Report of the Director of
Adult Social Services

Decision to be taken after
8 October 2010

NORTH LINCOLNSHIRE COUNCIL

ADULT SERVICES
CABINET MEMBER

Progress of the Personalisation Project

1. OBJECT AND KEY POINTS IN THIS REPORT

1.1 This reports sets out the progress of the Personalisation Project from March 2010 to September 2010. It outlines the work of the project, highlights the achievements to date and summarises the work to be completed in the remainder of the year.

1.2 Cabinet member is asked to note the progress and to endorse the achievements made since March 2010.

2. Background

2.1 This report follows on from five key reports presented to cabinet member in 2008, 2009 and 2010:
"Putting People First – The Future for Adult Social Services" (30/1/2008);
"Transforming Adult Services Grant" (07/08/2008);
"Transforming Adult Services – Progress Report" (20/04/2009) and
"Your Life, Your Choice" (15/07/2009)
"Progress of the Personalisation Project" (25/03/2010)

2.2 Each of these reports highlights the needs for Adult Social Services to transform the ways in which adults who are eligible receive social services. Contained within the reports is a vision for Adult Social Services in North Lincolnshire over the next five years and recommendations for change.

Fundamental to the transformation required in Adult Social Services is to move from placing people in services that best suit their needs to a system of support that designs bespoke services around the person in line with their aspirations and choices. This move from a service led approach to a person led approach is called 'personalisation'.

The personalisation of Adult Social Services is a national requirement and is underpinned by national performance indicators. Progress is scrutinised by the Department of Health and the Care Quality Commission. It involves setting up a system of self-directed support that includes establishing a process of support planning that leads to

personal budgets being issued. Personal budgets will enable people to purchase support services of their choice which they will be in control of.

Personalising Adult Social Services means that assessment, care planning, finance and data collection processes and systems have had to be reviewed and redesigned. It has implications for workforce development, commissioning and service design. Personalisation also challenges traditional systems for charging, income collection and resource allocation. However, the outcomes of personalisation appear to be having significant benefits for service users and their carers in helping them to remain independent and to improve their quality of life.

In August 2008 cabinet member approved the establishment of a Personalisation Project Team for three years, funded by a specific government grant. The team was established in March 2009 and is focussed on developing the systems and processes required to transform Adult Social Services.

In March 2010 cabinet member approved the continuation of the project, endorsed the achievements and challenges and noted the progress made to that date.

3. Progress

3.1 Since March 2010 it is clear that progress on personalisation in North Lincolnshire Adult Social Services is above average when compared nationally with progress made by other councils. However, in some areas of development, North Lincolnshire remains well ahead in its plans.

3.2 To date North Lincolnshire council is still one of the very few councils to implement a new staffing and management structure in Adult Social Services to ensure the sustainability of personalisation. In addition, North Lincolnshire council is the only unitary local authority in the country to implement a pre loaded card payment system so that service users can purchase the support they need without recourse to more complicated payment systems.

3.3 Since March 2010, the work that has been achieved in relation to personalisation in North Lincolnshire can be summarised as follows:

- The previous assessment and care planning system has been replaced with a personal budget questionnaire and support planning process that gives real choice and control to individuals;
- All assessment and support planning staff have been trained in how to use and implement the new system;
- A Resource Allocation System has been established which allocates money to eligible individuals based on the level of their care and support needs;

- A new charging system is in place that is in line with the resource allocation system with people making their contributions according to their means and their level of need;
- As at 31st March 2010, 15.4% of all people receiving a service from Adult Social Services in North Lincolnshire did so by way of a personal budget. This was above the national target of 15% and was one of the highest in the Yorkshire and Humber Region. The current figure is 18%, which puts North Lincolnshire on the way of achieving the national target of 30% by 31st March 2011.
- There are currently 804 people in North Lincolnshire with a personal budget, 233 of whom have direct payments or budgets managed by a third party. Most people who now have a personal budget have a budget that is 'virtual' in that they have chosen to receive their services in the traditional way. As a result of the assessment and support planning process, they know how much money is allocated to them but they choose to let Adult Social Services manage their budget and directly commission the services they need. However, this tends to restrict the level of choice and control individuals have over their support. Although technically it is a personal budget, we would like to see more people choosing to take direct payments or externally managed budgets but to do that we need to change the way home support agencies deliver their services. Work is ongoing with providers to help them to adjust to meet the principles of personalisation.
- A risk advisory sub group of the North Lincolnshire Safeguarding Adults Board has been established to advise staff on how individuals in receipt of personal budgets can be safeguarded from harm whilst at the same time their right to manage their own risks can be acknowledged;
- The project team is working in partnership with Children's Services to engage disabled children and their families in order that they benefit from personalisation at an early stage in their transition to Adult Social Services;
- The North Lincolnshire Carers Partnership and the Carer's Advisory group are fully engaged in the detail of the personalisation of services and continue to be a source of good advice for the project team and the service as a whole.

3.6 Attached to this report in Appendix 1 are a number of examples that illustrate how service users and carers have benefited from personalisation since March 2010.

3.7 Work in progress, to be completed by the end of March 2011 includes:

- the implementation of a communication plan to ensure that North Lincolnshire residents understand and are aware of the opportunities presented to them by personalisation and the use of individual budgets;
- publishing a regular 'Transformation Newsletter' to inform and engage elected members, council staff and partner organisations

in the work that is progressing in Adult Social Services to deliver personalisation;

- further engagement with voluntary and independent sector care and support providers through a series of provider events to help them to understand what they may need to do to remodel their services in line with the principles of personalisation;
- collecting data about the care and support services that people value and need to help commissioners address gaps in the care and support market;
- commissioning community based home care and support services in ways that supports personalisation and secures the support services that people want;
- continuing to deliver training in the form of workshops to promote best practice and to enable staff and carers to feel supported in what they do so that personalisation is sustainable;
- building on the positive outcomes of events held to engage disabled people and their carers, continue to support the partnership group to establish a user led organisation in North Lincolnshire;
- meeting the targets set against the key national performance indicators that relate to personalisation by ensuring that at least 30% of people receiving services do so by way of a personal budget;
- increasing the numbers of people who opt to have their personal budgets managed by a third party or who decide to have it paid directly to them.

4 OPTIONS FOR CONSIDERATION

4.1 Cabinet member noted the progress and endorsed the achievements and challenges, giving approval for the project to continue in March 2010.

4.2 This report highlights progress since that date and as such there are no options to consider.

5. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)

5.1 Financial implications

There are no financial implications of this report.

5.2 Staffing implications

There are no staffing implications as a result of this report.

5.3 Property implications

There are no property implications.

5.4 IT implications

There are no IT implications

6. OTHER IMPLICATIONS (STATUTORY, ENVIRONMENTAL, DIVERSITY, SECTION 17 - CRIME AND DISORDER, RISK AND OTHER)

6.1 Statutory implications

By 2011 there must be significant improvements to services in line with the requirement of personalisation in order to better discharge the council's statutory responsibilities to vulnerable adults.

6.2 Environmental implications

There are no environmental implications.

6.3 Diversity implications

By improving people's choice and control over the support services they receive, personalisation gives opportunities for people from diverse groups to have their needs met in better and more appropriate ways.

6.4 Section 17 – Crime and Disorder implications

There are no crime and disorder implications.

6.5 Risk and other implications

There are no risks or other implications.

7. OUTCOMES OF CONSULTATION

7.1 North Lincolnshire residents continue to be engaged and involved in the development of personalisation and their ideas and views are incorporated into the project.

7.2 Staff and providers are engaged in the project and are key stakeholders in ensuring that delivering personalisation is sustainable.

7.3 Local NHS organisations are represented on the North Lincolnshire Personalisation Project Board which is steering the Personalisation Project.

8. **RECOMMENDATIONS**

8.1 That Cabinet Member notes the progress of the Personalisation Project and endorses the achievements to date.

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Background Papers used in the preparation of this report

'Our Health, Our Care, Our Say' DoH 2006
'Putting People First' DoH 2007
'Putting people First the North Lincolnshire Way' NLC 2009
'Your Life, Your Choice' NLC 2009

Appendix 1

Progress of the Personalisation Project

Case Study

S

S is 75, who lives with his wife (R) in the country. He suffers from a serious chest complaint and advanced dementia. Some 6 months ago he had a benign tumour removed from his pituitary gland and consequently requires daily hormone replacement medication. R believes S's behaviour (agitation and violent outbursts with others) changed as a result of the operation. She also believes the steroid medication he takes for the his chest condition fuels the prodigious energy he exhibits when agitated. His GP agrees with this as an unfortunate side effect of steroids. R recognises the onset of agitation and diverts it by taking him out. She finds that walks, meeting people and doing things out and about succeeds in calming S and sparking his interest.

The care management package of assistance consisted of:

- Home carer support each morning
- 4 days day care in a care home with R picking him up @ 6 p.m. in summer (so that they could take long walks which he enjoyed) and 8 p.m. in winter.
- 6 weeks respite care *per* year in the same care home.

It was evident that this package was in crisis with staff at the care home barely coping with S's violent outbursts. These entailed assaults on staff including the use of a zimmer frame as a weapon. Consequently, the whole matter was reviewed using the new approach. It was recognised that continuation with the care package will result in a serious increase of specialist residential day and respite care.

The support planning process has been a lengthy programme. The personal budget offers the chance of preventing the intensification of specialist day and respite care. The support plan offers two distinct channels of funding in addition to the support offered by R:

1. The virtual budget
    - 4 days day care.
    - 6 weeks respite.

2. The Managed budget
    - Homecare every morning
    - 6 hours of a Personal Assistant (x 2)

If the managed budget part is successful, the plan proposes to reduce the virtual budget in steps to transfer funding to the personal assistants.

V

V is an 82 year old woman living in the Isle of Axholme. V has unstable diabetes and for a number of months was in and out of hospital because of this. Due to the frequency of hospital admissions, hospital staff were recommending that she needed to be in residential care and needed 24 hour supervision. V, however, was determined that she wanted to go home. She felt that with support from a Personal Assistant she would be able to manage being at home. She also wanted the

opportunity to go out and access her local community. She didn't want to go to day support or any organised group. She wanted someone to take her out in her wheelchair to the shops or to the garden centre or provide companionship.

Her worker helped her to complete her personal budget questionnaire and then her support plan. Together they discussed how she could use her money to support her to live her life. V advertised for a personal assistant but was unable to recruit. Therefore, V and her worker checked if a care agency could provide what she needed.

V said that the most important thing to her was to stay at home. She didn't want anything remarkable, just to enjoy her home and remain part of her local community as and when she wanted to. Most importantly she wanted to stay out of hospital.

Because of her diabetes, V needs her breakfast and medication at specific times following visit from the district nurse who administers her insulin. She needs her weight to be monitored and to keep her calorie intake up. The care agency and district nurses have worked together with V to ensure the times of the calls meet her requirements. With her personal budget, she is able to pay the care agency to have someone come and take her out a couple of hours a week which has enhanced her life. The support she receives is working well and she has had no further admissions to hospital. She has control over what she would like to do each day and where she would like to go. The worker is flexible to her needs – sometimes they prepare a meal together, sometimes they stay in and chat, sometimes they go to shops together and sometimes they go out to the garden centre - whatever V wants.

B.S

B.S a 40-year-old male who is deaf, without speech and who has been in care most of his life. In October 2009 he was supported by Adult Social Services to move from a residential unit to his own property to live independently. BS was supported 4hrs a day, 5 days a week. This has now reduced to 3hr call s 3 days a week.

Adult Social Services supported BS:

- to locate an appropriate property
- to establish benefits
- set up utilities and direct debits for bill payments
- to purchase items to furnish the property
- register with a G.P and establish a medication regime
- Arrange equipment to keep B.S safe such as vibrating/ flashing fire alarm, key safe, peep hole and vibrating door alarm.
- Obtain a bus pass and training in how to use a bus
- safety awareness
- budgeting and banking
- life skills- cleaning, cooking/ preparing snacks, washing clothing/bedding and shopping. B.S is independent in all the tasks now.
- to build confidence to access the local community independently. BS now visits the local shops, newsagents and cafes independently.
- build a relationship with B.S's family to enable us to give them confidence that their son is capable to live independently with some support.

At present B.S's home is set up and running smoothly so staff are starting to concentrate on helping him to maintain his social contacts, and also we feel its

time to introduce a personal assistant through a managed budget to help B.S be supported better.

C

C is a 21yr old man who has undiagnosed Aspergers. He lives with his parents and he attends college full time. We have been asked to support C due to concerns around his personal appearance, well being and also what C will do once he leaves college in the summer.
Adult Social Services staff identified that we could support C with his cooking skills especially around healthy eating. Staff also help him with aspects of life skills to help prepare him for when he wishes to move out of the family home. Some of this support will be carried out at college and some within the family home. Staff also contacted a supplier for toiletry supplies to enable C to shower when he is in college.
The college are looking in to further education to allow C to continue attending the college, but if this is not an option staff will support to signpost C to appropriate supported employment agencies.

L.G

L.G is a 23yr old man who lived with his parents until July 2009. L.G received day support services 3 days a week. L.G was wheelchair dependent and he had periods of time where his speech/swallowing and his sight became worse.
Over time L.G.'s confidence grew and he become more involved in more activities. L.G started to enjoy supporting other service users whenever he could.
In July 2009 L.G approached the service and explained that his mum just kept winding him up and he was getting very frustrated and angry with her. Staff offered L.G emergency respite in a care home to give him a break away from the family home. While L.G was in respite he decide that he wanted to live independently and he didn't want to return home to his mum and dad.
The service then supported L.G to apply for housing and helped him to take control over is own money. While L.G was in a care home staff continued to help him with life skills to prepare him for when he moved in to his own property. He also received physiotherapy and as a result L.G now no longer requires a wheelchair. His medication has been halved and he is currently seeking advice on having his catheter removed. His eye sight and swallowing are no longer problems for him.
In January 2010 L.G moved in to his own property, Adult Social Services and his family worked together to furnish it and direct debits and utilities set up. Once L.G was settled a care and support agency became involved to continue the long-term support.
L.G. is also looking to start a brick-laying course in the next few months.
L.G no longer receives any support from support services.

R.R

R.R is a 47yr old Man who has cerebral palsy, and he lives with his elderly parents. He has attended day support services since 1979 for 2 and half days a week.
In January 2010 we started working with R.R to set up a personal budget for him. It has been a very difficult time for R.R and his parents and they have all need lots of reassurance and support through the changes. R.R decided he would like a personal assistant to assist him to access community activities and to continue supporting

mum with shopping. R.R and his parents have been very concerned that there would be no groups for him to attend once he had a personal assistant, so the services supported R.R to identify some groups he would like to attend and try to plan a typical week for him. Staff have also asked a support officer from Fresh Start to support the family and R.R with this also. R.R is currently waiting for applicants from people to be his personal assistant.

C

C is a 26-year-old man who has physical and learning disabilities. C lived with his mum in an adapted bungalow, until recently when his mum sadly passed away. His mum had poor health for many years and C and mum always hoped that C would continue living in the bungalow if anything happened to her.
C has tried different services in the past such as short stays in care homes and day services but did not enjoy them and instead received a direct payment so he could do the activities he likes.
C now receives a personal budget, which means he is able to stay at home and carry on doing the things he likes. He employs four personal assistants who support him with all the areas to do with running his own house, such as shopping, cleaning, cooking and paying bills. They also support him with his leisure, social and educational activities. He also has a friend and an aunty who support him.
C also uses his personal budget to purchase a day and a half at Brigg Resource Centre where he joins in with the music group and the film and drama group.

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