



Adult Social Care Select Committee
14 February 2013

Personalisation Update

Purpose of the report: Scrutiny of Services

Personalisation is a holistic approach which underpins everything we do in Adult Social Care. This paper provides an update on a number of elements of personalisation, including the priorities arising from the 'Making it Real...In Surrey' event, personalisation and Self Directed Support in Mental Health, performance and practice development in Personal Care & Support, the take-up of personal budgets, the outcomes being delivered for people and the operation of the Resource Allocation System.

Introduction:

1. Personalisation means thinking about care and support services in an entirely different way. It means starting with the person as an individual with strengths, preferences and aspirations and putting them at the centre of the process of identifying their needs and making choices about how and when they are supported to live their lives. It requires a significant transformation of adult social care so that all systems, processes, staff and services put people first.

Personalisation and Self Directed Support Roll Out

2. Self Directed Support has been rolled-out across Surrey. The final team in Personal Care & Support went live in May 2011 and all Personal Care & Support practitioner staff have undertaken self directed support training.
3. A comprehensive training programme for personalisation and self directed support was co-designed and co-delivered by Surrey Independent Living Council, Advocacy Partners and the Transformation Team in Adult Social Care. Training was customised for different staff groups and designed to cover the cultural change associated with personalisation, as well as the process changes. A team of expert practitioners from the Transformation Team were on-site with each team for a number of weeks to guide the 'operationalising' of self directed

support and the Adults Integrated Systems (AIS), provide practical support, guidance and encouragement during their go-live period. The Staff Practice Guide was also published in autumn 2011.

4. The roll-out of self directed support has been underpinned by significant system and organisational changes. In terms of systems, the AIS and Electronic Social Care Record (ESCR) have been rolled-out to teams alongside self directed support and we have implemented new Swift finance modules – independent sector payments, block contract and financial assessment. Swift will be upgraded to V27.02 in May 2013 and work is underway on the new reablement scheduling system. Personal Care & Support are working with Information Management and Technology (IMT) to improve current processes within AIS and to explore a possible future alternative long-term solution for an adult social care client database. In terms of organisational changes, Personal Care & Support has co-located with districts and boroughs as the basis for a more integrated service and to help deliver a personalised service by embedding most staff within a specific locality.

Personalisation and Self Directed Support in Mental Health

5. Personalisation and self directed support training for 340 managers and practitioners in the Community Mental Health Teams was completed in July 2012, with the exception of the Drug and Alcohol Team, who are about to start a pilot. There were mop up sessions and the 3 Senior Practitioners currently working in the teams are providing ongoing training to support new staff and to assist them to embed the new ways of working.
6. By March 2013 the plan will be well under way for everybody new, and those already in receipt of social care funding, to have their own personal budget. In total, 246 people have received their own Indicative Weekly Budget with which to begin support planning. The number of people with a Support Plan in place is 81 and this number is growing daily. We are beginning to see that personalised support planning is working well. People are able to realise the government's vision of having increased choice and control, enabling them to choose solutions that are suited to them individually.
7. Social Capital and Brokers - Surrey's two mental health support brokers have worked with over 60 people giving input and support to develop new solutions. They have provided advice and guidance to many more people and their care coordinators, building up a huge wealth of local knowledge within people's own communities, promoting creative resources and sourcing new ones where there are gaps.

Making a difference – Jane's Story

Jane is in her early 60s with a diagnosis of paranoid schizophrenia in addition to living with limited mobility and daily pain as a result of her arthritis. Jane has struggled to accept the treatment options offered to her. Prior to Self Directed Support she was being encouraged to move to a supportive living

placement four days a week to have her needs met and give respite to her partner Bill.

Following her completion of the Supportive Self Assessment and working with her Indicative Personal Budget it became clear that Jane really did not wish to move elsewhere. She felt it would be detrimental to her family life and likely cause her health to deteriorate further. The unit identified was 40 miles away and not practicable. So looking at other alternatives within her community with her support broker she made the choice to have one-to-one support for six hours a day, four days a week, to support her within her own home enabling Bill to continue to work.

The specialist support provided is enabling Jane to be part of her local community by going out shopping, having coffee and a catch up with people she knows from the church, visit local places of interest, do baking at home and helping her to manage the intrusive and persistent symptoms of her illnesses. Incorporated into her plan is an annual membership to a local garden, where Bill and any care worker get in free. Jane is now able to spend time with her daughters and grandchildren. Being occupied and living life as she wants to during the day is reducing the stress and anxiety that accompany her symptoms. This transformation has provided huge support to her husband Bill. He can continue to work with reassurance. The stability in their life now means the couple can plan ahead. They are going out at weekends and are planning a holiday.

Best value - No crisis admissions to hospital in the last five months. Jane was being admitted once a month for a few days. Personal Budget of £373.53 a week compared to a supported living/residential placement of £580 a week. Jane and her family's quality of life and social inclusion as a result of personalisation have been great.

8. Making personalisation work in integrated mental health teams has its challenges – such as different professions, cultures, recording systems and values. It takes time, energy and commitment from all involved to put the structures in place to enable the workforce to support individuals and carers to achieving the outcomes that will make a difference to their lives and enable them to be part of their communities. A full review and evaluation of the Personalisation in Mental Health Strategy will be completed in spring 2013.

Performance and Practice Development

9. In the Personal Care & Support service in Adult Social Care the introduction of personalisation has created the opportunity to celebrate, innovate and inspire our health and social care professional staff to facilitate improved outcomes for people and their circles of support.
10. Care Management as a model for delivering social care, not only limited the choice and control that individuals and carers had in the services they received; it also de-professionalised the Social Workers, Occupational Therapists and Nurses we have working within the Directorate. The investment to date in Adult Social Care's organisational

systems, structures, processes and leadership style has provided the platform on which to now begin to maximise the opportunity that personalisation has presented to re-professionalise the industry as a whole.

11. Nationally we hear about Social Work reform. In Surrey we talk about Health and Social Care Professional and Occupational reform. This recognises the opportunity for and commitment to, supporting and inspiring all our staff in professionally qualified or occupational roles, to be as good as they can be. The Performance and Practice Development Strategy has delivered three main outcomes to date under the banner of The People Strategy and Supporting You.

12. Strand 1 - Senior Practice Lead Development Programme

12.1 Occupational Therapists, Social Workers and Nurses with a minimum of five years experience in Adult Social Care occupy these positions. Their role is to be leaders of practice standards and practice development for locality, hospital and reablement services. This is a new role requiring specific skills. An accelerated training programme has been provided to the Senior Practice Leads including - Introduction to Action Learning Sets, coaching skills, Institute of Leadership Management Level 3 Qualification, Train the Trainer amongst others.

12.2 Having been equipped with the specific skill set to carry out the role they will now be delivering the following outcomes to staff in the 11 locality teams and hospital sites from January 2013:

- Supervision - Facilitated group supervision for professional and occupational roles.
- Training - Team based training sessions for staff to meet local need using the experience of individuals and carers as appropriate.
- Induction - Oversight of all new staff, through the first twelve week induction period.
- Mentoring - Support and mentor newly qualified Occupational Therapists and Social Workers through their first year of employment.
- Partnership - Work alongside individuals and carers to obtain feedback on the service they have had from staff to learn lessons and facilitate changes in approach as appropriate.
- Inspire and motivate staff at all levels through professional leadership.

13. Strand 2 - Area Practice Pools

13.1 In order to support individuals, carers and people who may be part of a family, a holistic approach to enabling people to identify what help they need is essential. Our workforce must be informed, empowered, confident and competent in accessing information and

advice in order to respond appropriately to all aspects of need that may arise. To this end, an Area Practice Pool was formed in each area in November 2012. Coordinated by the Senior Practice Leads these pools currently comprise Senior Specialist Practitioners from Children Schools & Families, Transition, Safeguarding, Mental Health, Continuing Health Care, DOLS & Deputyship, MCA, Carers, HIV & Aids.

13.2 The outcomes for the Area Practice Pool are:

- To provide access to a comprehensive practice knowledge and advice 'hub' for practitioners at all levels across all sectors.
- Empower and facilitate joint working and planning on practice development in response to individual and carer feedback.
- A central mechanism for updating on national personalisation development initiatives, policy and practice standards.
- Celebrating and sharing innovative and rewarding practice stories internally and publicly.
- It is envisaged that the Area Practice Pools may become Area generic student units of the future for Occupational Therapy and Social Worker trainees across Adult Social Care and Children Schools & Families.

14. Strand 3 - Performance, Practice and Personal Development

14.1 The PPP Folder has been designed to embed the principles and values of personalisation, enable staff to feel supported and valued in their roles, inspire and drive practice continuity and improvement and to developing people to their full potential. The folder will be issued to staff at all levels in professional or occupational roles within Personal Care & Support locality and hospital teams by end February 2013, specialist teams and roles by end March 2013. Service Delivery and Children Schools & Families are also adopting this model for their staff with dates of launch and implementation to be agreed.

14.2 The folders will provide a comprehensive, clear and simple mechanism for delivering the following outcomes for staff and the Directorate:

- Performance objectives that are job profile specific.
- Appraisal, supervision & personal development plans that meet the job profile and service objectives.
- Clear personal and professional development pathway for staff in professional and occupational roles, to encourage, inspire and motivate our potential leaders of the future.
- Personalised learning and development needs and outcomes to inform training commissioning.

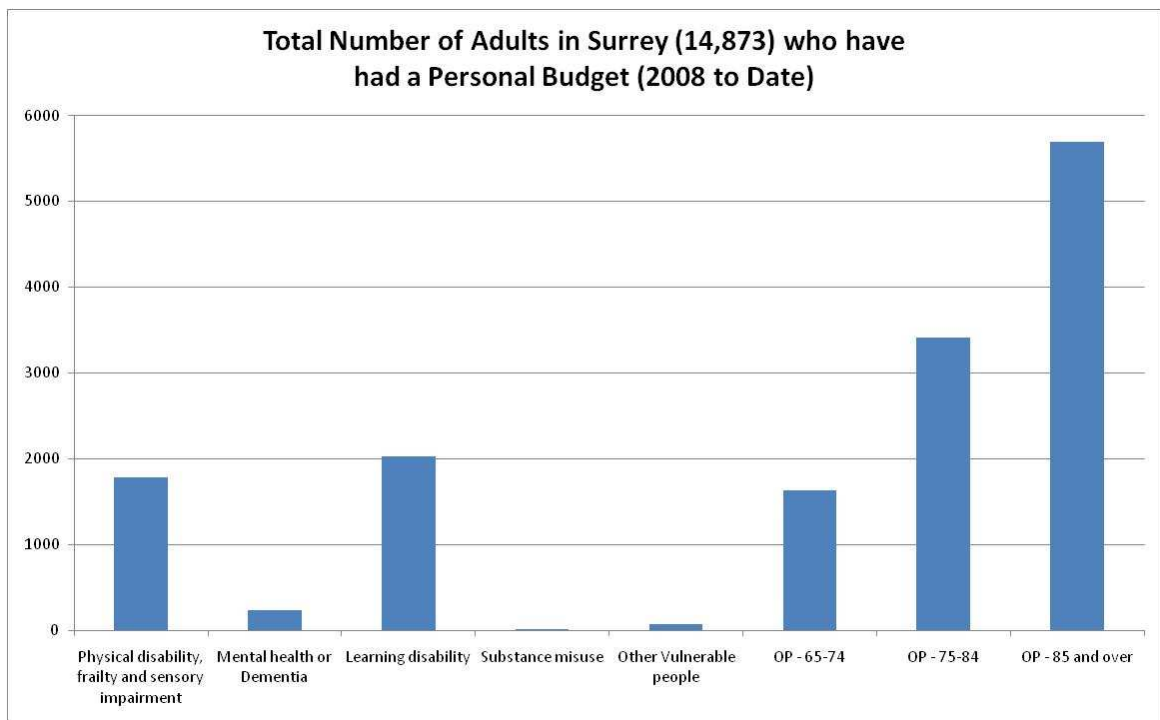
- Standards of proficiency and registration requirements attained for Occupational Therapists (PQF) and Social Workers (PCF) Professionals through continuing professional development and professional supervision.
- Safeguarding Competency Framework to measure and evaluate performance after training

14.3 Next Steps - The Supporting You project as part of the People Strategy will continue to support Personal Care & Support to build on and support the Performance and Practice Development Strategy in 2013.

Personal Budgets

15. Personal budgets are a central part of the personalisation agenda giving people who use services choice and control over their lives. In the period since 2008 when Surrey County Council started to roll-out self directed support, 14,873 adults have had a personal budget across all client groups.

Figure 1 – Total number of adults in Surrey who have had a Personal Budget



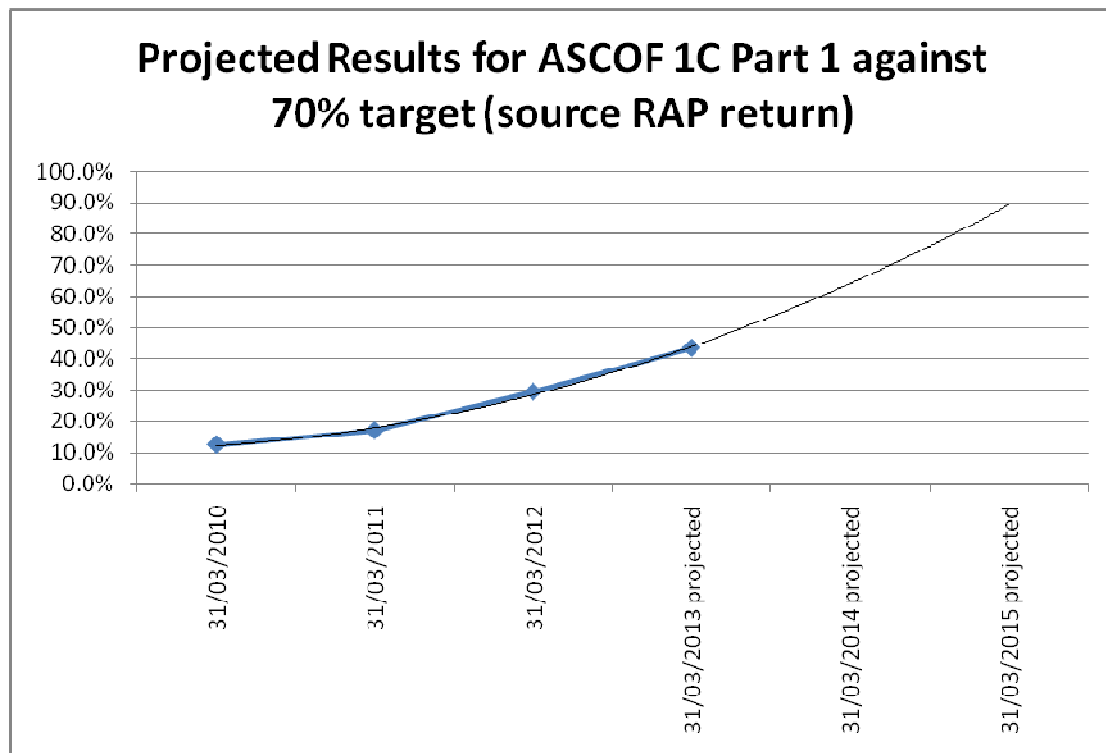
16. Adult Social Care Outcomes Framework (ASCOF) 2011/12 compares Surrey's performance with other shire and south east counties. These measures show that Surrey was below the average of comparator authorities in the proportion of adults, older people and carers receiving self-directed support in the year to 31 March 2012. However, Surrey was above the average for the proportion of people using community based social care in receipt of personal budgets as a direct or cash payment.

Figure 2 – Proportion of adults in receipt of self directed support and personal budgets in Surrey compared with the shire counties and south east region

ASCOF 1c Part 1 & 2	Surrey	Shire Counties	South East
The proportion of adults, older people and carers receiving self-directed support in the year to 31 March 2012 as a percentage of all clients receiving community based services and carers receiving carer specific services	29.5	42.6	40.3
The proportion of people using community based social care who receive personal budgets as a direct or cash payment	13.6	13.2	12.1

17. Surrey is working towards the national target of providing 70% of people eligible for on-going social care with a personal budget by April 2013. As at 31 March 2012 Surrey had achieved 29.5%. Projecting forward, and assuming that the denominator (number of people using services and carers who have received community services during the year) remain unchanged, the results indicates Surrey would have an end of year position of 43% and would not reach the 70% target until the first quarter of 2015 (April - June).

Figure 3 – Projection of Surrey’s performance against the national target of 70% of people with a personal budget by April 2013.



18. It should be noted that there have historically been issues with the denominator of this indicator, hence the reduction in the national target from 100% to 70%. These issues remain for Surrey, in terms of the number of people we help with reablement only who are currently included in the denominator.
19. It is also important to appreciate the scale of the operational challenges that have impacted upon the roll out of personal budgets in Surrey. All teams in Personal Care & Support were live with the current version of AIS and had received personalisation and self directed support training by May 2011. However, during and since this period, Adult Social Care has undergone significant organisational change, all of which was essential to ensure we have a structure which is fit for purpose, but which has impacted temporarily on the capability and capacity of the workforce to see individuals and families to support them to receive a personal budget. For example:
 - A rebalancing of the number of qualified and unqualified staff (as recommended by the audit commission) led to a number of experienced staff leaving and a time lag in replacing this knowledge.
 - Long Term Teams have been reintegrated into locality teams, resulting in a large scale movement of staff and cases.
 - The Sourcing Team model has been flexed and developed in order to better fit operational need.
 - Recruitment has been an on-going and significant challenge and has meant many new staff who now need to grow their experience, alongside limited capacity for mentoring
 - Staff have needed to adapt to new systems, a mobile way of working and the move to borough and districts offices
20. With the large scale of change in Personal Care & Support, it is natural that staff and managers have focussed on processes & structures, to ensure they keep people safe and keep track of cases. Moving forward, the combination of organisational stability, more fully staffed teams, the roll out of the Performance and Practice Development Strategy and improved and more streamlined processes will enable Personal Care & Support to significantly increase the numbers of people in receipt of self-directed support and a personal budget.
21. Adult Social Care took part in the Personal Budgets Outcome Evaluation Tool (POET) survey in early 2012. The survey was developed by the Centre for Disability Research, Lancaster University and In Control to identify outcomes and experiences of people using personal budgets and those of their carers. It is designed to help local authorities to build on the positives and understand what improvements are needed.
22. 700 people (88 responded) and 300 carers (74 responded) were invited to participate in the survey in Surrey. The results told us that personal budgets are delivering improved outcomes and have an overall positive impact on the lives of people and their carers in Surrey.

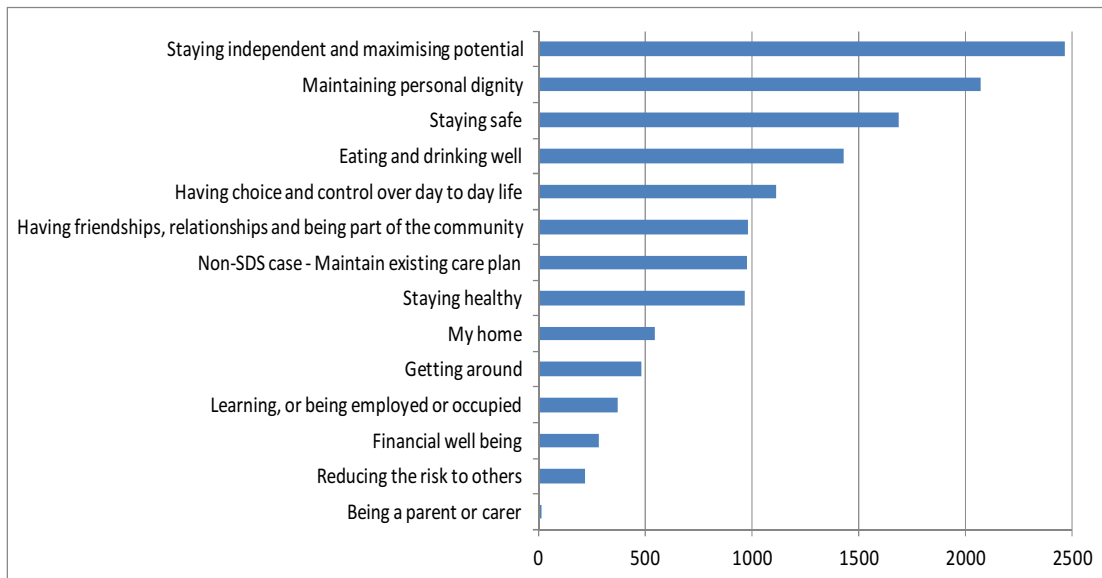
23. Personal budget holders told us their personal budget had made a positive difference in their lives in:
- Being supported with dignity (71%)
 - Mental well-being (71%)
 - Staying independent (70%)
 - Getting (69%) and being in control of support (62%)
24. Carers taking part in the survey told us personal budgets had made a positive difference to their:
- Capacity to continue caring and remain well (74%)
 - Quality of life (59%)
 - Finances (53%)
 - Physical and mental well-being (49%)
25. This reflects a similar pattern in the national survey. Comments indicate that whilst carers are highly positive about the impact of personal budgets they are more negative about all aspects of the process and the stress and worry for them.

Outcomes

26. With the introduction of self directed support and the Adults Integrated System we are now able to monitor the outcomes of the support plans for people who use services and their carers:
- Over 14,000 people who use services and carers have one or more personal outcomes recorded.
 - Where progress is recorded at review, 81% of people who use services and 75% of carers consider their outcomes are being achieved.
27. The top three outcomes recorded for people who use services¹ are:
- Staying independent and maximising potential
 - Maintaining personal dignity
 - Staying safe

Figure 2 – Number of people who use services where progress has been reviewed and recorded against their identified personal outcomes

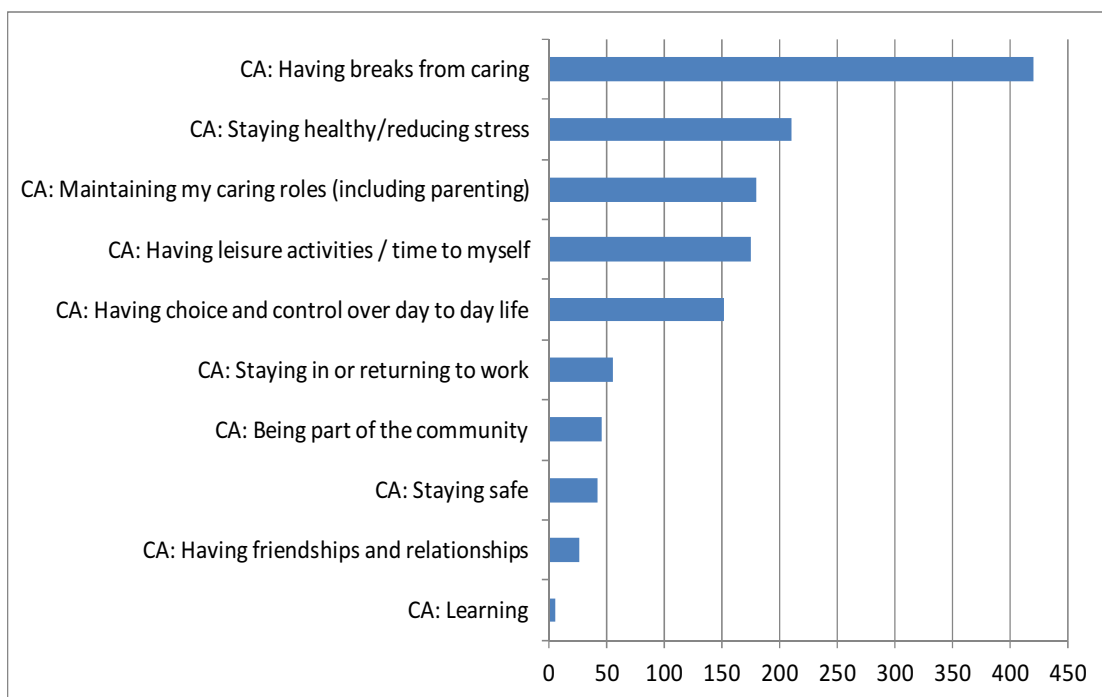
¹ Source AIS 2 February 2013
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28. For carers the top three outcomes recorded are:

- Having breaks from caring
- Staying healthy/reducing stress
- Having leisure activities / time to myself

Figure 3 - Number of carers where progress has been reviewed and recorded against their identified personal outcomes



Resource Allocation System

29. In Surrey we use a system that allocates, or “scores” points to each answer given in the Supported Self Assessment. These points then translate into amounts of money which, when combined, show an indicative personal budget. Whilst points are allocated to reflect the

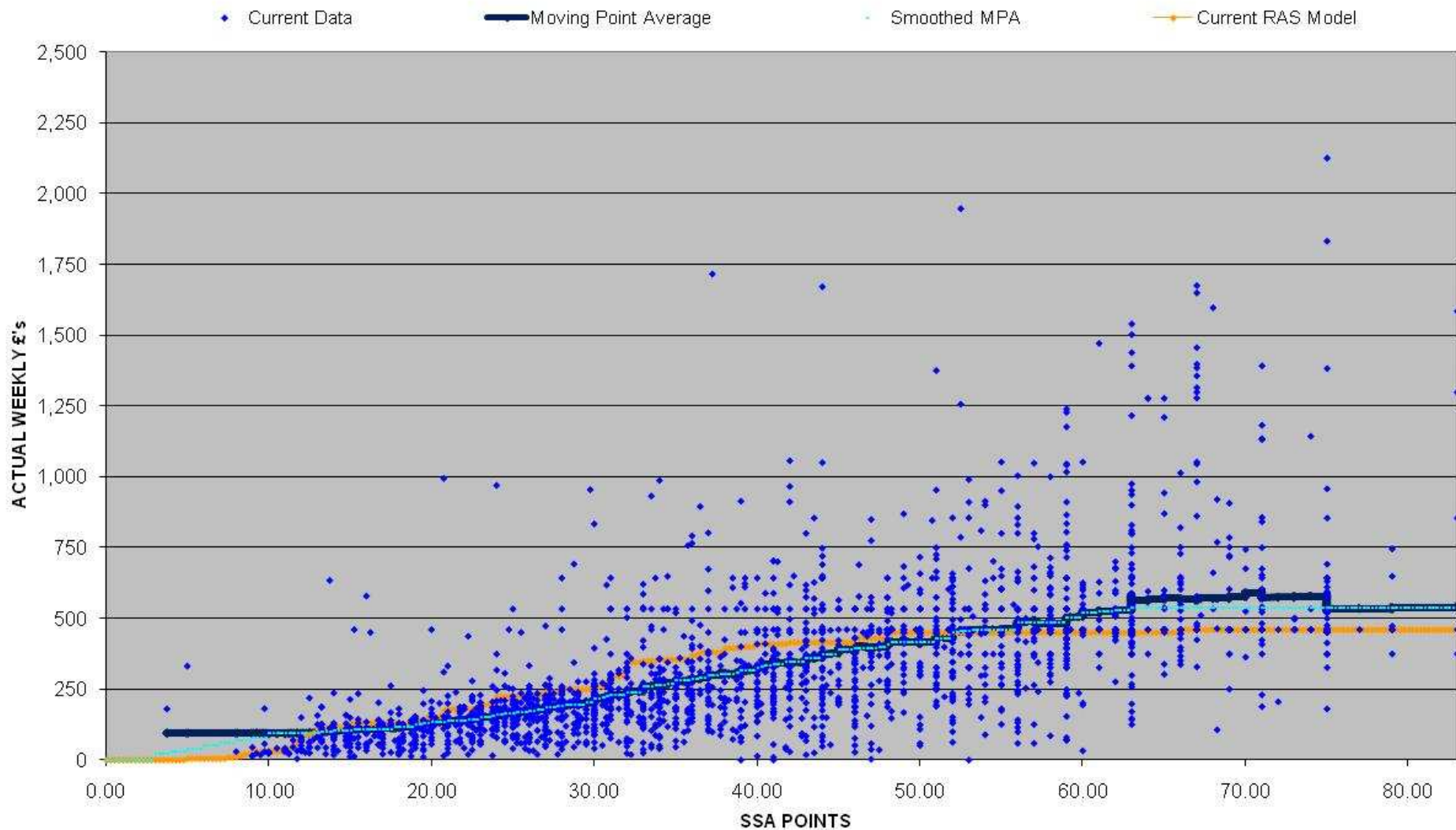
volume of support required to meet a person's eligible needs, an additional amount is added to reflect any support to the assessed person that a carer requires to continue caring. The Resource Allocation System therefore invites a person and their carer to look at their situation as a whole, and to ensure the needs of the carer are taken into account when carrying out the Support Plan.

30. The Resource Allocation System is a guidance tool – it works on average support costs and cannot be expected to be accurate for those people with complex or fluctuating needs, or those requiring specialist services. The aim is to ensure equity. It challenges staff to share, discuss and record any disagreements with a score, and requires them to justify why a higher or lower figure may be more appropriate. At the same time, it serves as a challenge to people and their carers to make prudent decisions on their future care and support, and to look for innovative, no cost or low cost solutions.
31. The purpose of the Resource Allocation System is to:
 - Make funding decisions fairer and more transparent
 - Ensure the correct balance in the system between adults and older people
 - Provide an up-front 'indicative' allocation of funding, so support planning can begin with a value
 - Allow support planning to be outcomes focused rather than services focused
 - Enable creativity, develop more informal support options and grow community capacity
 - Manage the budget and deliver savings identified in the Medium Term Financial Plan
32. Guidance from the Audit Commission has clearly stated, "Personal budgets in themselves are unlikely to produce significant cash savings"². However, this is not to say that the implementation of Self Directed Support and the delivery of personalised services and support will not save money. In the long term, the satisfaction and wellbeing of personal budget holders is expected to improve. At the same time, it is expected that as more and more people take up direct payments and plan their own support, they will work out more creative and cost-effective ways to achieve their outcomes. This is expected to reduce the number of high-cost packages of care and support in the future.
33. The year-to-date position in December 2012 was 9,171 people of all age groups (33.8%) with a supported self assessment.
34. The scatter graphs below map individuals in receipt of a personal budget and illustrates their assessed level of need in points against the weekly cost of support being provided to them - each dot represents a current

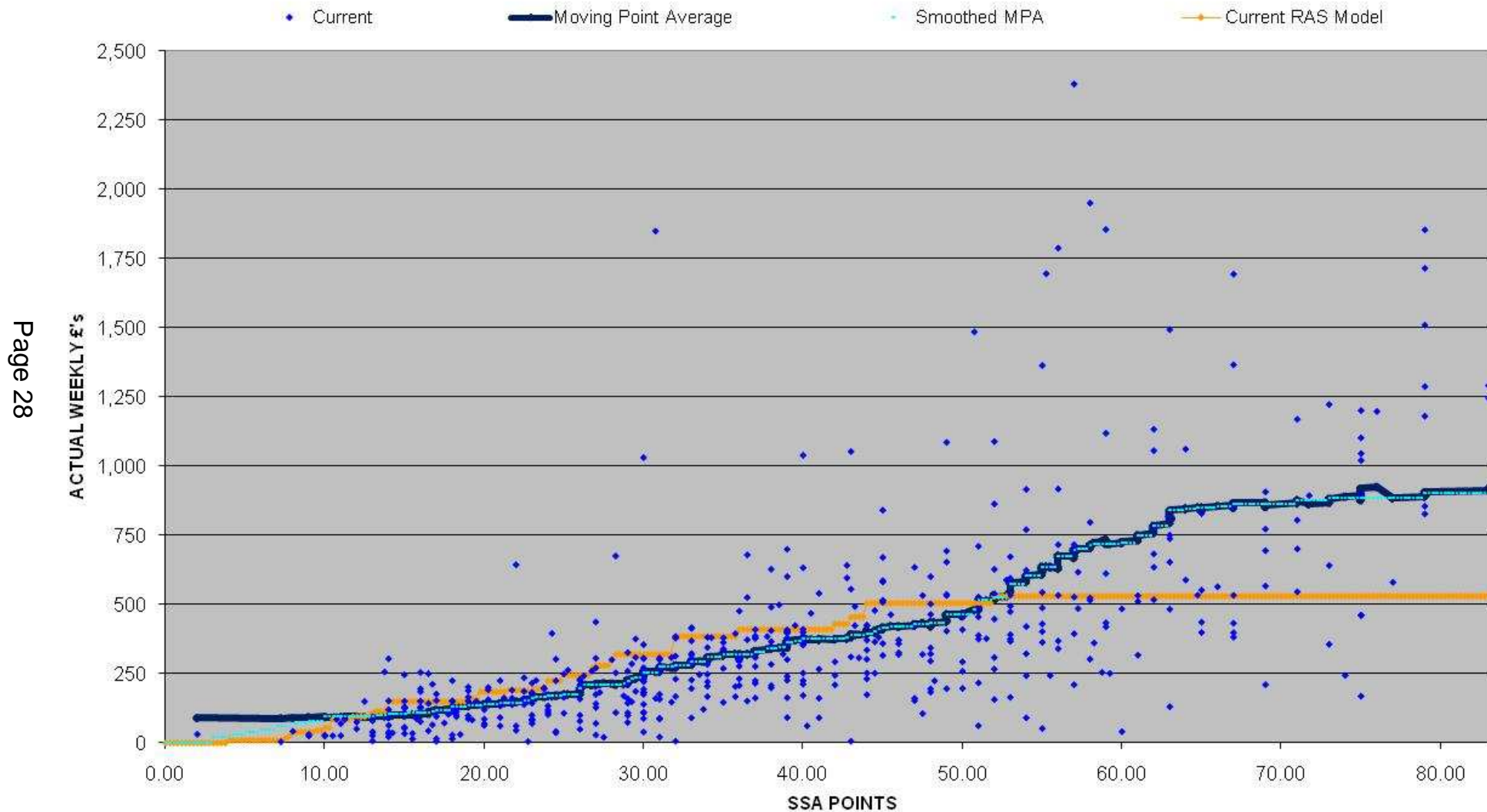
² Financial management of personal budgets: Challenges and opportunities for councils (Audit Commission, Oct 2010, p42)

case as at 31 December 2012. These graphs also highlight the line for the existing RAS Model, which represents the initial offer used for support planning, and the line for the current cases representing the average cost at which those levels of need are being met.

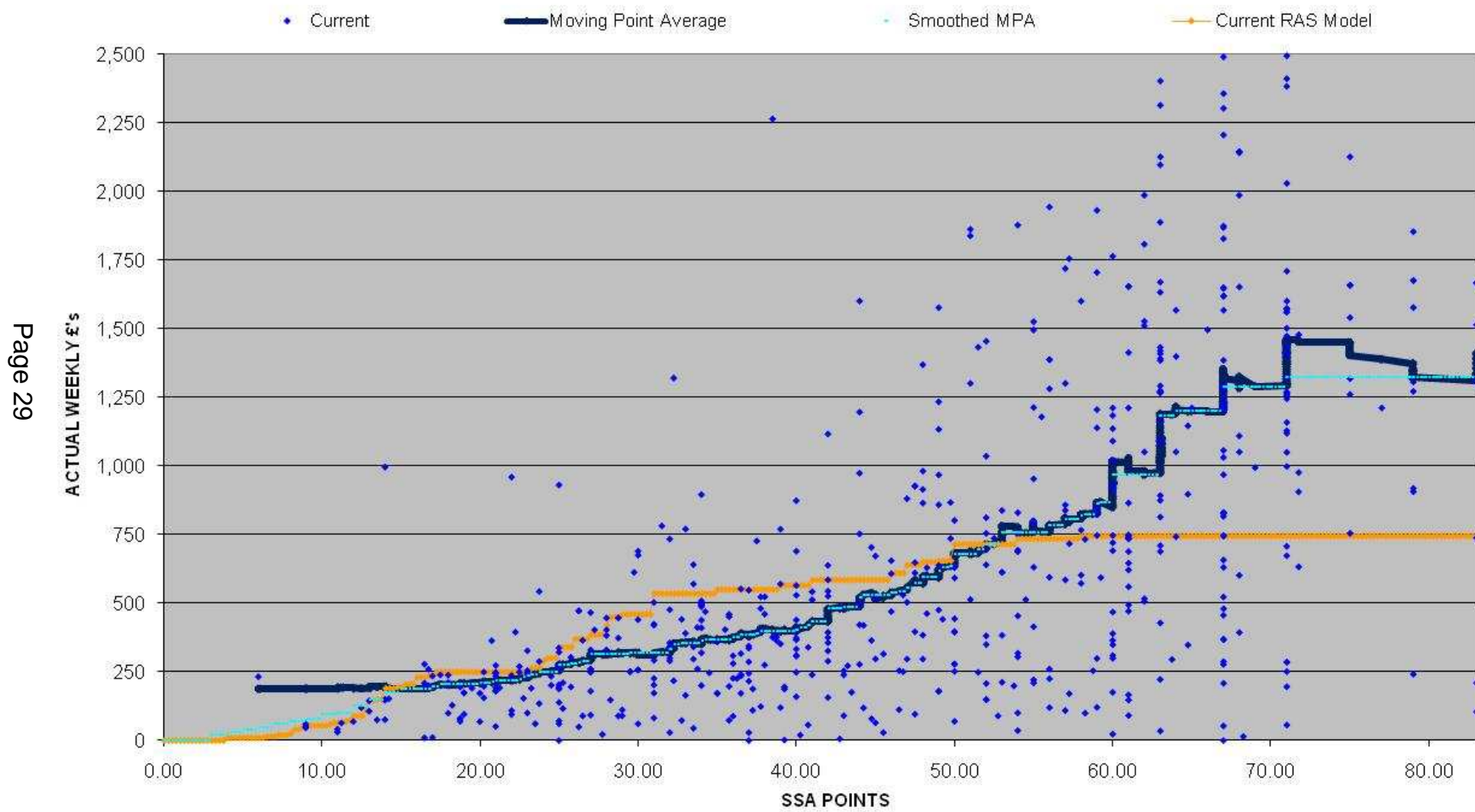
OLDER PEOPLE



PHYSICAL & SENSORY DISABILITY



LEARNING DISABILITY



Conclusions:

35. The conclusions arising from this paper are that:
- The change programme in support of personalisation and self directed support has now transferred to Personal Care & Support as part of business as usual.
 - Work to achieve the cultural change to enable staff to work in creative and person-centred ways will continue via a variety of routes including, the Senior Practice Lead Development Programme; Area Practice Pools; and Performance, Practice and Personal Development initiatives.
 - Commissioning and Personal Care & Support are jointly implementing a strategy to increase access for all to universal services and to assist people make better use of their personal networks and social capital.
 - Personal budgets are at the heart of our commitment to personalisation. Our focus will continue to be upon giving people real choice and control over their lives, achieving outcomes that matter to them and measuring our progress with integrity and transparency. Moving forward, the plans we have in place will mean we will be able to significantly increase the numbers of people in receipt of a personal budget.
 - Surrey County Council has been at least as successful as other local authorities in implementing personalisation in Adult Social Care. Whilst there is still a long way to go, significant progress has been made in transforming systems, processes, staff and services to put people first and all involved should be commended for their huge efforts.

Financial and value for money implications

36. Personal budgets in themselves are unlikely to produce significant savings; however, the delivery of personalised services and support may save money in the long term as the satisfaction and wellbeing of personal budget holders improves and as more people plan their own support and work out more creative and cost-effective ways to achieve their outcomes.

Equalities Implications

37. Equalities Impact Assessment are being undertaken as part of the work to define the Medium Term Financial Plan (MTFP) 2013-18 efficiency saving.

Risk Management Implications

38. A risk register for all projects in the Adult Social Care Implementation Programme is maintained and reviewed periodically by the Adults Leadership Team. Any risks scored as critical are reported as part of the Adult Social Care Corporate Risk Register. Personalisation does involve a balance of risk with creativity and choice. The challenge for Adult

Social Care staff is to support individuals in making informed choices whilst managing risk.

Implications for the Council's Priorities or Community Strategy

39. Personalisation is making a significant contribution towards the strategic shift outlined in the Adult Social Care Directorate Strategy to:
- Work with partners to co-design and deliver local, universal and preventative services
 - Continued shift from residential and nursing care to personalised community-based care and support
 - Redesign systems, processes and structures for a Directorate that is fit for purpose
40. It will also contribute towards achieving the Council Council's corporate themes of Personal Responsibility and Deciding and Delivering Locally.

Recommendations:

41. The Committee is requested to scrutinise the Adult Social Care Directorate on the continuing implementation and embedding of the Personalisation agenda.

Next steps:

The next steps for personalisation in Adult Social Care will be to:

- A full review and evaluation of the Personalisation in Mental Health Strategy will be completed in spring 2103.
- The Supporting You project as part of the People Strategy will continue to support Personal Care & Support to build on and support the Performance and Practice Development Strategy in 2013.
- On-going analysis and recalibration of the Resource Allocation System.

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Sources/background papers:

- Financial management of personal budgets: Challenges and opportunities for councils (Audit Commission, Oct 2010)
- SWIFT AIS – Infoview reports
- Resource Allocation System analysis and quarterly calibration

- Adult Social Care Outcomes Framework 2011/12 - Surrey, South East and Shire Counties Data