WORKING TOGETHER FOR PERSONALISED, COMMUNITY-BASED CARE AND SUPPORT

A Partnership Agreement

2014-17
About this agreement

This partnership agreement for Think Local Act Personal (TLAP) is centred on the experiences of people with health, care and support needs, families and carers. It draws upon learning from more than six years of implementing personalisation and sets a framework for action for the next phase.

It has been developed with TLAP partners and people interested in what's next for personalisation. It builds on the Personalisation Action Plan, provides the platform for TLAP’s national work programme and will inform the work of all partners. It sets the national context for the continued transformation of health, care and support at local level. The agreement is published alongside a first set of commitments from each of our partners describing how they will support its delivery.

Personalisation remains central to the Government’s vision for health and wellbeing, special educational needs and disability (SEND).

The Care Act and Caring for our future White Paper confirm personalisation in statute and policy and place the promotion of individual wellbeing at the centre of the care and support system.

The drive for “person-centred, coordinated care” through the Shared commitment to integrated care and support, the rollout of personal health budgets and the strengthened focus on personal care and support planning extend personalisation to the NHS.

The SEND reforms enshrined in the Children and Families Act 2014, will extend choice and the possibility of person-centred provision of services for children, young people, their families and carers, including the option of personal budgets and the introduction of a single Education, Health and Care Plans for 0-25 year olds.

This Agreement confirms the commitment of key national partners across the sector – government, commissioners, providers, people using services, their carers and families – to work together as equal partners in supporting the drive towards personalised care and support. This will need:

- The leadership of people and communities as well as organisations.
- A broader view across health and other sectors, including equally the experiences of people who fund their own care.
- A relentless focus on ensuring the benefits of personalisation are felt by all, including those with the most complex needs.
- A serious, cross-sector commitment to co-production with people, carers and family members so that their priorities are at the heart of this shared endeavour.

While it is clear that some progress has been made (see TLAP’s first phase review), the next phase of personalising health, social care, housing, education and beyond will require deeper and wider changes to achieve the profound cultural transformation needed. At a time of severe and sustained pressure on public finances, there can be no complacency.
Personalisation is fundamentally about better lives, not services. It is rooted in the power of co-production with people, carers and families to deliver better outcomes for all. It is not simply about changing systems and processes or individualising funding, but includes all the changes needed to ensure people have greater independence and enhanced wellbeing within stronger, more resilient communities.

**PERSONALISATION IS A WAY TO INDEPENDENCE**

Because we know that our health and care system and wider public services, need to work differently to reflect the challenging economic environment, changing expectations and the enduring goals of independent living. Personalisation should mean a holistic approach that promotes independence by acknowledging people’s skills, gifts and talents as well as their needs.

**PERSONALISATION IS A WAY TO WELLBEING**

In the broadest sense, including enhancing people’s opportunities to contribute, with support that promotes emotional and mental wellbeing as well as physical health. Personalisation should mean a system that brings together health, care, housing and support around people’s whole life needs, from birth to end of life.

**PERSONALISATION IS A WAY TO ENHANCED CITIZENSHIP**

So that people can make and maintain connections, build their social capital and be part of supportive communities that pull together to empower and enable those most in need. Personalisation should mean a system that focuses on community resilience, enhancing everyone’s right to equal citizenship.
Delivering this vision requires joined up plans for building community capacity and preventing need, enabling choice and control, tailoring support and coordinating care.

BUILDING COMMUNITY CAPACITY – EARLY HELP AND PREVENTION

Early identification of need and early help to prevent needs from escalating are at the heart of personalisation. This includes targeted services aimed at keeping people outside of the system, reducing or delaying the need for more intensive support, and universal services which build the capacity and resilience within individuals and communities.

This can reduce the need for services and help people of all ages to remain safely in their homes and communities, with the support they need to self-manage. Some progress has been made, but there remains much to do. People are too often assessed in terms of their deficits rather than their strengths. This must be turned on its head. As needs increase and pressure on budgets continues, it will be vital to harness all the resources available locally.

This will mean:

- Taking a universal approach, where leaders across the system see prevention, the promotion of wellbeing and enhancing citizenship as core responsibilities.
- Focusing on reducing demand and increasing wellbeing through early help, including re-ablement services, responsive assistive technology and adaptations and extended use of universal services.
- Enhancing the role of housing services in promoting wellbeing, providing and maintaining safe and secure accommodation for people of all ages to live full and active lives in their communities.
- Developing strategies that recognise and build on the resourcefulness of people, carers, families and community groups and develop their capacity to lead and influence.
- Empowering health and wellbeing boards to take the lead on community development and to make decisions based on evidence of what works.
- Targeting resources at “pressure points” so that people can avoid unnecessary hospital admissions and reduce the risk of readmission.

What needs to happen?

The next phase of personalisation requires a change of emphasis to secure progress in those aspects that are less advanced. This means building new pathways for people to navigate through the system that are firmly rooted in community rather than leading inevitably to services.
- Recognising and encouraging the role that flexible homecare services can play in enabling people to remain independent in the community.
- Ensuring carers have the recognition and support they need to continue in their caring roles, to meet their own needs as well as those they care for.
- Thinking beyond services to focus on what people want from life, prioritising relationships and helping people of all ages to maintain their connections.
- Supporting families and community groups to self-help, through peer networks and circles of support.
- Ensuring that high quality, community-based support is available for people with the most complex needs.

**ENABLING CHOICE AND CONTROL**

Choice and control means everyone having access to the information and advice they need with a choice of high quality supports in every area. It also means having control over the resources available with the support to plan effectively how they are used. The Care Act builds on many years of learning to place personal care and support planning and personal budgets on a statutory footing for the first time, including for carers. Personal health budgets will be available by right for people with NHS Continuing Health Care, with anyone that has a long term condition, disability or mental health need also able to benefit.

Yet there remains much to do to ensure that the numbers of people with personal budgets and care and support plans comes hand-in-hand with genuine choice and control and better outcomes. In the next phase, we must learn from what works and ensure this is common practice while focusing relentlessly on improving people’s experiences. The ambition has to be getting it right, for everybody, all of the time, so that the benefits are experienced equally.

This will mean:
- Improving the availability of clear, accessible and age appropriate information and advice, so people understand their rights and choices.
- Ensuring consistency in policy and practice, so that professionals value lived experience equally, wherever they sit in the system.
- Realising the potential of personal care and support planning to put people in control of how their support is arranged and managed.
- Reducing bureaucracy and restrictive policies so that people have a better experience of accessing and using personal budgets for health and care, with decision making as close to the person as possible and creativity actively encouraged.
- Making further progress with personalisation in mental health, where the benefits can be greatest.
- Exploring and evaluating the use of personal health budgets beyond Continuing Health Care and targeting their use to those groups most likely to benefit.
- Extending the reach of direct payments so that many more people benefit, with a stronger range of options to support their use.
Actively involving people, carers and families in the design, delivery and review of care and support arrangements and grounding commissioning decisions in genuine co-production.

Building the local infrastructure needed to enable people to commission services for themselves and to join together to commission with others.

Shaping diverse markets of high quality care and support within every area to meet people’s needs and aspirations, including housing options, micro and social enterprise and user-led organisations.

Making commissioning for outcomes the norm and putting personalisation at the heart of joint commissioning strategies.

**TAILORING SUPPORT**

Choice and control needs to come hand-in-hand with a broader approach to tailoring all the services and supports people need to live good lives, whether they are state or self-funded, have a health or care need. This means starting from the person and what is important to and for them, rather than slotting people into one size fits all. Tailored support should be synonymous with high quality support – it should respect dignity, recognise individuality, promote inclusion, acknowledge contribution, reflect aspiration and ensure safety – in any setting.

This will mean:

- Prioritising co-production and getting serious about the co-design of services with people, carers and families, embedding this in the way organisations develop.
- Recruiting and developing staff for their values and ability to connect with people.
- Creating an enabling environment for staff to work creatively and know they have the support to do things differently.
- Firmly consolidating the best person-centred practices which enable people to design support that is right for them and shape it day-to-day, across the full spectrum of care.
- Broadening and strengthening the use of Individual Service Funds (ISFs) as a means of personalising care and support in every setting.
- Taking a more collaborative approach, recognising what all services have to offer and working to harness and combine all the resources available to improve quality.
- Ensuring that personalised and community-based approaches work for everyone, reducing reliance on service models that constrain independence.
- Avoiding narrow definitions of health, care and support that lead to silo thinking by taking a whole life, community wide view of what good care looks like.
COORDINATING CARE

Integration and personalisation are two sides of the same coin. Each requires the other. A personalised care and support system will not be successful if it remains separate to the NHS, deals with people's needs in silos and maintains a cliff edge between health and care. Integration that addresses the fragmentation between health and care without recognising the role people can play in managing their own needs and encouraging self-determination will also fall short. By bringing our health and care systems closer together we must ensure that with integration, comes personalisation. So that people can expect the same focus on their independence, the same regard for their dignity and wishes and the same opportunities to make choices and take control, whether they have a long term health condition or a social care need, a mental health problem or a learning disability.

This will mean:

- Focusing on integration at the individual level, wrapping health, care and other support around what people need to live good lives.
- Seizing opportunities to embed personalisation, co-production and community-based support in the wholesale reconfiguration of local services.
- Adopting networked models of care that break down professional and structural barriers to joint working.
- Building multi-disciplinary approaches that combine professional and clinical expertise to support people to meet their outcomes.
- Aligning mechanisms that support person-centred care across organisational boundaries, including personal care and support planning, self-management, shared decision making and personal budgets.
- Addressing the barriers to integrating personal budgets across health, care and other funding, in one place around the person.
- Recognising and promoting the potential for service providers to support people across health and care boundaries in ways that maximise the potential for efficient and effective delivery.
- Benchmarking and measuring progress in terms of people's experience of person-centred coordinated care and requiring commissioners to act on the results.
Supporting change to happen

Think Local Act Personal (TLAP) is a national strategic partnership of more than 40 organisations committed to supporting the continued implementation of personalisation and community based health, care and support, as described in this agreement.

The Partnership spans central and local government, the NHS, the voluntary, community and independent provider sectors and people with care and support needs, carers and family members, through the National Co-production Advisory Group. TLAP is:

- **A catalyst for change:** focusing the work of partners on a shared vision for personalisation and securing specific commitments, renewed annually, for how they will support its delivery.
- **An enabling framework:** through the production of practical tools and resources and support for their use.
- **A knowledge exchange:** creating opportunities nationally and regionally for leaders to share learning about what works and using partner’s extended networks to reach out and engage organisations locally.
- **A model of co-production in practice:** setting an example in the way people with care and support needs, carers and family members are engaged in leading and shaping the work programme.
- **A different approach to improvement:** which in challenging times, recognises the benefits and necessity of shared endeavour and values everyone’s contribution to making change happen.

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**Diagram 2: TLAP in action**

**National Action**
- TLAP Action
  - Work programme
  - Shaping and influencing policy
  - Actions of partner agencies
- Other national level improvement activity

**Local Practice**
- Building Community Capacity
- Ensuring choice and control
- Tailoring support
- Coordinating Care

**Outcomes**
- Improved health and wellbeing
- Greater independence
- Enhanced citizenship

**Sustainable health and care system**

**Co-production**
TLAP aims to support this agreement in three main ways:

**SHAPING POLICY**
Working to shape and influence national policy relating to personalisation and community-based support across the public service reform agenda.

**DELIVERING A WORK PROGRAMME**
Through a number of work streams focused on supporting the drive to deliver personalisation and community-based support.

**CALLING ON ACTION FROM PARTNERS**
To make commitments, shape the work programme and contribute their time and energy to its delivery.

Building on this approach in the next phase, TLAP will:

- Redouble efforts to secure sign-up and engagement with the *Making it Real* markers, providing support for agencies to self-assess and understand their progress.
- Coordinate the delivery of the *Personalisation Action Plan*, developed with key stakeholders to address implementation issues.
- Focus the work programme on “stuck” issues to find practical approaches to delivering personalisation in the current financial context.
- Broaden the scope of programme activity to include issues relevant to children and young people.
- Continue to track progress and outcomes from personal budgets and personal health budgets through annual national surveys.
- Further build the evidence base for community capacity building and share our learning with health and wellbeing boards.
- Support regional activity, encouraging alignment between personalisation and other important agendas.
- Develop practical tools and resources to assist local leaders to deliver new duties in the Care Act.

More detail on specific activities planned will be set out in the work programme, developed annually.

The TLAP Partnership is open to any national organisation not represented through one of the umbrella bodies already involved, that is willing and able to make a specific commitment of support.

The TLAP programme is agreed with the Partnership and managed through the national Programme Board.

The Partnership is co-chaired by two members of the National Co-production Advisory Group. TLAP is grant funded by the Department of Health, with a number of specific commissions from other agencies. Day-to-day work is delivered by a small team reporting to the Programme Board.

**PARTNER COMMITMENTS**
This agreement is between organisations that form the TLAP partnership. To demonstrate their commitment to realising the goals outlined in this agreement, each organisation has made a specific pledge of support.

These commitments are published on the TLAP website [www.thinklocalactpersonal.org.uk](http://www.thinklocalactpersonal.org.uk)
1 Putting People First: a shared vision and commitment to transforming adult social care was published by the Department of Health in 2007 and was accompanied by a three year transformation grant for English councils. Think Local Act Personal: A sector-wide commitment to moving forward with personalisation and community-based support was published in January 2011 and was accompanied by a three year programme grant funded by the Department of Health and delivered in partnership with the organisations who signed the original agreement.

2 TLAP ran a six month online blog and social media campaign to help write this agreement. See Personalisation: What’s Next? www.thinklocalactpersonal.org.uk/Browse/WhatsNext

3 The Personalisation Action Plan was published by TLAP in March 2014 www.thinklocalactpersonal.org.uk/_library/PersonalisationActionPlanFINAL.pdf

4 The Care Act received Royal Assent on 14 May 2014 and comes into force in October 2014 http://services.parliament.uk/bills/2013-14/care.html


6 Personal Health Budgets www.personalhealthbudgets.england.nhs.uk/About/faqs


8 Personal Budgets for adopters are also currently being tested with a number of councils to extend choice and control to adoptive parents.

9 Co-production means when you as an individual are involved as an equal partner in designing the support and services you receive. It recognises that people who use social care services (and their families) have knowledge and experience that can be used to help make services better, not only for themselves but for other people who need social care.

10 TLAP First Phase Review 2011-14 www.thinklocalactpersonal.org.uk

11 Re-ablement means a way of helping you remain independent, by giving you the opportunity to re-learn or regain some of the skills for daily living that may have been lost as a result of illness, accident or disability.

12 Individual service funds are personal budgets that a care provider manages on your behalf.

13 Integration means joined up, coordinated health and social care that is planned and organised around the needs and preferences of the individual, their carer and family.

14 The National Co-production Advisory Group are people, carers and family members who have lived experience of using care and support. They advise TLAP on all its work.

15 Making it Real: marking progress towards personalised, community based support was published in 2011 www.thinklocalactpersonal.org.uk/browse/mir and the Narrative for person-centred, coordinated care was published in 2013 www.england.nhs.uk/wpcontent/uploads/2013/05/nv-narrative-cc.pdf
THINK LOCAL ACT PERSONAL
PARTNERSHIP ORGANISATIONS
Think Local Act Personal (TLAP) is a national strategic partnership of more than 40 organisations committed to supporting the continued implementation of personalisation and community based health, care and support, as described in this agreement.

This document sets a framework for the next phase of personalisation, what needs to happen in order to achieve it and how a national partnership of people and organisations are working together to support this to happen.

www.thinklocalactpersonal.org.uk