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