

Personalisation Action Plan: Key activity underway in advance of the Care Bill

There is general consensus that progress has been made towards delivering some aspects of personalised care and support as the norm. But while increasing numbers of people are taking charge over the supports they receive, the current acute and sustained pressure on public finances is putting at risk the progress already made and the vital changes still needed. This alongside other barriers to the extension of real choice and control mean urgent attention is required to ensure that personalisation delivers the best outcomes for people, carers and families, regardless of where they live, their needs or circumstances.

A number of challenges to good implementation have been identified – both at the personalisation summit hosted by Care Services Minister Norman Lamb in September 2013 – and from the wider sector, including people who use services, carers and families.

One challenge is that too little focus has so far been placed on targeted joint prevention strategies that enable people to stay healthy and actively involved in their communities. This ranges from people having insufficient information to help them understand the system and make informed choices about their care; to a lack of understanding about how community capacity building and coproducing services with people and families can help improve health and wellbeing. There is also a long way to go in deploying resources effectively across the system to prevent or delay people's need for formal care and support.



The use of personal budgets across health and care for people with multiple needs and long term conditions is still in very early days and concerted effort will be needed locally and nationally to capitalise on their potential. The current focus on person-centred, coordinated care through the Better Care Fund, the Integrated Care Pioneers and the passage of the Care Bill, presents an opportunity that must not be missed to extend personalisation to the NHS. This requires a strong and compelling narrative that integration without personalisation will not deliver the transformation needed.

Another critical challenge is addressing the wide variation of people's experience of personal budgets. While outcomes appear to be better for many people using them, it is clear that the process involved too often comes with delays, restrictions, disproportionate bureaucracy and confusion. It is also clear that some groups are not benefitting to the extent that they should, including older people and people with mental health needs. Furthermore, the reality of increased choice and control is often different from the rhetoric, where local care markets often offer more of the same, and there are limited examples of people and communities being involved in strategic commissioning decisions. More work is needed to ensure all those working in the sector understand that the goals of personalisation are independence, wellbeing and community resilience, and the huge cultural shift still needed if these goals are to be realised should not be underestimated.

Strong leadership will be needed from all parts of the care sector, including significant leadership from people using services, carers and families, to drive through the further fundamental changes required to secure a sustainable system of personalised care and support for the future.

A number of organisations are working to share learning nationally to enable these and other improvements in local practice. We have mapped a range of initiatives against key areas of challenge into an action plan that provides a fuller picture of the work currently taking place. This action plan, alongside the development of a new Think Local Act Personal Partnership Agreement, will inform what needs to happen next nationally in advance of the Care Bill coming into effect. The aim is for this work to secure and advance further progress with personalisation over the coming months and years and to provide a framework for local areas to keep Making it Real in these uniquely complex and challenging times.

FOR MORE INFORMATION, VISIT WWW.THINKLOCALACTPERSONAL.ORG.UK; SIGN UP FOR OUR E-BULLETIN AND FOLLOW THE CONVERSATION ON TWITTER [@TLAP1](https://twitter.com/TLAP1) [#TLAPREFRESH](https://twitter.com/TLAPREFRESH)



1) PROMOTING AND EMBEDDING CULTURE CHANGE

AREAS FOR ACTION INCLUDE: • Reinforcing the vision • Leadership • Workforce

The leadership of health and care organisations, including central and local government, provider organisations, sector improvement bodies and people who use care and support and carers, remain committed to further developing personalised, community-based support and to working collaboratively towards shared solutions.

The forthcoming legislation that puts personal budgets and personal care planning on a statutory footing is welcome, but there are significant practical challenges that need to be addressed, such as ensuring portability and identifying the elements of personal budget expenditure that count towards the cap. There is a shared determination that regulations and guidance should uphold the fundamental principles of self-directed support.

It is essential to work in co-production with people who use services, carers and families as equal partners in designing, commissioning and delivering new services; and to look broadly at the role communities can play in improving health and well-being.

ACTIVITY (RESPONSIBLE ORGANISATION)	DELIVERABLES	COMPLETION
Renewing Think Local Act Personal's Partnership Agreement (TLAP): Work is underway to engage the sector in a process to refresh TLAP's vision and partnership agreement and to reconfirm the commitment to personalisation and community-based support. The initiative is called Personalisation: What's next? Further information and the contributions received so far can be found at: http://bit.ly/1cSPEZH	New TLAP Partnership Agreement for 2014-17 and a new TLAP work programme incorporating many of the deliverables in this plan.	April 2014.
Care Bill regulations and guidance (DH): To set requirements and expectations in relation to support planning, personal budgets and direct payments, and reflect the outcomes of the TLAP vision. http://bit.ly/1gQch5t	Care Bill regulations and guidance will be published for consultation in May 14.	May 2014.
Supporting further uptake and engagement with Making it Real (TLAP): Currently 700+ organisations are signed up to Making it Real (MiR), including more than half the councils in England. TLAP are offering MiR road shows in all nine English regions to stimulate greater uptake and engagement and continue to publish MiR materials that demonstrate the benefits to different organisations. TLAP will be focusing efforts on ensuring sign up results in the development of an action plan and shared learning. Further information: http://bit.ly/1iIIZ8g	All councils in England signed up to Making it Real markers of progress. Increase the number of other organisations signed up to Making it Real.	April 2015. Ongoing.
Promotion of care and support reform programme (DH/LGA/ADASS): To improve understanding of the reform and prepare local government for implementation. Further information: http://bit.ly/1ID0xFi	The joint programme board consisting of DH, ADASS and LGA have organised events aimed at local authority level to promote the reform programme.	April 2014.



<p>ADASS Personalisation network (ADASS): Focusing on peer support, exchanging best practice and sustained commitment to ensure personalisation is at the heart of adult social care irrespective of financial pressures facing the system. Working closely with TLAP to disseminate good practice and encourage engagement with Making it Real For more information: http://bit.ly/1byBtZu</p>	<p>The network will focus on key actions from this plan, including managing under performance and providing leadership around the development of integrated personal budgets (see below).</p>	<p>Ongoing.</p>
<p>Individual Employers – reviewing progress (SfC & TLAP): To inform the adult social care sector of recent work with individual employers. Report to focus on the workforce implications for personal assistants and the wider workforce who support individual employers, highlighting progress and key learning to inform the work of the Department of Health and other TLAP Partners. Further information http://bit.ly/1l0avgb and http://bit.ly/N8R75w</p>	<p>A position statement on what has been achieved so far with individual employers, highlighting key learning and identifying future priorities.</p>	<p>February 2014.</p>
<p>Personal Assistants (DH & SfC): Work to support the personal assistant workforce and their employers. Further information: http://bit.ly/1e6n2Zk</p>	<p>Guidance on information for recruiting personal assistants, support for individual employers and PAs, and on a good practice guide. (DH & SfC). Targeting Personal Assistants and their employers, with support, learning and training through the Workforce Development Fund (DH & SfC). A personal assistant resource web portal will be available from November in line with SfC's web development project. (SfC).</p>	<p>Ongoing.</p>
<p>Support to elected members (LGA/ADASS/TLAP): The Community Wellbeing Board will champion the work of TLAP to elected members and will particularly encourage council leaders to sign up to Making it Real.</p>	<p>The importance of personalised care will be part of the leadership work with portfolio holders, including the regional networks, Leadership Academy and induction events.</p>	<p>Ongoing.</p>



2) IMPROVING INDIVIDUAL EXPERIENCE

AREAS FOR ACTION INCLUDE: • Reducing bureaucracy • Resource allocation best practice • Drive for further integration of personal budgets across health and social care
• Exploring the extension of personalisation in all settings.

The personal budgets process is still too cumbersome, bureaucratic and risk averse in many areas, creating barriers that stop people accessing personal budgets and achieving the best outcomes. Creativity needs to be embraced and normalised, rather than stifled.

There are still large and concerning variances in personal budgets uptake from one area to the next, especially for direct payments, which we know afford the greatest flexibility for people. Despite the evidence of good outcomes being achieved for some groups of people, more work is required to ensure all benefit equally from personalisation, particularly people with mental health difficulties, dementia, complex needs and challenging behaviour, or those who don't have families to support them.

There are also significant opportunities for personal health budgets and personal budgets that integrate support across health and care that should not be missed, especially in the context of the forthcoming Pioneers programme.

ACTIVITY (RESPONSIBLE ORGANISATION)	DELIVERABLES	COMPLETION
<p>Second phase of reducing bureaucracy in the self directed support process project (TLAP): Following publication of reducing process guide in October 2013, national workshops are planned in 2014 to share learning and further develop the materials. Additional work to update the minimum process framework and support it's dissemination is planned in TLAP's 2014-15 work programme. For more information http://bit.ly/1gQewWe</p>	<p>3 national workshops. Update and publish a minimum process framework to support preparation for implementing the Care Bill.</p>	<p>April 2014. October 2014.</p>
<p>Improving delivery of personal budgets for older people project (TLAP): Second phase of gathering of promising practice into effective approaches to implementing personal budgets for older people, exploring themes and possible solutions identified in phase one. Further information: http://bit.ly/JDjPcG</p>	<p>Publish report and advise ADASS on basis of findings and making suggestions to PM dementia challenge.</p>	<p>May 2014.</p>
<p>Project on personal health budgets and learning disability (TLAP): Report drawing out best practice guidance from NHSE Going Further Faster sites on the implementation of PHBs for learning disability, including joint health and care budgets. To demonstrate how the NHS, councils and providers of services can make use of personal health budgets to develop individual support arrangements that enable people with learning disabilities with health needs to remain in the community. Further information: http://bit.ly/1kIFGWx</p>	<p>Publish report sharing promising practice.</p>	<p>February 2014.</p>



<p>Care Bill implementation (DH): Develop direct payment regulations and statutory guidance for local authorities on support planning, including expectations to minimise monitoring and reporting burdens on individuals, use of panels, provider lists etc.</p>	<p>Draft regulations and statutory guidance for consultation. Final regulations and guidance published.</p>	<p>May 2014. October 2014</p>
<p>Care Bill implementation (DH): Develop statutory guidance on personal budget processes, to set expectations on core principles and demonstrate best practice. Further information: http://bit.ly/1b5qyst</p>	<p>Draft regulations and statutory guidance for consultation. Final regulations and guidance published.</p>	<p>2014-15. October 2014.</p>
<p>Regional programmes including “Resource Allocation System (RAS) challenge” through In Control (TLAP): Councils in two regions (including Eastern and North West) are engaged with In Control as part of several regional TLAP programmes to develop new RAS approaches that meet principles of transparency, sufficiency, simplicity and control while reducing bureaucracy and delay. Further information: http://bit.ly/1bKmUhl</p>	<p>Workshops, onsite support and mentoring, publication of new approaches to RAS.</p>	<p>2014-15.</p>
<p>Better Care Fund (DH): Following announcement of the £3.8bn Better Care Fund (DH and DCLG) local areas will be implementing joint planning and pooled budgets for their allocation of the £3.8bn identified for integrated care. Guidance on the practicalities of the Better Care Fund was issued on 19 December 2013 by NHS England. Details of assurance process now emerging and policy development will continue through 2014-15. For more information: http://bit.ly/LBOdV3 and http://bit.ly/1b5tENI</p>	<p>Review emerging detail of local plans to understand the actions areas are taking on personal budgets and personal health budgets. Explore policy development in 2014-15 ahead of full implementation of the Fund in April 2015.</p>	<p>Ongoing during 2014-15.</p>
<p>Joint TLAP/NHSE Offer into the Pioneer programme to support integrated personal budgets delivery (TLAP): Offer made through NHSIQ delivery programme to all pioneer areas to explore how PBs can form part of their wider integration plans. For more information: http://bit.ly/1byENUH</p>	<p>Workshops, onsite consultancy support.</p>	<p>April 2014.</p>
<p>Joint delivery of the personalised response to Winterbourne View project (TLAP/LGA): The project explores best practice models of personalised support in line with the requirements of the Winterbourne View Review and utilising key learning from the Think Local Act Personal Programme, working with several “real time” exemplar areas to build a robust model for planning, shaping and commissioning personalised care and support for people with very complex needs and behaviour that challenges. For more information: http://bit.ly/N8Wl1b</p>	<p>3 National Learning Events. Web resource created.</p>	<p>June 2014. February 2014.</p>



<p>Direct payments in residential care trailblazer programme (DH): Continue programme to test different approaches to direct payments in residential care, evaluate impact and develop practice guidance for local authorities. Regulations to allow trail blazers to offer direct payments went live in November 2013. For more information: http://bit.ly/1b5scud</p>	<p>Interim report on the trailblazer programme.</p>	<p>December 2014.</p>
<p>Making it Real for children with complex needs, mental health, end of life and housing and support (TLAP): Work underway with TLAP Partners, National Voices, NHSE, PHE and others to develop specific versions of Making it Real for different groups of people with particular needs. Each product will contain case study examples of good practice in delivering personalised care and support for these groups, linked to the MiR markers of progress. For more information: http://bit.ly/RfRnsT</p>	<p>Publish practice guidance and disseminate.</p>	<p>2014-15.</p>



3) STIMULATING AND SUPPORTING MARKET DIVERSITY

AREAS FOR ACTION INCLUDE: • Developing micro commissioning and budget pooling • Shaping the market for local services which respond to need
 • Promoting and embedding quality benchmarking tools to assess performance locally • Use of existing adult social care data to measure progress

Much remains to be done to ensure that people who use services, carers and families as equal partners in designing, commissioning and delivering services, as individual commissioners and as contributors to shaping local markets of care and support.

While the language of coproduction is now commonplace, the reality of local decision-making needs to catch up to the rhetoric.

There remains a long way to go to ensure there is a diverse market of high quality, personalised care and support for people to choose and a recognition that sometimes personalisation is at odds with prevalent commissioning practice, driven by the pressing need to deliver budget savings. In particular, there is an absence of the infrastructure needed to enable people to develop their own care and support plans, pool their budgets and commission services for themselves, whether state or self funded.

ACTIVITY (RESPONSIBLE ORGANISATION)	DELIVERABLES	COMPLETION
Research into best practice and next steps for developing micro-commissioning and budgets pooling at greater scale in localities (TLAP): To build this into TLAP 2014-15 business plan.	Research and best practice materials published.	2014-15.
Support for LAs to develop market position statements (DH/IPC): This project aims to support local authorities in carrying out their market shaping duties by assisting them in creating a market position statement (MPS). MPS's will summarise local supply and demand, set out a vision for the local market and the steps local authorities will take to achieve outcomes and published on local authority websites. Over 90 per cent of local authorities have taken up the offer of assistance offered by IPC. For more information: http://bit.ly/1azb0wE	End of programme delivery of support to local authorities. Evaluation of programme published.	2013-14.
Statutory guidance on market shaping and commissioning (DH): Development of statutory guidance to support local authorities in carrying out their market shaping duties. Will include best practice examples of commissioning that local authorities should have regard to and tasks that they must undertake to meet their duty to promote diversity and quality in the provision of services.	Draft statutory guidance published for consultation. Final guidance published.	May 2014. October 2014.



Development of commissioning standards (DH/ADASS/TLAP): Development of nationally recognised integrated “commissioning standards” incorporating Local Authority, commissioning partners, provider and citizen perspectives and reflecting the changed landscape of personalised services and citizen commissioning. Standards will identify acceptable, good and excellent practice in commissioning for health and wellbeing outcomes as the basis for Local Authorities and their local communities to self-assess performance and develop improvement plans.

Commissioning standards and self-assessment process.

October 2014.



4) ASSURANCE, PERFORMANCE AND ACCOUNTABILITY

- AREAS FOR ACTION INCLUDE:
- Promoting and embedding quality benchmarking tools to assess performance locally
 - Use of existing adult social care data to measure progress
 - Regional improvement activity and targeted support to underperforming local authorities
 - Consistency of approach to address regional variation of personal budget and direct payment delivery.

There is an increasing body of evidence for what works best in implementing personalisation and many solutions are already available and need to be shared and embedded, rather than “reinventing the wheel”.

Councils need to be “self-aware” of their progress – checking the results and impact of personalisation with people so as to improve local delivery. This could include the full adoption of sector led improvement, peer challenge, local accounts, Making it Real and other benchmarking tools like the Personal Outcomes Evaluation Tool.

ACTIVITY (RESPONSIBLE ORGANISATION)	DELIVERABLES	COMPLETION
Promotion of Personal Outcomes Evaluation Toolkit (POET) as best practice (DH//TLAP/ADASS): Develop national offer to provide POET to all English local authorities, so councils can check local personal budgets outcomes and plan improvements. For more information: http://bit.ly/1c7f7eD	Provide POET tools and methodology to all local authorities, and ensure dissemination to support consistent usage.	April 2014.
Guidance on effective use of local accounts (TEASC): For accounting to local citizens around personalisation, including the use of Making it Real. For more information: http://bit.ly/1iv1LxV	Publish guidance to local authorities.	2014-15.
Review national data collections and outcome measures (DH): Review scope and definition of existing measure in Adult Social Care Outcomes Framework to ensure consistency with policy set out in the Care Bill. For more information http://bit.ly/1e6rPtF	Review and revise data definitions.	Ongoing during 2014-15.
Annual Progress with Adult Social Care Priorities report (TEASC/TLAP): An overview of the progress of councils in England towards better care and support, based on currently available data. The information provided is designed to assist the efforts of the sector to improve performance and share best practice, including around personalisation.	Annual report, using a growing dataset, regarding outcomes for personal budgets and areas for improvement.	Ongoing.



<p>Trialling quarterly reporting by councils (TEASC/LGA): Including measure on personal budgets (ASCOF 1C).</p>	<p>Data on personal budgets and direct payments features in the quarterly data collections.</p>	<p>Ongoing.</p>
<p>Continuing to report on progress through the annual National Personal Budgets Survey and Personal Health Budgets Surveys (TLAP): Publication of national surveys annually using data from the Personal budgets Outcomes Evaluation Tool (POET) to support local delivery and inform the national TLAP programme regarding priorities. For more information: http://bit.ly/13mZltX</p>	<p>Annual report, using a growing dataset, regarding outcomes for personal budgets and areas for improvement.</p>	<p>2014-15.</p>
<p>Promoting councils' use of Use of resources self-assessment and planning tools (TEASC): For more information on the toolkit: http://bit.ly/12oOXBP</p>	<p>Learning gathered and combined with learning from the Adult Social Care Efficiency work in 54 councils.</p>	<p>2014/15.</p>
<p>Regional TLAP programmes (TLAP/ADASS/TEASC): Delivered across nine ADASS regions in line with TLAP objectives (including stimulating and supporting engagement with Making it Real), aligned with sector led improvement activity and supporting regionally identified priorities.</p>	<p>Nine regional TLAP plans developed and implemented.</p>	<p>2013-14 and 2014-15.</p>
<p>Current sector-led improvement arrangements (TEASC/ADASS/TLAP): Continue to implement and refine these arrangements. Develop joint action plan and process for targeting support to those local authorities most in need.</p>	<p>Publish joint action plan and process for targeting support to those most in need.</p>	<p>2014-15.</p>
<p>Regional analysis of findings of the ADASS Personalisation Survey (ADASS/TEASC): Also see items listed above under improving individual experience.</p>	<p>Regional level reporting and performance benchmarking to support improvement.</p>	<p>Ongoing.</p>



5) BUILDING COMMUNITY CAPACITY

AREAS FOR ACTION INCLUDE: • Testing and refining framework for building community capacity and boosting social capital. • Building a stronger evidence base.

Personalisation can help to grow and nurture strong and inclusive communities. We need a strategic approach to participation, and must step up to the role of building our local community's capacity, and shaping and harnessing its energy.

Co-production and volunteering can be an intrinsic part of social care transformation and will help us create wider links between public services, their reform and civil society.

ACTIVITY (RESPONSIBLE ORGANISATION)	DELIVERABLES	COMPLETION
<p>Joint TLAP/PHE programme of support to Health and Wellbeing Boards (TLAP): Nine HWBs are testing a comprehensive framework for community empowerment and building social capital, developed through TLAPs work in this area over the last three years. This meets a joint PHE/TLAP White Paper commitment. For more information http://bit.ly/1akMttI</p>	<p>Onsite support. Publication of refined framework. Regional dissemination through PHE networks.</p>	<p>April 2014 and 2014-15.</p>
<p>Maintaining the Building Community Capacity network (TLAP): Collating and dissemination examples of best and next practice in initiatives that build community capacity and maintaining a national community of interest and repository of information. For more information: http://bit.ly/1akMttI</p>	<p>Web resources. Re-establish network of interested people to meet regularly.</p>	<p>2014-15.</p>
<p>Supporting the development of approaches to measure community capacity and evaluate the impact of community development approaches (TLAP): To be built into 2014-15 work programme.</p>	<p>Publish report.</p>	<p>2014-15.</p>

KEY OF ACRONYMS:

ADASS: Association of Directors of Adults Services

ASCOF: Adult Social Care Outcomes Framework

DCLG: Department for Communities and Local Government

DH: Department of Health

IPC: Institute of Public Care, Oxford Brookes University

LGA: Local Government Association

NHSE: NHS England

PHE: Public Health England

POET: Personal Outcomes and Evaluation Tool

SfC: Skills for Care

TEASC: Towards Excellence in Adult Social Care

TLAP: Think Local Act Personal

