

Overview and Scrutiny Report

Review of the Personalisation Process in Adult Social Care



21 March 2012

1. Executive Summary

- 1.1 The Adult Social Care, Health and Wellbeing Sub-Committee reviewed Personalisation and following a number fact finding sessions found that it was helping some service user have greater choice and control. It also identified a number of issues, such as transparency, timeliness and training, which form the basis of the 15 recommendations made in this report.
- 1.2 Personalisation was introduced in North Tyneside in April 2009, which is described by the Department of Health as meaning that "every person who receives support, whether provided by statutory services or funded by themselves, will have choice and control over the shape of that support in all care settings".
- 1.3 In practice Personalisation encompasses not only the allocation of a personal budget but also includes the provision of services tailored to the needs of every individual, the provision of improved information and advice on care and support for families, investment in preventive services to reduce or delay people's need for care and the promotion of independence and self-reliance among individuals and communities.
- 1.4 The government has set a target that all service users eligible for a personal budget should have one by April 2013.
- 1.5 The review took place between November 2011 and March 2012.

2. Recommendations

- 2.1 In accordance with Section 122 of the Local Government and Public Involvement in Health Act 2007, Cabinet are required to provide a response to the recommendations of the Overview and Scrutiny Committee within 2 months. In providing this response Cabinet are asked to state whether or not it accepts each recommendation and the reasons for this decision. Cabinet must also indicate what action, if any, it proposes to take.
- R1 That Cabinet ask the Head of Adult Social Care to assess whether an accredited list of service providers including customer reviews could be developed as part of the website development.**
 - R2 That Cabinet ask the Head of Adult Social Care to explore the possibility of using external qualified people to support service users to complete the Self / Supported Assessment Questionnaire and to report their findings back to the ASC, H&WB Sub Committee.**
 - R3 That Cabinet ask the Head of Adult Social Care to explore the option of providing assessment officers with a portable PC, such as tablet PCs, to enable them to access and record service user information during the interview.**
 - R4 That Cabinet ask the Head of Adult Social Care to change the wording on the Self / Supported Assessment Questionnaire to ensure it is clear that**

the service user would only be expected to pay a contribution of up to a maximum of £150.00 per week (£200.00 from 23 April 2012) towards their care.

- R5 That Cabinet ask the Head of Adult Social Care to provide the service user with a standardised determination letter which gives a breakdown of the indicative budget and how it was calculated.
- R6 That Cabinet ask the Head of Adult Social Care to ensure that the final personal budget is a fair reflection of service users needs and that there is consistency and equity between service users and client groups, and should monitor:-
- The amount of final personal budgets over or under allocation, broken down by client category and age.
- R7 That Cabinet ask the Head of Adult Social Care to provide clarification and publicise how a service user can make a complaint if they are dissatisfied with the amount allocated in their personal budget.
- R8 That Cabinet ask the Head of Adult Social Care to forward care plans to service providers in advance of the care plan commencing.
- R9 That Cabinet ask the Head of Adult Social Care to review the process to ensure that a service user can receive the financial assessment at the same time as the indicative budget, so that they can make more informed decisions when developing their support plan.
- R10 That Cabinet ask the Head of Adult Social Care to produce a timeline with indicative milestones, to explain to the service user how long each part of the assessment process should take.
- R11 That Cabinet ask the Head of Adult Social Care to monitor the process and ensure they are complying with the agreed timeline (as in recommendation 10).
- R12 That Cabinet ask the Head of Adult Social Care to ensure that initial and ongoing training and support is provided to all social workers on the whole Personalisation process.
- R13 That Cabinet ask the Head of Adult Social Care to facilitate informal dialogue between social workers, service users, carers, service providers and third sector to promote an understanding of each others experiences and good practice.
- R14 That Cabinet ask the Head of Adult Social Care to explore whether service users are able to work with the same social worker for as long as they continue to receive services and support from the Service.
- R15 That Cabinet ask the Head of Adult Social Care to ensure that the Personalisation process makes clear that carers have a right to an assessment in their own right and to explain how this happens.

3. Context

- 3.1 The Council's Adult Social Care (ASC) is currently facing significant challenges to make the support it provides more responsive to service user needs and more cost effective.
- 3.2 Radical reform which is based on the cross-government concordat, "*Putting People First*" 2007, which is a shared vision and commitment to the transformation of Adult Social Care, is taking place. One of the objectives of this reform includes a shift to choice and control for service users through self-directed support and the opportunity to control a personal budget or direct payment.
- 3.3 What is a personal budget?
This is when the service user knows how much funding is available to pay for their care. Unless the money is given as a direct payment, it remains available from the Council to pay towards services and support to meet eligible social care needs.
- 3.4 What is a direct payment?
This is when the money in the personal budget is given to the service user as a monetary payment and they, alone or with support, are responsible for managing and accounting for this money.
- 3.5 The government has set a target that all service users eligible for a personal budget should have one by April 2013.
- 3.6 The service user can decide how to use their personal budget and whether they take a direct payment, this means in some instances the Council continue to manage their care and support. In the period April 2011 to February 2012 there have been 2,578 service users with a personal budget and of these 521 were taking it as a direct payment and 2,057 have asked the Council to continue to manage their care and support.

4. Background to the study

- 4.1 At the meeting of the Adult Social Care, Health and Wellbeing Sub-Committee meeting on the 29 September 2011 the committee received a presentation titled '*Personalisation – A Step Back and a Look Forward*' from the Head of Adult Social Care (Jacqui Old) and the Senior Manager for Strategic Planning & Business Transformation (Haley Hudson). The presentation highlighted some of the challenges ASC face in rolling out the Personalisation process and the sub-committee decided to establish a Personalisation Sub-Group to review the process in North Tyneside, to understand how it could be improved for service users.

4.2 The cross party sub-group comprised of Councillor John O'Shea (Review Lead), Councillors Bell, Normand, Stevens and Alison Chalmers a co-opted member from North Tyneside Local Involvement Network (LINK). Officer support was provided by Sharon Ranadé, Performance and Scrutiny Officer.

4.3 The review took place between November 2011 and March 2012.

5. Method

5.1 At the first meeting of the sub-group on the 2 November 2011, the Senior Manager for Strategic Planning & Business Transformation (Haley Hudson) and Senior Practitioner – Personalisation (Nicola Munn) from ASC were invited and gave a 'walk through' of the Personalisation process from the view of the service user. This covered the seven main steps as outlined in North Tyneside's Personal Budgets – A step by step guide, a copy of this is attached at Appendix One. The seven steps are:-

Step 1 – Your Assessment

Step 2 – Your Indicative Personal Budget

Step 3 – Managing Your Personal Budget

Step 4 – Building Your Support Plan

Step 5 – Getting Your Support Plan Agreed

Step 6 – Living Life

Step 7 – Review and Learn

5.2 The focus of the study was to investigate the Personalisation process from the service user perspective. The sub-group met with a range of stakeholders who were suggested by LINK and ASC and included service users, carers, service providers and the third sector to gain their experience of Personalisation process. These views have formed the basis of the conclusions and recommendations in this report.

5.3 Discussions at the sessions covered the main steps of the Personalisation process but tended to focus on the:-

- Provision of information¹
- Assessment process
- Resource Allocation System (RAS)
- Financial assessment
- Support plan / care plan

5.4 A press release was also issued at the beginning of January and subsequently published in the Evening Chronicle and the News Guardian. As a result one additional parent carer attended a session.

¹ The LINK report 'Information for Personal Budgets' was completed in September 2011, and its findings have been taken into account during this review.

5.5 Below is a list of the sessions which were held:

Third Sector Organisations	8 December 2011
Carers and Users	13 January 2012
Parent Carers	1 February 2012
Cornerstone Café Group	8 February 2012
Service Providers (domiciliary care)	8 February 2012
Service Providers (learning disabilities)	24 February 2012
Service Providers (mental health)	9 March 2012

5.6 During the review the sub-group met with 5 user, 22 carers, 5 service provider representatives and 9 third sector representatives.

6. Positive outcomes

6.1 For some service users Personalisation has had a positive impact on their lives, it has given them choice and control over the services they receive which has enhanced their quality of life and promoted their independence. This was particularly the case for three young people who the sub-group met at the Cornerstone Café Group.

6.2 The appointment of a Senior Manager for Strategic Planning & Business Transformation in January 2011 has certainly been viewed positively, the people we spoke to said that it had helped to speed up the roll out of Personalisation in North Tyneside.

6.3 The whole of ASC has been restructured to ensure that Personalisation is at the centre of what they do.

7. Provision of information

7.1 Generally the people we spoke to told us that initially information had been poor and had not been readily available from the Council however this was improving. It had been seen as a positive step to establish a small working group with carers from the third sector to work with ASC to produce a short guide and a step by step guide to personal budgets and a number of fact sheets. These are now on the internet and in the process of being printed.

7.2 The Council are currently developing a website to provide better information and advice about all adult social care services including Personalisation to service users which is due to go live in April 2012. It has been developed using examples of best practice and the findings of the LINK report and other feedback from service user and carers of the service. Linked to this the Council are also developing an A-Z service directory which will be accessible from the website. Service users and carers are being involved in evaluating the website to ensure it is accessible to all.

7.3 At the meeting with the third sector, it was reflected that an accredited list of service providers which included customer reviews would offer some reassurance to service users and carers accessing services.

R1: That Cabinet ask the Head of Adult Social Care to assess whether an accredited list of service providers including customer reviews could be developed as part of the website development.

8. Assessment process

- 8.1 The first step to getting a personal budget is to complete a Supported / Self Assessment Questionnaire (SSAQ). This asks questions about the support needed and why it is needed. The form also asks about the support received and whether it is from an un-paid or informal carer.
- 8.2 The person being assessed answers the question in the SSAQ usually supported by an assessment officer from the Council. This is the same for all user groups. The people we spoke however thought that the SSAQ could be completed by anyone but for people with learning disabilities it had to be supported by a social worker or social support officer.
- 8.3 All assessments have to be agreed and signed off by a qualified, nominated officer of the Council as this is a statutory function of the Council.
- 8.4 Once the assessment is complete and signed off it is entered into the Council's Resource Allocation System (RAS) which calculates an indicative budget. The Council's policy is to meet the needs that reach the substantial or critical bandings as defined by the Fair Access to Care Services (FACS) criteria. The FACS guidance on eligibility criteria for Adult Social Care is attached at Appendix Two.
- 8.5 However in relation to answering the questions in the SSAQ the people we spoke to felt that this could be supported by a suitably trained and a qualified independent person, for example through the third sector. This could free up resources within ASC and possibly be more cost effective. For example Northumberland County Council employ three Person Centred Planner Co-ordinators who support users through the assessment, it was thought that this could offer a more flexible approach.
- 8.6 Assessment officers currently complete the SSAQ by hand and once they return to the office they then type the hand written information into the Adult Integrated Solution (AIS) system. The sub-group believe that it would be more time effective, accurate and responsive if assessment officers were provided with portable PCs, such as tablet PCs that enable them to access and record client information during the interview.
- 8.7 The current SSAQ which is used by the council has a section on personal finance, in this section it asks the question; Do you have savings over £23,250? (If the answer is yes then it is likely you will pay the full contribution). The people we spoke to as part of this study reflected to us that they felt that this was misleading as people may take it to mean that they have to pay the full amount of their care, rather than a contribution towards it. There were concerns that this could deter someone from completing an assessment. A simple solution to this would be to change the wording to ensure that it is clear that a service user would only be expected to make a contribution and to state what the maximum contribution would be, for

example at the moment they would have to contribute up to a maximum of £150.00 per week towards their care which is due to change to £200.00 from 23 April 2012.

- R2 That Cabinet ask the Head of Adult Social Care to explore the possibility of using external qualified people to support service users to complete the Self / Supported Assessment Questionnaire and to report their findings back to the ASC, H&WB Sub Committee.**
- R3 That Cabinet ask the Head of Adult Social Care to explore the option of providing assessment officers with a portable PC, such as tablet PCs, to enable them to access and record service user information during the interview.**
- R4 That Cabinet ask the Head of Adult Social Care to change the wording on the Self / Supported Assessment Questionnaire to ensure it is clear that the service user would only be expected to pay a contribution of up to a maximum of £150.00 per week (£200.00 from 23 April 2012) towards their care.**

9. Resource Allocation System (RAS) and the indicative budget

- 9.1 The people we spoke to felt that it was important to have a more transparent RAS. At present when service users are allocated an indicative budget they don't receive any documentation to support the decision or an explanation on how it was calculated. There was concern that if service users are not given the reasons behind the decisions made that the council wouldn't be able to evidence that it had been a rational and transparent decision if challenged in court. Some people suggested that the lack of transparency meant that you had to know the system to get the best for the service user.
- 9.2 There is also concern amongst the people we spoke to that the RAS was brought in to reduce services and that the council is using it to deliver budget cuts. There have been several examples of service users receiving an indicative budget which was significantly lower than what was required to meet the service user's care needs. In some instances service users were allocated half of what was previously received to meet their needs. Although there is an opportunity to get additional funding via the ASC panel, this was seen as a lengthy process which could cause additional stress and anxiety to both the service user and the carer.
- 9.3 Carers we spoke to said there was a lack of consistency when allocating personal budgets and there had been instances when service users with similar disabilities had ended up with significantly different indicative budgets.
- 9.4 There was also the view that Personalisation seemed to work better for young people and in relation to domiciliary care a young person with disabilities could / would receive more than someone elderly. These are issues which are being experienced nationally by all local authorities rolling out Personalisation.
- 9.5 If service users and carers were given a breakdown of how the indicative budget was arrived at, for example by receiving a standardised determination

letter explaining how their indicative budget was calculated and what amount they are receiving, this would standardise the process and makes it more transparent for service users.

R5: That Cabinet ask the Head of Adult Social Care to provide the service user with a standardised determination letter which gives a breakdown of the indicative budget and how it was calculated.

R6 That Cabinet ask the Head of Adult Social Care to ensure that the final personal budget is a fair reflection of service users needs and that there is consistency and equity between service users and client groups, and should monitor:-

- **The amount of final personal budgets over or under allocation, broken down by client category and age.**

R7 That Cabinet ask the Head of Adult Social Care to provide clarification and publicise how a service user can make a complaint if they are dissatisfied with the amount allocated in their personal budget.

10. The support plan / care plan

10.1 The support plan describes how a personal budget will be used and has clearly defined outcomes. Support plans need to be safe, legal and within the agreed budget. Once a support plan is complete it is agreed and signed off by a suitable qualified officer of the Council. The support plan forms the basis of a care plan which the Council will often ask a service provider to deliver on behalf of a service user.

10.2 There are two main routes in which domiciliary care service providers can receive care plans; one is through the Reablement Service and the other through hospital discharge. Through the Reablement Service, service providers should get the care plan within 4 weeks to implement in 6 weeks, however service providers have said that doesn't usually happen and everything is sent through during the last week and service providers are put under pressure to deliver the care package in time. Hospital discharge is also not smooth process with care plans being sent through too quickly and at the last minute. There is an expectation that care services will start without the service provider meeting the service user in their own home. This can cause safeguarding issues due to service providers not having the time to carry out risk assessments or sorting out medication.

10.3 Having a more timely approach will ease pressure from service providers, will ensure that they can carry out a full risk assessment and become acquainted with the service user before they start delivering their care.

R8: That Cabinet ask the Head of Adult Social Care to forward care plans to service providers in advance of the care plan commencing.

11. Financial assessment

- 11.1 Once an indicative personal budget is given to the service user they can then start building their support plan. At this stage the financial assessment is carried out by a financial assessor and this may result in the client receiving a lower amount than indicated resulting in the need for them to fully fund or part fund the support plan themselves.
- 11.2 There have been some cases of service users, once they receive their indicative budget starting to produce their support plan, only to find out after the financial assessment several weeks later that the indicative budget has been reduced and won't meet the support plan they have produced. As a consequence this builds up a service user's expectations and causes disappointment and upset when they don't receive what they expect as per the indicative budget.
- 11.3 In one case a service user we spoke to was given an indicative budget which would be enough to employ a personal assistant, however after the financial assessment this was not achievable. The final amount was approximately 20% of the indicative budget. This was due to conflicting interpretation of disregards for board and lodging between the social worker and the financial assessor. As a result of this the service user decided not pursue direct payments as they believed that it wasn't worth the effort of becoming an employer and thought it would not make financial sense to employ a brokerage system as they would be worse off.
- 11.4 If the service user was given the decision of the financial assessment at the same time or shortly after receiving details of the indicative budget, this would allow the service user to make more informed decisions when developing their support plan.

R9: That Cabinet ask the Head of Adult Social Care to review the process to ensure that a service user can receive the financial assessment at the same time as the indicative budget, so that they can make more informed decisions when developing their support plan.

12. Managing service user expectations

- 12.1 People we talked to discussed concerns in relation to the length of time it should take for a service user to go through the Personalisation process. One person remarked that the paper work was too slow, and that on one occasion due to a delay in the implementation of a support plan, a service user was asked to pay money back to the Council.
- 12.2 There were also concerns around the uncertainty of when decisions should be made. Currently there isn't a published timeline for the Personalisation process and as a consequence this can cause confusion and uncertainty for the service users going through the process. For example they didn't know how long it would take to receive an indicative budget

12.3 If service users were provided with a timeline which outlined the steps of the Personalisation process and indicated the expected time intervals between each step, it would help to manage their expectations.

R10: That Cabinet ask the Head of Adult Social Care to produce a timeline with indicative milestones, to explain to the service user how long each part of the assessment process should take.

R11 That Cabinet ask the Head of Adult Social Care to monitor the process and ensure they are complying with the agreed timeline (as in recommendation 10).

13. Professionals approach

13.1 Social workers were seen as crucial to the success of the Personalisation process. They should be able to provide a professional, proactive and consistent approach when providing information, guidance and advice to service users and carers.

13.2 There were examples of service users receiving good information and support from social workers and being encouraged to use their personal budgets in a creative way. It was also acknowledged that Personalisation is new for the social worker as well and is a big change in the way they work.

13.3 However from the people we spoke raised concerns about social worker's lack of knowledge and that they sometimes work in a standard way when things could be done more creatively.

13.4 On one occasion a person who sought advice on personal budgets from their social worker had actually been informed that they didn't know anything about them.

13.5 It was felt that if there could be informal dialogue between social workers, service users, carers, service providers and third sector that have experienced the Personalisation process, it would be possible to promote an understanding of each others experiences and good practice.

13.6 Training and support for social workers should therefore be seen as an ongoing process, enabling them to develop ownership of the new way of working. Part of their professional development should include learning from service users, carers, third sector organisations and service providers.

13.7 Several people we spoke to considered it was important for service users to have, where possible, the same social worker through out their life. This would help a social worker build up a picture and understand the history of a service user. At present this doesn't always happen and service users have to repeat their situation over and over again to different social workers.

13.8 If service users were able to work with the same social worker for as long as they continued to receive services and support from the Service, this would offer a stable and continuous relationship for the service user.

- R12 That Cabinet ask the Head of Adult Social Care to ensure that initial and ongoing training and support is provided to all social workers on the whole Personalisation process.**
- R13 That Cabinet ask the Head of Adult Social Care to facilitate informal dialogue between social workers, service users, carers, service providers and third sector to promote an understanding of each others experiences and good practice.**
- R14 That Cabinet ask the Head of Adult Social Care to explore whether service users are able to work with the same social worker for as long as they continue to receive services and support from the Service.**

14. Parent carer dimension

- 14.1 It must be acknowledged that in some cases parent carers have also experienced significant changes in the way care is delivered to their child, in some instances their child has been in care system for 30 to 40 years and their journey during this time has been extreme, from the old style of 'institutionalised care' to 'Care in the Community' to 'Personalisation'.
- 14.2 Whilst some parent carers have embraced Personalisation and the emphasis on empowering their child to exercise choice and control over their own lives, some parent carers have found the loss of control they once had difficult to deal with.
- 14.3 It is concerning that some parent carer's feel that they are being ignored and the new system does not respect their views even though they have been carrying out the caring roll for years.
- 14.4 It should be appreciated that parent carer's are under considerable pressure providing the care that personal budgets and direct payments don't cover for their child and they do this 24/7.
- 14.5 The people we talked to referred to a 'carer's deflator' this relates to the way in which the RAS takes into account and deducts points during the assessment process depending on the level of informal care that a service user receives. This was largely felt to be unfair and insensitive and that assessments should assume there is no naturalistic care as the people providing the care (generally the parents) will not be around for ever. It should be solely based on the needs of the service user.
- 14.6 Carer's have a statutory right to receive their own assessment, however some of the carer's we spoke to were not aware of this entitlement as it is not made evident during the Personalisation process. Although it is mentioned at the end of the SSAQ, there is no guarantee that the carer will be present when the form is completed by the service user. A carer's assessment could result in the carer receiving their own personal budget.

14.7 There is a need for more support for carer's and also for their caring role to be valued and acknowledged. In order for carer's to ensure they recognise their own needs and obtain the support needed, they should be made aware during the Personalisation process that they have a right to their own assessment.

R15 That Cabinet ask the Head of Adult Social Care to ensure that the Personalisation process makes clear that carers have a right to an assessment in their own right and to explain how this happens.

15. Background Papers

15.1 The following background papers were consulted or referred to in preparation of this report:-

1. Putting People First: A shared vision and commitment to the transformation of Adult Social Care
2. Scrutinising the Transformation of Adult Social Care: Practice Guide (Feb 2010)
3. 10 questions to ask if you are scrutinising the transformation of Adult Social Care (October 2009)

16. Acknowledgements

16.1 The sub-group would like to place on record its thanks and appreciation to the following for their assistance with this review:-

Service users and carers who attended the sessions and shared their experiences of the Personalisation process.

Organisations:

Age UK
Carers Centre
Cornerstone Café Group
Independent Advocacy (North Tyneside)
LINKs
Mears
Mental Health Matters
New Prospects
Learning Disabilities Federation
Tynemouth Blind Society

North Tyneside Council:

Jacqui Old, Head of Adult Social Care
Haley Hudson, Senior Manager for Strategic Planning & Business Transformation
Nicola Munn, Senior Practitioner – Personalisation Performance and Scrutiny Team

Appendices

1. Personal Budgets – A step by step guide
2. Fair Access to Care Services – Guidance on eligibility criteria for Adult Social Care