

SIGNPOSTS TO WRITING ON PERSONALISATION

The following are publications which guided the work of the project. The sources can be tracked down through the references which are given as footnotes at the bottom of each page.

1. A SCIE report on assessment and eligibility thresholds ¹

This report said that *“Above all, finding the ‘right’ assessment methodologies and eligibility thresholds have to be seen not as ends in themselves, but as means to address individual needs and to achieve the best outcomes for people”*

2. Dimensions’ personalisation and families project ²

In 2008, learning disability care provider Dimensions decided to transform itself in line with the personalisation agenda. Natalie Valios reported in Community Care the publication of “Making it Personal” charting their journey from traditional care to personalisation –

“Most of the people we support do not live on their own and have neither had an opportunity to choose who they live with, nor who provides them with support. The sort of world we are moving towards is one where people who are supported by a provider will expect to have choice about these most fundamental aspects of their lives.

This is a long way from where we started out and, to be honest, is still some way from where we are.”

3. Winterbourne Commissioning Lessons: Alison Giraud Saunders and Bill Love March 2012 ³

The abuse by staff at Winterbourne View hospital, revealed last year, raised important questions about services for people with learning disabilities who display challenging behaviour. Last month (February 2012) the Department of Health wrote to strategic health authorities and local authorities setting out actions they should be taking ahead of the publication of a review into the scandal.

When individuals with learning disabilities and behaviour described as challenging are supported well, they enjoy a good quality of life within their local communities. However, they are at greater risk of experiencing service failures that can lead to placements in inappropriate settings.

Such placements are expensive (often more than £150,000 per year) and can offer little or no therapeutic benefit. Around 24 adults per 100,000 of the general population present serious challenges to services at any one time.

¹ SCIE Report 57: Crossing the threshold: The implications of the Dilnot Commission and Law Commission reports for eligibility and assessment in care and support Published: March 2012

² <http://www.communitycare.co.uk/Articles/03/05/2011/114404/good-practice-dimensions-journey-to-personalisation.htm>

³ Commissioning Excellence March 2012 Authors: Alison Giraud-Saunders, chair, National Family Carer Network; Bill Love, head of learning disabilities, National Development Team for Inclusion.

http://www.ndti.org.uk/uploads/files/comm_excellence_march_2012.pdf

Better commissioning improves outcomes for individuals, their families and services while potentially reducing costs. It also helps prevent scandals such as Winterbourne that damage both patients and the reputation of local commissioners and services.

TOP TIPS FOR COMMISSIONING (*from the NDTi – as above continued*)

1. Effective individual planning could prevent most secure or out-of-area placements. This involves:

- Working in partnership with families, children's services, education, health and social care to identify people whose home life and support is at risk of breakdown
- Genuine person-centred planning alongside individuals, their families and services
- Commissioning preventative support such as training, behavioural support, respite care and long-term provider development.

2. Developing local support and services to meet individual needs takes time and leadership. It begins with commissioners and procurement teams understanding best practice. Specialist knowledge is needed to identify need, develop appropriate support and service specifications and oversee contracting and monitoring processes. Effective commissioning for this group requires:

- Development of specialist community support services that deliver person-centred support to individuals and their families as well as training and guidance to staff teams
- Working with local service providers to enhance their skills and develop new services
- Assessing evidence from service providers about their skills and experience. This will include looking at staff training and supervision, management understanding and the experience of other individuals, families and commissioners
- Designating people within commissioning teams to build and maintain best practice knowledge. This will include outcome-focused contracts and reviews, and attention to safeguarding
- Ensuring that the skills required for local services are reflected in workforce planning.

3. It might still be necessary to commission out-of-area placements until local, less-restrictive alternatives are in place. Ensure there is a clear timescale for periods of assessment or rehabilitation and an agreed discharge plan. Contracting should be based on the delivery of person-centred outcomes, rather than inputs. Ensure that deprivation of liberty safeguards and Mental Health Act rights are observed.

4. Any crisis in support is likely to be a time of great distress and confusion for the individual, but it is essential to find ways to engage them in decision-making about short and longer term plans. Despite their knowledge and skills, families and supporters may not always be in a position to act as advocates when they are under great pressure. It takes great skill and experience to play an advocacy role in monitoring and challenging specialist services effectively. Commission independent, skilled and experienced advocates.

5. Families must be supported to play a key role in immediate and long term decision-making. Commissioners should ensure that independent support and advice is available to them. Engagement of families should be part of the review process.

6. Given the evidence of potential negative outcomes, the commissioning of secure or out-of-area placements should never be done in isolation and without high levels of senior oversight and accountability. Ensure that any decision to place someone in secure

accommodation is multi-disciplinary and genuinely involves the individual and family. Information about any such placements (including planned outcomes, length of stay, costs, evidence of provider competence, date of review and responsible person) should be reviewed and reported regularly as part of local governance. Close working relationships should be forged between those with responsibilities for commissioning and for safeguarding, and between commissioners, local HealthWatch and the Care Quality Commission.

7. In addition to robust plans for individuals, joint strategic needs assessments and health and wellbeing strategies must reflect the needs of this group. This requires a good database of information about individuals and their current and future support needs.

4. SOCIAL CARE INSTITTE FOR EXCELLENCE At a glance 10: Personalisation briefing: Implications for carers ⁴

KEY MESSAGES

Personalisation for carers means:

- tailoring support to people's individual needs and being part of the discussion about support for yourself and support for the person you are looking after
- not having to take on all the responsibility and all the managing of care and support – the local authority/Northern Ireland health and social care trust should ensure that you are sufficiently supported
- recognising and supporting carers in their role, while enabling them to maintain a life beyond their caring responsibilities – you should have your own needs assessed and have choices about your own support
- ensuring that people have access to information and advice to make good decisions about their care and support
- ensuring all citizens have access to universal community services and resources such as health, transport and leisure
- making services more flexible so you can agree outcomes and find solutions right for your situation
- if needs change over time, personalisation should enable you and the person you are looking after to change the way you are supported.

4. Adult Social Care Management Induction Standards ⁵

The Skills for Care adult social care Manager Induction Standards (MIS) launched in 2008 were refreshed in 2012 to ensure they remain fit for purpose bringing them up to date with increased personalisation in social care. These can be found on their website (see below)

5. Community Care Journal's Annual Review of the State of Personalisation

<http://www.communitycare.co.uk/the-state-of-personalisation-2012/>

“The difficulty is that much of the implementation of personalisation has come during a period of cuts. The irony is that good service delivery doesn't have to be more expensive but it definitely has to be less complicated and more transparent. We need to focus on co-producing support plans with people, especially those who rely on managed budgets, rather

⁴ <http://www.scie.org.uk/publications/ataglance/ataglance10.asp>

⁵ <http://www.skillsforcare.org.uk/mis/>

than embedding bureaucratic systems that alienate everyone, including social workers, who would prefer to be delivering a better system for all, rather than one which discriminates in favour of those who have more family support and louder voices”

6. Dept of Health - Health and Social Care Personal Budgets

This diagram is taken from the following DH website –

<http://www.personalhealthbudgets.dh.gov.uk/About/UnderstandingPersonalisation/>

