Department of Health

Local Authority Circular   LAC (DH) (2009) 1

To: The Chief Executive
           County Councils   )
           Metropolitan District Councils   ) England
           Shire Unitary Councils   )
           London Borough Councils
           Common Council of the City of London
           Council of the Isles of Scilly
    The Director of Adult Social Services
           Councils with Social Service Responsibilities in England

Copied to: Chief Executive – Strategic Health Authorities
                Chief Executive – Primary Care Trusts
                Director of Children's Services in England
                Regional Directors of Public Health
                Government Office Directors
                Deputy Regional Directors for Social Care and Partnerships

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Gateway Reference: 11236

TRANSFORMING ADULT SOCIAL CARE

1. This Local Authority Circular sets out information to support councils and their partners in the ongoing transformation of adult social care as set out in '*Putting People First: a shared vision and commitment to the transformation of Adult Social Care'* (2007)[1], and preceding policy documents.

2. There are three sections to this circular:

   - **Part 1:** (Pages 2-14) builds on Local Authority Circular (DH) (2008) 1[2]. It sets out and reinforces the details of how the ring-fenced Social Care Reform Grant should continue to be used to help councils to redesign and reshape their systems over the remaining 2 years of the Grant. It also updates the information and support available to councils to drive the transformation of adult social care.

   - **Annex A:** (Pages 15-22) is a copy of the Social Care Reform Grant Determination with details of councils allocations and the purpose of the Grant.

   - **Annex B: *Putting People First: the whole story*:** (Pages 23-24) sets out at a practical level, in plain English, the kind of society which successful transformation should help to create[3].

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[1] *Putting People First: a shared vision and commitment to the transformation of Adult Social Care,* HMG, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118
[2] Local Authority Circular (DH) (2008) 1: Transforming Social Care, Department of Health, http://www.dh.gov.uk/en/publicationsandstatistics/lettersandcirculars/localauthoritycirculars/dh_081934
[3] *Putting People First – the whole story*, Department of Health, October 2008, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089665

Part 1: TRANSFORMING ADULT SOCIAL CARE

INTRODUCTION

3. Social care is the wide range of services designed to support people to maintain their independence, enable them to play a fuller part in society, protect them in vulnerable situations and work with complex relationships. Advances in public health, healthcare and changes in society mean that people are living longer and as communities become more diverse, the challenges of supporting the increasing demand and diversity becomes more apparent.

4. People have higher expectations of what they need to meet their own particular circumstances, wanting greater control over their lives and the risks they take. They want dignity and respect to be at the heart of any interaction, so that they can access high-quality services and support closer to home at the right time, enabling them and their supporters to maintain or improve their wellbeing and independence rather than relying on intervention at the point of crisis. Social care cannot meet these challenges without radical change in how services are delivered.

5. In the longer term, the Department of Health (DH) is committed to publishing a Green Paper this year on reforming future Care and Support services in England. In the meantime, to address the challenges we face now and to make best use of resources available to us, *Putting People First* (2007) sets the direction for adult social care over the next 10 years and more.

6. *Putting People First* confirms that reform can only be delivered through partnerships across central and local government and signals a sector-wide agreement on the direction of travel, and the commitment to delivering significant change by April 2011. At its heart is a pledge to ensure that all public bodies work together towards a society that enables individuals to have maximum choice and control over their lives and values the contribution that all citizens can make, whether they need support from others now or in the future. This is reinforced in Lord Darzi's Next Stage Review (2008) [4] which makes it clear that only through working in partnership, and focusing on people will the NHS and local government help improve peoples' health and wellbeing. It also underpins the implementation of other DH priorities such as the national carers' strategy[5], Valuing People Now[6] and the Dementia Strategy[7].

7. The Government has recognised that to meet this goal, the system will need to undergo further significant redesign in process, practice and culture to ensure people have access to high quality information and advice, appropriate early interventions and can exercise choice and control over the services and support they need. It will also

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[4] *High Quality Care for All – NHS Next Stage Review Final Report*, pp 43, Department of Health, 2008
http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/DH_085825
[5] *Carers at the heart of 21st century families and communities*, HMG, 2008
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085345
[6] *Valuing people now: a new three-year strategy for people with learning disabilities,* DH, 2009
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093377
[7] *Living well with dementia: a National Dementia Strategy,* DH, 2009
http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/NationalDementiaStrategy/index.htm

require investment in training and support for the workforce to enable them to meet the challenges of this new way of working. To support this transformation the Social Care Reform Grant, worth £520 (£435 million (including £6m top slice) over the next two years, 2009/10 and 2010/11), has been made available for councils to invest in the necessary system and process development.

8. In the first year of the Grant, significant progress has been made by some councils. A number have developed new preventative services working with PCTs to target resources on those most at risk of high health or social care needs. Some councils now offer a self-directed support assessment to all new referrals, whilst others have developed stronger universal information and advice services. The expectation is that this will accelerate and that all councils will show real progress towards the transformation of adult social care in 2009/10.

9. This progress, as well as dissemination of best practice will be supported by the:

   ▪ regional improvement and efficiency agencies
   ▪ appointment of the local government National Director of Social Care Transformation
   ▪ DH's Deputy Regional Directors for Social Care and Partnerships.

DELIVERING *PUTTING PEOPLE FIRST*

10. Over the last year, the Department of Health (DH) and its partners, at all levels, have been working together to start the process of transforming adult social care into a system capable of delivering support tailored to individuals and local populations.

11. Recognising the size of the challenge, all partners have been working collaboratively with those involved with social care, including people who use services, their carers and their organisations, to develop, produce and start to evaluate the programme of implementation work and support capacity building at a local level. As a starting point, the Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA) will be conducting their own appraisal of current progress in relation to *Putting People First* during March 2009.

Transformation at a local level

12. This second year sees a very significant increase in the ring fenced Social Care Reform Grant, rising from £85million in 2008/09 to £195million in 2009/10. With this, and through ensuring improved value for money, we are confident that each council should be able to make real and measurable progress to achieve the system changes necessary to achieve the outcomes of *Putting People First* by March 2011. Councils may wish to consider working with others, to combine resources and planning and use this as an opportunity to share learning and development.

13. The Appendix to Annex A of this document sets out the resources available for the year 2009/10 for councils to undertake the ongoing redesign of systems, processes and transactions to transform delivery. The allocations are made on the basis of the Adult Social Care Relative Needs Formula. The Grant will continue over the final year of the CSR07 settlement and indicative allocations for 2010/11 are included for planning purposes.

The Social Care Reform Grant

14. The DH is making available, through the Social Care Reform Grant, monies to support councils in this transformation. The Grant is additional to the monies provided through the Personal Social Services funding and is specifically for the range of process reengineering, capability and capacity building activities required to redesign the entire system. This will include work to:

    (i) Change the social care system away from the often complex, bureaucratic traditional service provision towards a more straightforward, flexible approach, which delivers the outcomes people want and need and promotes their independence, well-being and dignity.

    (ii) Create a strategic shift in resources and culture from intervention at the point of crisis towards prevention and early intervention, focusing on promoting independence and improved wellbeing in line with the needs of the local population, reaching out to those at risk of poor outcomes.

    (iii) Ensure that people and their organisations are much more involved in the design, commissioning and evaluation of services and how their needs are met. This choice and control should extend to individuals in every setting and at every stage; ranging from advocacy and advice services, prevention and self-management to complex situations where solutions are developed in partnership with professionals.

    (iv) Remodel systems and processes so they are not only efficient and equitable but also recognise the ability of individuals to identify cost effective, personalised solutions through wider community networks and innovation.

    (v) Join up services to provide easy to recognise access points, which coordinate or facilitate partner organisations to meet the needs of individuals. Systems should be put in place to identify hard to reach people and strategies developed to meet their needs.

    (vi) Raise the skills of the workforce to deliver the new system, through strengthening commissioning capability, promoting new ways of working and new types of worker and remodelling the social care workforce.

    (vii) Develop leadership at all levels of local government and communities to enable this change to happen.

15. In practice, what this means is that by 2011 all 152 councils will be expected to have made significant steps towards redesign and reshaping their adult social care services (in the light of their JSNAs), and have most of the core components outlined below in place:

    ▪ An integrated approach to working with the NHS and wider local government partners. Moving to harness resources from across the whole system, with a strategic shift in the focus of care and support away from intervention at the point of crisis to a more holistic, pro-active and preventative model centred on improved well-being. This might include focus on specific outcomes such as hospital discharge, intermediate care, transition to adulthood and co-location of services.

- A commissioning strategy, which includes incentives to stimulate development of high quality services that treat people with dignity and maximise choice and control whilst balancing investment in prevention, early intervention/re-ablement and providing intensive care and support for those with high-level complex needs. Evidence of how councils might approach this is available in the DH homecare re-ablement work [8]. This should have the capacity to support third/private sector innovation, including social enterprise and where appropriate be undertaken jointly with the NHS and other statutory agencies such as the Learning and Skills Council.

- Universal, joined-up information and advice available for all individuals and carers, including those who self-assess and fund, which enables people to access information from all strategic partners. Councils could do this using the learning from the Partnership for Older People Pilots[9] and LinkAge Plus Programmes[10]. Links to advocacy and support services will need to be considered where individuals do not have a carer or in circumstances where they require support to articulate their needs and/or utilise the personal budget. Equally, this type of support may be necessary where there are potential conflicts of interest between the needs of the user and the family carer and/or other family members.

- A framework for proportionate contact and social care needs assessment to deliver more effective, joined-up processes. Greater emphasis on (assisted) self-assessment, enabling social workers to undertake more appropriate assessments and spend more time on support, brokerage and advocacy to ensure users experience a 'no wrong door' service.

- For people eligible to receive council-funded support:

  o Person centred planning and self-directed support to become mainstream, with individuals having choice and control over how best to meet their needs, including through routine access to telecare.

  o A simple, straightforward personal budget system, which will lead to maximum choice and control being in the hands of people who use services as well as support to increase the uptake of direct payments, where people choose to take their personal budget as cash. The *Personalisation Network[11]* provides a range of resources, tools and examples gathered from councils across the country.

- Mechanisms to actively involve family members and other carers as expert care partners, with appropriate training and practical support to enable carers to develop their skills and confidence.

- An enabling framework to ensure people can exercise choice and control with accessible advocacy, peer support and brokerage systems with strong links to user led organisations. Where user led organisations do not exist, a strategy to foster, stimulate and develop these locally.

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[8] http://www.csed.csip.org.uk/workstreams/homecare-reablement.html
[9] *National Evaluation of Partnerships for Older People Projects: Interim Report of Progress*, DH, 2008
http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/PartnershipsforOlderPeopleProjects/index.htm
[10] http://www.dwp.gov.uk/opportunity_age/linkage/
[11] www.personalisation.org.uk

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- An effective and established mechanism to enable people to make supported decisions built on appropriate safeguarding arrangements, eg risk boards and corporate approaches to supporting individual choice and risk management. Supported by a network of "champions", including volunteers and professionals, promoting dignity and respect in local care services for both service users and their carers.

- Effective quality assurance and benchmarking arrangements. This will include active membership of the local/regional networks to support transformation to ensure access to the latest information, advice and support. Effective local information systems to capture inputs/outputs and outcomes for individuals to support local quality assurance.

16. Councils will also be expected to have started, either locally or in their regions, to develop:

- A market development and stimulation strategy, either individually or on a wider regional basis with others, with actions identified to deliver the necessary changes. This may include a transformed community equipment service, consistent with the retail model.

- A local care workforce with the capacity and capability to deliver choice and support individual control, with staff who are appropriately trained and empowered to be able to work with people to enable them to manage risks and resources and achieve high quality outcomes.

- An approach that demonstrates an effective use of the available resources and meets the 3% efficiency targets.

17. In the longer term, all 152 councils with adult social services responsibilities should take a balanced approach to prevention and early intervention and deliver personalised services, enabling individuals or groups to develop solutions that work for them. Key components should include:

- Everyone eligible for statutory support should have a personal budget - a clear, up-front allocation of resources. The council or a third party may manage this on behalf of an individual. Alternatively, people may choose to take all or part of this budget as a direct payment, with access to appropriate support to enable real choice and control.

- A strategic balance of investment between enablement, early intervention or prevention whilst ensuring suitable provision of intensive care and support for those with high-level complex needs.

- Responding to the developing national approach, a move to wider information sharing through the common assessment framework.

- An established mechanism to ensure that views and experiences of users, carers and other stakeholders are central to every aspect of the reform programme.

18. Councils will be expected to:

  (i) work with regional consortia and improvement agencies to start to develop and identify local actions needed for service transformation.

(ii)   Engage with other partners, including disabled people and their organisations to ensure this priority contributes to and is properly represented in discussions on Local Area Agreements.

19. The DH will work with partners in Government and across the sector to develop and improve outcome-based indicators around all aspects of the transformation of adult social care.

Regional support

20. The establishment of regional Joint Improvement Partnerships (JIPs) and the appointment of DH's Deputy Regional Directors for Social Care and Partnerships (DRDs) provide strong foundations to build on.

21. Though the role of the DRDs encompasses the breadth of DHs interests in the regions, they are responsible, in relation to transforming adult social care, for working with councils and their partners to ensure delivery of *Putting People First*. In particular by:

- Promoting social care transformation and preparing to take forward the new Green Paper on care and support when it is published this year.

- Leading DH relationships with the nine Regional Efficiency and Improvement Partnerships (RIEPs) with regard to each regional JIP and other local partners to facilitate local activity and meet DH's aims for social care transformation.

- Ensuring that strong links are maintained between the work of regional partners and national policy leads to ensure good communication of new developments.

- Working with councils and partners to support progress towards transformation and achieving key milestones and targets.

- Working with councils and partners to measure progress towards better outcomes for people, as demonstrated by national indicators and Local Area Agreement targets.

- Working with councils to achieve DH's adult social care Public Service Agreements (including those that are part of the cross-government PSAs), promoting action on achieving them, identifying drivers of performance and any blocks.

- Ensuring the social care efficiency agenda is part of all planning for delivery of *Putting People First* as part of the regional JIP programme and is delivered alongside wider RIEP priorities.

22. The national programme, supported by the National Director and the DRDs, continues to work to integrate the JIPs in each region with the work and governance structures of the RIEPs, emphasising that system reform on this scale cannot be achieved by focusing solely on adult social care. At a regional level, the RIEPs will, through the JIPs, facilitate regional implementation and local activity, and provide local leadership. This will support the goals of our framework for the *National Improvement and Efficiency Strategy* (NIES).

23. To support this regional facilitation role, in 2009/10 DH will expect the DRDs to agree priorities for a £2million top-slice of the Social Care Reform Grant to be spent on regional improvement initiatives in consultation with the RIEP and JIP in their region.

24. This £2million will be in addition to existing resources in the system for implementation and improvement activity, to support a coherent regional strategy for transformation. It is anticipated that, taking account of local priorities, all councils in each region will be supported to ensure there is:

- close working with DH's regional teams in each Government Office to align and join up policy delivery.

- dissemination of tools and technologies to support excellence in delivery and transformational change.

- work to shape and develop local and regional markets with the capacity and the variety to offer the range of options that are accessible to both those entitled to public support and self-funders.

- support for local leadership, for example through ADASS/IDeA programmes on leadership academy, peer review and mentoring, for both elected members and senior managers.

- facilitation of information exchange and improvement work, bringing together groups of councils and their partners where shared priorities have been identified.

- an agreed strategy for the commissioning of specific regional support and facilitation to build workforce capacity and capability to:

  o use the tools of personalisation (eg resource allocation systems)
  o make the strategic shift to prevention and early intervention
  o manage change through project management, business case development and benefits realisation.

- a joined-up approach with the work of the DH efficiency programme which will also be working to align its support with the RIEPs.

- support for councils in developing performance management systems to measure the outcome benefits for people and communities of personalisation, prevention and early intervention and collect other types of robust evidence, which can be used for performance assessment processes, to inform commissioning.

- proactive identification of under performers to engage them in developing strategies and key areas for investment (eg change management) either individually or at a regional level.

At a National Level

25. The Local Government Association (LGA), the Association of Directors of Adult Social Services (ADASS) and the Improvement and Development Agency (IDeA) remain critical in delivering the outcomes for individuals, as are set out in *Putting People First.* Their unique position, in terms of raising awareness and engaging with local government leaders at all levels, is key in developing both strategic leadership and

leadership capacity and capability across councils. They continue to work together as a sector-led 'consortium' at national level to support the change agenda through the sharing of information across the regions, to maximise the learning from any local and regional investment.

26. Other partners including Social Care Institute for Excellence (SCIE), the inspectorate and the regional improvement agencies are also essential to delivering the changes set out in *Putting People First*. To ensure this is a coherent and coordinated process, the DH has established a cross-sector Transforming Adult Social Care (TASC) Programme Board, chaired by the DH Director of Social Care Strategic Finance. This brings together the key stakeholders including representatives of a User Reference Group drawn from a wide range of individuals of all ages, to embed the experience of people who use services, carers and the wider population in every aspect of the work.

27. LAC (DH) (2008) 1 recognised the lead role local government needs to take in the change agenda. To facilitate this, the consortium has appointed a National Director for Social Care Transformation to lead their contribution to delivering *Putting People First*. Jeff Jerome took up this appointment on 1st October 2008.

28. An additional £1m top-slice from the Social Care Reform Grant will be used in 2009/10 to enable DH and the TASC Board to jointly commission and undertake activities at a national level to facilitate reform where they are best placed to do so. This includes:

- Commissioning and developing key tools and technologies (including e-learning), which will be required by all councils.

- Facilitating a range of national mechanisms to support implementation, in particular the interface of policy and statutory issues and cross-government agenda.

- Providing strategic advice, in particular on the key areas identified in *Putting People First* to deliver social care transformation.

- Continuing to develop, with SCIE, a national information network supported by a good, and emerging, practice library to facilitate the roll out of the transformation agenda, including lessons learned.

- Supporting the development of commissioning capability and capacity.

- Supporting the provider market to meet the challenges of transformation.

- Working with the regulator to ensure their roles and functions support the transformation agenda.

29. There are a number of programmes of work currently underway to address some of the anomalies which exist in the system including contributions to care and the review of eligibility criteria. These are outlined in the paragraphs below.

Contributions to care

30. The issue of charging, or collecting a personal financial contribution from the individual budget holder, was identified as a key issue during the Individual Budgets Pilot Programme in 2006/07.

31. DH has undertaken a review of the Fairer Charging guidance in relation to personal budgets as part of the work to help local authorities transform their social care systems. A twelve-week national consultation on a proposed contributions system is due to end in April[12]. The aim is to issue revised guidance to local authorities as soon as possible after the consultation ends. Local authorities will continue to have the option not to charge for any non-residential services if they so wish.

Fair Access to Care Services

32. In response to concerns about the tightening of eligibility criteria for social care, in January 2008 DH asked the Commission for Social Care Inspection to lead an independent review of eligibility criteria for access to social care services. We are now working with sector partners to consider the report's recommendations[13]. In particular, to ensure that the *Fair Access to Care Services* framework fully supports the aspirations of *Putting People First* and provides for fair, transparent and effective implementation of eligibility criteria.

MEASURING PROGRESS

33. Ultimately the measure of success will be, as set out in *Putting People First,* that everyone will be able to:

- live independently
- stay healthy and recover quickly from illness
- exercise maximum control over their own life and, where appropriate the lives of their family members
- sustain a family unit which avoids children being required to take on inappropriate caring roles
- participate as active and equal citizens, both economically and socially
- have the best possible quality of life, irrespective of illness or disability and
- retain maximum dignity and respect.

34. The approach continues to focus on building the strengths and capacity of individual councils to make local decisions on priorities reflected though improvement targets in Local Area Agreements (LAAs). Councils will need to continue to work with health partners in their Local Strategic Partnerships to undertake Joint Strategic Needs Assessments (JSNAs), which will in turn be informed by, and support other needs assessments and plans (eg the Sustainable Community Strategy and local housing strategies). This reflects the shared responsibilities for health and wellbeing of citizens, families and communities as set out in the NHS Operating Framework[14].

35. The success of this whole-system change is predicated on engagement with communities and their ownership of the agenda at a local level. The Public Service Agreements (PSAs), the Local Government National Indicator Set[15] (NIS) and LAAs provide the incentives and framework to make local delivery a reality.

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[12] http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_093730

[13] *Cutting the cake fairly: CSCI review of eligibility criteria for social care,* Commission for Social Care Inspection, 2008, http://www.csci.org.uk/about_us/publications/cutting_the_cake_fairly.aspx

[14] The Operating Framework for the NHS in England 2009/10: high quality care for all, pp43 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091445

[15] The New Performance Framework for Local Authorities & Local Authority Partnerships: Single Set of National Indicators, Department for Communities and Local Government, 2007

36. Councils will be supported to make substantial progress on transforming their services over the next two years, with performance across health and social care measured against relevant indicators in the NIS (and any relevant LAA improvement targets). This information will inform the Care Quality Commission's assessments of PCTs and councils across health and adult social care which in turn contribute to the Comprehensive Area Assessment (CAA)[16]. The prize is huge, transforming the areas in which we live, the lives of our citizens and creating self-improving public services, which can provide personalised support to all.

37. In addition to the existing performance and information mechanisms, there are two significant areas being co-produced by the DH and partners in 2009/10. These are:

   (i)   building on the lessons learnt from the current National Indicator Set and the first round of the Local Area Agreements (LAAs), we are working to improve the adult social care indicators for future spending cycles. These indicators are likely to form part of the evidence base for both future assessments by the Inspectorates and the foundation for the next round of LAAs. DH is now taking initial development work forward in partnership with ADASS regional networks, JIPs and other local sector stakeholders and as part of a wider government review of the indicator set for the next CSR period.

   (ii)   a new Improving Social Care Information work programme to enhance and develop the use of information held locally and support delivery of *Putting People First*. This strategic programme aims to respond to the specific needs of different parties in the system, whether those of service users planning their own support or councils sharing benchmarking information. It will combine technical and policy solutions to change the way information is collected, held and used by councils.

   Amongst other things, this will incorporate work to provide public-facing information resources on social care, and to develop whole-systems approaches to information sharing between local councils and with the NHS and DH. The development and use of data standards, starting with the roll-out of the NHS Number in adult social care, will be an important factor in enhancing the way information is used. This work is led by the newly established Strategic Information Programme Board, led by the Director for Leadership and Performance.

OPPORTUNITIES AND CHALLENGES

38. There are a range of opportunities to make connections with the wider policy arena and to ensure that the principles and concepts set out in *Putting People First* are supported, these are summarised below. There are also a number of challenges, in particular workforce development and resources, faced by local authorities, at regional and national levels. Current work on addressing these issues is set out here, with information on what action is being taken to address them.

Personal health budgets

39. Lord Darzi announced in *High Quality Care for all* that in 2009 the DH would start piloting personal health budgets, as a way of giving people greater control over the

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[16] http://www.audit-commission.gov.uk/caa/framework.asp

services they receive and the providers from which they receive services. The pilots will draw on the experience in social care[17,18] and will run for three years, supported by a learning community and a robust evaluation.

40. Some ways to deliver personal health budgets, including notional budgets and real budgets held by a third party, for example by setting up an Independent User Trust, are already possible. To enable pilot sites to test the possibility of direct payments for healthcare, we have introduced proposals in the current Health Bill. There is significant potential for people to benefit from personal health budgets - not least that it could help the integration of health and social care - but there will be challenges in making it effective. We have published a first steps document inviting expressions of interest in piloting[19]. We will be looking for evidence of genuine partnership with local authorities when assessing pilot proposals.

Integrated care pilots

41. Following the publication of the integrated care pilot programme prospectus in October 2008, over 100 initial applications were received. Thirty seven have reached the final stage of the selection process for the integrated care pilot programme, focusing on clinically-led change and improved outcomes for patients and clients.

42. Of those short-listed, almost two thirds explicitly propose partnerships with social care, as well as secondary care, the voluntary and private sectors. Further information on the integrated pilot programme, including a list of short-listed bids are available on the integrated care website[20].

Welfare Reform White Paper

43. The Welfare Reform White Paper, *Raising expectations and increasing support: reforming welfare for the future* was published on 10 December 2008. It announced the government's intention to introduce legislation to give disabled people a right to control certain public funds spent on their support. This right will be tested in a small number of trailblazing public authority areas from 2010[21].

New Opportunities White Paper

44. Published on 13 January, the *New Opportunities: fair chances for the future* White Paper[22] indicates the Government's intention to publish a new cross-government strategy focused on helping people with moderate to severe learning disabilities to access employment opportunities. This will be facilitated by the introduction of 'support brokers' into existing pilot programmes to help the people they work with use their social care personal budgets, alongside appropriate disability employment funding.

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[17] Evaluation of the Individual Budget Pilot Programme
http://www.dh.gov.uk/en/SocialCare/Socialcarereform/Personalisation/index.htm and
[18] Individual Budgets Pilots Project: Impacts and Outcomes for Carers
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_095420
[19] *Personal Health Budgets: first steps*, DH, 2009
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093842
[20] http://www.dh.gov.uk/en/Healthcare/IntegratedCare/index.htm
[21] *Raising expectations and increasing support: reforming welfare for the future*, pp58-66, DWP, 2008,
http://www.dwp.gov.uk/welfarereform/raisingexpectations/
[22] *New Opportunities: fair chances for the future*, HMG, 2009, http://www.hmg.gov.uk/newopportunities.aspx

45. The NOWP also included a commitment to encourage the use of personal budgets to fund employment support for those with severe mental health problems and reiterated the commitment to publish a mental health and employment strategy in spring 2009.

Transition Support Programme

46. As part of the joint DH/Department for Children, Schools and Families *Aiming High for Disabled Children* programme[23] we are seeking to transform services for families of disabled children and young people. A key part of the programme is to improve the transition of disabled young people into adulthood and the National Transition Support Team is working with local authority children's services and PCTs to improve joint working with adult social services. The principles of choice, control and independence are as important for disabled young people as they are for adults. The reforms provide an opportunity to move to a system where support is based on the needs of individual young people and their families, rather than on organisational boundaries.

Resources

47. Personalisation must be delivered in a cost effective way, this is even more important in the current economic climate. It is vital that councils recognise that personalisation, early intervention and efficiency need to be strongly aligned in the future. Effectively delivered personalised systems can be a route to efficient use of resources, offering people a way to identify their own priorities, and co-design and focus the support they need.

48. The Pre-Budget Report in December 2008 set out a challenging economic and fiscal outlook. Public Sector spending is forecast to slow to 1.1% real growth from 2011. Councils will need to plan to meet their increasing pressures within this envelope. The additional monies from the Social Care Reform Grant should assist councils in preparing for the future. They should make investments in areas which will deliver transformation and build services that are cost effective and efficient.

49. The monies from the Social Care Reform Grant must be used to support this purpose. For some Councils there may be a temptation when resources appear to be tight to use this additional resource to help meet current priorities. The money has been allocated by the Treasury specifically for the purpose of delivering the transformation required. Failure to use the resources available to drive this transformation is not acceptable and the Grant monies may have to be paid back if this happens.

Workforce

50. The vision for a personalised approach to adult social care has huge implications for the workforce of the future[24].   It is clear that given population and workforce demographics as well as rising expectations of people who use services, the current and future workforce need to change radically to meet the challenges it will face.

51. In June 2008, the Department of Health, in partnership with key stakeholders, published an interim statement on the workforce strategy development, *Putting People First – Working to Make it Happen*. The report mapped the enablers in *Putting People First* and identified the key priority areas for workforce as:

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[23] Details on the Aiming High for Disabled Children programme are at: www.everychildmatters.gov.uk/ahdc

[24] *Independence, wellbeing and choice: Our vision for the future of social care for adults in England*, Department of Health, 2005

- Leadership , Management and Commissioning Skills;
- Workforce Development;
- Recruitment, Retention and Career Pathways;
- Remodelling the Workforce;
- Regulation of the Workforce (Quality Improvement) and
- Integrated and Joint Cross-Sector Working.

52. The role of the Director of Adult Social Services will be key to planning services and ensuring commissioning strategies reflect and recognise the contributions of all service providers.

53. The Adult Social Care Workforce Strategy will be published in the spring, building on the earlier interim statement. Additionally, the National Skills Academy for Social Care is developing programmes across the workforce aimed at improving skills in the key areas (highlighted in the interim statement) of leadership, management and commissioning as well as the broader task of workforce development, for example developing a social care training scheme.

Cancellation of this circular

54. This circular should be cancelled on 1st April 2010.

Enquiries

55. Any queries about this document should be addressed to Helen Tomkys, Department of Health, Social Care Policy and Innovation Team, Wellington House, 133-155 Waterloo Road, London SE1 8UG. You can email: Helen.Tomkys@dh.gsi.gov.uk

56. This Circular may be freely reproduced and, in addition to other information on social care policy, can be found at http://www.dh.gov.uk/en/SocialCare/Socialcarereform/Personalisation/index.htm

57. Current circulars are now listed on the Department of Health website on the internet at: http://www.dh.gov.uk/lac   © Crown copyright 2009.

ANNEX A: DETERMINATION UNDER SECTION 31 OF THE LOCAL GOVERNMENT ACT 2003 OF THE SOCIAL CARE REFORM GRANT FOR 2009/2010

Introduction

1. This Determination is made by the Secretary of State for Health ("the Secretary of State") under section 31 of the Local Government Act 2003[25] ("the 2003 Act"). It specifies grants that the Secretary of State proposes to pay to certain local authorities in England.

2. Before making this Determination, the Secretary of State obtained the consent of the Treasury in accordance with section 31(6) of the 2003 Act.

Amounts payable to authorities

3. Pursuant to section 31(3) of the Act the Secretary of State hereby determines that the local authorities to which grants are to be paid, and the amount of each grant, are the local authorities listed in column 1 of the Appendix and the corresponding amounts set out in column 2 of that Appendix. The indicative allocations for 2010/11 are included for planning purposes only in column 3 of the Appendix.

Definitions

4. In this determination:

(a) "Capital expenditure" has the same meaning as specified in section 16(1) of the 2003 Act.

(b) "Financial year" means a period of twelve months ending with 31st March.

Purpose of the grant

5. Pursuant to section 31 of the 2003 Act, the Secretary of State hereby determines that the grants shall be paid towards revenue or capital expenditure incurred or to be incurred by local authorities in the financial year 2009/2010 for the purpose of social care modernisation and reform, as described in paragraphs 14–18 of LAC (DH) (2009) 1 attached to this determination.

Payment

6. The grants shall be payable to local authorities in one instalment on or before 30th April 2009.

Grant conditions

7. Local authorities must be able to identify expenditure against the grant monies for the purposes set out in paragraphs 14 –18 of LAC (DH) (2009) 1 (attached to this determination) if required by the Secretary of State to do so. Apart from this, there are no specific audit requirements for the grant.

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[25]. 2003 c.26

8. However, subject to paragraph 8, the Secretary of State may request the repayment of the whole or any part of the grant monies (less any monies carried over in accordance with paragraph 8), to the extent that they are not used for the purposes for which they are given, as set out in paragraphs 14 –18 of LAC (DH) (2009) 1.

9. Local authorities may carry monies over to the financial year 2010/11 if they are reasonably of the view that there are compelling business reasons to do so, but only for the purposes for which the grant is made.

Signed by authority of the Secretary of State
3 March 2009

Appendix

Local Authority	Social Care Reform Grant (£m)	
	2009-10	**2010-11**
Principal Metropolitan Cities	15.367	18.823
Other Metropolitan Districts	32.670	40.218
Metropolitan Sub Total	48.037	59.041
Inner London	12.845	15.753
Outer London	16.864	20.680
London Sub total	29.709	36.433
Shire Counties	79.231	98.300
Shire Unitary Authorities	35.022	43.226
Shire sub total	114.254	141.526
England Total	192.000	237.000

Local Authority	Social Care Reform Grant (£m)	
	2009-10	2010-11

Principal Metropolitan Cities

Local Authority	2009-10	2010-11
Birmingham	4.584	5.609
Leeds	2.740	3.367
Liverpool	2.397	2.922
Manchester	2.194	2.691
Newcastle upon Tyne	1.193	1.455
Sheffield	2.260	2.778
Sub-Total	15.367	18.823

Other Metropolitan Districts

Local Authority	2009-10	2010-11
Barnsley	1.027	1.272
Bolton	1.130	1.393
Bradford	1.890	2.329
Bury	0.674	0.832
Calderdale	0.751	0.928
Coventry	1.243	1.524
Doncaster	1.221	1.506
Dudley	1.265	1.559
Gateshead	0.891	1.093
Kirklees	1.498	1.853
Knowsley	0.799	0.979
North Tyneside	0.844	1.039
Oldham	0.929	1.143
Rochdale	0.885	1.092
Rotherham	1.102	1.366
Salford	1.077	1.317
Sandwell	1.463	1.791
Sefton	1.269	1.558
Solihull	0.658	0.813
South Tyneside	0.728	0.890
St Helens	0.793	0.977
Stockport	1.018	1.252
Sunderland	1.288	1.580
Tameside	0.952	1.174
Trafford	0.771	0.946
Wakefield	1.391	1.721
Walsall	1.145	1.406
Wigan	1.318	1.634
Wirral	1.520	1.870
Wolverhampton	1.131	1.383
Sub-Total	32.670	40.218
Metropolitan Sub-total	48.037	59.041

Local Authority	Social Care Reform Grant (£m)	
	2009-10	**2010-11**

Inner London

City of London	0.043	0.053
Camden	1.107	1.371
Greenwich	1.095	1.345
Hackney	1.133	1.381
Hammersmith and Fulham	0.773	0.946
Islington	0.996	1.217
Kensington and Chelsea	0.866	1.082
Lambeth	1.150	1.399
Lewisham	1.085	1.322
Southwark	1.211	1.478
Tower Hamlets	1.135	1.383
Wandsworth	1.051	1.281
Westminster	1.200	1.494
Sub-total	12.845	15.753

Outer London

Barking and Dagenham	0.752	0.916
Barnet	1.179	1.452
Bexley	0.708	0.871
Brent	1.069	1.309
Bromley	0.932	1.145
Croydon	1.068	1.313
Ealing	1.107	1.353
Enfield	1.047	1.285
Haringey	0.867	1.060
Harrow	0.783	0.962
Havering	0.783	0.961
Hillingdon	0.815	1.001
Hounslow	0.733	0.897
Kingston upon Thames	0.439	0.540
Merton	0.602	0.737
Newham	1.121	1.368
Redbridge	0.887	1.090
Richmond upon Thames	0.515	0.635
Sutton	0.589	0.725
Waltham Forest	0.868	1.060
Sub-total	16.864	20.680
London Sub-total	29.709	36.433

Local Authority	Social Care Reform Grant (£m)	
	2009-10	**2010-11**

Shire Counties

Local Authority	2009-10	2010-11
Buckinghamshire	1.334	1.651
Cambridgeshire	1.863	2.323
Cornwall	2.271	2.829
Cumbria	2.072	2.563
Derbyshire	3.015	3.744
Devon	2.898	3.604
Dorset	1.509	1.874
Durham	2.259	2.789
East Sussex	2.021	2.502
Essex	4.710	5.845
Gloucestershire	1.989	2.461
Hampshire	3.618	4.490
Hertfordshire	3.309	4.085
Kent	4.655	5.770
Lancashire	4.481	5.547
Leicestershire	1.886	2.346
Lincolnshire	2.694	3.364
Norfolk	3.340	4.149
North Yorkshire	1.969	2.448
Northamptonshire	2.119	2.638
Northumberland	1.239	1.533
Nottinghamshire	2.813	3.489
Oxfordshire	1.853	2.295
Shropshire	1.106	1.376
Somerset	1.970	2.450
Staffordshire	2.857	3.549
Suffolk	2.576	3.201
Surrey	3.128	3.858
Warwickshire	1.792	2.228
West Sussex	2.558	3.162
Wiltshire	1.421	1.766
Worcestershire	1.907	2.369
Sub-total	79.231	98.300

Local Authority	Social Care Reform Grant (£m)	
	2009-10	2010-11

Shire Unitary Authorities

Local Authority	2009-10	2010-11
Bath & North East Somerset0.677	0.589	0.727
Bedford	0.512	0.636
Blackburn with Darwen	0.609	0.748
Blackpool	0.743	0.914
Bournemouth	0.682	0.836
Bracknell Forest	0.279	0.346
Brighton & Hove	0.956	1.167
Bristol	1.576	1.931
Central Bedfordshire	0.677	0.844
Cheshire East	1.147	1.424
Cheshire West and Chester	1.170	1.448
Darlington	0.392	0.484
Derby	0.939	1.159
East Riding of Yorkshire	1.193	1.488
Halton	0.514	0.633
Hartlepool	0.408	0.503
Herefordshire	0.712	0.886
Isle of Wight Council	0.635	0.790
Isles of Scilly	0.010	0.010
Kingston upon Hull	1.178	1.443
Leicester	1.213	1.483
Luton	0.617	0.760
Medway	0.730	0.905
Middlesbrough	0.597	0.728
Milton Keynes	0.677	0.847
North East Lincolnshire	0.638	0.786
North Lincolnshire	0.600	0.745
North Somerset	0.731	0.911
Nottingham	1.230	1.504

Local Authority	Social Care Reform Grant (£m)	
	2009-10	2010-11

Shire Unitary Authorities

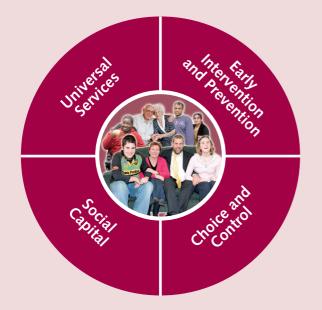| Local Authority	2009-10	2010-11
Peterborough	0.612	0.757
Plymouth	1.007	1.243
Poole	0.493	0.607
Portsmouth	0.688	0.847
Reading	0.436	0.533
Redcar and Cleveland	0.584	0.720
Rutland	0.106	0.133
Slough	0.395	0.482
South Gloucestershire	0.728	0.907
Southampton	0.864	1.063
Southend-on-Sea	0.669	0.824
Stockton-on-Tees	0.677	0.838
Stoke-on-Trent	1.126	1.381
Swindon	0.565	0.698
Telford and The Wrekin	0.613	0.763
Thurrock	0.514	0.637
Torbay	0.706	0.877
Warrington	0.659	0.816
West Berkshire	0.390	0.484
Windsor and Maidenhead	0.360	0.443
Wokingham	0.307	0.382
York	0.573	0.709
Sub -total	35.022	43.226
Shires Sub-total	114.254	141.526

Putting **People** First
Transforming Adult Social Care

Putting People First sets the direction for adult social care over the next 10 years and more. This document describes the sort of society *Putting People First* envisages, where people can have choice and control in their lives, whether they need support from others now or in the future.

To do this there needs to be a big change in the way communities, organisations and individuals work to support people. The Government has provided money specifically to help councils to make these changes. People want better quality services that are personal to them and more control over decisions that affect them. They want the right support, at the right time, in the right place. They also want to be treated with dignity and respect, regardless of who is paying. Councils and their partners need to be asking themselves 'What does it feel to be an older or disabled person living here?'

There are four areas on which councils and their partners should focus to help make sure services become more personalised and to get the right results for people. *Putting People First* is clear that these areas link together. To make sure change is successful all of them have to be in place to ensure people can have the right quality of life.

First are the general support and services available to everyone locally (universal services) including things like transport, leisure, education, health, housing, community safety and access to information and advice.

These services are important in everyone's lives, not just those people with care and support needs. Universal services work best when everyone can get the information, advice and support they need readily and easily to be able to use them effectively. They can then maintain their health and wellbeing, exercise choice and control over their everyday lives and participate fully in their communities.

Success would mean people in wheelchairs are able to live independently. Not only managing in their own homes but also at work and participating in their communities' activities because the physical barriers both inside and outside their homes have been removed. Another indication would be that the local public transport system is set up to enable older and disabled people to attend hospital appointments and social/education activities easily and with confidence.

The second area is the support available to assist people who need a little more help, at an early stage to stay independent for as long as possible (early intervention & prevention services). These include things like support to recover from the effects of illness and help to manage a long-term condition from someone with experience of a similar condition. These services also include help to safely maintain home and garden, training to get a job or return to work after a break, or support to start taking some exercise.

Not only do these early interventions make sure people can stay in their own homes for as long as they want, but are also the best way of keeping the costs down in the future.

Success would mean people were supported to get the right exercise and equipment following a fall so they would not have to go into hospital, and could stay at home without significant risk of falling again. Alternatively, through effective use of telecare people with dementia are routinely able to stay at home with their families, who are able to continue their everyday lives.

The third part of *Putting People First* is about self-directed support. This means having services available to meet people's needs rather than people having to fit in with the things on offer. People who need support should be able to choose who provides that support, and control when and where the services are provided. The right information and advice needs to be available to help people decide. Some people will need extra help to negotiate their support and may need advocates to help them. It is important to be safe, and guaranteeing this will be an important role for the local council and local community. However, it is also important that people can take responsibility for themselves and that councils and other advisers are not limiting in their advice about what is possible. There is a guide for local councils to use which make sure this can be done safely and that people can be supported to make decisions (*Independence, choice and risk: a guide to best practice in supported decision making*).

Systems should be easy to follow and everyone involved should work together with the person at the centre of the plan. This is true whether the council is providing the support or people are buying the services themselves. To do this planning, people (or their advocates and supporters) need to understand what money is available to spend on their support. If it is their own money, they need to know what support there is locally, and that it is of a high quality and safe for them to choose. The same is true if some or all of this money comes from the council, people have a choice to spend part or all of the money in a way that they choose.

For example, they can make their own plans for services with the money from the council. They can also get together with friends to make the plans together, or they can ask an agent or the council to arrange things for them. They must show that the money they have been given is making the difference it was supposed to make (the agreed outcomes).

Success would mean people in the community who need support and their families and carers feeling empowered to come up with flexible solutions to meet their needs, individually or collectively. They would understand what is available and be confident the services available to buy were suitable, safe and reliable. People feel they have a life rather than a set of services.

The fourth part of *Putting People First* is about how society works to make sure everyone has the opportunity to be part of a community and experience the friendships and care that can come from families, friends and neighbours. This should be done without putting an unreasonable burden on friends and family who want to help. Carers need to be recognised and supported in their role. They need a life of their own outside caring.

The effect of the local community on the quality of people's lives is significant for everyone, but can be even more important in the life of a person who has care and/or support needs. Positive interaction may be seen in many ways, including through church groups and other faith communities, where people are encouraged to be interdependent, supporting each other in different ways. It is also about older and disabled people being full members of the community. This is sometimes described as social capital, and can be built in communities by engaging with people and showing them how they can influence the decisions that affect their lives. People who have support needs, their carers and others who find support difficult to access need to be encouraged to be part of those discussions about community life. Society should support them to influence decisions and build wider relationships through opportunities like volunteering.

Evidence of success would be community groups working with the council to put good ideas into practice to make the area a better place for older and disabled people.