

Transforming Social Care



Evaluation Report

Phase 1: Personalisation Pilot
Phase 2: Outcomes for People



You first

Contents

	Page
Acknowledgements.....	3
Background.....	3
Evaluation Aims.....	3
Evaluation Constraints.....	4
Evaluation Methodology.....	4
Summary.....	7
People who took part in the pilot.....	7
Achievements and challenges.....	10
Summary of findings.....	11
Summary of recommendations.....	15
1. Outcomes for people and their carers.....	18
2. Testing the personalisation process.....	28
Assessment.....	28
Personal Budget allocations (including RAS and personal contributions).....	31
Support planning and reviews.....	36
Safeguarding.....	43
Timing and continuity	46
Roles in the PP Team.....	51
3. Resource Implications.....	57
Comparison with traditional service costs.....	57
Implications of charging arrangements.....	60
4. Flexibility of support options & community capacity.....	64
Demand for and existing supply of services and activities.....	64
5. Learning across other teams/services.....	68
Communications and engagement.....	68
Community Care Teams.....	68
Finance.....	70
Legal.....	70

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Acknowledgments

The Transforming Social Care Team would like to acknowledge and thank the following people who contributed to the pilot:

- The people and their carers who were part of the pilot and who kindly agreed to be interviewed afterwards
- The Personalisation Pilot Team for all of their contributions, too numerous to mention
- The team managers in CCS who agreed to release staff to the Pilot Team for six months
- All staff who continued to offer a service whilst the pilot was running
- Staff in other teams who joint worked with PPT colleagues during the pilot
- Finance colleagues who contributed to the finance and charging process and to the final report
- Kingston Centre for Independent Living who assisted with testing out new ways of working during the pilot
- CCS DMT for their overall support to the pilot and contribution to the report.

Background

The Royal Borough of Kingston ran a pilot study to test an approach to personalisation for adults who meet the social care eligibility criteria and who would currently receive services. Personalisation will enable people and their families or informal support networks to have greater control over the type of support that is provided and the way in which it is delivered.

The evaluation reports on whether or not the methods for delivering a personalised approach in the Borough are likely to deliver a better quality of life for people who need support, including; older people, people with physical disabilities and their carers. People with learning disabilities are already receiving support with a personalised approach and people with mental health problems will begin to be offered personalised support following the pilot. The pilot also examined the impact of personalisation on existing services and functions in order to inform full roll out.

Evaluations Aims

The aim of the evaluation was to identify challenges and improvements associated with delivering personalisation. Specifically, the aims are to:

1. Assess outcomes for people and carers who have taken part in the pilot
2. Assess the effectiveness of the personalisation process and procedures in contributing to people's outcomes
3. Assess the cost effectiveness of personalisation in comparison to traditional services
4. Compare the findings of the pilot with the findings of the IBSEN report.

The evaluation covers these aims by identifying key lines of inquiry for the collection of evidence.

Evaluation Constraints

The pilot posed a number of factors that limit the validity of the evaluation. They include:

- Limited time – the pilot ran for 6 months, during which it is unlikely that participants will have experienced sufficient outcomes in order to report a change in their quality of life.
- Limited support capacity – Personalisation Pilot team only.
- Limited participants – given the time and staffing constraints a limited number of people took part in the pilot.

The findings should therefore be considered as indicators of the potential of the new system rather than absolute conclusions. As a result of the limited scope of the pilot, the evaluation focuses on identifying successes and challenges with the proposed processes and the likely effects on individuals.

It is important to remember that the pilot will just give a snapshot of the continuing roll out of personalisation. It is therefore crucial that continued review and learning takes place following on from the pilot as more people enter the new system.

Evaluation methodology

The balance between objective and subjective sources of evidence, qualitative and quantitative inquiry methods and our role in the evaluative process have all been carefully considered in the design of the evaluation model. Because of the broad range of areas requiring evaluation, several different approaches were utilised in order to assess each line of inquiry.

Lines of Inquiry

The research looked at five main areas:

1. Outcomes for people taking part in the pilot, and their carers
2. Testing of the personalisation process
3. Cost-effectiveness
4. Flexibility of support options and capacity within the community
5. Potential implications for Council and other services

There are many overlaps between these lines of inquiry and data collected in one area also informed other areas of investigation.

1. Outcomes for people

- Outcomes for people
- Outcomes for carers

2. Testing the personalisation process

- Assessment
- Personal Budget allocations (including RAS and personal contributions)
- Support planning, reviews/changes in circumstances
- Definition of support roles (Care Manager, Broker etc)
- Timing and continuity

3. Cost effectiveness

- Comparison with traditional service costs
- Financial contributions and implications for future charging arrangements
- Value for money
- Projected costs of personalisation

4. Flexibility of support options and capacity within the community

- Outcomes for people
- Demand for and existing supply of services and activities
- Impact of personalisation on providers

5. Implications for Community Care Services and other agencies

- Communications and engagement
- Community Care Teams
- Finance
- Legal

The evaluation of transforming social care in the Borough will initially take place over three phases, covering various aspects of the identified lines of enquiry. At each phase the evaluation will focus in more depth on the emerging evidence to determine the relative success of the programme and to inform future developments.

Transforming Social Care is not a simple change to the way we work in Community Care Services. The changes are highly complex and interdependent. For example, by putting people in control of their support, we will need to remain responsive to changing needs and aspirations. Therefore, whilst the evaluation will inform improvements to the way we work in the short term, we will need to maintain working in a dynamic way, evaluating our services as a matter of course to ensure they continue to evolve.

Phase 1: Personalisation Pilot (February 2010)	Phase 2: Outcomes for People (April 2010)	Phase 3: Total Transformation (Jan 2011 onwards)
<ol style="list-style-type: none">1. Experiences of people taking part in the pilot2. Testing the personalisation process3. Cost effectiveness - comparison with traditional service costs, implications of charging arrangements, projected costs of personalisation4. Demand for and existing supply of services and activities	<ol style="list-style-type: none">1. Outcomes for people and carers2. Cost effectiveness - comparison with traditional service costs, implications for charging arrangements, value for money, projected costs of personalisation3. Implications for Community Care Services	<ol style="list-style-type: none">1. Outcomes for people and carers2. Supply and demand of support options3. Information and advice4. Universal services5. Access team6. Reablement7. Cost effectiveness8. Impact on RBK teams, providers and other agencies

This report outlines the findings of Phase 1: the Personalisation Pilot and Phase 2: Outcomes for People.

Full details of the evaluation methodology can be found in the Evaluation Model. Please contact Caroline Little for further details.

Please note, the following terms are used in this report:

- People or individuals – people eligible for community care services, going through the personalisation process
- Carers – Family members or friends of people taking part in the pilot, who take on a caring role
- Care Managers – Social Workers, Social Care Officers and Support Brokers who were part of the Personalisation Pilot Team

The following acronyms have also been used:

- PPT – Personalisation Pilot Team
- SAQ – Self Assessment Questionnaire
- RAS – Resource Allocation System
- FACS – Fair Access to Care (eligibility criteria)
- PB – Personal Budget
- DP – Direct Payment
- PA – Personal Assistant
- CRB – Criminal Records Bureau
- RBK – Royal Borough of Kingston Upon Thames
- KCIL – Kingston Centre for Independent Living
- IAS – new social care data base system being introduced to Community Care Services
- CCS – Community Care Services
- RBK – Royal Borough of Kingston
- CM – Care Manager
- FACE – Financial Analysis of Care Environment Recording and Measurement Systems (the approach we are using to develop our RAS – Resource Allocation System)

Summary

People who took part in the pilot

Of the 70 people who were part of the pilot, data from 57 participants was used for the evaluation.

Because of the small numbers of people who were part of the evaluation, the findings of this report should only be considered as possible indicators of the potential of the new system rather than absolute conclusions.

Gender

28 participants were male and 29 were female.

Age

30 of the participants were younger people with physical disabilities (aged 18-64 years) and 27 were older people (aged 65 years and over).

Ethnicity		Numbers
White	British	43
	Irish	0
	Other White	5
Mixed	White and Black Caribbean	0
	White and Black African	0
	White and Asian	0
	Other Mixed	0
Asian or Asian British	Indian	3
	Pakistani	0
	Bangladeshi	0
	Other Asian	1
Black or Black British	Black Caribbean	0
	Black African	2
	Other Black	0
Chinese or Other Ethnic Group	Chinese	0
	Other	3

People's experiences of personalisation

People and or their carers were either interviewed in person, by telephone or completed a questionnaire. In total there were 45 interviews/questionnaires completed for the purposes of the whole evaluation. In phase one, 17 people were interviewed by telephone whilst they were going through the process to get a Personal Budget. In phase two, which measured more in depth outcomes for people, 28 people were either interviewed in person or completed a questionnaire. The findings of the outcomes interviews/questionnaires are presented in section one and the findings of the telephone interviews are presented throughout this report in the relevant sections.

What people said about the personalisation

“It’s been a godsend”

“It was good before but I find this better – the communication and understanding is better too ”

“She’s amazing!” [Personal Assistant] “She meets my needs so well.”

“I can’t fault them.”

“I need to get out – now there is always somebody with me. It’s given me more independence.”

“I was surprised at what I could spend the money on – wellbeing covering lots of options”.

“After a discussion with my Care Manager I wrote down my ideas. It is a very flexible scheme”.

“It was difficult at first because I saw lots of people and none of them seemed to know what a Personal Budget was. Then I got transferred to the pilot team and my Care Manager was really helpful. “

“Paperwork daunting – a ‘real headache’. However, as time went on it became more straightforward. With an administrative background, I realised the importance of keeping records in order and began a box file soon after starting the process – otherwise paperwork would have been very confusing, overwhelming and begun to feel out of control!”

“If you are starting from the beginning it is important to have someone who can give you a quick response to questions by phone or email when filling out your forms. If not it can be really intimidating and stressful. We need a named contact person who we know will respond.”

“It sounds great in theory but I’m not sure how it will work out. We’ll have to wait and see.”

What Care Managers said about personalisation

Care Managers’ responses were overwhelmingly positive, although some reported that it was stressful at times. “I’ve loved it even more than I expected.” “It’s been wonderful!” “It’s one of the best jobs I’ve ever had.” “I don’t want it to end”.

Mrs W is 96 years old and has dementia. She funds her own care and traditionally would have gone into a care home. Mrs W has lived in her house for over 72 years and despite having dementia, has continually said that she wants to stay in her house. Mrs W and her family were worried about the risks of her staying at home but decided that her quality of life would be much better and it was therefore worth accepting the risks of being at home. They were also concerned about the funding of her care but worked with Mrs W’s Care Manager to work out how she could spend her pension, benefits and Personal Budget to stay at home and get the most out of life. Mrs W is now living at home with all the support she needs – her Care Manager said that this would never have happened before Personalisation!

Care Managers felt that personalisation offered a real opportunity for meeting the needs of minority groups. Because support can be arranged around a person, it was possible, for example to take account of a person's cultural needs.

Mrs B is a 72 year old Muslim woman from Iraq who contracted polio as a child and has severe arthritis. Mrs B's first language is Arabic, she is very isolated other than the contact she has with her family. She relies on her daughter to support her who is also caring for her father. When Mrs B's health was better, she use to enjoy going to Edgware Road where she would see friends from her community and spend time in the coffee shops. Mrs B used part of her budget to pay towards her daughters petrol costs so that she could take her to Edgware Road once or twice a week. Mrs B has a brother who lives in Syria. She has not had contact with him for over 10 years. Mrs B chose to use her Personal Budget to pay for her and her daughter to go to Syria to visit her brother. This would also give her daughter a break from her caring role.

If Mrs B had a traditional service she would not have had as much choice over how her cultural needs were met and we would not have been able to provide this flexible type of support.

Informal feedback

In addition to the views gathered as part of the evaluation, some excellent feedback was given to a member of the PP Team by a Homecare Assessor at Tolworth Hospital. The following extract from an email also demonstrates good partnership working with other teams and a commitment to personalisation beyond the boundaries of the pilot.

"The daughter was beaming and just wanted to tell me how well the personalisation had worked out. She was so happy too. She added that her mother was very happy and it seems as though someone who had had issues with the way services were provided before was now at peace with the way that services had been enabled.

The daughter added that you, personally, had been helpful and really good throughout the process.

A feather in your cap and in the way that the PPT worked. It is not always about big things but how traditional services can be improved upon and handed over to the one person that it is for, the service user.

Finally can I say thank you for helping me out and allowing me to get this service user something she wanted."

Summary of Achievements

Demonstrating personalised outcomes:

- Reported improvement in quality of life, or potential for improved quality of life, for people and their carers as a result of having a PB
- Evidence of greater independence, choice and control for people and their carers
- High satisfaction with the Care Management and the support purchased with Personal Budgets
- High satisfaction from staff in the PPT about the personalised approach
- Engaging with a number of people who had been resistant to traditional services

Sharing learning:

- Sharing the learning sessions
- Personalisation Support Group
- Information on the intranet
- Joint case working

Development of resources and a staff toolkit fit for purpose for roll out of Personal Budgets.

For example:

- Personal Budget Process Checklist for staff
- Example of real life stories where personalisation was working well for people
- Personal Budget Agreement
- Real examples of support plans
- Support Plan template

Summary of Challenges

Refining the personalisation process:

- Reducing the complexity and repetition of assessments
- Developing a consistent and proportionate approach to Support Planning
- Better understand and define the function of brokerage
- Ensuring Care Managers are supported to offer personalisation
- Reducing anxiety and addressing questions and concerns for people going through the process

Developing the market:

- Mapping of the support and activities markets
- Work with private providers and the community to improve capacity to offer more personalised services and activities
- Improve the provision of information and advice

Summary of Findings

Outcomes for people and their carers

1. Overall findings – data gathered during the evaluations suggests the following successes:
 - ✓ High satisfaction with the support offered by Care Managers
 - ✓ High satisfaction with the support purchased with PBs
 - ✓ Reported improvement in quality of life, or potential for improved quality of life, for people as a result of having a PB
 - ✓ Greater independence, choice and control for people
 - ✓ Reported improvement in quality of life for carers as a result of better support and more time to themselves
 - ✓ Reported improvement in health, particularly mental health and reduced stress for people
2. Getting a PB - Half understood what getting a PB would involve and the other half did not. Most people only had help from their CM to get their PB and didn't need any other help.
3. Support purchased with PBs - All (except for one) were happy with the support they had bought with their PB. Half of the people interviewed had services before the pilot and nearly all said that their support was better now with a PB.
4. Quality of life - 75% said that their PB had already made a positive difference to their quality of life, the other 25% said it had made no difference but that it had the potential to.
5. Independence & Choice - 2/3 said they could do the things they wanted to – the others were limited by their health and a few wanted to purchase things not covered by PBs. Most found out what they could buy from their CM – people identified a range of ways they would like to find out about support, the most popular was through a website.
6. Control - All carers and nearly all service users felt that they were involved in setting up their PB, their needs and wishes were understood and that they were able to make the decisions they wanted to. 80% said their PB helped them to have more control over their support, the other 20% said it had made no difference.
7. Health & Wellbeing - Over half said their PB had led to health improvements – particularly mental health. Only a quarter of people said their PB had helped them to get a job or get involved in community activities. Just under half said their PB had helped them to see their family and friends.
8. Safety - A third said their PB had helped them to feel safer at home, it had made no difference for everyone else. Three quarters had no worries about managing the money, 2 people worried a little and 1 carer worried a lot. 85% had no worries about managing their support, 3 people worried a little and 1 carer worried a lot. Everyone, except for one person, knew where to go for help if they needed it.
9. Best 3 things, people identified, about personalisation:

1. Choice and flexibility to suit individual needs
2. Control – ability to do what I want to do
3. Getting the help I need and not having to worry

* 42 things identified

10. Most challenging 3 things, people identified, about personalisation:

1. Employing Personal Assistants
2. Knowing what a PB covers
3. Understanding the concept at the beginning

*21 things identified

Testing the personalisation process

11. Assessment – People found the Overview Assessment (the Community Care Assessment) to be relevant to their needs and thorough and praised Care Managers for their professionalism in completing assessments. Care Managers found that assessments required greater detail and rigour in order to inform the RAS. Nearly all service users found the Self Assessment Questionnaire (SAQ) to be stressful, time-consuming and repetitive. Half way through the pilot, the SAQ therefore became optional.
12. Resource Allocation System (RAS) & Personal Budget (PB) allocations – The available results suggest that a younger person with average needs (of those eligible for support) can expect to be allocated around £200 per week for their support. However, an older person's PB allocation is much harder to predict as someone with average needs could be allocated anything between £120 and £428. For both younger and older people, those with low or particularly high needs can expect to be allocated a Personal Budget to reflect their needs. The RAS was accurate in estimating the amount of money a person will need for their Personal Budget, although there is some room for further refinement.
13. Support planning – Only 2 service users (5%) wrote their own support plan. The majority needed a lot of support from Care Managers and carers, which took a significant amount of time. People were impressed with the support offered by Care Managers, although Care Managers felt unsure about the process at times. People said they were able to decide what went into their plan, demonstrating choice and control. Care Managers found support planning to be particularly rewarding.
14. Brokerage – Care Managers felt that brokerage could either be completed by the Care Manager to give continuity (particularly in less stable cases) or by someone else to give a fresh perspective and that this judgement should be made on a case by case basis. Care Managers needed to learn or develop new skills and required new resources, particularly information of what was available. Care Managers felt that the brokerage function had not been tested thoroughly during the pilot and that evaluation should be ongoing.

15. Safeguarding – The pilot did not highlight any safeguarding alerts that were specific to self directed support.
16. Roles in the team – Roles in the Personalisation Pilot Team were significantly different to previous roles. Care Managers reported that they had to consciously ‘unlearn’ previous roles and functions and treat the pilot as a new job. In particular they had to ensure their assessments were robust to meet the requirements of the RAS and they had to develop support planning and brokerage skills.
17. Timing and continuity – the results from the pilot suggest that it takes 12.5 weeks for people to go through the personalisation process. Encouragingly, around a quarter of cases were completed within 5-10 weeks. Whilst many delays were unavoidable, some were due to process issues that can be addressed in order to reduce end-to-end time.

Resource implications

18. Costs in comparison with traditional service costs – The results showed that whilst there were differences between the costs of a PB and a Care Package, most of the cases did not have significantly different costs. On average for these cases, PBs offered 16% cost savings compared to traditional services. However, only two thirds of these cases actually cost less through a PB – the other third cost more.
19. Implications of charging arrangements – three issues were identified that require consideration: how fair the current charging arrangements are for people in the new system; the implications of more people staying in their own homes rather than going into residential care; the suitability of the Council’s charging policy in the new system.

Demand for and existing supply of services and activities

20. Demand – The most popular choices were: Personal Assistants personal/practical care and escorting out; home care agency; cleaning; gardening; support to get out and about; holiday/respite; social trips e.g. cinema/theatre.
21. Supply – There are 9 homecare agencies, both private and Council-run, in the Borough offering people choice of support. However, much less is known about the wider offer of activities and support available. Particularly in the voluntary sector. This information will be gathered as part of the Information & Advice Project.
22. Mapping of the South West London market - Most providers seem very willing to offer service flexibility as required by the customer, where economically and operationally viable [although we noticed that the interpretation of ‘service flexibility’ varies between organisations]. We also found evidence of increased training activity for the delivery of personal care solutions like banking, shopping and dementia awareness whilst a slightly smaller proportion

seemed happy to offer admin-type services such as care planning, brokerage, advice, end-of-life planning & support.

Implications for RBK teams

23. Engagement with staff has been moderately successful over the course of the pilot. The sharing the learning sessions received particularly good feedback although attendance was variable.
24. Greater consideration needs to be given to the impact of significant change in working practices on staff and how they can be supported to manage change.

Summary of Recommendations

Refine the personalisation process and develop policy and procedure

- Review the offer of the SAQ to reduce complexity, repetition and stress for people
- Continue to refine the RAS in conjunction with FACE to continue to build on accuracy and to ensure the calculator is robust enough to ensure financial sustainability in the longer term.
- Agree standard and proportionate approach to Support Planning in RBK, including training and guidance for people and staff.
- Clarify what can/should be included in Support Plans, including positive risk taking and contingencies.
- Practice guidance around meeting particularly high (and low?) levels of needs in community whilst delivering value for money
- Investigate the need for guidance and tools on budgeting to aid support planning
- Need to clarify roles and responsibilities of all concerned when individuals choose to become employers and clarify policy on employing family members as Personal Assistants

Develop information and support for people to go through the personalisation process

- Produce an information pack on self directed support for people, to include information on finance, managing a budget, setting up a bank account etc
- Ensure that people have access to information and, where possible, important documents relating to personalisation in their own language
- People should be given a copy of the leaflet on 'understanding Financial assessments' before completing their financial assessment
- Investigate the possibility of giving people an upfront indication of the likely amount they will have to contribute towards their PB.
- Produce detailed guidance on employer and RBK responsibilities when employing a PA, including CRB checking and how to contact the safeguarding team
- Continue to produce effective communications materials about personalisation to improve understanding and address any questions and concerns
- Develop good quality information and advice for people and providers on the market options available and ensure that it is accessible in a range of formats.

Develop tools to assist people and Care Managers as they go through the personalisation process

- Develop an accessible knowledge base on the support available to live independently, including pricing and availability
- Develop dedicated intranet and internet site where all available tools and information in relation to personalisation can be easily accessed by staff and public. Ensure these sites are kept updated and people are given the opportunity to comment on the site and the material
- Ensure paper versions of all information are available for those who do not have access to internet.

Training

- Agree a local approach to personalisation and ensure this is consistently presented across the training programme.
- Training for Care Managers to cover negotiation skills (to agree Support Plans), responsibilities when supporting people to employ PAs, budgeting and contingency planning.
- Safeguarding should form a core part of any training on personalisation and self directed support
- Consider and think more thoroughly about the impact of significant change in working practices on staff and how they can best be supported, for example through access to materials and training.
- Consider the need for ongoing training and support as the approach to self directed support evolves within the context of wider changes to working practices.
- Ensure that administrators are able to access basic materials or training about the personalisation process.

Resource implications

- Begin to measure the cost of Care Management, support planning and brokerage functions to gauge the full cost of delivering self directed support
- Consider proportionality of staff input in supporting people under the new system in relation to the person's need/outcomes
- Identify transparent costs for internal and external services so that people are able to make purchasing decisions
- Review charging/contribution arrangements in light of self directed support
- Develop ongoing cost projections for self directed support
- Develop cost effectiveness indicators as part of a wider quality assurance framework
- Benchmark cost effectiveness with other localities

Understand and develop the market for support and activities

- Further mapping and analysis needs to be completed in order to understand the supply of and demand for services and activities in Kingston, particularly in the voluntary sector.
- Analysis of the in-house and external market for services and activities needs to be undertaken to understand accessibility for people with disabilities (for example, leisure and transport) as outlined in the paper, Personalisation, Commissioning and Market Shaping in Kingston Community Care Services from 2009 to 2011.
- Evaluate the outcomes of the Mind the Gap programme.
- Ensure findings from market analysis are available to providers and fed into future work with providers.
- Create a system for capturing the demand for services and activities, to inform commissioning.
- Consideration should be given to the promotion of new services and activities that people require – for example, one on one support for a particular activity, such as swimming.
- Promote networking and learning among providers.
- Better understand the Personal Assistant market and how people access it
- Develop the PA market to building on quality provision including safeguarding

Monitoring

Further priorities for monitoring will need to be agreed by CCS: some examples are as follows:

- Monitor RAS indicative amounts and agreed PB allocations for people with the highest needs.
- Use of new tools and forms and their effectiveness
- Need to review the use of other tools and forms that may no longer be required
- Quality of the information we send to people
- How long staff take to complete Support Plans and Assessments

Wider policy and practice considerations

A number of practice considerations were identified during the pilot. These are not issues that specifically relate to self directed support and will therefore be considered by CCS managers rather than forming recommendations from the pilot.

- Clarify the consistency of application of FACS criteria across all teams
- Clarify staff understanding that people's need for respite is based on assessment and is not an automatic entitlement to 6 weeks.
- Ensure safeguarding continues to be central to good Care Management practice whilst personalisation is being rolled out.
- Review the review process, form and clarify guidance - should encourage tailoring frequency to individual needs.
- Review guidance for Care Managers on assessment, ensuring it is sufficient to guarantee a detailed and robust approach to assessment that will then inform the RAS
- Offer guidance for seeking evidence of a person's needs/disability
- The Risk Enablement Panel should continue- this panel will convene to discuss any individuals where specific risks have been identified and a risk sharing decision is required
- Volume of identified risks should be monitored to inform whether or not the Risk Enablement Panel should meet on a regular basis
- Continue to monitor any trends in relation to safeguarding as self directed support is rolled out

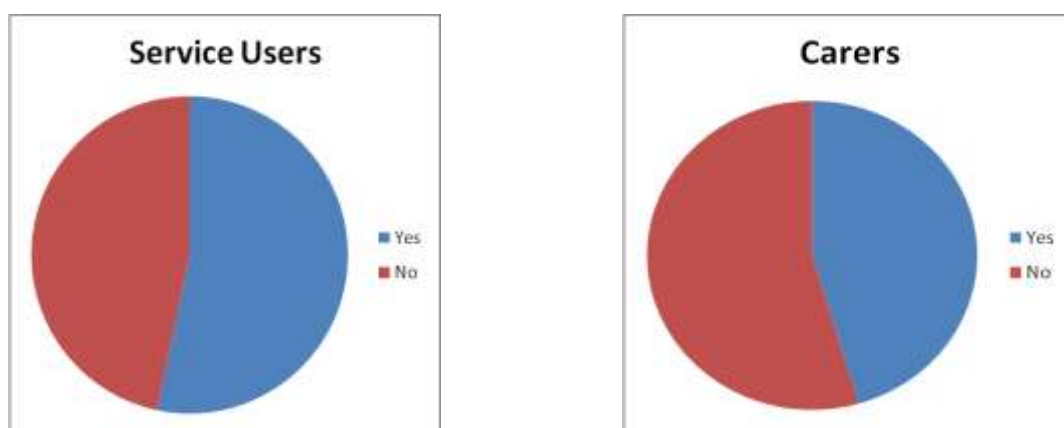
1. Outcomes for people and their carers

28 people, 17 individuals and 11 carers, took part in the outcomes evaluation. Of these, 21 were interviewed in person and the other 7 responded to a paper questionnaire asking the same questions.

Of the service users, 7 were female and 10 were male. 10 were younger people with physical disabilities and 7 were older people. Their ages ranged from 18-84. 13 people classed themselves as White British, 2 as any other White, 2 as any other ethnic group, 1 as Indian and 1 as Chinese.

Getting a Personal Budget

Did you understand what was involved in getting a Personal Budget?

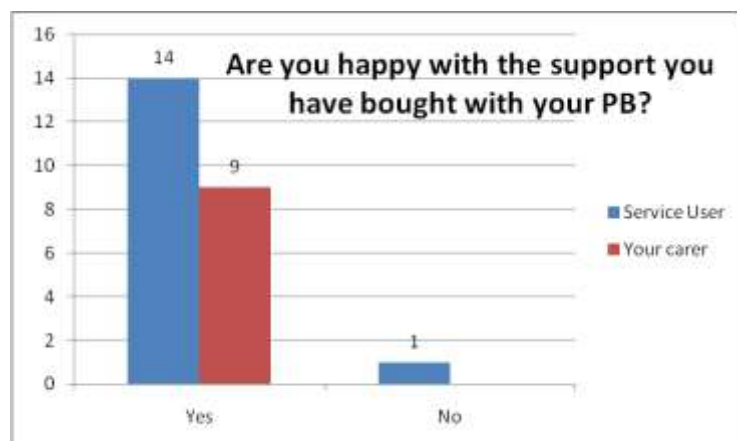


Around half of the people interviewed understood what getting a PB would involve and the other half did not. Most people found the concept difficult to grasp and needed several explanations.

- Yes – once explained by my care Manager.
- Yes – I understood but I relied a lot on my wife to clarify.
- After the first visit I felt overloaded and wasn't too sure about it. We went over it again on the phone and I started to understand.
- I wasn't sure what it covered.
- Not initially – I couldn't grasp the fact that I had to pay to get the money!
- No – it was difficult at first, I needed several explanations. It would be good if you could send something out to people so that they could think about it before their first visit.
- No, we only had a short conversation – I didn't know the process.
- No – I didn't understand until the Care Manager came round.
- No – it was a long process to understand the PB because it was new to me.

Most people only had help from their CM to get their PB and didn't need any other help. A few other people cited family, friends, KCIL, Age Concern, the Department for Work and Pensions and an interpreter as having helped.

Support purchased with PBs



All (except for one) were happy with the support they had bought with their PB.

- “It’s been a godsend!”
- PA – she’s amazing!”
“She meets my needs so well.”
- “I can’t fault them.”

Half of the people interviewed had services before the pilot and nearly all said that their support was better now with a PB:

- Much better now with my PB – my husband can do different things to what he was doing before – what he has now is specific to him.
- Now I’m in control of my carers but sometimes they are in a hurry.
- The carer I have now is excellent – so much better and it’s stress free!
- Now we have a regular carer. Before we had different carers everyday and it was no good.
- It was good before but I find this better – the communication and understanding is better too.
- Very similar, as I was on a direct payment. In many ways it was easier being on a direct payment as the processes were well established (this was mainly because I was the first to go from a DP to a PB and CCS seemed to be working it out as they went along - there was insufficient preparation prior to roll-out, particularly in relation to clarity of employer support). But a PB is more flexible and can be used on a wider variety of services than just PA hours.

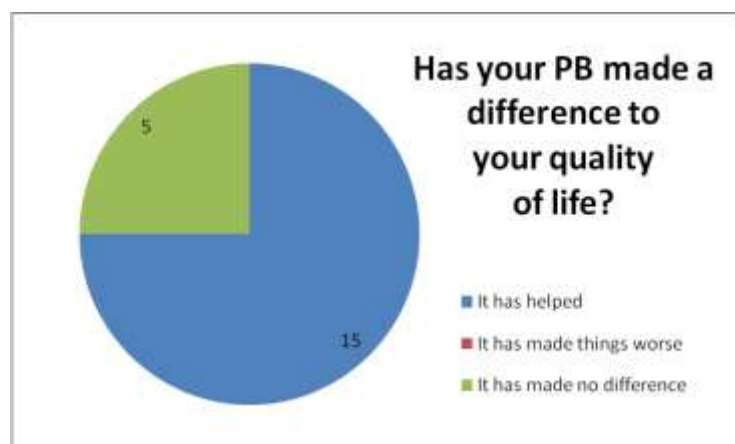


Nearly everyone said that their Care Manager was very helpful when setting up their PB. The people who said their Care Manager was quite helpful or okay said that this was because they were still learning about personalisation.

- Very patient and a good listener. I feel at ease with her – I can’t fault her.
- I was able to talk to my Care Manager over the phone easily which really helped.
- Only quite helpful because they were still learning and didn’t know everything just yet.

Quality of life

75% said that their PB had already made a positive difference to their quality of life, the other 25% said it had made no difference but that it had the potential to.



- Yes!
- Potentially yes although at the moment my quality of life is worse because of my health.
- Not up to now but I expect it to in the future.
- It hasn't really helped my husband yet but my quality of life has improved (carer).

In terms of your quality of life, what has improved in your life since having your personal budget?

The things that had most contributed to improved quality of life were; time off and help for carers, being able to do things a person enjoys, greater independence and reduced stress.

Time off or help for carers:

- It is also good for me as her carer because I get some time to myself – now I can go to the doctors to talk about my back. We also need to have a break and the PB will help to pay for breaks that are accessible.
- PB has enabled me to employ someone to help my wife with the cleaning etc.
- More time for my wife and I to do things together rather than wasting time on incidentals.
- It's made things easier and helps Mum and Dad a lot.
- I am able to access respite and give my wife a rest from the caring role.
- Knowing my wife is getting some help.

Although one carer said, "I still have to organise everything".

The things I can do:

- I now have an Iranian Channel so that I can watch TV and understand it. I am also really looking forward to being able to take a holiday to Iran.
- It's so important to my daughter that she can speak English – I have been asking about lessons for her for years but got nowhere because she needs private tuition. Now she can buy English lessons with her PB.
- Now he can do what he enjoys.
- Having a cleaner helps to free up more of our time. We can do things like socialising – now I go to restaurants with people my own age, before I just went to the park. We are also planning a holiday to visit relatives.
- Now I have more choice.

Independence:

- Now I don't have to rely on Mum and dad.
- It's given us confidence to go away and leave him on his own, knowing there is someone else to help.
- It's going really well – going horse riding, I'm achieving something I really wanted to do. I've also grown a real friendship with my PA – she's great with me! She helps me to go shopping, with cooking and has shown me how to use the bus.
- She has independence away from me but I know she's safe – carer.

Less stress:

- Less stress!
- Not feeling as though I'm drowning.
- Not wondering how to make ends meet.
- I don't have to worry about money anymore. I also get help with the gardening and cleaning.

General wellbeing:

- My husband is happier so I would say life has improved.
- Because it's so easy it's lifted my depression.

Financial help:

- Arguably my finances have improved as I have been able to claim more from my PB than I could claim from my DP¹. But no other improvements.

Has anything got worse since having your personal budget?

The vast majority of people (14) said that nothing had got worse since having their Personal Budget. Only two things were identified as having a negative impact on a person's quality of life:

- I really don't like all the paperwork! I'm also a bit worried about whether I'm doing the right thing – I'm not sure what we're allowed to do with the money.
- As I was put onto a PB very early on, it was much, much more hassle than being on a DP as unfortunately no-one had decided how things would work before they started rolling out PBs!

Independence & Choice

Two thirds of people said they could do the things they wanted to – the others were limited by their health and a few wanted to purchase things not covered by PBs.

¹ This person's Personal Budget was slightly higher than her Direct Payment because her needs had increased. If her needs had remained the same, her PB would have been the same amount as her DP.

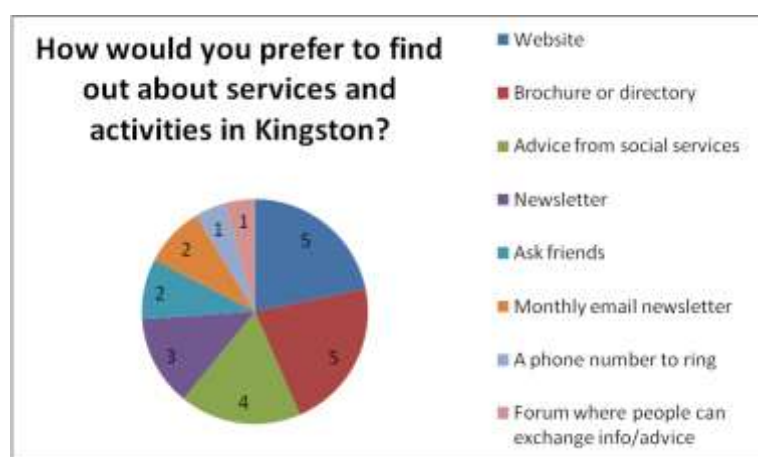
Two other specific factors were highlighted as barriers to people being able to do the things they want to do:

- My problem has been that my needs have changed and it has been a lengthy process to recruit the PA's I now need. Now that it is clarified that KCIL can provide recruitment support it is a bit easier;
- We need an easier way to get transport. We need a flat surface to get in and out of the car like my neighbours have. More transport.

Only half (5) of the carers interviewed said that they could do the things they wanted to. All of these carers said that whilst a Personal Budget had freed up some of their time, it didn't necessarily mean that they were able to do the things they wanted to:

- Even though my husband is able to do what he wants, I still have to care for my son and grandson so I am kept busy all of the time.
- No – not yet – once we get someone regular I hope to be able to get out more.
- It's given me a break but only once a week.
- No but I do have more free time.
- Carer – would've liked more time for himself.

Nearly everyone found out what they could buy from their Care Manager, two other sources of information cited were from KCIL and the internet. One person also said, "I'm still not sure what it covers – I need someone to clarify things with".



People identified a range of ways they would like to find out about support, the most popular options were:

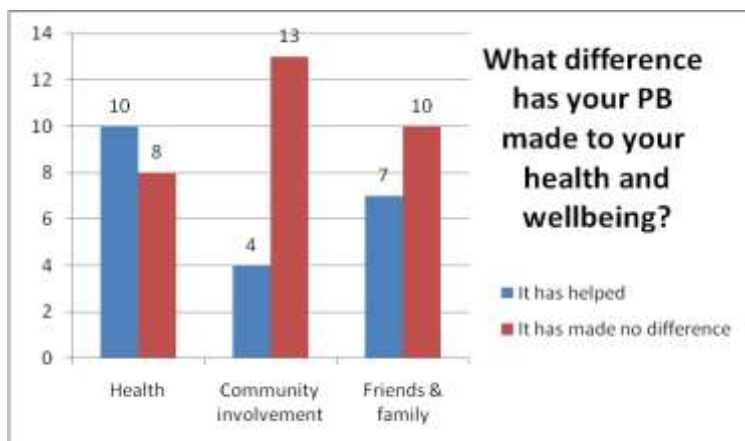
- through a website,
- a brochure or directory sent through the post, and
- advice from social services.

Control

Everyone said that they were able to make the decisions they wanted to – one person commented; "this is a new thing to me and the Council!" All carers and nearly all service users felt that they were involved in setting up their PB and that their needs and wishes were heard and understood.

Two thirds of people said their PB helped them to have more control over their support, the other third said that it had made no difference or was not applicable to them.

Health & Wellbeing

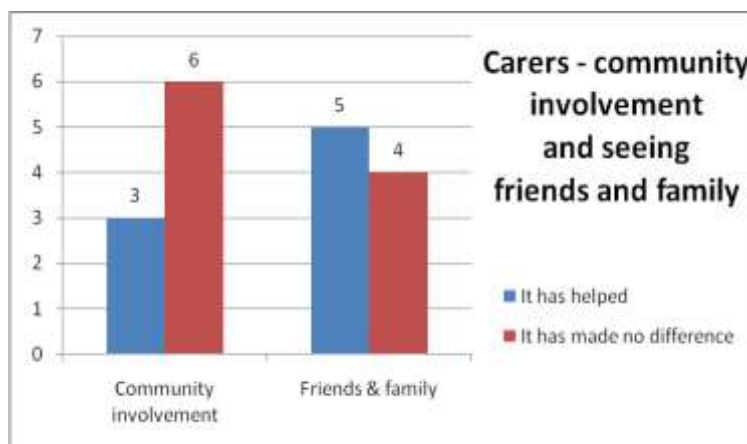


Over half of the people interviewed said their PB had led to health improvements – particularly improved mental health. However, only a quarter of people said their PB had helped them to get a job or get involved in community activities.

Around 40% of people said their PB had helped them to see their family and friends when they wanted to. For example, “we got a driver to take us to see our daughter in Southport who we hadn’t seen for 4 years. We also bought a webcam so that we can talk to our son in Australia”.

- Mentally it has helped x2
- Much less stressful!
- When you are relaxed and less stressed it improves your health.
- PB has been good for me in terms of keeping my brain active with the work involved.
- I go swimming and have some social time.
- No difference but it’s still too new to say really.

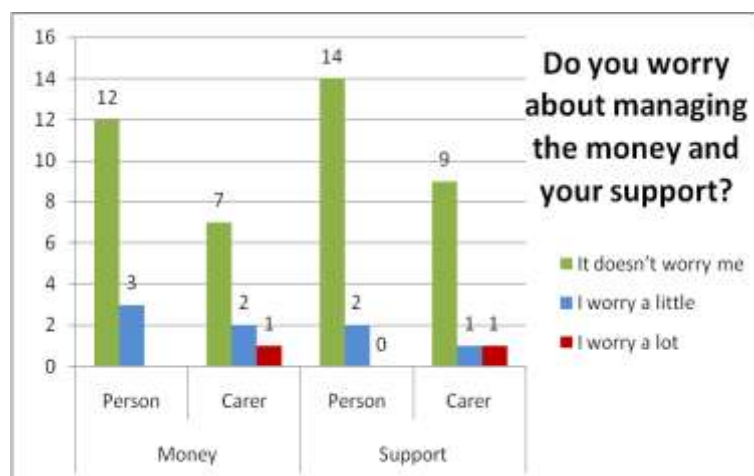
When a person had a PB, their carers reported that it had helped over half of them to see their friends and family when they wanted to. However, it only helped a third of them to get a job or get involved in community activities.



- I get more time to myself.
- It has made no difference but I think it could do.
- No difference yet but I hope it might in the future.
- It has made no difference because I can’t lift her [the person being cared for] into the car.

Safety

A third of people said their PB had helped them to feel safer at home; it had made no difference for everyone else. Everyone, except for one person, knew where to go for help if they needed it.



Three quarters of people had no worries about managing the money, 2 people worried a little and 1 carer worried a lot. 85% of people had no worries about managing their support, 3 people worried a little and 1 carer worried a lot.

The best and most challenging things about personalisation

The people interviewed were asked what they thought were the best and most challenging things about personalisation. Everyone identified at least one best thing about personalisation. Many people couldn't identify anything challenging about personalisation and only one person could identify three things that were challenging about personalisation.

Broadly, the top three best and most challenging things identified can be categorised as:

Best 3 things:

1. Choice and flexibility to suit individual needs
2. Control – ability to do what I want to do
3. Getting the help I need and not having to worry

* 42 things identified

Most challenging 3 things:

1. Employing Personal Assistants
2. Knowing what a PB covers
3. Understanding the concept at the beginning

*21 things identified

People were finally asked if there was anything else they would like to say about personalisation. The comments are categorised below under compliments, challenges and suggestions.

Compliments

People can live in their own home with a PB and stay independent. There must also be less strain on social services then – supporting families is better for everyone.

My physiotherapist and OT have both been very helpful. Princess Alice Hospice has been helpful.

It's given her something of her own (horse riding) – carer.

Thank you for everything.

Challenges

Employing Personal Assistants

There is no support to find and employ a PA. I was told that would help but all they did was offer me a list that I could have plucked out of the yellow pages. There were no checks done on these people and the days they told me people were willing to work were incorrect. Also, with the insurance, I am not sure if I am covered. I got a letter from saying that the bill hadn't been paid – I thought were doing this?

I have a somewhat jaded view of the PB process as I was a guinea-pig. I would like lessons to be learnt by RBK about rolling out something new without sufficient preparation. A lot of 're-inventing the wheel' could have been avoided if only someone had got full information from on the support they provide to DP users – they are the experts as they have been doing it for about 20 years now!!!

The time it takes to set up

The time it has taken to get my PB is far too long. There was a hold up with the finance – it has taken forever to finalise the PB amount.

Providing clear information

I feel I was given the wrong information at the start as I was told that a PB would cover all of my transport needs but it only covers part of it.

Supporting carers

I find it really difficult when I'm not well and trying to care for my husband – it worries me.

Suggestions for improvements

Clearer information

PB is most beneficial to those who understand them! We need a diagram and more information to explain PBs and the process to get one. I also need to know what date I will receive the money – a letter saying you will receive £x each month on x date.

It would be good to have web-based information on PBs. It would also be good to involve Kingston carers Network in communicating information.

Please could you explain the difference between a social worker and a Care Manager?

It would be helpful if a newsletter could be produced defining other activities available within our area e.g. computer skills/days out etc.

We could have done with better information earlier on – for example, if we'd known about the motability scheme before my husband reached 65 then we could have got a car but now it's too late.

It's confusing that some people are called Social Workers and others Care Managers and all the different teams you have are confusing too.

Having a named contact

My Care Manager is now off sick for a few months and in the meantime I have just been told to call the duty team – I would prefer it if I could have a named person to call until my Care Manager gets back.

Improve knowledge of PBs

GP was not very helpful – could you do a presentation for GPs.

Supporting people to help themselves

I went to some carers training – it wasn't that useful but the best thing about it was that I met a group of other carers. We have stayed in touch and meet up regularly to share information and support each other. It would be great if the Council could provide or facilitate a space for us to meet. Maybe you could agree a time with a local cafe or something that is carers morning?

Overall findings

Data gathered during the evaluations suggests the following successes:

- ✓ High satisfaction with the support offered by Care Managers
- ✓ High satisfaction with the support purchased with PBs
- ✓ Reported improvement in quality of life, or potential for improved quality of life, for people as a result of having a PB
- ✓ Greater independence, choice and control for people
- ✓ Reported improvement in quality of life for carers as a result of better support and more time to themselves
- ✓ Reported improvement in health, particularly mental health and reduced stress for people

Areas for improvement are covered in the recommendations.

Recommendations

- Improve understand of what getting a PB involves by producing clear information about:
 - the process to get a PB;
 - what a PB covers;
 - dealing with PB finances;
 - the support and activities on offer in Kingston.

- Continue to develop support for carers of people with a PB.

- Investigate the barriers to getting involved in community activities.

- Develop support for people employing Personal Assistants.

- Investigate hold-ups to the process in order to reduce the time it takes to get a PB (see timing and continuity).

2. Testing the personalisation process

Assessment

The assessment evaluation covers both the self assessment questionnaire (SAQ) and the Overview Assessment. Individuals did not distinguish between the two parts of the process and instead saw it as a single stage. However, different issues arose through the two parts of the assessment process. Therefore, a separate section focussing on the SAQ is also included at the end of this chapter.

Peoples' experiences of assessment

Were the questions easy to understand?

The majority of people interviewed said that the questions asked during their assessment were easy to understand. A number of people noted that their Care Manager was very helpful and that this made the process much easier. Two people said that they had used an interpreter during their assessment and that the questions were clear.

However, almost everyone interviewed stated that there were too many questions and that there was a lot of repetition, both in terms of this assessment process and in terms of overlaps with other assessments they had completed. One person said, "It was like filling out a DLA form. I have to fill out so many forms and they ask the same questions over and over again which is very annoying. I can understand other older people just throwing it in the bin! It's an additional pressure for people and their carers that they don't need". Repetition was particularly significant for those who had completed both a self assessment and the overview assessment. For two people, the questions in the assessment were a barrier to gaining support. One stated: "I couldn't have managed it without help... I am still not sure if I will go ahead with it". Another said: "I found the assessment process to be very daunting. The questions were simple but I didn't know what to say. It's difficult to do when you are on a lot of medication. I wanted to give up but I am desperate to get some care".

It is clear that good support from Care Managers is essential to enabling a person to be assessed properly and minimising stress. Those who found the questions difficult to understand or answer, stated that the support from their Care Manager was vital and that without it, they may have opted out of the process.

Did the questions reflect a person's needs/ circumstances?

Nearly everyone interviewed said that the questions did reflect their needs and circumstances. One person noted that the Care Manager greatly assisted the process, saying she "really honed in on my needs". A couple of people again raised the issue of repetition and a few hinted that the questions were not holistic. Specifically, one person highlighted the fact that their needs "come under health" and another felt that carers needs were not sufficiently captured.

What support (if any) was needed?

Most of the people interviewed required support to complete the Self Assessment Questionnaire, from their Care Manager and/or a family member or friend. Those people who did not have support said that they would have liked it, for example: “Would have been better to have either: a, had someone to help fill it out – a buddy (either someone who had been through it or a professional – as long as they knew what they were doing, would have been fine), or; b, although longer, a more thorough form with prompts”.

What worked well?

The single factor highlighted here was the support from Care Managers: all Care Managers in the team were individually praised. Some examples were:

“ was so helpful – excellent!”

“ was very good – very nice.”

“We had a good chat before filling in the BIG form. I could ask my Care Manager for advice and I kept in contact by email.”

What could be improved?

Three clear areas for improvement were highlighted by a number of people interviewed.

1. For some people, completing the assessment process was particularly stressful. “They should realise that they are dealing with sick people and that this is very difficult when you are on medication.”
2. Reducing the complexity and repetition – across this assessment process and others where possible.
3. Improving support by changing the self assessment form so that it is clearer and included prompts or guidance and offering someone to help fill out the forms.

In addition, a specific issue was raised around gaining access to an interpreter. “I had to wait because I needed an interpreter. The quality of the interpreter was not good. They missed things out and couldn’t translate accurately so it didn’t make sense”.

Care Manager’s experiences of the assessment process

Care Managers noted that assessment was a particularly lengthy process because people had so many questions about Personal Budgets. However, they also agreed that the assessment process needed to be comprehensive in order to make the process accurate and meaningful. Without detailed records of a person’s needs, their allocation was likely to be inaccurate and their Support Plan not personalised. It was also noted that more time put into the assessment meant that identifying personal outcomes and Support Planning was much easier. One Care Manager said that they “really enjoyed” the more detailed and person-centred assessment process.

A few Care Managers noted that in some cases there was a need to seek medical evidence of a person's disability. This was something that felt uncomfortable and it was suggested that some guidance was needed around how to do this.

Self Assessment Questionnaire

Nearly all of the people interviewed disliked the Self Assessment Questionnaire (SAQ). People saw it as complicated, ambiguous, time-consuming and a barrier to getting the support they needed. In addition, generally, Care Managers found the SAQ to be too long, difficult to go through and not of particular value.

However, one Care Manager noted that it would be sad to see the SAQ go altogether. For this person, it was a useful tool for completing the Overview Assessment and it offered people an alternative format for communicating their needs. Another Care Manager felt that they would have been missing something without the SAQ. This person found that completing the SAQ with a person brought back their traditional social work values. Enabling them to talk to a person and not just tick boxes.

Because of the negative feedback, half way through the pilot, the team stopped using the SAQ as a requirement and offered it to people to complete only if they wanted to. This meant that of the 57 people evaluated for the pilot, 23 did not complete self assessments. Around two thirds of those who did not complete the SAQ were younger people, whereas just over half of those who did complete the SAQ were older people. The team then tried to simplify the SAQ in order to retain those parts that were of value but to reduce the burden of completing the form.

Recommendations

- Review the offer of the SAQ to reduce complexity, repetition and stress for people and the need for support for people to complete it.
- Establish a protocol for interpreting and translation services - in light of new processes.
- Review guidance for Care Managers on assessment, ensuring it is sufficient to guarantee a detailed and robust approach to assessment.
- Produce guidance on the procedure for seeking evidence of a person's needs/disability.

Personal Budget allocations

(including Resource Allocation System and personal contributions)

How much were people allocated for their Personal Budgets?

	Personal Budget Allocations (£/per week)		
	All	Younger People with PD	Older People
Total	£6,191.73	£3,153.76	£3,037.97
Average	£229.32	£205.13	£253.16
Lowest	£40.00	£40.00	£77.00
Highest	£600.00	£600.00	£470.00

At the point of evaluation, a total of £6,191.73 per week had been allocated, an average of £229.93 per person. The lowest PB was £40.00 per week and the highest was £600.00 per week.

Both the lowest and highest PBs were allocated to younger people with physical disabilities. In fact, the lowest PB of £40.00 for younger people was significantly lower than the lowest amount for older people; £77.00. Similarly, the highest PB was significantly higher for younger people (£600.00) compared to the highest PB for older people (£470.00). However, despite this wider variation at the high and low ends of the scale, younger people generally had much more consistent PB allocations at the middle ranges* so that the average PB of £205.13 is fairly reflective of what many younger people with average assessed needs would be allocated.

The average PB allocated for an older person was around 23% higher than the average PB for a younger person. £253.16 per week for an older person, compared to £205.13 per week for a younger person. Whilst this seems significant, in opposition to the allocations for younger people, older people were much more likely to have a wider variation in their PB allocations. In fact, the middling allocations* for older people ranged from £120.00 to £428.00 per person per week.

Therefore, the available results suggest that a younger person with average needs (of those eligible for support) can expect to be allocated around £205.13 per week for their support. However, an older person's PB allocation is much harder to predict as someone with average needs could be allocated anything between £120.00 and £428.00. This is likely to be because of greater variation in needs and circumstances amongst older people. For both younger and older people, those with low or particularly high needs can expect to be allocated a Personal Budget to reflect their needs.

**Middle ranges are classified as second and third quartile results.*


How accurate was the RAS?

At the point of evaluation, 46 people had been given indicative RAS allocations. Of these 46, 29 people had had their actual PB amount agreed. It was therefore not possible to analyse the accuracy of the RAS for all of the pilot participants.

Of those that were analysed, the RAS appeared to offer consistent and expected allocations of money for people. Overall, the total amount of money allocated as actual Personal Budgets was £384.27 less than the total amount indicated through the RAS; this was an average of £14.23 less per person. The lowest PB was the same amount as indicated by the RAS, however the highest PB was significantly under-estimated by the RAS by £94.

	RAS indicative amount	PB allocation	Difference
Total	£6,576.00	£6,191.73	-£384.27
Average	£243.56	£229.32	-£14.23
Lowest	£40.00	£40.00	£0.00
Highest	£506.00	£600.00	£94.00

In fact, the lowest three quarters of PB allocations (bottom three quartiles) were less, in total and on average, than their respective RAS indicative amounts. It was only the highest PB allocations (top quartile) that were more than the RAS indicative amounts, in total and on average, suggesting that the RAS is less able to account for the complexities involved in higher needs.

	PB allocations: lowest-highest (quartiles)			
	Bottom			Top
Total Difference	-£178.39	-£86.98	-£161.64	£294.26
Average Difference	-£25.48	-£12.43	-£23.09	£49.04

Overall, just over a quarter of the RAS indicative amounts remained the same when agreed as a person's PB allocation. Of the remaining RAS amounts, there were double the amount of RAS over-estimates (where the final PB allocation was less than the RAS indicative amount) than RAS under-estimates.

Of those RAS amounts that were more than the final PB allocation, around two thirds were for younger people and a third were for older people. However, younger people with a physical disability were both less likely to have an exact RAS estimation and more likely to have a RAS under-estimate. This could suggest that more testing needs to be done on the accuracy of the RAS in calculating younger people's indicative amounts.

The RAS amounts for older people appeared to be more accurate. Half the RAS estimates for older people remained the same when agreed as their PB allocation. There were similarly around half the amount of under and over estimates in comparison with younger people's estimates.

Overall, the data shows that the RAS is fairly accurate in offering indicative amounts and that the system in place allows for flexibility to either increase or decrease this amount to constitute a PB allocation, in line with a person's individual needs and circumstances.

Difference between the RAS indicative amount and the agreed Personal Budget amount

	RAS Over-estimates			RAS Under-estimates			RAS Exact		
	Total	OP	YP	Total	OP	YP	Total	OP	YP
Number	13	4	9	6	2	4	8	6	2
Greatest difference	£149.12	-£68.94	-£149.12	£190.00	£190.00	£98.64			
Least difference	£0.02	-£0.02	-£0.69	£0.05	£0.05	£80.03			
Total difference	-£540.51	-£164.83	-£375.68	£407.76	£190.05	£217.71			
Average difference	-£41.58	-£41.21	-£41.74	£67.96	£80.03	£54.42			

There was some confusion during the pilot over what was included in the RAS calculation, including:

- **Respite**

For some care Managers, there was the expectation that the RAS should reflect a 6 week respite period. The Team Manager confirmed that 6 weeks respite per year was not an automatic entitlement and is based on assessed need. The RAS calculation will therefore reflect overall assessed needs, not services or perceived entitlements.

- **Careline and other Services**

Careline was not included in the RAS, along with Hot and Frozen meals. These were commissioned in the normal way.

- **PB Backdated Payment**

Backdated payments were discussed on a case by case basis and only if they incurred cost because of the time that the team are taking to process. If the person had been paying for PA's etc whilst we were processing the PB then the backdated payment was agreed. Backdated payment should be for a reasonable timescale only.

- **Needing two Carers**

An issue arose about whether the RAS calculation accounted for when two people were needed to support an individual with daily living tasks such as transfers. The calculator was adjusted during the pilot to reflect this and people who needed the support of 2 carers seem to be being allocated accurate RAS amounts.

- **Contingency Amount**

The contingency amount was calculated based on short term, unexpected events that are likely to happen in an emergency. This was looked at on a case by case basis.

Receiving the money

Discussion took place around a person who was unable to visit/telephone a bank or have access to intranet banking. Finance agreed for Bank Accounts to be opened to the person who is managing the person's money, only if there is no way of arranging for the person to open an account themselves. This is only to be done if all else fails. Staff are to clearly record the reasons for this on Swift.

In addition, there was some confusion for people around how to set up their finances. "I got confused about Direct Debits. I think I over did it trying to sort it all out. I've been paying my contribution into a different account but it all seems like a waste of time. It's all added pressure." "I was told I have to set up a new bank account. I'm not sure how the money bit works."

How much did people have to pay towards their Personal Budget?

The table below compares the percentages of people whose charges fell within various financial ranges against the assessed charges for traditional homecare services.

Weekly charge amount	For traditional homecare	For personal budgets
£0.00	15.00%	30.00%
Between £0.00 and £20.00	21.00%	34.00%
Between £20.01 and £40.00	29.00%	18.00%
Between £40.01 and £60.00	19.00%	12.00%
Between £60.01 and £100.00	7.00%	4.00%
Between £100.01 and £147.35	9.00%	3.00%

The analysis apparently shows that a greater proportion of people receiving personal budgets have lower charges. However, the age profile of people receiving personal budgets has a greater proportion of younger people than the overall population of people receiving homecare services. In general, younger people have lower charges – chargeable state benefits are lower and usually no occupational pensions are in payment. There is no evidence therefore to suggest that the charging profile for personal budgets will differ significantly from that for traditional services as more older people take up personal budgets.

Despite the fact there was very little change in the amount people had to contribute towards their support, the charges were a barrier for a couple of people.

"We had to pay more than we expected in terms of our contribution. We are now reconsidering whether or not to continue with it. It would have been useful to know how much we might have had to pay upfront."

"It took my Care Manager a long time to explain things especially charging. I don't understand why they can't take the charges out of my budget at source. The forms could then be fewer and it would be easier."

Recommendations

- Monitor RAS indicative amounts and agreed PB allocations for people with the highest needs.
- Clarify what services if any will continue to fall outside of the RAS funding.
- People should be given a copy of the leaflet on 'understanding Financial assessments' in order to overcome their difficulties of understanding the financial terms and conditions before completing the financial report.
- As part of an Information pack for people, include a guide to PB finance for people covering contributions, setting up a bank account and managing their budget.
- Investigate the possibility of giving people an upfront indication of the likely amount they will have to contribute towards their PB.

Support planning, brokerage and reviews

Peoples' experiences of support planning and reviews

Was support planning easy/difficult? Why?

Around half of the people interviewed said that Support Planning was easy and half said it was difficult. This is significant given that most people had a lot of support to complete their support plans.

The reasons people gave for support planning being easy included having such support, including time from Care Managers and carers and examples of what their plan could look like. Two people said that they could choose what went into their plan without being asked, which is encouraging in the context of the aim to give people more choice and control. However, these people also noted that the process was "easy but very time consuming". One noted that: "I think having a follow up meeting a couple of days afterwards would have been useful as you are taking in so much that you often haven't registered it all and afterwards other questions / issues crop up".

For those people that found support planning to be difficult, reasons included: time-consuming, lots of paperwork, language barriers and anxiety around what is required.

"It could be scary when you first start out so you need advice and suggestions about how you can use your Personal Budget."

"It needed to be in Farsi. I found it easy because I can speak English but it was not ideal because my Dad would have liked to do it himself".

"I'm not sure how to set it all up. What can we do? How can we find someone? I can't take on much more".

"It was quite difficult because I have Parkinson's and I get very anxious. My Care Manager is now doing it for me".

Did you have all the information you needed?

Just over a third of those asked said that they had all the information they needed. Half of these people again mentioned their Care Manager as being particularly helpful. One person also noted that the information they received from KCIL was very helpful.

"Yes – I was surprised at what I could spend the money on – wellbeing covering lots of options".

However, around two thirds said that they did not have the information they needed to complete their Support Plan. A couple of people mentioned being new to the area and not knowing what was available. Others said that they were unclear of their options or what they could spend the money on. Specific issues raised included insurance for PAs and information about charging.

“Support planning was not easy as we have just moved to the area and are not familiar with local resources or surroundings...I was not sure what the money could be used for, i.e. travel, care, expenses, going out, etc. We were not sure about what care and respite options there were. Once I knew it meant I could pick and choose”.

Did you decide what went into your Support Plan?

Encouragingly, nearly everyone interviewed said that they decided what went into their Support Plan. Where a person was unable to decide what went into their plan, their carer was able to make the decisions on their behalf. “Yes, after a discussion with my Care Manager I wrote down my ideas. It is a very flexible scheme”.

Again, support from Care Managers was essential in allowing people to make their choices. One person said: “I knew I needed help but where that came from I didn’t mind”; highlighting the fact that whilst people were able to decide on their plan, for some people this is not important.

Two people interviewed said that whilst they had a lot of say as to what went into their plan, they still felt it was ultimately controlled by the Council, which could be off-putting to some: “I’m still deciding what to put in and/or if I want to go ahead with it. It’s too bureaucratic – too big brother. Is it worth the hassle?”

These answers demonstrate that for most people, choice and control are important as part of the personalisation process and that the pilot demonstrated excellent levels of choice and control for the people taking part.

Was there any support or activity you wanted in your support plan but that wasn’t included? Why was this? (lack of money, availability, safety etc)

Most people said that they had included everything they wanted in their Support Plans. However, some people did note that there were things they would have liked included but that weren’t, including: help with shopping and a cleaner; Cognitive Behavioural Therapy; cost of a carer to assist with swimming. Notably, these people were unaware of the reasons as to why such activities were not included in their plans.

Care Manager’s experiences of support planning and reviews

Support Planning

“When I read them (Support Plans), I think ‘wow!’ – it’s brilliant to see the end result”

“My experience of Support Planning was really diverse – I really enjoyed it and I really hated it”

Care Managers felt that Support Planning added value to the process because it told a person’s story. This was felt to be central to the personalisation process in order to identify and meet individual needs. “Support Planning was fantastic – creative and empowering”.

Care Managers were unclear as to whether the Support Plan should be user or Care Manager led. They found that people generally were happy for the Care Manager to complete the plan and it was therefore difficult to engage people. Care Managers spent a lot of time trying to encourage people to write their Support Plans with little success. One Care Manager felt that it was unfair to ask people to write their own Support Plans.

Care Managers noted that writing Support Plans could be very time consuming and that it was sometimes difficult to know whether or not it had been done correctly because each will be individual to a person. They said that it would be useful to have a template or a check list of things to cover to make the process more efficient but without it being restrictive. This template was developed towards the end of the pilot.

Similarly, Care Managers found that they had to use different skills when Support Planning including: budgeting, writing skills, brokerage skills (covered below under brokerage). One of the barriers to Support Planning was the lack of availability of prices for services and activities. Another challenge was building in contingency plans – trying to think about ‘what if?’ and then reserving an appropriate sum of money.

Care Managers were keen to support people with high needs to stay in their own homes where possible but a challenge was finding good information about the types of support that was available.

Specific issues raised included:

- **Employing PAs**

Care Managers did not feel fully equipped to advise people on employing Personal Assistants, particularly around employment law. For the purposes of the pilot, KCIL agreed to provide this advice. As personal budgets are rolled out and more people choose to become employers CCS will need to plan for future demand for this type of support and advice.

- **Employing Relatives as PA's**

The pilot raised some questions regarding people employing relatives as PA's. For example: should people be employing relatives for what could be expected of them as within their family role. What happens if the relationship breaks down? However this is open to interpretation depending on a variety of factors including cultural factors. For the purposes of the pilot the advice was that we should not endorse this unless there were exceptional family or cultural reasons which would be considered on an individual basis.

As personalisation is rolled out there will need to be a clear and defined policy in regards to Personal Budget users employing family members.

Approaches to Support Planning

Care Managers took very different approaches to Support Planning. Some used the RAS indicative budget as an indicator for the level of support required and therefore support planned within this budget, often up to the indicative budget. However, other

Care Managers approached Support Planning from a zero budget and used a person's identified outcomes to build up their Support Plan. This often meant that people's agreed Personal Budget was lower than the indicative RAS amount.

The zero-based budgeting approach has a number of benefits that have become apparent throughout the pilot. Firstly, it uses a person's outcomes, needs and circumstances as constraints for planning thereby ensuring the plan is person-centred and needs-appropriate. In addition, by taking account of a person's available resources it focused on what a person can do rather than what they can't therefore promoting independence. Such an approach also encourages a more equitable level of resource allocation between people.

Zero-based budgeting – example

X is 65 years old, he has Parkinson's Disease. He lives with his wife who, despite numerous health problems, has been supporting him and managing the house. He was assessed as needing help with personal care, however he preferred for his wife to do most of this, so was receiving Home care 3 times a week and day centre once a week to give his wife a rest.

A full needs assessment had been completed and his indicative budget was £267.00. My role in this case was that of Support Broker: writing the Support Plan and setting up the support needed.

I structure my initial visits loosely around the "In Control" model. Talking to both Mr and Mrs X about their lives and interests, gave me a lot of ideas about how they would ideally like their lives to be.

A few key themes of support needs emerge – for example Personal care, Support/break for carer, leisure and social support.

I started thinking about a Support Plan from £0.00 (and not the indicative budget) I then consider the most essential parts of the support (as agreed with the client) This is usually the most expensive aspect, often personal care package or respite. Once the largest (sometimes the 2 largest) costs have been calculated, I subtract this from the indicative budget and I then know how much is left to meet the other outcomes.

I tend to go through each outcome/need and look at ways of meeting them (all the time bearing in my mind the indicative budget). Quite often it is possible to find support measures that meet a number of different outcomes, such as support for carer and leisure/social activities – I think it is important to highlight this when writing the support plan.

Sometimes I have found that costing out an "ideal support package" without considering the budget at all, can help. I then can go through this proposal with the client and family and work out which are the most important aspects and then make the alterations as necessary.

Mr and Mrs X were aware of the indicative budget and so I was anxious when I went to tell them that they would be receiving £117.91 a week and not £267. Instead of telling them the budget at the outset, I went through the Support Plan and showed

how the support would meet each need. Mr and Mrs X seemed happy with the Support Plan and did not feel that there were any outcomes that had not been addressed. Please note that one of the main reasons this particular Support Plan was so much under budget was because his wife is still supporting him with his many of his personal care needs and by supporting her with her caring role this enabled her to continue caring.

I feel that by adding the support costs up, instead of subtracting from a notional budget, puts the worker in a better mindset to *meet needs* instead of spending cash.

Brokerage

As the brokerage function was a new one, the team defined two roles and compared each using a number of questions to be answered through the pilot. The two roles tested were as follows:

- 1) Where the assessment has been completed by a member of staff in the team, the RAS calculated and the Personal Budget amount has been agreed. Brokerage then involves completing the Support Plan and identifying suitable services to meet the person's outcomes and finally to support the individual to set up / put in place what has been identified in the support plan.
- 2) Where the assessment has been completed by a member of staff in the team, the RAS calculated, the Personal Budget amount has been agreed and the Support Plan has been completed by a member of staff in the team. Brokerage then involves supporting the service user to set up / put in place what has been identified in the support plan.

The following questions were then answered individually by Care Managers as part of their evaluation interviews and then discussed as a group.

- **What do you see the function of brokerage entailing?**

"It's the choice bit, you need to think about lives and wellbeing". Covering: support planning, investigating, planning, pricing, putting support in place, and offering advice.

- **Is there a clear purpose for brokerage as a role?**

In answer to this question, Care Managers felt that it was very much up to the individual. For people who were in unstable situations or people who needed more support through the process, Care Managers felt that brokerage should be carried out by the Care Manager to offer continuity. This might also be beneficial in complex situations where a Care Manager knew a person's circumstances and it would be risky or take more time to hand over the role to someone else. Conversely, Care Managers felt that by passing on a piece of work to a dedicated 'broker' it could offer time, space, focus and fresh eyes to arranging a person's support.

In terms of the two roles to be tested, Care Managers generally felt that the brokerage function should include Support Planning. This was because they felt that it was very hard to write an accurate Support Plan, and indeed agree a person's Personal Budget, without exploring the options actually available with associated

costs. This is particularly important in the context of zero-based budgeting as outlined above.

One of the people interviewed said: “I don’t know what brokerage is”. When the interviewer explained what was meant by brokerage, the person said: “I need that sort of help. Who will do it? I have been worried about this – I wish I had known about it”. It is therefore clear that, whoever carries out the brokerage function, brokerage should be fully explained to people early on in the process to avoid creating unnecessary anxiety.

What skills are needed to broker support?	What resources are needed to broker support?
Being assertive, decisive; thinking outside the box; determination; logic, common sense; numeric and writing skills; communication skills, negotiation and mediation, ability to affect change; empowering and coaching skills; research and coordination; foresight and contingency planning.	Internet directories of services and activities (here and in neighbouring Boroughs) support from KCIL and other agencies costs of services and activities quality ratings/ user feedback

Care Managers felt that it would be useful to have a guide on how to include a budget within the Support Plan as this was something new to them. This could include an Excel tool and list of formulas to assist with budgeting and to standardise the process.

Overall, Care Managers felt that the brokerage function had not been tested sufficiently during the pilot. They felt that in house brokerage needed further clarification in relation to the role of Care Management and that external brokerage also needed testing. Care Managers also noted that further exploration of incorporating carers needs into Support Planning/brokerage needed to be tested.

Reviews

Only a few reviews had been completed by the end of the pilot. Reviews will therefore need to continue to be monitored as there was not sufficient data for analysis arising from the pilot. Care Managers found that reviews were often complicated by the detail of Support Plans, for example, having to check small sums of money. Additionally, they said that they felt a bit uncomfortable asking people about how they had spent their money during reviews. Care Managers thought that the review form used during the pilot needed amending as it was ambiguous and repetitive.

Recommendations

- Produce guidance on what can/should be included in Support Plans, possibly developing a template or range of templates (including the reasons for certain things being excluded).
- Agree a standard approach to Support Planning in RBK, including training and guidance.
- Investigate whether Care Managers need guidance and tools on budgeting to aid support planning.
- Incorporate how to ask about financial information into review training.
- Produce guidance on employer and RBK responsibilities when employing a PA.
- Plan for future demand for support and advice for people who become employers.
- Define policy on people using their Personal Budget to employ family members.
- Develop an accessible knowledge base on the support available to live independently, including pricing and availability.
- Review the review form and clarify guidance.
- Ensure guidance is available on how to complete effective contingency planning.
- Continue to monitor reviews for further evaluation.
- Continue to assess and define the brokerage function with a view to how this function will fit within a transformed model of care.

Safeguarding

No cases during the pilot raised safeguarding alerts directly in relation to self directed support.

As personalisation is rolled out, good practice in relation to safeguarding should continue to focus on three key points in the process.

Assessment

The evaluation of the assessment process highlighted the need for detailed and robust assessment in order to properly complete the personalisation process. The Overview Assessment contains a detailed section on risk, which should guide Care Managers in their assessment of a person's needs. Furthermore, a person-centred approach should enable Care Managers to get to know a person as an individual, with individual capabilities, needs and circumstances. Care Managers should therefore use the assessment process as an opportunity to understand a person's life, including any risks to their safety or the safety of those around them.

Support Planning

During Support Planning Care Managers, or Support Brokers, have the opportunity to help the person identify how they will stay safe and how to get help if they need it.. People should be supported to make informed decisions about their options including the relative benefits and risks about their choices. For example: Care Managers should help people to think about the different situations a person might find themselves in whilst accessing their support – “what if...?” The Support Plan should detail these examples and clearly state agreed contingency plans.

Reviews

Traditionally, a person would have had a review within the first six weeks and after six months as standard. However, because personalisation works towards individual needs and outcomes, the frequency of reviews should be tailored to each person. Care Managers should therefore arrange reviews as appropriate to the needs of each person.

In addition to good practice, a specific issue in relation to safeguarding was raised during the pilot around a person's option to have a Criminal Records Bureau check completed on those providing support for them. During the pilot people were strongly encouraged by Care Managers and KCIL to have a CRB check completed on any potential employees however this was ultimately the individual's decision, assuming they had capacity. If a person decided not to conduct a CRB then this was documented on a person's case notes. Care Managers suggested that a tick box could be also included on the review form as a prompt.

Risk Enablement Panel

A Risk Enablement Panel has been created to convene to discuss any individuals where specific risks have been identified and a risk sharing decision is required. The Panel currently convenes as requests come in, however, it may be necessary to consider regular meetings of the panel as personalisation is rolled out, depending on the volume of risks identified.

Recommendations

Care Management practice:

- Support planning – guidance and training to include risk assessing, contingency planning and how to ask for help.
- Reviews – frequency should be tailored to individual need, reviews should be completed with the individual on their own and in their home at agreed timings.
- Where there is uncertainty about risks or a difference of opinion about the risks to a person, a referral should be made to the Risk Enablement Panel.
 - Need to clarify what cases should be referred to the panel and raise awareness with staff.
 - Monitor volume of cases referred to inform decision about whether or not the panel should meet on a regular basis.

Employing Personal Assistants:

- CRB checks should be strongly advised to anyone becoming an employer.
 - Outline in leaflet on employer responsibilities.
 - The Personal Budget agreement should have a tick box and place for Care Managers to sign to say that they have advised CRB checking.
 - Where a person decides not to have a CRB check, this should be recorded on the client database along with the reason for not requesting a CRB check.
 - Care Managers need to make an assessment of mental capacity in relation to a person's ability to make the decision about whether or not to complete a CRB check.
 - The review form should have a tick box about CRB checking as a prompt for Care Managers to advise checking and renewals.
 - CRB checking and Safeguarding Awareness should be included in any future working agreements with external agencies who provide employment support.
- Information for employers and Personal Assistants should include details of how to contact the safeguarding team.

- Mapping should be undertaken in order to better understand the informal recommendations people receive about Personal Assistants – KCIL to lead and to involve the user group on the Safeguarding Board once established.
- Investigate the possibility of developing online training packages for Personal Assistants – Safeguarding Promotion Group.
- Investigate the possibility of developing an RBK PA registration service, which would include CRB checking, training etc.
- The guide to Self Directed Support for people should include a section on safeguarding.
- The Safeguarding Quality Assurance Group should continue to monitor any trends in relation to safeguarding as self directed support is rolled out.

Timing and continuity

Effective timing and continuity is vital to the success of personalisation. It will affect outcomes for people, agencies and service providers, internal Council systems and overall cost effectiveness.

Dates were recorded for every case at key points throughout the process in order to gain a good estimation of how long the process of getting a Personal Budget takes. The data was then split into four key measurements: time taken to go through assessment and resource allocation; time taken for support planning; time taken for broker support, and; total time from the date a person was referred to the team to the date a person's Personal Budget was in their bank account.

End to end time

The time it took for a person to go through the process was measured from the date they were referred to the PP Team to the date their PB was in their bank account. The average time it took for a person to go through the personalisation process was 12.5 weeks, however there was a wide variation in the amount of time it took for each person. Encouragingly, the quickest time was under 6 weeks but the longest time was just 23.5 weeks.

Over the course of the pilot, the time it took to go through the process reduced significantly. The first half of cases that went through the whole process, took 18.96 weeks (132.75 days) on average, compared to the second half of cases that took an average of 12.62 weeks (88.37 days). Half way through the pilot the PP Team started working to targets for each part of the process. They aimed to complete:

- Assessment in two weeks
- Support Planning in three weeks

The targets may have helped to speed up the process. The team also decided half way through the pilot to stop using the Health and Social Care Plan as this was duplication and did not serve any real purpose in the personalisation process. They took legal advice and the statutory information that must be provided was incorporated into the Support Plan.

Furthermore, the reasons for delays in the second part of the process were all unavoidable and on the part of the person (for example, poor health), suggesting that as Care Managers became more experienced they were able to take people through the process more quickly.

Around 12.5 weeks for the total process therefore seems a more reasonable estimation of the time it takes to go through the personalisation process. However, the numbers of cases this judgement is based on are very low and so it will be important to continue to monitor overall time as the process becomes mainstream.

Time measurements were taken of the three parts of the process – assessment, Support Planning and brokerage – however, there were significant overlaps between the three parts of the process so it is important to remember that one does not necessarily end before the next begins. As is to be expected, the assessment

process was quickest, taking an average 4.5 weeks to complete. Support Planning and brokerage took longer, around 6.5-7 weeks each.

	Time taken to go through the process							
	Assessment & RAS		Support Planning		Brokerage		Total from first contact to PB	
	Days	Weeks	Days	Weeks	Days	Weeks	Days	Weeks
Average	32.02	4.57	47.84	6.83	45.55	6.50	111.82	15.97
High	139.00	19.85	142.00	20.29	105.00	15.00	164.00	23.42
Low	0.00	0.00	15.00	2.14	0.00	0.00	41.00	5.86
% completed (No. out of 55)	85% (46)		46% (25)		49% (27)		31% (17)	

Hold ups in the process

Hold ups were recorded on an individual cases basis to see what the hold-ups were (see table below). These hold-ups were not quantified as such but for the purpose of the exercise can be defined as hold ups to the process as perceived by the Care Manager and Team Manager.

Care Managers noted that the work flow was distorted during the pilot as the team received an initial influx of referrals. This meant that the team completed a large number of assessments before moving on to Support Planning. Following PB Allocations there was a further delay as a result of uncertainty among the team around the Support Planning process. The issue was addressed by the Team Manager who set target timescales for the completion of Support Plans.

Support Planning itself was felt to be a particularly long part of the process. People were generally happy for their Care Manager to complete the plan. This meant that Support Planning took a relatively long time as it often involved several interactions, including failed attempts to make contact with the person to involve them before agreeing the final Support Plan.

The Team Manager found that completing quality checks on the assessments, particularly in the early part of the pilot was time consuming.

Another cause of delays occurred because cases were prioritised so that those taking longer often already had some support in place.

Hold ups recorded for individual cases

Of the delays recorded for individual cases, around three quarters were considered acceptable delays as it was felt they were beyond the control of the PP Team. However some of these delays, on the part of the person, could benefit from Care Management intervention, for example by providing more support to a person to try to address some of the person's concerns. It is also likely that these delays will reduce over time as personalisation becomes embedded practice that is well-known to the community and better understood.

Most of the delays occurred because of process issues, as is to be expected during a pilot. Further delays occurred because of disagreements between a person and the team.

Cause of delay	Reasonable delays					Reasonable delays but where some intervention could help		Unreasonable delays where intervention is needed	
	No delays	Personal reasons	External delays	Not priority	Communication issues	Anxiety on the part of the person	Lack of understanding on the part of the person	Process issues	Person/Care Manager disagreement
No. Of occurrences	15	11	4	2	1	8	1	11	4
% Green, amber, red	58% (33)					16% (9)		26% (15)	

Full details of the delays are listed here:

Personal reasons
Moving house and university commitments
Mum has not been well which has delayed the process
Person on holiday.
Health improved so no longer need for support
Person not certain he wanted to go ahead with a PB. Then decided not to as felt they were coping and then met Continuing Care so funded by health. Case now closed to PPT. SLT providing practical support only as they still feel they are coping.
Decided not to go ahead with a PB due to charge and will not accept traditional services.
Previously assessed as full costs for charging so reluctant to go ahead with PB
Required surgery and short term placement for recovery. Agreed to start PB afterwards.
Hospital admissions and emergency respite.
Person initially wanted to write his own support plan but kept delaying. Had some medical problems.
Son away, hosp admission, live in carer resigned
External delays
Opening a bank account has caused a delay.
Slight delay with setting up bank account
Delay in opening bank account.
Slight delay as was identified for outside brokerage and this did not transpire
Not priority
None. Existing PB user who was not previously allocated a budget via a RAS.
No time to completed due to PPT ending, SU currently has a service already so not urgent.
Communication issues
Delays in finalising the support plan. Difficult to get in contact with the person - have to rely on when he comes to the daycentre
Anxiety about going ahead with a PB
Not certain wants to go ahead with a PB, has needed reassurance to grasp concept of PB and more information on what a budget can be spent on to inform decision as to whether to go ahead with a PB.
Concerns about person's ability to cope, carer's decision to withdraw support.
None, other than working at person's pace.
Person stated he did not want a PB and then changed his mind.
Delays were because we were working at the person's pace.
Person unsure whether to have a PB.
Currently has traditional support daughter yet to agree support which has been drafted.
Decided to wait before considering PB
Lack of understanding
Difficulty in understanding the concept of PB and working at the person's own pace.

Process issues
Delays as interpreter not turning up, lack of understanding about PB's and the process due to language difficulties.
Delays due to booking interpreters and for documents to be translated into the person's primary language.
Slight delay as new Finance form had to be completed
Problems with RAS coming out low so had to wait a short while for FACE to look at the RAS Calculator
Awaiting decision for funding agreement as RAS amount lower than what is required as person needs 2 carers and RAS amount did not cover what was already being provided.
Care Manager was new to PB process so took longer
Worker setting up PB new to the process.
In completing assessment as carer's role needed to be clarified as well as OT issues.
PM wanted further information before agreeing funding.
Awaiting RAS from Older People CMHT SW
Delays completing SAQ and complex finances so wanted to complete Financial Assessment which took a while
User/Care Manager disagreement
PB started in October however backdated to the 18/05 as person was awaiting team to be set up and wanted a PB rather than a DP. Had to adjust Support Plan on a few occasions as person's requests were not appropriate.
Unrealistic expectations of family who felt RAS amount was too low. Upon reflection family had created a dependency requiring more support than actually needed.
Awaiting GP confirmation of disability. Conflicting assessments of functional abilities.
Not appropriate for PB as uses alcohol therefore difficult to have clear and accurate assessment of how disability affects her.

Perceptions of timing

All those contributing to the evaluation of the pilot were asked about timing and continuity. Nearly everyone interviewed said that the process had taken a long time. A number of people said that they understood that this would be the case as they were part of a pilot. One person said that she preferred that it had taken a long time and that they had got it right rather than rushing through the process.

A specific complication was raised by one person: "it took from July to October to get my Personal Budget. They backdated it but they didn't realise that that causes problems. My cousin had been paying for things for me so I owed her some money from the backdated bit but she was concerned about receiving a large sum of money in one go because of tax."

The need for time

One person interviewed explicitly stated the absolute need for time in planning for long term support. Her Mother required a live-in carer to enable her to stay at home and it was believed that staying at home would have maximised her quality of life. The daughter and Mother wanted to meet carers before deciding on whether or not they were a suitable match. They were unable to do this and the daughter believes that it was a clash of personalities that led to her mother becoming anxious, deteriorating, falling and being admitted to hospital. The daughter believes that she will now never be well enough to return home. In hindsight, she believes that waiting another week to decide on the carer could have made all the difference in the long term.

Recommendations

- When PPT staff return to their teams it will be useful to know how long they take to complete Support Plans and Assessments.
- Continue to produce effective communications materials about personalisation to improve understanding and address concerns and questions.
- Establish a protocol for interpreting and translation services - in light of new processes.
- Continue to refine the RAS.
- Ensure good support is available for all Care Managers as personalisation is rolled out.

Roles in the Personalisation Pilot Team

The roles in the new team were reviewed throughout the pilot to identify changes to roles and new functions undertaken for the purposes of the pilot.

The PP Team emphasised how important it was for them to physically sit together so that they could learn from one another. After the first three months of the pilot, the team said that they were still feeling anxious and nervous at times but that they were able to look back and realise how much they had learnt since the team came together. Learning together had meant that they had formed a close and supportive team that they agreed was crucial to the success of the new way of working.

Discussion took place and the team felt it would have been ideal to have the pilot started earlier or have it running longer so that they could have reviewed their cases, and implement new ideas. “This would have given a better evaluation of our success, although we have achieved so much with the enthusiasm and commitment of all staff” (Team Manager).

Administrators

The administrators agreed that their roles hadn’t changed significantly since moving over to the PP Team. They agreed that it was sometimes difficult taking notes of meetings when they were unclear of the processes. They agreed some basic training about the process, tools and language used would be helpful.

The administrators had to deal with a range of new paperwork and so developed new filing and recording systems.

Team Manager

“It’s been such a positive experience. I’m so motivated by it”

“The pilot has been too short! The tasks have been phenomenal and we have been totally reliant on the commitment of the individuals in the team”

During the pilot, the Team Manager found that the team needed lots of support, particularly around Support Planning as this encompassed a number of new skills. However, in some respects she found that Support Planning made her job a lot easier as she could more readily understand a person and their needs than she could have done with the Overview Assessment alone.

The Team Manager also noted that signing off assessments, allocations and Support Plans was a time-consuming exercise, particularly as Care Managers were learning to use the new tools and processes.

The Team Manager found that she had to cope with an intense workload and had to be extremely organised and resilient to keep the aims of the pilot on track.

The PP Team emphasised how important it had been to have a strong leader throughout the pilot to make sure that things happened and to maintain commitment to the process.

The Team Manager found that by bringing staff together from different teams, there were some inconsistencies in general practice. Notably, she noticed that not everyone had been applying the FACS criteria in the same way to establish individual's eligibility for services. There was also an issue around respite, where some Care Managers thought people could be offered 6 weeks respite as standard rather than assessing on an individual needs basis.

Care Managers

"This is true social work! A chance to redeem our title"

"You have to use your social work head to look at the bigger picture – it's really interesting"

"It sometimes felt uncomfortable"

Looking back over their time in the pilot, the PP Team agreed that one of the most significant challenges was unlearning their old ways of working. They said that if they were to do it again they would not try to adapt their old roles to the new system but instead treat the new roles as new jobs. This highlights the level of change required in terms of staff adapting to the new roles.

Mr G had approached the Council three times wanting to explore options for managing his own care. He had not had a good experience of social services so was keen to explore the Personal Budgets and how they might work for him. A Care Manager from the PP Team went out to visit Mr G to discuss his requirements. The Care Manager started talking about traditional services and found Mr G to be quite hostile. The Care Manager realised that personalisation offered a new way to work with people. Whilst his wife was making a cup of tea, Mr G mentioned that he used to enjoy fishing. The Care Manager explored this further to find out about Mr G's real life and not just his toileting habits! Mr G was much keener to engage in the process after this and ended up agreeing to have a carer to give his wife some time off. The Care Manager realised that you have to completely unlearn your old job to make the most of personalisation.

The Care Managers agreed that working in a personalised way meant that they had very different relationships with the people they were working with. They said that they were able to spend more time with people and be more creative – as one person said; "it's what social work is all about".

Because personalisation means working with a person to find the best solutions for them, it meant that the traditional boundaries in the relationship were broken down. Instead of the Care Manager being the perceived expert, they had to work with people as equals if the process was to have the best outcomes. This was sometimes difficult as it involved new skills such as negotiation and supporting people to take on more responsibility. However, the Care Managers agreed that the new relationship was both more rewarding and flexible in the approach they could take. A number of examples were given of where a person had previously been hostile to social care intervention but who had engaged more willingly in the new process.

Mrs S is 75, she is very active but suffering from dementia. She had lived at home for a long time and was very clear that she did not want any help from social services. Her Care Manager was able to help her to arrange support that was more appealing to Mrs S. She was able to go to classes with her carer on the bus and then afterwards they could go for fish and chips. Mrs S' Care Manager found that she was much calmer at her review and they were able to develop their relationship.

Care Managers agreed that Support Planning was a really enjoyable process that helped to bring people to life! Without meeting a person it was much easier for someone reading the Support Plan to get a sense of who they were than would ever have been possible through the Overview Assessment alone.

The Care Managers all agreed that during the pilot there was a lot more paperwork than they anticipated, which was particularly time consuming.

Support needed

It was evident from the interviews with people who took part in the pilot that a lot of support was needed from Care Managers in order to complete the process. In fact, only 2 people wrote their own Support Plans. Of the remaining 34 plans completed at the time of evaluation, around half (16) were written by Care Managers and half (18) were written by Care Managers and the person and/or their carer. Within these figures there was no significant difference in the level of support needed for older people or younger people.

However, almost everyone chose to manage their Personal Budget themselves or with their carer. Only one person needed some support to manage their money and they chose the Council's finance team and a separate organisation to do this.

	PB Managed By			SP Written By		
	Total	OP	HD	Total	OP	HD
Service User	13	3	10	2		2
Carer	16	10	6			
Care Manager				16	7	9
Service User & Carer	7	4	3			
Service User & Care Manager				13	5	8
Carer & Care Manager				4	4	0
Service User, Carer & Care Manager				1	0	1
Other	1*		1*			
TBA	9	3	6	10	4	6
N/A				1		1

* RBK Finance and another organisation.

Personalisation Pilot Team – Reflection

What do you think is the best thing about personalisation for people?	What do you think is the most challenging thing about personalisation for people?
<p>Correcting the balance of power</p> <p>Having responsibility for their own lives</p> <p>Choice. Without any doubt.</p> <p>Choice – it’s like an open book. I’ve worked with people who would never have accepted traditional services.</p> <p>Focus on ability not disability.</p> <p>A more positive experience.</p> <p>Choice and person-centred – a better quality of life!</p> <p>Flexibility – the old way was so rigid.</p> <p>Brings people’s wishes and views to the forefront.</p> <p>Shifts and shares power – and it works!</p> <p>Much more empowering.</p>	<p>Getting an indicative budget and then finding their actual PB is lower.</p> <p>Getting best value out of the money</p> <p>Anxieties about managing the money and paperwork</p> <p>Supporting people to become employers</p> <p>Having to accept you can’t have some things because they come under health.</p> <p>Planning is difficult for some people.</p> <p>Understanding the concept – responsibilities, support planning and contributions.</p> <p>Not knowing how to spend the money.</p> <p>Changing from traditional services and understanding their new options.</p>

What was the best thing about working in a personalised way?	What was the worst thing about working in a personalised way?
<p>Working with other client groups</p> <p>Reflection on my practice</p> <p>Fits in with what I believe in – it sits with me as a person</p> <p>Learning together as a team – no right or wrong, it’s about working it out</p> <p>Being creative</p> <p>Helping someone to stay in their own home</p> <p>Working with people who would never</p>	<p>Anxiety – sometimes chaotic, pushing boundaries and lots of questions!</p> <p>Sometimes felt de-skilled and unsure</p> <p>Trying to remember everything!</p> <p>Slowness – very time consuming</p> <p>There is still lots I don’t know.</p> <p>The maths! Budgeting can be frustrating</p> <p>There’s not enough time</p> <p>The amount of paperwork</p>

<p>have accepted services before</p> <p>Having a new challenge!</p> <p>It's something I'm passionate about</p> <p>Finding out about people not just their problems</p> <p>Seeing the end result – making a big difference to a person's life</p>	<p>Knowing if what you are doing is right</p> <p>Nothing! Now I've done it I don't think there's anything negative. All of my anxieties have been disproven. Personalisation can work for anyone.</p>
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If you did it again, what would you do differently?	What is the most important thing you have learnt?
<p>Forget the old job – this is a brand new role!</p> <p>Spend more time finding out about alternative services/activities in the community.</p> <p>Think outside the box from the beginning.</p> <p>Be sat together so we could learn together and support each other.</p> <p>Extend the pilot!</p> <p>More testing of the brokerage function</p> <p>I would have made sure my complex cases were stable before taking them through the process</p> <p>Have more time! The pace of learning has been exhausting.</p>	<p>That personalisation can work for everyone – including those with dementia and drug addictions. You can always put support in place.</p> <p>Be true to people and focus on what is important to them.</p> <p>Let people know upfront what the process involves.</p> <p>The concept and new way of working!</p> <p>Not to lose sight of personalisation – people before process!</p> <p>Need to factor in time for giving people information/explaining how it works.</p> <p>The flexibility of the scheme – it can feel like there are more risks but that's fine if you have a supportive manager.</p> <p>Social Workers are part of the machine! We must learn to let go, share responsibility and recognise other people's strengths.</p>

Everyone in the Personalisation Pilot Team enjoyed working in the new way, although some found it stressful at times. Specific comments included:

- “I've loved it even more than I expected”
- “It's been wonderful!”
- “It's one of the best jobs I've ever had”
- “I don't want it to end”.

Training

The PP Team attended various training sessions whilst developing the personalisation process. Because the process is new, various different approaches were offered by the different trainers. Whilst this helped the team to understand that the process was often different for different people and that there was no right or wrong way to do it, they also found it quite confusing whilst trying to embed new practices. The team agreed that it would be useful to have a consistent message, especially whilst learning about the requirements here in Kingston.

Recommendations

- Clarify the application of FACS criteria across all teams
- Training for Care Managers to cover negotiation skills (to agree Support Plans) and how to support people to take on their responsibilities and engage, within the process and their support.
- Agree a local approach to personalisation and ensure this is consistently presented across the training programme.
- Review paperwork for duplication/necessity and reduce where possible.
- Ensure that administrators are able to access basic materials or training about the personalisation process.
- Team managers need to be wholly supported to ensure that personalisation is implemented effectively across teams as they will need to continue to offer strong and consistent guidance to their teams.

3. Resource implications

Because of the small scale of the pilot in terms of numbers of people through the system and limited time period, it was only possible to evaluate some indications of resource implications. To undertake more in depth analysis would be misleading at this stage. It is therefore proposed that the evaluation of resource implications and cost effectiveness takes place during two phases. The first phase, presented here, analyses the data available from the pilot period. The second phase will take place following the pilot during the full implementation of personalisation when more robust data is available.

Phase 1: Evaluation of the personalisation pilot

The evaluation of the pilot aims to give some approximation of the cost effectiveness of personalisation by examining early indications of:

- Costs in comparison with traditional service costs
- Implications for charging arrangements

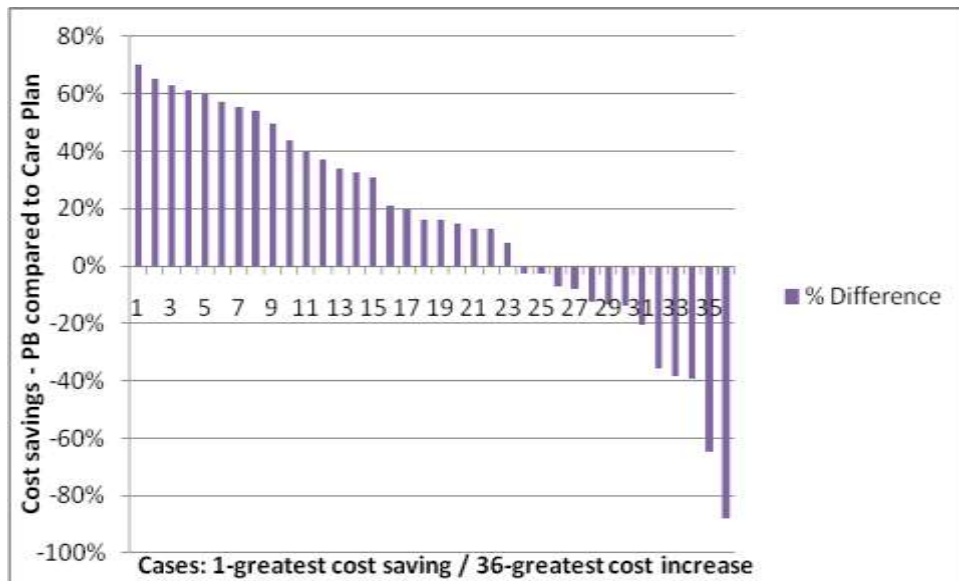
Costs in comparison with traditional service costs

It was not possible to examine the costs of assessment, Care Management and brokerage during the pilot because the roles did not offer a true reflection of costs in the long term. Whilst staff are learning the new roles and processes they are likely to spend longer going through the personalisation process. Furthermore, the process itself is still subject to scrutiny and testing and will only be refined following the pilot period. These costs will be examined in phase 2.

In the short term, data from the pilot was used to compare the costs of support through a Personal Budget with support delivered through a traditional Care Plan. Data from 36 cases was used from pilot. For these cases, Care Managers estimated what Care Package the person would have been allocated. The Care Package was then costed and compared to the amount of money the person was actually allocated through their Personal Budget.

The results showed that whilst there were differences between the costs of a PB and a Care Package, most of the cases did not have significantly different costs. On average for these cases, PBs offered 16% cost savings compared to traditional services. However, only two thirds of these cases actually cost less through a PB – the other third cost more. Furthermore, at the extreme ends of the scale PBs meant a cost saving of 70% for one case and an 80% increase in cost for another (assuming the needs remained the same).

The graph below shows the difference in cost of a person having a PB rather than traditional services. Each case on the top part of the graph is showing a cost saving and the cases on the bottom half of the graph are showing an increase in costs.



Such variation is to be expected when offering personalised services as the amount of money spent on a person's care should be more accurately attributed to their need. The results could therefore suggest that resources are being allocated more equitably under the new system. However in order to test such a hypothesis, much greater research would be required into the outcome of intervention under each system. If outcomes for people have improved without a general rise in costs then the new system will be offering better value for money. Value for money will be examined further as personalisation is rolled out.

To give an indication of the changes in support for people as well as the changes in costs, the three cases that showed the greatest cost savings and the three cases that showed the greatest increase in costs were examined in more detail.

Cost savings

Person A

Traditionally – Support with taking children to school, with meal preparation and daily morning personal care and practical tasks once a week like housework.

With a PB – Care Managers worked extensively with Mrs A to minimise her anxieties around the support she needed with her own care and that of her children and to consider other ways to support her with the care of her children. Waiting and offering advice rather than hurrying to provide support made a real difference to Mrs A's own ability to resolve her difficulties. Good practice therefore reduced the amount of support we needed to offer.

As a consequence, Mrs A changed her children's school which made a real difference so she no longer needed support to get them to and from school. The main concern was that the daughter was doing the shopping, they have spent their budget on employing the someone to take the daughter shopping as well as to do other practical tasks around the home.

Person B

Traditionally – Personal care 2 times a day, daycare, 4 weeks a yr respite.

With a PB – Mr and Mrs B have always been very reluctant to accept support for their

daughter who has a high level of complex needs. This has been mainly because the type of support that they wanted was not available or flexible enough. Daughter has used the budget to employ a PA to give her mother a break from caring for her, to employ a Russian teacher to help her learn English and to be able to have breaks as a family. Mrs B was willing and able to continue caring, especially now that they were being supported in a way of their choosing, so the budget was adjusted considerably to take this into account, and was reduced by 75%. The plan is that as they get more comfortable with accepting support that the carers adjustment will gradually be reduced to increase the budget.

Person C

Traditionally – 3 times daily homecare, 6 weeks respite care.

With a PB – Initially at the time of assessment Mr C's wife was considering reducing her caring role. However later on at the Support Plan stage Mrs C decided to continue providing personal care for her husband at quite a high level, as she was being supported very well in other areas. Mr C used the budget for gardening, decorating, cleaning and respite, which helped to support her to continue caring.

Cost increases

Person D

Traditionally – Mr D is a disabled parent who was previously having a DP. He could have also attended a daycentre / have support with social activities as he is very isolated in the home environment, as well as having some respite however he did not want to attend the daycentre or have traditional respite as they were not flexible enough for him.

With a PB – Mr D has used his budget to employ a PA, decorate his property, get Sky TV and have a holiday with his son.

Person E

Traditionally – Mrs B previously had 2 carers 3 times a day, RBK Homecare. This was only supporting Mrs B with her personal care needs.

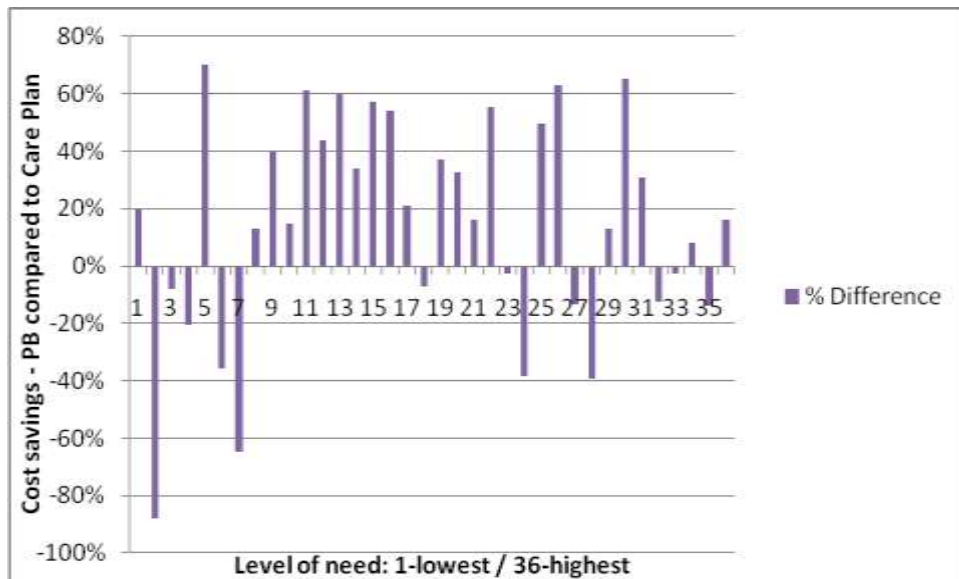
With a PB – The PB covers the person's holistic needs. The PB is currently paying for Mrs B's personal care needs and she will consider in the future how she wants to be supported to access the community and have support to do social activities.

Person F

Traditionally – Mr F previously had 2 hours of personal care each day and a Direct Payment of 10 hours. He could have also attended a daycentre as well as having some respite however he did not want these services as they were not flexible enough for him.

With a PB – Mr F continues to have personal care as before but also has some help with housework and gardening, which takes some of the pressure off his wife who is his main carer. Mr F also has 2 carers for 3 weeks each year to enable him and his wife to have a holiday.

The graph below is in order of levels of need so that case number one is the lowest level of need and case 36 is the highest level of need. Again, cost savings are positive, in the top half of the graph and cost increases are negative, in the bottom half of the graph.



When looking at the levels of FAC’s eligible need for people compared to the difference in cost between the two systems, it seems that cost increases are more likely for those people with eligible needs at the lower level. Again, this is to be expected because previously money was only allocated to cases via services and services are more likely to be designed for people with higher needs – many of which are not suitable for people with lower level needs. With a PB money is allocated based on a person’s need so that a person with lower eligible needs may get support in the form of money that they would never have wished to receive in the form of services – this hypothesis is also evident in the case examples above. The three cases that had the greatest cost increases all rejected traditional services such as going to a daycentre and respite, however they did have the money that would’ve been spent on such services through their PB as they could spend it in ways that met their personal needs. This could suggest that as personalisation is rolled out, there may be an increase in demand for support from people with lower eligible needs because of the more flexible offer.

Conversely, the data shows that cost saving can be made across the whole range of needs and not any particular group. Ultimately, whether a PB costs more or less than a Care Package will depend on a person’s individual needs and circumstances.

Implications for charging arrangements

The implications of using current charging arrangements for people who have a Personal Budget were considered for both the impact on people and the generation of income for the Council.

A number of implications were identified that require further consideration:

1. Equity in charging arrangements

Calculations for contributions towards personal budgets measure the person’s ability to contribute towards the monetary amount of the personal budget. They do not look more deeply into the nature of services being purchased as this would be contrary to the ethos of personalisation, where the person may choose a range of different measures to meet their needs, and those choices may vary from time to time. Monitoring those arrangements for charging purposes would be both burdensome and intrusive.

However, the current charging policy subsidises certain traditional services such as day care, relief care and transport, by either charging a nominal amount, or not charging at all. In these cases, an inequity is created between people who may be using their personal budget to fund such items, and being charged up to £147.35 per week, and those accessing those services in a traditional way, and being charged no more than £7.70 per week. It follows that there may be a disincentive for a person to take up a personal budget rather than take up traditional services.

It is therefore recommended that the current charging policy is reviewed and revised to ensure equity and consistency and reflects new ways of supporting people

2. A move away from care in care homes to people using personal budgets to live in the community

People supported by the borough in care homes are assessed under the national charging rules. These make fewer financial allowances in favour of the person in care and therefore charges are higher for those living in care homes rather than in the community. If significant numbers of people can be supported to live at home with a personal budget rather than going into care homes, then income to the council could potentially reduce.

3. The Borough's charging policy

Compared to other London boroughs, RBK's charging policy for non-residential services is generous to those on higher incomes or with significant savings. The table below examines the way other London boroughs treat three key elements of their charging policies, where data is available. The current policy could be acting as an incentive for people to apply to RBK for care services, who would, in other boroughs, be expected to fund their own care in full. Changes could be made to the policy to bring it more closely in line with other boroughs and this would increase income from people with higher income rates or savings.

Comparison of charging arrangements across London Boroughs

Name of Borough	% of disposable income	Capital threshold	Maximum charge
Barking & Dagenham	100% of net assessable income which is not more than the maximum of their band.	23,000.00	
Barnet	100%	23,000.00	
Brent	100%	23,000.00	
Bromley	100%	23,000.00	
Camden	100%	30,750.00	
Croydon	100%	23,000.00	No maximum charge
Dagenham & Redbridge	100%	23,000.00	200.00
Ealing	100%	23,000.00	
Enfield	100%	23,000.00	
Greenwich	100%	NO THRESHOLD	510.00
Hammersmith & Fulham	100%	23,000.00	
Haringey	100%	23,000.00	550.00
Havering	85%	23,000.00	230.00
Hillingdon	100%	23,000.00	260.00
Hounslow	100%	23,000.00	No maximum charge
Islington	85%	NO THRESHOLD	
Kensington & Chelsea	100%	25,000.00	No maximum charge
Kingston upon Thames	50%	NO THRESHOLD	147.35
Lambeth	100%	23,000.00	300.00
Lewisham	75%	23,000.00	
Merton	100%	23,000.00	389.50
Newham	No charge for homecare		
Richmond upon Thames	100%	35,000.00	
Southwark	70%	No higher limit - charge tariff income on client's total capital	No maximum charge
Sutton	100%	23,000.00	350.00
Tower Hamlets	No charge for homecare		
Waltham Forest	100%	23,000.00	230.00
Wandsworth	100%	25,000.00	385.00
Westminster	100%	23,000.00	

Recommendations

Phase 2: Full analysis of cost effectiveness of personalisation

As the pilot did not provide scope for a full assessment of the cost effectiveness of personalisation, further analysis will need to be undertaken during full implementation. It is likely that such assessments will need to be made periodically as the new processes and procedures are amended and embedded and as more data becomes available. Full planning of phase 2 of the analysis will be informed by the findings of the pilot evaluation.

Consideration will need to be made regarding:

- Costing of assessment, Care Management and brokerage functions within the self directed support process
- Value for money
- Inclusion of full costs in the RAS
- Costing of internal and external services
- Charging/contribution arrangements
- Practice guidance around meeting particularly high (and low) levels of need whilst delivering value for money
- Ongoing cost projections
- Benchmarking of cost effectiveness with other localities

4. Flexibility of support options and capacity within the community

** The term 'providers' in this context refers to all organisations in the area that offer support, activities or other services to people. They could be Council or private community care organisations, voluntary groups, educational institutions, leisure facilities etc.*

Crucial to enabling lifestyles of choice is that universal providers and community resources are able to respond to a range of different needs. This response includes:

- availability and access,
- affordability,
- ease of payment,
- the provision of appropriate support,
- appropriate communication skills.

Demand for and existing supply of services and activities

In order to inform market development, it will be important to assess levels of supply and demand. Some indicators of the supply of and demand for services and activities were collated during the pilot, however ongoing market analysis will need to be completed in order to understand any gaps or inflexibilities in provision.

RBK, in partnership with a number of other local authorities in the South West London region, has commissioned mapping and analysis of the support market in the local area. Early indicators from this mapping work are outlined in this chapter.

In addition to the market analysis work, views of private providers were gathered through a forum set up to support providers in responding to the personalisation agenda, called Mind the Gap. The findings from the first workshop are presented here along with early intelligence gathered through the market analysis.

What choices are available for people in Kingston?

Whilst many private providers are uncertain of the scale of change, nor the timescales for significant take-up, in general we found a positive view of Personalisation with many respondents keen to engage in dialogue. Among the respondents there was awareness that PB recipients may need an approved mechanism to shop for care, a means of ascertaining service quality, cost and value for money in a transparent and user-friendly way.

Data on the types of services and activities offered in the Borough is not yet available.

Challenges

- What are the gaps in provision?

It is not yet clear what the provision of services and activities is in Kingston. Further mapping, including the offer of the voluntary sector needs to be completed.

Furthermore, the offer of wider community activities and their suitability for people with disabilities is not well understood. For example, one person interviewed stated: "We'd like to go to the cinema but there is no access. You have to sit right at the front if you are in a wheelchair and if you have problems with your neck then obviously you can't look up to see the screen".

- What were the barriers to providing personalised support?

Personalisation seems to be widely accepted by private providers, although new associated responsibilities and/or administrative processes may need describing and developing and there is some confusion over various products such as Individual Budget vs. Personal Budget and Direct Payment.

If Personalisation levels the playing field for those formerly unable to register on Council lists is there a role in vetting or accrediting? Many private providers see CQC star-rating as inadequate in this function and it cannot yet account for informal sector.

Specialist services, normally block-funded by Council, may no longer remain viable if guaranteed income stream is diminished through personalisation.

Other anxieties for providers included:

- Ongoing problems with recruiting staff
- Flexible working and managing rotas and employment contracts
- Business planning- before demand is actually known

Flexibility

Most providers seem very willing to offer service flexibility as required by the customer, where economically and operationally viable (although we noticed that the interpretation of 'service flexibility' varies between organisations). We also found evidence of increased training activity for the delivery of personalised care solutions like banking, shopping and dementia awareness whilst a slightly smaller proportion seemed happy to offer admin-type services such as care planning, brokerage, advice, end-of-life planning & support [note: general recognition that brokerage is vital but risky, and particularly if potential conflict of interest arises].

One of the agencies identified through the SW London market mapping exercise, had really got on board with personalisation in Enfield (and is now working in Twickenham). The main learning from the company was about the change from relying on block contracts to marketing itself in the local community and building capacity from there. They had a large number of Direct Payments customers plus the start of Personal Budgets - the staff worked flexibly but on a contract for fixed banked hours. They also worked in the community to get themselves known and stimulate new business.

One of the main messages for providers is, therefore to change their 'customer' from the local authority to the community and start to adjust their marketing strategies accordingly.

What choices are people making?

Throughout the pilot, the PP Team recorded the activities/support options that people agreed in their Support Plan and collated them under the following themes:

- Personal assistants personal/practical care and taking out x 24
- Home Care Agency x14
- Cleaning x 17
- Gardening x 10
- Support to get out and about e.g. carers expenses x 9
- Holiday/respite – x 9
- Social trips i.e. cinema/theatre – x8
- Crescent resource centre/Newent/Amy Woodgate x4
- Sky TV x4
- Internet x 3
- Live in care x3
- English lessons x2
- Outreach from Crescent resource centre x2
- Delivery of shopping x 1
- Insurance – through floor lift and 3rd party wheelchair insurance x1
- Woodwork equipment/tools x1
- Gym equipment x1
- Life coaching skills x1
- Gym membership/gym use x1
- Piano lessons x 1
- Pottery classes x 1

Information and advice

Knowing what is on offer both in terms of support and other activities is crucial to the success of personalisation. It is unlikely that a person will have either choice or control over their lives if they are unaware of the possibilities open to them.

The people interviewed for the evaluation cited their Care Manager as the main source of information. Those who said that they had all the information they needed, said that their Care Manager had been particularly helpful and one person mentioned KCIL as having provided a good information pack. However, there were also a significant number of people who said that they did not have all the information they needed and this was often cited as a barrier to writing Support Plans.

Similarly, Care Managers, including those who carried out a brokerage function, said that they needed better information about the options available to people through personalisation. Furthermore, they needed better information on specialist advice such as employer responsibilities for people wishing to employ a PA.

Recommendations

- Further mapping and analysis needs to be completed in order to understand the supply of and demand for services and activities in Kingston, particularly in the voluntary sector.
- Analysis of the wider market for services and activities needs to be undertaken to understand accessibility for people with disabilities (for example, leisure and transport).
- Evaluate the effectiveness of the Mind the Gap programme.
- Ensure findings from market analysis are available to providers and fed into future work with providers.
- Promote networking and learning among providers.
- Considerations should be given to the promotion of new services and activities that people require – for example, one on one support for a particular activity, such as swimming.
- Develop good quality information and advice for people and providers on the options available and ensure that it is accessible in a range of formats.

5. Learning across other teams/services

In addition to the Community Care teams, a number of core Council functions are likely to be affected by the changes to the social care system, including finance, quality assurance, performance management, IT systems, communications and engagement.

Communications & Engagement

Effective communications and engagement is crucial to the success of delivering the new personalisation agenda. Relevant information should be readily available to all those affected by the changes and should be available in a suitable format. Similarly, all those affected by the changes should have the chance to offer comments, raise any issues and ask questions about the process.

The TSC Steering Group has recognised that the new personalised approach to support requires a huge culture change within the Royal Borough of Kingston in order to facilitate the wider changes required in the community. As such, staff engagement and involvement throughout the pilot and ongoing transforming agenda are vital to the success of the programme.

Community Care Teams - in Social Work, Occupational Therapy, Healthcare etc

1. Sharing the learning

A rolling programme of bi-monthly sharing the learning sessions were set up, from June to December 2009, as part of a communication strategy for care management staff.

These seminars were jointly run by the Care Management Practice Lead and a member of the PPT, in the format of case presentations with examples of process and practice issues and with an open question and answer section at the end.

The aims of the sessions were to:

- Continue to increase awareness of the Transforming Social Care Agenda amongst staff
- Provide a forum for shared learning, discussion and ideas
- Information dissemination at all levels and stages of the pilot
- Promote the principles of personalisation at all levels

There was no formal evaluation of the sessions though verbal feedback was generally good, especially the case presentations and discussions.

Attendance varied between sessions with some having a high number in attendance and others needing to be rescheduled because of too few numbers.

Reflection on the effectiveness of these seminars points to a number of possible reasons for fluctuating attendance.

- PPT team members had been selected from existing team resources and this impacted the level of workload pressures on other remaining staff. Taking

time out to attend sessions was reported by team managers and care management staff as difficult.

- The pilot was possibly viewed as separate to the day to day work being undertaken by teams and there was some distancing from the pilot and the wider transformation agenda.
- Sessions always took place in Hollyfield Road in Surbiton which may have excluded some members of staff whose office base and access was more difficult.

Overall evaluation - Moderate success but could have been improved to achieve better participation and overall usefulness to care management staff.

2. Other staff engagement activities

Other methods of keeping staff up to date with the pilot and the wider transformation agenda that took place but were not evaluated, included:

- Regular meetings for Team Managers which included sharing pilot updates, sharing the learning as well as joint working arrangements and introducing new processes to teams.
- Early workshops for staff on Personalisation
- Dedicated intranet site to collate information about the customer journey and internal processes.
- Shared success stories via the intranet, newsletter and bulletins.
- Regular quarterly newsletter and bulletins of progress and developments

3. Joint case working

The PP Team worked with other Community Care teams to support them to offer a personalised service to people. The PP Team felt that this had worked particularly well as they were able to support colleagues with some of the new ways of working and also address some concerns.

The PP Team were asked what they thought the opportunities and challenges would be for colleagues as personalisation was rolled out across the department:

Opportunities	Challenges
To work in a positive person-centred way	Meeting the NI130 targets whilst learning
Develop more comprehensive assessment skills	Understanding and feeling comfortable with the concept
Develop new support planning and brokerage skills	Adapting to change, whilst already under pressure owing to capacity
More flexibility – great for working with complex cases	The time it takes to go through the process at first
More rewarding	Learning new skills and processes
Opportunities to be creative	IAS coming in at the same time

<p>A chance to explore where you may want to work in the future</p>	<p>Having to work in two ways at the same time – traditional & personalisation</p> <p>How to manage a PB on behalf of a person</p> <p>That it is not black and white!</p> <p>Hard to move away from trying to find a quick solution</p>
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Finance

The Community Care Services Finance Team made two members of staff available to the Pilot Team in order to advise on financial issues and to bring knowledge of the processes in the Pilot Team back to the finance team. The team has developed an accounting structure and a number of methods for supporting the different means of delivering personal budgets to people. The team brings together the expenditure, assessment of charge, collection of charge and re-imburement of overpaid amounts following a review in one place, and monitors budgets by focusing on each of these four elements as they relate to each service user.

The finance team is anticipating significant efficiencies from the introduction of IAS/Controcc IT systems, which will free up resource to manage the large numbers of people getting personal budgets in the future. Resourcing of the team to manage personal budgets will, in any case, be kept under review in the light of the One Council Programme (OCP4).

Legal

Whilst working in the new system, the Council will need to be mindful that all relevant existing legislation will remain in place and unaltered.

One potential legal issue was raised during the pilot around responsibilities of employing Personal Assistants. RBK needs to ensure that people are aware of their responsibilities as employers and that they are supported to make an informed choice about becoming an employer.

Recommendations

- An information booklet outlining people's responsibilities as an employer should be given to people - this would clearly outline what they need to do as an employer and where they can get support and help.
- Ensure the learning from the pilot is incorporated into future training materials and awareness events.
- Consider and think more thoroughly about the impact of significant change in working practices on staff and how they can be supported to both manage change, inspire motivation and have sufficient time and space to learn new skills and knowledge.

If you have any questions about this report, please contact:

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