

# CABINET MEMBER MEETING

## Agenda Item 24

Brighton & Hove City Council

**Subject:** *Implementing Personalisation in Adult Social Care*  
**Date of Meeting:** 19<sup>th</sup> October 2009  
**Report of:** *Director, Adult Social Care and Housing*  
**Contact Officer:** Name: *Karin Divall* Tel: 29-4478  
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**Key Decision:** No  
**Wards Affected:** All

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 Adult Social Care is mid-way through a three year transformation to deliver services that focus on individuals and deliver outcomes that maximise people's independence, choice and control.
- 1.2 This report sets out the changes that have taken place to date within Adult Social Care Services.

#### 2. Recommendations

- 2.1 That the Cabinet Member agrees to monitor the progress of the wider transformation agenda by receiving regular reports on the progress being made to implement Personalisation within Adult Social Care.

#### 3.0 RELEVANT BACKGROUND INFORMATION

- 3.1 The transformation of services have been carried out on an incremental basis to improve access to advice, information, and signposting via a new Access Point, to improve people's independence and reduce dependence on traditional care by implementing reablement, and to improve people's choice and control through greater use of personal budgets.

#### Access Point

- 3.2 In May 2008 , a single point of access was created for Adult Social care. This was defined as "a universal information advice and advocacy service for people needing services and their carers irrespective of their eligibility for public funding. A 'first stop shop' which could be accessed by phone, letter, email, internet or access, the community locations"

- 3.3 A small team of information officers and Access Officers have so far dealt with 26,779 enquiries and resolved over 90% of them at the time of enquiry. 76% of requests for assessment or review have been resolved compared with a resolution rate prior to the Access Point of 44%.
- 3.4 The Access point has enabled us to respond more quickly and proportionally to less complex referrals. Assessments are completed at the Access Point in an average of 20 minutes. Over time this will deliver cost benefits for the service and further work is underway to quantify this benefit.
- 3.5 Some of the new initiatives that Access Point have developed to support their work are easy access to 'Man with Van' service which delivers and fits daily living equipment, and maximising benefit income and use of Attendance Allowance and Disability Living Allowance.

### **Reablement**

- 3.6 Nationally there is good evidence that reablement can improve people's dependence and reduce on-going reliance on traditional homecare services.
- 3.7 Reablement is defined in Brighton & Hove as "Services for people with poor physical or mental health. To help them maximise their independence by learning or re-learning skills necessary for daily living".
- 3.8 Following a best value review of Homecare, a decision was made to introduce reabling homecare and in October 2008 a pilot team of about 20 homecare staff working alongside social work and occupational therapy staff began working with people who contacted our Access Point and had been assessed as needing homecare, and people leaving hospital who required homecare.
- 3.9 A pilot team of homecare staff working with social care assessors and occupational therapy staff worked with 48 people during the first six months. These people completed their reabling care programme within 6 weeks and 17 people needed no further care package and 12 people reduced their care hours. This amounted to an overall reduction of 123.75 care hours per week with an estimated saving of £2065 per week.
- 3.10 163 items of equipment were prescribed, 24 people received some type of equipment as part of their reablement programme. Staff reported that having easy access to equipment increased the effectiveness of the service.
- 3.11 Service user feedback gave a generally positive response with most people being "extremely" or "very" satisfied, and nobody being less than "quite satisfied" with the service overall.

- 3.12 The numbers of people accessing reabling care however remained small, so a decision was made that everyone who came through Access Point or from hospital who met our criteria and required homecare would be offered reablement and other low level services.
- 3.13 Therefore the principles of reablement were further developed with the creation of Community Solutions in March 2008. This service supports people to maintain or increase their independence using resources such as re-abling care; Telecare; Carelink; Voluntary Organisations; Friends and Family etc
- 3.14 Since 31<sup>st</sup> March 2009 Community Solutions have been taking referrals from the Access Point for people who are new to Adult Social Care or whose case had been closed and they had returned for further services. In the first three months Community Solutions provided services within a four week period with cases being allocated within one week from referral from Access Point
- 3.14 Community Solutions arranged for 21% of the people they worked with to receive reabling care. 90% of people coming into Community Solutions for services required no further services after they had received reabling homecare, daily living equipment, telecare or support from community services.
- 3.15 There are also five transitional flats provided within the New Larchwood extra Care Housing scheme and these have been included within the reablement pilot, and a further seven new transitional beds opened at Craven vale in September to improve the provision of services for people leaving hospital to enable them to move back home, and these are now fully occupied.
- 3.16 From April to August, 76% of reabling care was provided for people leaving hospital and returning home

### **Day Options**

- 3.17 Our day services have also been developed following a value for money review to focus on enabling people to access community, leisure, education and employment opportunities within their wider community. This new service has been in operation for two years for disabled adults and is launched for older people later this month.

### **Personal Budgets**

- 3.18 At present we have 357 people using Self directed support as the means by which they obtain support. We are accelerating the offer and by March 10 will have achieved 1000 people and should be in a position to make this the dominant means of people obtaining their own support. We will have established a risk panel for professionals and other parties to work through how even in times of tight scrutiny we can facilitate cost effect delivery of money to enable people to buy their own care at times that suit them, and still provide value for money for the local authority.

#### 4. CONSULTATION

4.1 None

#### 5. FINANCIAL & OTHER IMPLICATIONS:

##### 5.1 Financial Implications:

The Department of Health have provided ring-fenced grant funding over a 3 year period (2008/09 to 2010/11) to support Local Authorities in transforming social care.

BHCC has received £456,000 in Year 1, £956,000 in Year 2 and are due £1,156,000 in Year 3. This funding has been used to implement "Personalisation" across Adult Social Care and support the initiatives referred to in this report.

Care costs associated with personal budgets and self directed support will be reflected in future budget strategies.

*Finance Officer Consulted: Mike Bentley*

*Date: 2<sup>nd</sup> October 2009*

##### Legal Implications:

5.2 All Local Authorities are required by the Department of Health to work towards a new approach to the delivery of adult social care. The aim of this new approach is to empower individuals to exercise the maximum choice or control over the shape of their support and the services that they receive, irrespective of their circumstances or level of need. The initiatives outlined in this report all contribute towards this change in the manner in which services are being, and will be, delivered.

Lawyer Consulted: Serena Kynaston

Date: 7<sup>th</sup> October 2009

##### Equalities Implications:

5.3 Personalisation aims to improve vulnerable older and disabled adults' independence, choice and control. Evaluation of reablement and other new services has demonstrated improvements in people's well-being and independence.

##### Sustainability Implications:

5.4 Personalisation aims to increase people's independence and to support people to benefit from opportunities in their immediate neighbourhood and to live in their own homes.

Crime & Disorder Implications:

- 5.5 Personalisation aims to improve people's confidence and independence and improve their access to social and community activities all of which improve people's feeling of security.

Risk and Opportunity Management Implications:

- 5.6 Increasing demand and pressure to deliver value for money mean that we need to maximise opportunities for people to remain as independent as possible for as long as they can.
- 5.7 The local authority has received funding to implement "Personalisation" and is expected to invest this in transforming Adult Social Care.

Corporate / Citywide Implications:

- 5.8 All these services are available to people living within the City.

**6. EVALUATION OF ANY ALTERNATIVE OPTION(S):**

- 6.1 The alternative would be to continue to deliver traditional services, this would mean that we could not meet increasing demand and expectations.

**7. REASONS FOR REPORT RECOMMENDATIONS**

- 7.1 This decision is being sought so that the impact of Personalisation on service delivery in Adult Social Care is understood. .

**SUPPORTING DOCUMENTATION**

**Appendices:**

*None*

**Documents In Members' Rooms**

None

**Background Documents**

*Putting People First*

