

# **Speech by Phil Hope MP, Minister of State for Care Services, 18 March 2009: Progress on Personalisation Conference "Putting People First: One Year On"**

A pleasure to be here this morning, and may I thank Community Care and SCIE for hosting this conference in partnership with the Department of Health.

I'd like to say from the outset, I think this is a very important event.

Important because, one year on, it's a good time to take stock of where we are and where we need to go next in translating the philosophy of Putting People First into everyday practice.

But important also, because at this point – with tough times upon us economically – the principle of personalisation is more crucial than ever.

## **Transforming lives – for people using services**

I doubt there's a person in this room who would question the transforming power of personalisation.

First and foremost, it's transforming the lives of service users.

Like the lady I met recently in Essex, who used her individual budget to buy an oxygen compressor – freeing herself from the travel constraints imposed by her condition.

Or Ben, also from Essex, who uses his individual budget to pay for a personal assistant who takes him to the theatre and cinema – two of his big passions.

Or my favourite individual budget story: a retired gentleman suffering from mental health problems, who used his budget to buy a dog. It got him out of the house, got him meeting people, rebuilding his confidence and rebuilding his links with the community.

Now I'm not one for regional stereotyping, but the fact that the gentleman just happened to be from Yorkshire, and the dog just happened to be a whippet made it stick in the mind!

What also stuck in the mind was that it worked incredibly well for everyone concerned.

By giving him the choice, giving him the power to decide what would make the difference to his own life, the individual budget transformed his outlook, and helped to reduce his dependency on other forms of support.

It improved his quality of life. It saved the council money in the long run. And it gave the good old whippet a loving new home in the process!

## **Transforming lives – for carers**

But, of course, personalisation can be just as transforming, just as life-changing for carers too.

Research has shown that individual budgets are helping to reduce their stress, improve family relationships and their wider wellbeing too.

Last year's Carers' Strategy is designed to build on this point. Too often in the past, carers have been neglected, a silent six million doing vital work in their community, but without the recognition and support they deserve.

The Carers Strategy is changing that, and we need to push on in giving carers the right help. Help that's personal and responsive to their needs. Help that works for them, and not the organisation providing it. Again, this is key to the vision of Putting People First.

## **Transforming lives – for the whole sector**

But let's not forget that personalisation is also transforming a third important group.

Namely, us. All of us in this room. It's transforming the way we think, operate and work together.

That process is really exciting and rewarding – but also extremely difficult. It's a big challenge because it means reconsidering the fundamentals of service planning, management and delivery.

But it's a challenge we can't ignore, can't set aside as 'too difficult' if we want to continue improving standards in social care.

## **A 'foot on gas' moment**

And it's a challenge that becomes more important, not less, in these difficult economic times.

We cannot and must not repeat the mistakes of previous downturns. Now is the time to step in, not step aside. To be fair, not laissez-faire, in our approach to supporting the most vulnerable.

So it raises the bar for all of us in the room. Tougher times mean more people will be looking to local Government, looking to local services, for help and support.

They'll be expecting more and demanding more from every pound you spend on their behalf. Levels of scrutiny will rise; so must our performance.

In other words, this is the moment when excellent local services must come into their own – must shine out, not retreat into the shadows.

And when the idea of pushing power and choice down to the level of the individual should blossom and flourish, not wither and die.

So, one year on, far from applying the brakes, now's the time for us to step on the gas when it comes to personalisation.

And certainly, the investment is there to do just that.

£520 million in total has been earmarked for personalising social care. £85 million has already gone into the system; another £195 million is now coming on stream for the next financial year. Most councils are now getting over a million pounds to support this transformation.

It means we have before us a golden opportunity to make the sound, strategic decisions that will put personalised care on a sure footing for the long term. We've got to seize the moment and deliver on the full promise of Putting People First.

### **Building on a year of progress**

What's encouraging is that we can build on firm foundations – thanks to your hard work over the last 12 months.

Today's Community Care readers' survey gives us a very welcome snapshot of progress.

It comes ahead of a fuller evaluation that the Association of Directors of Adult Social Services will publish later this year.

But there's plenty of food for thought from the Community Care findings:

It's encouraging, for instance that just under a quarter of councils have made considerable progress towards a fully integrated personalisation strategy.

That advice and advocacy services are rated good for helpfulness and accessibility in most areas.

And that in about half of cases, people are using personal budgets to buy different types of support, rather than selecting the same kind of support as before.

This chimes with what I've seen and heard around the country. The stories of real progress across those four key dimensions of personalisation: in better prevention and early intervention, in building more choice and control, in improving universal services and in creating greater social capital and community-based support.

Preventative programmes like POPPs – the Partnerships for Older People Projects – are improving lives and cutting long term costs by targeting older people at risk of falls.

And re-ablement programmes in the best areas see half of those entering these schemes – typically after a bereavement or a serious illness – end up not needing any social care support in the immediate future.

Some councils are now extending their thinking to help those with high care needs move into lower level care, including care in their own homes – through structured, person-centred planning. It shows these are all areas that are ripe for expansion.

Added to this there's the good work underway on information and advice – I'm particularly struck by the work that Age Concern is doing in this area, though I think there's some way to go in building people's awareness and confidence around making personalisation work for them. This is a point also made in the Community Care research.

And there's also particularly exciting work underway thinking beyond specialist care services, and looking at how we help people reconnect with mainstream services.

In Herefordshire, for instance, they're investing in village halls to make sure they're all accessible for older people and people with disabilities.

Literally and figuratively, this is opening doors for people to choose mainstream services as part of their ongoing care.

It means that an older person who wants some company can connect with the local community and enjoy mainstream local services in the village hall, rather than having to travel miles in a bus to the day centre.

### **Broadening the debate**

And this really strikes at one of the key points I want to make today.

That Putting People First isn't just a vision for social care. It's a vision for care across society. This is a subtle difference, but an important one. Because it speaks of the need to broaden the debate, demanding that all parts of the local Government machine step back and ask themselves some fundamental questions about the types of communities they want to build.

Questions like: "Is it good to grow old around here? Is it good to be a wheelchair user here? And what can we do – not just in social care, but in health, in housing, in transport, in education – to make it better?"

In other words, the principle of Putting People First must sound out not just across the social care field, but far beyond it.

Fully integrated into a council's thinking. Resonating across local Government. And acting as a rallying cry for the full range of statutory, private and third sector services to mass behind.

I appreciate that bringing everything together, getting everyone on board and rowing in the same direction takes time.

But it can be done. Some areas are already making the big breakthroughs, while others are languishing behind.

Those ahead of the curve: we need you to continue leading the way, pushing the agenda forward, proving to the rest of us what can be achieved.

Those councils who are behind the pace: we need you to spring into action. Or as one wag put it, “those caught with their pants down need to pull their socks up.”

## **Leadership**

So how? How do we achieve this? Well, there are four areas I particularly want to emphasise today.

The first is strong local leadership.

Personalisation is not something we can prescribe from Whitehall.

The whole point is that the inspiration is local, the inception is local, the delivery is local.

So we need you taking the lead and driving change within your area: making the connections, building the partnerships and working with people who live in your communities – those who use services or who may want to in the future – to break down the barriers to reform.

That’s not to say you’re on your own.

Putting People First was developed as a partnership between local and central government, and we want that strong relationship to last.

So I particularly welcomed the appointment of Geoff Jerome as the National Lead for transformation within the LGA.

He’s helping us make the connections between Whitehall and local councils that will give you the support and tools you need to drive this agenda forward.

We’ll continue listening and responding to what you tell us you need to accelerate progress.

Equally, there’s an awful lot you can learn from each other – that was another interesting feature of the Community Care research: a fifth of respondents said that better sharing of what works between councils would help make personalisation happen successfully.

We now have the new Deputy Regional Directors working with the Joint Improvement Partnerships to provide advice, support and challenge that local leaders can draw upon.

## **Integrating health and social care**

The second key area is better integration and partnership working.

It's clear to me – as I'm sure it is to you – that the particular relationship between health and social care is vital.

Where there's good join-up – Croydon being a prime example – we see great results, particularly for older people. The preventative work, particularly POPPs, proves this point.

So let's see strong leadership across both areas:

Let's have more effective collaboration at the top table – where things like local area agreements and joint strategic needs assessment can help.

Let's move away from a 'them' and 'us' culture on funding. If it makes sense to pool funding between health and social care, then that's what should happen.

And let's see this carried through to more effective partnership working on the front line – with nutritionists, therapists and physiotherapists, for instance, routinely working hand in glove with social care colleagues.

All of these are vital to better services and better outcomes. It's in everyone's interests to forge stronger connections.

### **A spur to innovation**

The third priority is innovation.

We need councils to harness the genius, the expertise and the creativity that the third sector can provide.

Reform can act as a catalyst for market renewal, a spur for new services and social enterprises to rise up and fill gaps in the market.

Because in many cases, the services people genuinely want to spend their budgets on haven't been invented yet.

Like the small business in Oldham which has been set up to deliver Asian meals on wheels for local residents.

Or in Barking, where mental health service users come together to pool their individual budgets and commission services collectively.

### **Co-production as the driving force for change**

Finally, let's never forget that personalisation is about people not processes.

There are some people out there who revel in the idea of a broken society. But it's demeaning and wrong to talk about a "Broken Britain". I see strong communities, supportive families and resilient individuals everywhere I go.

I see volunteers, carers, community groups all playing a massive part in a collective endeavour to sustain a society we are all proud to belong to. But I want to go further.

And the only way we will harness the true benefits of personalisation is if we genuinely put people at the heart of the reform at every stage, in every way we can.

It's horrible jargon, but co-production is a fundamental piece of the jigsaw.

We need to generate this sense of 'double devolution', bringing that individual insight, that human imprint, at all stages of development – across planning, commissioning, design and delivery.

So Putting People First isn't just about offering people choice at the end of the delivery chain. It's about input as much as output. The genuine power to influence change at every stage in the process.

Because what this does is really powerful. At a stroke, it destroys the old binary relationship that had built up between local services and individuals. A relationship that de-personalised services and turned people into passive recipients, rather than active participants in their own care.

In the past, we tended to 'do' things to people, rather than doing things with them and for them.

As the excellent paper that SCIE and Queen Mary University are publishing today puts it, the old system saw care professionals as "fixers who focus on problems". A phrase which makes care workers sound like plumbers – and by association, suggests the people they serve are leaky taps rather than human beings.

Co-production changes all this. It makes the system more efficient, more effective and more responsive to community needs.

More importantly, it makes social care altogether more humane, more trustworthy, more valued – and altogether more transforming for those who use it.

More transforming for the man with the whippet and for the six million carers in our society.

More transforming for the 20 million-odd volunteers – a huge untapped source of social capital and community renewal.

And more transforming for the workforce of today, and the care users of tomorrow who we need to engage now to plan effective services for the future.

## **Conclusion**

There's huge consensus on this point and real commitment to make it happen.

The great thing is we now can. It's within our grasp. The advice, the tools, the resources, the money – it's all there to make it happen.

So let's press ahead. Let's build on the great work underway. And let's make sure the vision of Putting People First takes real shape – not just in some areas, but all areas; and not just partially, but completely.

That's our challenge, and I look forward to working with you to make it happen. Thank you very much.