

## Personalisation Review

### Context

Personalisation is about recognising people as individuals who have the ability and desire to exercise choice over the way that care services are accessed.

The traditional approach where services were provided, in their entirety, by the local authority meant that people were not able to shape either the level or the form of help and support they received. Personalised approaches enable people to identify their own needs and make choices about when and how they are supported. Personalisation also aims to make sure that there is an integrated and affordable community based offering available to everyone who may need it. For this ambition to be fulfilled it would be necessary to build community capacity to provide a good choice of support regardless of age or disability

Trafford Council has been developing its approach to Personalisation over a little more than 4 years and the programme is on-going.

A number of national initiatives have affected the strategic approach taken by the council. These include:

The Putting People First Concordat ( 2008 )

The Right to Control Trailblazer ( 2010 )

The Think Local, Act Personal - Sector Led Improvement Partnership ( 2011 )

During the development process the council has received national recognition and has won a number of awards relating to Personalisation.

These include:

IdEA award for Taking Control of Care – Empowering Adults to Control Their Own Care

Shortlisted for Local Government Chronicle award in Health and Social Care Category for Personalisation - **Runners Up**

### Scope

The review focused on three core areas:

Understanding, by the individual concerned or their supporters, of the amount that will be available to them.

The availability and quality of advocacy and advice that will allow individuals, or their supporters, to make informed decisions about the use and management of their budgets

The development of a robust and diverse local market that can be accessed by individuals to meet their needs.

## Procedure

A number of Reports were requested and delivered during the review. They covered the following areas:

An Analytical Review of Personal Budgets in Trafford	January 2013
Personalisation and Market Development	March 2013
Respite Provision and Personalisation	undated
An Overview of Re-ablement and Personalisation	April 2013
Provision of Services in the BME Community	April 2013
Personal Budgets and Returned Funds	July 2013
Complaints Data	July 2013

A visits programme was undertaken to enhance the reports including:

- Away Day Care – 12 April 2013
- Trafford Centre for Independent Living – 22 May 2013
- LMCP Care Link (Old Trafford Community Centre 'Drop In' – 22 May 2013
- Supported Living at Newhaven, Timperley – 23 July 2013

Action Plan / Notes taken from Meetings of the Topic Group

Action Plan: 28 January 2013

Notes: 9 April 2013

Notes: 29 April 2013

Notes: 29 July 2013

The next section of this document contains summaries of the reports that were presented. The full text of these reports can be found on the Trafford Website.

### **An Analytical Review of Personal Budgets in Trafford      January 2013**

Personalisation is about recognising people as individuals and putting them at the centre of their own care and support. It includes both self-directed and personal budgets, enabling people to identify their own needs. For this process to work properly, potential users need access to information, advice and advocacy so that they can make informed decisions. As an integrated, community based approach it is dependant upon the availability of capacity within the community that is accessible for local commissioning.

The concept is not new, having existed since 2008. During that time it has been shaped by a number of central government initiatives including:

The Putting People First Concordat in 2008

The Right to Control Trailblazer in 2010

The Think Local - Act Personal, Sector Led Improvement Partnerships of 2011.

The original intention was to reach a point where 70% of eligible service users were able to access a wide range of social care services funded by a personal budget.

## **Respite Provision and Personalisation**

**undated**

It is tempting to restrict the view of the provision of services to those who require the direct support of the various resources that either exist or are in the process of creation. This can fail to recognise the needs of the carers who deliver, often within the same family. This is why consideration of the provision of respite services is necessary to complete the picture.

Respite Services, tailored to an individual can be purchased from an individual budget. These may include:

- Agency Support

- PA Support

- Day Support

- Temporary care in a residential setting.

When this facility was examined the number of users totalled just 67 grouped as:

- 28 Older People

- 29 people with physical disabilities

- 10 people with learning disabilities

Carer's Personal Budgets provide the support for this respite care but are not always taken up. Often individuals do not recognise themselves as carers. It is important to understand that carers need to have a break from their role, even for a short time, to avoid the phenomena of 'carer breakdown' that is apparently quite common.

## **Personalisation and Market Development**

**March 2013**

For the concept of personalisation to work it requires a robust, diverse and high quality market to meet the needs and aspirations of its users. There were early concerns about the capability of markets to respond to the proposed changes.

It is the intention that the role of councils will diminish over time but they will inevitably retain a responsibility for shaping the market in their area.

### **Market Positioning**

A duty is placed upon Local Authorities to encourage a range of different care providers including:

- User and Carer led organisations

- Small and micro enterprises

- Social Enterprises

### **Develop a Market Position Statement (MPS)**

- To set out ambition

- Recognise Local Demand

- Set out the LA's vision for care and support as well as commissioning

An MPS for Social Care is relatively new and usually covers one LA area. It can also be specific to a particular part of the market. The sub-regional MPS is different because it covers a wider geographic area.

Manchester Area Partnership Right to Control Programme - where Right to Control is now a legal right.

The Trafford MPS was scheduled for late March 2013 for Launch in Spring 2013

### The Council's Approach to Market Management

The move towards Personalisation requires the transformation of existing services and the creation of new providers - for example BluSCI. And the launch of My Choice Marketplace in September 2012.

Innovation Fund -Targeted specifically at the development of bespoke services from micro-providers - creating a rich and diverse market.

Where a need is identified, providers are invited to apply for grants ( variable values ).

Conscious decision to minimise bureaucracy.

Linda Harper introduced the report and highlighted that the Council had taken steps to shape the market locally in order to ensure that there was enough choice of services on which residents could spend their personal budget.

The Market Position Statement mentioned earlier was discussed. It was pointed out that the document should contain the local authority's ambitions for working with care providers. The highlighting of these ambitions would encourage the development of a diverse range of personalised care options. It would include statements about local demand for different care and support options, the local authority's vision for care and support, and commissioning policies and practices. The Market Position Statement (MPS) forms part of Manchester, Stockport and Trafford's plan to stimulate a diverse market of personalised care and support that offers real choice and control to individuals. The document will have the indirect effect of enabling residents to continue using services if they were to move between Boroughs.

It was clear that the 3 Boroughs are more interested in personalisation than others in Greater Manchester.

*It was suggested that the Council aspires to take every step to join up funding streams, this includes Supporting People and other Council funding streams, as well as Department for Work and Pensions sources and this worked formed part of the Right to Control pilot.*

*The Innovation Fund was discussed (a method of enabling small businesses/voluntary sector organisations to access funding to provide bespoke services to personal budget holders. It involves bidding for funds and meeting certain criteria).*

*The desire to support good practice is also evident in a good, committed workforce who share the values associated with improving outcomes for residents. This is reinforced through a clear strategy of providing a timely, citizen-focussed service.*

*Exclusively web-based information was discussed in the context of questioning how this supports those without internet access to access services. This led to a discussion about brokerage, and LMCP care link. They have 4-5 brokers who access web based information and communicate it to those residents who need support. This is supported by a drop in session at Old Trafford Community Centre on Wednesday's.*

#### *MyChoice Marketplace*

*The Group received a presentation from Barry Glasspell on the MyChoice Marketplace website. During the presentation it was suggested that the Council was struggling to recruit quality checkers to ensure that services were meeting certain standards. Additionally, the website will be promoted and one such tool of promotion is the creation of small cards/flyers.*

*It was noted that a number of providers have been supported to develop a customer base as a result of the website.*

#### *Information from Ahmed Lambat*

*Ahmed explained that LMCP Care Link was established in 2005 to facilitate a range of early intervention and information services predominantly for the South Asian communities. They offer a range of approaches to access their services e.g., website, drop ins and outreach. Signposting to services is well used as LMCP are 'very good generalists'.*

*It was noted that not knowing something is available or not having the confidence to access it are key barriers which need to be overcome to support residents access the care they need. Additionally, it takes time to get people engaged in taking the first steps to access services. It was also raised that access to GP's is a problem.*

#### *Respite Provision*

*It was noted that there is a great deal of choice in relation to respite care and that the choices available were typical of how the public would normally holiday e.g., hotels, caravans etc.*

*The issue of power of attorney was discussed as a process which can be very challenging to navigate through, especially for carers. It was raised that the Carers Centre is a good source of support for carers going through this process.*

*The issue of carers appealing the refusal of a grant for respite provision was also raised, and it wasn't clear how many appeals were made. No further information on this issue was necessary.*

The report set out to describe the 'Customer Journey' and this format has been retained here.

*The Hospital or Community Screening Team send a referral to the Assessment and Re-ablement Team and services should be agreed prior to discharge.*

*The Assessment and Re-ablement team provide support and assistance while producing a Plan of Support.*

Assessment can continue for up to 6 weeks - services being provided on a chargeable basis.

Where on-going needs are assessed, is the person FACS eligible.

Assessment of Level of Needs includes:

*Critical* - where there is an immediate risk to the health, well being and independence.

*Substantial* - where there is a significant risk to health, well being and independence.

Needs are reviewed annually

## **Understanding the Personal Budget Customer Journey**

Members considered a presentation and accompanying documentation delivered by Martin White which related to accessing a personal budget and the customer's journey from the initial contact, through screening, Re-ablement and assessment, the budget offer and review.

Questions were raised that this pathway assumed that those entering the system do so at the beginning – what happens to those customers who were already in the system but need extra funding/assistance? In this case, contact would be made by the client to the Council directly in order to be reassessed, or through their review. This means that the initial stages of screening wouldn't apply.

Public awareness of services was raised and it was noted that some members of the community do not have access to the internet in order to use websites such as MyChoice marketplace. It was noted that use of this facility was not the only means of accessing personal budget services and that health professional referrals were very common, as were those from AGE UK and Trafford CIL. Additionally, neighbours often call to establish whether any services exist for local residents.

The Personal Budget team undertake a 6 week review to check that recipients of PB's are handling their budget well, their needs are being met and to ensure that any issues they may have are dealt with effectively. These can happen sooner, if people require more support. As with all services funded by Adult Social Care, there is also an annual review, to ensure needs are being met, or if there are any changes in circumstances. Again, these can happen earlier if requested.

Members enquired whether PB's are 'pushed' by the team in order to increase take up. Colleagues responded with a clear, no. The benefits of PB's are pointed out to residents as they offered better opportunities for choice and control and promoted independence. However if residents wished to use commissioned services they were able to. Furthermore, if it became apparent that personal budget users were having difficulties managing it they could revert to commissioned services - the system was flexible enough to accommodate this.

**Action** – That Members receive a case study relating to PB users with mental health issues.

Equality of access was also discussed and it was noted that there had been a low uptake of PB's with residents with mental health issues. Following work with the mental health trust, and with the assistance of Trafford CIL, this has increased uptake.

Peer support was also discussed as a method of increasing capacity within communities and amongst service users.

Safeguarding referrals were explained and Members understood that these were urgent cases and were the adult equivalent of child protection referrals.

Re-ablement was raised and it was noted that the average user of re-ablement assistance is an older person leaving hospital. The overall purpose of re-ablement is to promote independence and enhance the skills of people in order to manage their conditions. Supporting someone in this way to become more independent is a better option than longer term social care as it enables people to have control of their own lives. A question was raised in relation to the costs associated with re-ablement, and personal budgets, it was noted that each case is treated on its own merits. In some cases, where people have complex needs, commissioned support, such as residential care may be a more effective option.

There is a choice of brokerage support to help people with their personal budgets, including Trafford Council's personal budget team who are excellent and well known for their service both internally and with clients and organisations.

The issue of power of attorney was raised and the challenges associated with obtaining this legal status. The recruitment of Personal Assistants was discussed and a handbook on recruiting PA's and the accompanying issues relating to employing them has been developed by the PB team. The handbook provides a one stop shop for advice. This was shared with members of the Topic Group.

## **Provision of Services in the BME Community**

**April 2013**

The BME community is not immune to the effects of age and ill-health that affect other groups within the population. There is a need for the same robust and diverse market to meet the needs, expectations and aspirations of this specific community where they are found to diverge from those of the community in general.

Concerns had been raised about the ability of the existing resources within the BME community to respond to the upcoming changes with providers expressing concern about stepping up to the 'new world'.

Although the council's role will diminish over time, it will need to address residual needs for some time into the future. In the meantime the council will need to involve itself in Market Shaping as well as some provision.

The BME Service Improvement Partnership has been created to identify strategic gaps in the marketplace. One of the early issues that they identified concerned a shortage of Personal Assistants from within the various communities who could demonstrate an appropriate level of 'cultural competence'.

A major provider of care to the BME community is LMCP Care Link. They raised a number of points during discussions:

They were making more use of drop-ins and support brokerage as they have to reduce the number of home visits.

## **Personal Budgets and Returned Funds**

**July 2013**

**SEE CHART ON PAGE 3 OF AGENDA PAPERS**

The overall level of returns remains consistent as a percentage but is growing in size as the overall amounts increase, the amount having grown from £4 million to £6.8 million between 2009/10 and 2012/13.

There has been a reduction in the level of claw back which suggests that users are managing their budget efficiently.

## **Complaints Data**

**July 2013**

During the period in question there were 102 non-statutory complaints of which 4 were highlighted as involving personalisation. These were:

- A desire for more money without re-assessment
- A complaint about the handling of contingency funds
- A request for further funding after the initial budget had been spent.
- A problem with understanding and communications



## **Visits**

A number of visits were undertaken so that members of the sub-committee could see the various processes and services in action.

Away Day Care – 12 April 2013

Trafford Centre for Independent Living – 22 May 2013

LMCP Care Link (Old Trafford Community Centre 'Drop In' – 22 May 2013

Supported Living at Newhaven, Timperley – 23 July 2013

The next section of this document summarises each of these visits.

## **Away Days Care including Davyhulme Youth Centre**

**12 April 2013**

### ***Present – Cllrs Holden and Lloyd***

Members visited the Away Days service operated by Jean O'Hara.

The service is based within Jean's family home and enables people with learning and physical disabilities to access bespoke care in the form of days out or relaxation within a safe, home setting. Jean welcomes service users from the Muslim and other local communities.

Jean expressed the view that the personalisation agenda, with its focus on the individual needs of service users, had caused providers to aspire to provide significant enhancements. She believed that providers have recognised the need to 'go that extra mile' to meet the needs of service users and to enable them to survive in a competitive marketplace – the best providers will survive. 'At one time they (the service user) had to fit round services, now the service fits around them'.

Jean also raised the issue of the risks associated with bespoke care and suggested that all those involved should be prepared to accept 'positive risks', - for example taking service users horse riding - to allow those service users to experience the activities which are seen as normal.

Independent Travel Training (a key element in the Council's ongoing support strategy) was also raised as a positive step forward enabling those with learning and physical disabilities to use public transport.

The issue of staff to service user ratios were discussed and that they existed in children's services but not in adult services.

The Ring and Ride Service emerged as an issue. The service was apparently not responsive.

The issue of ½ day care was raised. Jean sees it as inefficient and ineffective to both the service user and the provider. You can't take people out for a half day, except in a very local area, due to the constraints on transport, staff etc. This severely limits the options of the users.

The opportunity was taken to visit the nearby Davyhulme Youth Centre where activities were happening on the same day.

### **Collinwood – Davyhulme Youth Centre**

The visitors were able to speak with Brian (a service user who was visually impaired) – 'Away days is great...I go swimming, gym, walking, shops'.

Jean advised that there needs to be a greater awareness of her service within the adult social services team.

## **Trafford Centre for Independent Living – 22 May 2013**

### **Present – Cllr Holden**

#### **Key Issues**

Brokers – CIL have brokers but so does the Council. What is the difference? CIL get very few referrals from the Council and they are not sure why this is. (This comment is the same as the one from Jean at Away Days).

Administration of a Personal Budget – Separate bank account can be troublesome but they acknowledge that it is required for audit purposes. CIL have a contract for a managed accounts and payroll service which is very valuable. CIL undertake all the CRB checks, payroll services, recruitment of staff etc for a fixed fee of £11 per month. Again, very few referrals to CIL for this service from the Council. They generally refer to accountants. 'Managing the account is the cornerstone of independence'.

Referral Pathways - These could be improved especially from Trafford Carers and the Council. Referrals working well from the Mental Health Trust.

**Present – Cllrs Holden, Brophy and Lloyd.**

**Key Issues**

Overview of LMCP Care Link – Free service with a contract for a caseworker, drop in session. Training for PA's is also given. Support with applying for and during the awarding of a personal budget is also given. It was noted that especially for this community, the personal budget process is challenging.

Language – Letters written in English are difficult to understand and increasingly the younger ones in the household are the de facto interpreters. LMCP enables the community to attend their drop in centres and be provided with support and guidance in this area.

Communication and Awareness of LMCP Care Link – LMCP attend GP meetings to raise their profile within the GP community and to solicit referrals. As their service supports early intervention and prevention, they would welcome more GP referrals.

**Comments**

It (LMCP care link services) works because it is community based.

Following discussion with one Personal Budget user, there is a need for those in receipt of a PB to be assertive with their carer and not just spend a large proportion of their time just chatting over a cup of tea. Their allocated care hours are assessed for a distinct reason and carers should be there to provide care such as washing, cleaning etc.

Carer breakdown was discussed and the overreliance on some carers, especially when it is a sole person delivering care. It can be a very intense relationship and ensuring that care is delivered at the right time by the right person must be balanced with the need to ensure the sustainability of the carer/cared for relationship.

Members recognised that the family dynamic within SE Asian communities isn't always close knit and that they have the similar challenges to that of Western families.

**Supported Living at Newhaven, Timperley – 23 July 2013**

Homecare Service located at New Haven, Tulip Drive, Timperley, WA15 6LP

**Present – Cllr Holden**

The meeting was arranged with Tom Ternent, who is the care manager on-site.

**Background**

The facility provides accommodation for several different categories of resident. These include:

Traditional Service Users funded by the council

Residents who are self funded

Residents with a personal budget

The facility is prepared for the move from commissioned to personalised services, but at this time the change appears to be very slow.

During the visit it was not possible to speak to any of the 'mainstream' residents but I was able to spend time with a couple who have an apartment in the building which they part own. Support to the couple is provided by the care staff in the building.

Concern was expressed about the transient nature of the workforce leading to a lack of continuity.

Night services are provided by a single carer who was often interrupted during routine activities to deal with 'emergency' calls from other residents.

Flexibility in allocating time slots was meant to enhance the level of service – I am not sure I believe that this works.

One fact that was drawn to my attention concerned the maintenance of the garden area. There are some able bodied and enthusiastic residents who, over the years will become frail. There is little evidence of 'succession planning' and no new 'younger' residents are arriving.

**Observations** – This section to be expanded before the meeting of the Scrutiny Committee

In general, the philosophy of Personalisation has been embraced by the whole community of service providers and users.

The process is, however, vulnerable to market conditions.

**Recommendations** – To follow