Personalisation in English Public Services: Past, Present and Future

Martin Routledge: Policy Advisor, In Control
From Professional Gift Model to Citizenship Model?

Keys to Citizenship: Simon Duffy
John Evans, (was) one of the members of Project 81, a group of residents at Le Court Cheshire Home in Hampshire in the late 1970s. John became paralysed as a result of an accident in his 20s and, like other ‘severely disabled’ people faced a lifetime of isolation and dependency in institutional care.

John concluded that if health and social care authorities gave him and others some of the money that they currently gave the Leonard Cheshire Foundation,” we could find another way of meeting our needs”. This was the radical idea that opened the way to what became the campaign for direct payments and underpins (or should underpin) the current roll-out of personal budgets for adult social care. Crucially, it wasn’t just about the money that could be saved but about giving disabled people control over how their support needs are met.

From Jenny Morris 2014
Emergence in policy (1)

- Background of disability and inclusion movements, direct payments, Valuing People etc.
- Think tanks: (Demos)
- Practical conceptualization and demonstration In Control (2003)
- Social care policy review, PM strategy unit looking for big ideas
- Individual budget pilot programme (2005-8)
- Putting People 1st (2007)
Emergence in policy (2)

- Coalition agreement 2010: de-facto political consensus
- Adult Social Care policy then legislation (Care Act 2014)
- Piloting of personal budgets in Health, then personalisation in Health Policy
- Special Education Needs reforms
- Health and Integration initiatives: Vanguards, Integrated Personal Commissioning
Personalisation in Adult Social Care and Health Policy: Timeline 2003-15

- **In Control**
  - **IB Evaluation** 2007
- **Our Health, Our Care, Our Say White Paper** 2005
- **Putting People First** 2007
- **Think Local Act Personal** 2010
- **Five Year Forward View** 2014
- **Caring for our future White Paper** 2012
- **Integration and Personalisation programmes**
- **Care Act** 2014

**In Control**

**IB Evaluation**

**Our Health, Our Care, Our Say White Paper**

**Putting People First**

**Think Local Act Personal**

**Five Year Forward View**

**Caring for our future White Paper**

**Integration and Personalisation programmes**

**Care Act**
“How a small and newly established organisation such as ‘In Control’ was able to achieve the transformation of national social care policy and service delivery guidelines so rapidly and subsequently begin to extend its model into the NHS is, in itself, an evaluation topic of great interest and relevance to policy researchers”

Professor Gerald Wistow – Former Scientific Advisor to the Department of Health Individual Budgets Policy Team 2005-8
Main elements of Personalisation set out in policy

Roll-out via:

- Outline guidance
- £520m social care transformation grant
- Central and regional DH support teams/programmes
- Markers of progress

Putting People First (Department of Health 2007)
Has personalisation been successful?

“Since the implementation of the Care Act in 2014, personalisation has become part of the mainstream of adult social care, with rights to personalised care and support enshrined in law”
ADASS June 2017

“Due to budget pressures most councils are in panic mode and are not ready to re-think the way they do things”
Communities and Local Government Report on Adult Social Care March 2017
Has personalisation been successful?

**Yes?**
- c.500,000 people self-directed community based support through personal budgets
- In 2014/5 £6.5 billion funding was used for “self-direction”
- 28% of personal budgets are direct payments, this rises to 41% for disabled people
- The main independent studies and annual user surveys report generally improved outcomes and cost-effectiveness (but evidence issues)
- There has been a lot of learning to steer improvement
- Broader cultural and practice changes

**No?**
- Hasn’t given people rights e.g. to Independent Living
- “Shallow” policy, in development and delivery
- Lack of effective enforcement
- Bureaucracy, service cultures, historic service models still constrain user power
- Massive cuts make it impossible to deliver in practice
- Too much focus on PBs and some elements, like RAS
- Fundamentally wrong approach – drives marketization & makes people consumers
- Geographical variation and some groups benefit less
Half empty?

- Existing service models are resilient, even under financial pressure – most commissioning and provider behaviours little changed
- Self-directed support and co-production remain generally counter-cultural to public service organisations, professional groups, political accountability arrangements and also to many people who use public services
- Lack of effective strategy for implementation for a counter cultural innovation – not grown or owned
Half empty?

- Only two years after Care Act, very little national, regional or local drive to “deep” implementation
- Tarnished by association with major service cuts
- Not powerfully present within major current public service change initiatives
- Care Act Surveys suggest modest progress, esp. in some areas of personalisation
Half full?

• Personalisation core to significant policies and more present in delivery architecture regulation, workforce development, improvement and sector leadership activity etc.
• Some shift away from block contracts some providers have shifted models and practice
• Some reconfiguration of day services from building’s based support towards community based activities funded individually
• Development/greater prominence for innovative approaches to drive system shifts
Half full?

- Approaches developed that enable greater choice and control within existing service models (e.g. Individual Service Funds, person centred change tools)
- Significant rise in workers directly employed (PAs) 120,000
- Growth in alternative support and housing options (e.g. Shared Lives)
- Some development of virtual market places to navigate and purchase care and support online
- Many report strong benefits!
Sally explains how a personal budget allowed her mother with dementia to live at home rather than in a care home where she had been put to bed every day at 3.30pm. "We used this budget to bring Mum back to her own home. She now, has her independence back and has her own staff so can choose what time she wants to go to bed. Mum feels safe in her home and is in control of her finances. She just needs a little help to make sure things run smoothly. I am convinced that Mum would not be here today if it were not for her personal budget," says Sally.

Sally Percival
Extension to health/integration in alignment with asset/place based approaches

- Integrated personal commissioning – including 50-100k PHB target
- Empowering People and Communities – 5YFV Vanguards
Asset/place based approaches growing in prominence

<table>
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<th>Reframing towards assets</th>
<th>Developing a new narrative: people as assets; shifting power to communities through coproduction and partnership with VCSE sector; public services as catalyst and facilitators</th>
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<td>Recognising assets</td>
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<td>Local area coordination &amp; community navigation</td>
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<td>Mobilising and growing assets</td>
<td>System and infrastructures that support partnership, co-production, VCSE representation in strategic leadership &amp; governance</td>
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<td>Monitoring impact and learning</td>
<td>Co-producing a simplified outcomes framework; developing a comprehensive set of indicators; learning by doing; new evaluation models such as formative evaluations and rapid cycles evaluation; funding research in partnership with academic and charitable bodies</td>
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SCIE for GMHSCP
Nightmare scenario:

• Commissioners and providers simply providing less and less of the same forms of support to fewer and fewer people, while using the rhetoric of personalisation and fig leaf of marginalised asset based approaches.

• People and communities stay relatively powerless in context of power structures in social care and health that don’t seriously include them in decision making at individual, service or system levels.

• Social care debates framed around sustaining poorly performing traditional models and protecting property wealth.

• Main political positions/ideological framing not actively supporting a real power shift given ideological positions and vested interest power “Market doesn’t care about you, state patronises and controls you.”
The Future?

Pragmatic strategy

• Develop a better framing of independent living, inclusion to facilitate wider public support for different approaches to public services e.g. work of ILSG
• “Bottom up” approaches: Build power of local groups to engage and challenge for authentic personalisation including via more powerful networks e.g. In Control national network for self-directed support, TLAP Making it Real
• Targeted action to shift ownership models – e.g. increasing market presence of co-ops, community businesses etc.
• Building role of innovation/models in key areas – especially where challenge presents opportunity – examples – Well-being teams, Shared Lives, Local Area Co-ordination, Micro-enterprise
• Build personalisation into key, sector influencing initiatives – e.g. Devo Manc, 5YFV Vanguards
• Support aligned initiatives – eg Integrated Personal Commissioning
The Future?

Pragmatic strategy

• Influence research and evidence initiatives to support better implementation
• Build and sustain powerful campaign and influence groups – example Independent Living Strategy Group – including developing more public facing narratives and framing
• Sustain and build effectiveness of relevant sector leadership groups and partnerships – including Think Local Act Personal and the Coalition for Collaborative Care – use these to create policy opportunities and platforms to influence and engage with sector bodies and professional groups
• Look for convergence with interests of sector/professional leadership
• Take policy opportunities – for example influencing Green Paper – innovation fund?
• Sustain and further build relationships within political parties/factions at policy level
The Future?

More radical ambition?

• Merge resource streams, manage £ away from health and social care commissioning/professional decision making
• Implement broader Independent Living Strategy proposals

These are not currently feasible, but pragmatic strategy can build platforms and position for moments of opportunity
The Access to Living Scheme: Neil Crowther for Independent Living Strategy Group


• Incorporating into UK law the right of disabled people to ‘have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and to not be obliged to live in a particular living arrangement’
• Supporting disabled people to plan their lives and to define, secure, direct and manage the support they require to achieve their goals
• Facilitating alignment between the aims and resources of different statutory agencies to support people who require assistance and support to live, learn, work and to achieve their life goals
• Generating local social and economic conditions and opportunities for inclusion and participation in and contribution to community life, including health and well-being, safety and security, political participation, leisure and recreation, employment opportunities, accessible travel and access to goods, services and public space
4 Key elements

1. A new legal right for disabled people to have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement.

2. A legal duty on local statutory agencies to cooperate and collaborate in promoting the rights of disabled people to live independently in the community including through the co-production and implementation of a local access to living strategy.

3. The right of disabled people to control over a single personal budget in lieu of services, including in the form of a cash payment, to support with managing the budget and with as few restrictions as possible in how a personal budget can be spent.

4. An Access to Living Centre in every area as part of a national network, building on disabled peoples user-led organisations and Centres for Independent Living and national body to support them.
For More Information

www.in-control.org.uk
www.coalitionforcollaborativecare.org.uk
www.thinklocalactpersonal.org.uk

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