Overview

Partners in the Think Local, Act Personal agreement include the Department of Health, the Association of Directors of Adult Social Services (ADASS), the Local Government Group, the Care Quality Commission, the Social Care Institute for Excellence (SCIE), the NHS Confederation and a range of leading organisations representing service users, carers, and voluntary and private sector providers.

The agreement continues to emphasise the importance of both preventative community-based approaches and targeted personalised care and support. It considers learning from the past three years of Putting People First and sets out a framework for further action. It will be supported by a series of best practice materials to aid delivery, including benchmarks to measure progress from April 2011. A new sector-wide partnership will be established to offer national leadership and support including shared learning, problem solving, self-assessment and working with the DH to support policy development.

Documents already published include:

- **Personal budgets: checking the results** – sector-led approaches to measuring outcomes
- **Enabling risk, ensuring safety: self-directed support and personal budgets** – a Social Care Institute for Excellence (SCIE) paper (LGIU briefing)

Forthcoming material will cover building community capacity, market development, co-production, safeguarding, efficiency and personalisation.

The partnership is seeking endorsement and comments on the agreement by 30 November. Following this, it will formally set out how the agreement will be implemented, taking into account the Government’s vision for adult social care due in November.

As the paper points out, the key messages are not ‘in the main’ new, but are now ‘placed firmly within the new financial realities’. As well as summarising the main points, this policy briefing will identify the shifts in emphasis reflected in the new agreement.

Briefing in full

**Core activity for adult social care**

The report points out that achievement of Putting People First objectives has been patchy, with some areas making considerable progress and others working more slowly. Local leadership is central to making progress – achieving cultural as well as system change. The agreement indicates that two ‘core sets of activities’ should be present in every area.

**Universal approaches designed for all (including people who self-fund)**

- promotion of health, mental health and wellbeing
- hospital admission avoidance
public information including assured financial advice
- assessment of social care needs on request
- advice and support to choose and arrange suitable services
- an adequate range and quality of provision in the market place
- robust local community capacity and networks of support
- quality assurance and consumer feedback on care and support services.

Targeted support for particular groups
- crisis support, re-ablement, intermediate care
- personal budget entitlement
- care management and safeguarding
- carer support.

Themes and shifts in emphasis
This section describes some of the key themes in the document, some of which are covered in the more detailed documents that were published along side the agreement. The flyer to the agreement indicates that the messages of Think Local, Act Personal put greater emphasis on ‘efficient, effective and integrated delivery across health and social care, the greater role of service providers and the importance of community expertise and organisation’. This section discusses some of the areas where there is a shift in emphasis.

Integrated working and area-wide resources
The agreement calls for integrated health and social care commissioning around agreed outcomes with the joining of social care and health personal budgets wherever possible. Health and social care processes, systems and resources should be joined up to eliminate waste and avoid duplication – councils, public health bodies and GP consortia need to work together. Joint strategic needs assessments and community budgets can be used to identify needs and utilise all available resources. Commissioners will increasingly focus on people ‘within their natural communities’ rather than organisational boundaries.

The new elements in this theme are, of course, GP commissioning consortia announced in the NHS White Paper and community budgets announced in October by Communities and Local Government. Community budgets pool various strands of government funding into a ‘local bank account’ controlled by local areas and providing an early intervention approach to families with complex needs across education, health, housing and anti-social behaviour. Sixteen areas are piloting community budgets, which the government expects will drive down costs through measures such as sharing management functions. Community budgets will be rolled out nationally in 2013-14 (at the same time as the GP consortia take over responsibility from PCTs).

Developing the social care market
Commissioners will need to broaden the supply of high quality, diverse adult social care provision, reduce costs and assist new providers to enter the market. ‘Micro-providers’ and social enterprises would offer affordable support to individuals or small groups. Larger providers would be encouraged to offer more flexible community options, such as care homes developing as community facilities. There needs to be greater focus on developing suitable housing and supported-living options to move on from outmoded models and stock.

Business development expertise is needed to improve local markets, as are better ways of gathering and utilising market intelligence. Market position statements and development strategies recommended by the National Market Development Forum are ways of improving commissioning (see paper published with the agreement). Relationships between commissioners and providers should be improved, with ongoing communication. Local partners need to commission and contract jointly across boundaries, share risks, reduce transaction costs and be mindful of the practical issues involved creating new services. New services can benefit from consortia/shared service arrangements relating to common back office or supply chains.
Personalised care means less council purchasing overall, and less block contracting, with contracted services that become unviable being down-sized or discontinued, in partnership with users and providers. Arrangements that enable individuals to agree the nature of the service directly with providers is a good way of achieving this.

The paper stresses the potential for individuals to secure support more efficiently than local councils by employing personal assistants and other flexible measures. Evidence-based investment in community services is also encouraged.

None of the approaches in this section are new, but the cost reduction potential of market development means it will be an area of greater emphasis in future and the process of councils divesting themselves of provider services is likely to continue apace.

**Personal budgets**

The agreement indicates that everyone eligible for ongoing council social care funding should have a personal budget, and direct payments should be the ‘preferred delivery model’ for most people. Where personal budgets are delivered as a managed account, there should still be genuine choice of service, not just information about the amount of budget. People should have reasonable discretion and flexibility over how they use their budget.

While personal budgets for all can be seen as a logical extension of *Putting People First*, and increasing the use of direct payments is a long-held policy aim, direct payments for the majority of people is a shift in emphasis, and may be controversial to those who point to the risks involved for some people. The question has sometimes been posed whether residential care should be covered by direct payments, and it will be interesting to see whether this possibility emerges in the coming months.

**Performance measurement**

In October, the government announced that the Care Quality Commission’s annual performance assessment of adult social care will cease from 2010-11 and local authorities need no longer submit data with immediate effect. A local accountability system based on ‘real time’ assessment will be defined over the coming months, and a consultation document on the transparency and outcomes framework for adult social care will be published with the vision for adult social care. Inspections will still occur where there are concerns about risk.

In terms of the agreement, the main element that relates to performance management is an emphasis on involving people who use services and carers in quality assurance, and on being able to demonstrate the difference that receiving services has made to people’s lives. This might involve using independent processes to check that outcomes are achieved, including the views of people who self fund, and publishing the results.

The termination of the annual performance assessment should free up some local authority resources to contribute to savings, but also to design more locally based quality assurance mechanisms. *Personal Budgets: Checking the results*, points out that there is an opportunity for the sector to develop its own approach to accountability to local communities.

**Workforce**

The agreement identifies a number of approaches to equip the workforce to work in a way that promotes personalisation and community support.

- The development of new types of workers and removing barriers to informal support e.g. an adequate supply of personal assistants and removal of unnecessary rules and practices, while maintaining safeguards.
- Health and care working in multidisciplinary teams for people with complex needs, supported by integrated mobile IT systems to aid productivity.
- Council care management and social work resources focused ‘on areas that legally require local authority involvement’ – assessment, care planning, review and complex/risky situations. ‘Staff deployment and connected processes could be re-focused towards people
who need the most help and targeted prevention programmes’.

Alongside this latter point is an emphasis on the role of the voluntary and community sectors in helping people to plan, organise and secure support. The targeting of social work towards risk and complex needs has become more prevalent in recent years, with some councils reducing the number of social work posts. The endorsement of this approach could be seen as a move towards fewer qualified social workers and more staff taking a care/support role. The Health Minister has also announced that adult social work practices, to carry out statutory functions, will be piloted.

**People helping themselves**

Cost effectiveness is, of course, a theme throughout the agreement. As well as the measures described in other sections of the briefing, there is also a shift in emphasis towards people taking a ‘bigger role’ in supporting themselves – through their individual abilities, and through tapping into social and community networks. The paper indicates that the greatest efficiencies are likely to come through reducing reliance on paid support and changing how support is provided, and that such measures can produce value both the individual and the state.

At the same time, the paper calls for ‘whole family services’ and support so families are not ‘pushed to breaking point’.

**Comment**

*Think Local, Act Personal* presents a vision in which choice and control remain central to adult social care, but with a ‘leaner more outcome focused and outward facing role for the public sector’.

The importance of the document lies in the fact that it has been agreed by 21 major organisations, a much wider range than *Putting People First*, with considerably more emphasis on service user and carer organisations and more independent provider groups. With the Coalition Government’s emphasis on localism, it seems that there is potential for organisations to work together to produce a truly sector-owned approach to developing adult social care.

The major challenge is the calamitous budget situation, but in social care independence has always been the goal, and there is an argument for as light a touch as possible, since every intervention risks creating dependence. The document does not refer to the Big Society – perhaps it is for the government’s social care vision to do this – but certainly it fits well with measures in the Cabinet Office’s *Stronger Civil Society Strategy* which encourages growth and innovation in the voluntary and community sectors.

Another significant challenge is undoubtedly the fast-tracking of GP Commissioning which is likely to remove council/NHS coterminosity and soak up the attention of PCTs and GP consortia over the next few years. There is no evidence to suggest that GP consortia will turn outwards from healthcare to social care and wider social issues at any early stage in this process. The speed and pace of this reform, which the Coalition Government seems determined to drive in face of almost universal concern, will surely jeopardise joint working.

A small final point, if the public were to take any interest in the titles of policy documents they would surely be bemused by the call to social care organisations to ‘act personal’. Is this really the rallying call for the next stage of adult social care?
### Building a stronger civil society

#### Downloads

#### Related briefings

- Putting People First (2007)

#### Related events

[Think Local, Act Personal: Next steps for transforming adult social care...](https://member.lgiu.org.uk/briefings/2010/Pages/201000787.aspx)