

Strategic Framework for
Vulnerable Adults

A Whole System Approach to
Need

Contents

Introduction	2
Section 1 – Statement of Local Priorities	4
<ul style="list-style-type: none">• Principles• Policies• Strategic Objectives	
Section 2 – Evidence of Local Need	5
<ul style="list-style-type: none">• An Ageing Population• The Impact of Lifestyle Choices and Behaviour• Rising Demand, Reducing Resources• Changing Aspirations for a Better Quality of Life	
Section 3 – Policy Context	10
<ul style="list-style-type: none">• National• Emerging National Principles• Local Policy• Local Best Practice	
Section 4 – Reforming the System	17
<ul style="list-style-type: none">• Personalisation• Behaviour Change• A Focus on Prevention• Developing Community Capacity	
Section 5 – Implementation and Impact: Demand and Cost Management	23
<ul style="list-style-type: none">• Revised Charging Policy• Re-ablement Services and Effective Reviewing of Care Packages• Personalisation and Personal Budgets• Specifications for Cosmetic Work• Outcome Focused Assessment and Reviewing	
Section 6 – Conclusion and Summary	27

Introduction

*A **Vulnerable Adult** is a person aged 18 or over, "who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation".*

Section 2 'No Secrets', Department of Health and the Home Office (2000)

Improving the life chances of our most vulnerable residents is a key strategic priority for Knowsley Council. We know that increasingly people with care and support needs expect a better quality of life and services that are tailored to their needs. Delivering this requires people to have real choice and control over services and access to the resources they need to ensure they live a healthy life and remain independent for as long as possible. We have been making good progress in delivering the transformation that is needed to the system to better deliver these outcomes. Our efforts were rated as "excellent" across the board by the Care Quality Commission in 2010, one of only three local authorities in the country.

However, the current economic situation and increasing demand for services creates a new challenge for the future sustainability of the system. An ageing population combined with the impact of lifestyle choices requires a new and reinforced commitment to transformation that builds upon our previous success.

We act on the presumption that all individuals aspire to an independent life. Consequently we will look to support such an ambition, helping people to improve their own lives and advising on prevention of ill health. This will require an innovative approach that is effective in reducing levels of need and demand for services while preventing people from needing more targeted and expensive services for longer. We will seek to develop further an approach that develops and utilises the capacity of the community. There is also a clear need to restore the principle of personal responsibility into public service delivery by acknowledging that delivering effective outcomes requires changes in behaviour and personal responsibility for actions that effect health and social care outcomes.

This framework outlines the Council's plans for making services to vulnerable adults more personalised, more preventative and more focused on delivering the best outcomes for those who use them. It outlines how this will be achieved in the current economic situation and responds to key changes to policy and service delivery to maintain a consistent strategy for meeting the needs, demand and controlling the cost of services fairly.

Finally, in the spirit of optimism, we feel that Knowsley is and will continue to be the 'Borough of Choice' for families. While this strategy will not as yet contain all the answers to the challenges facing vulnerable adults, it is starting to ask the right

questions about the nature of the ageing society to come. Most importantly it acknowledges that a new type of partnership between public services, communities and individuals is central to future success.

Section 1 – Statement of Local Priorities

In light of the evidence and policy contexts set out later in this report, the following principles, policies and strategic objectives are proposed:

1.1 Principles

- Personalisation – A recognition that service users play a central role in the shaping of their own care.
- Prevention and Early Intervention – A recognition that high quality universal services can act to prevent problems occurring.
- Personal Responsibility – A recognition that prevention is not something services can do alone and that the empowerment of individuals and communities is key in people improving their own lives.
- Building Community Capacity – In recognition of the role of active communities in directly promoting the well being of individuals.
- ‘Market’ development – To facilitate the growth of an improved range of service provision (working alongside service users, providers and potential providers).

1.2 Policies

Services should:

- Support people to live as independently as possible and have a good quality of life.
- Ensure people have as much choice and control over their lives as possible.
- Ensure that people get the support they need in local and community settings.
- Ensure that the most vulnerable people are safeguarded against abuse.
- Support and encourage people to adopt healthier lifestyles and behaviour and be self-reliant.
- Provide people with information about the range of universal services available to them as a first response to need.

1.3 Strategic Objectives

These are:

- To improve the quality of life for all our residents but in particular, vulnerable people.
- To manage demand for services effectively and control costs in a manner that is fair and transparent.
- The continued integration of services and partnership working to achieve improvements in quality, prevention and productivity – a whole system approach.
- An improved and better co-ordinated offer of universal service provision.

Section 2 – Evidence of Local Need

2.1 An Ageing Population

This framework is written as the population in Britain is experiencing a period of rapid rise in the numbers of people living into their 80s and 90s. This in itself is to be celebrated but adapting to this trend poses economic, social and political challenges and will raise the dependency of older citizens on those of working age. The rapid growth of the Knowsley population in retirement will increasingly pose major challenges to health and social care. Meeting the changing needs will require innovative approaches as well as resources.

2.1.1 Knowsley Joint Strategic Needs Analysis

The Knowsley Joint Strategic Needs Assessment (JSNA) is the primary document which describes the health and wellbeing needs in Knowsley. It tells us that:

- the number of people aged over 50 in the Borough is expected to increase by 15.1% between 2009 and 2019.
- there will be an additional 7,500 people aged over 50 by 2019.
- the greatest proportion increase is anticipated to occur in the 85 and over age group where an additional 1,200 people are expected to be residing in the Borough by 2019 (a 51.5% increase).
- by 2019 the overall older people's dependency ratio on those of working age in Knowsley will be larger than the child dependency ratio.

Health and Social Care Impact

The JSNA finds that a particular issue for Knowsley will be dealing with the rising rates of dementia. By 2015 the number of people suffering from dementia in Knowsley is expected to grow to 1,958. Of this figure around 11% of cases are expected to be severe. The 2010 figure stands at 1,824. During the later stages of ageing the problems of dementia increase rapidly. The future expansion of services for dementia sufferers and their carers will present special challenges to the health and social care system, particularly where a greater proportion of the population are choosing to live alone. Newer treatments for dementia are making an important - and sometimes controversial - contribution to care. However, a cure remains elusive, and the social and emotional impacts of the condition remain as devastating as ever both to sufferers and their carers.

More people are living longer and surviving with chronic diseases and complex care needs in the borough and this demographic change requires a different approach to longer term care and a new way of supporting people to manage illness. This is particularly true for older people, who can enjoy an unprecedented life expectancy, but for some their quality of life may be limited by one or more chronic diseases.

In the longer term an ageing population will mean that there will be a rise in demand for health services and long term care, creating a challenge for the funding of public services and pensions and increasing pressure on families and friends to support retirees.

2.1.2 Liverpool City Region Analysis – Opportunities and Challenges

A recent Liverpool City Region analysis “Ageing Population Analysis and Implications” (Mott MacDonald/MIS 2011) outlined the opportunities and challenges presented by an ageing population. The report suggests that as life expectancy continues to increase we are likely to see an increasing number of older people who are keen to use their retirement to explore other opportunities, such as setting up new businesses or embarking on part-time work. Growth in the older section of the population brings with it new market opportunities, especially in recreation and tourism, and the significant role provided by grandparents in caring for children or older friends and relatives is particularly important.

In particular the analysis recommended public services to begin the process of analysing changing levels of need in the following key areas:

- Housing
- Transport
- Pensioner workforce
- Enterprise
- Exploiting the grey pound

Volunteering is also one way in which older people continue to engage with the community and make a visible and important contribution to society. Many locations which have a greater proportion of active older people often also have a vibrant voluntary and community sector.

It is important to remain optimistic and acknowledge the significant opportunities associated with an ageing population. Enabling the older population to remain independent, healthy and active will be key to ensuring the opportunities presented by this change in demography are realised across the borough.

2.2 The impact of lifestyle choices and behaviour

Unhealthy lifestyles have a significant impact on people’s quality of life and the ability for people to maintain independence. They also have a significant impact on the demand for health and social care services. The Knowsley Joint Strategic Needs Assessment (JSNA, 2011) highlights a number of lifestyle choices and behaviours that impact on the health and wellbeing of Knowsley residents.

2.2.1 Alcohol

In Knowsley, alcohol related harm has increased two-thirds since 2002-03 and hospital admissions are higher than both the North West and England averages. The Alcohol Learning Centre Ready Reckoner estimates that Knowsley has 24,988 increased risk or hazardous drinkers, 8,684 higher risk or harmful drinkers and 4,776 dependent drinkers. Many of these drinkers will be older or vulnerable people. Alcohol is a key issue for health and social care services in the borough and has been highlighted as a JSNA priority for this year.

2.2.2 Healthy Weight

Overweight and obesity prevalence is estimated to be at around 60% of the adult population in Knowsley and if current trends continue it is expected that 60% of all men and 50% of all women will be obese by 2050. This will continue to have a severe impact on the health of the population and will subsequently have a significant impact on both health and social care services. There is also a significant risk associated with becoming overweight or obese as age increases and this is particularly relevant, as the older population in Knowsley is set to increase rapidly over the next few years.

2.2.3 Smoking

Smoking prevalence in Knowsley remains high when compared to national levels. Almost a quarter of Knowsley adults smoke (around 27,000). Smoking is linked with lung cancer, heart disease, stroke, respiratory disease and reduced life expectancy. Smoking rates are known to be high amongst vulnerable groups such as those suffering from mental health problems. The impact of smoking is most significant for health and social care services and smoking has been highlighted as a key JSNA priority for this year.

2.2.4 Substance Misuse

In Knowsley the latest National Drug Treatment Monitoring system (NDTMS) report shows that 1,056 people are in effective treatment for their drug use of whom 707 (67%) are heroin and crack cocaine users. Powder cocaine related referrals remain the highest in the North West accounting for 33% of the referring substances. Drug misuse wastes lives, destroys families and damages communities. It costs taxpayers millions to deal with the health problems caused by drugs and to tackle the crimes which are committed by some users to fund their habit. Research in Knowsley shows that drug use is no longer a young person's problem and that Problematic Drug Users (PDU) are increasing in both numbers and proportion in those aged 45 and older. This is likely to have a knock on effect for health and social care, as well as other services in the future.

2.2.5 Leisure and Culture

Knowsley's adult participation rate in physical activity is at 19.3%, lower than both the national average of 21.8% and the North West average at 21.7%. Only 20.5% of people with a limiting disability in Knowsley participate in any physical activity compared to a national average of 26.4%. Research shows that there has been a drop off in engagement in physical activity for single mums, males aged 30-40 and people with long term medical conditions (Active People Survey, 2009). It has also been shown that for those with specific health related needs, there is an approximate 30% risk reduction of all cause mortality across all studies, when comparing the most active with the least active. A particular priority for Knowsley will be to increase social interaction in order to reduce and prevent poor health and wellbeing, facilitated by the uptake of universal services such as leisure and culture.

2.3 Rising demand, reducing resources

2.3.1 National Analysis

The Audit Commission and Care Quality Commission report "Under Pressure – Tackling the financial challenges of an ageing population" predicts that nationally:

- The biggest single financial impact for Councils will be on social care spending; and
- There will be an estimated growth of 3-4% per annum if services continue to be delivered in the same way.

The impact in Knowsley is likely to be greater as the borough currently experiences high levels of poor health. Areas with previously poor health are characterised by an effect described as 'adding years to life but not life to years', which points out the impact of people growing old with long-term limiting conditions. Life is prolonged but without health improvement, resulting in an associated demand for all health and social care services. Significantly high rates of respiratory disease and cardiovascular disease, linked to a high prevalence of smoking, underpin demand for services within Knowsley.

2.3.2 Joint Strategic Needs Analysis

Knowsley currently supports around 4,964 vulnerable adults and demand for services is expected to increase steadily. Significant reductions in the Council's budget combined with an ageing population, ill-health and the impact of unhealthy lifestyle choices are predicted to lead to an unsustainable financial situation.

The increase in the ageing population is a significant trend for Council services but particularly for adult social care, as an analysis of current Knowsley age-related homecare demand shows:

- Aged 18 – 64: 1 in 261 people are likely to require home care

- Aged 65 – 74: 1 in 55 people are likely to require home care
- Aged 75 – 84: 1 in 18 people are likely to require home care
- Aged 85 +: 1 in 6 people are likely to require home care

Put another way, people over 85 are 37 times more likely to need services than people aged 18-64. It is also expected that by 2015 an extra 214 people will need residential care.

The service demand for both health and social care in places such as Knowsley is likely to become a greater financial issue if services continue to provide the same options and the population behaves in the same way. Failure to change service responses and demand through behaviour change and continuous redesign of services will produce an unsustainable financial position by 2015.

2.4 Changing aspirations for a better quality of life

The Adult Social Care User Survey in Knowsley (PSS User Survey, 2011) shows that over 50% of surveyed service users rated their quality of life as good or better. Over 84% of those with a learning disability rated their quality of life as good or great. However, despite this positive indicator about the impact of services on people's lives, it is expected that as the population increases and the personalisation agenda impacts the current service model may not be sufficiently agile to respond effectively. People's changing aspirations in respect of what defines a good quality of life will have a consequent impact on the services they wish to receive.

New ways of supporting people will need to continue to be developed that are more responsive to individual needs and offer a new relationship between social care services and their users based on mutual support. The personalisation of adult social care is an approach which aims to transform the system for the better, building on the experience, skills and wisdom of each individual. This will challenge the boundaries of more traditional service commissioning and provision in the sector as a whole. Evidence already shows us that people are starting to use personal budgets and direct payments in more creative and innovative ways. Key to ensuring that people's aspirations for a better quality of life are met will be the development of a responsive market and providing information and advice on a range of services that are available to meet people's needs.

Section 3 – Policy Context

3.1 National

This framework is being developed as the national policy landscape with regards to health and social care and public service delivery is being significantly transformed.

3.1.1 The Health and Social Care Bill

The Bill will see commissioning functions for most health services transferred to Clinical Commissioning Groups (CCGs) and a greater emphasis on choice and control for patients. The Bill will also create statutory Health and Wellbeing Boards whose function will be to lead on local health improvement and prevention and promote the integration of health, social care and public health.

3.1.2 Healthy Lives, Healthy People

The Public Health White Paper introduced the government's plans to transfer the three domains of public health – health protection, health improvement and population healthcare – to local authorities. Local authorities will now be responsible for delivering some public health services.

3.1.3 The Localism Bill

The Localism Bill will have a major impact on local government. The objective is to return powers to localities and away from Whitehall. It proposes to abandon top down bureaucratic control and advocates devolution to the local level. This will mean that Councils are likely to focus more on commissioning based approaches, redefining demand for services and involving a greater number of residents in shaping the services they receive.

3.1.4 Welfare Reforms

The changes being implemented through the Government's welfare reforms will have an impact on vulnerable adults. Universal Credit is due to be introduced in October 2013 to streamline a range of welfare benefits into one payment. People who are able to work will be moved from Employment Support Allowance/Incapacity Benefit and onto Job Seekers Allowance (JSA), in order to get working-age claimants back into work. Changes to housing benefit, including imposing restrictions on benefit according to level of household occupation, will impact upon older people, some of whom rely on having "extra" bedrooms in their homes in order to look after grandchildren and provide other (often unpaid) family support services. These changes are likely to have an impact on vulnerable groups particularly those in poverty who rely on welfare payments to maintain a good quality of life.

3.1.5 Social Care Bill

The forthcoming Social Care Bill will outline the Government's plans to transform social care, building upon the reviews carried out by the Law Commission and the Dilnot review into the future funding of adult social care. The Dilnot review recommended that the contribution people make towards their care should be capped at between £35,000 and £50,000 and that products and services be developed to enable people to meet the proposed cap, facilitated by local information and advice. It is also expected that the Bill will introduce a nationally standardised eligibility criteria for services as recommended by both the Law Commission and Dilnot reviews. This will mean that resource allocation will no longer be effectively managed through eligibility criteria, reinforcing the need to look for other methods of managing demand.

3.2 Emerging National Principles

The anticipated Social Care Bill is expected to emerge as a White Paper at some point in late 2012. Based upon initial Coalition policy documents and outline consultation it is expected to be structured around the following principles:

3.2.1 Personalisation

In December 2007 the previous Government set out its intentions to personalise care in a bid to create a care system which is fair, accessible and responsive to the individual needs of those who use services and their carers.

Personalisation starts with the individual in recognition that people have strengths, preferences and aspirations as well as needs, and a circle of family, friends and other resources and support mechanisms around them. It introduces the requirements of the individual for greater personal responsibility and for individuals to draw on their own resources, as well as those available through statutory and other services.

To facilitate the personalisation agenda, personal budgets and direct payments have been introduced so that service users become the purchasers and commissioners of their own care and support. Personalisation has also shifted the focus of social care to become more outcome focused through the introduction of outcome-focused assessments and reviews.

The Coalition Government announced its intentions to drive the personalisation agenda forward in "Capable Communities and Active Citizens" by ensuring that everyone can get the personalised support they deserve. This will be delivered by continuing to advance direct payments and by developing services that are more receptive to people's choices.

3.2.2 Prevention and Early Intervention

Prevention and early intervention have been key themes for public services across a range of sectors for many years. The Coalition Government's commitment to prevention and early intervention in relation to health and social care has recently been reaffirmed in policy documents such as "Equity and Excellence – Liberating the NHS" (*Department of Health, 2010*) and "A Vision for Adult Social Care – Capable Communities and Active Citizens."(*Department of Health, 2010*)".

Prevention is an approach largely based upon effective universal provision coupled with the effective provision of appropriate guidance and information, particularly in respect of risky behaviours (i.e. drug and alcohol abuse). The focus is therefore on maintaining independence, good health and promoting wellbeing.

Early intervention is largely based around the successful identification of those individuals at risk and actively engaging with them to successfully manage positive outcomes. Early intervention is key to preventing people from needing more intensive support for as long as possible and reducing the demand for more expensive health and social care services.

Effective prevention and early intervention requires the availability of good quality universal services, such as leisure facilities, libraries and access to advice, appropriate support and information and the availability of more targeted interventions, such as re-ablement and assistive technology. In the case of vulnerable adults the aim is to enable people to achieve a better quality of life and reduce demand for long-term, more intensive support by helping people to maintain their independence.

3.2.3 Personal Responsibility

The NHS White Paper "*Equity and Excellence – Liberating the NHS*" and the "Think Personal, Act Local" Partnership (comprising of professional bodies, local authorities, voluntary and community sector etc.) introduced the need to move from a health and social care system primarily concerned with meeting needs to a system which emphasises greater prevention and promoting health, supported by principles of personal responsibility.

Long-term improvements depend on changes in personal behaviour, not just the availability of services to deal with illness as a result of poor lifestyle choices. Effective prevention is not something public services can achieve alone.

The principle of personal responsibility is also an acknowledgment that the empowerment of individuals and communities is better than making decisions on their behalf. It is about shifting the balance to individual choices and behaviour and away from health and social care services.

3.2.4 Building Community Capacity

The Government acknowledged in “A Vision for Adult Social Care: Capable Communities and Active Citizens” the role that communities can play in supporting vulnerable people. The Think Local Act Personal partnership also highlights the connection between personalised care and support systems and community-based preventative approaches.

The vision is for as many people as possible to be enabled to stay healthy and actively involved in their communities for as long as possible. The knowledge, talents, skills and energies of people who use services should be utilised to the full.

This is reflective of the need to have a whole system approach to need and one where people are empowered to develop strong, resilient communities that work in partnership with statutory services. Reducing resources and increasing demand make developing community capacity a key goal for preventing the emergence of individual and societal needs, while making better use of the resources that are already available within a community.

The emphasis is on increasing local involvement and making the provision of services and decision-making closer to local communities. Developing community capacity is a key policy objective in supporting vulnerable adults in the new world of public service delivery

3.3 Local Policy

3.3.1 Knowsley: The Borough of Choice - Sustainable Communities Strategy 2008-2023

The Sustainable Communities Strategy (SCS) is the overarching strategy for Knowsley and provides the long-term vision for the borough, to become ‘Knowsley – The borough of choice’ by 2023. The 15 year document identifies where Knowsley Council and our partners can make a difference to people’s lives by working differently and together. The Strategy aims to bring about real changes in the lives of Knowsley residents, improving life chances and equalling opportunity with those across the country. Key to making Knowsley the borough of choice is supporting and enabling people to maintain independence and be active in local communities.

3.3.2 Older People’s Strategy – “A Positive Age”

The Knowsley Older People’s Strategy ‘A Positive Age’ was first published in 2009 following extensive consultation with older people in the borough, facilitated by Older People’s Voice. It highlights what is important to and for older Knowsley residents in order to lead a quality lifestyle. The governance and implementation of the strategy is overseen by the Older People’s Partnership Board (OPPB) which is co-chaired by the Director of Health and Social Care and the Chair of Older People’s Voice. There are eight key themes addressed by the strategy:

- Economic Wellbeing
- Health and Wellbeing
- Crime and Personal Safety
- Transport
- Housing and Local Environment
- Access to Community Services and Learning
- Leisure and Culture
- Communication

A revised action plan has been published for 2011-2013 which takes a closer look at the diverse needs of an ageing population and is being implemented in conjunction with older people in the borough. As a consequence, the needs of older people as carers, those with poor mental health and the most isolated and vulnerable amongst Knowsley's community have been given particular consideration. A learning point from the development of the strategy is the fact that older people identified access to of good transport and learning as just as important to their wellbeing as services provided by health and social care. This emphasises the need to ensure there is a wide range of universal services are accessible to all.

3.3.3 Family Policy Framework

The Knowsley Family Policy Framework sets out the Council's plans for supporting strong self-reliant families. The relationship between supporting families and supporting vulnerable adults is a mutually reinforcing one. Independent and self-reliant adults are key to strong and resilient families and the support provided by families helps to enable vulnerable adults to maintain independence. A focus on prevention and behaviour change as a method for delivering better outcomes and controlling costs firmly links the framework with the model for supporting vulnerable adults in Knowsley.

The principles of the strategy are:

- Strong self-reliant families are central to strong self-reliant communities. The Council support the notion of the family.
- Modern Families are diverse and all types are equal and valid.
- It is not the role of public services to bring up families but they can help them improve their lives and thrive.
- Families have a responsibility to their own members and the community they live in.
- Different families require different things from public services so public services and families should work together to make it work for them.
- "The Family" can and should be a recognised unit of public service delivery.
- Public services and families work together to explore and achieve the aspirations and ambitions of children.
- Public services should be reformed to be more family friendly.

- Families should have a greater say around what goes on in the community.

3.3.4 Giving Knowsley children and young people a flying start – Children and Families Strategic Plan 2011-14

The Children and Families Strategic Plan sets out Knowsley's aim to improve the life chances of children, young people and families within the borough. The Plan outlines where energy and resources need to be focused to improve the lives of children, young people and their families and help them reach their full potential. The Plan helps to ensure a family focus, recognising that parents are the major influence on their children's lives. In order to improve life chances a focus on supporting self reliant and strong families within the borough is necessary. This includes providing joined up support for families and supporting vulnerable adults who may also have dependent children.

3.3.5 Carers Strategy – “A life of my own”

The Knowsley Carers Strategy is a working document that sets out how to plan and deliver services that reflect the priorities for carers in Knowsley.

The vision for the strategy is, “To achieve a comprehensive, integrated and responsive approach to the needs and wishes of carers living in Knowsley, and to provide support, information and services to maximise their quality of life”. The successful implementation of this strategy is key to ensuring that carers are supported in their caring role. Without this the demand on health and social care services would be immeasurably higher.

3.3.6 Behavioural Policy (4Es)

The Council is committed to approaches that change behaviours towards services and communities. The Vulnerable Adults Strategy and Behavioural Policy are strongly linked and this is explored further in section 4.2.

3.3.7 Housing Strategy

Knowsley Council has a strategic housing role for the borough, working with partners to ensure that all households have good quality homes which are suitable for their needs. Knowsley's Housing Strategy addresses the key housing issues and priorities for action. There is a clear relationship between housing and health, with good-quality, affordable, safe housing essential to wellbeing. There is a continued need to ensure that all residents have access to good quality accommodation. Key to this is ensuring that those with additional needs receive the housing support they require. Extra Care housing can provide a cost effective alternative to residential care for many old people, with research showing that residents of extra care housing have slightly higher levels of physical and mental functioning than a similar cohort in care homes.

3.3.8 Social Growth

One of the key priorities for the borough is growing the capacity of communities to enable them to become more resilient and self reliant by building upon the assets that already exist at the community level. For vulnerable adults this will mean utilising and building upon existing networks of support such as the family, the voluntary sector, existing support groups and social enterprises, to deliver more preventative, community based, universal services. It will also mean building on the existing contribution which many older and vulnerable people make to their communities and ensuring that they are enabled and empowered to be active citizens.

3.4 Local Best Practice

Centre for Independent Living

The Centre for Independent Living (CIL) is a one-stop shop that provides a range of services, support and advice to enable people to live independently in their own homes. The centre acts as a hub where a wide range of support services and specialist staff are housed including occupational therapists, equipment to help with independence, wheelchair services as well as advice and advocacy.

The Centre is a User Led Organisation (ULO) where people who use the services run and control the organisation to ensure that it is always receptive of their needs and aspirations. The centre aims to reduce and manage the need for more targeted and intensive interventions by focusing on prevention and early intervention through a dedicated resource for independent living.

The Centre represents the personalised, community based approach to prevention and early intervention that Knowsley aims to build upon in transforming health and social care services.

Co-location and integration of Day Centres with Leisure Facilities

As part of a review of Adult Social Care provision, in 2010 Cabinet requested work be undertaken to integrate Adult Disability Day Services within Leisure and Culture to deliver improved outcomes for vulnerable adults This built on successful co-location of Day Centres within Leisure Facilities which has contributed to increasing community participation, reducing social isolation, improving inclusion, widening access to a range of services and offering healthier environments.

This is part of a wider modernisation of Adult Social Care over the last decade contributing to personalisation, prevention and empowering individuals with a disability to improve their own lives. Neighbouring local authorities have show interest to replicate this good practice.

Section 4 – Reforming the System

In light of the changes in national and local policy, evidence of local best practice and needs analysis, the following sets out approaches to reform the local system of support to vulnerable adults. In particular the framework outlines a new way of meeting needs through incorporating the Council's Behaviour Change Model with the personalisation agenda.

4.1 Personalisation

- Personalisation – personalisation in Knowsley will be focused on building upon the offer of universal services, early intervention and prevention and choice and control.
- Universal services – the general support that is available to everyone within their community including transport, leisure and culture, education, employment, health, housing, community safety, information and advice.
- Early intervention and prevention – helping people live at home independently, preventing them from needing social care support for as long as possible and creating future cost efficiencies.
- Choice and control – providing timely, appropriate information to enable people to meet their own needs and giving people a clear understanding of how much is spent on their care and support, allowing them to choose how they want to use this funding to suit their needs and preferences.

It is proposed that there is a conscious shift away from avoidable use of secondary health care and intensive long-term social care towards better self care and person centred support which promotes individual choice and control, supported by universal services and information. The anticipated outcome is more people are enabled to stay healthy and actively involved in their communities for longer.

Those who do need help, including many people at the end of life, will have maximum control over this, with the information, means (financial and practical) and confidence to make good quality of life a reality.

4.2 Behaviour Change

This framework incorporates the Council's Behaviour Change model, sharing the view that without significant shifts in behaviour, the demand for services and quality of life for vulnerable people will not change positively.

The 4Es model is based on the principle that where possible, resources and effort should follow a pyramid model being concentrated in the following stages; educate, encourage, empower and finally enforce. Behaviour change often involves components of all four stages, however, greater investment in the earlier stages should mean reduced requirements for the latter stages.

The application of the 4 E's model of behaviour change in respect of vulnerable adults is characterised below.

Educate:

- The education stage aims to increase awareness of the impact of an individual's action or inaction by providing information and guidance. Effective information and advice needs to be available to all groups, but particularly information must be available and appropriate for vulnerable groups. This information and advice needs to be wide ranging including health promotion literature, information on leisure and housing and information on support for carers. The availability of good quality information and advice should contribute to helping people to make positive lifestyle choices, live independently and achieve a better quality of life. The availability of information to support self-help is key to helping people improve their own lives and preventing people from needing any form of social care. Concentrating effort around education also tackles need and demand at the earliest opportunity, creating better personal outcomes and general cost efficiencies for the future.
- At the widest level, it is about fostering strong and supportive communities that value the contribution that each of their citizens can make and giving all people an opportunity to improve their own lives. The new 'Quickheart' system of web-based information about meeting need is a key development, as is the Centre for Independent Living (CIL), which is a user-led organisation, committed to promoting independence.

Encourage:

- The encourage stage aims to provide support and persuasion to an individual or group to change their behaviour, for example by providing incentives or rewards. Vulnerable adults often face many barriers to behaviour change and therefore encouragement is required alongside education. For example, Knowsley's Passport to Leisure scheme provides reduced cost access for particular groups to Knowsley Leisure centres. Encouragement can also be provided through place shaping to make healthier choices easier, for example, ensuring healthy food options are always available.
- Make use of preventative services, incentivising behaviour that reduces need and service demand, and when necessary, intervening early and effectively to reduce risk of harm and deterioration, improving long-term quality of life. The effectiveness of services such as IKAN has shown that early contact with the right agencies working in partnership is valuable but reliant on all partner and Council staff knowing where to direct people to get the right help.
- These services may be universal services targeted to a particular need e.g. exercise for health needs as seen in the Activity for Life programme or simple social care support including equipment accessed through the Centre for

Independent Living and be free or low-cost. They should be time-limited and include a strong review system to ensure that people achieve their outcomes. Peer support and group activities are often important elements of a successful response, seen in the Activity for Life programme and Carers Support.

Empower:

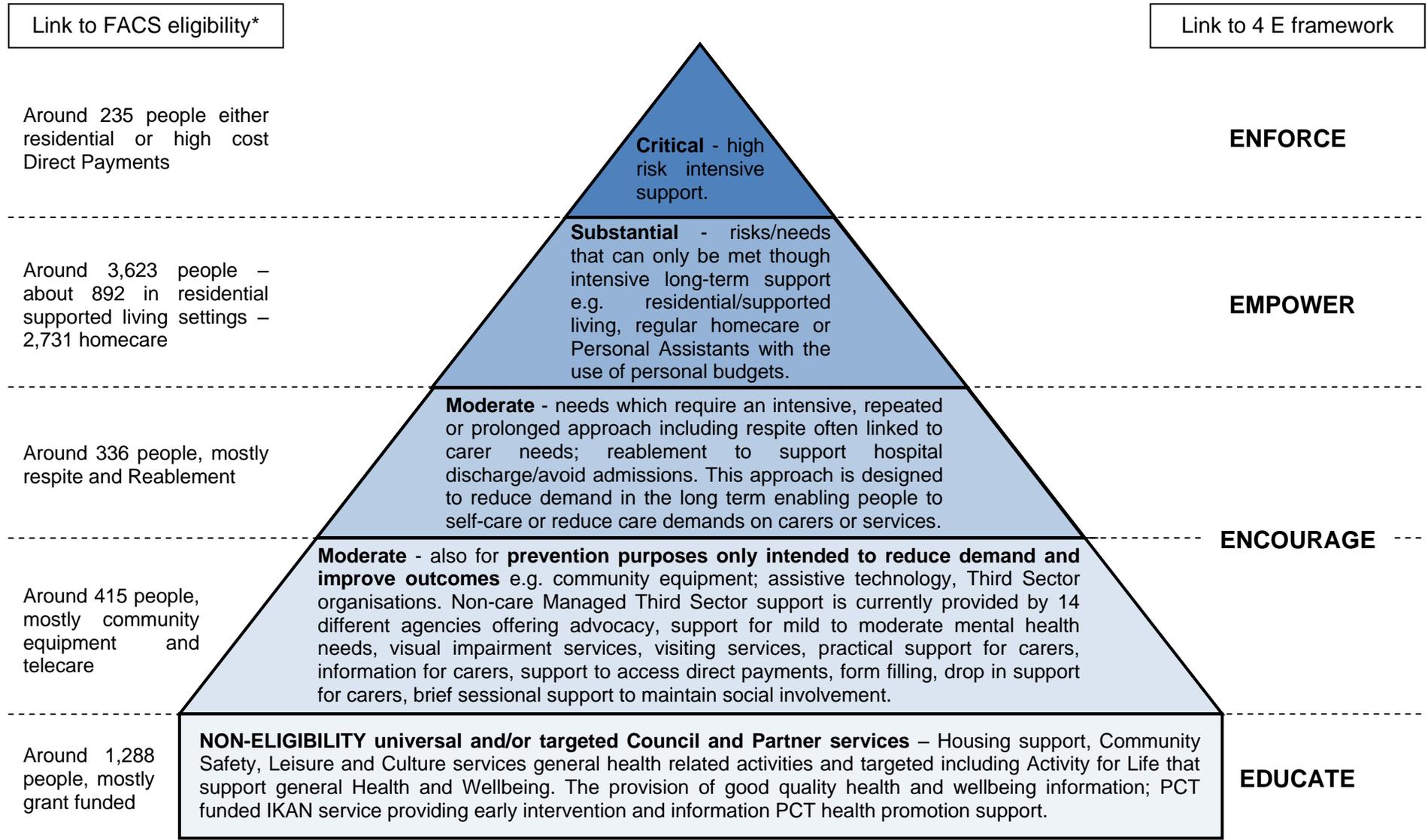
- The empowerment stage aims to enable people to gain the knowledge, skill set and confidence to cope and make choices for themselves. For some people education and encouragement actions will enable this, for others in particular vulnerable groups more intense support will be required, for example by providing group support and one to one coaching. Involving people and empowering them to lead decision making for themselves will also involve a change in way services are developed and delivered.
- Providing advocacy and mentoring through the recently developed Advocacy Hub which is based at the Centre for Independent Living (CIL) to enable people in need of social care support to have choice and control, developing options that suit them, with services delivering outcomes determined by service users and carers themselves.
- All support and services must be personalised to be effective and efficient. The use of personal budgets and outcome focused assessments and reviews are an important element of this part of the model for Health and Wellbeing.

Enforce

- The final stage of the four Es model is enforcement achieved through regulation and control. Even where this is available it is important to combine it with the other stages that support behaviour change. For example, providing information and support to encourage compliance with smoke free regulation.
- is a clear recognition that the first three shifts in behaviour are necessary to reduce the need to deliver change and that for some behaviour changes enforcement actions are appropriate. Importantly this strategy recognises that, through early cost-effective and supportive intervention, we avoid the overuse of high-cost, crisis-driven intensive care that often does not deliver a positive outcome.
- The powers under Mental Health and Public health legislation, including the Mental Capacity Act (including “Deprivation of Liberty”) and the Council’s responsibilities relating to Safeguarding Adults, are considered in the context of “enforce”.

Figure 1 illustrates the connection between eligibility, demand and the behaviour change model. It shows the shape of demand, most of which is currently met by high cost long term support.

Figure1



*FACS – Fair Access to Care Services

4.3 A Focus on Prevention

Investing in prevention to reduce the Council's social care costs and NHS demand can be delivered through a coordinated and improved universal preventative offer – avoiding high cost responses to need.

- A typical high cost outcome where self-care and prevention have not had an impact can result in a cost per patient of £30,000 over three years. Many are higher, resulting from multiple emergency admissions, long spells in hospital and ongoing outpatients' appointments, all of which are avoidable. The impact on the person's overall wellbeing and impact on caring are not quantified but obviously have a major negative impact on families.
- People in Knowsley are increasingly supported at home rather than admitted to residential care because of early ill-health that is preventable, and remain in receipt of care for a number of years. Our average homecare cost is £164 per week with people commonly supported this way for over 5 years – a total cost of £42,000. This cost can be reduced or deferred even if not avoided with better prevention, targeted intervention when needed and maintaining full independence for longer.

The long-term control of costs will need to be applied through the coordinated offer of universal and preventative services and ensuring that these services are commissioned to provide the desired outcomes in terms of independence, avoiding the use of high cost interventions. This requires coordination of information and universal services to encourage people to increase healthy activity and lifestyles and to avoid accidents and ill health.

The Council and our partners will need to continue to develop communications to support the effective use of information. This includes revising 'Better Care – Better Standards' the national charter covering Care, Housing, Health and Leisure and Culture Service information. The Know your Care website provides a good foundation for this work and has received some positive comments from local people.

The proposed changes are part of the overall planning by Health and Wellbeing to manage the costs of meeting high demand by lowering the numbers of people requiring critical and substantial support, supporting behaviour change and coordinating better information and preventative services across the Local Strategic Partnership, in addition to Health and Wellbeing community services.

However, further changes are needed, including a commitment from all partners in the Local Strategic Partnership to provide information, promote activities to improve health and take action to reduce accidents, reduce isolation and tackle discrimination and harassment.

Coordination of the 'universal preventative offer' presents a challenge for the Council and our partners. However, this can be delivered through the Health and Wellbeing Strategy which will be owned by the newly formed Health and Wellbeing board. In addition, the commissioning of consistent information and the delivery of innovative activities by partners can have a significant effect on outcomes and the demand for health and social care services, for example the Fire Service home safety and quit smoking efforts.

4.4 Developing Community Capacity

Newly released research from the London School of Economics shows community capacity building schemes can provide up to £1,300 in savings per individual per year. The results of a study by Professor Martin Knapp of the Personal Social Services Research Unit reveal that schemes like time banks, befriending services and community navigator schemes have the potential to provide savings to the public purse over a short period of time.

Knowsley wants to develop stronger links between communities and social care teams to create new capacity and provide better care for Knowsley residents. The aim is to encourage communities and the third sector to take on more responsibility for universal social care provision, reducing dependency on targeted and specialist services. We are currently exploring developments in the following areas:

- Community Support Networks – How can we provide low level universal support to a range of individuals across social care categories in community settings? Work has started on considering community assets that can be built upon in developing these networks.
- Centre for Independent Living (CIL) – Currently a 'one stop shop' offering a range of social care services, the CIL is overseen and driven by a User Led Organisation (ULO). We want to explore the development of the Centre for Independent Living as a standalone third sector organisation.
- Work in partnership with the User Led Organisation to develop their capacity to work with communities to establish community support networks and linked back to the Centre for Independent Living.
- Sector Specific Support Networks – as part of considering the development of community support networks we need to consider if any more specific support is provided for client groups (e.g. learning disability). This might be where the community support does not deliver more targeted support due to its universal nature.
- Social Enterprise Development – Working with Knowsley's Community and Voluntary Sector (CVS) we want to consider what opportunities exist for third sector delivery and how the Council can play an enabling role. Sector plans are being developed by commissioners and social enterprises and the aim is

to apply to the Knowsley Foundation to support the implementation of this sector development plan for social care.

Key to developing community capacity will be ensuring that skills and expertise are transferred to new providers and that positive relationships are built with Knowsley Integrated Provider Services (KIPS).

Section 5 – Implementation and Impact: Demand and Cost Management

5.1 Revised Charging Policy

Since the introduction of Care in the Community in 1993 Knowsley has always been relatively generous in comparison to other authorities with regard to the level of charges levied for services provided in the community. Until the implementation of the new charging policy 75% of service users were assessed to pay no charge.

In the present financial climate where real cuts to services need to be considered, raising additional income will help reduce the level of cuts in services. Charging for social care services at levels comparable with other local authorities is preferable to reducing or withdrawing services, and will help to minimise the need to cut services to balance budgets in future years. Changes to the charging policy were agreed last year which will bring Knowsley's charging policy into line with most other authorities.

5.2 Re-ablement services and effective reviewing of Care Packages

The primary function of the re-ablement service is to maximise an individual's long term independence in the community. Individuals typically receive this service following discharge from hospital or a change in their functioning. The service provides an intensive and time limited intervention (up to 6 weeks) where individuals are encouraged and supported to perform their own personal care and daily living tasks. During this time individual's and their families are encouraged to utilise different ways of improving independence, for example confidence building, practical techniques and the introduction of assistive technology. The service also assesses an individual's requirement for support services following their withdrawal. This more detailed understanding of an individual's needs ensures that care packages are reflective of observed need.

An individual's situation will continue to change following intervention from the re-ablement service. In response, all care management reviews focus on what that individual has achieved as a result of support from services and whether services will assist the individual to achieve anything in future months. Where it cannot be evidenced that formal services are making a difference then the need for that service will be questioned. Reviewing also ensures that a person's needs are continuously reassessed, their 'care package' is commensurate to meeting assessed needs and that services support the person as agreed.

5.3 Personalisation and Personal Budgets

The move to self-directed social care will potentially have significant implications for the care sector and for the supply of provision to meet care outcomes. The market

for care will become more fluid and more directly influenced by the individual choices of people who have a personal budget. Within Knowsley we can already reference cases where individuals are planning creative support that is not purchased from traditional supply sources, such as domiciliary care agencies or respite units.

Personalisation is allowing people to exercise more choice over the way in which their care outcomes are met. This is likely to mean an impact and reduction on demand for more traditional types of services. With personal budgets and individualised support plans people have a greater opportunity to design individual solutions and to hold providers to account over any shortcomings in service delivery. There is also evidence that people are more effective in planning how to achieve their own outcomes so there is some potential to reduce costs through personal budgets. However, in order to empower the majority of people to design, plan and secure the provision that meets their needs, there is a need for specialism of skills including assessment, support planning, brokerage, information, advice and advocacy. Whether sourced internally or externally these support elements have an attached cost. These costs need to be truly represented within the overall expenditure on personalised services. More personalised and individualised packages may reduce the opportunities to manage expenditure through block arrangements and economies of scale. We have been exploring the reduction of block arrangements in services in Knowsley to allow for flexibility as we move toward more creative care outcomes. However, there is a need to avoid acting too quickly without evidence of clear and significant patterns and movement toward alternate methods of providing support.

It is essential that we continue to develop a true understanding of the cost of services, both internal and external. Calculation of real unit costs allow us to clearly demonstrate and evidence the amount of resource allocated to individuals in their personal budget, whether they choose to spend their budget on traditional block arrangements or take it as a direct payment. Clear unit costs also aid us in gathering intelligence and identifying business information, allowing us to monitor and manage the transition from traditional block arrangements to more personalised and individual arrangements.

5.4 Specifications for Cosmetic Work

Demand for adaptations and mandatory Disabled Facilities Grants continue to increase year upon year. This is largely as a result of demographic changes arising from an ageing population and high numbers of residents with long term health conditions. This increased demand is exacerbated due to the removal of the government's housing renewal allocation to all local authorities. As a result the available budget for major adaptations has reduced by approximately 50%. The efficiency measures will introduce new cost effective systems for providing adaptations and remove all cosmetic and improvement works from the grant approval amount. Home owners will be required to self fund these elements if they

choose to have the additional work completed. For example, the grant will only cover ceramic wall tiling of the immediate level access shower area. Those home owners choosing to fully tile or redecorate their bathroom will be required to fund the difference in cost. The efficiency measures are necessary to manage demand within the limited resources available and ensure the authority assists as many vulnerable residents in the borough as possible.

5.5 Outcome Focused Assessment and Reviewing

The citizen is a person with rights and responsibilities. The outcome focused assessment is a tool that provides semi-structured conversation with individuals during assessment, support planning and review. It requires the assessor to have good analytical skills and is not just a 'tick box' approach to assessment.

The person's views and preferences are central to decision making and the assessment focuses on the strengths, capacities and aspirations of the person, while being mindful of limitations. The priority of the assessment is to identify what to work towards, the desired **outcome**. Outcomes are what matter to the person, though are often consistent with the assessor. Identifying outcomes and considering how they could be met involves considering a range of solutions and strategies including the role of the person, family support and community based resources.

The identification of outcomes can enable preventative work to take place and also makes the purpose of intervention explicit and measurable at the review stage. This can enable services to be effectively and safely reduced or withdrawn, ensuring services and resources are prioritised for those most in need, reducing the cycle of dependency and promoting the citizens responsibilities.

Ensuring that service users and carers are involved in decision-making and that the right support is made available to those who need it, as opposed to the often prescriptive and service-led solutions currently on offer, can deliver on person-centred objectives, whilst also resulting in more efficient and effective use of resources.

Section 6 – Conclusion and Summary

This policy framework introduces the Council's model for delivering a fair and sustainable system for protecting vulnerable people based on the principles of personalisation, prevention, personal responsibility and developing community capacity.

It is a strategic, whole system approach to increasing the availability of innovative and preventative services. The Framework links to behaviour change and the continued improvement in productivity and quality to manage the effect of ageing, ill health and aspirations for an improved quality of life.

In summary this framework proposes to:

- Improve the quality of life of vulnerable people.
- Provide a framework for meeting the challenge of an ever increasing demand for care in the current economic context.
- Reduce the demand for more intensive and targeted intervention by enabling people to maintain their independence for as long as possible, through prevention and early intervention.
- Put all vulnerable people at the heart of determining their needs and support arrangements, through choice and control.
- Shift the emphasis away from health and social care to personal responsibility supported by universal services and the availability of information.
- Link the personalisation agenda with behaviour change to deliver reform .
- Provide a framework for key changes to policies and service delivery to maintain a consistent strategy of meeting needs, demand and controlling costs fairly.
- Acknowledge that a new type of partnership between public services, communities and individuals is central to future success.