



NCF 5th Annual Lecture
Making a reality of personalisation
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Delivered by
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Thank you, Andrew, and may I say what a privilege it is to have been invited to present this lecture this evening. We journalists are rarely accorded such an honour – indeed the public standing of our profession, or trade as I prefer to regard it, tends to be dismayingly low.

As the writer Norman Mailer put it: “If a person is not talented enough to be a novelist, not smart enough to be a lawyer, and his hands are too shaky to perform an operation, he becomes a journalist.”

More recently, Piers Morgan – no Norman Mailer he, you may think, but none the less a former editor of the Daily Mirror – said: “Journalism is full of lying, cheating, drunken, cocaine-sniffing, unethical people. It’s wonderful profession.”

The annual Ipsos-Mori survey of the professions most trusted by the public has always put journalists at the bottom of the pile. Always, that is, until this year - our place in 2009 has been taken by – guess who? yes, politicians. When it comes to expenses, we journalists may by tradition have been creative, but we know when we have met our match.

So it’s not often that journalists find themselves asked to dispense wisdom. None the less, I do hope and believe that I may be able to bring you a useful (and perhaps rather different) perspective. I’ve been writing about social care, as part of my evolving role at the Guardian, for more than 20 years. And for almost all that time it’s been truly a Cinderella sector – despite its huge size, despite its crucial role in our economy and society, despite its importance to so many families, it has failed to command anything like a commensurate profile.

Why is that? Well, to explore it fully would probably require at least another lecture - if not a whole series. For now, though, we can just identify some of the factors: the low status and relatively poor rewards of social care work; the fractured nature of the sector, with some 35,000 employers and no strong central voice; the lack, until very recently, of any real political and policy focus; and, maybe most importantly, the reluctance on the part of wider society to face up to issues of ageing, disability, mental distress and substance misuse.

Unlike “schools and hospitals” – that political and media clarion call evoking emotions about services we are all comfortable discussing around

the dinner table, often it seems we talk of little else but schools - social care evokes uncomfortable anxieties, unsettles us and pricks our consciences. As they say these days, we'd rather not go there.

Suddenly, though, things have changed. Rather to its bewilderment, social care finds itself thrust centre stage and stands blinking in the spotlight. The reason? Well, partly of course it is the green paper on care and support, coupled with associated proposals from the two main political parties, reflecting the politicians' belated acceptance that somebody has got to do something about reform of a care funding system that is plainly not fit for purpose in the context of our ageing society.

It can only be a good thing to at last have front bench politicians trading blows over care funding, no matter how lacking their respective ideas for reform might be.

But more than funding, and more significantly in terms of policy and practice, social care finds itself in the vanguard of thinking and development of public services because of personalisation.

And this brings me to my theme this evening. Personalisation, given purest form in personal budgets but of course much more than that, is seen as a formula for the future of our public services as a whole - and social care finds itself cast as the laboratory within which the formula is being refined.

As Liam Byrne, chief secretary to the Treasury and the key thinker in government on public services reform, has said: "We must empower users of public services by ensuring they have the information and control to shape the services they want. And we must engender a new professionalism among providers, giving them the space, support and powers they need to lead reform from the frontline."

Byrne may of course not for much longer be in a position to do much empowering and engendering, but be under no illusion: this is an agenda that reaches across the political spectrum. I shall return to this shortly, but I think it's important to state it clearly upfront: personalisation is not something that is going to go away with any change of government.

What do the Conservatives say? They say this: "A Conservative government will look at ways of creating personalisation in health and social care and more patient power. In addition, we want to see much greater use of direct payments and individual budgets which give people real control over their care."

For social care to be in this pivotal position should, in my view, be a source of great excitement. As a journalist, it is certainly exciting that there is this focus on the sector and that there are some marvellous stories and talking points emerging from the personalisation agenda. But I also recognise that it is a source of great anxiety - anxiety for service users, most importantly, but also for service providers. And I recognise that anxiety and share it, not least in terms of expectations.

One of the greatest challenges we face, it seems to me, is to keep expectations realistic and in perspective, and to avoid at all costs the

personalisation agenda becoming discredited through building up hopes that cannot be fulfilled.

But I'm getting ahead of myself. Let me regain my thread. What I want to do this evening is address six points in respect of personalisation, where we've come from and where we are going.

First, I'll talk briefly about the roots of this thing we call personalisation. Then I'll give a brief appraisal of where things stand now. Third, I want to spend a little time considering what personalisation means in practice, and particularly how it can be effected in high-support settings. This is surely the most difficult task ahead. Fourth, I shall consider future prospects and fifth – well, no consideration of anything in public services at the moment can be complete without reflecting upon the coming public spending squeeze. Lastly, I shall hark back to the day job and talk about some of the communications challenges involved in the personalisation programme.

Yes – how do you explain to the Daily Mail that it is appropriate use of taxpayers' money to pay for a service user to join a dating agency?

A year ago at this event you heard from Larry Minnix, CEO of the American Association of Homes and Services for the Aging, who said, quite rightly, that we live in "transformational times". Times that are exposing old ways of working as inadequate; times that cry out for leadership to implement ideas for change. This is without doubt the case in public services here in the UK – even setting aside the public spending challenge, we stand at a generational watershed that means things cannot go on as they have hitherto.

This watershed is between the generations who have grown up with the welfare state - hugely grateful not just for free health care but for public services of any kind, undemanding and appreciative even of those "bog-standard comprehensives" made famous by Alastair Campbell - and the baby-boomer generations, accustomed to choice, rejecting the bog standard and expecting a quality service at their convenience - and prepared, if necessary, to pay extra for it.

There's a certain cynicism about choice, and maybe New Labour made too much of it. To be sure, it hasn't always delivered what people thought was promised, for example in choice of schools; it hasn't always proved successful, for example the choose and book scheme for hospital procedures; and it hasn't always been cost-effective, for example the independent sector treatment centres for NHS patients. But as a principle I believe it is the correct response to this generational and attitudinal change.

Crucially, choice is the mechanism for delivering the much-vaunted Copernican revolution whereby services are spun into orbit around the individual. It's a metaphor that Andy Burnham, the health secretary, used at the national adult and children's services conference in October, when he said: "Many people currently have to shape their lives around the care system, when it should be the other way round." Choice is therefore at the heart of personalisation, which has been defined by the prime minister's strategy unit as "the process by which services are tailored to

the needs and preferences of citizens. The overall vision," it went on, "is that the state should empower citizens to shape their own lives and the services they receive."

Now some would say that putting the individual first, and striving for self-determination, are values that have always been at the heart of good social work practice.

And the needs-led approach of the community care reforms of the early 1990s was specifically designed to ensure that individuals received tailored packages of care. (Whether it did, of course, is another matter.) So what's new? Well, to my mind it's the coming together of that professional tradition with the learning gained from the disability user movement – the struggle for independent living and direct payments.

Last year I had the pleasure of interviewing John Evans, the first person to move out of a care home with local authority funding, something that at that time was technically *ultra vires*. Evans and three other residents of the Le Court Cheshire Home in Hampshire had in 1979 formed a committee they called Project 81, intending that they should all be living independently by 1981, the United Nations International Year of Disabled People. In the event, it took until 1983 for Evans to make the breakthrough. But a remarkable and historic breakthrough it was – facilitated, it must never be forgotten, not only by Hampshire council but also by the Leonard Cheshire charity itself – because it proved that disabled people could have choice *and control*.

It is this combination of choice and control that makes personalisation a distinctive agenda. The social enterprise In Control, which has driven the development of personal budgets, grew very much out of the independent living movement. Indeed, Simon Duffy, its founder, used to talk about helping people "escape" from residential settings. But you don't have to go along with that to buy into personalisation. Indeed, Charlie Leadbeater, the innovator and author of an influential report on personalisation in 2004, argued that public services could be personalised at five different levels, ranging from simply providing people with customer-friendly versions of existing services to a truly equal partnership of service provider and service user, embracing co-design and co-production of services.

Leadbeater is a passionate advocate of personal budgets, but also a realist. As he says: "Forcing everyone to be independent commissioners of services goes against the grain of personalisation: some people will want to choose traditional services they are familiar with."

Let me move on to where we are now with personalisation. It was Putting People First, the concordat unveiled in 2007, that introduced the concept of personalisation into adult social care and put the sector in the vanguard of public services reform. Calling for system-wide transformation in every local authority in England in just three years, it was always an immensely ambitious vision and now, more than half way through that period, it's clear that progress is patchy and the goal will not be achieved in anything

like that time frame.

Some local authorities have gone a long way towards transformation. In Manchester, for example, some 5,000 people now have allocated personal budgets and every new adult social care client receives one as a matter of course. But for every Manchester, or Oldham, or West Sussex, there is a council barely off the starting blocks. According to the Department of Health's recent publication, *Use of Resources in Adult Social Care*, just 3% of personal social services spending is going in direct payments to service users.

Why is this? Well you can blame problems sorting out the resource allocation system, the infamous RAS that sits at the heart of the personal budget process; or you can blame underdevelopment of the care market, so that the services people might want to choose are simply not available; and you can even blame reluctance on the part of professionals and local politicians. Anecdotally, I hear stories of councillors issuing explicit instructions that they do not want to see this agenda pushed this side of the local elections next May, lest it rock the boat.

But I think the single biggest factor holding back the transformation programme is people's lack of understanding and/or anxiety about what is involved. The need for methodical, patient support to lead people through this process has been massively underestimated. The so-called Ibsen evaluation of the 13 original pilots of what were then called individual budgets showed that much greater efforts were needed to support service users, particularly older people. Recent research by the Demos thinktank has underscored this: having surveyed service users in four local authority areas, it found that 62% knew nothing at all about personal budgets and another 20% very little. Among older people, as many as 92% knew nothing or very little. As Demos concludes: "There is a worrying lack of knowledge about what personal budgets are, and people will need considerable help to manage them and spend them."

The new so-called milestones for implementation of Putting People First are scaled down significantly, but none the less remain extremely testing. All councils to be offering personal budgets by next year; 30% of all adult social care service users to have a personal budget by April 2011; all new service users to be offered a budget as standard by April 2012. There may be more realism about, and there's no talk now of system-wide transformation in three years or, come to that, on any timescale, but the expected pace of change is still relentless.

You will have noticed that I have slipped into talking about personal budgets, having earlier been careful to make the point that personalisation is a much broader concept. Guilty as charged. The reality, though, as the Department of Health implicitly recognises, is that personal budgets are the only quantifiable measure of this thing that is otherwise described in somewhat abstract terms like choice and control.

Indeed, rather as we are all against sin, who could possibly not be in favour of personalisation? Choice, control, self-determination, inclusion, empowerment, person-centredness – these are all surely unexceptionable

concepts. But if we delve a little deeper in search of clues as to the practical application of these things, we do start to see a little more clarity.

The estimable Joseph Rowntree Foundation has just published the report of a research project exploring, as it says, the “voice, choice and control” of older people with high support needs. As part of this, it analysed what is understood by the term “independence”. Looking at the literature, it found that some interpretations take it pretty straightforwardly as a continued ability to look after yourself. Others infer that it implies mobility and access to the wider community. Others still, looking at the development of extra-care housing, suggest that it means having your own front door.

The JRF report takes the view that independence for older people is in fact *less* about doing things for yourself, and *more* about choice and control over any support or assistance that you need to go about your daily life. Although it is, candidly, fairly negative about residential care, and says the older people interviewed for the research did not think residential care could offer them control of their lives, it seems to me that this does start to offer some clues as to how personalisation might be realised – may already be being realised - in such settings.

The JRF report makes another important point, too. This agenda for change, it says, is not just about dignity and respect, vital as they are. This agenda is about much more – about rights, about citizenship, about personal identity and self-expression. And these qualities must be recognised just as much in high-needs contexts as in supporting people with lesser needs to continue living in their own homes.

It won't be easy, far from it, but you can hardly pretend that a change programme is universal if it turns a blind eye to 400,000 people in residential settings.

I said I would do a little crystal ball gazing, and hazard a guess at where all this is leading. As I observed earlier, be under no illusion that you will wake up on, let us say, May 7 next year and discover that it has all gone out of the door with a departing government. Personalisation, and personal budgets in particular, rings all kinds of bells for the Conservatives (and for that matter, the LibDems). Devolving responsibility to the individual, cutting out the management bureaucrat, fostering choice, stimulating the market, saving money. Ah yes – savings. Early evidence from the first personal budgets was that some people underspent their allocations, sometimes by as much as 45%. This is far from conclusive, however, and there is the countervailing possibility that the appeal of personal budgets will bring forward fresh demand for care and support from people who, while eligible, do not currently access services.

None the less, there are sufficient signs of potential net savings to the public purse to make Treasury ministers and shadow ministers very interested indeed in the personalisation drive – not just in social care, but in health, where pilot schemes are now getting under way, in services for

disabled children, in youth services, in ex-offender support and so on, and so on.

A lot of eyes are on social care and a lot is being expected of it. But to deliver, it is going to need some help. Let me identify just three things that will need to change.

First, we are going to need to see substantial development of available services to support the choices of anything like 30% of all service users.

That Demos report I mentioned suggests that there will be large increases in demand for personal assistants, day care, education and leisure services, and that local authorities will have to take measures to stimulate the market. Talking to one London borough the other day, it emerged that one of the biggest unmet needs on their patch was toenail cutting. Second, we shall need to revisit risk and regulation. Plainly, both the current system of controls and performance monitoring, and prevailing attitudes towards what service users should be allowed to do for themselves, are incompatible with the developing culture. To take just one example: local authorities are required to complete assessments of potential service users within eight days. But using self-assessment techniques, as is encouraged under personalisation, will very often take longer.

The third thing that needs to change is involvement of the voluntary sector - there needs to be much more of it. This agenda is something that local government cannot deliver on its own. Nor should it. This is territory crying out for a much more active role for not-for-profit organisations: in providing care and support services in anticipation of demand, yes, but also in working with service users and their families as advisers, advocates and brokers. Large corporates are not going to find this friendly terrain; they are not flexible and nimble enough, nor trusted enough. There is not just a golden opportunity here for the so-called third sector, but an absolute imperative to take a lead.

Two more stops now, and then we're at the terminus. A few words about the public spending outlook and a quick reflection on the PR and communications challenge - I'm not sure which is tougher.

Funding first. Part of the problem conveying vision and innovation in social care is that the sector can often seem preoccupied with money. We have seen that again in the care and support green paper - it was called Shaping the Future of Care Together, but it was dominated by future funding options. But as we emerge from the longest recession for at least 50 years, with government borrowing scheduled to hit £175bn this year, you cannot pretend that the personalisation drive will be insulated from the chill winds of spending cuts.

We have all heard stories of local authorities planning to take 10%, 20% - more - out of their spending. One, I have heard, is working on taking out 36%, albeit to reinvest much of that in different services. That Department of Health publication, Use of Resources in Adult Social Care,

famously suggests that good practice might be spending no more than 40% of budgets on what it calls institutional care. Some councils may currently be spending almost twice as much. There's seemingly great scope for reinvestment, in more personalised services, then, but frankly it's hard to see a way through the coming years of funding famine without finally getting true pooling of health and social care spending.

The Total Place pilots, of which you may have heard, do offer some encouragement that, at last, local agencies can get round the table and discuss more rational ways of using public money. Less duplication, more prevention, more invest-to-save. But we've seen in the past week or so just how difficult it is to take funds from health and switch them to preventive social care: the government's move to use £60m of NHS research and development money to help pay for its free domiciliary care initiative has sparked a furious and well-orchestrated backlash.

Moreover, the Conservatives' commitment to a moratorium on any closure or merger of hospital services represents a huge impediment to the kind of funding flexibility we are going to need. And rather like David Cameron's previous cast-iron guarantee, it is very likely to prove a commitment that causes him major problems if and when it is abandoned in government.

But as I said, if the public spending challenge is tough, selling the message of personalisation may be even tougher. You might expect me to say this as a journalist, but successful communication is going to be key to success – communication not just through the media, old and new, but also direct to service providers, to professionals, to politicians, above all to service users. As I have sought to indicate, this has not happened effectively enough to date.

There will, I am afraid, be tabloid outrage that will have to be worked through. People using personal budgets to buy cars, join gym clubs, go on beach holidays will inevitably spark controversy while that kind of thing remains a novelty. But the debate is no bad thing: the case of the 'scandal' of the Rochdale football season ticket, bought with a personal budget as a cheap form of respite care, showed that the public can, and do, 'get it' when the facts are laid before them.

We shall come through that. More fundamental, I believe, is the communications challenge of addressing people's anxiety about change, about what personalisation means, about the individual (with support) taking responsibility and risk. Unless and until we confront that anxiety, and start to offer convincing reassurance to service users and their families, we are unlikely to make substantial progress.

What I have tried to do this evening is what you would expect of a reporter: offer a balanced view of personalisation. On the one hand, I see it as very much work in progress: a certain lack of definition, patchy implementation so far, much to do to make it a general reality.

On the other hand, I wouldn't want to leave you thinking I did not share some of the excitement that comes with seeing personalisation put

successfully into practice, or some of the satisfaction at seeing social care in the forefront of what is a potential revolution how we think about and organise our public services.

This year has sadly seen the death of Peter Townsend, one of the great sociologists. Fifty years ago, he personally visited 173 care homes and other institutions for older people and meticulously catalogued his findings in his seminal book, *The Last Refuge*. Recently, a team of researchers from the Open University and Bristol University has discovered that 37 of the homes are still providing residential care and has made some then-and-now comparisons. Commenting on photographs of one, the team notes: "One striking piece of evidence is that the modern bedroom, though personalised and comfortable, nevertheless is in fact more clinical and medicalised than some of the more homely bedrooms visited by Townsend in 1958/59."

I think there's a lesson in this for us all to reflect upon. When it comes to it, personalisation may be less about discovering the new than rediscovering some of the old. For all the fine talk about empowerment, inclusion and self-determination, in the end it comes down to things like choosing when to get up and what to wear, like controlling your daily activities, like homeliness.

Thank you very much.

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