



Health Overview and Scrutiny Committee

23 April 2014

Report of the Assistant Director Governance and ICT

Final Report – Personalisation Scrutiny Review

Summary

1. This report sets out the findings and recommendations of the Personalisation Scrutiny Review Task Group.

Background

2. The idea of doing some work around Personalisation had been an ongoing aim of the Health Overview and Scrutiny Committee for some time, issues around take up and administration of personal budgets having been raised on several occasions at various meetings of the Committee. The topic was put forward as a suggestion at the Scrutiny Work Planning event in May 2012.
3. The Health Overview and Scrutiny Committee considered a briefing note on this topic at their meeting on 23 July 2012. This is attached at **Annex A** to this report. They chose to proceed with the review and appointed a three member Task Group¹ to undertake the work. Their first task was to set a remit for the work.
4. The Task Group met to set a remit on 13 November 2012. To assist them they invited the Assistant Director of Assessment and Safeguarding and the Group Manager at City of York Council, Councillor Jeffries as Co-Chair of the Independent Living Network and the Chief Executive at York Mind to the meeting.
5. The Task Group again considered the information at **Annex A** and also some additional information from the Assistant Director of Assessment and Safeguarding as follows:
 - Think Local Act Personal – *Making it Real* (marking progress towards personalised, community-based support) – **Annex B**

¹ The Task Group comprised of Councillors Funnell (Chair), Doughty and Cuthbertson

- Think Local Act Personal – Making sure personal budgets work for older people – **Annex C**
6. These documents are part of the Think Local Act Personal programme which is a sector wide commitment to transform adult social care through personalisation and community based support. Among other things it provides statements about what should be in place to make personalisation work. York is not currently signed up to the programme but has committed to work towards the same goals.
 7. The Task Group and other invitees discussed this information, in particular that the main premise of *Making it Real* was co-production². They particularly highlighted the ten markers set out on page 5 of **Annex B** and were especially glad to note that while York was not formally signed up to the *Making it Real* Programme it was still committed to delivering on the ten markers.
 8. It was acknowledged that there was a need to change the way services were delivered and communities and individuals needed to be much more involved in deciding what was best for them. A significant number of people were now living with long term conditions and at the moment much of the energy and spend was channelled into the medicine linked with these rather than into social care/living.
 9. The Task Group felt that any remit needed to explore how well personalisation was being rolled out in York, what was working, what was not working and what an individual's experiences were. They also acknowledged that personalisation was a very wide reaching agenda with many strands; it was not just about personal budgets. It included:
 - Information and advice (having the information I need when I need it)
 - Active and supportive communities (keeping friend, family and place)
 - Flexible integrated care and support (my support, my own way)
 - Workforce (my support staff)
 - Risk enablement (feeling in control and safe)
 - Personal budgets and self funding (my money)
 10. Taking all information to date into consideration the Task Group set the following remit:

² Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change.

Aim

11. To review, with key partners in the city, areas of strength and areas for development around Personalisation to enable people to exercise as much choice and control over their lives as possible.

Key Objectives

- i. To bring together residents and service and support providers, in a workshop environment, to identify the areas of strength and weakness in City of York Council's current approach to personalisation
 - ii. And from the above to ultimately identify key priorities for the city around Personalisation to make improvements on.
12. This remit was subsequently reported back to and agreed by the Health Overview and Scrutiny Committee at their meeting on 19th December 2012. The Task Group's request to use an independent facilitator to help them with this review, particularly in terms of planning and running the workshop mentioned in key objective (i) of the remit was also approved.³

Setting the Scene

What is Personalisation?

13. The Community Care website⁴ describes personalisation as being a social care approach defined by the Department of Health as meaning that "every person who received support, whether provided by statutory services or funded by themselves, will have choice and control over the shape of that support in all care setting"
14. While it is often associated with direct payments and personal budgets, under which service users can choose the services that they receive, personalisation is also about ensuring that services are tailored to the needs of every individual, rather than delivered in a one size fits all fashion.
15. It also encompasses the provision of improved information and advice on care and support for families, investment in preventative services to reduce or delay people's need for care and the promotion of independence and self-reliance among individuals and communities. As such, personalisation has significant implications for everyone involved in

⁴ www.CommunityCare.co.uk

the social care sector. It was pointed out, however, that take up of personal budgets is particularly low in mental health services, where most of the budgets are invested in in-house services or residential care.

16. The Task Group initially spoke about what they ultimately hoped to achieve from this review and responses included transformation of service delivery, to push personalisation and what it can offer to those with mental health issues, improvements for the residents of the city, a multi-disciplinary and partnership approach to service delivery, creative and innovative ways of working, establishing a solid base to work from and build upon, finding a common language and joining things up to provide a seamless service, maximising the choice and control York residents have over their lives in a challenging financial environment and to help people to understand that personalisation is not just about direct payments. This means that personal budget holders have control over the way their money is spent, so they can plan their own lives but still receive the support they need to manage their money and decide how best they can live their lives

Achieving the Objectives

17. The Task Group set about the work of achieving its stated objectives, firstly it considered how to meet the first objective:

‘To bring together residents and service and support providers, in a workshop environment, to identify the areas of strength and weakness in City of York Council’s current approach to personalisation’

The Group chose to bring all these people together in two workshops for the dual purpose of ‘bringing people with common interests together’ and to help identify what was good and bad in our current approach. They met on 17 January 2013 to plan these workshops with the involvement of the following:

- Councillor Jeffries – Co-Chair of the Independent Living Network
- David Smith – Former Chief Executive York Mind
- George Wood – York Old People’s Assembly
- Siân Balsom – HealthWatch York
- Tricia Nicoll – Independent facilitator

18. The independent facilitator appointed for the workshops suggested that the themes the Task Group had identified complemented the markers for change set out within the *Making it Real* document at **Annex B** to this

report and it was agreed that she would develop a workshop using the key themes and criteria from this document.

19. Further discussion led to the suggestion that two shorter workshops at different times of the day might be more suitable and maximise attendance. These were subsequently arranged for 1pm to 3pm and 4.30pm to 6.30pm on Tuesday 23rd April 2013 and were held at the Council's Headquarters at West Offices.

The Workshops

20. The notes from both workshops are attached at **Annex D** and these set out clearly how the workshops were conducted around the *Making It Real* themes and identified what was working well and what not. It should always be remembered that the workshops were averagely well to poorly attended and therefore were not necessarily a truly representative sample of opinion on the success of personal budgets: Nonetheless, these workshops provided an opportunity for people using the services and for family carers in York to share their experiences.
21. Discussions at the workshops took place around 6 categories:
 - (1) Information;
 - (2) Community;
 - (3) Choosing my support;
 - (4) Support staff;
 - (5) Feeling in control & safe; and
 - (6) Money

The workshop sessions included small groups considering these themes and recording what was working well in York and what was not working so well. These revealed:

- i) Information
 - Working well - 8 comments. Community facilitators were said to be a good source of information as were other service users
 - Not working well - 24 comments. There was concern about how to get information on little things, such as putting on a coat.

Access to information was said to be limited and there was a need to know where to look for information.

ii) Community

- Working well - 10 comments. People said they were able to live independently with access to family and friends. They had a feeling of being in control
- Not working well - 15 comments. There were feelings of social isolation, not helped by “poor” transport links. While peer support was valuable it was not enough and more needed to be done by community networks. There was also concern that not enough was being done to open up employment opportunities.

iii) Choosing my support

- Working well - 12 comments. This was said to be a good way to promote a sense of value. People liked the idea of being in control of their support.
- Not working well - 21 comments. There were concerns as to whether the service was flexible enough. The process of getting support was frustrating and challenging and would only work with the support of family and friends. It was felt there was too much pressure on care managers to work quickly rather than well. Participants reported a specific issue in mental health services with people not being offered the opportunity to know their personal budget.

iv) Support staff

- Working well - 6 comments. Staff employed directly were more flexible and the Independent Living Scheme helped get support as and when needed.
- Not working well - 9 comments. The most critical comment was “Washed ... Fed ... You’re done!” Older people felt constrained by the shift patterns of home care staff. Peer support was said to be lacking in York while there was little support on employment issues.

v) Feeling in control and safe

- Working well - 3 comments. Being in control was said to be about being ordinary and sometimes things did no wrong.
- Not working well - 10 comments. Some said they did not feel safe in their community. A lack of control over shared spaces in residential care meant not feeling at home.

iv) Money

- Working well - 2 comments. It gave people independence over their budgets.
- Not working well - 18 comments. There was a feeling this was a fight, not a right. There were concerns about contributions to budgets and that debts were not taken into account. Some were worried that the service was not flexible enough to respond to changes in buying services and that block contracts were too rigid.

22. At the end of each workshop, participants were asked to suggest what needed to change to make things better and this is what the majority concluded:

- That care managers be kept up to date with personal budgets and they are allowed responsibility and flexibility;
- A need for more investment in and training for support staff;
- An honest, open assessment process that people understood;
- More creative use of volunteers to tackle social isolation;
- Ensuring social services staff understood about Personalisation;
- That care agencies should be given contracts based on quality care, not just the cheapest;
- That information was accessible.

23. Having gathered some evidence from services users and carers and brought them together to share experiences, the Task Group then looked at other significant data to help it achieve its second objective:

‘to ultimately identify key priorities for the city around Personalisation to make improvements on.’

The POET Survey

24. The POET (Personal Outcomes and Evaluation Tool) survey was commissioned by City of York Council and carried out by In Control - a national charity which helps people to live the life they choose - to provide data collected from personal budget holders in the area. It compares numerical responses of personal budget holders to the survey in this area to those from other budget holders in other parts of England. The outcomes are attached at **Annex E** to this report.
25. Again, it should be noted that in total only 34 personal budget holders in the city completed the survey (200 people who had access to a personal budget to fund their social care support were contacted and invited to take part out of a total of 1,566 eligible in the city). So, it is difficult to argue with complete certainty that the responses given are truly representative of all personal budget holders in the area. Nonetheless, it is possible to identify some key learning points for the future. Equally, it is arguable that the low response rate to the survey and the workshops could reflect some concerns around 'accessibility to information' identified as a potential area of improvement through the workshops.
26. In the survey, the data attached for York is benchmarked against the responses of 1,114 personal budget holders throughout England.
27. It is clear to see that some similarities have emerged between York and national responses, e.g. the vast majority of personal budget holders both in York and nationally felt their views were very much or mostly included in their support plan and that people who felt their views were more fully included in their support plan were more likely to report positive outcomes across all 14 outcomes domains.
28. From the Poet Survey, the Task Group were able to identify the following trends for York personal budget holders:
 - At least 60% of personal budget holders in the City of York reported that their personal budget had made a positive difference to them in nine of the 14 outcome areas they were asked about - dignity in support, mental wellbeing, getting the support you need, feeling safe, staying independent, control of support, physical health, control of important things in life and relationships with paid support.
 - A majority of personal budget holders in the City of York reported that personal budgets had made no difference in four areas of life: getting a paid job, being part of local community, where or who you live with and

relationships with friends. However, generally less than 12% of personal budget holders in the City of York reported a negative impact of personal budgets in any of these areas of life.

- York was below the “made things better” national average in relationships with friends; relationships with family and dignity in support but above the national average in relationships with paid support; feeling safe; getting support; control of support; staying independent; control of important things and physical health.
- Just over two thirds of the personal budget recipients in York (68%) said they had been told the amount of money in their personal budget, a lower figure than personal budget holders in other parts of England (77%).

Other Information Gathered

29. The Task Group also received details of the Council’s public accessible leaflets ‘My Life My Choice’ explaining the personalisation approach in York.

http://www.york.gov.uk/site/scripts/google_results.aspx?q=my+life+my+choice+leaflets

30. Members were keen to establish whether the information the Council provided on personalisation was provided and presented in an appropriate way to the maximum benefit of service users and carers.
31. Pursuant to their concerns that the information should be presented in the right way, Members discussed keeping the language used as simple as possible and in that regard had reference to Social Care Jargon Buster, a summary of the 52 most commonly used social care words and phrases and what they mean, produced by the Social Care Institute for Excellence (**Annex F**).
32. At a Task Group meeting in September, Members noted that from the anecdotal evidence gathered, improvements to the Council’s care management culture and understanding were required. It was also apparent there are consistent issues with how Personalisation was working in mental health services.

Emerging Trends

33. From the survey it is evident that:

- A majority of personal budget holders in York felt the Council had made things easy for them in six of the nine aspects of the personal budget process in the survey - getting advice and support, assessing needs, understanding restrictions, control of money, planning and managing support, and making views known and making a complaint.
- As was the case nationally, the areas that York respondents were least likely to report as easy was choosing different services.
- In only one of the nine areas - getting the support wanted - were personal budget holders in York less likely than people elsewhere to report that the Council made the process easy.
- In some areas York had both a higher number of people reporting good outcomes and a higher number reporting a worse outcome, suggesting that we have some good practice, but this is not consistent i.e. Easy to complain *and* difficult to complain; Easy to plan and manage support *and* difficult to plan and manage support

34. From the workshops held, the majority of attendees expressed concerns around the following:

- That care managers be kept up to date with personal budgets and they are allowed responsibility and flexibility;
- A need for more investment in and training for support staff;
- An honest, open assessment process that people understood;
- More creative use of volunteers to tackle social isolation;
- Ensuring social services staff understood about Personalisation;
- That care agencies should be given contracts based on quality care, not just the cheapest;
- That information was accessible.

35. In relation to the following:

- Ensuring social services staff understood about Personalisation;
- That information was accessible

The Task Group has looked at the information provided on its website by the Council and at the Social Care Jargon Buster as identified in paragraph 31 above.

Consultation

36. As part of its review to date, the Task Group has ensured that it has co-opted a wide range of organisations to widen its understanding of the impact of the personalisation agenda and to secure the widest possible consultation and views. As can be evidenced by the Workshops set out in paragraphs 19-22 above, the Task Group undertook further detailed consultation of service users and carers.

Analysis

37. At its meeting in November 2013, the Task Group agreed that the three key emerging priorities under Objective ii) of its remit were:

- a need for better engagement with service users as evidenced by the low turnout at the workshops and the lack of cohesive stories about what was working well.
- a need to improve the Council's care management culture and consultation as evidenced anecdotally from the workshops (see paragraph 22).
- from anecdotal evidence there is a need to review the Council's existing arrangements relating to the provision of mental health support.

Further consultation

38. Having identified the above three priority improvement areas, the Task Group were offered the opportunity to work with In Control to help establish these priority areas and clarify any implications associated with them. Caroline Tomlinson from In Control attended a Task Group meeting on 13 February 2014 to give some indication of what support

they can offer the Council in any of the three identified priority areas.

39. At the meeting the Task Group again considered evidence gathered at the workshops, paragraphs 19-21 above, concentrating on the positive and negative responses from those who took part. They considered that when the responses were pulled together in two columns they told a more comprehensive story:

Positives

- Community Facilitators
- Living independently with access to family and friends
- A feeling of being in control
- Being in control of their support
- Staff employed directly were more flexible
- Independent Living Scheme helped get support as and when needed
- Being in control is about being ordinary and yes sometimes things did go wrong
- Independence over their budgets

Negatives

- Access to information limited - need to know where to look for information
- Feelings of social isolation - not helped by poor transport links
- Peer support was valuable but not enough - more needed to be done by community networks
- Not enough being done to open up employment opportunities
- Process of getting support was frustrating and challenging and would only work with the support of family and friends
- Too much pressure on care managers to work quickly rather than well
- Older people felt constrained by the shift patterns of home care staff
Some people did not feel safe in their community
- Lack of control over shared spaces in residential care meant not feeling at home
- A feeling that money was a fight not a right
- Concerns about contributions to budgets and that debts were not taken into account
- Services not flexible enough to respond to changes in buying services
- block contracts were too rigid.

40. Members felt there was a need to clarify that personalisation was more than personal budgets. Things that improved people's lives, such as friendships and not feeling isolated, did not require funding and the

community can play an important role in improving outcomes. These could be achieved by neighbourhoods providing informal support, or with the support of Churches, schools, community organisations and community groups.

41. In Control noted that while people contributing to the workshops were not significant in terms of numbers, the quality of the information was excellent. However, engagement with local people was a key issue and there was a need to talk to them in a language they can understand.
42. Social isolation was a problem that could not be solved by personalisation but it could be improved by community involvement. The Task Group accepted there was a need to encourage people in the community to look after each other, that being in the company of others and eating with others is important. There was a need to develop community resilience and building stronger communities.
43. In Control considered that the Transformation Programme, in which health and social care partners work together to increase quality and innovation, shared the key emerging priorities identified in paragraph 37, ie:
 - Early Intervention and Community Resilience – that there should be co-production, co-design and co-delivery of services and co-decision making;
 - Support Planning – looking at further innovations to deliver cohesive support plans;
 - Mental Health Services – the creation of more local community opportunities.
44. In Control stressed the importance of support planning and gave an example of how by going into the community to ask people to be carers, using a citizen leadership approach, local people had been trained to do good quality support plans.
45. In regard to mental health services In Control suggested developing a Shared Lives Scheme which could provide an alternative to current day support.
46. In York there was a need to refocus the way residents are supported and to look at bringing together neighbourhood care teams.

Options

47. The Committee can either endorse the recommendations of the Task Group in relation to its personalisation review or it can consider whether there are any issues it would wish the Task Group to look into further, prior to progressing this draft final report to Cabinet. The Task Group has, however, been undertaking its review for some time and felt that it had achieved as much as it could bearing in mind the remit and the contributions at its last meeting from In Control.

Conclusions

48. At their meeting on 23 April 2014 the Committee found it was unable to properly scrutinise the implementation of personalisation in York and upon reflection felt it should have been more specific in its original objectives.
49. Within its limited investigations, the Committee acknowledged that there may need to be disinvestment in existing provision to enable resources to be available to fund personalisation.
50. The Committee acknowledged a need for cultural change amongst professionals within the organisations providing services.
51. From the information gathered it was clear that increasing engagement with personalisation participants was a priority.
52. The need for better engagement with service users was evidenced by the low turnout at the workshop events organised in April.
53. However, even though the number of people at the workshops was low, several conclusions emerged that are identified in paragraph 22.
54. During the workshops concerns were expressed about the provision of information and the language used, a view shared by Task Group Members, as detailed in paragraph 31. The Task Group agreed there was a need to look at how the Council communicates with service users and carers.
55. The Task Group recognised that people who took part in the workshops concluded there was a need for an open assessment process that

people understood.

56. There are specific issues in mental health services, where people appear not to be able to find out their indicative budget. The Task Group considered it was apparent there were consistent issues with how Personalisation was working in mental health services.
57. In Control concluded, having considered the evidence above, that York was typical of a local authority doing some things well but noted that there were areas where improvements could and should be made. This applied particularly to mental health services.

Review Recommendations

58. Having taken into account the evidence above and the key priorities identified in paragraph 37, as endorsed by In Control, paragraph 41, the Task Group recommended:
 - i. That the language used in leaflets, literature, and all correspondence relating to personalisation is reviewed and simplified.
 - ii. That the Council improves and simplifies its communications with customers at each stage of the process to ensure that co-production underpins the approach
 - iii. That the Council investigate how to provide better training and support services to enable people to manage their cash budgets.
 - iv. Examine how the care management culture can be complemented by one of enablement and co production where individuals and families are better able to make their own decisions about their care and support needs as well as in managing their cash budgets.
 - v. That the Council should consider what improvements could be made to the assessment process to ensure customers are satisfied their needs are fully discussed and support plans are accurately implemented.

Specific Recommendations for future work on Personalisation

- a. That the topic of Personalisation be revisited in the future with a refined remit looking at how resources can be disinvested before

they can be reinvested.

- b. That Health OSC be asked to consider carrying out a scrutiny review in relation to mental health services and commissioning as contracts are being reviewed. The learning from this more focused review can be shared across all personalisation services.

Reason: To enable the review to proceed in accordance with scrutiny processes.

Council Plan

59. This review is directly linked to the Protect Vulnerable People element of the Council Plan 2011-2015.

Implications

60. The Task Group has drafted its recommendations to reflect, appropriately, the need for review or assessment in places. There may well be some minor cost implications for instance with reviewing literature provided to improve customer understanding of the language presently used around personalisation. The Task Group recognised that this Committee would monitor the implementation of any recommendations agreed by Cabinet, which, in turn, would mean that any further implications arising from implementation would be picked up and addressed. The implications identified so far in relation to specific recommendations are:
 - i. To be included in business plan for 2014-5 but there may be some cost implications
 - ii. To be addressed as part of Re-wiring of Public Services programme
 - iii. Can be looked at as part of Re-wiring Programme, but there may be financial implications
 - iv. Support planning training is now being developed, within current budgets
 - v. New approaches to assessment will need to be considered as part of the Re-wiring Programme.

Risk Management

61. Whilst the Task Group did not identify any specific risks associated with its recommendations, it did consider there was a pressing need to review some of the Council's arrangements around personalisation. It felt there was a greater risk in demystifying personalisation and the benefits of this approach to the wider community, if it did nothing and made no recommendations.

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**Report
Approved**



Date 03/04/2014

Wards Affected:

All

For further information please contact the authors of the report

Background Papers: None

Annexes

Annex A: Briefing paper for Personalisation topic

Annex B: Think Local Act Personal – Making It Real

Annex C: Think Local Act Personal – Making sure personal budgets work for older people

Annex D: Summary of Personalisation workshops

Annex E: Poets Survey

Annex F: Social Care Jargon Buster