partners and offered any training they want to help transform services rather than be set up as scapegoats for the previous failings of the social care system.

. . . . workforce must be brought on board . . . .

3.10 The local authority, place-shaping and partnership

Local user-led organisations stressed the need for change across all local authority departments and beyond as part of the shift towards personalisation:

What about the places where we live? Our surroundings, the infra-structure society depends on? Local transport, the built environment, shops, cafes, cinemas, pubs, restaurants, further education facilities etc., all are partners, all can play an important role in enabling an inclusive and active lifestyle

(User-led organisation)

They highlighted the importance of non-social care services, such as transport, education, recreation and employment opportunities, in improving the lives of people who need social care services. Strong evidence was heard from one of the speakers on the connection between health and wellbeing and contact with the natural environment and hence the need to consider the natural environment as a health and social care resource. Transport was identified as particularly important for enabling people who need social care to access both services targeted at them and mainstream services.

The importance of working to make communities better places to live, not just to enable vulnerable people to be socially included and supported in their communities, but for the mutual benefit of citizens was strongly advocated by many respondents. They expressed the need, particularly in rural areas, of which Hampshire has many, to have resources that contribute to wellbeing, such as healthy living activities, available in local communities, utilising existing local facilities, parish halls for example. This would have the benefit of bringing people together, thus improving social cohesion.

Respondents stressed that the local authority must work with all stakeholders in partnership to shape the future of adult social care. Collaboration between social care agencies and universal services with the potential to facilitate wellbeing was cited by respondents as an important area for improvement in order to ensure that services are accessible to people who need them. It was highlighted that the local authority needs to signal to providers about potential personal-budget-holding customers to ensure that mainstream services are sufficiently accessible to make them a real option:

The local authority must use its considerable financial and political influence to ensure a greater awareness of the changes and their implications. We want to see a rapid acceleration of inclusive measures being taken by the goods and services industry.
(User-led organisation)

. . . . . disabled people's organisations could help local authorities . . .

A key issue raised was the importance of partnership or co-production between local authority departments and the people who need care and support, or organisations who represent them, in determining the future of services, their design and their delivery in order to make them more accessible and more responsive to individual needs. It was suggested that disabled people's organisations could help local authorities to ensure that all of their services are made inclusive to disabled people, act as trainers and educators, and have a greater role in commissioning and 'kite-marking' services, for example.

4 The future of adult social care: a new system

The future of social care and support has moved centre stage across the whole political spectrum and is emerging as an issue of significant national public interest. The drive for more personalised services and the severe and growing pressure on social care funding are intrinsically linked and necessitate a major reshaping of the adult social care system, presenting an opportunity to make a real difference to the lives of people who need care and support.

The Commission strongly supports the principle of personalisation of social care and recognises that measures are needed at a national level so that the aspirations of independence, dignity, self-determination and choice can be met with innovative approaches to issues such as risk and funding. The Commission emphasises that the momentum to personalise services must be maintained as the benefits that it provides to the lives of people in need of care and support are proven in the evaluation of Individual Budgets. While the evaluation of these early developments in personalisation show poor take-up of Individual Budgets amongst older persons, more recent evaluation in Hampshire, West Sussex and Manchester demonstrates that now, with the right support mechanisms in place, the take up is increasing and outcomes improving.

Having considered evidence both from national and local contexts, the Commission has deliberated and developed national recommendations which have significantly influenced the development of the local Hampshire model on how the future system could look and how transformation might be achieved in order to 'put people first'.

The system through which people obtain social care is currently opaque, localised and hard for people to understand. It operates in a complex web of legislation, funding sources, eligibility criteria, means testing, differential charging for services and overlaps with health care provision. The Commission takes a universal and whole systems approach to the shape of future adult social care that is realistic in its appreciation of the increasing demands on social care. It supports the findings of the CSCI review of eligibility criteria 'Cutting the cake fairly' with its recognition that urgency of need is a key factor in the future application of the eligibility criteria.

The new system recommended by the Commission is

- Progressive in the level of support offered;
- Relates support options to the person's level of need and condition, the person and their family's wants;
- Promotes a balance between public sector and personal funding.

The national recommendations are complemented by the model of future adult social care in Hampshire, which forms Appendix E. The model offers an holistic, grounded and practical model for 'Putting people first' in a real local authority, moving the personalisation agenda from rhetoric to reality.

4.1 The Commission's proposed system, illustrated

The nature of the whole systems change for social care is set out in the following figures.

Figure 1

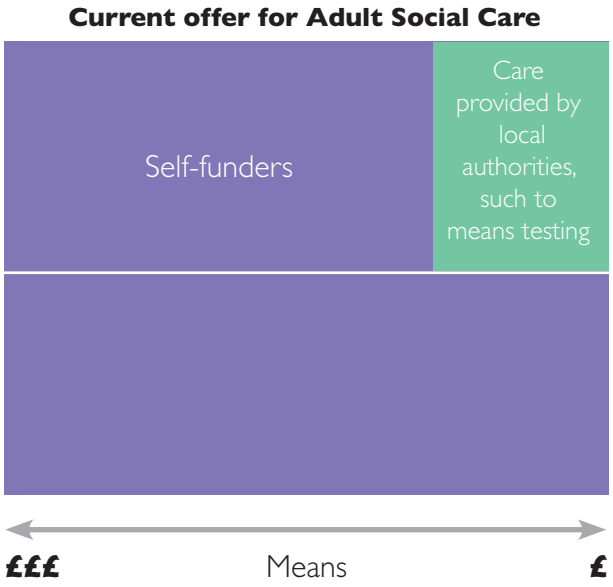


Figure 2

Figure 1 shows the current offer for social care. The larger box represents those people with some level of need for personal care. The horizontal axis shows those with significant income and wealth on the left to those who wholly are dependent on benefits on the right. The vertical axis shows the

level of need, from low in the bottom left to high in the top left. The threshold for care is shown above the line and this is the case in the majority of local authority areas .

Care is rationed by need and financial means, with the result that social care is mostly concerned with those in the top right hand box, i.e. those with few financial resources (savings and income) and high levels of need. As a result those with high needs, who have financial resources of £22,250 and above, are too often left with little help to make the right decisions about how to get care and support to meet their needs.

Whilst it may be a simplification, the diagram demonstrates the general narrowing of the social care remit.

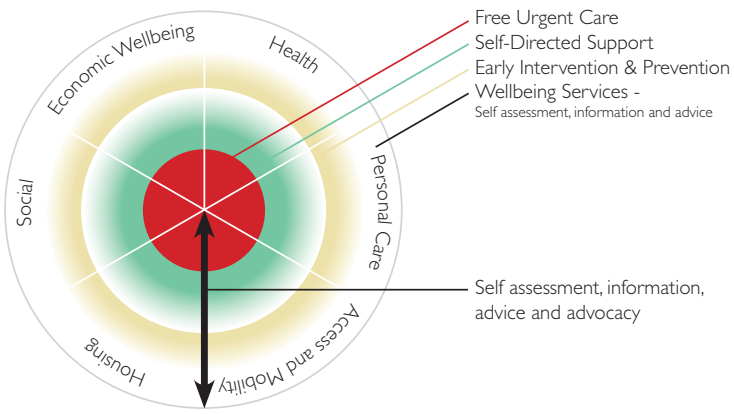
Figure 2 shows how the Commission visualises what personalisation will mean from the perspective of social care departments. In figure 2 there is a Universal Offer of a minimum level of support that all citizens can expect.

The final group shown in figure 2 are those in crisis, for whom their needs are both intense and urgent. In many cases, these people will be in receipt of or at risk of needing acute health care.

Figures 1 and 2 show the transformation from the perspective of the social care system. However, personalisation is about people, their families, carers and networks, not professionals. Figure 3 attempts to show what personalisation will look like for an individual. That individual may be someone in need of care and support or a carer.

Figure 3 shows the six fundamental dimensions of wellbeing. It shows that personalisation is about much more than personal care. It is inextricably linked to a person's health, the place they live in and how they live. It also shows the four levels of wellbeing with the greatest intensity and urgency of need being at the centre. The levels are expressed in terms of how personalisation will respond to each level of need. They can equally be described in other ways, but it is important to show the different levels of response that make up the Universal Offer.

Figure 3 **Personalisation**



Further explanation of these figures is given in Appendix D

4.2 Principles

The Commission proposes that that the new system must be underpinned by the following principles, which are drawn from the evidence received from people in Hampshire regarding what is important to them.

The new system needs to be:

Person-centred

- In the social care system of the future, people must be treated foremost as individuals.
- People's choices and differences should be respected.
- People should have support available in case they need it, including in emergencies if their own support networks break down.
- There must be some service users involved in developing and operating self-directed support and personalised services at every level, from a local and individual level, to a strategic and national level. They need to be involved in all key tasks, from regulation to commissioning, from standard setting to education and training, or as is known from experience with direct payments, the new system is unlikely to work well. A partnership approach is essential and user-led partnerships are the ideal.
- Local authorities - and the Commission stresses that the term is used throughout this report to refer not to just those with social services responsibilities but also district, borough and parish councils - should work to facilitate the development of interdependent bonds in the community in which people are valued for what they can give as well as receive.
- The system needs to recognise that adults with care needs use a range of public services across the health and housing sectors as well as all other parts of local authorities including transport, leisure and recreation and environmental services. All services have a role in, and responsibility to, the promotion of equality and the rights of people to be able to live fulfilling lives. In viewing people holistically, the system should complement the Independent Living Strategy; a five year plan not only to ensure people receive the individual support they need to live their lives to the fullest, but also, through effective joined up and anti-discriminatory policy, to ensure people have equal access to mainstream services.
- Services are not delivered in a vacuum. Interdependencies should be acknowledged, the contribution of family and carers recognised, and carers' rights to a life beyond caring supported.
- Personalised social care overall, must determinedly always be connected with such broader independent living policy if the 'social' of social care is truly to be there as a reality.

Fair and inclusive

- Increasingly few people are able to obtain publicly funded social care. As a result more and more people have to try to arrange and pay for their own care and there is a perception that there is no incentive to plan and save for old age as those who have done so find themselves paying for care whilst others who have not saved have obtained care for free.
- Many older people want 'that little bit of help' which could delay the need for more intensive and costly interventions at a later date, but help around the home is frequently too expensive for many people on modest incomes to be able to pay for it from their private resources alone. People who are not eligible for council arranged services and cannot afford to purchase their care privately are often left struggling with fragile informal support arrangements and a poor quality of life. In the future, everyone who needs care and support should be entitled, rather than 'eligible', to support.

- The system must be fair so that the most vulnerable are supported but everyone who needs help has a right to get something back from the contributions they and/or their families have made through national and local taxation.
- Self-directed-support must be a realistic option for all service users and not depend on them having family members to operate it, or be based on the expectations that they want to take on full responsibility to run it. It must be a workable positive option that will continue to work if people have particularly difficult times, if their condition fluctuates, if they can't take much on individually on their own. Only in this way can people of different abilities and experience have truly equal access to Individual Budgets.
- There must be equity and equal access, so far badly lacking in social care. There are already signs that some groups may face particular barriers in accessing personalised care, including people seen as having complex and high level needs, people with lower level needs debarred by narrowing eligibility criteria, black and minority ethnic communities, older frail people, people without verbal communication, people with multiple impairments, and mental health service users. Experience with self-directed support in Hampshire shows that personalisation can be highly successful in making life better for these groups, including older people, when they are given the right amount of time to make decisions, the right support and real freedom of choice. It is crucial that they are supported to have equal access and equal benefit from the move to self-directed support and personalisation.

Clear, easy to understand and accessible

- People have a better chance of living a good quality and independent life with the ability to exercise choice and control over the services they receive if they have easy access to information, advice, advocacy and support, as is demonstrated by research.
- Local authorities should help make peoples' right to choice real, by working to make mainstream services accessible to people who need care and support and joining up services in two tier areas.
- The system must be joined-up, transparent and understandable to a lay person.

An expressed joint responsibility

- Personalisation means that public services have a responsibility to give people enough information and advice so they are able to take control and responsibility for their own lives and, make informed choices and decisions throughout their life.
- Support should be empowering for people who need help to exercise self-determination. Local authorities will retain responsibility to safeguard vulnerable people.
- It is known that there is insufficient public funding to pay for the care of all who need it both now and into the future. Hence people and families need to take more responsibility for funding their own care in older age than they may have expected or anticipated. People who wish to leave a legacy to family members must recognise the need to make arrangements to fund their care and support in old age in order that they can do so.
- In turn, the government has a responsibility to unpaid carers, to recognise the contribution they make and the financial consequences of caring many bear in old age.

Affordable and sustainable

- The new system needs to be properly and adequately funded and recognise the real costs of care and support into the future. This means it must take account of demographic changes and economic and medical/technological pressures that will impact on demand and necessitate an increase in resources over the next 20 years.
- The demographic pressures are well evidenced and well rehearsed. We are facing not just an ageing population, but an increasingly disabled population. People with disabilities are living longer and with more complex needs. People with life long and long term disabilities will face the added issues and vulnerabilities of ageing. The new care system must be able to face these challenges.
- This system reform needs to have support across the whole political spectrum in order that it can meet expectations of future generations.

5 Recommendations

5.1 The Universal Offer

The commission recommends a Universal Offer of access to information, advice and supported self-assessment for all regardless of their level of need or financial situation.

Social care has become restricted to an ever decreasing small group of recipients by the application of eligibility criteria and means tests. The majority of people therefore do not perceive that they have a stake in the care system. Personalisation requires a universal offer for social care commensurate with the intensity and urgency of a person's need and including support for the fundamentals of an independent and fulfilled life.

The need for greater fairness for those who do not currently receive any help from the public sector is supported in the evidence that the Commission received and in the argument promoted by the government in 'The Case for Change'. The Commission proposes that fairness might be achieved by moving from a system that limits care to only the most poor with the highest levels of need to one that provides all citizens with a universal entitlement to an offer of, information and advice and supported self-assessment. The universal offer ensures there is 'something for everyone' and gives all citizens a stake in the system and will promote a more positive perception of social care and the people who need it.

. . . . importance of access to information . . .

The importance of access to information and advice is a common theme in the evidence submitted. Without knowledge of what they could and should expect and what is possible and available, people find it very difficult to navigate the social care system. Making the system available to all would enable people to make better-informed decisions about their own care, and to plan ahead on a basis which promotes people taking greater responsibility for their own lives. The Commission has received evidence indicating that there are barriers to people seeking a social care assessment, including stigma, an assumption that they will not qualify for support and the muddling of needs and means assessments.

A cornerstone of an effective social care system that puts the person first is clarity about the assessment process coupled with advice and support to carry through a self assessment of needs. Added to this must be access to good quality information and advice on how best to use an individual budget to achieve the best support services, be they within the traditional range of social care provision or more mainstream or informal in nature.

People find the assessment process, particularly supported self-assessment, helpful. Within the Universal Offer, each person should be able to have access to reliable information, advice and support to

make their own self-assessment. It is known that without this, self-assessment will be limited by what people have been used to and by their, frequently low, expectations. Assessment should cover the needs of a person's family and/or carers as well as the person's own needs, and identify ways in which all local services - such as housing, transport, leisure and education - should integrate to deliver support.

. . . . . advocacy is a key part of the offer.

Some people will lack the capacity to express their needs and wishes for a variety of reasons and may not have someone who is close to them that they want to help them. For these people, advocacy is a key part of the offer. However advocacy is not simply about social care, it is about personalisation, i.e. support to be able to express needs and wants across all aspects of life. It is therefore part of the wider universal offer, building on the existing capacity to ensure that it is available across all aspects of a person's life and not just social care. There needs to be multiple entry points of access to information, advice, advocacy and self-assessment.

Some people will need a broker to help them find the services they want. It is important that brokerage services are available and affordable, and that care is not sacrificed to pay for it. It may be necessary for local authorities to subsidise and/or regulate the price of brokerage, for example by agreeing contracts that are accessible to individuals. It is important that the costs of the person using a broker are not met from their Individual Budget, the purpose of which is to secure the care support that they determine to be right to meet their needs.

For those that meet eligibility criteria, self-directed support would be the norm and a service available regardless of means.

Recommendations

- That the government sets out a Universal Offer for adult social care that has the following characteristics:
  - Access to information, advice and supported self-assessment for all, regardless of level of need or financial situation;
  - Links to other local services that promote health and well being, such as housing, and equipment and adaptations;
  - Multiple points of access to good quality and reliable information, advice, advocacy and self-assessment.
- That for all those with more intense and urgent care needs there is a right to brokerage to support planning and arranging care, regardless of means.
- That, having agreed a universal offer, the government undertakes proper publicity, promotion and public engagement at a national level to ensure that everyone is aware of their entitlements.

5.2 Free Urgent Care

The Commission recommends that for all those at risk of admission to hospital or are being discharged from hospital, and are in need of urgent social care, then this social care is free for up to eight weeks.

The Commission heard compelling evidence about the need for clarity about the relationship between health care and social care, particularly during crisis. The Commission proposes that, nationally, people in need of urgent social care receive this free at the point of delivery for up to eight weeks. It is proposed that priority is given to providing such free care for hospital discharge and preventing hospital admission at times of crisis. This would support efficient use of NHS hospital resources and facilitate assessment and reablement for people in community settings.

. . . . appropriate use of acute care . . . .

The fact that health is free at the point of delivery and social care is means tested is a persistent barrier to joined-up services and can be particularly hard for people to understand at points of crisis. Part of the revised settlement between the government and the citizen has to be an expectation that people will, commensurate with their capacity and means, plan for their future needs. However, it is very difficult for some to plan for such crises. The Commission therefore recommends that we move towards a position whereby urgent social care is free for up to eight weeks, however priority must be given where there is joint care with health, at the significant interfaces between health and social care, thereby avoiding hospital admission and improving hospital discharge.

. . . re-able everyone so far as possible . . . .

Making social care free for people in urgent need would underpin existing national priorities around the efficient and appropriate use of acute care and promote service delivery in line with the stated preferences of many people. Additionally, but dependent on clearer national guidance by the Department of Health, a free period of care should be made available in the same way to people in ill health nearing the end of their life. Such a move would support delivery of the national end of life care strategy.

We know from a small scale scheme in Hampshire that when people are enabled to leave hospital and are offered free "Time to Think" places for up to 6 weeks that not everyone remains in the setting for the full period of time and that, in a service with a focus on reablement, approximately half the people who enter the scheme do not go onto high cost residential and nursing home settings but are supported in community settings at both a lesser cost and with a higher quality of life and personal level of satisfaction.

Based on analysis in Hampshire the financial effects of introducing this policy would be as follows:

- The large proportion of clients receive a free service following financial assessment ,therefore it would make little difference to the receipt of income by a local authority;
- As those who would have been assessed for service and are liable to pay, the impact is a loss of up to eight weeks income. In practice, the backdating of domiciliary care charges is not allowed, and as it inevitably takes time to make the assessment, the actual loss of income is likely to be minimal.

Such a policy will bring into the care system some people who would otherwise have received no assessment or financial support because of their financial means. There is no established data base that enables a clear assessment of numbers and potential additional cost at this stage.

Accurate costing of this is inevitably difficult to do because this will bring into the equation people who are currently self funders and we cannot predict with certainty either the volume of people or the duration of the care they may need within this arrangement. Current experience shows that the volume of income from council funded people in the first few weeks of care is not substantial. Hampshire County Council recognises some financial risk in this proposal.

Recognition from the government of the importance of free care for people with urgent social care needs at the interface with health as described here would make a significant impact on clarifying expectations for people at a point of crisis. A key aim of the eight week period is to re-able everyone so far as possible, and so put them in the best possible position to participate in developing their own solutions to their longer term care needs. By enabling people to spend more time thinking about their options for future care they will make better decisions and achieve a better quality of life for the future.

Additionally this proposal carries the potential to significantly reduce the pressure faced by acute hospitals, where older people will often be inappropriately admitted or their stay in hospital unnecessarily extended. It is important that there is a more explicit recognition by the Department of Health of the interdependency of health and social care systems. Such recognition could be made manifest by the national introduction of this limited provision of free urgent social care.

At the end of the initial eight week period it is proposed people would be subject to a revised means test that is:

- Common across all types of care, breaking down the distinction between the means test for residential and non-residential care;
- Separated from the assessment of need and the entitlement to support for the planning and arrangement of care;
- An assessment of the public sector contribution to a care and support plan, rather than an assessment of charges.

The model pursues the logic of self directed support and the allocation of resources through a Resource Allocation System (RAS) which would establish the individual's entitlement. See the section below on the RAS for more detail.

Recommendations

- That for all those at risk of admission to hospital or are being discharged from hospital, and in need of urgent social care, then this social care is free for up to eight weeks.

5.3 Savings disregard

The Commission recommends that the savings and capital disregard be raised from £22,250 to £50,000.

Currently a person who has over £22,250 in savings or capital does not get any financial help from local authorities. £22,250 is the maximum amount of savings that people that need care can keep for themselves if they want financial help from public funds. This figure is known as a 'disregard' because it is the maximum amount not included or 'disregarded' by the financial team assessing whether someone should get financial help or not. It is increased annually by a small amount in line with the government's index for inflation

This disregard has in most local authorities become a key factor in determining the extent of the assessment and support that a person will receive from their local Adult Services department: for many people having over £22,250 means they get nothing whatsoever.[v]

The Commission heard evidence from several service users and carers affected by this disregard. Many felt that this system left them isolated and unsupported. Many thought they were being treated unfairly because they had saved for their old age and were subsequently suffering because of their prudence, as were their families whose inheritance would be potentially reduced to a level below £22,250.

The Commission gave serious consideration to the broader question of co-payment for services recognising that it is unrealistic to put forward a recommendation for free care. However, it is the

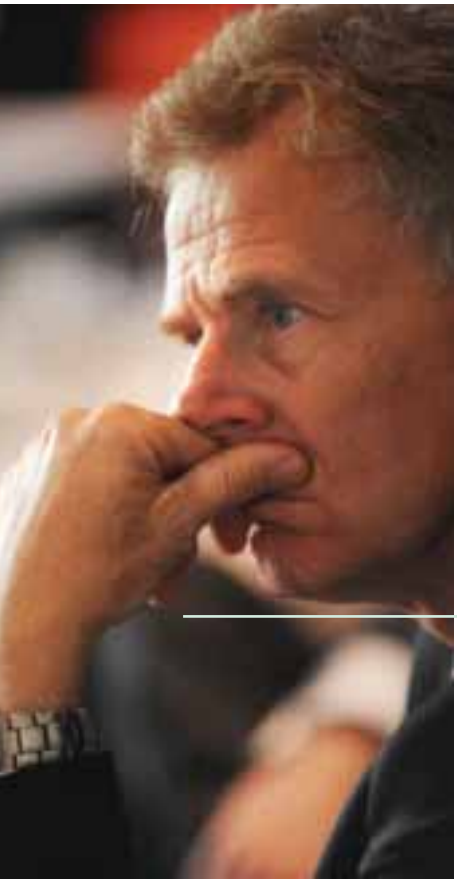
Commission's view that the current level of disregard is far too low and represents an unfair balance between what the public purse will contribute to a person's care and the level at which the person and their family is required to take on a disproportionate financial responsibility.

Co-payment of the costs of social care between the public sector and the individual is probably the only realistic option for the future but as it is currently balanced it is unfair and resented by many older people with relatively modest savings.

. . . . redress the balance of responsibility . . .

The Commission consequently considered how to redress the balance of responsibility and contribution. Previously the Joseph Rowntree Foundation has argued that an effective measure that could be implemented immediately to provide greater fairness to those who have been thrifty and saved with the hope of leaving a small inheritance would be to double the disregard. They estimated that the cost nationally would be in the order of £250/300 million if £42,000 was the disregard figure.[vi]

The recent turmoil in the national and world economy has caused the government to underwrite individual personal savings up to £50,000 and for a couple, £100,000. This recognition of £50,000 as a savings level that merits government protection has informed the Commission's thinking about the right level of disregard to generate a better balance between the government and the individual in the co-payment of the costs of social care.



Hampshire County Council estimates that the cost of increasing the disregard would be an unaffordable figure for a local authority to take on unilaterally, as well as in breach of the Charges for Residential Accommodation Guide (CRAG) residential care regulations. However the Commission, drawing on a wealth of evidence put to it by service users, carers, families, advocacy agencies and academic research recommends that the government recognises that a disregard uplift to £50,000 is a reasonable rebalancing of the responsibilities shared by the public purse and the individual in co-payment of the costs of adult social care.

Enabling people to plan

The Commission believes that people need options to enable them plan for their future care needs. Further work is needed to explore the opportunities and barriers to commercial insurance products for care needs. The Commission welcomes the project led by the Joseph Rowntree Foundation on improving the availability and reputation of equity release products. The Commission also recognises that further work is required to explore the benefits and costs of extending Deferred Payment schemes to care at home.

Recommendations

- That the government increases the level of the savings and capital disregard from £22,250 to £50,000.

5.4 The legal framework

The Commission heard evidence that suggests, whilst the existing legal framework may allow the personalisation of social care, it does so in a way that is complex and at risk of constant challenge especially in relation to the flexible use of NHS funds. The Commission therefore welcomes the Law Commission review of social care legislation and urges it to ensure that its review focuses on the fitness of social care legislation for personalised social care.

Recommendations

- That the Law Commission takes full account of the transformation to personalised health care and support in its review of social care legislation.

5.5 Retention of Fair Access to Care, mitigated by the universal offer

There is recognition of the inevitability of rationing social care and an acceptance and a willingness by people to contribute to the cost of their own care. However the current process of means testing for care is unpopular and felt to be unfair. The complexity of the means test, including the differential between charging for residential and non-residential care is one factor. Personalisation requires a fundamental shift in the way means testing is used. At present it is firstly a barrier for entitlement to help with residential care, and secondly a way of setting charges for local authority arranged care. In self-directed support the balance is shifted, and the means test informs the local authority's contribution to the support plan.

There are mixed views about the Fair Access to Care eligibility criteria, from those advocating its abolition through to those supporting the lowering of all criteria to low needs. Through the transformation of adult social care, which identifies the importance of varying degrees of assessment, support and engagement within an inclusive social care system, the Commission can see the FACS criteria reducing in importance over time. The onus of social care involvement in the future will be on facilitating people to secure the care and support they want and are entitled to, not on rationing people out of the system, which is the dominant feature of the current eligibility based model. To be practical, the new system

needs to start with what we have now. The abolition or lowering of eligibility criteria before the wider offer is well embedded could put a catastrophic strain on social care resources, which could significantly damage the transformation programme.

. . . . always be a need to ration public resources . . . .

The Commission supports the findings of the recent CSCI Review of Eligibility Criteria in that it agrees that there will always be a need to ration public resources and that in the long term the FACS criteria should be replaced with a revised system based on "priorities for intervention". However, in the meantime our new system retains its inclusion, on the proviso that there is a universal right to assessment, advice and information, and a meaningful investment in early intervention and prevention services for those who fall short of the adopted criteria. The government may want to consider setting national minimum criteria for the transition period, for example at substantial and critical while promoting and funding support across all levels of FACS within this new system.

Recommendations

- That Fair Access to Care criteria are retained in the transition period to ensure stability and affordability, but mitigated by:
  - The entitlements set out above;
  - A national minimum criteria, proposed as substantial and critical.
- That in the long term there is a fundamental shift in the means testing of social care to a means test that is:
  - Common across all types of care, i.e. breaking down the distinction between the means test for residential and non-residential care;
  - Separated from the assessment of need and the entitlement to support for the planning and arranging of care.

5.6 Resource Allocation System: from charging to contribution

With self-directed support people are helped to self-assess their needs using a tool which is linked to a Resource Allocation System (RAS). The RAS helps calculate how much money is needed to meet someone's care needs. It will give an indicative Individual Budget, an expression in monetary terms of the level of care a person needs. At this point a means test is applied which helps calculate how much the local authority will contribute to the person's Individual Budget. In some cases, because someone has significant income or wealth, the local authority will not contribute any funding, but should continue to help that person and their family to create their support plan and to arrange their care.

The Commission believes that the concept of "charging" conflicts with the development of Individual Budgets and that national variations in the RAS means testing promote inconsistency in charging and are seen to be unfair. A more coherent approach - that promotes co-payment but places the onus on public funds not the citizen - is that charges should be replaced by citizen "contributions" based on a means test after the initial up to 8 weeks free care where that is appropriate. The RAS would determine the size of the Individual Budget that the person would require to meet their care needs; this would be established on a total allocation basis and potentially reduced on the basis of the person's financial means.

The net RAS would then operate as follows:

- A gross figure is set - say £200 per week - as an identification of the resources an individual needs to have available to achieve an appropriate level of social care assistance;
- The individual's means would then be financially assessed and if, for example, that suggested that £50 of the care cost could be met from their own resources, then their net RAS would be £150;
- The individual would then be paid £150 as their net RAS, rather than being paid £200 and their contribution would be £50.

The impact of this is that rather than raising a charge on a person for social care depending on their wealth, they would have a reducing allocation of local authority funding which might be zero if their resources are above the revised disregard threshold.

This proposed RAS process has several advantages over trying to maintain the current charging regime which both contradicts the objective of Individual Budgets and personalisation and of maintaining people in their own homes rather than residential care. Having identified the appropriate RAS level for the individual and the contribution that public funds will make, it will be up to the individual how they spend both the RAS allocation and their individual contribution. Support to the person in carrying through their self assessment remains of significant importance in how the person exercises their right to spend the RAS allocation.

Charging is a difficult and contentious area and this shift to a contributions model would go some way to dealing with both the administrative costs and contention that it generates. It would be necessary in this new system to also amend the CRAG regulations that require local authorities to operate the disregard and specified financial assessment outcomes for residential care that are not applicable for supporting people at home, a longstanding anomaly that runs counter to the desire to maintain people in their own homes.

The Commission believes that the RAS provides the potential for securing a balance between national consistency and the ability of local authorities to pitch the measure of support they can offer in their respective authorities. Hampshire has developed its own RAS, and it has done this in cooperation with other local authorities developing their own RAS. However, the Commission supports the development of a national RAS in order that citizens experience consistency and portability in assessment and allocation of resources. Alongside this development of a nationally endorsed RAS there is scope for individual local authorities to weight the different elements and allocate resources to reflect the circumstances of their local communities and the strategic objectives of the authority. For example, in an authority like Hampshire with significant rural areas an emphasis might be placed on transport that would be less relevant in a large conurbation.

Recommendations

- That a national Resource Allocation System is developed incorporating the principles of independent living. This must combine a consistent and portable framework for allocating resources and assessing need, with scope for local variations to enable responsiveness to the diversity of local authorities.
- That the RAS is used as an assessment of the publicly funded net contribution to a care and support plan, rather than triggering charges, thus replacing the current charging regime.
- That the government abolish the Charges for Residential Accommodation Guide (CRAG) regulations and introduce a single consistent approach across all types of social care, that takes people's means into account.

5.7 Benefits

The Commission recommends that the government reviews the relationship between eligibility and the tax and benefit system.

Many people who use social care services or who are carers are recipients of state benefits or tax credits. The assessment and eligibility requirements of many of these are very complex and deter many people from applying. The inter relationship between benefits and other income that a person may have, be it earned income or state pension, is very confusing and again deters people who may be entitled from applying.

The case for change in council tax credits is made in section 5.10 of this report. For younger disabled people the benefits system can act as a deterrent to securing employment and is in contrast to the government's stated ambition to promote employment opportunities for people of working age.

The Commission urges government to review the potential for negative impact that the interplay of the benefits system and other government revenue supports can have which will be in conflict with the ambitions set out in the Concordat .

Recommendations

- That the government reviews the relationship between eligibility and the tax and benefit system.

5.8 Joint working with health services, targeted early intervention and prevention

At some point in their life most people need care, services and support to live independently and at any time many people have additional care needs, including those people with learning disability, physical disability and/or sensory impairments, mental health problems, long term health conditions or general frailty. At the last census, in 2001, nearly one in six of the population, 9.5m, reported having a long term illness, health problem or disability which limited daily activities or their ability to work. However, fewer than 900,000 adults received council-provided adult social care services in 2006-07,[vii] 2.9m people under 65 received Disability Living Allowance and 1.7m over 65 received Attendance Allowance in 2007.[viii]

It is not always clear to people whether their needs fit into health or social care and there is considerable crossover between those who use social care and those who use the NHS. With such overlaps there is scope for tension and people told the Commission that interaction with health and social care is a minefield of complex legal and organisational boundaries. As well as causing stress and anxiety for families, it is viewed that such boundaries inhibit innovation and the capability to deliver personalised services. In the evaluation following the Individual Budget pilot programmes it was suggested that the inclusion of NHS resources will be essential if Individual Budgets for people with mental health problems are to be successful. Allowing NHS continuing care funding to be allocated through IB mechanisms was also cited as a high priority in order to enable existing support arrangements to be sustained despite deteriorations in health.[ix]

. . . . inclusion of NHS resources will be essential . . . .

The Commission received a great deal of evidence from service users, carers and other stakeholders about the importance of "a little bit of help" for people who might be considered to have 'Moderate' to 'Low' eligibility for services in the current system. For those most at risk of losing independence, such as older people at risk of falling, but who can continue to live independently with a little bit of help, the new system must include targeted early intervention and prevention services, including housing, leisure, transport and community safety.

The interim progress report on the evaluation of Partnerships for Older People Projects (POPP)[x] shows that these sites continue to have a demonstrable effect on reducing hospital emergency bed days when compared to non-POPP sites and for every £1 spent on POPP, an average of £0.73 will be saved on the per month cost of emergency hospital bed-days, assuming the cost of a bed day to be £120. It is this large section of society which is currently missing out on help due to current eligibility and financial requirements and whose needs the government has championed in Putting People First. A new system must ensure that services are flexibly organised to enable the early deployment of non-stigmatising preventative services in a timely fashion to meet individual and family need.

. . . . . enable people to maintain independence . . . .

There are insufficient resources invested in social care in terms of both commissioning capacity and workforce to work closely with everyone who would benefit from it. However, through ensuring that there is clear and comprehensive self assessment and guidance it is possible to provide signposting and some support to people to call on 'low level' services in the community that may enable people to maintain independence and avoid becoming more dependent on higher level services. It will be important to direct resources towards community and advocacy groups to provide people with guidance and support to help them in their Self Assessment and to help achieve the support services necessary. Local authorities and Primary Care Trusts will need to coordinate their investment in the community and voluntary sector to ensure that their investment is maximised.

With additional resources councils would be able to respond more proactively to the needs of the increasing volume of people who have 'low' or 'moderate' needs and do not currently qualify for publicly-funded care. Funding could be used in a combination of ways to generate a wider service base. This might include "a little bit of help"- services that will often enable a person to remain in their own home, for example by maintaining their garden, or giving a carer a break, greater investment in telecare, or investment in enhancing the social care role of more mainstream services that contribute to general wellbeing.

In Hampshire there is a good working relationship between the PCT and the County Council. However, like many other local authorities and PCTs, there is a financial tension between the two sectors as well as the view that savings in one may lead to costs in the other sector, and visa versa. There is an argument that there is a need to rebalance resources by way of redistributing efficiencies between the two sectors, as well as moving resources upstream to more preventative services in both health ands social care.

PCTs have the power and mechanisms to transfer money to local authorities to pay for preventative services that may save the PCTs money in the long-term. However, the health service performance measurement regime for both NHS Trusts and PCTs makes acute services the priority, inhibiting the transfer of funds for prevention away from the acute sector. In addition to performance measurement specifically for PCTs, the Comprehensive Area Assessment will be another mechanism through which health authorities could be encouraged to greater invest in preventative social care and redistribute efficiencies for the broader good to meet community needs.

In the Hampshire model in Appendix C there are specific initiatives between the PCT and County Council regarding transfers of funds, bringing together the grant making arrangements of the Adult Care Department and the PCT and the incorporation of continuing healthcare resources into Individual Budgets. These are local initiatives that other local authorities and PCTs are also pursuing that are in keeping with the Darzi Report and would benefit from stronger national promotion.

Recommendations

- That the public services invest in targeted early intervention and preventative services, aimed at those most at risk of losing independence and needing care, identified in FACS as Low.
- That a longer-term evaluation is undertaken of the financial impact and quality of life improvements brought by early intervention and prevention programmes.
- That the performance targets for Primary Care Trusts (PCTs) are reviewed to incorporate measures that give them an incentive to invest in preventative services.
- That the government actively encourage PCTs to use the power to transfer resources to promote a range of preventative and early intervention services across both health and social care.

5.9 User Involvement

. . . . actively involved in all key tasks . . .

The transformation towards personalised care will not succeed unless service users are centrally involved in developing and operating the systems and processes that will help deliver self-directed support. They must be involved in an ongoing way through their own user controlled organisations, at every level, from a local and individual level, to a strategic and national level. They need to be actively involved in all key tasks, from regulation to commissioning, from standard setting to education and training.

Specific attention needs to be paid to ensuring that user controlled organisations are fully involved as providers both of schemes for individual and collective support. They have a strong track record of success in supporting and running self-directed support schemes. Their user controlled support services are also evidenced to be particularly valued by service users. It is crucial that commissioning ensures equal access to provide services for such providers, instead of commissioning being based on accepting the lowest bids.

There will be a crucial need for user-led and user provided consultancy and training if self-directed support is truly to be that; to be developed both in organisational terms and in a spirit of true co-production. Funding needs to be made available to service users and their organisations who are already informed, expert and up to speed on self-directed support to help take it forward; to be involved in supporting capacity building, educating service delivery staff and commissioners, equipping managers, undertaking necessary research and evaluation, developing services and support.

It is important that self-directed-support is a realistic option for all service users and does not depend on them having family members to operate it, or be based on the expectations that they want to take on full responsibility to run it. It must be a workable positive option that will continue to work if people have particularly difficult times, if their condition fluctuates or if they can't take much on individually on their own. Only in this way can people of different abilities and experience have truly equal access to individual budgets. Black and minority ethnic communities must be fully involved and included. There must be equity and equal access, particularly for people seen as having complex and high level needs, people with lower level needs debarred by narrowing eligibility criteria, older frail people, people without verbal communication, people with multiple impairments and mental health service users.

There will need to be a system and network of support for personalisation and self-directed support to work for everyone. Personalisation and individual budgets have sometimes been sold on being able to reduce 'bureaucracy' and save money, but a key lesson from direct payments is that to be truly inclusive there will need to be a new infrastructure supporting people to access it on equal terms.

Recommendations

- That service users and their organisations are centrally involved in running and developing personalisation and self-directed support.
- That there is active encouragement to support user controlled organisations to enter the market to provide and manage care and support.
- That user controlled organisations are fully involved as providers of schemes for both individual and collective support.
- That there is improved and longer term funding support for user controlled provider organisations to ensure the development and sustainability of these services
- That service users, both individually and through user controlled organisations have a lead role in monitoring and assuring care services through user-led organisations and the development of user-led quality processes.
- That service users who wish to join the social care workforce are given support and training to do so.
- That service users who wish to take on the role of an employer are offered the necessary support and training.

5.10 Carers

Personalised services will not be delivered in a vacuum to people in need of support. They will be delivered to people who are part of families and communities and who rely on informal and formal networks of care upon whom their quality of life depends. Caring is a normal part of everyday life, which can happen unexpectedly or gradually and comes to most people at some stage in their life course. Care givers can be close family members who live with the person needing care and support and providing the bulk of hands on care. Equally they can be close family or friends who live elsewhere who have no direct hands on caring role but who have the responsibility of ensuring their family member or friend is safe and cared for.

There are almost 6 million unpaid carers of adults in the UK saving the economy £87 billion per year. Without them, the social care system would collapse.[xi] The responsibilities of carers are continually increased by ever-tightening eligibility criteria for social care that mean many of them have to take on a greater caring role, often to the detriment of their own health.[xii] When informal care breaks down, due to the carer's own health failing, or because they do not want to carry on the caring role through a lack of support, this can then lead to emergency intervention when the person being cared for reaches crisis point.

. . . . a recognition of what is 'lost' . . .

A caring role should not end someone's expectations and aspirations for a good quality of life and there needs to be a recognition of what is 'lost' in terms of financial and life opportunities when this role is taken on. There needs to be recognition that informal carers experience a marked lack of choice and control in their lives and often when faced with making a choice, those choices are 'least worst' rather than positive, for example being forced to give up paid employment or damage to their education. 'New' carers feel the financial impact of caring very quickly and this is intensified when the caring commitment becomes long term and carers have to leave paid employment.

Carers Allowance was initially an allowance to compensate those who gave up work to care, hence there was some logic in stopping when people retired and drew the State Pension. However, for older carers, the effects of loss of earnings during working age does not end at 65: the loss of earnings means that people lose the opportunity to financially plan for their retirement, leaving them at risk of poverty in old age. Older carers cannot 'retire'; they carry on working long hours due to their caring role at a time when their own physical and mental health may be deteriorating. The Commission is aware that many carers save up their Allowance in order to purchase respite and when they reach old age they have to try and cope without it, hastening point of crisis and the need for the local authority to take up the caring role at the considerable expense of the taxpayer. To enable older carers to claim Carers Allowance in addition to, rather than instead of, the State Pension is estimated as costing the government £145 million a year, a small fraction of the amount the work of older carers saves the government per year.[xiii]

There are many existing financial assistance schemes for carers provided both through the government and local authorities, such as council tax discounts. Unfortunately it is known that there is poor take up of many of these incentives principally because the system is a complex one, most are means tested or highly restricted and also people do not know that many of them exist. In Hampshire research

shows that the take up of council tax discounts is only 1% of carers. It is felt to be very low because of the criteria being very limiting, especially the need to meet all of the following requirements
(1) to be caring for someone at least 35 hours,
(2) to be living in the same property as the person being cared for and
(3) not be the spouse or partner.

. . . . . take up of council tax discounts is only 1% of carers.

Carers often have to provide a high level of care and support in situations where they have little knowledge, understanding or training about the medical condition of the person being cared for. This may mean poor quality or inappropriate care being given which can add to the stress and distress of the cared for person and the carer leading to an overall deterioration in their circumstances.

Government policy for carers has consistently relied on a model of treating carers instrumentally as a resource, offering highly restricted support for their well-being with a primary concern of maintaining 'care-giving'. A system in which adequate and reliable income maintenance and support services are provided to offer service users alternative assistance, enabling carers to have real choice and to achieve independence, must replace this.

Recommendations

- That the government formally recognises that caring goes on into old age and that therefore support to carers should recognise this.
- That the government remove the overlapping benefits rule and enable people to obtain Carers Allowance in addition to the State Pension, protecting the income of carers over the long term when they have given up work wholly or partly to provide unpaid care during their working life.
- That the universal offer outlined in section 4.2 is adopted and this will include consideration of the needs of carers at every stage.
- That carers must have the offer of training jointly from health and social care to help improve their confidence and capability to fulfil their caring role.
- That all financial assistance schemes offered by government and local authorities must be made more widely available and simplified to improve take up and make the process of application more customer friendly.
- That these must be more prominently advertised and marketed by the government and local agencies e.g. through GPs and other community venues such as libraries.

5.11 Market and infrastructure

There will need to be a system and network of support for personalisation and self-directed support to work for everyone. Personalisation and individual budgets have sometimes been sold on being able to reduce 'bureaucracy' and save money. But to be truly inclusive there will need to be a new infrastructure supporting people to access it on equal terms. This is a key lesson from direct payments developments. Under schemes of self-directed support some people will want support to have ordinary things that are available generally, like a holiday, a break, having a trusted person being around at difficult times. But other kinds of support people want will mean developing and extending new kinds of services. Thus there will need to be a range of suitable, flexible, different forms of support and services available for people. This will mean creating a market of such support in line with what people want. This will not happen without major work to enable new approaches to commissioning, particularly user-led commissioning. A level playing field is needed to give small local, third sector, black and minority ethnic service user and service providers equal opportunities to provide services. The evidence is that such providers are particularly valued by service users.

There will also be a crucial need for user-led and user provided consultancy and training if self-directed support is truly to be that; to be developed both in organisational terms and in a spirit of true co-production. The government has made a significant sum of money - over half a billion pounds available - over three years to transform social care. A significant part of this needs to go to service users and their organisations who are already informed, expert and up to speed on self-directed support to help take it forward; to be involved in supporting capacity building, educating staff, equipping managers, re-educating commissioners, undertaking necessary research and evaluation, developing services and support.

. . . . . user controlled support services are particularly valued by service users.

It is recognised that in order for people to take more control and exercise more choice, they may need support such as advice, information and advocacy, or someone to act as a broker for services. However, there is some confusion over the boundaries of these roles and debate about who should fulfil them. Friends, family and carers may often fulfil these roles, and should be able to access help in their own right to do so, but there are many people who do not have this kind of support. There is some debate about how much of these roles might be fulfilled by local authorities and this needs to be resolved. There is evidence that user controlled support services are particularly valued by service users. They have a strong track record of success in supporting and running self-directed support schemes. Specific attention needs to be paid to ensuring that user controlled organisations are fully involved amongst the providers both of schemes for individual and collective support. It is crucial that

commissioning ensures equal access to the market for such service providers and contributes towards their sustainability. This means commissioning must not continue to be based on always accepting the lowest bids.

Given that the majority of social care is provided by the independent sector, it is imperative that the market is geared up for the new ways of working. The Commission has received evidence about a number of key risks and challenges in this. There is a great deal of uncertainty about what personalisation will mean for existing and new markets. The pilots of Individual Budgets have provided some evidence, but there is much more work to be done to create clarity to enable markets to plan investment. In the transition phase, there may be insufficient demand to generate supply. There is a related challenge around provision and how that capacity will be managed and de-commissioned without creating market instability or damaging the wellbeing of those that continue to use them.

The Commission believes that there is a great deal of work to be done nationally, regionally and locally to work with the independent sector to ensure a greater customer focus and a better flow of information about potential demand. Transitional costs will be a key issue because it will take some considerable time for the personalised model to become both fully operational as well as financially viable.

Transitional market costs associated with the new types of provision will be required: providers will need to invest up front to develop new approaches because it becomes less simple, at least in the short-term to gain economies of scale in procurement (in the longer-term it should be possible to set up call-off contracts which will do this job, but until the patterns of demand are clear this is likely to prove difficult). It is also possible that there will be less competition to provide newer types of services and that too will increase costs. In the current economic climate the market may not evolve quickly enough to meet new demand and there will need to be a national injection of investment to pump-prime new services.

There will be particular issues in relation to the future of services provided in-house and their ability to respond to choice, as there will be with services provided through long term partnership agreements, such as those resulting from previous transfers of in-house provision. Potential double running costs will be incurred from the need to build up new care offers in-line with demand for self-directed support whilst at the same time keeping open existing facilities even if their demand falls until such times as they are not needed at all. For Hampshire this will impact on both the external and internal market.

. . . . right quality staff . . . .

There will also be additional costs to secure the right quality staff to work in the social care market; these may well be ongoing costs. In addition there will be a need to engage the workforce in the widest

sense to develop the new culture, which will require training and organisational change programmes, at additional expense.

commissioning must create capacity . . . . .

The Commission believes that local authorities will continue to have a significant commissioning responsibility in the future. There will continue to be a role in commissioning care for those that cannot or choose not to do it themselves or via another agency. Particularly during the transformation phase, it may be necessary to intervene to create capacity and to secure affordable and quality services, for example by creating draw down contracts. There will also be a role in providing quality assurance, for example through preferred provider lists or accreditation schemes. These will not suit all service users or all providers, but this may be necessary for many at least until the system is embedded and there is general confidence in the quality of supply. Local authorities and Primary Care Trusts will have an enhanced role to develop and support community capacity.

Through the concordat 'Putting People First' and its investment through the Social Care Reform Grant, the Government has set local authorities with adult social care responsibilities a challenge on transforming the way it works within a three year span. The Commission has concluded that whilst this pace of change is necessary for local authorities, the full process of transformation will take in the region of ten years. The key reasons are the breadth and depth of transformation required, particularly in the markets, the workforce and in community capacity. The investment in transformation therefore needs to extend beyond the current three years of the Social Care Reform Grant and needs to be matched across care and health.

Recommendations

- That a national project is undertaken to clarify the different roles of advocacy, brokerage and support planning within the commissioning process and how they should be developed to respond to market changes.
- That there is greater encouragement for the development and use of voluntary sector and small-scale specialist services.
- That the local authority closely monitors supply within the changing market and mitigates risks as a result of the development of personalised care by stimulating the market where needed to better match demand and supply.
- That the Social Care Reform Grant be extended for a further seven years, so it becomes a ten-year plan similar to the NHS Plan to support transitional funding.
- That Primary Care Trusts receive a similar grant for the same timescale to enable them to implement personalisation.

5.12 Risk, quality and outcomes

Personalisation of adult social care anticipates major changes in relationships between individuals, local authorities and all providers, which pose challenges with regard to balancing risk and choice.

Positive risk taking sits at the heart of personalisation and services users have the power to choose the service and provider they want which may include products, services and providers entirely unrelated to social care. This will include new providers or individual personal assistants/care workers many of whom may be unregulated. The Commission heard that some users will want complete freedom to make their own care arrangements, accepting the associated risk, while others will wish to have at their disposal the ability to select their care from regulated providers.

. . . . . some users will want complete freedom . . . . .

Risk management and financial accountability in personalised services will, however, remain the responsibility of the local authority. Service providers and staff have voiced their concerns about the risks of physical and financial abuse and neglect. Systems will need to be put in place to effectively manage risk without denying service users right to choose, alongside the local authority duty to safeguard vulnerable adults.

It is important, particularly for the most vulnerable groups, that current service quality is maintained as more people make their own care arrangements. The existing quality measures in place focus on process monitoring rather than the outcomes that people value including e.g. living a fuller life, having greater control and independence and economic well being.

The current system of regulation does not always tackle poor quality agencies effectively,[xiv] and the existing lack of regulation of personal assistants and support brokerage agencies is also a cause of concern for some. However, it is essential that any regulation does not limit the right of people who need support and care to exercise choice. Another challenge is to maintain safeguards whilst ensuring that regulation is not so cumbersome that it prevents new entrants into the market, such as social and micro enterprises.

. . . . tackle poor quality . . . .

Recommendations

- That the new regulatory framework for health and adult social care must embrace the key values and principles of personalisation and includes an approach that:
  - Is proportionate according to risk both to the individual and the public;
  - Focuses on monitoring quality outcomes rather than process monitoring;
  - Offers flexibility and enables service users to purchase care from new and innovative sources;
  - Is unambiguous on the relative responsibilities of local authorities and the Care Quality Commission;
  - Is clear on the minimum requirements, if any, for people providing paid care e.g.:
    - CRB checks
    - Health and safety training
    - Safeguarding training.
- That service users, both individually and through user led and user controlled organisations have a lead role in monitoring and assuring care services through user-led organisations and the development of user-led quality processes.
- That regulation of services be exercised in partnership with local authorities through a number of mechanisms such as:
  - Effective complaints and safeguarding systems
  - Monitoring of main providers
  - Providing assured providers for those that choose this option
  - Information on providers' performance, including enabling consumer assessment.
- That the Department of Health develops a joint performance framework across health and social care which links to the GP contract, including a increased role for GPs in signposting to assessment and services and identifying carers.

5.13 Workforce

Personalisation means redefining 'the workforce'. The workforce will no longer comprise simply those employed in social care settings by local authorities and their contracted agencies but also workers who provide mainstream services and those employed directly by individuals requiring care. Since the 1996 Community Care (Direct Payments) Act, which followed years of activism by service users in Hampshire, people have been legally able to receive direct funding for the employment of a personal assistant (PA) to help them achieve a more independent lifestyle. Currently there are an estimated

70,000 employed as PAs.[xv] Phase 1 pilots of individual budgets resulted in an increase in use of personal assistants, so it would not be not unreasonable to consider it likely that the market for PAs will grow when personal budgets are extended to all who qualify for state-funded care.[xvi]

Should there be a large increase in demand for PAs as a result of personalisation certain problems that currently exist, including size of the available workforce and working conditions, may become magnified and will need to be addressed. Whilst some people will be comfortable and confident to find and train their own personal assistants/care workers, others will require or desire more assistance. Many social workers welcome the shift from care management processes to self-directed support and person-centred planning, required by 'Putting People First'. Social workers and other staff currently working in care management will need to develop their role and ways of working to better reflect the importance of co-production with the person needing care, their friends, family and carers. Such a model moves away from managing care for people, to working with them. It is recognised that a positive workforce commitment to such a model is essential for the success of personalisation. From this there is a clear need to ensure that staff are given the opportunity for support and training to develop the necessary skills and knowledge and are included actively in the process of transformation and equipped to work in the new ways that will be required of them.[xvii]

. . . . current social care workforce is ageing . . . .

The demographic trend in most parts of the country means that the pool of labour from which the social care workforce is drawn is shrinking in relation to the demand for it and this needs to be tackled. The current social care workforce is ageing and there is a need to attract more young people into care work, including those for whom it will be a stage in their career rather than a career-long choice. It would be helpful if opportunities to enter the workforce were available to under 18s who are not attracted by apprenticeships.

Staff of the right quality and attitude . . . .

Around the world health and social care systems are facing a significant challenge in ensuring a sufficient supply, appropriate preparation and deployment of a workforce to address the need of communities and individuals. In a study entitled 'Will there be enough people to care?', Channnon, Matthews & Van Lerberrghe (2006)[xviii] acknowledged that the move to more individualised care would be a strong driver toward the expansion of the care workforce. Their analysis made clear that in the context of the ageing population and likely changes in demand for services across Europe, just to maintain the current health care services there would need to be a 23% increase in human resources by 2050.

The following chart illustrates the percentage of the active population needed to work in the health sector by year and region (Channon et al 2006).

Regarding the workforce as a whole, there is a fundamental need to develop and retain enough people with the right skills, social understandings and grasp of independent living needed to deliver personalisation. There is no inevitability about the roles required in care services. In addressing the challenges we face we should not be overly constrained by current models.[xix] The new roles which personalisation creates will need to be structured and financed in a way that facilitates empowerment for service users. Brokers, for example, will need the right mindset and the skill set to support people to have the package of support they want, under their control, but organised and maintained in a way they can handle without stress and anxiety. Furthermore, such support must not have to be paid for by top slicing the money allocated to their personal budget for funding support. Workforce planning must also include better provision of training for unpaid carers, which was highlighted by carers from Hampshire to the Commission as crucial to help them in their caring roles.

Staff of the right quality and attitude will need to be attracted into and retained in the workforce. This staff group will need to acquire and maintain a high level of skill and expertise in order to undertake their tasks proficiently. It is hard to see how the transformation in adult social care can be achieved without improved terms and conditions for the workforce.

Recommendations

- That ADASS, Skills for Care and the Department of Health explore:
  - A national voluntary accreditation scheme for personal assistants/careworkers;
  - A review of NVQs and Foundation Degrees to meet the needs of this emerging workforce;
  - Employment protection for this group given that action against the employer will provide limited recourse;
  - Support for self-employment as an alternative to direct employment and a review of taxation barriers to such options;
  - Support for the creation of networks of PAs and social enterprises;
  - Support for service users who wish to take on the role of an employer.
- That a new radically different approach to the care workforce and careers in care is made. There is a need to attract more young people into care work, including those for whom it will be a stage in their career rather than a career-long choice. There is also a need to transform the existing workforce and this must incorporate:
  - A review of the key professional roles, the boundaries between them and the potential need for new forms of health and care roles in the future.
  - A national career pathway model that allows entry at any point and progression through a number of routes.
  - Access to a national funding pot to support the career development and training of care workers regardless of their work setting or employer.
  - A national training strategy ensuring that service user involvement - including involvement of service user trainers - and person-centred approaches are at the heart of content and delivery of training programmes for health and social care.
  - National recruitment campaigns.
  - A review of the terms and conditions of the workforce to ensure that good quality staff can be attracted and retained.
  - A review of NVQs and other relevant courses to ensure that they are sufficiently attractive and portable for those who may want to enter the care workforce for only part of their career.
  - A review of the minimum age for care workers.
  - Greater and more accessible training for unpaid carers.
  - Guidance for local authorities on how to train staff across all departments and tiers, in two tier areas, so that all services, including mainstream services, can be joined up efficiently to respond to the personalisation agenda.

- That following clarification of the different roles of advocacy, brokerage and support planning and how these should be developed, then the skills required are identified and the development of a suitable workforce is commenced to fulfil these functions.

5.14 Place-shaping and community capacity to support the enhancement of wellbeing for all

The Commission also proposes a right for all to access what are sometimes called universal services, such as transport, leisure and education. Whilst these services are sometimes paid for, there is some degree of universal access. This ties in with the concept of wider 'place shaping' and well being responsibilities carried by all local authorities, including district councils where there are two tier authorities such as in Hampshire, public health promotion, third sector organisations and community groups such as faith groups. The development and promotion of place shaping and community enterprises will become increasingly important as councils deliver Sustainable Community Strategies, Local Area Agreements and respond to the requirements of Comprehensive Area Assessments in conjunction with their partners.

A key element in this system is that people will access services and activities already available in their community but not considered as part of a current care package in the current eligibility based model, such as local universal public services and community voluntary support. In order to ensure that universal public services are fully accessible it is proposed that the government put a stronger duty on universal public services to plan their services with the needs of disabled and vulnerable people in mind.

The wider community is often a hostile place for people who use social care services ....

Putting People First endows local authorities with a responsibility to lead and work in partnership with other statutory agencies, voluntary agencies, their local communities and the private sector - e.g. shops, pubs - to help create communities in which prevention, early intervention, enablement, and social inclusion are the norm. This role 'fits' with their wider role in 'place-shaping'; "the creative use of powers and influence to promote the general well-being of a community and its citizens." The wider community is often a hostile place for people who use social care services; experiences of stigma and violence is far from uncommon amongst disabled people, people with mental health issues and carers. Disabled people have encountered problems when trying to access mainstream goods and services such as cinemas and banks, due to people's discriminatory attitudes towards them.[xx]

The development of wellbeing of whole communities, delivering Sustainable Community Strategies and Local Area Agreements tackling issues of social exclusion and societal attitudes, requires joined-up action between government agencies, local authorities, and their partners. However, at present this is far from happening. Currently public policy often creates rather than removes barriers to community development, for example, the closure of local amenities, like post offices, inadequate pavement maintenance, the centralisation of shopping, increasing reliance on car driving, the inadequacy and continuing lack of access of some public transport, reduced funding for life-long learning, the undermining of personal safety in public space and housing and employment policies. All must be addressed if place-shaping is to be meaningful and for the creation of resilient and strong communities. Within this context the need becomes all the greater for efficiently co-ordinated services across local authority departments and, in two tier areas, between local authorities. Hampshire's Commission on Climate Change[xxi] recognised that those that are most vulnerable in health and social care terms are also most vulnerable to climate change, in particular hotter summers, heat waves and increased risks of flooding. We can improve people's resilience in such emergencies by ensuring that we help maintain and improve their wellbeing and independence and opportunities to call upon their personal networks of family, friends, and neighbours.

The quality of the environment is important to communities and directly impacts on individual's well being and health. Contact with the natural environment offers significant benefits in reducing stress and promotes healthy ageing by helping combat the challenges of obesity, diabetes and mental health problems. A lack of access to green spaces is known to increase chronic stress, the stress experienced by many people in poverty, carers and people with long term physical health problems. It is important to make the crucial connection between the environment and well being and to ensure that people in need of care and support can realise the beneficial qualities of biodiversity and access to green spaces.

One aim of the Independent Living Strategy is that people have the individual care and support they need to live their lives to the fullest. It also seeks to ensure people have equal access to mainstream services like housing, health, employment, education, recreation, and transport through effective joined up services and anti-discriminatory policy. Every local authority will differ in how it funds and delivers these, but each has the responsibility to respond to its local population according to local need. Place-shaping, self-directed support, and personalised social care overall, must determinedly always be connected with a broader independent living policy if the 'social' of social care is truly to be in there as a reality.

Recommendations

- That a duty is placed on universal public services to plan their services with the needs of disabled and vulnerable people and their families and carers in mind. This should directly involve people who need social care and their organisations and be reflected in mechanisms such as Comprehensive Area Assessments and Local Area Agreements.
- That the national curriculum be used to increase understanding amongst children and young people so they are aware of and understand disability and social care as part of everyday life.
- That the government recognise the connection between the Independent Living Strategy, place-shaping and personalisation agendas and ensure implementation of these policy areas is complementary.
- That local communities actively engage in the development and implementation of these policies.
- That the government ensures that the natural environment and its health and well being benefits are integrated in to policies, strategies and partnership arrangements including planning and economic development.

6 Cost Implications

Now it is time to create a new care and support system that is fit for the 21st century: a system that is personalised to individual needs and gives real control to those needing care and their carers; that values the informal care on which our society depends; that gives people who would benefit from it access to care in the home; and that offers us all protection against the costs of care in old age, which can be catastrophic for some families.

Gordon Brown, Prime Minister, foreword to the consultation, 'The case for change: Why England needs a new care and support system', May 2008.

It is undeniable that the adult care system will increasingly fail people in need, their families and their carers if demographic trends are not addressed through significant change. Despite local councils spending more money on services, demographic changes, changes in health care and changes in user expectations have meant that demand already exceeds resources and ever fewer people are able to obtain social care funded through the public purse. It is unrealistic to expect local authorities to make savings though the implementation of personalisation or even deliver services that meet the personalisation and prevention agendas within available resources in a situation with increasing demographic pressures.

Until more funds are brought into the system the difficulty that local authorities will have in reconciling the opportunity for choice with insufficient funds and eligibility criteria could mean even the most reasonable and modest needs of people will not be met. The Commission recognises, nationally and in Hampshire, that demographic pressures are such that in real terms spend on social care will need to increase in the coming years merely to stand still.

The Commission has proposed significant service delivery recommendations that will promote the personalisation of adult social care and the generation of a Universal Offer with greater availability of information, advice, advocacy and self - assessment for all. The table below appraises these recommendations against the principles for change identified in section 4.1 and the criteria of reliability and predictability:

Service delivery recommendations

	Provide up to 8 weeks free Social Care in urgent cases	Universal offer of information, advice and, assessment of support	Development of Universal Offer to include prevention, wellbeing and community supports
Person – centred	■	■	■
Fair and inclusive	■	■	■
Clear, easy to understand and accessible	■	■	●
Joint responsibility	●	■	■
Affordable and sustainable	■	■	●
Reliability and predictability	■	■	■

■ helps with this agenda ● neutral ● unclear

The Commission recognises that these recommendations will carry a financial cost and the potential cost, both nationally extrapolated from Hampshire, and to the County Council are shown below:

Recommendation	Estimated National cost £m	Estimated County cost £m
Providing eight weeks free care	200-400	4-8
A universal offer of information advice and advocacy:	250	5
Significant increase in preventative and community support	300-450	6-9

It must be emphasised that these are initial estimates only, and are affected by the inevitable lack of knowledge which the Adult Services Department has about people who manage and fund their own support and care. The Commission has based these costs on work carried out by Hampshire County Council, however it is possible to extrapolate from these figures to the national position as Hampshire accounts for around 2% of national social care spend. This extrapolation must be qualified as there are particular factors that it does not take account of e.g. the impact of the universal offer will be higher for those authorities which currently have a high level of self funders.

8 weeks free care

The provision of up to 8 weeks free social care in urgent cases has the potential to generate savings across the health and social care systems as it could allow more people to remain in their own homes at a lower cost with lower-level support for longer. The estimate is based on a range of 10-20% of the social care client population (including self-funders) requiring seven weeks' free care in any one year. This potential for savings by helping people to choose alternative support to residential or nursing care is hard to cost, and the Commission believes research evaluation is needed in this area.

Universal Offer

There will potentially be costs for following a universal model that will extend beyond assessment. The upfront cost will be to provide advice and self assessment to everyone with an urgent social care need, regardless of their income level. In Hampshire 60% of those in residential social care are self funders therefore the increase in the number of assessments could be considerable. However there could be long term savings as a result of people being better informed, with earlier interventions supporting more appropriate care choices which are more cost effective in the long term.

Prevention and community support

This is a cost that is not just for adult services to bear and is integral to the broader well-being responsibilities of public services. Recognising wider economic and demographic pressures an increase of only 2-3% has been estimated as sufficient to make improvements in prevention and community services.

Capital disregard and carers allowance

These recommendations are for central government's consideration. There is no doubting the strength of feeling expressed to the Commission about the perceived unfairness of the current disregard level and cessation of Carers Allowance at 65 years.

The table below shows the estimated costs of raising the capital disregard figure and enabling older carers to claim Carers Allowance in addition to their state pension.

Recommendation	Estimated National cost £m	Estimated County cost £m
Increasing the capital disregard to £50,000	400-600	10 -20
Maintaining the Carers Allowance beyond receipt of the state pension	145	Not known

The national figure on the capital disregard is taken from work previously carried out by the Joseph Rowntree Foundation.

The national figure estimate for the Carers Allowance is taken from work previously carried out by Counsel and Care.

Hampshire County Council recognises that while it can make progress putting the Hampshire model into practice, see Appendix E, this can only be done in a limited and incremental way without the nationally focussed recommendations to government being addressed.

From charging to contributions

The Commission has put forward a recommendation to move from a model of charging for social care to a contributions based model. This will promote the development of a transparent Resource Allocation System which confirms eligibility for public and the individual's personal contribution. The cost of this model will be dependent upon each local authorities current charging arrangement.

Funding social care

Hampshire has drawn on the evidence to and discussions in the Commission to inform its formal response to the government's consultation document: The case for change: why England needs a new care and support system. This response is submitted to the government at the same time as the publication of this report.

7 Conclusion

The Commission has considered and discussed a vast range of literature and evidence from service users, carers, academia, staff and stakeholding organisations.

It has made recommendations for a whole system change which can achieve personalisation and greater fairness for all.

As has been evidenced in the submissions, findings and recommendations of the Commission, the issues influencing adult social care and the concept of personalisation are extensive in their reach and have a wide range of complex connections.

The Commission is confident that the recommendations it puts forward offer real solutions to this important national issue that will make a substantial difference to all people in need of care and support in the future.

Appendix A[xxii]

Glossary of terms

Advocacy
Advocacy is helping people to say what they want, championing their rights, representing their interests and helping them to get the services they need. Advocates work in partnership with the person they support and take their side.

Bounty Bag
A bag containing information and advice for the over 65s. This includes advice on services available, concessions, discounts and general support and information to promote health and well-being.

Brokerage
A broker is defined as a person who arranges a contract between a purchaser and provider of services. In social care, 'support brokers' help people plan and organise any support they need. They act as a 'go-between' the person who needs support and people who provide the services the person wants. They do not have the role of rationing resources and do not have the job of providing services. Support brokers can also be advocates.

Direct Payment
A direct payment is a means-tested cash payment made in the place of regular social service provision to an individual who has been assessed as needing support. Following a financial assessment, those eligible can choose to take a direct payment and arrange for their own support instead. The money included in a direct payment only applies to social services.

Independent Living
Independent living means all disabled people, including older disabled people, having the same choice, freedom, dignity and control over their lives as non-disabled people. This includes having choice and control over the assistance and/or equipment needed to go about daily life and having equal access to housing, transport and mobility, health, employment and education and training opportunities.

Individual budget
An Individual Budget is the overall budget a person who qualifies for state-funded care can spend on support or services, not just on traditional social care services but on almost anything the person feels would meet their needs. Individual budgets can be deployed in different ways:

- by the individual as a cash direct payment;
- by the care manager;
- by a trust;

- as an indirect payment to a third party;
- held by a service provider.

Individual Budgets combine resources from the different funding streams to which an assessed individual is entitled.
Currently, these are:

- local authority adult social care;
- integrated community equipment services;
- Disabled Facilities Grants;
- Supporting People for housing-related support;
- Access to Work;
- Independent Living Fund.

Personal budget
Originally, the term personal budget only applied to social care funding but now it is often used interchangeably with individual budget. It is the funding given to someone after they have been assessed which should meet their needs. They can have the money as a direct payment or can choose to manage it in different ways. What is important is that these budgets give people a transparent allocation of money and the right to choose how this is managed and spent.

Personalisation
Traditionally, services have developed to meet the needs of groups of people. This means people have been fitted in to the services available. Personalisation means changing the social care system to that support and services are tailored to people's individual needs and choices. It means enabling people to have more power over the support they receive and more choice about how they live their lives. It means making the system more focused on an individual's dignity and their right to self-determination,

It also involves:

- making universal and community services and resources accessible to everyone;
- early intervention and prevention so that people are supported early on and in a way that's right for them;
- finding new collaborative ways of working and developing local partnerships, which produce a range of services for people to choose from and opportunities for social inclusion;
- recognising and supporting carers in their role, while enabling them to maintain a life beyond their caring responsibilities.

Person-centred care
Person-centred care has the same meaning as person-centred planning, but is more commonly used in the field of dementia care and services for older people.

Person-centred planning
Person-centred planning was an approach formally introduced in the 2001 Valuing people strategy (DH, 2001) for people with learning disabilities. The person-centred planning approach has similar aims and elements to personalisation, with a focus on supporting individuals to live as independently as possible, with choice and control over the services they use and access both wider public and community services and employment and education. Rather than fitting people to services, services should fit the person.

Person-centred support
Person-centred support is a term being used by some service user groups to describe personalisation.

Place-shaping
Place shaping has been defined by Lyons as "the creative use of powers and influence to promote the general wellbeing of a community and its citizens." It is about making places better to live in. For personalisation to work well people need a good area to live in which they can have choice about what they do and the help they need.

Self-directed support
Self-directed support is a term that originated with the in Control project and relates to a variety of approaches to creating personalised social care. in Control sees self-directed support as the route to achieving independent living. It says that the defining characteristics of self-directed support are:

- The individual controls the support.
- The level of support is agreed in a fair, open and flexible way.
- Any additional help needed to plan, specify and find support should be provided by people who are as close to the individual as possible.
- The individual should control the financial resources for their support in a way they choose.
  All of the practices should be carried out in accordance with an agreed set of ethical principles.

Social capital
Social capital is the amount of trust and reciprocity in a community or between individuals. It is embodied in neighbourliness, volunteering, citizenship, trust, shared values, and community involvement. Social capital can maintain wellbeing, ensure people can have the best quality of life irrespective of illness or disability, and prevent the need for acute health and social care.

Appendix B

The Commission

Terms of Reference

- Provide a forum where the opinions of groups and individuals on the issue of the implementation of the personalisation agenda can be heard and considered.
- Ensure Hampshire's voice is heard, adds to the national debate and influences government in relation to all areas that will be impacted on by personalisation.
- Help shape future services for people in need of support and care to meet the objectives of Putting People First.
  - mainstreaming person-centred planning, self-directed support and personal budgets
  - family members and carers to be treated as experts with the power to influence policy and provision
  - commissioning which incentivises and stimulates provision offering high standards of care, dignity and maximum choice and control for service users
  - a common assessment process with greater emphasis on self-assessment
  - a universal information, advice and advocacy service for people needing services and their carers, including self-funders
  - championing the rights and needs of people who need help and support to access universal services, transcending the boundaries of social care
  - promoting dignity and minimising the risk of abuse and neglect of vulnerable adults
  - prevention, early intervention and enablement as the norm
  - supporting people to remain in their own homes as long as possible and the alleviation of loneliness as a priority.
- In shaping changes, consider:
  - diversity and diverse needs
  - demographics and associated rising demand
  - green and carbon issues
  - the best use of technology
  - the need to meet the requirements for further efficiencies and continued outcome and performance improvement
  - the need for flexibility to cope with whatever resources are available

  - approaches to eligibility
  - what a new way of funding care might look like- what elements will be universal
  - partnership working and utilising resources from mainstream/ universal services, the NHS, people's own contributions, welfare benefits such as Disability Living Allowance and Attendance Allowance, housing and 'Supporting People', the voluntary and private sectors and other relevant statutory agencies, not just those resources spent via the adult social services department
  - what contract to develop between the state, individuals, families and communities, including rights and responsibilities on both sides.
- Engage with the wider Hampshire community, to ensure that they are aware of and prepared for personalised services.
- Understand the role of local government and how it needs to work in partnership with the voluntary, private, independent and other public sectors, along with people in need and carers, to deal with the move towards more individually tailored services and transform how adult social care will be provided.
- Understand the implications for the workforce and the local population of changing to a new way of working.
- Develop a sustainable model for the future, that embraces new ways of working and offers practical ways of improving outcomes.
- Use the key findings of The Commission to inform a plan for the implementation of personalised services in Hampshire.
- Influence the Government's Green Paper on the future funding of adult social care and continue to lobby for sufficient resources to cover local authorities' responsibilities so that the service is adequately funded

Appendix C

Service User & Carer Reference Group - Personalisation

Terms of Reference

1 Purpose of the Group

1.1 The purpose of the Group is to provide an additional opportunity for service users and carers to influence the new model for Adult Social Care.

1.2 The Group shall:

a) Support the Department to utilise the evidence gathered through the Commission of Inquiry on Personalisation to inform the new model for Adult Social Care.

b) Comment and give advice on the Department's proposals for the new model.

2 Membership of the Group

2.1 Invitations shall be sent to

(i) Hampshire Centre for Independent Living (HCIL)
(ii) Southampton Centre for Independent Living (SCIL)
(iii) Carers Together
(iv) Service users identified through the Hampshire Partnership Trust, Adult Mental Health Directorate
(v) Service users identified through the Learning Disability Partnership Board
(vi) Service users and carers from the Older Person's cluster
(vii) The Local Involvement Network (LINk)

2.2 Where members have existing networks, they shall be encouraged to disseminate information and collect feedback through those networks.

3 Meetings

3.1 The Group shall meet once a month, throughout July, August and September 2008.

3.2 Meetings shall be facilitated and administered by the Adult Services Department.

Appendix D

Explanation of Figures

Explanation of Figures 1 and 2 on the Commission's proposed system

Figure 1 **Current offer for Adult Social Care**

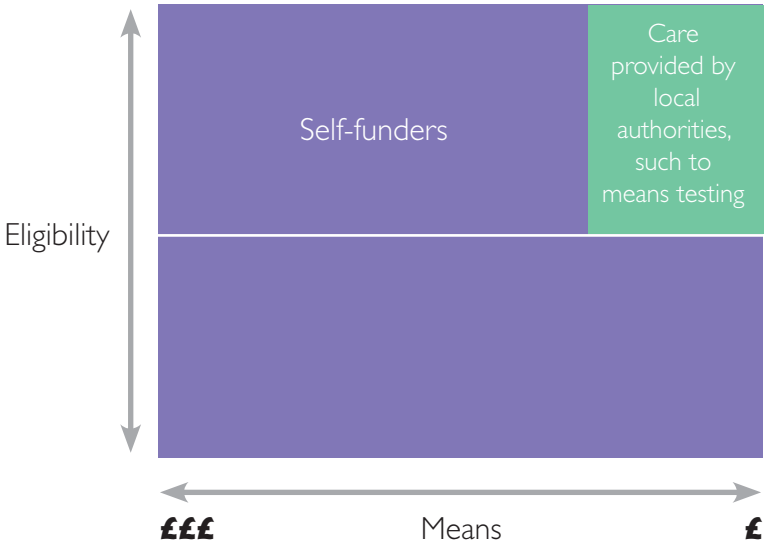


Figure 2 **Transformation of Adult Social Care**

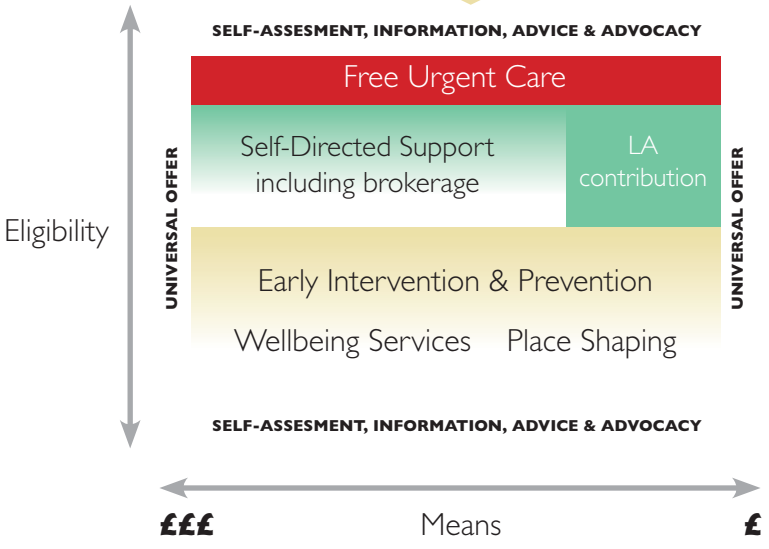


Figure 1 shows the current offer for social care. The larger box represents those people with some level of need for personal care. The horizontal axis shows those with significant income and wealth on the left to those who wholly are dependent on benefits on the right. The vertical axis shows the level of need, from low in the

bottom left to high in the top left.. The threshold for care is shown above the line and this is the case in the majority of authority areas.[xxiii]

Care is rationed by need and financial means, with the result that social care is mostly concerned with those in the top right hand box, i.e. those with few financial resources (savings and income) and high levels of need. As a result those with high needs, who have financial resources of £22,500 and above, are too often left with little help to make the right decisions about how to get care and support to meet their needs.

Whilst it may be a simplification, the diagram demonstrates the general narrowing of the social care remit.

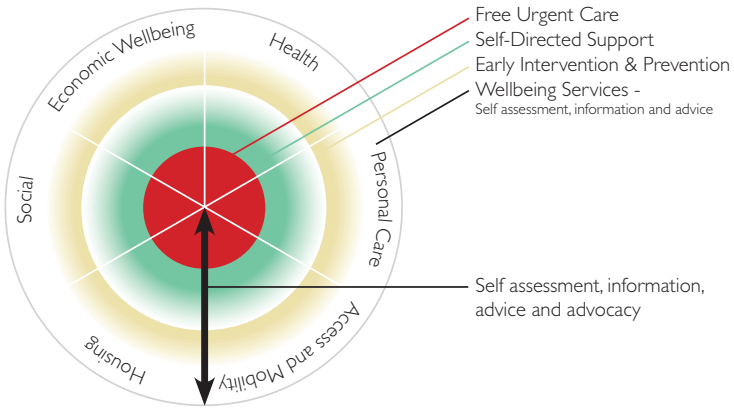
Figure 2 shows how the Commission visualises what personalisation will mean from the perspective of social care departments. In figure 2 there is a Universal Offer of a minimum level of support that all citizens can expect.

The final group shown in figure 2 are those in crisis, for whom their needs are both intense and urgent. In many cases, these people will be in receipt of or at risk of needing acute health care.

Figures 1 and 2 show the transformation from the perspective of the social care system. However, personalisation is about people, their families, carers and networks, not professionals. Figure 3 attempts to show what personalisation will look like for an individual. That individual may be someone in need of care and support or a carer.

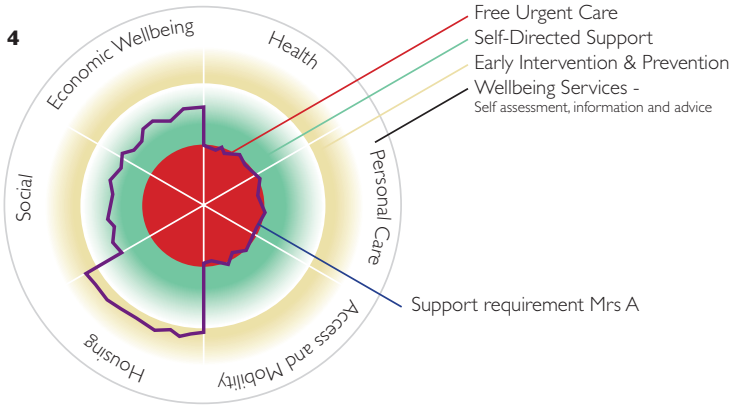
Figure 3 shows the six fundamental dimensions of wellbeing. It shows that personalisation is about much more than personal care. It is inextricably linked to a person's health, the place they live in and how they live. It also shows the four levels of wellbeing with the greatest intensity and urgency of need being at the centre. The levels are expressed in terms of how personalisation will respond to each level of need. They can equally be described in other ways, but it is important to show the different levels of response that make up the Universal Offer.

Figure 3 **Personalisation**



Figures 4 and 5 attempt to show what the Commission's new system might look like for different people. In figure 4 it shows a woman of 75 who is in hospital but ready for discharge after a fall at home. Figure 5 shows a man of 25 with a learning disability who is living in a supported living scheme and arranging his own personal care with the help of an advocate and brokerage services.

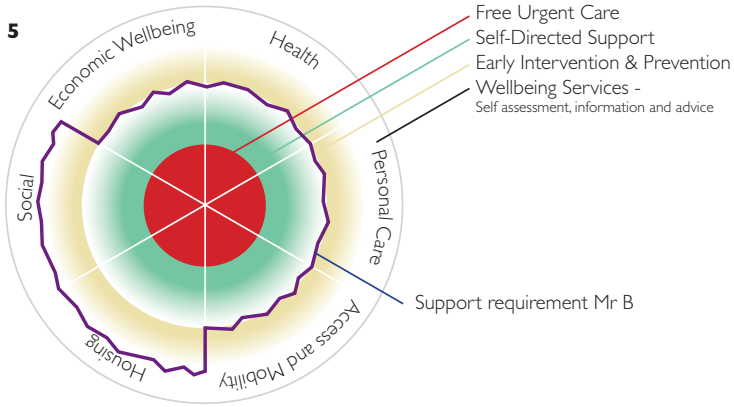
Figure 4



In figure 4 is shown an example of a 75 year old woman who is about to be discharged from hospital. In Mrs A's case the offer may include:

- Up to eight weeks free care at home where care workers support her to regain as much independence as possible;
- Installation of falls sensors and a pendant alarm to increase her confidence and that of her family;
- Supported self-assessment of her longer term needs;
- A financial assessment and benefits check;
- Referral to a local befriending service to improve her social contact between family visits.

Figure 5



In figure 5 is shown a possible assessment for a young adult with a learning disability who is living independently with support and who is using a direct payment to meet his personal care needs. In this case, the key offer is self-directed support, but he is likely to receive housing support and support into education and employment.

Appendix E

PUTTING PEOPLE FIRST IN HAMPSHIRE: THE HAMPSHIRE MODEL

Introduction

This appendix offers an holistic, grounded and practical model for 'putting people first' in a real local authority, moving the personalisation agenda from rhetoric to reality. It tackles those issues raised during the work of the Commission for which local authorities have the power to make a difference without the need for government intervention at a national level.

The Commission has heard a wealth of evidence and testimonies from people living in Hampshire who have had direct experience of the care system in its current form. It has highlighted the shortfalls of a system in which services are designed to meet the needs of groups of people rather than individuals and available only to a very small proportion of the population. It is obvious that this will need to change to ensure that the aims of personalisation are met.

Hampshire was once the place where the rest of the country looked towards for inventive and creative ways forward for disabled people. In 1986, a few years after disabled people pioneered Independent Living in the UK in Hampshire and used cash to buy their care, the Audit Commission in their report called 'Making Community Care a Reality' applauded Hampshire for its self operated care scheme (Independent Living Scheme) as being so innovative that encouraged other local authorities to do likewise. From then on, Hampshire led the way for Independent Living and Direct Payments and any authorities used Hampshire as a prototype for setting up its own scheme.

(Service user with physical disabilities)

Hampshire County Council is committed to building on its past history of working with disabled people and will build on the work of the Commission in order to transform social care locally. It has developed a new model of support to citizens in which services, whilst still important, play a secondary role to what people can do themselves, with the support of families, friends and the wider community.

The proposals contained in this section are based on the following:

- The national recommendations made by the Commission;
- Evidence and testimonies relating to local authority-level issues submitted to the Commission from people living in Hampshire, and leading organisations in health and social care;
- The four workshops held by the Commission;
- Meetings with a reference group of people living in Hampshire who had experience of the health and social care system.

The Hampshire model outlines Hampshire County Council's intentions for practical delivery of the recommendations that have arisen from the Commission.

Universal offer of help, free urgent care and prevention

1.1 Hampshire County Council will agree a 'universal offer' - a framework of entitlement with clear rules on what people can expect

People told the Commission that they felt 'lost' and bewildered when trying to get help from health and social care. The process of accessing support and information was often a negative experience with people feeling unsupported at a time when they felt most vulnerable. People who were deemed eligible for services felt that information and support was difficult to access. Like those in many other local authority areas, people who were ineligible for state-funded support got very little or no advice or information.[xxiv]

We want expert, unbiased information, advice and signposting...
'We want a comprehensive community care assessment with a report and recommendations.
(User-led organisation)

It is clear that access to information, and advice on support and care should be available to ALL who request it regardless of eligibility to state funding. People want good information and advice on the support and care options available. They want help with assessment and signposting and the ability to access a review of their care.

What Hampshire County Council will do

- Make a universal offer to all citizens of access to free good quality information, self-assessment, advice and advocacy.
- Put in place systems and services that facilitate this. This will include working with Hampshire PCT, the district councils and the voluntary sector to develop a single point of access for information about health and wellbeing in Hampshire that is accessible to citizens, advisors and professionals.
- Review how it asks people about the types of support and services they want.
- Put in place mechanisms to review what services are on offer on a regular basis.
- Implement person centred needs assessment, including self-assessment, covering the needs of family and/or carers, and identify ways in which all local services – housing, transport, leisure, education etc - should integrate to deliver better support.

- With the PCT, develop a universal self-assessment tool that deals with people's needs holistically, building on the social care self-assessment tool.
- Ensure that everyone is aware of their entitlements through proper publicity, promotion and public engagement.
- Provide 'Bounty bags' for people aged over 65 to help people access services, help and advice.
- Consider developing a series of 'one stop shops' - one per area so people can 'drop in' for access to advice, support and information.

Good Practice: Website For Self-Funders

Hampshire is currently developing a web site, which will be available for anyone who would like help in assessing their needs and organising their own care. The first phases of this have been completed and provide search facilities for people to find residential, nursing and home care services in their local area.

While the next phases will concentrate on providing improved information and self-assessment tools for people who fund and arrange their own care, future developments will eventually provide a 'shopping' site where people with personal budgets can arrange and monitor their support and finances.

Work currently underway is in response to workshops held with members of the public who told us they wanted more information on what services are available, guidelines on what they should know when arranging their own care and a better understanding of how to access local community and voluntary services.

1.2 Free urgent care, prevention and early intervention: 'That little bit of help when you need it'.

Hampshire, like many other local authorities, currently sets its eligibility threshold for state-funded social care at 'critical' and 'substantial', meaning people below the threshold have to wait until their money is running out and they are in crisis before they have a chance of help. Many people perceive this as unfair as they feel that having paid taxes, they should be entitled to a degree of care. By making up to 8 weeks' urgent unplanned crisis care free, the system will be made fairer for those who have savings.

Evidence suggests that by establishing services that respond to 'low level' needs and focus on a supportive and empowering approach the demand for high level, more expensive services can be reduced.[xxv] It is unlikely that the eligibility criteria which is set nationally will

change in the near future so Hampshire will need to offer support to people with low and moderate needs through preventative measures.

Good practice: current preventative work

Community Innovations Teams
The aim of these teams is to support frail older people to live independent lives at home by helping them to link back into their local community through lunch clubs, good neighbour schemes, handy-person schemes, transport etc. The teams consist of nurses, social workers and community support workers, plus community development workers employed by the voluntary sector. They serve a locality of about 30,000 people.

OPAL – Older People's Area Link
This service provides a network of support workers for older people across Hampshire with the aim of reducing isolation and to improve their health and well-being. This pilot project is running in Totton, Eastleigh Southern Parishes and Basingstoke and there are plans to extend this to other areas over the coming months. The pilot is being funded by Hampshire County Council, the Big Lottery Well-Being Fund and managed by Age Concern Hampshire in partnership with Hampshire Voluntary Care Groups Advisory Service. Voluntary groups offer a range of services throughout local communities to provide support to older people. OPAL workers support people to access activities in their local communities by finding out what's happening and accompanying them to try out activities.

What Hampshire County Council will do

- Offer free 'urgent care' for up to 8 weeks. Due to cost implications, this will not immediately apply to everyone. However it will be available to everyone who needs a period of re-ablement following hospital discharge and everyone who needs urgent social care to prevent them being admitted to hospital. This will make a big difference to many people's lives.
- Set aside an innovations budget to support development of low level services.
- Develop Community Innovations Teams more widely across the County.
- Work with older people to develop and plan for these services - using existing networks and the development of 'focus groups'.
- Involve community groups and volunteers to help develop and run schemes.

- Work with the PCT to make sure the grant programmes used by each organisation to build capacity for wellbeing and early intervention services in the community are aligned around a common set of priorities and a common process, ensuring the effectiveness of this investment is maximised.

1.3 People want support that meets their individual needs

People told the Commission that they wanted support and care that met their individual needs, not care that met the needs of the service.

Self-directed support is about changing the way services are currently delivered to a new system which enables people to gain information about services and control of an allocated amount of money and have support to plan how to use that money most effectively. This means that people can choose traditional services if they wish or can use other forms of community support. People can set their own outcomes and how to meet them.

Following my stroke I have not been able to participate in my usual activities and I would like to follow my interests. One of my main interests would be to play snooker. Part of my budget will be used to take me to the local snooker club.

(Person in Hampshire receiving self-directed support)

Good practice: self-directed support, Basingstoke

Basingstoke has been chosen as the first area in the county to develop Self-directed support. It is offered to all new people receiving support from Adult Services. People have assessments and are told of their Personal Budget, which they can then use to commission their own services or have a care manager commission services on their behalf. They then plan for the support they want based on outcomes they set. The care manager signs off the support plan and the direct payment is made or services commissioned. Reviews are based on the outcomes set by the individual. The outcomes for people on the project are very positive with many people accessing community and family supports.

Good practice: review of Direct Payment Scheme

New direct payments (DP) users will be given a pack with information, guidance and space for their records A new leaflet and WebPages have been created containing links to sources of support. The new DP process is 'light touch'. There are no financial returns- people just keep records of spending. Care managers will work

with DP users to support the achievement of agreed outcomes. DP records will be used for Inland Revenue purposes (if employing a worker) and reviewed if people's outcomes are not being met. There is improved partnership working with the DP support service to ensure appropriate support is available to DP users.

Good practice: Personal Assistance Service

This is available to people 7 days a week, 8.30 to midnight in the south of Hampshire, supporting people to access leisure activities such as going to the cinema, adult education, concerts etc. This service is currently supporting over 40 adults, some of whom have dementia or complex needs, to access their local colleges, swimming pools, snooker club, and theatres, shop independently, become involved in community life and regenerate old hobbies and past times.

A small number of activity groups have developed such as two bowling groups, a men's social support group and an activities group. The activities are set by the people using it and people are choosing to replace more traditional activities, such as day centres, with more community based support.

There is the possibility that traditionally excluded groups (Black and Minority Ethnic, disabled people, people from the most deprived backgrounds) have poorer access to services and information. People told the Commission that they should be able to access personalised support which meets their individual needs and which allows them to have as much control over their lives as possible. They would like real choice, rather than just words of commitment.

Personalisation offers great opportunities to ensure that truly genuine person based services are available in a way that has not been possible before, it also presents challenges in that this issue needs to be addressed now, otherwise it will become another 'bolt-on'.

(Caller on Unity 101 programme, hosted by Hampshire County Council)

Good Practice: Community Development Workers

Hampshire has 11 Community Development Workers (CDW) who are working across Hampshire to engage with traditionally excluded communities and individuals to raise awareness of personalisation and build capacity to develop infrastructure and support networks. The workers take an outreach approach to communication and engagement. Building capacity within the communities themselves, the CDW are providing signposting to help them raise funds to be self-supportive, for example to obtain local government grants.

What Hampshire County Council will do

- Person centred needs assessment, including self-assessment that will be offered to all.
- Personal budgets and self-directed support that will be offered to all those people eligible for support.
- Planning and outcome based reviews for all.
- Simpler systems of payment, including voucher schemes.
- Self-directed support that will be offered across the whole of Hampshire.
- Support the development of services in the third sector in order to meet the needs of traditionally excluded groups, to ensure that there is real choice

2 Governance including risk

Social care provision is generally a risk averse activity. The requirement to complete risk assessments inadvertently supports risk aversion. This problem is likely to be more severe where a small number of carers are providing support to an individual. Without management oversight it will be a natural default position to consider activities that may pose a challenge to carers as too risky and frame the risk assessment accordingly. This tendency needs to be guarded against- one way of doing this is to ensure that every time a risk assessment is completed, the risk of not doing the activity is also considered.

(Voluntary sector provider)

2.1 A new framework for 'risk taking'

The work of the Commission highlighted three main risks in personalisation:

- Risk of service user spending money on something that may be seen as controversial, e.g. 'respite' holiday in Spain, going to the pub or football match;
- Risk of service users coming to harm through their choice;
- Risk of not allowing people to make their own choice.

The current system was perceived by respondents to the Commission as risk averse with the balance of 'risk management' resting with the care manager or local authority. People using

services told the Commission that this was both disempowering and patronising. There is the potential of failing to deliver personalisation if the risk of people 'wasting money' or coming to harm through their choices becomes the dominant consideration. The drive for transformation demands a new approach to supporting choices and taking risks. Increasing choice and control means also being able to make choices and to take reasonable risks to lead the lifestyle that they choose. In offering choice and control to people, individuals should be enabled to play a collective part in risk management. People want to be able to call on the right level of support at the right time without having their independence reduced.

What Hampshire County Council will do

- Work at a local level to promote wider understanding about choice in spending public money e.g. on holidays. As one member of the public stated in a workshop, 'the public is very averse to people spending public money on pleasure'. Hampshire also needs to work across legal, audit and finance departments to ensure that flexible and open accountability procedures are developed.
- Develop a new framework that will support the right balance and avoid 'the perfect storm' which sees individuals being offered more choice at the same time as the government increases constraints. Too many constraints already exist in the current system, such as registration regulations and the use of differing pots of money. A framework is needed that allows the transfer of rights and responsibilities to individuals recognising that people may make choices that some people find 'odd' or challenging.
- Ensure the workforce within social care and across other departments such as audit and finance receives training and development to be able to manage risk, and have the confidence to strike a balance between protecting those who find themselves in vulnerable situations and supporting people to determine their own lives and lifestyles.
- Support adult services staff so they are best able to help people make their preferences known early on and are supported to make their own choices. It is recognised that where people lack capacity, they and their families need to know that people will act in their best interests to help them secure a good quality of life. Social care can help older people in particular make 'anticipatory choices' encouraging them to think through the changes that could occur to meet their aspirations and help them consider and understand the risks that may be involved.

- Establish with its partners a joint choice, empowerment and risk policy which promotes transparent practices. This will be a new framework which will incorporate:
  - A light touch in relation to audit and 'approved' spend;
  - Being explicit about promoting choice versus risk;
  - Being clear about how it will support people at their most vulnerable points, e.g. through Safeguarding Adults/Adult Protection policies where necessary and through helping people to stay in their own homes and keep warm and safe, for example;
  - An outcome focussed approach.

2.2 Governance and regulation

The new Care Quality Commission will bring together the regulation of Adult Services, NHS and mental health services. This is welcomed, as it should bring about greater consistency in standards and lead to service quality improvements amongst the traditional health and care services. An issue remains with regard to those services which offer support to vulnerable people that will not be covered by this regulatory framework. To encourage new services to flourish it will be important that they are not over burdened with reporting requirements but are nevertheless supported.

What Hampshire County Council will do

- The Trading Standards department is working to extend its 'Buy with Confidence' scheme by looking at offering basic checks to the non-regulated personal support sector. These services will then be advertised through the County Council's website and people who subsequently use a service can record their experience.

3 Quality & performance

3.1 Quality

People told the Commission that they were concerned that the quality of care may go down if people were left alone to obtain services from the private or independent sector themselves. Some people felt that personalisation raises the importance of the local authority role in quality assurance and monitoring. People felt that there was a need to make sure that there are accredited services available so that people could commission these services if they wanted the 'peace of mind' that services or personal assistants met a certain standard .The Commission heard that the current regulation system was not proving to be very effective and self-funders

requested support for someone to take more of a mediating and quality assurance role.

The Commission received evidence that Trading Standards 'Buy with Confidence' scheme if extended to personal assistants and care could provide a way forward in protecting consumers and in ensuring quality.

Developing 'Buy with confidence' for care

It is proposed that people receiving direct payments could be encouraged to use the Buy With Confidence (BWC) scheme of approved traders for areas covered by the scheme e.g. home repair and maintenance. The BWC team to endeavour to expand the scheme to include the areas most likely to be needed.

Trading Standards (TS) could support and advise on a register of personal assistants. Because of the specialist nature of care it is not practical to incorporate this sector into BWC at the present time. Registration fees are prohibitive, references would be hard to get, and there is a lack of expertise in the field.

Adult Services could work with an independent organisation that will develop and manage a register and Trading Standards will use experience gained from the BWC scheme to ensure the register is effective. TS could work with 'Consumer Direct' so that complaints from people receiving direct payments can be identified and followed up where necessary. Alternatively these residents could have a TS number to call or calls could go through the contact centre.

What Hampshire County Council will do

- Explore developing the 'Buy with Confidence' scheme for people who choose to commission their own care.
- Support users to lead monitoring and assurance through user led and user controlled organisations and to develop user led quality processes.
- Share with the public information on providers collated by Hampshire Adult Services.
- Renew the commitment to work more closely in partnership with providers to support improvements in quality.
- Enable user-led organisations to share information and experiences of services and support with potential customers of care services.

3.2 Performance

Performance management offers real potential for individuals, tax payers and government to hold councils to account for improving the lives of vulnerable people. This is welcomed. However, many of the performance measures for adult services departments are currently input focussed and not aligned to outcomes for people who use services. New measures are needed with regards to personal outcomes, risk assessment and management, service quality, and value for money.

Hampshire has contributed to work to review the performance assessment framework for Adult Services being carried out by the Commission for Social Care Inspection. It is working with the Department of Health to review the National Indicator Set in the context of personalisation. Regionally it has worked with the Association of Directors of Adult Services South East Performance Network to develop an outcomes assessment tool based on the seven thematic outcomes outlined in Independence, Well-Being and Choice that could also be used to report on performance.

What Hampshire County Council will do

The Council will develop the outcomes assessment tool further. It will:

- Assess needs and aspirations of individuals focused on personal outcomes;
- Review progress towards outcomes for individuals;
- Monitor the quality of service provision;
- Provide a means to report the performance of Adult Services, based on individual's first hand experience.

4 Partnerships I : **Services for those in greatest need**

A more collaborative approach between agencies is desirable including the voluntary and independent sectors. It may be more useful to form a partnership in the fullness of time.

(Hampshire resident)

The evidence submitted to the Commission made it very clear that for personalisation to work agencies would need to embrace a cross-departmental and cross-organisational way of working. The evidence throughout highlighted that personalisation was not just an adult social care issue and that for people to really feel in control of their lives it required a collaborative approach from social care, recreation and heritage, health, local district and parish councils, housing, etc.

People resented the piecemeal way that services currently engaged with them, reporting 'jumping through hoops', having to tell their story many times and of getting lost or 'caught between services'. To many people, services appeared to be a 'maze' of conflicting criteria and support. Collaboration is needed to remove boundaries rather than police them to ensure people can access the support they needed when they want it.

4.1 Working in partnership with the public and people and carers who use services- building on the Commission.

The Commission has engaged with and heard from many residents living in Hampshire, many of whom are either carers or users of social care services. The Council needs to ensure that this way of engaging people extends beyond the life of the Commission so that current user, carer and community groups have a direct input in developing the implementation of the Hampshire model. There is a need to raise Hampshire residents' awareness of social care and the changes that are being bought about through personalisation.

What Hampshire County Council will do

- Scale up user involvement in the implementation of personalisation through focus groups and pre-existing networks, building on the spirit of engagement and debate generated through the life of the Commission.

4.2 Working across health and social care

People told the Commission that interaction with health and social care is a minefield of complex legal and organisational boundaries. They found the distinction between health and social care blurred and confusing. Evidence suggests that a co-ordinated approach to personalisation across health and social care is of particular importance for those people whose needs span across both services. A substantial proportion of the NHS budget is spent on people who have conditions that are long-term in nature some of which already receive Direct Payment for their social care. The individual's needs are relatively stable and predictable. People with long-term care needs felt that they would benefit from the same choice and control from their health care as Direct Payments had given them in terms of social care.

In Hampshire work is underway to develop co-ordinated services across health and social care. This includes piloting multi-disciplinary joint discharge teams in two acute hospital sites, piloting single point of access in south east Hampshire and integration of Hampshire County Council and Hampshire Primary Care Trust's occupational therapy services, and the development of a Health and Wellbeing

Partnership Board which oversees the elements of Local Area Agreements relating to health and well-being. Other joint work includes implementing the Older People's Mental Health Strategy, extending the work of the Community Innovations Teams and the Hampshire's Year of Care Project, looking at how care pathways can be implemented for people with long term conditions.

A Health and Well being Partnership has been developed across Hampshire County Council, Hampshire PCT, District and Borough Councils and the voluntary sector. This partnership will agree health and well being strategies and priorities and oversee the delivery of the health and well being aspects of Local Area Agreements.

What Hampshire County Council will do

Integrate health and social care more effectively at a local level to include:

- Direct payments for those people with continuing health care needs who are already in receipt of adult social care direct payments;
- Integrate local grants across health and social care to fund community development, prevention and innovation;
- Integrated work across health and social care teams and commitment to single point of access and Comprehensive Assessment Framework. Build on good practice with integrated learning disability and mental health teams;
- Integrated information and advice services;
- Where appropriate, align or integrate funding streams for health and social care, using the discretion contained within the existing legislative framework to improve outcomes for individuals;
- Pilot use of integrated health and social care budgets for older people with dementia;
- Build on good practice such as joint work from Community Innovations Teams to identify areas for joint investment.

4.3 Mental Health

WRAP is an empowering experience as I am writing my own recovery and feel listened to; as before I felt I was always being told what to do whether I agreed or not. My recovery is now a partnership with the Mental Health Team rather than us and them scenario.
(Service user)

People told the Commission how it was important that personalisation met the needs of everybody including those with mental health needs and drug and alcohol problems. 'Mental Health into the Mainstream' and 'A New Vision for Mental Health' call for a shift to greater self-determination for individuals, their carers and families. Part of this vision will mean understanding how the new agenda on personalisation can transcend the institutional divide between health and social care and have relevance for people with long term conditions such as mental health problems. This is vital to ensure mental health does not get left behind in the policy debate.

Experience of mental health is highly individualised and recovery is a very personal issue. Many individuals would like there to be a less medicalised approach to care that recognises the value of a range of non-clinical services in successfully managing mental health conditions. Recent research on the Individual Budget pilots evaluation found that the quality of life and tendency for psychological well being for mental health service users improved once they received an Individual Budget. Users saw them as an opportunity to access support that was more appropriate to their needs.

What Hampshire County Council will do

- Ensure that personalisation and self-directed support is offered to people using mental health and drug and alcohol services.
- Work across integrated health and social care services to develop a joint model of personalisation.
- Extend the Wellness Recovery Action Planning (WRAP).
- Use a s75 agreement to monitor uptake of self-directed support and Direct Payments
- Planning work with Hampshire Partnership Trust to pilot self-directed support for those with mental health needs in 2009.
- Ensure that the model links to the Care Programme Approach process which is the framework for care co-ordination and resource allocation in mental health care.

Good Practice: Wellness Recovery Action Planning

Wellness Recovery Action Planning (WRAP) is a self-management tool based on the principles of the Recovery Approach. WRAP enables individuals to have more control over their whole life including times when they are ill. It is a plan that is developed and owned by the person who writes it. The individual works through the following eight sections of the plan at their own pace with the support of their choice:

- Wellness
- Wellness Toolbox
- Daily Maintenance List
- Triggers
- Early Warning Signs,
- When Things are Breaking Down
- Crisis Plan
- Post Crisis Plan

Placing service users at the centre is key to the philosophy of the activity. The activity aims to empower users of services both by providing the opportunity for them to write their own WRAP, which for some is the first stage in regaining control of their life, and by inviting them to support others in developing a WRAP.

5 Partnerships 2 : Place shaping and community engagement

Believe it or not, there is more to life than Social Services! We urge this Commission to highlight that every part of Hampshire County Council needs to take their responsibilities seriously when it comes to the empowerment and independent living aspirations of Disabled People. All too often Disabled People are viewed as a Social Services issue, when in reality Disabled People need all of Hampshire County Council's services to be inclusive of their needs if they are to realise the ambitions of the Personalisation agenda.

(User-led organisation)

The Commission heard how the responsibility for meeting individual's support and care needs is not solely the remit of adult social care departments. Hampshire County Council has recognised that, with its partners in district, borough, parish and city councils, it needs to take a whole system approach and management action, to ensure that all council service areas including environment, housing, leisure,

children's services, transport, adult education, legal, policy and community participation work together to become personalised. Evidence presented throughout the Commission has also emphasised the importance of community in people's lives. For example, in Hampshire and elsewhere, people in receipt of personal budgets tend to choose community based services over traditional adult social care.

Hampshire County Council has a role as 'place shaper' and needs to ensure personalisation is embedded in local communities and other organisations as part of its duty to shape communities and well-being for all of its citizens. This can be exercised though the development of sustainable community strategies, Local Area Agreements and the 'power of well-being'.[xxvi] Local authorities, the voluntary sector and the private sector need to work together to understand how they will meet this new agenda and share responsibilities to make their localities better places to live for all citizens, including older people, disabled people, those with mental health difficulties or complex needs.

As a local authority that has a wealth of natural resources, country parks, coastline and areas of outstanding natural beauty, Hampshire has clear opportunities beyond the social care arena to widen the offer made to people in terms of their wellbeing and access to universal services. One facet of this is the need to deliver tailored solutions in terms of community transport in order to make service accessible for those in more rural areas. One such example of this is the current 'Cango' bus service in the New Forest targeted at older people.

The role of the Hampshire Senate

The Hampshire Senate is a new voluntary partnership body that has been set up to oversee delivery of Hampshire's Sustainable Community Strategy and Local Area Agreement (LAA). It includes the 11 District Council leaders, along with the Leader of the County Council, the Policy and Fire Authorities, the PCT, Hampshire Association of Local Councils, the voluntary sector, Hampshire Economic Partnership, South East England Development Agency (SEEDA), the chair of the previous Hampshire Strategic Partnership, and the Armed Forces.

As well as overseeing the LAA, the Senate will be exploring ways that Hampshire partners can collaborate and be more efficient, achieving more for less, but without partners losing their individuality. As the united voice of public services in Hampshire locally and to national government, it will have an important role in ensuring that the messages from the Commission are reflected both in the LAA and disseminated across the public sector locally, particularly joining up the work of different tiers of local government in Hampshire.

What Hampshire County Council will do

- Work with Hampshire Senate partners to ensure that the recommendations and messages from the Personalisation Commission are disseminated across the tiers of local government at parish and town council, district and county level and throughout the wider public and voluntary sectors in Hampshire.
- Ensure that the LAA in future reflects the values and principles of personalisation, starting with the annual review of the LAA for 2008/09.
- Develop across all departments a plan to improve access to and accessibility of all HCC services and ensure that they can respond to individual needs.
- Review its action plan 'Conserving Nature for the Community' 2005-08, to incorporate the messages from the Commission. This will be across all departments and not only Adult Services.

5.1 Using existing services better

Much of our built environment, public transport and other everyday facilities remain inaccessible. This is not just a matter of ramps, level thresholds, wider doors and so on, but a much broader, more inclusive understanding; a greater tolerance...

(User-led organisation)

People told the Commission of the vital part that the voluntary sector, community and universal services would have to play in making personalisation a reality. People highlighted a need to raise awareness of community groups so that they are a valued part of the social care system However, people also stated that there should not be an expectation that voluntary organisations were there to shore up statutory services. To stop them becoming overloaded it was suggested that it would be necessary to 'pump prime' their services. The process of building capacity must include user led and user controlled organisations.

'Putting People First' endows local authorities with the responsibility to lead and work in partnership with other statutory agencies, voluntary agencies, local communities and the private sector e.g. shops and pubs, to help create communities in which prevention, early intervention and social inclusion are the norm. It also outlines the key role councils needed to take to lead personalisation across public service and in local communities to champion the rights and needs of people in need of care and support. The Commission heard about the barriers that currently prevent disabled and older people

from accessing amenities in their local communities. It was apparent that many people still experience negative attitudes when they use universal services.

What Hampshire County Council will do

- Provide outreach to traditionally hard-to-reach groups to enable them to access community facilities as part of extending the OPAL project.
- Explore the possibilities of locating services in places where people go and/or want to be e.g. run day services in libraries or leisure centres; bring carers together in the local pub or through a reading group in a local hotel or community centre.
- Find ways of supporting universal services, such as cafes and transport, to become more accessible to disabled and older people.
- Support and encourage the development of self help groups.
- Investigate the potential for
  - Time-bank schemes, where, for example, people who put time in by supporting somebody to go to the shops can get time back by having their garden tidied.
  - Citizen bank schemes, which are an extension of the above but where the council offers concessions such as free trips to council-owned leisure facilities.
- In partnership with the district and borough councils, review ways to increase take-up of the care credit scheme, which is little used.
- Extend the use of brokers and community development workers to support individuals and families to access community facilities.
- Evaluate the potential to develop local community based organisations, which could shape and deliver support at a very local level with an inclusive governance structure similar to school governance but focussed on the local communities. These could include local elected councillors, community representatives, local voluntary sector and business representatives as well as people who have experience of using or needing services. Such organisations can have a profile in the community that is easily recognised and accessible. They may need a Hampshire wide identity or 'brand' that is as familiar and as de-stigmatised as other universal services in the community such as schools.

5.2 Supporting rural areas

The Commission heard how the personalisation agenda brings both opportunities and challenges for rural communities. Personalised social care may be more responsive to the needs of rural communities, allowing people more flexibility to create personal and local solutions that do not require transport to a population centre. However, there may be difficulties for people who wish to commission their own services in finding suitable people to work who are willing to travel to more remote areas, and work in sometimes isolated conditions.

Costs associated with employing staff may also be greater for those people living in rural areas. For those people with low and moderate needs, transport from rural areas can be a barrier to accessing universal services, amenities and community support that maintain their wellbeing. It will be very important to address the issues of isolation and accessibility.

The importance of building social capital in communities, helping social enterprises develop and supporting volunteering are recurring themes linked to the personalisation agenda, and are particularly pertinent in rural areas, where for example there is often heavier reliance on volunteers to assist people with transport and access, collecting prescriptions, shopping and other routine support.

If people are to be supported to remain in their own communities, particularly in rural areas, the suitability of the general housing stock is a major issue. Adult Services is reviewing its approach to equipment and adaptations to ensure that the service is accessible and flexible, and can assist those who do not meet our current eligibility criteria. Promoting the Government's Lifetime Homes Standard for all housing (including private sector development) is also a key goal to ensure there is an adequate supply of housing that is suitable for people with disabilities and age-related needs, particularly in rural areas where the quantity of new-build is low so what there is needs to be as flexible as possible.

What Hampshire County Council will do

- Ensure that systems, policies and programmes are designed to assist with delivering personalisation, challenge will to be built in to make sure that they are 'rural proofed' i.e. they take account of rural circumstances and promote equity and equality.
- Use the Council's existing rural resources better to ensure information and advice about support, services and leisure opportunities are accessible, e.g. via mobile libraries, village halls, GP surgeries etc.

- Work with the voluntary sector to promote volunteering, community capacity building and to stimulate social enterprise in rural communities
- Work together across the tiers of local government in Hampshire to promote building to the Lifetime Homes Standard for all new developments, particularly in rural areas

6 Carers

There is no doubt that the strain of caring does affect the carer's health. Within 6 months of starting caring I was diagnosed with type 2 diabetes. The problem is WHO LOOKS AFTER THE CARERS? For providing care 24 hours a day, 365 days a year and probably for another 30 years the Government feels that I am entitled to the outstanding sum, once they've taxed it – of an outstanding 40p per hour.
(Carer)

Carers told the Commission that they felt very unfairly treated in the current system. They often did not receive the information they required or support to carry out their role. They felt undervalued by services and often excluded from decisions regarding support for the person they were caring for. The Commission received evidence on how the current care system considers each person as a wholly separate individual, ignoring the vital networks of links with family and friends who depend on them and on whom they depend.

Carers are currently eligible for a national scheme of council tax disregard. This provides full exemption where a house is left unoccupied because a person resides elsewhere whilst providing care; and a care worker disregard for those who provide 35 hours care or more per week (whether paid or not). The effect of that is to reduce the amount of council tax to be paid by disregarding the eligible person for the council tax calculation, e.g. if two people live at an address and one is a carer, then council tax will be paid at the single person rate, so reducing the bill by 25%.

This is a fairly narrowly-cast scheme, and take-up is only around 1% of the 110,000 carers in Hampshire. Factors contributing to the low take-up include the fact that people do not qualify for the scheme if caring for a spouse or if they are not in receipt of benefits. Furthermore, the scheme is little publicised and the requirement to provide 35 hours per week care is restrictive, excluding at least 74% of carers who provide between 1 – 19 hours of care per week. As this scheme is national it cannot be altered locally, however, councils do have discretion to reduce the council tax for specified groups of people, which could be utilised to help more carers.

Good practice: Emergency Respite for Carers Project

Carers report anxiety regarding the lack of a safety net for them and difficulties in accessing information and resources. Adult Services has commissioned a new emergency respite services for carers which enables carers to work with a support worker to develop a plan which can be used in the event of an emergency and which is based on their individual needs.

The service is being developed by a wide range of partners in the third sector, social and health care and provides carers with some peace of mind regarding unforeseen circumstances. Resources are available to support the emergency plans if enacted, for example, to pay for agency support or the transport of family members to support a person with care needs. The service is personalised, based upon the carer's wishes and those of the person that they care for.

Carers are supported by a 24 hour telephone line and the support workers who visit the carers are also able to give carers information about other resources and opportunities for support.

This service can be accessed for a range of emergencies, social, health-related or related to employment concerns.

What Hampshire County Council will do

- Put in place information and advice services for carers and family members.
- Incorporate the needs of carers when looking at outcomes of a person's support plan.
- Focus on the needs of the family unit as a whole making it possible to consider people with caring needs and the carer givers ensuring everyone has an equal right to support to get on with their lives.
- Develop a 'carers' Resource Allocation System to offer resources to carers in their own right.
- Treat carers as respected and valued partners in all our interventions and support this through improved training for staff.
- Review all discretionary financial assistance schemes within the County Council.
- Evaluate the proposal for a 'carer's card' which could be introduced to act as a passport to community care credits such as vouchers and discount on bills for Hampshire carers.
- Consider broadening the council tax discount scheme to more carers by changing the qualifying number of hours of care per week and the level of discount to be given.

Some example scenarios would be:

- 5% discount (worth £70 on a typical £1,370 Band D council tax bill) for all carers giving 50 hours or more care per week would cost the Council some £1.25m per year;
- 10% discount (worth £140) for all carers giving 50 hours or more care per week would cost some £2.5m per year;
- 5% discount for all carers giving more than 20 hours care per week would cost around £2m per year.

7 Commissioning and the Market

Part of our place-shaping strategy is to provide stability in the market. If providers don't (give) the service that individuals want, then they will go to the wall. But we have a job to support providers to make changes to cushion the (impact of) change along the way. This is not a naked market. We're not dealing in widgets; we're dealing with human beings.

(Commissioner)

The Commission heard how personalisation and self-directed support will change the way Adult Services commission services in the future and also will change the types of support people wish to access. There are three main types of support which people will require in the future:

- Traditional care options such as residential, nursing care, domiciliary support from agencies;
- Informal care such as directly employed personal assistants often known already to the individual such as a family member or friend;
- Non- traditional support such as gym membership, taxi services, etc.

People told the Commission that to support personalisation, local authorities would need to change their role as commissioners from one of market management to that of market shaping. This will entail a shift from direct intervention and commissioning to overseeing and shaping the market. It will require a shift from purchasing services on behalf of people to ensuring that support and services supports people's needs and wishes. The Commission also heard concerns that personalisation may 'disaggregate demand which could increase transaction costs and cause instability in the market', an acute concern amongst small providers.

There needs to be greater 'trust' and understanding between the two sectors and a greater use of grants to enable the voluntary sector to innovate and monitor against outcomes- not process.

(Voluntary organisation)

What Hampshire County Council will do

Adult Services will transform current commissioning by:

- Providing an 'innovation pot' to pump prime new services;
- Modelling demand to inform commissioning. Asking people what they would do differently and what support they would want if they had a personal budget. This would help plan for the future;
- Working with providers to develop more flexible services as demanded;
- Engaging citizens and key stakeholders in co-production of commissioning plans – co-designed and co-produced plans;
- Developing a model of commissioning which will support people to commission their own services if they choose. This will be based on a spectrum of support from 'do it yourself', to co-opting with other service users to group commission in 'consortia', to drawing down from existing contracts in place with Hampshire County Council;
- Development of provider forums and partnership work to improve capacity and leadership on personalisation.

Good practice: Provider Forums and Partnership work

Development of leadership and management skills and capacity across all sectors in Hampshire is critical if the way services are commissioned is to be transformed. Hampshire is working with partners in the independent and 3rd Sector to identify the priority areas for development of this important group of the workforce. These priorities have been translated into a range of accredited workforce development programmes focussing specifically on the key leadership and management skills needed to support them to lead their organisations and teams through the changes and challenges of personalisation.

Chief Executive Officers of 3rd Sector organisations in Hampshire took part in a workshop to identify the key issues - and skills needed - for them as leaders when preparing their organisations to meet the opportunities and challenge of personalisation. One CEO commented, "We need to change the way we think and must be prepared to rip up the existing business plan and start again!"

In Basingstoke a number of forums on personalisation have been facilitated by Adult Services in partnership with the countywide representative organisations for residential, nursing, domiciliary and 3rd Sector. A new cross sector group of local independent and 3rd sector providers has been established to lead the development and shaping of new services that will deliver different, more flexible and wide ranging options for users of services.

7.1 Developing personalisation in existing services

I thoroughly endorse these elements of personalisation, but fear that it is not happening for the most vulnerable people, especially if in residential care. Some providers still seem to want to do it 'their way'.... If personalisation is to work, it must work for everyone; and the most vulnerable people, like my son, must not be left behind.

(Carer)

People told the Commission that personalisation must extend to those people already in existing services such as residential care, and ensure that those who want to continue to access traditional care, such as day centres and residential homes, have the opportunity to do so.

What Hampshire County Council will do

- Ensure that choice is available to people regardless of whether they live in a community based setting with their own personal budget or in a residential care setting.
- Ensure that both traditional and innovative services are on offer to all potential users.
- Move to a transparent 'commercial' model for all in-house services.

8 Workforce and culture

(The union) is clear that there should not be any knee-jerk attempts to carve up social work roles with the aim of delivering them with cheaper less qualified staff. Support brokerage needs to be properly piloted and evaluated including how it can be best delivered within the range of social care functions and job roles.

(Trade union)

The Commission heard how personalisation will bring important changes to the social care workforce. The shift away from care management, the widening of support to include self-funders, and the likelihood that personal assistants, brokers and advisors will be in greater demand will all impact on the workforce. Once the extent of this becomes clearer, investment in care management will need to be reviewed to shift some towards independent and community based models of support brokerage.

8.1 Engagement

People told the Commission that there was a lack of information and engagement with the social care workforce on what Personalisation would mean for their role in the future. There was a general feeling that the workforce had not been included in the discussions on personalisation and that there was a strong need to engage frontline staff to harness their enthusiasm, allay any fears and work in partnership with them to implement change.

What Hampshire County Council will do

- Involve the workforce from the beginning in all change programmes emerging from the new model of adult social care.

8.2 Workforce Development

The Commission heard how the shift to personalisation will bring important changes for the social care workforce both within and outside of Adult Services. Evidence suggests that when people switch to self-directed support family members, friends or the voluntary sector often carries out the roles of broker, advisor, and navigator.

People told the commission that although there would still be a need for social work skills, the role of care manager would need to change to one which shifts from a focus on assessment and management of resources to a role with greater emphasis on support planning and brokerage. A change in perspective from care management, which focuses on the individual's needs and deficits, to one that links the individual into the context of their life, experiences, family network and communities, will be important. The title of 'care manager' now feels a misnomer and does not reflect the new way of working. Staff will be engaged and supported through the change process and offered training. This will include training to support the shift from the individual focus of care management to one which places the individuals in the context of their family networks and local communities.

Staff will continue to provide help to those needing support with assessment, help plan support with people in complex situations or when an 'emergency' response is needed, and continue to offer an overview and review of support plans. Social workers will be required to continue to fulfil statutory obligations arising from the Mental Capacity Act and Mental Health Act, as well as other duties regarding safeguarding adults.

What Hampshire County Council will do

- Engage with health and social care workforce at all levels to promote an understanding of what personalisation means.
- Develop a training and organisational change programme to promote a new culture that will support personalisation.
- Set up mechanisms to demonstrate examples of personalisation and share good practice.
- Review outcomes of the changes to roles as a consequence of the objectives outlined in this report and ensure there are the right staff with the right skills in the right places.
- Embed personalisation in all training and development programmes.

8.3 Personal Assistants

I want a personal assistant with the right attitude – not an NVQ

(Service user)

It is clear from the evidence provided to the Commission that people working more informally, as personal assistants, brokers and advisors are likely to be in more demand under self-directed support.

The Commission heard that there is a need to ensure that the local labour market is stimulated to increase the supply of personal assistants and care workers with the new types of skills and qualities that people want. To achieve this reality it is vital that new flexible training pathways are developed for personal assistants and that capacity exists to deliver these programmes to an agreed standard. Personal Assistant development pathways should not be seen as a mandatory requirement but as part of the support framework to enable service users to choose to manage their own lives. Running alongside this it may also be necessary to offer an information, advice and guidance service, or even training opportunities for service users as they take on new roles as an employer. To drive diversity and flexibility in this labour market it is equally important to ensure personal assistants are supported. For example, Sweden has developed a model of user-led co-operatives whereby the co-operatives employ and train Personal Assistants on behalf of the service user.

What Hampshire County Council will do

- Consider whether the current County Council scheme in which the Council will employ personal assistants on behalf of Council employees who request this service might be offered to service users who do not wish to take on employer responsibilities themselves.
- Extend training and development to personal assistants who are employed directly by service users.

8.4 Brokerage

The Commission heard that the term 'broker' means different things to different people. It would be difficult for one broker to do everything, e.g. find a local handyman for one person and advise another on equity release. Within Hampshire there are already many different types of broker.

It was underlined that varied resources need to be available to suit the different needs of individuals. In some instances (when people are in crisis, if people have very complex or high risk situations) a care manager/ social worker may be the best person to help with an interim plan of support. It is important to ensure that there are a range of options available to people (such as do it yourself, user-led independent brokerage and planning, and care management/social work support for interim or complex situations).

What Hampshire County Council will do

- Develop a range of brokers to offer people wide choice. This could involve facilitating the development of family, friends and independent user-controlled organisations in this role to and offer local authority-employed 'care manager' brokers if people would prefer this option. .

8.5 Meeting the demographic challenge

Most communities are experiencing an increasing older population which will lead eventually to increases in demand for care and support. The number of people with dementia, for example, is set to double over the next 30 years. Therefore there is a requirement to develop existing and new staff with the skills to meet long term complex needs. There is an urgent need to develop additional capacity across the social care workforce from non-traditional backgrounds. The existing workforce is ageing and remains predominately female.

What Hampshire County Council will do

- Support communities to develop their local workforce. This will be garnered through non-traditional supports such as lunch clubs/ volunteers / neighbours.
- Explore how to unlock and build on the potential within communities with the promotion of social enterprise., for example offering support with their business administration.
- Develop a model career pathway which starts from school in adult social care which includes 'tasters', work with 6th form colleges, apprenticeships, NVQs, and is based on competencies and accreditation.
- Liaise with local universities and 6th form colleges to shape and influence the curriculum in light of new direction and skills needed.

9 Funding

There are many claims that Personal Budgets and personalisation will 'save' local authorities money. The government has initiated self-directed care on the basis that it should be possible to make it cost neutral. That is also the basis on which the County Council's Basingstoke pilot is running. Whilst this section does not attempt to address the future funding of adult social care (please see national recommendations and consultation response for that) it is clear that Hampshire County Council and its partners will need to review existing funding to ensure that transformation to personalisation is successful.

There are some potential additional costs of setting up personalisation associated with the additional time required to set up a service user, these include:

- Higher purchasing costs due to effects of different service provision patterns on the market, perhaps including losses of economies of scale if people procure independently through their Individual Budget;
- New systems costs and 'double running' costs if old and new systems run in parallel.

What Hampshire County Council will do

- Properly cost the transition
- Cost the impact of change
- Financially model the change

9.1 A clear process to inform individuals of their funding entitlement

People told the Commission that eligibility rules were unclear and that there was a lack of co-ordination between agencies regarding costs and entitlements. People called for a clearer statement about their funding entitlement including the amount available to them, how to access it and how much care costs.

What Hampshire County Council will do

- People who are eligible for financial support from adult social care will be offered a personal budget which will be set in a clear and transparent way through the use of a Resource Allocation System (this allocates points to support needs, the points are then translated to a budget). Even if people choose not to take their budget directly as cash they will be informed of their entitlement and all support offered will be costed so that both budgets and costs of care are clear. A Resource Allocation System based on the In-Control model but which has been developed specifically for Hampshire will be used.
- Support and access to the resource allocation system for ALL even if people will fund their own care so that people understand the amount of money they need to contribute towards their care.
- Develop a catalogue of care which includes costs in the information that is provided via the Internet.
- The different funding streams on offer to older people and disabled people are very confusing, each with different bureaucracies, and rules which all offer people much the same thing i.e. to help people live their lives. The Hampshire Resource Allocation System will be linked to the following funding streams:
  - Independent Living Fund
  - Disabled Facilities Grant
  - Supporting People
  - Continuing Health Care.

9.2 From Charges to Contributions

At present charging is set locally. Councils are free to set their own eligibility criteria regarding needs within a national framework called Fair Access to Care Services (FACS). A threshold is set whereby people with sufficiently high levels of assessed need are helped but those who have assessed need below the threshold are required to self-fund or make other arrangements. It is essentially an access not a funding test; and people have no rights as to the amount or type of support they should receive from the council should they be judged as eligible.

Councils can decide to charge people (whose care needs meet eligibility criteria) for non-residential care. So even when people are eligible on the basis of need and choose to opt for council-supported care, in most cases people are generally required to make some form of contribution from their own pockets. National guidance applies to charging for residential forms of care.

This means that the current means testing of adult social care is implemented through the charging regime. Self-directed support makes charging obsolete. This is because the charging system has been designed for a system in which services are predefined. Charges for these services set the level people contribute towards the cost of their care. This means that, depending on the services chosen, some people will pay, some don't and some are excluded. This is both unfair and confusing as a 'charge' can only be calculated once services have been selected. Under self-directed support, charging becomes unworkable - a Personal Budget is set which is then adjusted once the 'services' have been identified.

What Hampshire County Council will do

- Use a model which outlines an individual's contribution to their care based not on services but on income levels. This means that contributions are clearly outlined up-front and taken out of the Personal Budget at NO COST from the start. This also means that if people change their mind about what they spend their money on the Personal Budget will not have to be readjusting- therefore optimising flexibility and reducing bureaucracy.

Next steps

The Hampshire model outlines Hampshire County Council's intentions for practical delivery on the recommendations that have arisen from the Commission. This model will be implemented from January 2009 to January 2014. A detailed action plan will be delivered in the New Year.

Appendix F

Briefing Papers

Briefing Paper	1	Setting the scene
Briefing Paper	2	People and carers: summary of pre-existing evidence from experts and research
Briefing Paper	3	People and carers: summary of submitted evidence
Briefing Paper	4	Hampshire demographic and care group overview
Briefing Paper	5	Partners and funding: summary of pre-existing evidence from experts and research
Briefing Paper	6	Partners and funding: summary of submitted evidence
Briefing Paper	7	The care market: summary of pre-existing evidence from experts and research
Briefing Paper	8	The care market: summary of submitted evidence
Briefing Paper	9	The local authority: summary of pre-existing evidence from experts and research
Briefing Paper	10	The local authority: summary of submitted evidence

Appendix **G**

List of evidence submitted in writing or by telephone - this does not include evidence submitted to the Commission confidentially or at party conferences.

Age Concern Hampshire, *Response to the Commission.* This paper suggests that there is sometimes a mismatch between local authority commissioning and voluntary sector providers and suggests that greater use of grants could enable the voluntary sector to innovate and monitor against outcome rather than process. It makes an in-depth exploration of issues that need to be considered in relation to people and carers, including the need to include self-funders, the importance of the therapeutic counselling role of social workers, the need to encourage people to claim Pension Credit, the need to tackle age discrimination, and the value of day care.

Allen, Mrs, *Response to the Commission.* Describes the problems of the bidding system for council tenants who need different space due to care needs.

Anon, *Care is changing*. Presents views on paying for care.

Anon, *Care is changing, have your say.* Describes mixed experiences of trying to get care and support for a relative with dementia and presents views on paying for care.

Anon, *Commission of Inquiry.* A man whose wife has Alzheimer's describes the unfairness of the current system and suggests that care for those with under £22,000 should continue to be free but the Government should provide a proportion of private care home fees for those with more.

Anon, *Commission response*. Describes the lack of NHS care for his wife who had dementia.

Anon, *Concerns.* Describes difficulty in obtaining Power of Attorney from the Office of Public Guardianship, and subsequent problems attempting to arrange payment for care for someone who has dementia.

Anon, *Hampshire Now*. Describes experiences of family needing care and presents views on paying for care.

Anonymous carer, *My dad has Alzheimer's.* This carer writes about how important it is for carers to be supported - particularly with patients who suffer with Alzheimer's.

Anonymous, *Adult social care.* This paper looks at problems faced by those under 65 needing care.

Anonymous, *Adult social care*. This paper describes experiences of friends and family needing care and looks at problems with private home care agencies, the needs of unpaid carers and the issue of paying for care. Provides suggestions for services that could help.

Anonymous, *Care during illness/old age*. Argues that the well off should pay for care themselves.

Anonymous, *Care for the elderly*. Suggests that care of the elderly should be undertaken by not-for-profit agencies.

Anonymous, *Care is changing 1st Sept.* Suggests that care paid for privately should be tax-deductable.

Anonymous, *Care is changing.* This paper stresses the necessity to deliver on promises with regards to the provision of care and suggests that people should be encouraged to save for the necessity of paying for care in the future.

Anonymous, *HCC Care - Have your say.* A personal assistant writes about her employer's experiences of using poor care services and his experiences running a social enterprise providing training.

Anonymous, *Suggestions towards moving towards personalisation*. This paper looks at the ways personalisation can be achieved, including financial considerations and the need for more disability awareness training.

Arnold, K. *HNOW25*. Describes poor experiences of social care and emphasises the need for social services to provide better information for family members of people who need social care after hospitalisation.

Baker, S. *Commission response.* Suggests that compulsory insurance is needed to fund care in the future and describes experiences of getting older and needing care.

Barrett, Maureen, *Commission response.* Describes difficulties faced by the family when an elderly relative needs to go into residential care and presents views on how care should be paid for.

Batcheldor, Linda, *Commission response.* Expresses concerns about care market provision, particularly with regards to day services for people with dementia and the lack of flexibility of care agencies- where staff are unwilling to work unsocial hours.

Birtwistle, D.T. *Commission response.* Presents views on paying for and organising care in the future.

'Bond 007', *Care funding.* A man whose wife is in a care home suffering from dementia acknowledges the difficulty of providing social care with limited funding. He argues against free care for all and suggests that people should pay a proportion.

Boyce, R. *Commission response.* Presents views on paying for care.

Browning, David, *Hampshire's Community Innovation Teams and LAA flagship initiative for older people.* These papers describe a flagship initiative in Hampshire to promote the independence and well-being of older people and reduce their need for emergency and other services.

Buckley, Penelope, *My experiences; tax relief on care home fees?; dementia as a medical condition?* This paper presents the experiences of a carer of an older person, presents the idea of tax relief on care fees as a means of enabling people to better pay for their care and queries why a person with dementia is considered as having social care needs rather than medical needs.

Capell, Nicky, *Calls for independence are answered.* This press release describes new contract arrangements with organisations in each district council area in Hampshire to provide telecare.

Capell, Nicky, *Treasured OPAL workers will help even more Hampshire residents.* This press release describes a scheme in which workers help older people to access community services to reduce social isolation and improve their wellbeing and health.

Carers Together, *Response to the Commission.* This paper looks at the need to set up alternative provision from independent providers in the next three years. It suggests that regulation may prevent the realistic flexibility in services that individuals expect and want. It stresses the need to trust individuals more to make the right decisions for themselves and for their resource allocation, and for staff to be retrained to become enablers rather than gatekeepers of resources. The paper suggests that local authorities need to bring together all parties to explore what is working and what is not; be open and adaptable to change; ensure that all partners are equally included and that service users and carers are at the core of changes and plans; support people before their needs become substantial and critical; ensure individual choice and control is at the core of all actions and ensure those who want to continue to get traditional services and support can do so.

Carey-Kent, Paul, *The financial effects of self-directed support.*

Caroline Harrop, *Self-directed support in Hampshire.* This paper describes the pilot of Self-directed support that will be taking place in Basingstoke and explains how service users are shaping its development.

Carter, Martin, *Experiences of a family using the care services in Hampshire.* Makes suggestions on how services for people with dementia and their families could be improved.

Chierchia, Janet, *Commission response.* A carer writes about her hopes for personalisation, the need for carers to be equal partners with local authorities and the need to record unmet need to ensure that there is statistical evidence with which to lobby for more resources for people in Hampshire. Also writes about the need to record unmet need to ensure that there is statistical evidence with which to lobby for more resources for people in Hampshire.

Chivers, M., *Unison, Hampshire feedback, Co-production, Direct Payments in Scotland and UNISON Briefing on Individual Budgets in social care.* These documents present the position of Unison and views of its members on personalisation, including views on the impact on the workforce and ways of working.

Coe, N. *Recreation & Heritage Equality & Diversity Case Studies & The Winchester VIP reading group.* Provides some examples of contributions Hampshire County Library and Information Service has made towards community cohesion and wellbeing.

Coldham, Tina, *Experiences of WRAP.*

Corporate Biodiversity Group, Hampshire County Council, *Nature, health and well-being.* Looks at the benefits of nature for people who need social care and support and provides recommendations for the way forward.

Director of Adult Services, *Direct Payments Review Report.* This paper sets out the background to the Direct Payments Review, which was approved by Cabinet on 23 July 2007. It provides the results of the consultation and makes recommendations for future changes. The review of direct payments is a stage in the development of personalisation and self directed care.

Drake, C.S. *Personalisation of Care.* A carer's view of important issues to consider in personalisation for carers and the people they care for.

Drake, C.S. *Putting People First.* Offers support for the views of another respondent on the future for day services provision.

Durrant, Pearl *My story or should it be my nightmare?* This carer describes the stresses and problems she is experiencing in trying to obtain NHS funding for her husband's care.

Dyson, G. *Commission response.* This former Deputy Manager of a nursing home suggests that the public sector should pay for care of older people except in the case of millionaires. She suggests that a reciprocal arrangement between older people and families in need of support would enable older people to 'earn their keep' whilst stabilising families. Suggests various changes to make a kinder world for older people, such as seats in shops and more benches in parks.

Environment Department, Hampshire County Council, *Identifying and locating asset rich, income poor older people in Hampshire.* This report provides estimates on numbers and concentrations of asset rich, income poor older people in the county.

Evans, B. *Wellness Recovery Action Planning (WRAP) in Hampshire, Feedback from staff and people who use services, WRAP leaflet, WRAP stakeholder event , WRAP newsletter.* These documents describe a method of partnership working that considers the whole lives of people with mental health issues and may be extended to facilitate self-help for other adults who need social care.

Evans, John, *Personalisation Commission response.* This paper argues that Direct Payments are the best means of ensuring independence, wellbeing and choice for disabled people, and any further reform of services should be through co-production.

Executive Member of Adult Social Care, *Community Innovations Project: Invest to save fund.* This paper reports on a flagship early intervention project established under Hampshire's Local Area Agreement to support older people who are beginning to experience difficulties and help them to stay independent.

Forrow, J. and Irvine, V. *Personalisation: how Trading Standards has a part to play.*

Fuge, J. *Putting People First.* This response suggests that a more collaborative approach is required between agencies.

Galloway, Alma, *Care in the community.* This response looks at quality and standards in residential, nursing and home care.

George, *HNOW25.* Describes problems in paying for care when on a low income.

Godber, C. *Sharing the cost of long term care.* This proposal recommends an insurance scheme to cover the cost of social care for older people to be levied from the cohorts at risk rather than through general taxation

Gwyn, H. *Evidence received by telephone.* Suggests that the government is not providing enough money for people who need support and speaks about her experiences of poor care from care agencies.

Haig, Dennis, *Services for visually impaired people.* This paper argues that services are currently geared to keep Blind and Partially sighted people dependent and unemployable and personalisation needs to address this.

Hall, S. *Care feedback.* This paper describes the financial disadvantage faced by disabled people and their carers. Looks at the problems of navigating the system and trying to find out what services are available.

Hampshire Autistic Society, *Response to the Commission.* Hampshire Autistic Society support and endorse the move to individualised budgets but feel there are a number of issues that must be considered, such as the need for signposting organisations, how to stop the market from becoming totally reactive, and how the new market will be regulated. The Society asks how the responsible agency will ensure that service users are not taken advantage of or put at risk if there is a significant shift in the allocation of budgets.

Hampshire Care Association, *Partners and funding evidence submission.* This paper looks at the problem faced by providers of residential care caused by the local authority failing to pay a fair price for the cost of care.

Hampshire Centre for Independent Living, *Personalisation Session 2: partners and funding.* This paper highlights that accessing universal services is not possible for many due to financial reasons.

Hampshire Centre for Independent Living, *Response to the Commission.* This paper argues that a change in the Law is required to change the power relationship between clients and the local authority and hence meet the rights of people to self-determination. It suggests that local authorities need to ensure the ready availability of expert social care advice and recommendation to the public whilst those who consider themselves as needing care identify and confirm those needs and institute the means of meeting them.

Hampshire County Council, *Self-Directed Support Phase 1 Support Plan Risk Assessment documents: Care Management Support Plan Risk Evaluation Guidance Summary; Care Management Support Plan Risk Evaluation Guidance; Support Plan Risk Evaluation Record (Phase 1) Care Management assessment; Support Plan Risk Evaluation Record (Phase 1) Care Managers assessment - Impact Assessment guide* - These are DRAFT tools and guidance that are being developed for the Self-Directed Support project beginning in Basingstoke. They are a work in progress and will be modified as the pilot in Basingstoke develops.

Hampshire Evolving Services Planning Group, *A case for joint working to review and develop respite services that better meet the needs of people affected by MS.*

Hampshire Primary Care Trust and Hampshire County Council, with Alzheimer's Society, Hampshire Partnership NHS Trust and Surrey and Borders Partnership NHS Trust *Joint Hampshire Commissioning Strategy for Older People's Mental Health: Executive summary, Response to public consultation, Appendix A People involved in public consultation, Appendix 2 Consultation by Alzheimer's Society final report.*

Heald, Fiona, a solicitor, on *People who fall between services, people who forget to take medication, Direct Payments and attorneys.*

Highways & Transport Policy and Passenger Transport Group, *The Personalisation of HCC Transport Services, Annex A - 8 mile map; Annex B - Taxishare locations, Annex C - The Transport Care Plan.* Describes current provision for people in need of care and support and looks at issues in relation to further improvement of transport services to meet the personalisation agenda.

Holland, Tony, *Exploring Employer Issues Relating to Direct Payments /Self-Directed Support Users Employing their own Carers.* This paper explores the main employer issues affecting people using Direct Payments (DP) or Self-directed support (SDS) and what might be done to reduce risk.

Hollobone, George, *Commission response.* This carer suggests that means testing should be scrapped or at least thresholds raised so people are encouraged to save during their working lives. He writes about the struggle for NHS continuing care.

Houston, Barbara, *Putting people first.* This recipient of Direct Payments describes the limits on how Direct Payments can be used in the current system and how this should be changed so that people are better trusted so they can use the payments to improve their wellbeing using a more flexible approach.

Hunt, Jane, *Commission response.* Suggests that the Office for Disability Issues Independent Living Strategy is read and acted upon and presents opinions on what should be done to make social care more affordable.

In Control, *Report on in Control's Second Phase, Evaluation and Learning 2005-7.*

Keating, Brian, Department for Work and Pensions, *LinkAge Plus.*

Kingsley Organisation, *Commission response.* This paper looks at the risks personalisation poses to the sustainability of small providers and suggests that a costing model needs to be worked out between statutory and independent providers to ensure fair pricing and a level playing field.. Presents the views of carers, service users and staff on changes that are needed. Comments provided include: the need for support when individualised budgets go wrong; more choice for daytime and respite; many people cannot cope with paperwork; advice and information is needed for self-funders; there should be a named social worker always available who people can get to know and trust; some people would like to see care managers without their parents present as parents can tend to take over; service users feel self assessment and having their own budget is a good idea; good advocates and independent brokerage services are needed.

Kinsey, Rita, *My concerns about whether Personalisation can really work for a person with complex needs and living in Residential Care.* Presents the experiences of her disabled son who is not getting choice in matters that seriously affect his day-to-day life. She thoroughly endorses personalisation but fears that the most vulnerable may miss out. She suggests that personalisation requires better trained, better paid staff; more flexibility and ingenuity by providers; making full use of people already trained in person-centred planning and checking rigorously that organisations work in a person-centred way.

Kuy, W. *Commission response.* This paper provides views on having to sell one's home to pay for care and presents the experiences of a carer with regards to the interface between the Carer's Allowance and the State Pension.

Leader of Hampshire County Council, Councillor Ken Thornber, *Covering letter and submission sent to the Parliamentary Inquiry into Services for Older People.* This paper, submitted in response to a call for evidence from the All Party Parliamentary Local Government Group, includes information on Hampshire's position and ideas for ways forward with regards to partners and funding.

Leedham, Keith & Margaret, *Commission response.* This couple express their difficulty in deciding what the best course of action is to prepare for a situation where the main carer might deteriorate in health and provide information about problems caused by the current system of taxation in which they are treated as separate entities for some tax purposes and not for others, to the detriment of their income.

Leonard Cheshire Disability, *Commission response.* This paper explores the risks personalisation poses to service providers, including closure of services, difficulties in budgeting, difficulties in recruiting staff to provide more flexible services, and increased marketing and administrative costs.

Lister, Terence and R.E. Lister, *"Personalisation" -a change for the better?* Argues that the council should spend more on market research to determine the way forward in adult social care.

Local Government Association, *Public opinions on social care presentation graphs and background paper on social care funding.*

Lonsdale, Anne, *Adult Social Care.* This carer writes about the complexity of paying for care.

'Manager', *Hampshire County Council Day Services.* This paper looks at in-house provision of day services for older people, argues for the retention of some type of service - particularly for those with dementia - and suggests that services could be altered in order to provide better prevention and personalisation.

Mills, Felicity A. *Commission Response.* Presents views on the future funding of social care.

Minstead Training Project, *Putting people first.* This paper expresses concern about how the organisation will be able to develop to respond to future uncertain demand as a result of the shift towards individual budgets.

Mossadaq, Mohammed, *Personalisation and Black and Minority Ethnic people.* Looks at the issues and the way forward with regards to transforming social care in Hampshire.

Newton, Dave, *Helping people to access universal/mainstream services.* Some examples of work with Adult Services brokerage staff in Hampshire.

Oram, Jaynie, *Experiences of WRAP.*

Paling, R. *Commission response.* Argues that care should be free for all and funded from taxes. Suggests that if funding for care is insufficient, other council services should be cut to pay for it.

Pearce, Vivian, *Submission for Commission.* Writes about the need for support for carers.

Pendleton, N. *Commission response.* Looks at mechanisms that might be developed to help personal assistants employed by disabled people.

Recreation and Heritage Department, *Evidence to support the personalisation of care services for adults.*- Looks at what the Recreation and Heritage department can do differently and do better to support the concept of personalisation of adult social care.

Redding, E. *England's social care system.* This paper presents views on how social care should be paid for.

Revd. Ann McKenzie, *Care is changing.* Stresses the need to provide respite for carers.

Ridler, J. *Care is changing.* Describes lack of home help available and states the view that people are entitled to free care having paid taxes.

Robins, C.M. *Commission response.* Presents experiences and views on paying for care for older people.

Rose, James, *Commission response.* This service user writes about his experiences of being prescribed what institutionalised professionals think service users need rather than being treated and listened to as an individual.

SCIL, *Personalisation and the partnership role of User-Led Organisations.* Argues that the Personalisation Agenda cannot be successful without the expertise and experience of Disabled People's Organisations.

Sensory Direct, *Commission response.* This paper describes the success of service provision through a social enterprise and praises personalisation for facilitating development of independent community resources but state that there is a lack of understanding on how statutory services and social enterprises can work in partnership.

Shore, Clive, *Care is changing.* This paper writes about equity release schemes and presents some ideas on how people who have to arrange care for elderly relatives could be helped.

Smith, G. ***Care is changing.*** Describes the shortage of publicly funded care home places and lack of information for self-funders and suggests that local authorities should pay fairer prices for places to ensure that self-funders are not forced to pay extra to subsidise care for those who are publicly funded.

Smith, K. *Commission Response.* This carer queries the cost of nursing care for her husband.

Smith, Miriam, *Hampshire day care opportunities are being personalised.* This paper describes the recent developments towards personalisation in day care opportunities for adults with a physical disability in Fareham, Gosport and Havant.

Speakeasy Advocacy, *Response to the Commission.* This paper provides feedback from advocacy partners and self advocacy group members on personalisation. Key points for personalisation include: personalisation is about the way things happen, not just the end result; listening; access to advocacy; making information accessible; shaping services to fit the individual's needs not the other way round; receiving low levels of the right support can prevent a crisis; people don't always fit into categories of existing service provision; problems with engaging people can usually be overcome with support.

Stamford Forum Initiative on Funding for People with Learning Disabilities, *Paper 5: The change agenda.* This paper describes work the Forum is doing on issues for the future funding of adult social care for people with learning disabilities.

Strategy and Information Group, Environment Department, *The demographic future of Hampshire.* This paper looks at the size and likely characteristics of the population of Hampshire to 2026..

Swaythling Housing Society, *Commission response.* States that personal budgets may have legal implications with regards to contractual arrangements with care and support providers.

Sweetman, L.T.V. *Care.* This carer presents his views on how social care should be paid for.

Tichfield, M.L, *Commission response.* This paper focuses on residential care provision and mentions willingness to contribute towards paying for his own care in the future with the hope that he would get value for money.

Turner, J.D. *Care for the elderly.* This paper presents views on selling property to pay for care.

Turning Point, *Response to the Commission.* This paper argues that it is vital to be transparent about which parts of personal budgets are paid for by specific funding streams. It states that personalisation should not be seen as a reduced cost version of what is currently available and that provision of a more person-centred approach will incur additional cost that must be countered by measures to obtain best Value for Money. It looks at the implications personalisation of care may have on the workforce, processes and procedures and at the need for standards and regulation for non-traditional services paid for by direct payments or individual budgets. It argues that significant extra effort and expense may be needed to recruit staff that are able to offer personalised options. It also suggests that demands for accommodation where people can live alone will rise. It examines some of the issues that need to be addressed in achieving and paying for personalisation. Suggestions include: the need for a national information campaign on the benefits of personalisation; a national person-centred assessment process; licensing staff and accredited agencies; a universal advocacy and support network and independent 'one stop shop' for advice.

Upstone, Phyllida, *Commission response.* Presents views on how care should be paid for.

Westbrook, Peter, *Commission response.* This paper argues that the NHS should be paying for social care.

Wingfield, Mary, *Views from a service user who uses WRAP.*

Woodford, A. *Commission response.* This carer writes about experiences of deterioration of quality in home care services for long-term clients, indicating that services in this area have become less personalised rather than more so.

Woodland, V. *Commission response.* Describes the unfairness of the current care system and welcomes reform.

Worldwide Financial Planning Ltd. *Self funders.* Provides information on long-term care insurance products for self-funders.

Appendix H

List of speakers and presentations

People who are currently receiving services talk about their experience of personalisation.

- **Tom Dowsett** Voice Over Presentation At the BBC
- **Tommy Jessop** Speech
- **Keith Talbot** Speech
- **Gill Dunn** Speech

Bird, Dr William Natural England and GP - The importance of the natural environment to health and well being and how this links to personalisation and the wider role of local authorities.

Brazil, Ritchard Stamford Forum - The nature of the care market and the challenges of personalisation.

Burgess, Dr Stuart Commission for Rural Communities - The implications of personalisation on rural communities.

Butler, Lucy Personalisation. Setting the National and Hampshire Strategic Context: Getting a life not a service.

Close, Louise Cumbria County Council - An Experience of Developing, Implementing and Reviewing a Positive Risk Taking Strategy.

Collins, Sue Joseph Rowntree Foundation - Evidence on long term care.

Coss, Anna West Sussex County Council - What was learnt from the West Sussex Pilot for Older people. Putting people first.

Duffy, Simon In Control Chief Executive - Making personalisation real.

Eastman, Mervyn Better Government for Older People.

Ellis, Richard, Hampshire's approach to developing supply.

Glen, Cllr Jonathan and Mrs Sharon Their experience of using services through transition and the importance of joined up working and communication.

Glendinning, Caroline Domiciliary care agency responses to personalisation - perceived opportunities and threats.

Highwood, Caroline Director of Resources Kent County Council and CIPFA Social Care Panel - Financial Risks of Self-directed support.

Holland, Tony Parent and Carer - See Transcript.

Hulbert. Steve Norwich Union - Partners and Funding.

Jones, Liz The Audit Commission - Local authorities' role in preparing for an ageing population.

Kramer, Richard Director of Centre of Excellence at Turning Point - Opportunities of personalisation for hard to reach groups and how local authorities should respond.

Laing, William Impact on the Nursing and Residential Care Market.

Loynes, Ian Promoting equality across the south.

Luis Fernandez, Dr Jose Wanless Team - Funding Social Care in the Future.

Pile, Helga National Officer, Unison - The union view of personalisation.

Ross, Julia Department of Health - Putting People First.

Schwehr, Belinda Social Care & Health Lawyer - Health funding - within IBs? And joint working: The personalisation agenda.

Stevenson, Annie Help the Aged - See Transcript.

Thomas, Jim Programme Head, Skills 4 Care Workforce implications of personalisation.

Appendix I

The Commission would like to acknowledge and thank the following persons for their contributions and support during the Reference Group Meetings:
Ross Hamilton Smith
Nicky Hedges
Robert Droy – Southampton Centre for Independent Living
Philip Mason – Hampshire Centre for Independent Living
Anne Meader – Hampshire Local Involvement Network
Stephen Hull
Barbara Allen
Ted Woolener – Carers Together
Dan Stoneman – Hampshire County Council
Mark Houston – Hampshire County Council

Appendix J

The Commission would like to thank the following persons for their input and contributions to the report:

Adult Services
Nick Georgiou – Director of Adult Services
Yvonne Le Brun – Commission Manager
Rachel Dittrich – Research Manager
Tamila Johnston – Commission Assistant
Gill Duncan – Assistant Director
(Director of Adult Services w.e.f. 1/12/08)
Richard Ellis – Assistant Director
Adrian Thorne – Assistant Director
Lucy Butler – Head of Personalisation and Mental Health

Photographer Peter Langdown
Designer John Woodhead

Appendix K

References

[i] Ministers, local government, NHS, social care, professional and regulatory organisations (2007) *Putting people first: a shared vision and commitment to the transformation of adult social care, accessed 6 November 2008 at* http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118.

[ii] http://www3.hants.gov.uk/adult-services/commission-personalisation.htm

[iii] A list of 'useful reading' consisting of 220 of these documents is available at http://www3.hants.gov.uk/puttingpeoplefirstusefulreading7oct.doc.

[iv] The briefing papers can be found using the following link http://www3.hants.gov.uk/adult-services/commission-personalisation/personalisation-commissioners-briefings.htm.

[v] CSCI (2008) *The State of Social Care in England, 2006-07-summary,* p.26, accessed 29 October 2008 at http://www.csci.org.uk/PDF/20080128_SOSC_Summary_2007.pdf.

[vi] Joseph Rowntree Foundation (2006) *Paying for long-term care: moving forward,* accessed 29 October 2008 at http://www.jrf.org.uk/knowledge/findings/foundations/0186.asp and Hirsch, D. (2006) *Five costed reforms to long-term care funding,* accessed 29 October 2008 at http://www.jrf.org.uk/bookshop/details.asp?pubid=779.

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[viii] Department for Work and Pensions (2007) *Opportunity Age: meeting the challenges of ageing in the 21st Century,* London: HMSO.

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[x] Personal Social Services Research Unit (2008) *National Evaluation of Partnerships for Older People Projects: Interim Report of Progress,* accessed 10 November 2008 at http://www.dh.gov.uk/en/SocialCare/ Deliveringadultsocialcare/Olderpeople/PartnershipsforOlderPeopleProjects/index.htm.

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[xii] Bernard, C. (2007) *A new strategy for carers: better support for families and carers of older people,* p.3 and 14, accessed 2 November 2008 at http://www.counselandcare.org.uk/assets/library/documents/New_Carers_Strategy.pdf.

[xiii] Estimated in 2004. *Counsel & Care lecture: Provision for Older People the New Frontier of a Reformed Welfare State,* accessed 6 November 2008 at http://www.epolitix.com/mpwebsites/mppressreleases/mppressreleasedetails/newsarticle/counsel-amp-care-lecture-provision-for-older-people-the-new-frontier-of-a-reformed-welfare-state/mpsite/stephen-byers-6/?no_cache=1.

[xiv] Dittrich, R. (2008) *Putting people first briefing paper 8: the care market- summary of submitted evidence,* p. 7, accessed 3 November 2008 at http://www3.hants.gov.uk/briefingpaper8-2.pdf.

[xv] Pile, H. (2008) 'This scheme is unfair to both sides', in *The Guardian,* 6 February 2008, accessed 3 November 2008 at http://www.guardian.co.uk/society/2008/feb/06/18.

[xvi] For example, see In Control (2006) *Market management,* p.13-15, retrieved 6 June 2008, from http://www.in-control.org.uk/include/in_download_file.php?download_type=download&download_id=27, and Unison (2007) *Unison briefing on individual budgets in social care,* accessed 3 November 2008 at http://www.unison.org.uk/file/A5528.doc.

[xvii] See Dittrich, R. (2008) *Putting people first briefing paper 7: the care market – summary of pre-existing evidence from experts and research,* accessed 3 November 2008 at http://www3.hants.gov.uk/briefingpaper7-2.pdf and Dittrich, R. (2008) *Putting people first briefing paper 9: the local authority – summary of pre-existing evidence from experts and research, accessed* 3 November 2008 at http://www3.hants.gov.uk/briefingpaper9.pdf.

[xviii] Channon, A., Matthews, Z. and Van Leberrghe, W. (2006) *Will there be enough people to care?: Notes on workforce implications of demographic change 2005-2050 - A background paper for the World Health Report 2006,* Geneva: World Health Organisation, accessed 5 November 2008 at http://www.who.int/hrh/documents/whr06_background_papers/en/index.html.

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[xxi] Hampshire County Council's Climate Change Commission of Inquiry http://www3.hants.gov.uk/climatechange/climatechangecommissionof.htm.

[xxii] Adapted from Carr, S. and Dittrich, R. *Personalisation: a rough guide,* accessed 27 October 2008 at http://www.scie.org.uk/publications/reports/report20.pdf.

[xxiii] CSCI (2008) *Cutting the cake fairly: CSCI review of eligibility criteria for social care,* p.26, accessed 2 November 2008 at http://www.csci.gov.uk/pdf/FACS_2008_03.pdf.

[xxiv] Research carried out for the Resolution Foundation on long term care supports the experiences of people in Hampshire. It found evidence of an 'information asymmetry' in health and social care which was characterised by a set of 'extremely complex rules for care services and benefits, combined with a shortage of information and advice services'. This places people in a very weak position to access support and services and benefits they need. See Resolution Foundation (2008) *LOST: low earners and the elderly care market,* accessed 3 November 2008 at http://www.resolutionfoundation.org/pdfs/research_report_Lost_19022008.pdf.

[xxv] The Joseph Rowntree Foundation inquiry *That little bit of help* found that social services and other partners have been increasingly focused on only functional 'life and limb' issues. Older people, without appropriate support, were being increasingly isolated in their own homes and just as disempowered as if living in the worst examples of institutional care. The report highlights that older people value: comfortable and secure homes; adequate income; safe neighbourhoods; the ability to get out and about; friendship; learning and leisure; keeping active and healthy; good, relevant information. Joseph Rowntree Foundation (2005) *The Older people's inquiry: 'that little bit of help',* accessed 3 November 2008 at http://www.jrf.org.uk/bookshop/ebooks/briefing03.pdf.

[xxvi] See Dittrich, R. (2008) *Putting people first briefing paper 9: the local authority - summary of pre-existing evidence from experts and research,* accessed 3 November 2008 at http://www3.hants.gov.uk/briefingpaper9.pdf.

Alternative formats, easy read version or other languages
(Bengali, Arabic, Chinese, Nepalese, Urdu, Polish) are available on request.

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यो जानकारी नेपालीमा पनि दिन सकिन्छ।

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Informacja ta może być dostarczona w języku polskim.

Please contact Hants Direct on 0845 6035630 or
e-mail us at: gen.enquiries@hants.gov.uk

Commission Report – Getting Pesonal
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