

You are here: > [Home](#) > [Health & Social Care](#) > [Adult Social Care](#) > [Adult Social Care Commissioning](#) > National Context

The Think Local and Act Personal Paper 2012

The Think Local and Act Personal Paper, released in October 2012, placed significant emphasis on evidence that suggested interventions which increase people's support networks and social networks reduces illness and death rates. Through the delivery of the plans set out in our Better Care Fund submission, we will be working to expand and develop community capacity within Peterborough. Specifically the council will be working with partners, the local market and voluntary, community and social enterprising sector to build community capacity that delivers preventative services and an integrated approach to discharge planning and admission avoidance.

The role of able adults living the community is vital as they could provide valuable resource to develop the community capacity. The successful delivery of this work will be reliant on a redesign of services, which will be focused on achieving capacity within the system. This redesign will specifically include the expansion and development of community capacity and services that enable citizens to remain at or return home wherever and whenever possible.

Care Act 2014

Care Act 2014, was implemented in April 2015. The Act includes: a new general duty to promote 'individual well-being'; a new national criteria for determining adults' eligibility for services; and more stringent statutory safeguarding policies, processes and procedures to protect people from abuse or neglect. Specifically, for the adult social care market in Peterborough, this Act has the following impact:

- > Carers will be recognised in law, in the same way as those they care for, putting carers on an equal legal footing and putting their needs at the centre of the legislation;
- > Duty on the council to ensure 'sustainability' in the market and to have contingency plans in place for provider failure;
- > Self-funders and others are better able to plan ahead for long-term care and to make fully informed choices about who will provide their care; and
- > A national 'deferred payment' loan scheme for people moving into residential care.

Personal Health Budgets

From April 2014, individuals with Continuing Health Care needs had the opportunity to request a Personal Health Budget. This led to a greater demand for services to support and facilitate the uptake of individual budgets. With a potential cohort of 360 individuals seeking greater choice and control there was a need for the market to offer services that supported the individual in support planning, brokering their own services and managing their own money and spending.

Local organisations need to develop their capacity to offer Individual Service Funds (ISFs) and this may require care organisations to diversify in offering greater management and administrative support to the individual receiving their care services.

Such demands from the local market could also encourage more collaborative working between organisations to offer the customer a more holistic service. From October 2014 those who had the opportunity for a Personal Health Budget if eligible for Continuing Care had the right to "choose" one thereby placing a need for support services within the marketplace. This change will lead to a wider recognition of entitlement and the level of support available to patients, service users and carers. The balance of power will be shifted towards individual choice, control and person-centred services.

