



**Notice of a public meeting of
Personalisation Scrutiny Review Task Group**

To: Councillors Funnell (Chair), Doughty and Jeffries
Date: Wednesday, 18 September 2013
Time: 4.00 pm
Venue: The King Richard III Room (GO49) - West Offices

AGENDA

1. Declarations of Interest

At this point in the meeting, Members are asked to declare:

- any personal interests not included on the Register of Interests
- any prejudicial interests or
- any disclosable pecuniary interests

which they may have in respect of business on this agenda.

2. Public Participation

At this pointing the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering is **5:00pm on Tuesday 17th September 2013.**

**3. Draft Interim Report - Personalisation (Pages 3 - 64)
Scrutiny Review.**

This report sets out the findings to date and highlights some emerging trends arising from the personalisation scrutiny review, from which the Task Group is asked to begin formulating some recommendations.

4. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972

Democracy Officer:

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For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting:

- Registering to speak
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- Review existing policies and assist in the development of new ones, as necessary; and
- Monitor best value continuous service improvement plans

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Personalisation Task Group**18 September 2013**

Report of the Personalisation Scrutiny Review Task Group

Draft Interim Report – Personalisation Scrutiny Review**Summary**

1. This report sets out the findings to date and highlights some emerging trends arising from the review, from which the Task Group is asked to begin formulating some recommendations.

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:

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

- Think Local Act Personal – *Making it Real* (marking progress towards personalised, community-based support) – **Annex B**
 - 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)

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

- 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:

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.

Setting the Scene

What is Personalisation?

13. The Community Care website³ 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"

³ www.CommunityCare.co.uk

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. 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 the social care sector.'
15. 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

16. 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 – Chief Executive York Mind
 - George Wood – York Old People’s Assembly
 - Siân Balsom – York HealthWatch
 - Tricia Nicoll – Independent facilitator
17. 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.
18. 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

19. 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.
20. 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.

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 is a tool commissioned by City of York Council 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, eg 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**).

Emerging Trends

32. 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
33. 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.

In relation to the following:

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

Members have, so far, 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

34. 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.

Options

35. Members can choose to:
- (i) Advise Officers what additional information, if any, is now required in order to further evidence some emerging trends in relation to improving the Council's current approach to personalisation; or
 - (ii) Begin formulating some recommendations, identifying key priorities for the Council in dealing with and embedding the personalisation agenda within York.

Council Plan

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

Implications

37. Any implications associated with any recommendations that the Task Group chooses to make in some key priority areas for developing the Council's approach to personalisation will be identified in the Task Group's final report, once those recommendations have been formulated.

Risk Management

38. There are no risks associated with the recommendations in this interim report. However, any risks which may potentially arise from any recommendations to be made by the Task Group will be identified in the final report to Members.

Summary Conclusions To Date

39. 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.
40. Although the number of people at the workshops was low, several conclusions emerged that are identified in paragraph 22, which Members may wish to consider further when identifying priorities in the future.
41. Concerns were expressed about the provision of information and the language used.

Recommendations

42. The Task Group is asked to note the interim report and consider whether it is in a position to formulate some recommendations arising from the review or to identify what further information is now required to proceed.

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

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**Report
Approved**



Date 9 Sept 2013

Steve Entwistle
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Wards Affected:

All



For further information please contact the author 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

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Briefing paper for potential scrutiny topic - Personalisation

Health Overview and Scrutiny Committee 23rd July 2012

Background

Personalisation aims to shift to a position where as many people as possible are supported to stay healthy and actively involved in their communities for longer and for those that do need help to have maximum choice and control.

Putting People First looked at four elements: information and advice; prevention and early intervention; personal budgets and choice and control and market development.

Think Local Act Personal focuses on customer focused outcomes, lean processes, building community supports and increasing Direct Payments

What is already happening in York

Information and advice We are in the top quartile of outcome data for 2011-12, benchmarked with our regional and comparator authorities, on the proportion of people who use services and carers who say they find it easy to find information about services. We have increased capacity in our ACE Customer Contact Worker team and commissioned Age UK's First Call 50+ service. We have a web based self assessment tool for simple equipment and are developing our web based information.

Early intervention and prevention. Telecare use is increasing with 1800 people now using telecare sensors in their homes. Reablement home care has been provided since 2006 and the new provider is now increasing capacity. We are working with health colleagues to develop Neighborhood Care Teams to deliver more care in the community.

Personal budgets and increasing Direct payments We know we are not offering enough people a personal budget and we know that, as many other authorities, we have a low number of people who then choose to take a direct payment. However we are in the top quartile for customer reported outcomes for the proportion of people who use services who say they have control over their daily life. We are in the process of introducing a new Resource Allocation Tool to give people a clearer and more accurate idea of what resources they may have available to plan

their support. We are changing the way we show the costs of support for customers for whom we still commission support to be more like the personal accounts that people with Direct Payment use. Generally many customers still seem to prefer the Council to arrange their support so we need to find ways that allow more choice and control without people feeling burdened with the task. Take up of personal budgets is particularly low in mental health services, where most of our budgets are invested in in-house services or residential care.

Market development and building community capacity Council wide programmes such as the Ageing Well programme and Dementia Without Walls led by Joseph Rowntree Foundation are helping to identify what we can do as a city to support people live independently for longer. We have two part time Community Facilitator posts. We have supported the establishment of York Independent Living Network and an independent carers' centre and we have supported and encouraged collaborative working in the voluntary sector. We will introduce a regional e-market place website next year, to help people find and buy support.

Measuring customer outcomes We have not formally signed up to Making it Real, but will be using the markers to shape our Annual Account.

Lean processes Care management processes were reviewed and redesigned last year. This is broadly in line with the Think Local Act personal model for workflow with a focus on signposting and reablement. There is still work continuing to improve our workflows.

Value that Scrutiny might be able to offer

Exploring the barriers, or concerns, that discourage people from taking a Direct Payment. Are there other ways people would be able to take more control if they do not want a Direct Payment?

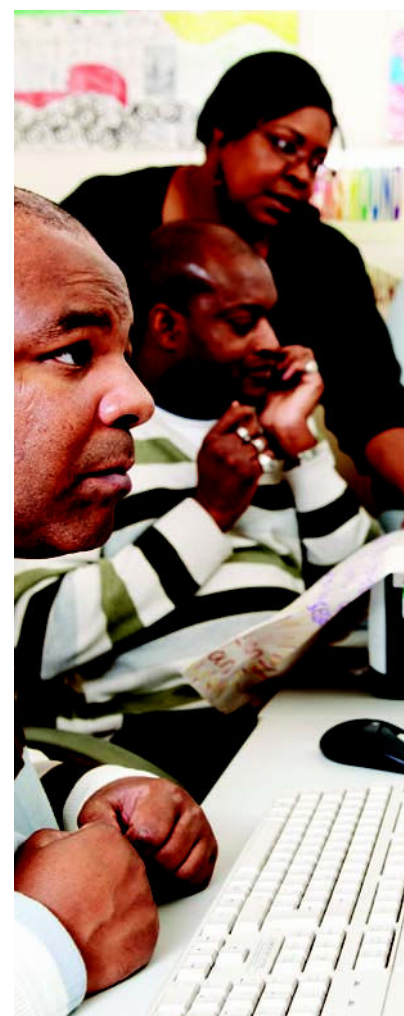
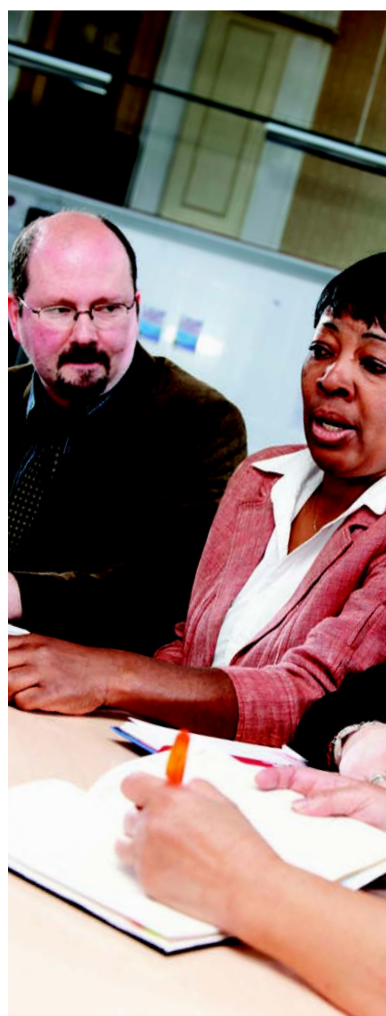
Are there ways we can develop a more personalised approach in mental health services when most of our resources are tied up and not available for use as Direct Payments.

Kathy Clark

Interim Assistant Director Assessment and Safeguarding

MAKING IT REAL

Marking progress towards personalised, community based support.



What is Making it Real?

“A truly honestly co-produced product – extremely good practice”

Bill Davidson member of the National Co-production Advisory Group and co-chair of Think Local Act Personal

Think Local Act Personal (TLAP) is the sector wide commitment to transform adult social care through personalisation and community-based support. It committed over 30 national organisations to work together and to develop, as one of the key priorities, a set of markers. These markers are being used to support all those working towards personalisation. This will help organisations check their progress and decide what they need to do to keep moving forward to deliver real change and positive outcomes with people.

The result is *Making it Real*, a framework developed by the whole Partnership, but very much led by members of the National Co-production Advisory Group, which is made up of people who use services and carers. This signals a new phase in which we use a citizen-focussed agenda to change the kind of information that the sector values, and the way in which we judge success.

Making it Real highlights the issues most important to the quality of people's lives. It helps the sector take responsibility for change and publicly share the progress being made.

Making it Real is built around “I” statements. These express what people want to see and experience; and what they would expect to find if personalisation is really working

well. We used these statements, for example, to guide our response to the government's *Caring for Our Future* White Paper and the members of our Partnership will use it to check their progress and guide their actions.

What it is not...

Making it Real is not a performance management tool. *Think Local Act Personal* is a voluntary movement for change – the sector taking on ownership and responsibility for personalisation. We think that councils and organisations will want to sign up to *Making It Real* as a way of helping them to check and build on their progress with personalisation, and also as a way of letting others know how they are

doing – especially their local community and the people they serve.

How will it help?

The markers are a practical tool grounded in the expectations of citizens that can be used to develop business or improvement plans, and can help with putting together local accounts from individual services to wider systems.

Using *Making it Real* means that councils, organisations and all partners can look at their current practice, identify areas for change and develop plans for action. It can be used by any organisation involved in providing care and support including councils, providers of home based support and those providing residential and nursing care.

Making it Real can also be used by people who use services and carers to check out how well their aspirations are being met. *Making it Real* supports co-production with local commissioners and providers.

Links with the work of our partners

We are very pleased that the Association of Directors of Adult Social Services (ADASS) and key national service provider groups have endorsed *Making it Real* as

part of their membership of the *Think Local, Act Personal* Partnership. They will be encouraging their own members to make good use of *Making it Real* in their work.

The Care Quality Commission have undertaken a mapping exercise to see how the markers fit with relevant essential standards of safety and quality.

The Towards Excellence in Adult Social Care programme and the ADASS personalisation policy network have both endorsed *Making it Real* and prioritised its implementation as part of their support for *Think Local Act Personal* in the regions. The Local Government Association Community Wellbeing Board have also signed up to *Making it Real*.

The Department of Health have also declared their intention that the work on *Making it Real* will complement and inform the development of their Outcomes Framework – ensuring that citizen experience and sector leadership is central.

Across the country, TLAP Partner organisations have led self-organised events and meetings to ensure that *Making it Real* is shared at a national, regional and local level. Strong connections with user led organisations, including the DPULO Ambassadors are being continuously developed to ensure *Making it Real* is fully co-produced.

What does it mean for you?

Following a short period of testing with different kinds of organisations from various parts of the sector, everyone involved in social care has been invited to:

- declare a commitment to use the markers, and to
- publicly share actions they will be taking to make progress towards achieving them.

A web-based process has been developed to enable organisations to publicly declare their commitment to Making it Real. This will also help them to co-produce action plans with people who use services, carers and citizens so that the delivery of personalisation in social care can be improved.

Not all the markers will be relevant to all, so organisations are encouraged to sign up to the ones that are the most meaningful for the people who use their services.

If you sign up to report on your action plan and progress, you will also be authorised to display the *Think Local, Act Personal* logo as a signal that you are fully committed to moving forward with personalisation.

What's next?

Since the official launch of Making it Real at Community Care Live in May 2012, organisations have been able to sign up and declare a commitment to personalising social care, and using Making it Real to report on the progress being made.

To get involved, register your details on the Making it Real website www.thinklocalactpersonal.org.uk/Browse/mir.

The website also includes a range of support materials, easy read and large print versions of documents, case studies, films and examples of Making it Real action plans.

What will happen to the information?

The key to *Making it Real* is that progress is reported publicly – most importantly for your local community and the people who use your services.

We will use this information and information from other sources to build a national picture of progress and the challenges requiring action.

For more information please visit:
www.thinklocalactpersonal.org.uk

Marking progress towards personalised, community-based support

To demonstrate commitment to personalisation and community based support, we invite councils, sector organisations and groups to sign up to *Think Local, Act Personal's Making it Real* markers. This means a commitment to:

- Ensuring people have *real* control over the resources used to secure care and support.
- Demonstrating the difference being made to someone's life through open, transparent and independent processes.
- Actively engaging local communities and partners, including people who use services and carers in the co-design, development, commissioning, delivery and review of local support.
- Ensuring that leaders at every level of the organisation work towards a genuine shift in attitudes and culture, as well as systems.
- Seeking solutions that actively plan to avoid or overcome crisis and focus on people within their natural communities, rather than inside service and organisational boundaries.
- Enabling people to develop networks of support in their local communities and to increase community connections.
- Taking time to listen to a person's own voice, particularly those whose views are not easily heard.
- Fully consider and understand the needs of families and carers when planning support and care, including young carers.
- Ensuring that support is culturally sensitive and relevant to diverse communities across age, gender, religion, race, sexual orientation and disability.
- Taking into account a person's whole life, including physical, mental, emotional and spiritual needs.

Marking Progress – Key Themes and Criteria

"I" statements include people who use services, including self-funders and carers.

1) Information and Advice: having the information I need, when I need it

"I have the information and support I need in order to remain as independent as possible."

"I have access to easy-to-understand information about care and support which is consistent, accurate, accessible and up to date."

"I can speak to people who know something about care and support and can make things happen."

"I have help to make informed choices if I need and want it."

"I know where to get information about what is going on in my community."

WHAT I WANT...

- Trusted information sources, are established and maintained that are accurate, free at the point of delivery, and linked to local and community information sources.
- Skilled and culturally sensitive advisory services are available to help people access support, and to think through support to think through their options and secure solutions.
- A range of information sources are made available to meet individual communication needs, including the use of interactive technology which encourage an active dialogue and empower individuals to make their own choices.
- Local advice and support includes user led organisations, disabled people's and carer's organisations, self advocacy and peer support.
- Local, consistent information and support that relates to legislation around recruitment, employment and management of personal assistants and other personal staff is available.

IN PRACTICE...

WHAT I WANT...

2) Active and supportive communities: keeping friends, family and place

"I have access to a range of support that helps me to live the life I want and remain a contributing member of my community."

"I have a network of people who support me – carers, family, friends, community and if needed paid support staff."

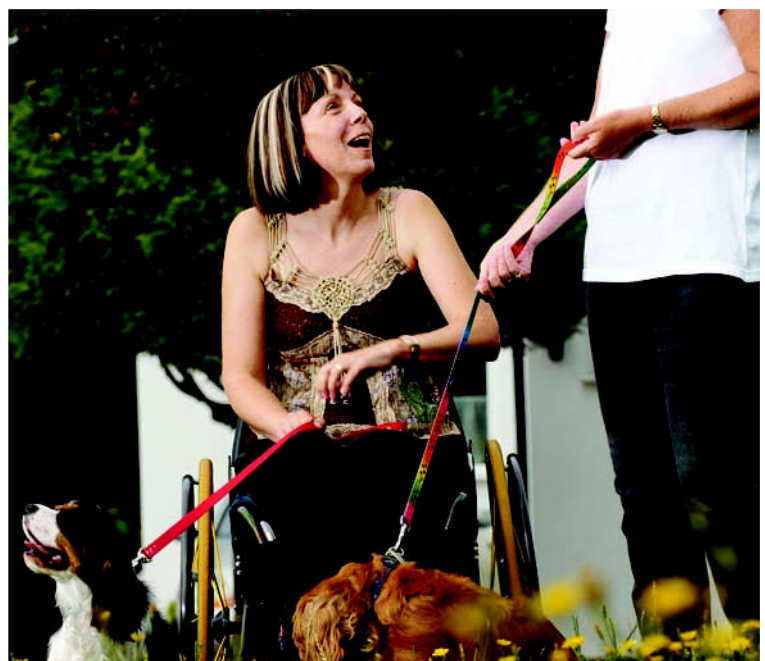
"I have opportunities to train, study, work or engage in activities that match my interests, skills, abilities."

"I feel welcomed and included in my local community."

"I feel valued for the contribution that I can make to my community."

- People are supported to access a range of networks, relationships and activities to maximise independence, health and well-being and community connections (including public health).
- There is investment in community activity and community based care and support which involves and is contributed to by people who use services, their families and carers.
- Effective programmes are available that maximise people's health and well-being and enable them to recover and stay well.
- Longer term community support and not just immediate crisis is considered and planned for. A shift in resources towards supportive community activity is apparent.
- Systems and organisational culture support both people and carers to achieve and sustain employment if they are able to work.

IN PRACTICE...



3) Flexible integrated care and support: my support, my own way

"I am in control of planning my care and support."

"I have care and support that is directed by me and responsive to my needs."

"My support is coordinated, co-operative and works well together and I know who to contact to get things changed."

"I have a clear line of communication, action and follow up."

WHAT I WANT...

- People who use services and carers are able to exercise the maximum possible choice over how they are supported and are able to direct the support delivered.
- Support is genuinely available across a range of settings – starting with a person's own home or, where people choose, shared living arrangements or residential care.
- Processes are streamlined so that access to support is simple, rapid and proportionate to risk. Assessments are kept to a minimum, are portable, where possible, and do not cause difficulty or distress.
- People who access support and their carers, know what they are entitled to and who is responsible for doing what.
- Collaborative relationships are in place at all levels so that organisations work together to deliver high quality support.
- Support is 'joined-up', so that people and carers do not experience delays in accessing support or fall between the gaps, and there are minimal disruptions when making changes.
- Transition from childhood to adulthood support services are pre-planned and well managed, so that support is centred on the individual, rather than services and organisational boundaries.
- Commissioners and providers of services enable people who access support to build their personal, social and support networks.

IN PRACTICE...



4) Workforce: my support staff

"I have good information and advice on the range of options for choosing my support staff."

"I have considerate support delivered by competent people."

"I have access to a pool of people, advice on how to employ them and the opportunity to get advice from my peers."

"I am supported by people who help me to make links in my local community."

WHAT I WANT...

- People who receive direct payments, self-funders and carers are supported in the recruitment, employment and management of personal assistants and other personal staff including advice about legal issues. People using council managed personal budgets have maximum possible influence over choice of support staff.
- There is development of different kinds of workforce and ways of working, including new roles for workers who work across health and social care.
- Staff have the values, attitude, motivation, confidence, training, supervision and tools required to facilitate the outcomes that people who use services and carers want for themselves.
- The workforce is supported, respected and valued.
- There are easy and accessible processes to enhance security and safety in the employment of staff.
- The formal and informal workforce is increasingly focused on and able to help people build and sustain community connections.



IN PRACTICE...

5) Risk enablement: feeling in control and safe

"I can plan ahead and keep control in a crisis."

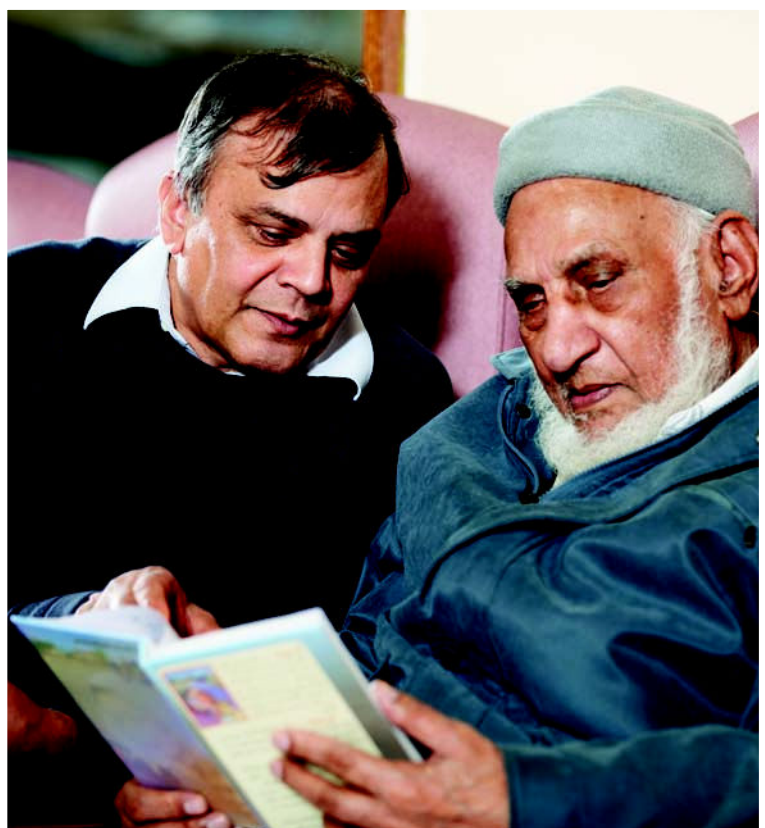
"I feel safe, I can live the life I want and I am supported to manage any risks."

"I feel that my community is a safe place to live and local people look out for me and each other."

"I have systems in place so that I can get help at an early stage to avoid a crisis."

WHAT I WANT...

- People who use services and carers are supported to weigh up risks and benefits, including planning for problems which may arise.
- Management of risk is proportionate to individual circumstances. Safeguarding approaches are also proportionate and they are co-ordinated so that everyone understands their role.
- Where they want and need it, people are supported to manage their personal budget (or as appropriate their own money for purchasing care and support), and to maximise their opportunities and manage risk in a positive way.
- Good information and advice, including easy ways of reporting concerns, are widely available, supported by public awareness-raising and accessible literature.
- People who use services and carers are informed at the outset about what they should expect from services and how to raise any concerns if necessary.



IN PRACTICE...

6) Personal budgets and self-funding: my money

"I can decide the kind of support I need and when, where and how to receive it".

"I know the amount of money available to me for care and support needs, and I can determine how this is used (whether its my own money, direct payment, or a council managed personal budget)."

WHAT I WANT...

" I can get access to the money quickly without having to go through over-complicated procedures."

"I am able to get skilled advice to plan my care and support, and also be given help to understand costs and make best use of the money involved where I want and need this."

- Everyone eligible for on-going council funded support receives this as a personal budget. Direct payments are the main way of taking a personal budget and good quality information and advice is available to provide genuine and maximum choice and control.
- Council managed personal budgets offer genuine opportunities for real self-direction.
- People who use social care (whether people who use services or carers) are able to direct the available resource. Processes and restrictions on use of budget are minimal.
- There is a market of diverse and culturally appropriate support and services that people who use services and carers can access. People have maximum choice and control over a range of good value, safe and high quality supports.
- People who use services and carers are given information about options for the management of their personal budgets, including support through a trust, voluntary or other organisation.
- Self-funders receive the information and advice that they need and are supported to have maximum choice and control.
- Councils understand how people are spending their money on care and support, track the outcomes achieved with people using social care and carers, and use this information to improve delivery.

IN PRACTICE...



To sign up to Making it Real, visit:
www.thinklocalactpersonal.org.uk/MIR

Think Local, Act Personal is a sector-wide commitment to moving forward with personalisation and community-based support, endorsed by organisations comprising representatives from across the social care sector including local government, health, private, independent and community organisations. For a full list of partners visit www.thinklocalactpersonal.org.uk



Making sure
personal budgets
work for older people

**BRIEFING FOR THE NATIONAL CHILDREN'S
& ADULTS SERVICES CONFERENCE**

October 2012



social care
institute for excellence



**think local
act personal**

Challenges and examples of emerging positive practice

Older people form the largest proportion of users of adult social care, and the largest part of adult social services expenditure goes on the over 65s. We must make sure this group benefits well from personal budgets (PBs).

Issues concerning PBs for older people and their carers have been prominent since the original DH research on individual budgets in 2005. In April 2012, ADASS published *The Case for Tomorrow*, calling for "an overhaul" of personal budgets for older people. They did this because they identified a range of challenges that the association believes need to be addressed - These built on issues identified by others, including the Alzheimer's Society in their report on personal budgets for people with dementia *Getting Personal*.

In response, Think Local Act Personal (TLAP) agreed to lead a review of personal budgets for older people including people with dementia. It is doing this alongside its partners the Social Care Institute for Excellence (SCIE), and with a steering group from ADASS, Department of Health, Alzheimer's Society, Age UK and the Standing Commission on Carers.

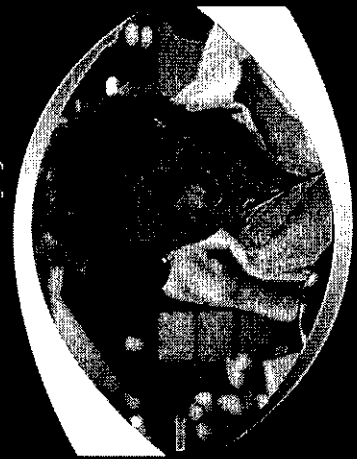
This review, led by Martin Routledge from TLAP working closely with Sarah Carr from SCIE, started in July. To date it has reviewed key challenges to successful implementation of personal budgets for older people and has started to identify positive practice and solutions.

Data and research confirms:

- Strong average progress with numbers for people aged 65 and over, but with very high variability from council to council.
- Significant increase in numbers has been via more managed personal budgets.
- Steady numbers for direct payments, but these remain significantly lower for older people than for under 65s. Again there is significant variation in direct payment numbers across councils and regions.
- For people receiving PBs generally positive outcomes in most areas of life, (found by the National Personal Budget survey) and generally few reported negative effects.
- Significant frustrations with personal budgets processes.

- Good indications of the factors that lead to positive outcomes, which are currently less present for older than younger people and with big cross council variation.

From looking at council returns to the ADA55 PB survey, the review has identified that most are identifying significant challenges in implementing personal budgets with older people - and in particular achieving good numbers while also being confident they are making a positive difference. However we have also highlighted that there is considerable emerging positive practice in each of the areas identified as challenging.



- 1 Reluctance to use personal budgets and especially direct payments amongst older people and their carers for reasons including preferring existing arrangements, fear of loss or reduction of services, fear of trying new alternatives, complexity, time consuming processes and burdens of responsibility.
 - Some councils have provided creative support to think about outcomes and non traditional models of support; often working closely with trusted voluntary organisations like Age UK or Alzheimer's Society to provide training, information and advice.
 - Other councils are undertaking systems reviews to reduce form filling, dispense with panels for smaller support packages, introducing pre-paid envelopes and changing time tables for financial monitoring.

- Yet others are providing a wider range of options for money management including e-cards, managed service accounts, third party agreements with voluntary organisations and individual service funds, particularly for those who don't have families or friends who can provide support.

- 2 The circumstances within which older people use social care including crisis situations, rapidly fluctuating needs and modest budgets focused on personal care.
 - Some councils are re-thinking PBs as one element of the social care pathway and are linking their re-ablement strategies to personal budget processes and practice.
 - Others are providing assistive technology, community equipment and specialist services at point of pre-determination of eligibility, followed by a proportionate support planning process that allows time for older people to consider their options once they have stabilised, and recuperated.

- 3 Workforce issues including cultural, training and practice development issues.
 - A range of approaches have been identified to help staff adapt, including systematic and medium term training and development investments for front line staff.
 - Some councils have developed comprehensive staff guidance and quick look guides or toolkits produced for staff to support older people with options. Others have employed senior practitioners to mentor and coach workers.
 - Other councils are restructuring teams to amalgamate older people services with younger adults staff to help with cultural change or are working with user led organisations to help change staff culture.

- 4 Lack of suitable information, advice and guidance including limited knowledge and understanding of personal budgets and direct payments. Trusted information sources are not always providing positive advice.
 - Some councils are focusing on educating GPs, district nurses and other health staff so that first conversations with older people are positive about options for directing own care through personal budgets.
 - Other councils are coproducing information kits and leaflets with user-led organisations or are working with voluntary sector like Age UK on provision of information.

- 5 Lack of suitable support for people to plan and make good use of personal budgets.
 - Some councils are externalising their brokerage function and actively seeking user-led or carers organisations to become new providers of this service.
 - Other councils are using community groups and peer support networks to assist with support planning, or are working with family members (where they are able to) to share roles.

Challenges and examples of emerging positive practice (continued...)

- 6** Lack of market development, including existing contracts that constrain creativity, people buying what they bought before and difficulties commissioning smaller packages with providers unwilling to support at lower costs.
- Some councils are commissioning support from specific organisations through spot contracts while others are remodelling individual service funds that supports more direct relationships between providers and the older person.
 - Reorganising in house supports to better support people with managed personal budgets has been found to a helpful approach, as too paying attention to workforce supply and suitability e.g. personal assistant registers and apprenticeship schemes, and expanding involvement of third party support agencies.
- 7** A focus on helping people stay safe
- Some councils are coordinating safeguarding and information teams.
 - Others are focusing on risk enablement systems.

Next steps

The full review will be published shortly on www.thinklocalactpersonal.org.uk.

From October 2012 to March 2013, we will focus on drawing out the promising approaches to tackle the challenges highlighted. That's where we need your help. If you're one of the councils making good progress in implementing personal budgets for older people or a provider, support agency or user/carer organisation making a difference in this area, please get in touch thinklocalactpersonal@scie.org.uk.

We will be commissioning further work around some of the specific elements of positive practice, with a specific emphasis on cost effective and

sustainable approaches. This will become the basis for recommendations to central and local government and others to improve results for older people. These recommendations will place personal budgets firmly in the context of other elements of systems and practices to support the health and well being of older people.

We'll develop recommendations for implementation by national and local government so that in 2013/14, we can move ahead with sharing this practice regionally and nationally.

Contact us

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York Health Overview and Scrutiny Committee Personalisation Review

Summary of issues raised during workshops May 2013

Introduction

As part of the Health Overview and Scrutiny review into Personalisation, Tricia Nicoll Consulting was commissioned to facilitate two workshops for people who use services and family carers and other people involved in the Personalisation agenda. These were held on 23rd April 2013 at the City of York Council West Offices. The aim of the workshops was to offer participants the chance to share their views and experiences of how Personalisation and self-directed support is working in York and to offer suggestions for what needs to change. 15 people attended the first workshop and 9 people attended the second workshop.

The workshops used the Think Local Act Personal *Making it Real* markers for progress (www.thinklocalactpersonal.org.uk/MIR) as a framework:

1. Information and advice: having the information I need, when I need it
2. Active and supportive communities: keeping friends, family and place
3. Flexible integrated care and support: my support, my own way
4. Workforce: my support staff
5. Risk enablement: feeling in control and safe
6. Personal budgets and self-funding: my money

For each of these markers, participants were asked to consider;

- ★ What is working well at the moment in York?
- ★ What is not working so well at the moment in York?
- ★ What needs to change?

There is a photographic report of both events available, showing people's responses across all the markers. This report is a summary of the issues.

1. Information and advice: having the information I need, when I need it

- *I have the information and support I need in order to remain as independent as possible*
- *I have access to easy-to-understand information about care and support which is consistent, accurate, accessible and up to date*
- *I can speak to people who know something about care and support and can make things happen*
- *I have help to make informed choices if I need and want it*
- *I know where to get information about what is going on in my community*

What's working well at the moment in York?

People were particularly happy with the information and support provided by the Independent Living Scheme (ILS) and by the Community Facilitators, both of whom were seen as extremely valuable resources. There was complete support for the theory behind Personalisation and self-directed support and how this is articulated by City of York through My Life My Choice. People talked about getting good information from other people who use services and family carers and from user-led groups such as Lives Unlimited.

What's not working so well at the moment in York?

Participants felt that the knowledge of staff within the Council is patchy and that organisations and services do not always share information; *'if I walked into West Offices and asked about Personalisation and how I could get information, what would happen?'* People talked about not knowing where to go for information, about needing to ask for rather than automatically receiving it, about a reliance on families and loved ones to source the information they need, and about language being confusing (individual budget, personal budget, Direct Payment, Personalisation). People questioned the 'buy in' from some staff about Personalisation as a way of thinking and working, and, in particular cited the experience of older people and people living with mental health issues; do they get the right message about Personalisation? Participants wanted to see more sharing of stories of people's experience of self-directed support - how things can be different.

Participants' ideas about what needs to change:

- Care Managers are kept up to date with personal budgets
- Ensure social services staff understand about Personalisation
- Promote/sell Personalisation as the 'the way'

- The public to have/be equal stakeholders in decision making. Consultation to be taken seriously
- Prepare a comprehensive database in partnership with Healthwatch
- Better transition support from children's to adult services
- Information is accessible (we all know what we mean by that - recognisable standards)

2. Active and supportive communities: keeping friends, family and place

- *I have access to a range of support that helps me to live the life I want and remain a contributing member of my community*
- *I have a network of people who support me - carers, family, friends, community and if needed paid support staff*
- *I have opportunities to train, study, work or engage in activities that match my interests, skills, abilities*
- *I feel welcomed and included in my local community*
- *I feel valued for the contribution that I can make to my community*

What's working well at the moment in York?

Everyone talked about how self-directed support and personal budgets have given them the chance to live ordinary lives and be involved in their communities, with access to live, learn and progress at their own pace, supported by family and friends.

A specific comment was made about how getting support from personal assistants had 'set boundaries' in the person's relationship with their family and enabled them to become a mother/friend again. Another participant talked about how it had, '*lifted worry about my mother's wellbeing*'.

What's not working so well at the moment in York?

Several participants felt that social isolation is still a problem. They shared practical problems, e.g. with the way transport is organised in the city (focused on into and out of the centre rather than on more circular routes) and in the accessibility of buildings - including availability of changing places. Participants also noted a more fundamental issue about how we view older and disabled people and acknowledge the skills and knowledge people bring to their communities; moving from a deficit focus to an asset-based approach requires more investment than currently exists in community support systems, e.g. time-banking.

Participants' ideas about what needs to change:

- Care Management could work in creative ways - in area teams
- The Police are able to support people experiencing hate crime to stop it happening. Reporting a hate crime is easy
- More creative use of volunteers in communities - tackling social isolation etc
- All agencies work together to make York a welcoming place for all citizens
- Society - people's views need to change and reduce ignorance
- I feel part of my community and play an active role in it
- Neighbourhood based teams - with other departments as well as health, developing community care/enabling networks

3. Flexible integrated care and support: my support, my own way

- *I am in control of planning my care and support*
- *I have care and support that is directed by me and responsive to my needs*
- *My support is coordinated, cooperative and works well together and I know who to contact to get things changed*
- *I have a clear line of communication, action and follow-up*

What's working well at the moment in York?

Participants talked about the importance of being genuinely in control of choosing support staff (for themselves or for a loved one) and how the self-directed support process has enabled this to happen. Support from personal assistants has enabled people to get support that is more flexible, is from people who share the same interests and who facilitate greater independence and a, *'better quality of life'*

The role of ILS in supporting people to put together a job description, advertise and recruit for personal assistants was really appreciated.

What's not working so well at the moment in York?

The biggest issue people brought was, *'the gap between rhetoric and reality'*. Participants all shared examples of issues with the end to end process of self-directed support; assessment taking a long time, support plans being completed by a worker and issues around changing eligibility and charging; *'the process of getting a personal budget/Direct Payment was frustrating and challenging'*.

Participants reported a specific issue in mental health services with people not being offered the opportunity to know their personal budget; *'no one understands the system and people get passed round and around'*.

Some people felt that they were not allowed to make their own decisions about the support they get and that they had a, *'feeling of no choice or control'*. Some people said that they could not find the right person to speak to about getting the support they want.

People talked about the need for good support in the self-directed support process; *'impartial, independent brokerage and support planning'* and some people felt there was an over reliance on the role of a supportive family, particularly if someone has complex and complicated needs.

Some participants talked about the lack of a varied marketplace to choose services from.

Participants' ideas about what needs to change:

- Ensure support plans promote recovery and independence and reduce reliance: improve their quality
- Offer choice, e.g. Brokerage or training to manage own budget - not just ILS
- Allow Care Managers responsibility and flexibility - they know the family don't they?

4. Workforce: my support staff

- *I have good information and advice on the range of options for choosing my support staff*
- *I have considerate support delivered by competent people*
- *I have access to a pool of people, advice on how to employ them and the opportunity to get advice from my peers*
- *I am supported by people who help me to make links in my local community*

What's working well at the moment in York?

Again, the importance of being able to directly employ personal assistants was seen as central to Personalisation and self-directed support, and the role of ILS in supporting people through the employment process was really appreciated. Participants talked about getting continuity, flexibility and more person-centered support through personal assistants.

What's not working so well at the moment in York?

The main issue participants shared was the difference in the experience of people who are not managing their own budget and who are using Council managed or agency staff; *'there is limited choice if you are not managing your own budget'*. In

particular, people talked about the inflexibility of Home Care shift patterns and of support being very task focused; *'washed Fed ... you're done'*. People also felt frustrated when they did have good support from an agency and then the rules appeared to change about what tasks carers could carry out.

Another key issue for people was the limited range of formal peer support in York; *'peer support is valuable but there is not enough'*.

Some people felt that there was little support around employment issues for personal assistants.

Some people were concerned that, if they were successful in using self-directed support then their budget would be cut.

Participants' ideas about what needs to change:

- Support planning cafe - open to the public
- Set up a support network for individual employers to support and share experiences
- Nothing about us without us
- Things to be user-led and support to be user-decided
- Underpin everything with the social model of disability
- Create simple contracts/structures to facilitate creative carer/personal assistant working
- Care agencies get contracts based on quality of care, not just based on the cheapest
- Training, supervision and team leading for personal assistants should be included in budgets
- Providing care is seen as a vocation and is celebrated
- Before embarking on employing personal assistants, training and support manual given to the person/main support/family member
- Forum or lobby a service group to promote Personalisation and share experiences
- Set up own personal assistants group of family members to collectively manage our budgets
- Positively support and fund user-led organisations to give information and support to other people

5. Risk enablement: feeling in control and safe

- *I can plan ahead and keep control in a crisis*
- *I feel safe, I can live the life I want and I am supported to manage any risks*
- *I feel that my community is a safe place to live and local people look out for me and each other*
- *I have systems in place so that I can get help at an early stage to avoid a crisis*

What's working well at the moment in York?

Participants reflected that the framework of self-directed support enables everyone to take a more practical and pragmatic approach to risk and accept that, *'being in control is about being ordinary and sometimes things go wrong'*.

What's not working so well at the moment in York?

People talked about having to, *'wait until its too late'* before things got changed, and of a feeling that, *'City of York Council don't want Personalisation to work - too costly?'*. Some people shared an anxiety about support from personal assistants; *'great when all in place but who can help when it goes wrong? What is my back-up support system?'* There was a sense of a huge time commitment and contribution from wider family and other networks in ensuring plans are successful.

People brought specific examples of not feeling safe at home or in their local community and people agreed that, *'we need to tackle disability hate crimes to allow me to feel safe...'*

There were no suggestions about what needs to change.

6. Personalisation and self-funding: my money

- *I can decide the kind of support I need and when, where and how to receive it*
- *I know the amount of money available to me for care and support needs, and I can determine how this is used (whether its my own money, Direct Payment, or a Council managed personal budget)*
- *I can get access to the money quickly without having to go through over-complicated procedures*
- *I am able to get skilled advice to plan my care and support, and also be given help to understand costs and make best use of the money involved where I want and need this*

What's working well at the moment in York?

Participants appreciated the principles of Personalisation and that Direct Payments and personal assistants give people more independence. One person reflected that, *'the flexible use of Direct Payments allows me to employ personal assistants to help me in work'*.

What's not working so well at the moment in York?

Participants had many concerns about the process of assessment and calculating an indicative budget, the result of which people felt varied depending on who supported the assessment process; *'assessments and the process of getting a budget is traumatic.'* and *'It feels like a fight not a right - we all want it to work don't we?'*

People talked about confusion over what personal budgets can be spent on.

Financial contributions were an issue, with some people not having the financial assessment process explained to them. People also shared frustrations about the lack of an independent appeals process if they were unhappy about their indicative budget.

People felt that the unpicking of block contracts is an issue, with a reliance on providers to lead this work, and there was a particular frustration at the lack of use of individual service funds.

There are specific issues in mental health services, where people appear not to be able to find out their indicative budget.

Participants' ideas about what needs to change:

- Look at the hourly rate for Direct Payments - is it giving you full choice in who you can employ (compared with agencies)?
- Why is York Direct Payments rate lower than other local authorities?
- Make better use of resources
- Think about creative solutions, not default positions
- Need an honest and open assessment process that families and everyone understands
- The process of getting a personal budget is easy and understandable
- Person-centred review process
- Centralised funding pot, i.e. Simplified
- Support voluntary sector to transform into fee-paying providers



The POET Survey

City of York Council Data Report:

December 2012

Personal budget recipients

Introduction

This report presents data collected from personal budget holders in the City of York using the POET survey tool. It also compares the numerical responses of personal budget holders to the POET survey in the City of York with the responses we have from personal budget holders in other parts of England.

Who took part in the survey?

In total, 34 personal budget holders in the City of York completed the POET survey. We are able to benchmark the City of York data against responses from 1,114 personal budget holders in other parts of England. As people could choose not to complete particular questions within the survey, the totals reported throughout the report are unlikely to add up to these overall totals.

The graphs in figures 1 to 6 show the characteristics of the City of York personal budget holders responding to the survey compared to respondents from other local authorities in England. City of York respondents were more likely to be female, they were more likely to be aged under 45 years of age, and more likely to report having a physical disability or health condition. City of York respondents were significantly less diverse than other respondents in terms of ethnicity and religion, and were more likely to report their sexual orientation.

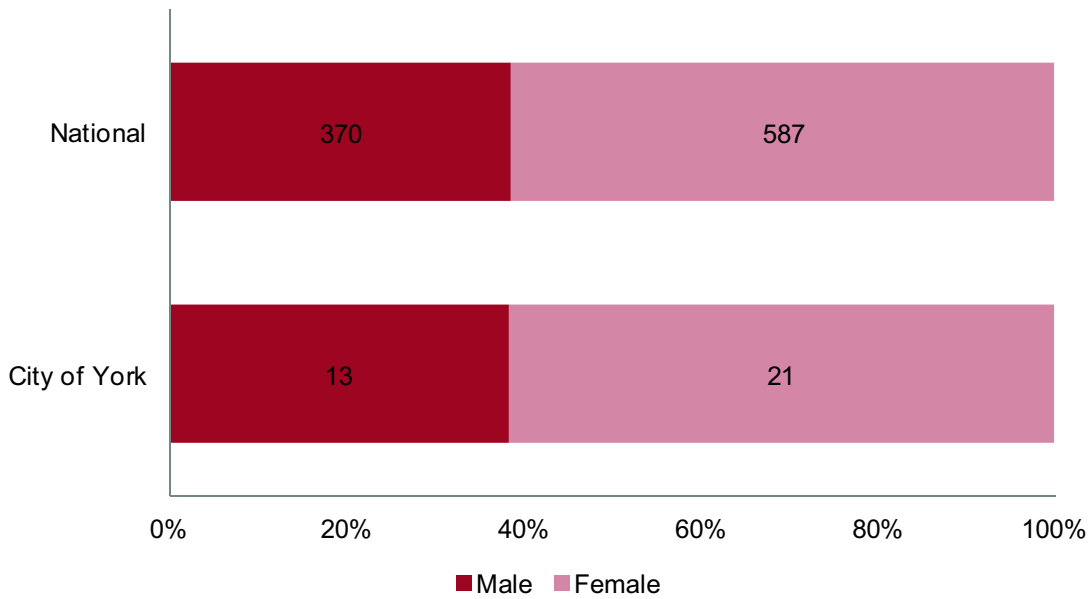


Figure 1. Personal budget recipients: Gender

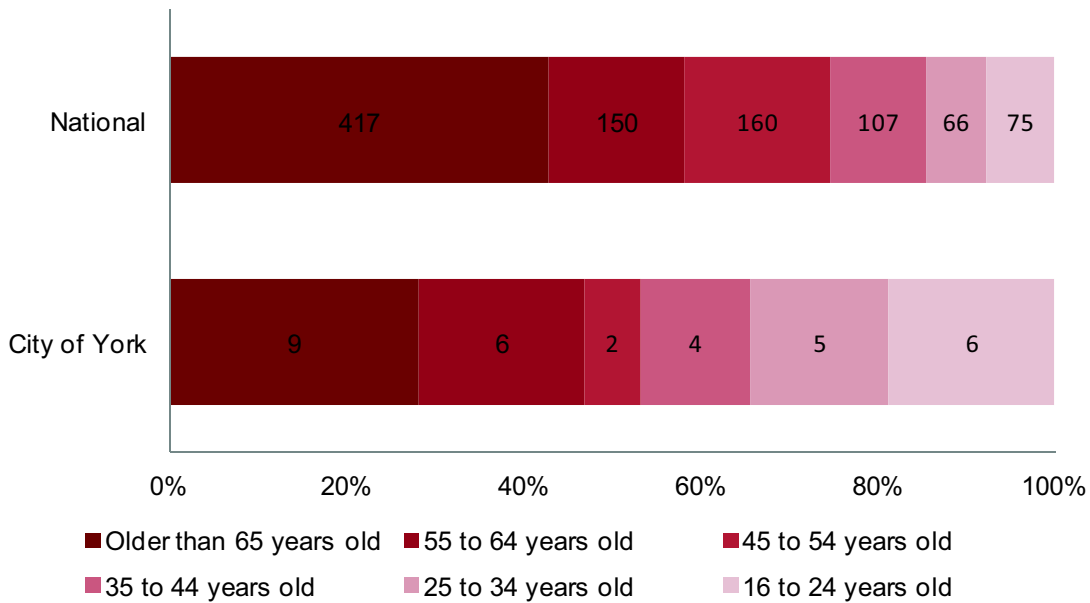


Figure 2. Personal budget recipients: Age

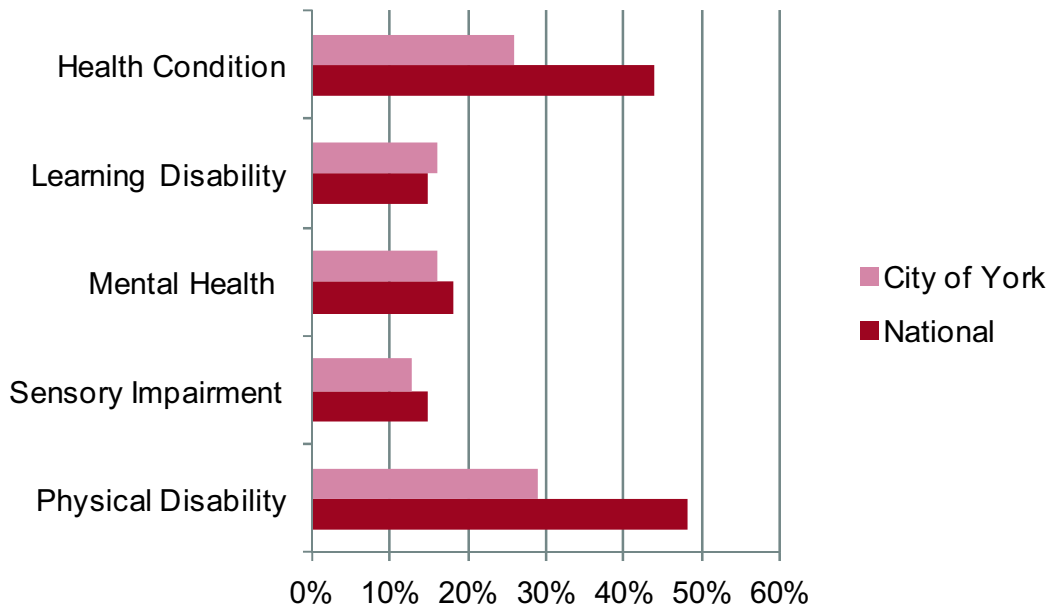
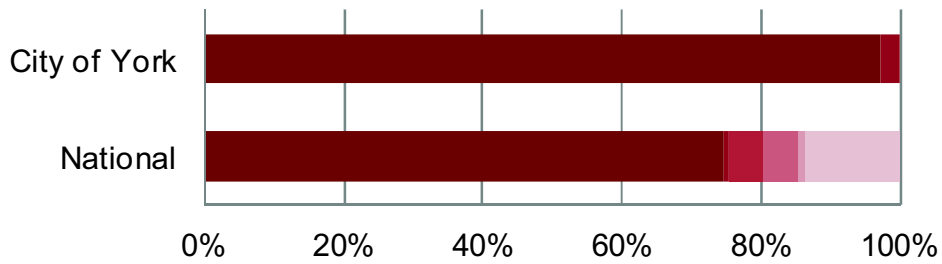


Figure 3. Personal budget recipients: Disability



	National	City of York
Any White	831	33
Mixed	10	1
Asian/Asian British	54	0
Black, B. British	55	0
Chinese, Other	13	0
No Info	151	0

Figure 4. Personal budget recipients: Ethnicity

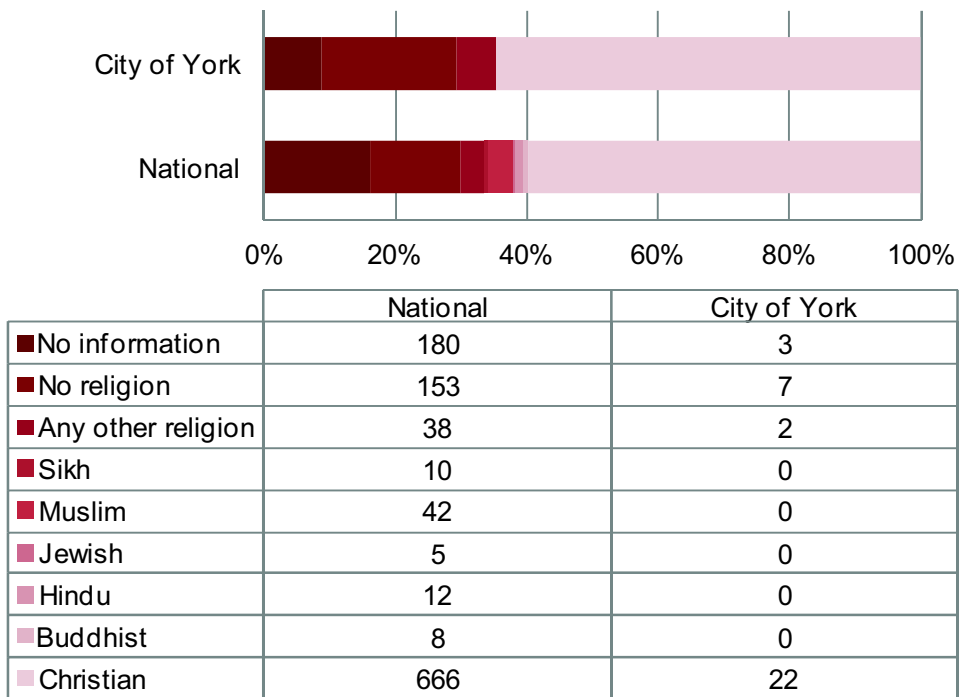


Figure 5. Personal budget recipients: Religion

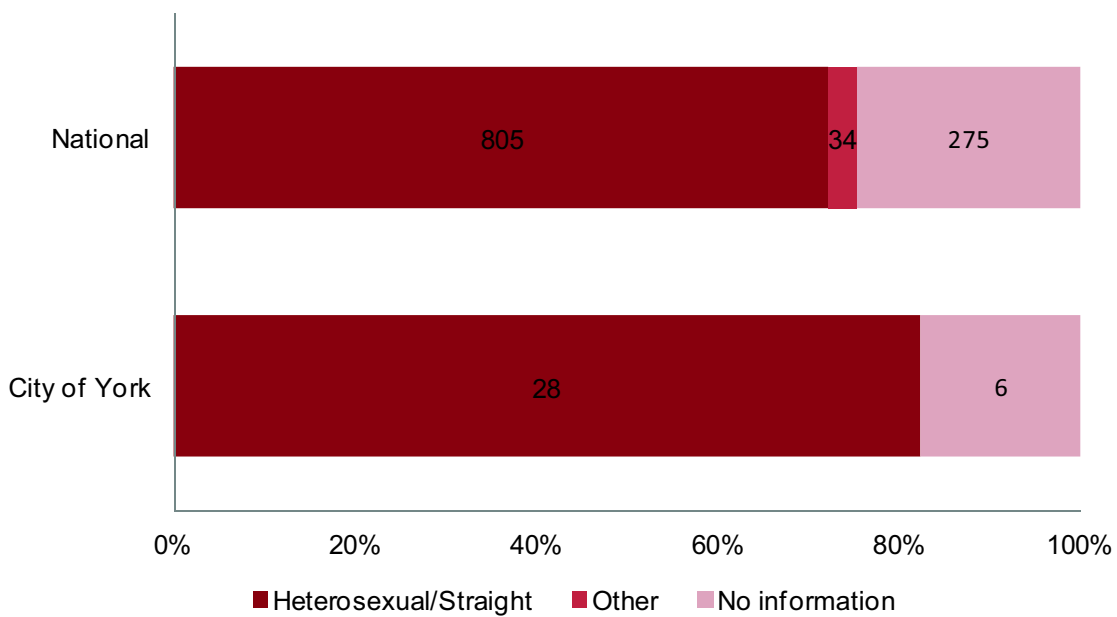


Figure 6. Personal budget recipients: Sexuality

How did people answer the questions?

The graph below shows how people answered the questions in the POET survey. In the City of York approximately 35% of personal budget holders answered the questions on their own, with all other respondents having help from someone else.

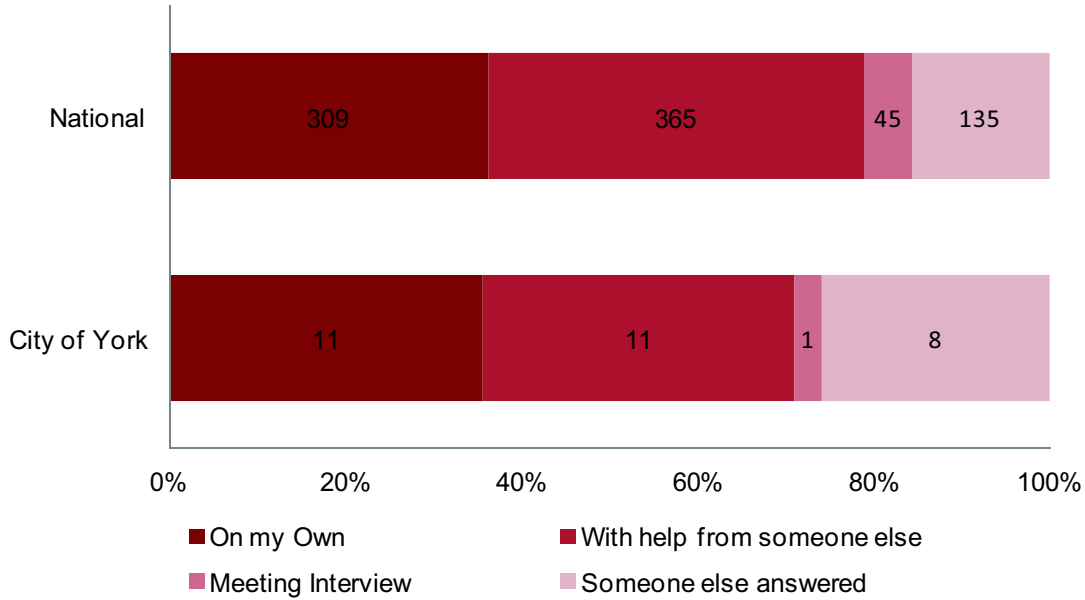


Figure 7. Personal budget recipients: How people answered the questions

How long have people held a personal budget?

The graph below shows the length of time that personal budget holders had held their personal budget. For personal budget holders in the City of York, a similar percentage of people had been using their budgets for three years or longer compared to people in other parts of England, with a higher proportion locally holding their budget for between one and three years.

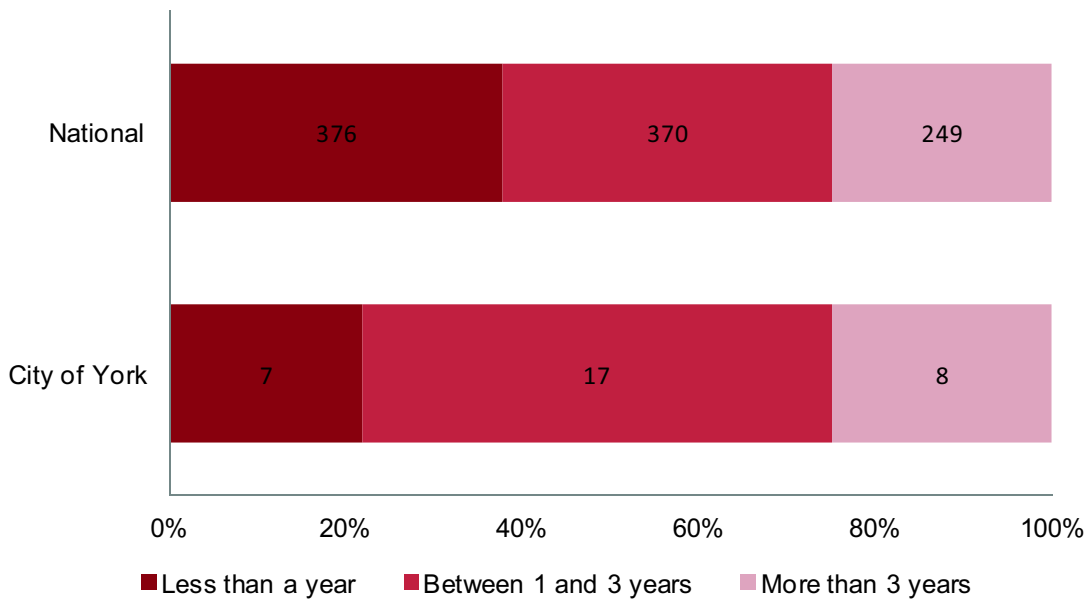


Figure 8. Personal budget recipients: How long have people held a personal budget?

Did people get local authority support before their personal budget?

The graph below shows how many personal budget holders had been receiving local authority support before they got their personal budget. For personal budget holders in the City of York approximately 60% of personal budget holders had been receiving local authority support before their personal budget; a slightly lower figure than that for personal budget holders in other parts of England.

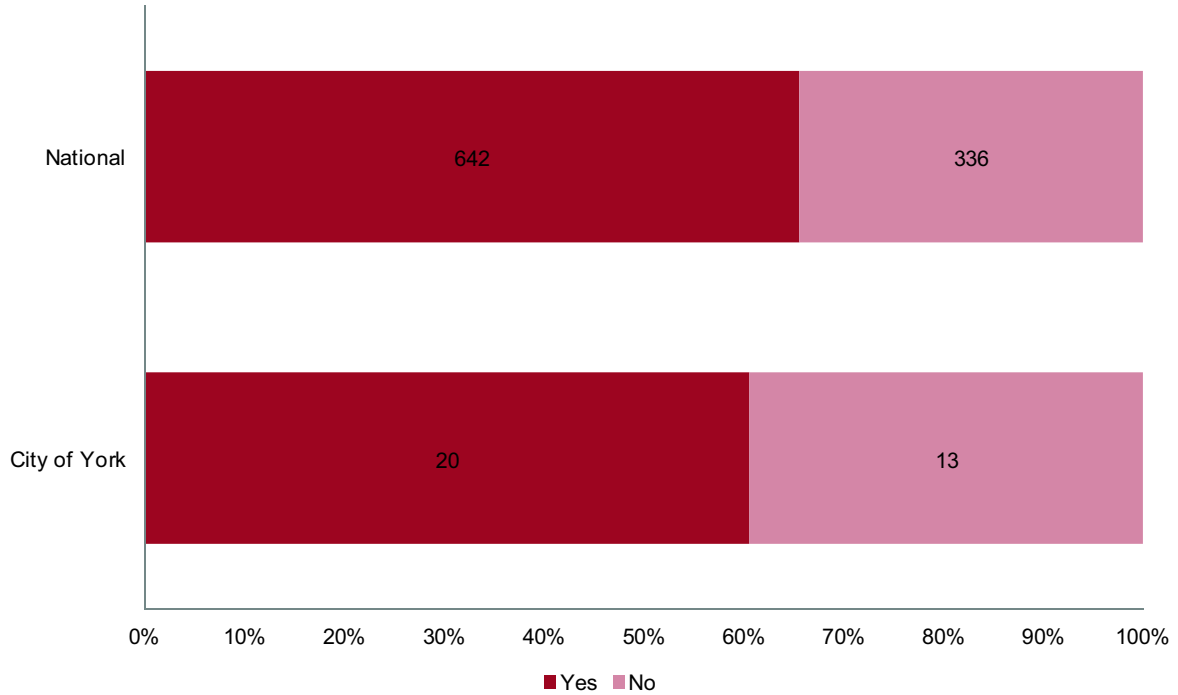


Figure 9. Personal budget recipients: Did people get local authority support before their personal budget?

How do people manage their personal budgets?

The graph in figure 10 shows how people managed their personal budgets. In the City of York, personal budget holders were most likely (44%) to have a direct payment paid directly to them. Direct payments looked after by someone else were also reported by 22% of personal budget holders in the City of York. Significantly more personal budget holders in the City of York reported using an individual service fund when compared to elsewhere in England. A lower proportion of personal budget holders in the City of York reported that they did not know whether they had a personal budget or not.

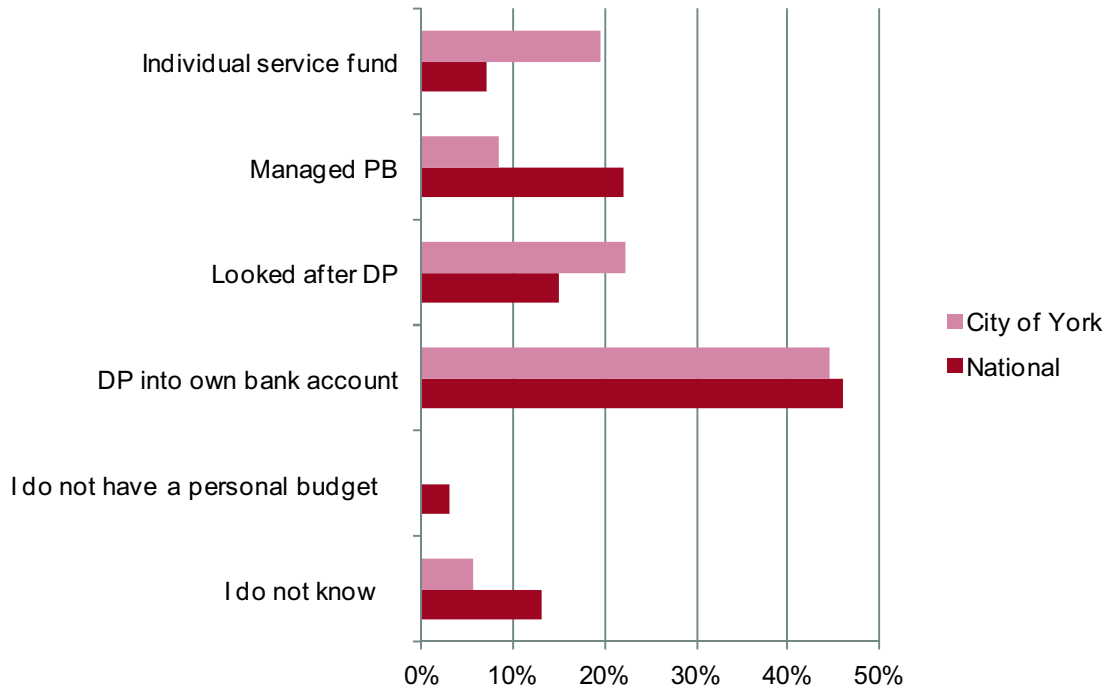


Figure 10. Personal budget recipients: How was the personal budget managed?

The level of personal budgets and support for planning

The POET survey asked personal budget holders whether they were told the weekly amount of their personal budget and whether they could provide an estimate of the amount. The survey also asked a range of questions about how people were supported when planning their personal budget, and whether their views were included in the personal budget support plan.

Over two thirds of the City of York personal budget recipients (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%).

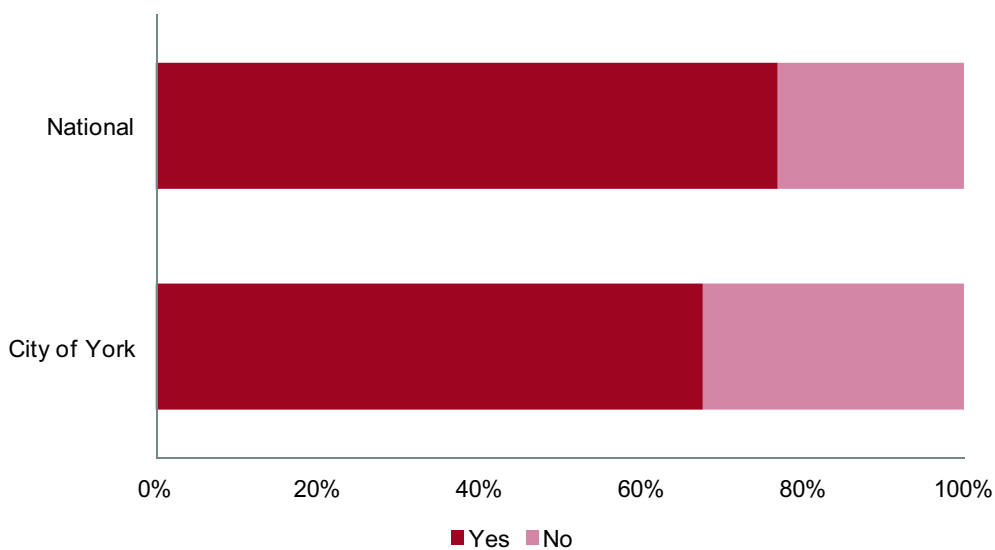


Figure 11. Personal budget recipients: Have you been told how much your support costs each week?

The graph below shows whether personal budget holders reported getting help to plan their personal budget. Nearly 77% of personal budget holders in the City of York reported that they had received help to plan their personal budget, a slightly lower proportion than personal budget holders in other parts of England.

Secondly, the graph below shows who helped people to plan their personal budgets. In the City of York, the most common sources of support were help from someone from the council (46%) and from family/friends (33%).

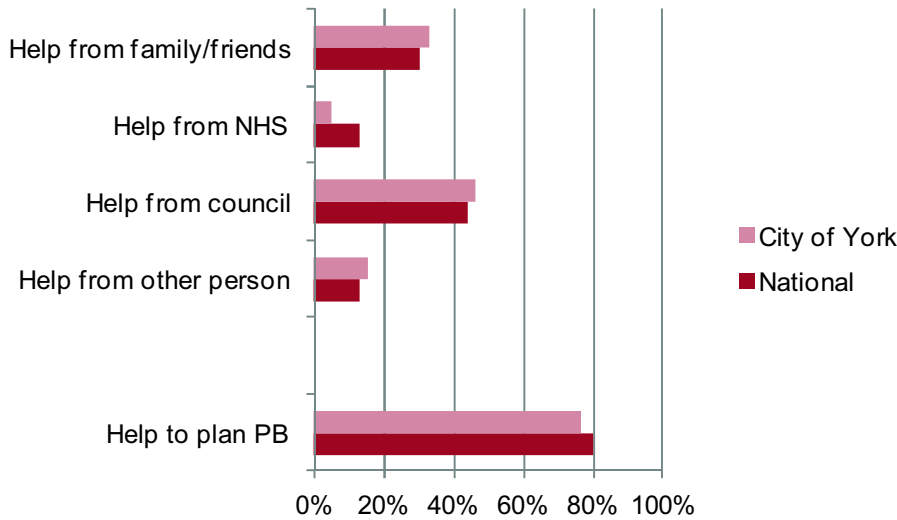


Figure 12. Personal budget recipients: planning support

Finally, the graph below summarises whether personal budget holders felt their views were fully included in the support plan for their personal budget or not. In the City of York, just over 91% of personal budget holders felt their views were very much or mostly included in their support plan, slightly higher figures as for personal budget holders in other parts of England.

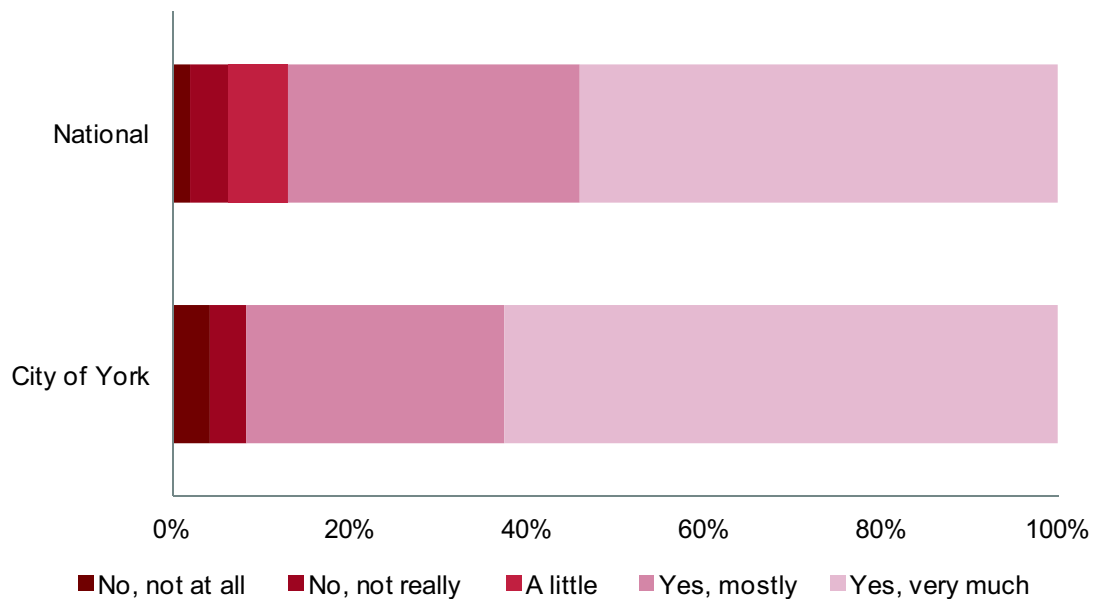


Figure 13. Personal budget recipients: Were your views fully included in support plan?

The role of the council in supporting personal budgets

As the graph below reports, the POET survey asked several questions about how the council was performing throughout the personal budget process.

A majority of personal budget holders in the City of York reported that the council had made things easy for them in six of the nine aspects of the personal budget process we asked about; 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 we asked about that respondents in the City of York were least likely to report as easy was choosing different services.

In only one of the nine areas, personal budget holders in the City of York were less likely than people elsewhere to report that the council made the process easy. This was getting the support wanted.

In the City of York, similar to elsewhere in England, approximately 12%-24% of personal budget holders reported that the council had made things difficult for all nine aspects of the personal budget process we asked about. Approximately 24% said it was difficult to make views known and have control of money.

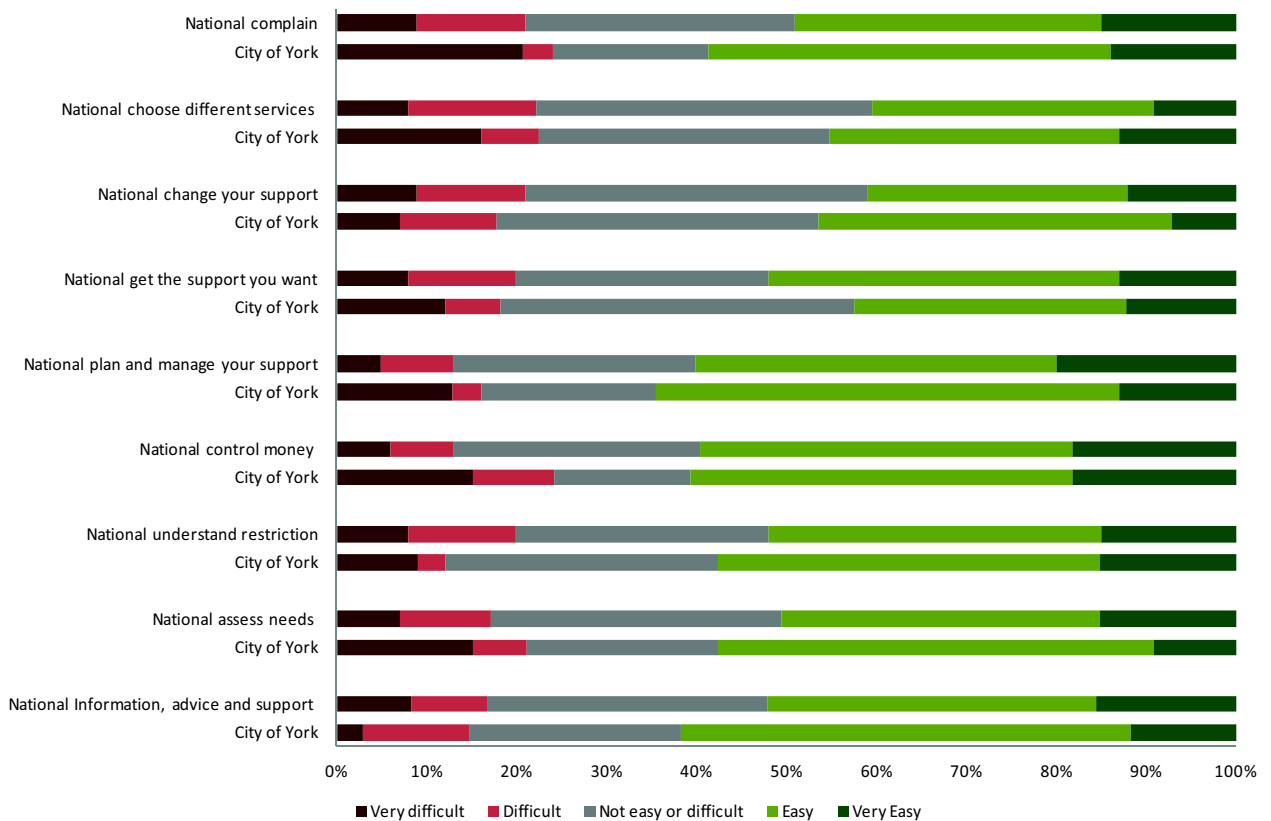


Figure 14. How easy was the personal budget process?

Have personal budgets made a difference to people's lives?

The POET survey asks personal budget holders whether their personal budgets have made a difference to various aspects of their lives, and if so whether this difference has been positive or negative.

The graph below summarises the findings from the set of questions we asked for 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 we 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 people reported that the personal budget had had a positive impact on their lives in one further area. However in the areas of getting a paid job, less than 17% reported a positive impact.

With the exceptions of relationships with family, relationships with friends and dignity in support, personal budget holders in the City of York were more likely to report that their personal budget had had a positive impact compared to personal budget holders in other parts of England.

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.

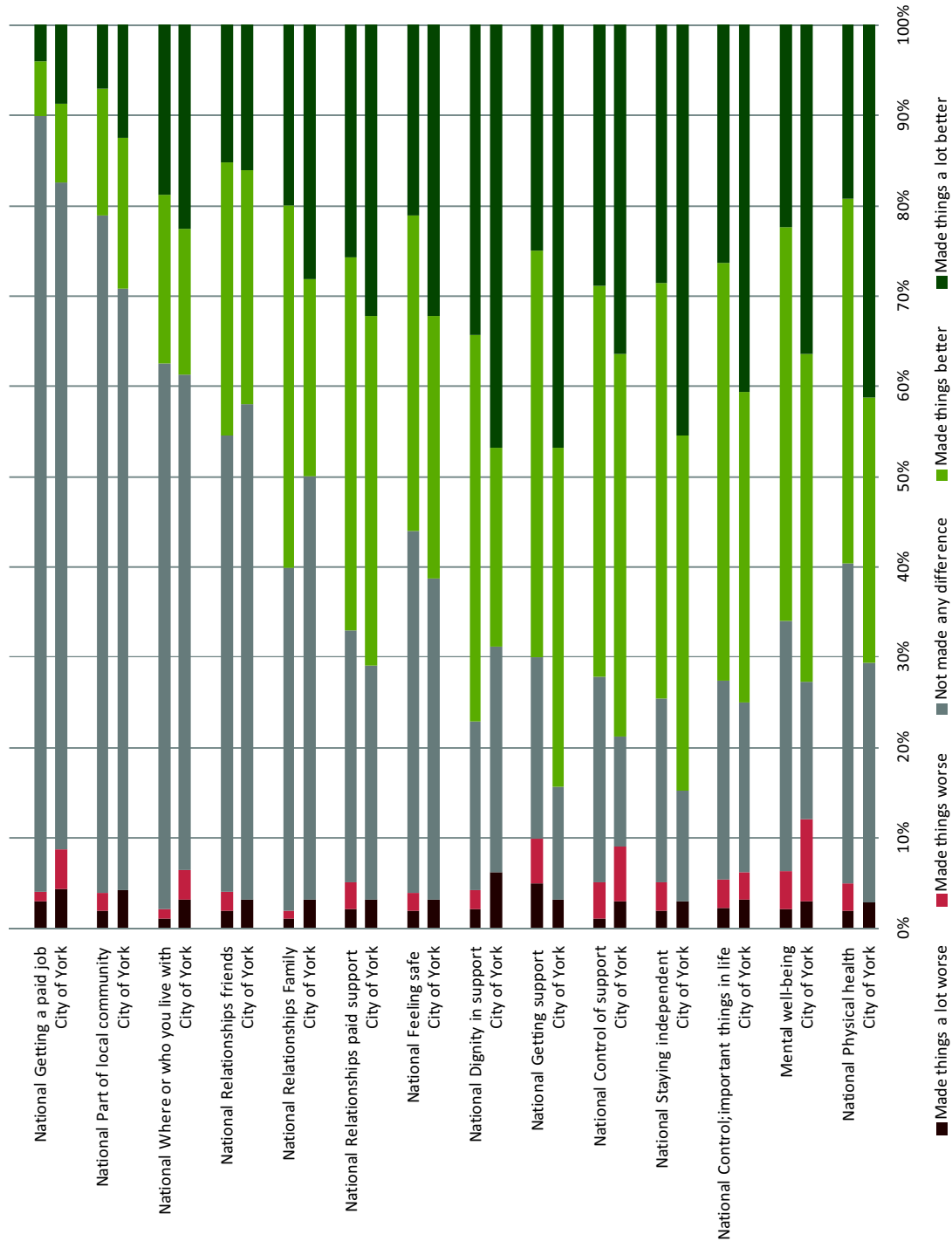


Figure 15. Has your personal budget changed these things at all?

Conclusion

Throughout this report local findings have been benchmarked against national data. This is intended to provide an indicative relative position. Care should be taken however when making precise direct comparisons. This is because responses varied greatly across local authorities, levels of satisfaction being spread across a wide range, the national figures here are averages of these ranges. Responses also varied somewhat across social care groups and across personal budget types, proportions of these sub groups varied from local authority to local authority. It is not necessarily the case that where scores indicate a less or more positive impact of personal budgets than in other parts of England that this is due to the performance of the council. The National Personal Budget Survey found and reported a number of key process conditions that coincided with better or worse outcomes. Where local performance appears to be low these process factors may be at play, and provide a steer where local authorities are seeking to improve in an outcome domain.

<http://www.in-control.org.uk/4466.aspx>

Social Care Jargon Buster

52 of the most commonly used social care words and phrases and what they mean



TERM	DEFINITION
1) Abuse	<p>Harm that is caused by anyone who has power over another person, which may include family members, friends, unpaid carers and health or social care workers. It can take various forms, including physical harm or neglect, and verbal, emotional or sexual abuse. Adults at risk can also be the victim of financial abuse from people they trust. Abuse may be carried out by individuals or by the organisation that employs them.</p>
2) Adult social care	<p>Care and support for adults who need extra help to manage their lives and be independent – including older people, people with a disability or long-term illness, people with mental health problems, and carers. Adult social care includes assessment of people’s needs, provision of services or allocation of funds to enable you to purchase your own care and support. It includes residential care, home care, personal assistants, day services, the provision of aids and adaptations and personal budgets.</p>
3) Advocacy	<p>Help to enable you to get the care and support you need that is independent of your local council. An advocate can help you express your needs and wishes, and weigh up and take decisions about the options available to you. They can help you find services, make sure correct procedures are followed and challenge decisions made by councils or other organisations.</p> <p>The advocate is there to represent your interests, which they can do by supporting you to speak, or by speaking on your behalf. They do not speak for the council or any other organisation. If you wish to speak up for yourself to make your needs and wishes heard, this is known as self-advocacy.</p>
4) Aids and adaptations	<p>Help to make things easier for you around the home. If you are struggling or disabled, you may need special equipment to enable you to live more comfortably and independently. You may also need changes to your home to make it easier and safer to get around. Aids and adaptations include things like grab rails, ramps, walk-in showers and stair-lifts.</p>
5) Assessment See also: Pre-assessment Self-assessment	<p>The process of working out what your needs are. A community care assessment looks at how you are managing everyday activities such as looking after yourself, household tasks and getting out and about. You are entitled to an assessment if you have social care needs, and your views are central to this process.</p>
6) Benefits	<p>Payments from the Government that you may receive because of your age, disability, income or caring responsibilities. Some benefits are universal – paid to everyone regardless of their income. Others are paid to people who have particular types of needs, regardless of their income. And others are means-tested – only paid to people whose income or savings fall below a certain level. Benefits in England are paid by the Department of Work and Pensions, not your local council.</p>

TERM	DEFINITION
7) Broker (also called 'care navigator') See also: Advocacy Signposting	Someone whose job it is to provide you with advice and information about what services are available in your area, so that you can choose to purchase the care and support that best meets your needs. They can also help you think about different ways that you can get support, for example by making arrangements with friends and family. A broker can help you think about what you need, find services and work out the cost. Brokerage can be provided by local councils, voluntary organisations or private companies.
8) Care plan See also: Support plan	A written plan after you have had an assessment, setting out what your care and support needs are, how they will be met (including what you or anyone who cares for you will do) and what services you will receive. You should have the opportunity to be fully involved in the plan and to say what your own priorities are. If you are in a care home or attend a day service, the plan for your daily care may also be called a care plan.
9) Carer	A person who provides unpaid support to a partner, family member, friend or neighbour who is ill, struggling or disabled and could not manage without this help. This is distinct from a care worker, who is paid to support people.
10) Care Worker	A person who is paid to support someone who is ill, struggling or disabled and could not manage without this help.
11) Client contribution See also: Self-funding	The amount you may need to pay towards the cost of the social care services you receive. Whether you need to pay, and the amount you need to pay, depends on your local council's charging policy, although residential care charges are set nationally. Councils receive guidance from the Government on how much they can charge.
12) Client group	A group of people with social care needs who fit within a broad single category. Client groups include older people, people with physical disability, people with learning disability, people with mental health problems, and so on.
13) Commissioner	A person or organisation that plans the services that are needed by the people who live in the area the organisation covers, and ensures that services are available. Sometimes the commissioner will pay for services, but not always. Your local council is the commissioner for adult social care. NHS care is commissioned separately by local clinical commissioning groups. In many areas health and social care commissioners' work together to make sure that the right services are in place for the local population.
14) Community care services	Social care services that can help you live a full, independent life and to remain in your own home for as long as possible.
15) Community health services	Health services that are provided outside hospitals, such as district nursing.

TERM	DEFINITION
16) Continuing health care	Ongoing care outside hospital for someone who is ill or disabled, arranged and funded by the NHS. This type of care can be provided anywhere, and can include the full cost of a place in a nursing home. It is provided when your need for day to day support is mostly due to your need for health care, rather than social care. The Government has issued guidance to the NHS on how people should be assessed for continuing health care, and who is entitled to receive it.
17) Co-production	When you as an individual are involved as an equal partner in designing the support and services you receive. Co-production recognises that people who use social care services (and their families) have knowledge and experience that can be used to help make services better, not only for themselves but for other people who need social care.
18) Direct payments See also: Personal budget	Money that is paid to you (or someone acting on your behalf) on a regular basis by your local council so you can arrange your own support, instead of receiving social care services arranged by the council. Direct payments are available to people who have been assessed as being eligible for council-funded social care. They are not yet available for residential care. This is one type of personal budget.
19) Eligibility	When your needs meet your council's criteria for council-funded care and support. Your local council decides who should get support, based on your level of need and the resources available in your area. The eligibility threshold is the level at which your needs reach the point that your council will provide funding. If the council assesses your needs and decides they are below this threshold, you will not qualify for council-funded care.
20) Home care	Care provided in your own home by paid care workers to help you with your daily life. It is also known as domiciliary care. Home care workers are usually employed by an independent agency, and the service may be arranged by your local council or by you (or someone acting on your behalf).
21) Independent living	The right to choose the way you live your life. It does not necessarily mean living by yourself or doing everything for yourself. It means the right to receive the assistance and support you need so you can participate in your community and live the life you want.
22) Integrated Care	Joined up, coordinated health and social care that is planned and organised around the needs and preferences of the individual, their carer and family. This may also involve integration with other services for example housing.

TERM	DEFINITION
23) Occupational therapist	A professional with specialist training in working with people with different types of disability or mental health needs. An OT can help you learn new skills or regain lost skills, and can arrange for aids and adaptations you need in your home. Occupational therapists are employed both by the NHS and by local councils.
24) Older people	Older people are the largest group of people who use adult social care services. Many councils define people over the age of 50 as 'older', but social care services for older people are usually for people over the age of 65 – unless you have particular needs that make you eligible before this age.
25) Outcomes	In social care, an 'outcome' refers to an aim or objective you would like to achieve or need to happen – for example, continuing to live in your own home, or being able to go out and about. You should be able to say which outcomes are the most important to you, and receive support to achieve them.
26) Personal assistant	Someone you choose and employ to provide the support you need, in the way that suits you best. This may include cooking, cleaning, help with personal care such as washing and dressing, and other things such as getting out and about in your community. Your personal assistant can be paid through direct payments or a personal budget.
27) Personal budget	<p>Money that is allocated to you by your local council to pay for care or support to meet your assessed needs. The money comes solely from adult social care. You can take your personal budget as a direct payment, or choose to leave the council to arrange services (sometimes known as a managed budget) – or a combination of the two.</p> <p>An alternative is an individual service fund, which is a personal budget that a care provider manages on your behalf. A personal health budget may also be available: it is a plan for your health care that you develop and control, knowing how much NHS money is available.</p>
28) Personalisation	A way of thinking about care and support services that puts you at the centre of the process of working out what your needs are, choosing what support you need and having control over your life. It is about you as an individual, not about groups of people whose needs are assumed to be similar, or about the needs of organisations.
29) Pre-assessment	The point at which you make contact with your local council and a decision is made about whether a full assessment is necessary. This is based on the information given by you or the person who refers you to adult social care. It is often conducted over the phone.

TERM	DEFINITION
30) Preventive services	Services you may receive to prevent more serious problems developing. These include things like reablement , telecare , befriending schemes and falls prevention services. The aim is to help you stay independent and maintain your quality of life, as well as to save money in the long term and avoid admissions to hospital or residential care.
31) Primary care	The part of the NHS that is the first point of contact for patients. This includes GPs, community nurses, pharmacists and dentists.
32) Reablement	A way of helping you remain independent, by giving you the opportunity to relearn or regain some of the skills for daily living that may have been lost as a result of illness, accident or disability. It is similar to rehabilitation, which helps people recover from physical or mental illness. Your council may offer a reablement service for a limited period in your own home that includes personal care, help with activities of daily living, and practical tasks around the home.
33) Referral	A request for an assessment of a person's needs, or for support from a social care organisation. A referral to adult social care may be made by your GP, another health professional or anyone else who supports you. You can also refer yourself, or a member of your family, by contacting the adult social care department at your local council.
34) Residential care	Care in a care home, with or without nursing, for older people or people with disabilities who require 24-hour care. Care homes offer trained staff and an adapted environment suitable for the needs of ill, frail or disabled people.
35) Resource Allocation System	The system some councils use to decide how much money people get for their support. There are clear rules, so everyone can see that money is given out fairly. Once your needs have been assessed, you will be allocated an indicative budget – so that you know how much money you have to spend on care and support. The purpose of an indicative budget is to help you plan the care and support that will help you meet your assessed needs – it might not be the final amount that you get, as you may find that it is not enough (or is more than enough) to meet those needs.
36) Respite care	A service giving carers a break, by providing short-term care for the person with care needs in their own home or in a residential setting. It can mean a few hours during the day or evening, 'night sitting', or a longer-term break. It can also benefit the person with care needs by giving them the chance to try new activities and meet new people.
37) Review	When you receive a re-assessment of your needs and you and the people in your life look at whether the services you are receiving are meeting your needs and helping you achieve your chosen outcomes. Changes can then be made if necessary.

TERM	DEFINITION
38) Rights	What you are entitled to receive, and how you should be treated, as a citizen . If you have a disability or mental health problem, are an older person or act as a carer for someone else, you have the right to have your needs assessed by your local council. You have a right to a service or direct payment if your assessment puts you above the eligibility threshold your council is using. You and your carers have a right to be consulted about your assessment and about any changes in the services you receive.
39) Risk assessment	An assessment of your health, safety, wellbeing and ability to manage your essential daily routines. You might also hear the term risk enablement , which means finding a way of managing any risks effectively so that you can still do the things you want to do.
40) Safeguarding	The process of ensuring that adults at risk are not being abused, neglected or exploited, and ensuring that people who are deemed 'unsuitable' do not work with them. If you believe that you or someone you know is being abused, you should let the adult social care department at your local council know. They should carry out an investigation and put a protection plan in place if abuse is happening. Councils have a duty to work with other organisations to protect adults from abuse and neglect. They do this through local safeguarding boards .
41) Self-assessment See also: Pre-assessment	A form or questionnaire that you complete yourself, either on paper or online, explaining your circumstances and why you need support. A social care worker or advocate can help you do this. If your council asks you to complete a self-assessment form, it will use this information to decide if you are eligible for social care services or if you need a full assessment by a social worker.
42) Self-directed support See also: Personalisation	An approach to social care that puts you at the centre of the support planning process, so that you can make choices about the services you receive. It should help you feel in control of your care, so that it meets your needs as an individual.
43) Self-funding	When you arrange and pay for your own care services and do not receive financial help from the council.
44) People who use services	Anyone who uses care services, whether you are in your own home, in residential care or in hospital. The NHS is likely to describe you as a 'patient', while the council and other care providers may also describe you as a 'client' or 'service user'. You may also be described as a 'cared-for person', in relation to your carer.
45) Signposting See also: Broker	Pointing people in the direction of information that they should find useful. Your local council should signpost you towards information about social care and benefits through its helpline or call centre (if it has one), website and through local services such as libraries and health centres.

TERM	DEFINITION
46) Single assessment process	An attempt to coordinate assessment and care planning across the NHS and councils, so that procedures aren't repeated and information is shared appropriately. It was introduced because people sometimes have a wide range of needs and can end up being assessed more often than necessary, and information can end up getting lost. The single assessment process is widely used for older people, and increasingly for other adults with care needs.
47) Social worker	A professional who works with individual people and families to help improve their lives by arranging to put in place the things they need. This includes helping to protect adults and children from harm or abuse, and supporting people to live independently. Social workers support people and help them find the services they need. They may have a role as a care manager , arranging care for service users . Many are employed by councils in adult social care teams; others work in the NHS or independent organisations.
48) Support plan	A plan you develop that says how you will spend your personal budget to get the life you want. You need to map out your week, define the outcomes you hope to achieve, and show how the money will be used to make these happen. Your local council must agree the plan before it makes money available to you.
49) Telecare	Technology that enables you to remain independent and safe in your own home, by linking your home with a monitoring centre that can respond to problems. Examples are pendant alarms that you wear round your neck, automatic pill dispensers, and sensors placed in your home to detect if you have fallen or to recognise risks such as smoke, floods or gas-leaks. The monitoring centre is staffed by trained operators who can arrange for someone to come to your home or contact your family, doctor or emergency services.
50) Universal services	Services such as transport, leisure, health and education that should be available to everyone in a local area and are not dependent on assessment or eligibility .
51) Voluntary organisations	Organisations that are independent of the Government and local councils. Their job is to benefit the people they serve, not to make a profit. The people who work for voluntary organisations are not necessarily volunteers – many will be paid for the work they do. Social care services are often provided by local voluntary organisations, by arrangement with the council or with you as an individual. Some are user-led organisations, which means they are run by and for the people the organisation is designed to benefit – e.g. disabled people.
52) Wellbeing	Being in a position where you have good physical and mental health, control over your day-to-day life, good relationships, enough money, and the opportunity to take part in the activities that interest you.

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Think Local Act Personal is a sector-wide commitment to moving forward with personalisation and community-based support, endorsed by organisations comprising representatives from across the social care sector including local government, health, private, independent and community organisations. For a full list of partners visit www.thinklocalactpersonal.org.uk