# Getting Personal – Getting Real

The initial impact of the personalisation agenda in Norfolk and the way forward

nsp
Norfolk Specialist Partnership

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# Getting Personal – Getting Real

## The initial impact of the personalisation agenda in Norfolk and the way forward

## FINAL REPORT

May 2009

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**(in association with Bill Albert)**

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Copies of this report, summary and associated documents can be found at: www.space-east.org

# ACKNOWLEDGEMENTS

*Many thanks go to the service users who contributed to this report and the following organisations:*

**Norfolk Specialist Partnership[1]:** Age Concern Norfolk, Benjamin Foundation, Big C, Children and Young People's Voluntary Forum, Community Connections, Community Music East, Space East, Norfolk Coalition of Disabled People, Norfolk Council for Voluntary Youth Services, Norwich and Norfolk Race Equality Council

Action for Blind People
Break
Broadland Housing
BUILD
Centre 81, Great Yarmouth
County Strategic Partnership
Crossroads
Department of Health and Social Care Team, East of England
DIAL
Flagship Housing
Headway, Great Yarmouth
Independent Living - Norfolk
Julian Housing
Meridian East
MIND Great Yarmouth
MIND West Norfolk
Norfolk Adult Social Services
Norfolk and Norwich Association for the Blind
Norfolk Drug and Alcohol Action Team
Norfolk and Norwich Race Equality Council
Norfolk NHS
Ormiston Children and Families Trust
People First of Norfolk
Rethink
Stonham Homestay
Supporting People
Voluntary Norfolk

[1] NSP consists of specialist support organisations in Norfolk, established to support frontline agencies to respond more effectively to the needs of service users, to improve their quality of service design, implementation and delivery and to develop an effective, forward thinking response to the challenges posed by the radical transformation [of health and social care] services.

# GLOSSARY

Listed below are summaries of some terms used throughout this report:

**Direct Payment:** This is a 'means tested cash payment made in the place of the regular social services provision to an individual assessed as requiring support'[2]. If, following a financial assessment, an individual is eligible for support, they can receive a direct payment and arrange for their own support. (This is for social care services only).

**Individual Budget:** An 'IB' is the overall budget for a range of services, not just from social care. An individual can choose a cash payment, or services or a combination of both. Thus, part of the budget can be a direct payment if required. Funding comes from a variety of streams such as Local Authority Adult Social Care, Integrated Community Equipment Services, Disabled Facilities Grants, Supporting People, Access to Work, Independent Living Fund. In practice, the combining of varying funding streams is proving difficult – and has not been implemented so far.

**Personal Budget:** Similar to an Individual Budget, this is the funding allocated to an individual for social care. The terms 'Individual Budget' and 'Personal Budget' tend to be used interchangeably, although as indicated above, this is not technically correct.

**Personalisation:** Personalisation is based on the understanding that the individual is 'best placed to know what they need and how those needs can be best met.'[3] This means that individuals assessed as requiring care and support can make their own decisions about what services they require. Such choices may not be for traditional services, for example day care, domiciliary care or respite, but could be for a range of activities from bird watching to bowling – as long as the activity meets assessed needs. This choice means that services should respond to individual need rather than individuals fitting with what services offer.

**Person Centred Services:** This is a general term relating to Transformation and Personalisation. It emphasises that the individual is at the centre of their support and care with the aim that they can live as independently as possible.

**Resource Allocation System:** The RAS is the financial part of the assessment process. The self-assessment questionnaire indicates an individual's needs which are then awarded points that are translated into funding amounts.

**Self Directed Support:** This is an overarching term relating to various approaches to creating personalised care. The support and the financing

[2] Social Care and Institute for Excellence (2008) **Personalisation: a rough guide.** Adult services report 20. London. www.scie.org.uk As above

[3] As Above

of it is controlled by the individual and the level of support is agreed in a transparent and flexible manner.

**Specific Infrastructure Organisation (SIO):** Also called 'umbrella organisations', they support 'frontline' voluntary organisations and community groups to enable them to deliver services more effectively and/or have a unified voice in campaigns and lobbying.

**Stakeholder:** An individual or organisation that has an active interest in a service or process. This includes current and potential service users, commissioners, providers and SIOs.

**Third sector (3rd sector):** 'Organisations that are non-governmental, value-driven and which principally reinvest surpluses in the organisation or the community. This includes 'all organisations that would define themselves as voluntary and community organisations, charities, social enterprises, mutuals or co-operatives'[4]

**Transformation Agenda:** This is an overarching term that represents a shift in policy from care being *service led* to service *user led*. This places the individual and their choice at the centre of their care.

[4] HM Treasury, dti and Home Office (2005) **Exploring the Role of the Third Sector in public service reform** - The Stationery Office p 7

# FOREWORD

The formation of the Norfolk Specialist Partnership is a very welcome development, and a clear sign of the ambition of Norfolk's Third Sector for personalisation to be an opportunity to improve services.

This important report provides a unique perspective, and a model, for how public service partners can collaborate on that improvement, recognise and debate the risks of change, co-design new business models for our service providers, but keep service users and their carers at the centre of our thinking. Together public sector and third sector organisations need to listen to our customers and respond more effectively to their needs; we must not assume that we know what they want because our organisations have community roots.

The personalisation agenda for the reform of health, housing and social care is proceeding fast. It is over a year since the release of Putting People First with its emphasis on better universal services, greater choice and control for people using services, earlier intervention and prevention, and building social capital. In a recent review of progress the view from Government was a call to 'put our foot on the gas.'

All public services need to acknowledge that people using services are often paying for those services – through taxation or charges – and their expectations are rising fast. They need better information, advice and advocacy about using services.

So, the pace of change, the rising expectations, the public, business and charitable sector financial constraints over the next five years against sharply rising service demand; this means that all public services, statutory and community, will face hard decisions that minimise costs and increase the value that more personalised services represent for customers. We may need to reprioritise what we want to do. We must work on these dilemmas together with, as this report outlines, confidence and creativity.

Changing our attitudes and working differently costs us nothing. We need to widen out thinking beyond organisational boundaries to achieve personalisation. Employment, leisure, culture and learning are as important as housing, care and health to people's whole lives. We need to consider what statutory and community services could be more integrated for the benefit of customers, and still be true to our purposes. We need to see and respond to the increasing diversity of Norfolk.

Above all, we need to value, respect and nurture Norfolk's Third Sector, recognising the value of community development and representation, and acknowledging that this does not happen by chance but through the deliberate efforts of people, making a choice. We have to work together to increase the likelihood of that continuing, whilst increasing the pace personalisation.

**James Bullion**

Assistant Director, Community Care, Norfolk County Council Adult Social Services

# 1.0 EXECUTIVE SUMMARY

The 'Transformation Agenda', of which Personalisation is a part, represents a very significant shift in central government policy[5] regarding the provision of social care, as well as health and housing from a *statutory-service led* to a *service user led* framework. This promises choice and ownership for the service user in the planning, purchasing and delivery of their own care and support.

For the statutory sector, third sector and service users, the implications of this change include the creation of great possibilities but also significant problems.

To enable agencies in Norfolk to embrace confidently and creatively new ways of working, with service users at the heart of provision, Norfolk Specialist Partnership commissioned this report. This involved research and consultation carried out between January and May 2009, including mapping current understanding and progress in Norfolk and developing two models to support the changes ahead. Although health and housing have been surveyed, because the impact of Personalisation has been limited almost entirely to social care, this has been the primary focus of the work. The emphasis throughout has been on operational, transparent and evidence-based practice.

Information gathering in the first part of the investigation was based on four main questions:

- What are the key issues for service users regarding their understanding and response to the Personalisation Agenda?
- What are the main challenges in delivering self-directed-support (SDS) and person-centred-services (PCS) and how can these difficulties be overcome?
- What practical model(s) might be most effective in offering SDS and PCS when practically implemented across diverse beneficiary groups and what will be the impact on providers?
- What are the implications on the workforce and skills across the provider base in delivering the outcomes sought through PCS?

## 1.1 Mapping findings

The mapping exercise involved the use of questionnaires and interviews with key groups:

- 49 current and potential service users responded to questionnaires.
- 35 stakeholders took part in semi structured interviews including

[5]Department of Health (2007) **Putting People First: a shared vision and commitment to the transformation of Adult Social Care London**

commissioners and key statutory staff, specific infrastructure organisations and providers. A further eight interviews took place with a range of regional and local agencies.

The four groups identified a great many themes, identified in the main body of this report. It is important to read these responses in order to gain a full appreciation of the information we had to construct our models and recommendations. A highly abbreviated account of what was said is as follows:

### 1.1.1 Service users

Despite efforts to provide information on Personalisation to service users, it appears that many remain unclear and uneasy about what to expect. Concerns were expressed as to whether people might be worse off under the new system because of reduced funding and the difficulty of finding personal assistants. Having clear, up-to-date information was identified as a high priority.

### 1.1.2 Commissioners, SIOs and Providers

All groups were acutely aware of the anxiety among service users and that one way to tackle this was by offering timely and accessible information. There was also an understanding that care needed to be taken so as not to raise expectations unrealistically. Many providers and SIOs were waiting from clearer guidance from the statutory sector before approaching their service users.

There was broad agreement that the voices of service users needed to be listened to and that a particularly focused effort was needed to reach groups such as those in the Black and Minority Ethnic or Gypsy and Traveller communities.

Although everyone was positive about Personalisation, none had as yet a clear picture of what the new world would look like. They were, however, clear that they all faced serious challenges related to transforming their organisations, including such things as culture, workforce development, funding, contractual arrangements, monitoring and evaluation and relationships with service users.

Finally, while some stakeholders had begun to institute changes in order to prepare for Personalisation, all agreed that a model was needed to take the agenda forward in a more deliberate way. There was also a consensus that service users must be at the heart of this model.

## 1.2 Developing a model

Two models were developed based on evidence from the mapping findings and discussions with stakeholders. It must be stressed that neither model is set in stone, but rather they both offer frameworks for understanding the dynamic relationships needed to make Personalisation a reality, together

with suggestions for making that reality operational.

**Model 1: The ideal – exploration of Personalisation by Service Users**

This model acknowledges that 'ideally', time should be invested in allowing individuals including current and potential service users the chance to develop an understanding of the concepts behind Personalisation.

**Model 2: The practical response - Personalisation: aims and key stakeholders**

This model acknowledges the reality that Personalisation is moving on apace with service structures already having to respond to changes concurrent to service user understanding developing.

**Model 1: The ideal - exploration of Personalisation by Service Users**

**Current and potential service users**

Aim: Explore the meaning of Personalisation for individuals, including current and potential service users. This includes 'finding of a voice' to articulate issues about choice, discussing experience so far and questions about the future.

This could be via formal and informal 'forums', with SIOs, agencies and with the statutory sector. Peer led groups and one to one conversations are part of this.

In addition, develop representative groups to liaise with providers and statutory sector about issues raised.

Aim: Assist individuals in their understanding of Personalisation.

To provide advice, information and advocacy.

**Suggested assistance from: SERVICE PROVIDERS**

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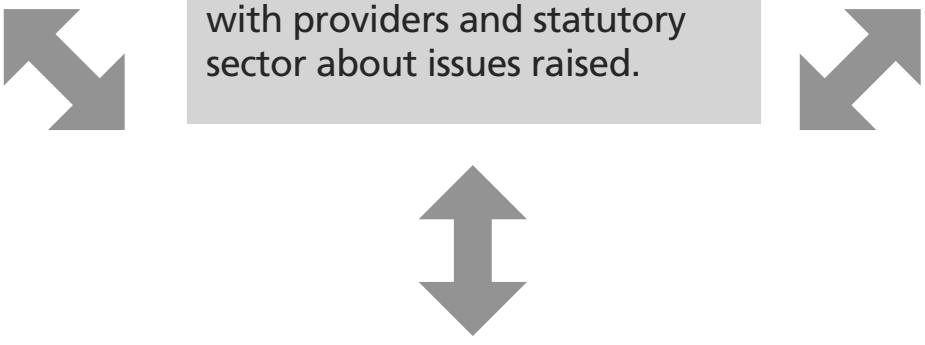
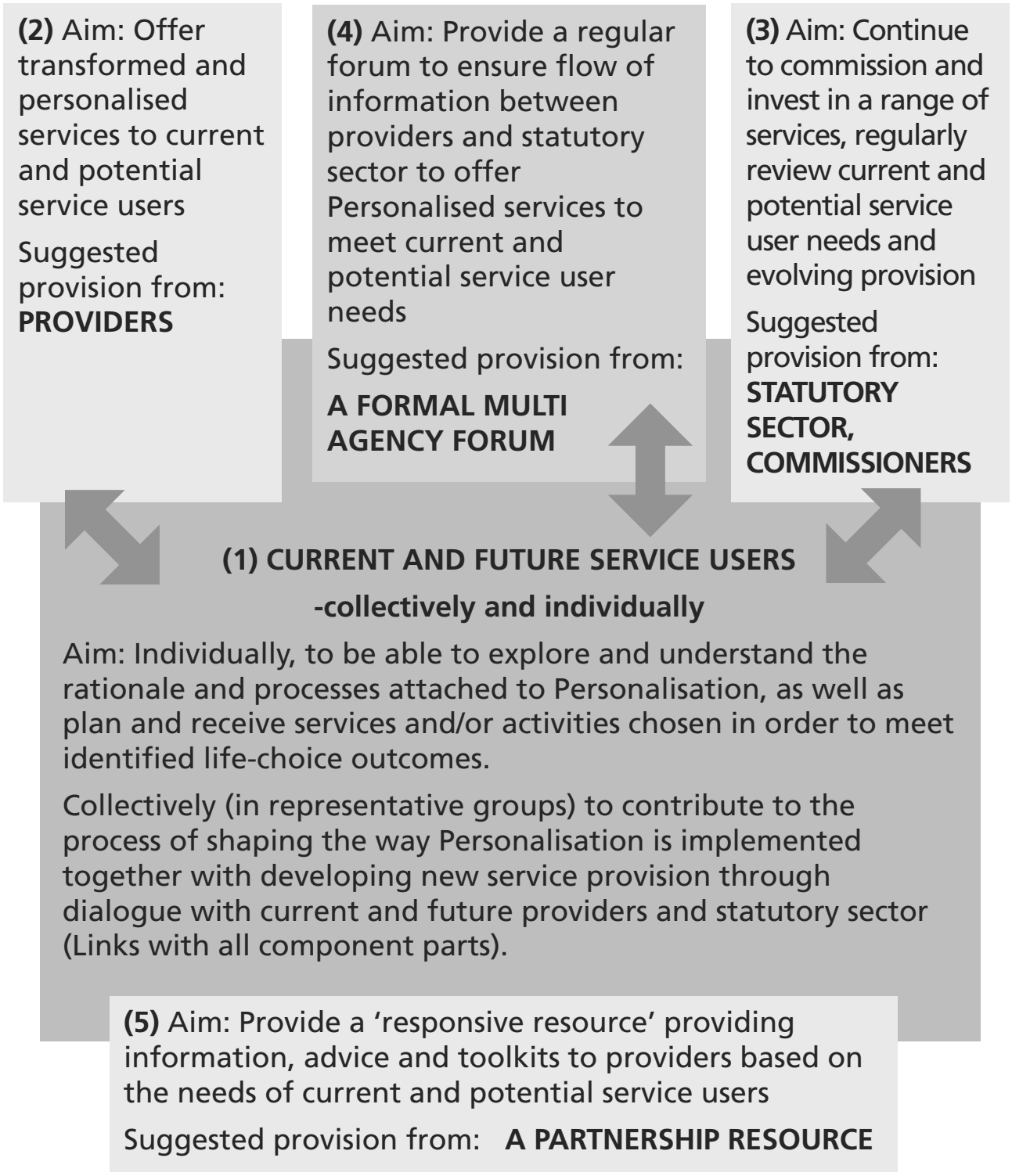


This model then 'evolves' to Model 2

Unfortunately, the exploration of equality and choice through Personalisation is compromised by time constraints. Model 2 is therefore 'the practical response' to current reality. It shows key component parts of Personalisation by 'aim' and suggests key stakeholders who could fulfil that aim.

**Model 2**: **The practical response - Personalisation: aims and key stakeholders**




**KEY:** ***'Aim':*** *The function of each component part*
***'Suggested provision from':*** *There may be several key stakeholders who could contribute towards the 'aim'. A suggestion is therefore given*

### 1.3 Recommendations: Making the model real

In order to provide guidelines to support the implementation of the models, six key steps were identified.

**1. Clarification of roles:** As all sectors create and adapt roles to undertake work on Personalisation, it is important that all agencies know what these roles are in order to avoid duplication of tasks. Inherent in new roles must be transparent methods of working, accountability and trust.

**2. Clarification of priority tasks:** All sectors need to be clear about what their priority tasks are. These include in-house tasks as well as multi agency working. Service users also need to agree what information they need to help their discussions on Personalisation.

**3. Development of service user groups:** Current and potential service users must be at the centre of changes. Formal and informal mechanisms for engaging in discussion should be via groups, forums and one to one discussions with service users setting their own agendas. Feedback routes to SIOs, providers and the statutory sector must be built in.

**4. Development of dialogue with potential service users; 'hidden voices':** All sectors need to plan and provide opportunities for potential service users to hear about changes and respond accordingly. This will include outreach work to ensure that Personalisation is equitable throughout Norfolk to all individuals and embraces their diversity.

**5. Development of a Partnership Resource:** The development of a shared resource is necessary to assist all agencies in the changes ahead. Resources must be based on service user need.

**6. Agreement on the structure for flow of information:** Personalisation involves information on progress passing between various sources from Central Government to the statutory sector to providers and service users. Effective routes for information flow must be identified, formalised and publicised to all relevant parties.

# 2.0 BACKGROUND

The 'Transformation Agenda' of which Personalisation is a part, represents a very significant shift in central government policy[6] regarding the provision of social care, as well as health and housing, from *statutory services- led* to a *service user-led* framework. This promises choice and ownership for the service user in the planning, purchasing and delivery of their own care and support. It is expected that all areas will have made significant steps in implementing this new way of working by 2011[7].

For the statutory sector, third sector and service users, the implications of this change include the creation of great possibilities but also significant problems. Whilst 'Transformation' and 'Personalisation' are exciting concepts with examples of positive changes in service delivery reported from pilot sites[8], many organisations remain confused and daunted about the agenda, including those in the third sector.

To enable agencies in Norfolk to embrace confidently and creatively new ways of working, with service users at the heart of provision, Norfolk Specialist Partnership commissioned this report. Although health and housing have been surveyed, because the impact of Personalisation has been limited almost entirely on social care, this has been the primary focus of the work. Throughout, the emphasis was practical and operational; in other words, how policy converts to practice.

Whilst difficulties and anxieties abound, there is also evidence in Norfolk from commissioners, SIOs, providers and service users of positive steps taken, with examples of good practice and commitment. This report presents a picture of the 'journey' in Norfolk. It provides fascinating evidence of current understanding and progress and suggests two model frameworks to support the change to new ways of working.

[6]Department of Health (2007) **Putting People First: a shared vision and commitment to the transformation of Adult Social Care** London

[7]For extensive details see: www.in-control.org.uk www.toolkit.personalisation.org.uk

[8]Department of Health (2008) **Evaluation of the Individual Budgets Pilot Programme, Summary Report** www.york.ac.uk/spru

## 2.1 Aims of the project

The project had two key aims:

1. To gauge the levels of awareness and understanding across frontline third sector agencies in Norfolk of Personalisation within the Transformation Agenda.
2. To investigate how Specialist Infrastructure Organisations (SIOs) working with/ representing frontline groups and service users can work together to learn from each other and develop an effective and positive *practical* response to challenges posed by the radical transformation of health and social care.

   *(This includes provision of self directed support, person centred services and workforce development).*

## 2.2 Key objectives

In order to fulfil the project aims, four key objectives were identified to direct investigation:

- What are the key issues for service users regarding their understanding and response to the Personalisation Agenda?
- What are the main challenges in delivering self directed support (SDS) and person centred services (PCS) and how can these difficulties be overcome?
- What practical model(s) might be most effective in offering SDS and PCS when practically implemented across diverse beneficiary groups and what will be the impact on providers?
- What are the implications on the workforce and skills across the provider base in delivering the outcomes sought through PCS?

# 3.0 METHODOLOGY

The project took place between January and May 2009 and was guided by a project Steering Group comprised of the agencies in the Norfolk Specialist Partnership. The work was divided into four stages:

- Review stage
- Mapping stage
- Development stage
- Report

Each stage sought to investigate:

- Practical issues arising
- Practical modelling for future progress
- Evidence of good practice that is practical and replicable
- Transparency in decision making processes

### 3.1 Review stage

A 'summary' review of key national, regional and local documents that inform the Transformation/ Personalisation Agenda was undertaken[9]. This provided a background to the development of subsequent stages.

### 3.2 Mapping stage

Central to the project was mapping current understanding. To ensure a wide range of responses were collected in a short period of time, five groups were identified:

Group 1: Commissioners

Group 2: Specialist Infrastructure organisations (SIOs)

Group 3: Service providers

Group 4: Current service users

Group 5: Potential service users (hidden voices)

A semi structured questionnaire[10] was devised for each group with the help of the project Steering Group. Each questionnaire used the four key objectives plus 'context' as overarching headings, with associated questions developed that were relevant for particular groups.

[9] Norfolk Specialist Partnership, Shirley Magilton (March 2009) **Review of key documents.** Available at www.space-east.org

[10] Available in the 'Questionnaire pack' at www.space-east.org

The Steering Group identified contacts for interview. Four weeks were allocated for carrying out interviews. The methodology for undertaking interviews using the questionnaires was:

Groups 1 – 3: Face – face interviews undertaken by the project consultant and phone interviews where timetabling was difficult.

Requests to chairs of partnerships to distribute questionnaires to members with emailed responses to be returned to the project consultant.

Groups 4 – 5: Service user questionnaires emailed to agency managers after discussion with them regarding their assistance with the project. They then took responsibility for undertaking the interviews with service users.

Appendix 2 shows which agencies contributed and which questionnaire was used.

Findings from all sources were then analysed for 'key themes' emerging that could usefully contribute to a practical model. A key theme was identified by the consultant by either:

- A point being raised a significant number of times from a number of different sources.
- A point being raised fewer times, but the associated impact of that point being potentially great and therefore worthy of particular attention.

The findings from all sources are reported in section 4.0[11].

### 3.3 Development stage

The findings were used to develop two models with the key aim to support the planning and delivery of Personalisation in Norfolk to ensure the best possible outcomes for service users. By using the mapping findings, the model development was grounded in Norfolk-based evidence rather than simply theory.

The methodology for developing the model included the project consultant drafting an initial model that was then presented to a modelling meeting to which a selection of commissioners, SIOs, providers and service users were invited. Comments from this meeting led to the subsequent development of two models.

[11] They are also available as a stand alone document at: Norfolk Specialist Partnership, Shirley Magilton (March 2009) **The transformation of social care: the impact on and role of Third Sector services in Norfolk, Mapping Findings** www.space-east.org

# 4.0 FINDINGS

## 4.1 Methodology issues

Before presenting findings, it is important to raise issues related to the methodology.

### 4.1.1 Current and potential service user questionnaires

Questionnaires 4 and 5 were devised to be given out by agencies to service users. However, these were not disseminated as widely as anticipated for the following reasons:

- Some agencies reported that their service users knew a little about Personalisation but considered that the questionnaire would raise anxiety and concerns for them that staff would not be on hand to allay. It was decided in these cases to distribute questionnaires with discretion.
- A significant number of service users require assistance to respond to a questionnaire. Due to time constraints, agencies therefore asked that they might complete a few questionnaires only so as not to put a burden on staff.
- Some agencies said that service users had over recent months been asked repeatedly to contribute to questionnaires and reviews and were therefore unlikely to complete another questionnaire.
- Providers who were willing to disseminate service user questionnaires indicated that this would mean questionnaires would be completed in a variety of ways; at a group setting, some individually and some with the help of staff. It is likely that this will have affected the responses.
- Very few 'potential service user' questionnaires (Q5) were received back. Either few potential service users were found, or such respondents used a 'current service user' questionnaire. This seems most likely as some of the questionnaires received showed misunderstanding of some questions.
- Significant effort was put into liaising with an agency with links with the Traveller community who would be paid to undertake interviews with the Traveller community. Unfortunately, due to staff illness and time constraints, this did not occur.

### 4.1.2 Commissioner, SIO and Provider questionnaires and interviews

- Questionnaire schedules 1, 2 and 3 were almost entirely completed during one to one interviews with the project consultant. A small number were conducted by phone due to time constraints.
- In instances where questionnaires 1, 2 and 3 were forwarded to members of a partnership group, there was a low response rate.

- Organisations that were identified as specific infrastructure organisations (SIOs) often had dual roles as service providers as well. In these cases, the 'Provider' questionnaire was used (Q3). This accounts for the low number of responses in the SIO sections of the findings section.

### 4.2 Format of findings

Findings presented here are drawn from:

a) Questionnaires received back from current and potential service users (Q4, Q5)

b) Interviews with stakeholder groups using the designed questionnaires (Q1, Q2, Q3)

c) Background interviews

The findings from all these routes are reported by question theme based on the key objectives that this piece of work addresses, namely:

| | |
|---|---|
| **Context:** | Understanding impact |
| **Objective 1:** | What are the key issues for service users regarding their understanding and response to the Personalisation Agenda? |
| **Objective 2**: | What are the main challenges in delivering self directed support (SDS) and person centred services (PCS) and how can these difficulties be overcome? |
| **Objective 3:** | What practical model(s) might be most effective in offering SDS and PCS when practically implemented across diverse beneficiary groups and what will be the impact on providers? |
| **Objective 4:** | What are the implications on the workforce and skills across the provider base in delivering outcomes sought through PCS? |

The text of the overarching question that refers to the objective is in a text box to show clearly what the associated questions are linked with.

The findings are presented in two sections:

- Section 4.3 reports on service users and potential service user findings
- Section 4.4 reports on commissioner/ SIO / provider findings

## 4.3 CURRENT SERVICE USERS AND POTENTIAL SERVICE USER FINDINGS

A total of 49 questionnaires were received back from current or potential service users. These did not indicate the agency that distributed the questionnaire, or the respondent, thus were completely anonymous. The consultant attended one service user group and recorded the responses of the two members present.

### 4.3.1 Context

A significant number of respondents did not fully understand some of the questionnaire questions. Whilst guidance had been received from a user led organisation about the development of the questionnaires, it was clear from returned questionnaires that questions had been confusing to some service users. This has been taken to indicate that:

- Despite a number of agencies taking steps to disseminate information about Personalisation, a significant level of confusion exists for current and potential service users.

#### 4.3.1.1 Services currently used by respondents

- Respondents currently using statutory service provision were asked what services they were using. Responses included homecare, respite care and day care, with a small number accessing more than one service.
- When asked what user group they had been placed in, responses showed confusion, as some mentioned the type of care they were receiving instead. However, user groups stated by 28 respondents included: physical and sensory impairment group, older persons group, learning difficulty group and mental health group.

#### 4.3.1.2 Number receiving Direct Payments

- Just under half of respondents had received direct payments. Most respondents spoke very positively about them. Comments included:
    - Very successful. My PA is a friend and very flexible which is great when you are ill or the children need help, so it is positive for me.
    - I have had DPs for short breaks; very successful.
    - It is working successfully. It has given me a quality of life that I didn't have before. ILN (Independent Living Norfolk) staff at Norwich are always kind and help sort out any problems I have with personal assistants, or finance.
    - Now it is successful. The first couple of years it was not, as I could not find a reliable personal assistant. Now I have 2 excellent personal assistants, one I found myself.

- Where problems had arisen, they included:
    - Major difficulties in finding competent, confident personal assistants.
    - Maintaining cover with personal assistants if they are ill or on holiday. The administration of numerous personal assistants and their problems is draining and time consuming and impossible for myself to perform.
    - One negative experience was when a discharge plan from hospital was not activated by social services – a family member stood in for six weeks.
    - Very successful except when a personal assistant is sick suddenly, then it is a nightmare trying to get someone.
    - It took several months to set up and the forms are very confusing. I had to call for help to fill them in. Still early days.
    - Acquiring this has been difficult. It would be better if everyone knew the procedures and expectations. The choice and opportunity is good.

#### 4.3.1.3 Number receiving a Personal Budget

- One respondent stated that they received a Personal Budget.

#### 4.3.1.4 Links with voluntary/ community organisations and help accessed

- Twenty respondents belonged to, and / or received information from voluntary and community organisations. These included: MS Society, Norfolk and Norwich Association for the Blind, Action for Blind People, Scope, Sense, Mencap, Migraine Trust, New Pathways, Matthew Project, Norfolk Carers, Carers UK, Disability Counts, Norfolk MIND, Motor Neurone Disease Association, Norfolk Coalition for Disabled People, Independent Living.

### 4.3.2 Understanding of Personalisation/ Transformation

- There was a wide range of responses with regard to understanding Personalisation. Half of respondents (25) reported that they knew nothing about Personalisation.
- Of those who did know something, comments included:
    - Quite a bit. My son has regularly attended meetings run by NCODP.
    - Quite a lot. I am rep of the user group.
    - Everyone will eventually have an individual budget to buy their own services.
    - Client assessment leads to a care plan and funding to buy services.

- What I have learned from meeting Kings Lynn Independent Living user group and this form.
- Enough to feel as if I am about to jump off a cliff without a parachute.

#### 4.3.2.1 Sources of information about Personalisation

- Where respondents had already received useful information about Personalisation, the agencies/ individuals delivering this repeatedly included:
  - Social workers
  - NCODP (Norfolk Coalition of Disabled People)
  - User led groups
  - Keyworkers
  - Locality managers
- When respondents were asked where they would go in the future for information, the main agencies/individuals repeatedly mentioned included:
  - NCODP
  - Independent Living Norfolk (service of NCODP)
  - User led groups
  - Voluntary services already involved with
  - Citizens Advice Bureau
  - Social workers
  - Doctor
  - Internet
- However, one respondent who did not know about Personalisation said 'Where would we go for information? I don't even know what I would be asking for so I wouldn't even be able to begin. How do I decide what services I need?'
- Respondents identified the best routes and / or sources of information for people to find out about Personalisation as:
  - Talks and events
  - Leaflets, DVDs and information packs
  - Internet
  - Helplines
  - Word of mouth
  - Media

    - Social workers
- Clarity was stressed as vital with all information being easily understandable and user friendly. One respondent commented '*getting the whole story seems difficult and contradictory*.'

### 4.3.3 Perceived impact of Personalisation

- Reponses when asked about the main issues for service users about changes to the way care will be assessed and delivered included the following comments:
    - I do think the personal payment plan will be a good idea, then you can make your own arrangements for help and care and social activities instead of other people deciding for you what they think is best for you.
    - Services do not exist to provide me with the same level of care that I currently receive from social services.
    - Having to choose and decide on care for myself would make me very anxious at the moment. I would need someone to help me. I don't really know what I need.
    - I would have to make decisions that I am not equipped to make as I don't have the overview to understand completely what is on offer. In the initial stages (of my illness) I was far too frightened to be able to make a balanced decision.
    - That I won't be in possession of all the facts.
    - Not receiving the amount of money needed to pay for adequate care. I don't want to find myself in the situation I was before struggling to find good personal assistants.
    - Training of social workers.
    - Excessive administration.
    - Continuing help with administration and help with filling in forms.
    - Not enough people with experience.
    - I can see that this is an issue for the provider. Would it be best if they provided a 'core' service – for us that would be a roof over our head – and then they would have some money to keep going and we could then decide what to do with the remainder of our money? That way we would both be secure. They then could develop new services according to what we asked for and we would feel secure.
    - It is difficult to get service users to groups. People get lethargic. So if we are supposed to meet and say what we want from a

service – there is a problem about getting people to meetings. It is important to make sure that they are at a convenient time for people and they can get there.

- That my husband will not get an appropriate time off to be himself.
- I'd spend mine on a trip to the Bahamas!
- So this is like the conveyor belt on the Generation Game!

#### 4.3.3.1 Service users making themselves heard

- Just under half of respondents felt that there had been the opportunity to make themselves heard. Comments included:
  - The NCODP meetings have been reassuring.
  - I always get ignored; I don't know why.

## 4.4 COMMISSIONER/SIO/PROVIDER FINDINGS

In total 35 interviews were undertaken, eight with commissioners and staff with key roles in the statutory sector and 27 with specific infrastructure organisations and providers.

The findings are a sample from these groups. They should therefore be read as *themes emerging* rather than a *definitive* list.

This section states each objective followed by associated key questions. Each question has the responses of the three groups that link to questionnaires 1, 2 and 3.

Where it is important to know what sector the comment comes from, this is indicated in brackets after the response; where responses have been mentioned by several sectors and are relevant to all sectors the response source is not indicated.

Please note that a significant number of interviewees per stakeholder group (ie commissioners / SIOs/ providers) made similar points to each other throughout the questionnaire. For reasons of space and 'readability' the statement that best incorporates these shared responses is the one that has been reported here.

Sector abbreviations used are:

| | |
|---|---|
| C&YP | Children's and Young People's Services |
| SS | Norfolk Social Services |
| Health | Norfolk NHS (PCT) |
| Housing | Housing and housing support agencies |

**4.4.1 Understanding of impact** (Context)

**4.4.1.1 Impact on service users**

***Commissioners said***

- Theoretically, services should be much better. (SS)
- Local users in most cases are positive but this does not ignore the fact that people feel anxious about it. (SS)
- If the assessment is about personal choice and identifying what people want and need, people may choose to purchase traditional services and ask us to do this for them. (SS)
- It is more difficult than expected to assess someone for a Personal Budget; reasons include time and clients being unsure of outcomes. The RAS not being finalised is a problem as is the difficulty of not knowing the cost of a service. (SS)
- We plan to develop a county wide directory for service users and their carers, setting out what is available and the costs. (SS)

- Service users are not a homogenous group so there will be a variety of reactions. Some will be fearful and others will grab it and push it forward. (Health)
- Patients have to be able to identify 'what is important in my life?' (Health)
- More choice, flexibility and control; risks are present within this but 3rd sector could offer advocacy and brokerage to reduce this. (Health)
- The shaping of a service to user needs must be more than lip service. (Housing)

***SIOs said***

- The six Direct Payment service user groups have changed the dynamic as they are contributing now to future provision.
- There could be a significant cost differential between someone on a Personal Budget buying a service and a non-funded person accessing that same service provided through charitable means.

***Providers said***

- We think our services are well placed to offer opportunities to individuals.
- Whilst 75% of our users have a community psychiatric nurse or social worker, 25% are self referrers who will not necessarily have a Personal Budget – we are concerned about whether they can access future services.
- This is causing our service users a good deal of anxiety.
- Consistency of service and continued confidence in it is vital for service users and staff.
- We are not sure; many of our clients are not linked with Social Services.
- 'Choice' will not be easy for all clients. Some may not want choice.
- For some it will be great; but for many of our client group - they have been referred to us because they can't organise things for themselves. It will require quite a bit of support if it is going to be offered in an empowering way. Our clients at the point they are referred to us need a consistent, reliable service as trust is so important. This is not about hanging on to clients, it is about being realistic.
- We have one service user with an Individual Budget. This has been a mine field! It took a long time to arrange and it is not clear how much has been understood.
- We worked with individuals on Direct Payments in a service user

group who were not happy with an aspect of service provision. After considering choices they decided to stick to the original service because of the anxiety associated with change.

- If service users choose to use several services simultaneously – this may mean the carer does not have a chunk of time to themselves to go to work, have a break etc..
- Initially there may be a period of chaos - 'keys to the sweetshop'. Time and experience are necessary for service user expectations to become realistic.
- The way this is rolled out will indicate the impact on service users. If it is with community consultation and a high degree of engagement the impact should be very good. If it is rolled out by 'experts' in an autocratic manner then the impact might be less favourable.
- There may be reduced choice for an individual if services are decommissioned and new ones do not develop quickly.
- We use volunteers for befriending. It maybe that when service users become used to paying for services – their expectations will increase. For us, this may mean they would like a volunteer befriender who has similar likes and dislikes to them. We may not be able to match this with a limited pool of volunteers. This is about 'raising the game' as people have a different hat on when they are paying.
- If people feel that they have fair access to services they want – they are more likely to feel part of a community and community cohesion will be good. There are people who sit on the edge and these people need to feel that service provision is relevant to them. Personalisation should make us more aware of individual needs in a community. And should support people to move from one community to another. For example, if you live in a residential home and want to access activities in the general community this should be possible. Often it isn't.

#### 4.4.1.2 Impact on organisations and relationships with other organisations

***Commissioners said:***

- Personalisation is one of several initiatives that together amount to considerable scale of change. 'Putting People First' needs to be implemented first, and the Assessment and Care Management Review will then inform the drawing up of care pathways for Personal Budget holders. Personalisation merges with these other initiatives. It is a 'whole systems' approach to change. The transformation of adult social care is a three year rolling programme. We are at the end of year one. (SS)
- The impact is immense and long term. Users will shape the market. (SS)

- People have concerns about what the end result will look like. If choice is offered, an exact picture isn't possible at this point as this would limit choice. There is no 'getting it right' at the moment. (SS)
- We must formally review service level agreements (SLAs) to be sure of what services are offering. The Essex model is good for this. More formalised prevention services will be set up using formalised SLAs. We have recently re-tendered for domiciliary care and built in provision in the specification for services to be provided in a personalised way. (SS)
- The costing of services for Personal Budgets has not been fully understood; they could be higher than anticipated. (SS)
- Block contracting in the future must have the ability to meet the needs of a person to do things differently within the contract if this is what they want. Block contracting will not be withdrawn straight away. It may be that providers are moved to a lower block contract with the rest of the service spot purchased. Some providers meeting low to moderate needs may be given a grant. Some high level needs services i.e. dementia may still have services purchased for them where self directed support may not be the right response. (SS)
- Some authorities have ended block contracts. We see there is a reason to keep them for security and to develop the market. Grants are best used for the provision and development of universal or preventative services – e.g. community transport service. Grant-based services might still be used by Personal Budget holders. (SS)
- The government has now commissioned work on a centralised Resource Allocation System (RAS). There has been criticism that separate RAS documents per user group could be discriminatory. (SS)
- The IT system does not yet comfortably absorb Personal Budgets. This limits the pace of roll out. (SS)
- We have set up provider forums but need more work with providers about how this should work. There is a risk of agencies stopping functioning. We want 3rd sector organisations to offer more services – not just for individuals funded by social services, but community based services for self funders. (SS)
- A new post of Commissioning Officer for the 3rd Sector will commence in summer 2009. (SS)
- So far, the impact has been patchy. Nationally, 50% of individuals chose traditional care, 30% used a mix of traditional and direct payments and 15% chose direct payment. This is a useful ratio to keep in mind. (SS)
- Personalisation is the only way forward with the patient at the centre

of services. This has to be recognised rather than fitting the patient to the services. (Health)

- We need also to be sure there is equitable service provision over all Norfolk. (Health)
- Historically many 3rd sector services have been commissioned in an ad hoc way. Personalisation means that we are asking 'are we willing to commit more funding, and what outcomes have we got?' 3rd sector agencies need to ask who they are marketing themselves to, statutory sector and/or individuals? We need to be sure that where there were historical reasons for a service being set up – this is still required. (Health)
- There is a fear that the 3rd sector will be marginalised from what it has done and done well. This fear will only decrease with the passage of time when the 3rd sector can see the potential opportunity for them. The 3rd sector has been built around personalisation in a way the statutory sector has not. (Health)
- Clinicians and individuals have to recognise the power shift. (Health)
- The 3rd sector will need to understand the change management challenges with statutory professionals. Our sector has been process driven and this will have to change. (Health)
- Positive. (Housing)
- We want a supportive relationship with currently funded services supported to manage the changes. This includes turning services into ones that people can buy if need be. (Housing)
- Personalisation includes an organisation showing evidence for example, that they are accessible and open. (Housing)
- Calming fears of providers. (Housing)

***SIOs said:***

- This will create a more meaningful engagement between SIOs, the 3rd sector and the statutory sector because we (SIOs/ 3rd sector) are no longer just an organisation with a SLA. There is recognition that transformation cannot be delivered without a partnership approach.
- We can be a 'critical friend' to the statutory sector in this change; we can say things that they may not be able to.
- There is a sense that many organisations have little understanding of the changes ahead, and therefore are not clear on what the implications might be.
- Because the 'day services review' has been taking place, it might be that providers have not thought about Transformation due to their concern that the review may result in their service being

decommissioned.

- The block in thinking is *how* this actually works.
- How will the transition be managed? We are in a 'holding our breath' phase.
- There is an anxiety about lack of communication from the statutory sector.
- For agencies receiving charitable and statutory funding, charitable funding has often propped up statutory provision in a hidden way, even though this is illegal. The dis-aggregation of this may cause problems and reveal that statutory provision costs more than was realised.
- We don't see how we can continue providing services for a significant number of our regular clients who will not be eligible for a Personal Budget.
- Block contracts are still being drawn up – and issued with new guidelines in mind.

***Providers said:***

- Great opportunity.
- This will give 'power to our arm' and advance our way of working which has always been client centred. (Housing)
- Good – but we need a shared sophisticated understanding of terms such as 'activity', 'impact'.
- It will make us more accountable.
- Up front costs during the transition will be significant.
- Our relationship with Social Services will probably decrease. We currently negotiate directly over block contracts, but presumably we will in future be dealing with service providers direct.
- For us, our relationship with Social Services changed three years ago when we moved from block to spot purchasing.
- Our future relationship will be dependent on how the model for contracting and commissioning works. If we are straight away thrown into a free market – our relationship will be remote. I suspect that for a lot of our contracts they cannot be a free market model – and this will keep our links.
- We already have some spot purchasing, which we see as the beginnings of the road to Personalisation. (Housing)
- Currently we have some large scale block contracts – many being considered under the day services review; some of these will be renewed as block contracts for the next 3-5 years. This will provide

security whilst we develop additional services. (Housing)

- We are aware that we could loose a good deal of our core funding.
- Our commissioned services will be reduced.
- Presumably we will be dealing with different staff in Social Services than we do now – for clarity of process we must know exactly who to contact for information – and they must respond to enquiries.
- It will make for better partnership working.
- 'Every Child Matters'[12] put partnerships in place that are a good basis for this work. (C&YP)
- We need to meet with similar organisations and have potentially difficult discussions on who will develop what kind of service. It is a waste of time if we all in isolation develop the same thing… and no one develops a service that fills a gap. (C&YP)
- We are looking forward to the new way of working with other organisations; whilst we are a not-for-profit organisation, we run on a business/commercial framework and think the transition to new relationships will be straightforward. (Housing)
- Unitary status is still not decided. This may impact.

#### 4.4.1.3 Use of group involvement

***Commissioners said***

- Assessment and Care Management Review Board, Prevention Board, Day Services Operations Board, LAA Advice and Advocacy, Voluntary Norfolk, Locality Groups for Day Services Review (SS)
- Norfolk Joint Commissioning Board for Carers, Prevention Board for Older People, Older Person's Partnership Board, Voluntary Forum (Health)
- Provider Elected Panel, Individual Budget pilot groups (Housing)

***SIOs said***

- Social Services day care service group has Transformation as an agenda item.
- ACMR Board, Personal Budget Advisory Group, Direct Payments user group and operations group.

***Providers said***

- Groups that met that devoted time to discussing Transformation included: Norfolk VCS Specialist Partnership, Voluntary Sector Forum, Norfolk Council for Voluntary Youth Services, Sitra, Space East, LAA (Local Area Agreement) Advice and Advocacy Group, Children and

[12] www.everychildmatters.gov.uk

Young People's Partnership Board, Children &Young People's Commissioning Sub Group.

- Carers Agency Partnership, Mental Health Carers Advisory Group, Carers Council, Norfolk Carers Champions Group, Norfolk Council of Ageing.
- Learning Difficulties Partnership Board, National and Regional Forums.
- We need to meet with other organisations.

#### 4.4.1.4 Progress to date

- ***Commissioners said***

The following roles will be or already are key to Personalisation (SS):

- ***Assistant Director, Commissioning and service Transformation*** *– has overall strategic responsibility for engaging with the 3rd sector and to ensure coordination.*
- ***Head of Commissioning and Partnership*** *– will work closely with the Assistant Director.*
- ***Service commissioners*** *will be involved in their areas.*
- *Two* ***new posts will be created: a lead commissioner*** *– to work with the 3rd sector and another* ***new post*** *attached to the public service project from the Transformation grant – to support the 3rd sector through Individual Budgets.*

- We are offering consultation, training and briefings with staff. Feedback goes to the Assessment and Care Management Board. Fortnightly review meetings are held with Area Managers. (SS)
- We are committed to public and patient consultation. There are eight programme boards with patient and public representation. (Health)
- We have produced a DVD from service users to use with other stakeholders. In May we are undertaking two weeks of workshops. (Housing)

***Providers said***

- We have already changed the focus of our work from 'what is your disability' to 'what is your ability?' This has completely turned on its head the traditional way of working. We don't use 'care plans' as such but have 'achievement and development plans' that ask 'what do I want to do with my life?' and support the service user with fulfilling this.
- A business model is currently being prepared.
- We are working on costs and charging.

- We are presenting a Personalisation briefing to our next Board meeting.
- Our trustees are very supportive. A new group of trustees and senior management will be looking at unit costings.
- We haven't formally embarked on a programme for change but we will use one of our existing projects as a template for what personalised services will look like.
- We are having a meeting with Norfolk County Council to look at developing Service Level Agreements.
- We will be asked to ensure Service Level Agreements comply with the Race Relations Amendment Act and Public Duty.
- We were part of the Quality Assessment Framework (QAF) pilot[13] which is a good basis for Personalisation. (Housing)
- We will be part of the Hact pilot[14]. (Housing)

**Good practice:** We talk about Personalisation in our 5 year (2008-13) strategic plan. We have our own invoicing system in place that can separate out Direct Payments and are now looking at marketing different services for those on Direct Payments.

We issued a questionnaire to clients asking what they would be interested in – e.g. gardening, building work. The responses repeatedly said: gardening, DIY, longer hours, holiday respite care. We are able to deliver this. *(Crossroads)*

**Good practice:** We are a user led organisation and have received funding from the Learning Difficulty Development Fund for our service users to undertake training regarding Personalisation. They will then deliver this to other service users. *(People First)*

**Good practice:** We have allocated a worker to Personalisation work one day a week. This involves carrying out new assessments and devising monitoring and outcome measurement tools. *(Rethink)*

[13]http://www.spkweb.org.uk/Subjects/Quality_and_monitoring/Quality+assessment+framework+-+original/QAF+Refresh+Pilot.htm

[14] Housing Associations Charitable Trust: Hact Up2Us Project

**Good practice:** We have a development worker who is working with lunch clubs and day centres to raise their awareness of what they need to do to be prepared for new commissioning arrangements. He is offering support with skills such as costing services.

*(Age Concern Norfolk)*

**Good practice:** We are undertaking a 'Personal Budget, Advice & Support Service' that is undertaking a 6 month piece of work to identify what support do providers and service users need with regard to personal budgets, and identify what service could be developed to meet these needs. *(Age Concern Norfolk)*

**Good practice:** We have established a programme, funded by Adult Social Services, to train member and non-member groups to undertake support planning, a key part of the personal budget process. The intention is to have the widest possible choice for service users, as well as building an important skill base into community organisations. *(Norfolk Coalition for Disabled People)*

### 4.4.2 What are the key issues for service users regarding their understanding and response to the Personalisation Agenda? (Objective 1)

***Commissioners said***

- It is important not to dream up schemes for service users without asking them first. (SS)
- Anxieties will include concerns about funding allocations and being an employer. Fairness and equality are an issue, and their voice being heard. (SS)
- 'Confidence'! Those currently under 50 years of age are going to accept PBs much more easily. People who are over 70 for example have different expectations. This means that PBs may have to be adapted for this group. (Health)

***Providers said***

- Getting over to service users that their funds are finite. When their money is spent the service they have bought finishes.
- Anxiety. Two years ago funding was unclear for our organisation and two individuals took their own lives at this time. Whilst we cannot connect the two events, both individuals had expressed anxiety about possible closure.

- Lack of a clear message.
- It could be that Personal Budget holders will try new services, simply because they can. The issue will then be whether they stay with those services or revert back to previous ones.
- There are examples of service users nationally recruiting staff without understanding employment law and equal opportunities. It is vital that support is available to help them with this. Other examples include recruitment of carers without proper references and Criminal Records Bureau (CRB) checks.

#### 4.4.2.1 Raising awareness of service users, family and friends

***Commissioners said***

- Not enough work has been done on this yet. We have sent out leaflets and information packs. This is dependent on social services staff knowing enough to confidently disseminate to service users and families. (SS)
- People telling others who have received Personal Budgets. Most people won't know until they need to and overall there will be a gradual increase in awareness. (SS)
- We now have an information post attached to the work. (SS)
- The communication team are currently considering asking Mori to survey the situation. (Health)
- 'Don't limit yourselves with your demands, but accept that some things may not be possible, but keep pushing'. (Health)

***SIOs said***

- User group presentations on Direct Payments have taken place in six county localities. For service users who have participated, there is understanding, otherwise there is little understanding.
- Service user groups.
- Seeing people in similar situations doing interesting activities.
- In Great Yarmouth the Community Liaison Information Points (CLIPS) service may be a useful route for dissemination; some of its outlets have advisors.

***Providers said***

- Raising awareness must be 'pain free' with an application system that is simple to use.
- A service user deciding to shift to a different provider or type of service could indicate a real improvement in their confidence and ability to cope.

- We are a service user led organisation and constantly talk with our users on their views of the changes.
- We are not going to start talking about Personalisation until we are completely sure of what we are doing.
- We work with over 1,600 clients a year. Explaining Personalisation will be a huge undertaking and key workers must be very clear about it first.
- We need robust information and a plan from Social Services including an indication of what point in time current service users will be offered an Individual Budget.
- We have not begun to talk to service users yet. There is a significant problem with anxiety.
- Pilots are useful but can raise expectations if there is not then a 'start date'.
- Our service users are severely disabled – we need to find imaginative ways of presenting this to them.
- We can offer 'hands on' support to guide people through Individual Budgets and we thought we could give intensive support with awareness raising to particular groups.
- Carers are crucial in this.
- There could end up a 2-tier system: those who can easily grasp new ideas and are articulate opt for choice, and others remain with existing provision.
- Information must be pitched at an individual level of what is appropriate for that person and delivered at the appropriate time for them.
- We run an advice and information line for Older People but have not had any enquiries about Personalisation. This might increase as targets go up.

**Good practice:** Core service users said 'we don't look at leaflets', which is why we are now putting together a handbook for explaining aspects of our current service. We are putting in service user stories to illustrate information points. This is very time consuming but the only way to make the information relevant; people have got to see clearly the advantage in what is offered. *(Julian Housing)*

**Good practice:** We give out information at our service user 'members' meeting; afterwards we always have staff available to assist with queries and any anxieties that may have been raised. *(Rethink)*

#### 4.4.2.2 Shifting expectations

***Commissioners said***

- With new people this is not such an issue. Existing service users may take longer to shift. (SS)
- This comes out when you talk to people about their lives and what they would like to do and how to meet these needs. This emerges out of a conversation. (SS)
- Clinicians and staff must have the skills to encourage. (Health)

***Providers said***

- Many are inarticulate and have never had someone who encouraged and listened. The building up of a relationship with a lead professional is vital.
- Getting service users to the point where they realise they have aspirations is key.
- We must be realistic as expectations for some people will still be limited. Giving people tasters of what they could have might be useful. DVDs, films can show inspiring examples.
- This invariably is about self esteem and confidence rather than the disability or overarching need.
- One of our existing groups has shown how members in a group can shift expectations in a very positive way.
- Some clients think they can spend their budgets on anything. 'Outcomes' are confusing. We ask people 'what would you like to achieve?' as this is a clearer phrase.
- People have high expectations but get demoralised by the system. If it is explained well, expectations can be raised. But it takes time to explain – and this is probably going to be by the social worker unless it is someone's specific role. The time taken and the delivery of the information could well be the make or break point of the process.
- Social services have it in their power to be inspiring, but overwork tends to deaden this.

**Good practice:** We look at abilities rather than disabilities. For example, one of our service users who had been in a coma, used to be a chef. She defined 'cracking an egg' as her immediate outcome. As this was achieved, further outcomes were identified that included taking a food hygiene course so that she could cook for the centre which was her aim. *(Centre 81)*

#### 4.4.2.3 Hearing the views of current service users

***Commissioners said***

- We have the national statistics to compare ourselves to. We would be concerned if for example 80% wanted traditional services rather than 50% as is the current level. This will indicate that service users need to be heard more. (SS)
- We will contribute to 'Your voice' that can be used for service development. (Housing)

***Providers said***

- They are always listened to as part of our work with them.
- Formally and informally; meetings and conversations.
- Client monthly meetings, elected client representatives that then feed to management.
- Personalisation has been raised at our 'senior tenants meeting'. These are groups of representatives from sheltered schemes.

**Good practice:** We have a focus groups of 6 residents that were put together to look at service charges, delivery and choice. This is a Personalised way of working. The group acts like a critical friend to the organisation. *(Broadland Housing)*

**Good practice:** The NCODP has set up 6 Direct Payment user groups and have engaged users and their representatives directly with Norfolk Adult Social Services on the Personalisation Agenda. Because of this, service users now have an advisory group that is an official part of Adult Social Services transformation structure. There is a continual dialogue going on between service users and social services, with the former being given the opportunity to shape the new system. *(Norfolk Coalition of Disabled People)*

#### 4.4.2.4 'Hidden voices' – engagement, understanding and contribution

***Commissioners said***

- Investing in preventative services may impact on hidden voices. (SS)
- We need to take all groups on board – some groups do not fit easily into forums and we must engage with future users. Some groups are not sufficiently represented – eg Travellers. (SS)
- The absolute challenge for us is the hidden voice. For example, someone who is found dead with dementia who had no support.

Prevention relates to this group; we have not addressed it. In financial terms prevention is costed at what is saved later – but this is never really known so we tend to commission on what we do know. (Health)

- One argument says we should target deprived areas first. There is always a fear that the articulate and educated users will have PBs and those disadvantaged will not. (Health)
- A report 'who falls through the net' has been produced by provider representatives to address the issues of unmet need – which includes those unaware of the service. (Housing)

***Providers said***

- We need to know what to say to the service users who are not under statutory arrangements.
- If properly publicised, Personalisation could bring 'hidden carers' out.
- Building up trust and confidence with people can take considerable time and needs consistency and familiarity of maybe just one worker. If another agency is introduced and the meeting goes badly – this can knock back progress. Where there have been good outcomes for Travellers with the statutory sector – this is often based on the confidence levels of the client and the rapport with the worker and clarity of information given. Conversely, reasons for poor or no progress have included: fear that the person with support needs will be 'taken away', not understanding processes and poor literacy levels.
- It was reported that Traveller groups with the greatest needs were older people and disabled who are living on roadsides. (rather than sites).
- East European groups have tended to come over to work on a temporary basis. They tend not to put down roots and therefore do not appear in services.
- Other organisations such as local churches, housing providers may have contact with people who are not in touch with the statutory sector. They may be useful dissemination points.
- There is a group that used to 'drop in' before reorganization, when we were a 'building based' service. We now see service users who are adjusted to the more outreached based sort of service. We now have 30 - 40 referrals per week for our services – throughput is enormous, but we don't know where the people are who used to come, but no longer do. Or those who do not fit in with current provision.

### 4.4.3 What are the main challenges in delivering self directed support (SDS) and person centred services (PCS) and how can these difficulties be overcome? (Objective 2)

***Commissioners said***

- Introducing new ways of working whilst keeping existing services going. (SS)
- Ensuring staff are competent and we have the correct systems in place for individuals and contracting with providers. (SS)
- A new service could perhaps be funded by a 'seed-corn' approach to establish the service, for say ten places per day; this would then give the service some stability to develop further. (SS)
- Fitting RAS in with the charging policy. (SS)
- The amount of time it takes to support people through the planning process is significant and can takes weeks, a problem for older people who often present in crisis. (SS)
- The challenge for providers is 'how personalised are our services and how can we evidence that?' Many organisations have no business plans, trustees that understand marketing etc.. Infrastructure organisations need to provide shared solutions. (SS)
- As support planning increases, we need data about whether service users can access what they require. If they cannot, this needs to be publicised to stimulate providers in areas of service development. Closer and more regular dialogue is necessary with the 3rd sector. (SS)
- Understanding the needs of the individual, based on good data. (Health)
- Getting service users and the public to understand that 'care closer to home' can work. (Health)
- Health try to 'clinicalise' everything and this is a danger. It is the person who is the expert, not the clinician now. Personalisation is about strategy but is also about what happens when a person sits down with a clinician. This suggests that delivery must be from the individual level upwards. This is new to Health. Health more than Social Services take this clinical approach and put jargon on. For example 'respite care' is a clinical perspective on a 'break'. There does not need to be an infrastructure to do this. We are talking about holidays that could be accessed through mainstream organisations and not the NHS! (Health)
- Housing and education need to be brought into Personalisation so we can broaden the impact on people's lives. (Health)
- Evolving as we are going along. (Housing)

- We are not advocating complete choice for all people at all stages. (Housing)
- Organisations need to know about funding, full cost recovery and need robust organisational structures and development. This is all part of good practice. (Housing)

***SIOs said***

- To create a cultural change whereby disabled people are thought of as citizens and not welfare cases.
- Charities working with 'medical' models of delivery need to be changed through Personalisation.
- Transfer from public to private sector must be carefully managed; private organisations have not necessarily got quality assurance (QA) procedures and qualifications in place. Services are being delivered on the cheap.
- How to guarantee services when we don't know who will walk through the door.

***Providers said***

- Personalisation as an ongoing process must be organic and open to change.
- We have no picture of what things will look like in six months time.
- No issue with the principle, the problem lies with the support that goes with it.
- Translating strategic decisions into practical actions for operational staff. For example with Children and Young People, the 'Team Around the Child'[15] must be able to operate the model of working. (C&YP)
- Safeguarding.
- Capacity planning: the re configuring of staff and budgets with uncertain funding.
- Configuring must be in terms of unit costs.
- Our services do not come cheap and we must fully recover costs. They will seem expensive to potential service users.
- A costed service to a Personal Budget holder may be one price and a subsidised service to a non Personal Budget holder something different. We have costed our Wednesday club which has 60-80 attendees per week. In reality it will be like having two queues – the subsidized price is £1.50 for non PBs and £15 for PBs. If we are to

[15]http://www.everychildmatters.gov.uk/deliveringservices/multiagencyworking/glossary/?asset=glossary&id=22520

'build equality and opportunity' this is a challenge and will disenfranchise individuals.

- If Personalisation is to present a level playing field for the public, private and statutory sector in a market driven economy, there is an issue about profit margins. Charitable status means this is not possible, but it will be for private sector providers.
- We will need to deliver more hours to receive the same income.
- 'Institutionalisation' has been the way of managing the volume of individuals using services; this has to convert to 'de-institutionalisation'.
- We must all understand the same meaning for the definitions of Personalisation.
- Making information as clear and accessible as possible. This is complicated for carers as well as service users.
- How to keep services going during transition and in the future. Some groups we run are for a small number of clients and may not be financially viable, despite their value to those service users.
- Understanding the 'letting pay structure'. This must include costed exit strategies. (Housing)
- Marketing and attracting people to our services.
- Ethical issues: How 'aggressively' can we 'target' individuals who may buy our services? Are we 'allowed' to employ someone to visit individuals to sell our services in a commercial way?
- We have always promoted what we offer to service users – I'm not sure this is what we can do with Personalisation.
- Identifying what services we could realistically offer outside what we currently offer.
- There may be some confusion as to whether all groups should be given choice – offenders for example.
- We predict that services will need to be more outreach based, but with a centre building. This will alter how we structure resources. Our buildings will not necessarily suit future purposes.
- Our support is 'attached' to buildings; this might have to be separated. (Housing)
- There must be a system to ensure that 'new' providers are rigorously checked to be compliant with the Race Relations Act and public duty. They must be able to deliver an equitable service.
- There must be clarity about where care coordination lies, as the care coordinator may potentially be liaising with significantly more

agencies than currently.

- Discussing choices with a client will take time that will be a resource issue for the organisation carrying this out. It needs to be factored in to caseloads.
- We can spend considerable time with a client building up confidence before we do an assessment with them. This time is not paid for currently.
- For service users with memory loss, presenting choice is a challenge.
- Benchmarking must embrace the range and quality that a service delivers. This cannot be captured by quantitative measures alone.
- The main challenges from a diversity perspective include:
    - Language - English language training is now in good supply but there is the challenge regarding access for people and retention rates on courses, especially for a mobile workforce.
    - Literacy levels / general education.
    - Lack of understanding of how services work and will work, lack of clarity about advice – advocacy services are under developed – people are therefore at the whim of knowledge and understanding of a worker, area of residence.
    - Internet access.
    - Potential service users and services understanding their rights – eg access to translation or their right to working family tax credits and child care vouchers.

#### 4.4.3.1 Addressing challenges

***Commissioners said***

- Beacon authorities and their 3rd sector commissioning arrangements are interesting such as Birmingham. (SS)

***Providers said***

- We have moved to a system for measuring outcomes per activity undertaken. We measure by ten different criteria such as attendance, competence, awareness.
- Our organisation holds frequent staff discussions about Personalisation. The manager disseminates to staff any information he receives straight away so we are never left 'wondering what is going on'.
- We are considering offering brokerage. This would mean a change in our constitution.
- We need to put a variety of packages together that commissioners

might purchase. These include packages that statutory commissioners might purchase for non Personal Budget holders as well as those they might block purchase for Personal Budget holders…and packages that Personal Budget holders will want to access direct.

**Good practice:** We are preparing 'portfolios' or 'menus' of choice. These are being developed to give a range of programmes that then have a defined list of activities within them. Some programmes will be more expensive than others, but clients can see what they will receive per programme. We cannot 'start from scratch' with each customer but working up the portfolios enables us to 'show' what we can offer. *(Meridian East)*

**Good practice:** Spot purchasing meant we had to change our invoicing system so that 'attendance' automatically generates invoice details. This has reduced administration time for monthly invoicing considerably. *(Headway Gt Yarmouth)*

#### 4.4.4 What practical model(s) might be most effective in offering SDS and PCS when practically implemented across diverse beneficiary groups and what will be the impact on providers? (Objective 3)

***Commissioners said***

- Start with identified outcomes for service users at the centre. (SS)
- 'With' not 'unto' is the key phrase. (SS)
- A structure is necessary but it must be organic with room for organic structures to grow. It must not be so rigid that it cannot evolve with client centred findings and choice. (SS)
- A model must be more formalised than we have now, with clear expectations. (SS)
- Barnsley has developed a model for social services/ health joint working. Lincolnshire has worked across a geographical area, not just a sector. Bath, NE Somerset and Leicester have all undertaken contract changes within block contracts. (SS)
- Joint funding between Health and Social Services is an issue. (Health)
- We don't know at the moment. 'Staying in Control'[16] has also been struggling to get a health picture. It might be that we should just start doing it and 'suck it and see'. We need to pick up cases and see

[16] http://www.in-control.org.uk/site/INCO/Templates/GeneralChild.aspx?pageid=439&cc=GB

if we can build up a pathway from the individual. This will involve being honest with individuals and saying they are in the driving seat and we are all going to see where we are going. If we build up evidence from the individual up – and then see what this begins to look like, we will then be able to identify what is working to make into a model. (Health)

- A person may choose a smaller organisation, or an individual. Combining both in a network has not been addressed. (Health)
- A model must have interaction with providers and 'commissioning body' made up of organisations and service user groups that can address health and social care. Joint targets are key to this. (Housing)
- The ceasing of ring-fenced money allows potential for more tailored services. It has already allowed us to develop some services that cut across service boundaries. (Housing)

***SIOs said***

- The individual service user should be in the driving seat. They are the commissioner.
- A model must help organisations identify what they are and can offer. Many services have useful skills, provision they can offer but they haven't identified them.
- A worry is that implementation will be squeezing the life blood out of this process and private organisations will come in …and keep the individual dependent.

***Providers said***

- A multi agency strategic group (statutory, SIOs, 3rd sector) should develop a strategic plan and objectives. There needs to be clear guiding principles and formal sign up. From this a network could be connected of agencies delivering a practical response to the strategy. Feedback routes would be between the network and the strategic group.
- There must be a single point of contact that offers consistent information and advice that meets regularly.
- The model must have formal contact with commissioners. We are offering a regulated service and have oversight of provision with constant assessments to ensure needs are being met. The JSNA –Joint Strategic Needs Assessment may be appropriate.
- Not sure.
- We are developing a 'budget holding lead professional' model as the safest way of offering personalisation to children and young people.
- An operating model must have a building at its centre and then

outreach services flowing out from that secure base.

- A model should be 'menu' driven rather than 'buildings' driven.
- A 'cooperative' model of 3rd sector providers and statutory sector, with no intermediary umbrella organisation.

#### 4.4.4.1 Key relationships and structures in a proposed model

***Commissioners said***

- We must link with the 3rd sector in a forum, perhaps on a quarterly basis. (SS)
- Perhaps two key groups should contain representation from all other groups. This could then feed into Social Services with two-way feedback. (SS)
- Good dialogue between all parties. 'Partnerships and Commissioning' is currently looking at what the key partnerships we need to work with are and how to structure working with them. Users and carers must be at the centre. A body that is representative across the county is needed. This is a hugely complex area and communication must be clear. (SS)
- Social Services are currently working on a central directory that logs services and details. It was stressed that as it will take some time for Personalisation to establish itself, it is unrealistic to expect a comprehensive list in the short term. It might be helpful for SIOs to gather information for such an information point on behalf of voluntary agencies and feed details into a meeting point / forum with social services. (SS)
- Champions are needed who can take Personalisation and push it forward. (Health)
- 3rd sector agencies must ensure adequate representation on partnerships and boards. There may be an overarching organisation best placed to do this and feed back. (Health)
- There could be a destabilising market place so there is a need to work with people who understand what is occurring; there will be failures. (Health)
- Communication and dissemination is vital. This is a clear 3rd sector role. (Health)
- Good relationships with partner agencies and cooperative ways of working. (Housing)
- Improved relationships with Health. (Housing)

***Providers said***

- There needs to be more interaction with the statutory sector to

ensure information is passed down.

- There needs to be strong links with Social Services; they are significant for marketing!
- The Social Services liaison officer is important, but there is a long wait to see him.
- The top and bottom levels must not 'disconnect'.
- We would be happy to provide support through a development worker to a consortium.
- 'Mentoring' relationships between organisations who are successfully delivering aspects of Personalisation with those who need guidance.
- A way of discussing the market is needed perhaps by a consortium of local providers. There needs to be a way of avoiding competition with each other.
- We favour being part of a partnership within a model. We are a small organisation and have not got a national body behind us.

#### 4.4.4.2 SIOs and 3rd sector influence on strategic development

***Commissioners said***

- This review is helpful (SS)
- We need to know from them the operational reality and locality specific information. (SS)
- The Strategic Plan for 2009- 2014 is shortly to be published. It is recommended that agencies look at the strategy and ask 'what part of this could I deliver for NHS Norfolk in respect of Personalisation?' (Health)
- We can influence strategic development by showing relative savings to other sectors by adequately resourcing housing and housing support in a preventative agenda. (Housing)

***SIOs said***

- A partnership is required that brings leading SIOs together with lead statutory sector staff and has a route for information flow. A '3rd sector liaison' post is needed within the statutory sector to ensure thorough dissemination.

***Providers said***

- SIOs could have a useful negotiating and lobbying role.
- Individual organisations have not necessarily the time and resources to develop Personalisation plans. SIOs could help with this process.
- SIOs must pick up the key issues and disseminate. They should be a 'cascader' of information.

- SIOs could help with specific help such as:
    - Commissioning processes
    - Capacity planning
    - Training plans
    - HR issues
    - Legal advice
    - General advice
- SIOs and 3rd sector need to influence drawing up agreements on parameters of choice and independence.
- Strategic planning must know what is happening at an operating level.
- Umbrella organisations just put an extra tier in. There needs to be a direct link between the 3rd sector and the statutory sector.

#### 4.4.4.3 Impact of model on commissioners/ providers

***Commissioners said***

- We are currently working on a framework for how commissioning should work. We will share this with the 3rd sector when we have completed it. (SS)
- The client's review stage will be crucial for giving feedback to commissioners and providers. This must link with commissioning. Providers must aggregate review findings. (SS)
- There is the distinction to be made between commissioning and providing, as well as between contracting and strategy development. Key to get over is that funding streams are the decisions of commissioners and not providers …this is often misunderstood by the public. (Health)

***SIOs said***

- This is going too fast.
- Big providers are not always the best to deliver.

***Providers said***

- Commissioner roles are unclear. Ultimately in Personalisation they will not be required, but there will be a middle ground with commissioning underpinning some provision.
- We will have much more to do with commissioners and we need to show them that we can add something to a Service Level Agreement.
- Some providers will cease operating or amalgamate which is not necessarily a good thing. Providers may change their charity constitutions to secure funding.

- Survival of the fittest.
- If we are all in a competitive market place, the sharing of information may become contentious if future income depends on it!
- Organisations may be loath for a service user to 'move-on' as they will loose that person's budget as a consequence. This could lead to organisations holding service users against the thrust of Personalisation.

#### 4.4.4.4 Practical issues for beneficiary groups

***Commissioners said***

- It means everyone. Individuals might find it difficult but we must not expect that there will be some who cannot do this. (Health)
- Older People span several decades. Services cannot just be developed for the older end. (Health)
- It is not clear how far Health can go with Personal Budgets as market place issues are different for Health than Social Care. (Health)

***Providers said***

- All will benefit.
- Managing service user anxiety. The process must be as stress free as possible. It doesn't take much to make people anxious.
- Minority groups are very dependent on advocacy.
- Very severely disabled clients must have a base.
- Dementia care has mental capacity issues. Power of Attorney needs to be in place.
- Linking 'move-on' services to our service provision.
- It is quite likely that within Children & Young People's services that Tier 3 and 4 might be first in line for Personalisation. For example, in Norfolk Looked After Children numbers are high. A change of approach that might impact on this group would be very valuable. Teenage pregnancy would be another such group. (C&YP)
- We are developing a Gypsy and Traveller site for 8 families. Planning permission insisted on tight support that may be very rigid by Personalisation standards.
- I think some of our clients will just not understand that what they have perceived as 'free' they will now be 'paying for'.

#### 4.4.4.5 Monitoring and evaluation

***Commissioners said***

- This is not just personalisation via Personal Budgets but person centered work through robust organisations. (SS)
- We have an evaluation workbook that may be useful. This gives step by step guidance for developing robust structures for a service. Using this can help organisations to focus people on outcomes. If gives examples of how to evidence work. We encourage agencies to use this workbook. (SS)
- Currently of those older people offered Personal Budgets a control group is running of those who decide not to take it but remain in 'traditional' service provision. Numbers are relatively low to draw conclusions currently. Also, there are not many alternative services that older people could choose at the moment. (SS)
- There is not a detailed business plan with defined steps along the way. We are working on a 'benefit realisation plan' with managers indicating what we expect to see and when. (SS)
- Efficiency savings monitoring will be a measure for us. Although the budget won't reduce, we will expect more for the same money. For example, with Home Support contracts – we expect more hours for what we are paying thus making costs per hour reduce. (SS)
- Decisions we make might not be the best business sense. For example a bus provider may be delivering school children and then transporting individuals to social care arrangements. If we make decision to withdraw the social care arrangement– can they afford to do the school runs with the bus idle all day? (SS)
- Initially this will be qualitative, asking people how it is working. (SS)
- Benchmarking could be developed by agreeing on certain criteria and then having a measure of, for example, 1 - 4 for progress against time.
- Historically health has been poor at looking at outcomes. Mental health is not straightforward; 'recovery' for us is 'better able to cope with life'. Outcomes will be measured by the individual reporting that things are better, quality of life has increased and they are more in control. (Health)
- We are bidding for the Department of Health pilot which they will evaluate. (Health)
- We might consider 'planned moves' and their management as a measure. (Housing)

***SIOs said***

- Meeting Local Area Agreement (LAA) indicators – especially NI 7 will be tied in to evaluation.

***Providers said***

- We have no measures in place during this transition. We need more clarity before we can develop them as an organisation.
- Quality must be measured somehow and not just quantity.
- We will continue to use 'individual learning plans' to measure how clients perform against what was initially negotiated.
- Outcome driven planning could be evaluated by: time frameworks, reduction of incidence, stabilising of client and engagement with service. Organisations with 'revolving door' clients could measure length of time between 'revolving door' returns. A longer time before returning might indicate a successful outcome for the previous intervention.
- We currently use an 'emotional evidence scale' after interventions; this could be useful.
- 'Star' is being considered as an outcome measurement tool.
- We will monitor how many service users take up Personal Budgets after attending our service user led training sessions.
- There is already mistrust from clients when we carry out assessments with them. They are particularly anxious about the quantitative scoring in the 'mapping day service' part of the initial assessment. They reported that is was intrusive and did not capture mood swings that meant they might respond differently on different days.
- To save time organisations could usefully agree shared outcome monitoring arrangements. We need to know in advance if we must use a standard format.
- User groups will be the main monitoring source; as long as they are representative of communities.

**Good practice:** Our organisation matches 'health volunteers' to individuals with health needs. We train the volunteers via the professional (eg physiotherapist) for the task required (eg helping with post operation exercises) for a particular individual. We find this is time efficient and means that the care is tailor made for the individual. It also means that if that volunteer moves on – we have not invested heavily in training them.

*(Voluntary Norfolk)*

**Good practice:** We will as an organisation set a target for the number of customers we want to work with, based on an average per capita value. Results will then be measured against those set targets and we will seek to grow, based on these calculations.

*(Meridian East)*

### 4.4.5 What are the implications on the workforce and skills across the provider base in delivering outcomes sought through PCS? (Objective 4)

***Commissioners said***

- Equipping managers to cope with this change in the statutory and 3rd sector is vital. (SS)
- The Assessment and Care Management Review clearly shows that a changing care workforce is required with new skills and competencies. (SS)
- Personalisation Development Workers are key as they go out with social workers on first visits and assist with explanations. (SS)
- There will be an increased need for personal assistants. We are putting a specification together to have a register of personal assistants. This will include those willing to work at short notice and for cover. It will also state training opportunities for Personal Assistants and their employers. (SS)
- Service users can request who they want to undertake an assessment – some will request a social worker. (SS)
- The clinician will be an equal partner in a Personalisation relationship. The 3rd sector is much better at this. (Health)
- Advocacy and brokerage skills will be required; the 3rd sector is well placed to deliver these. (Health)

***SIOs said***

- Services for Children and Young People under Personalisation must be from a 'preferred providers' list to ensure safeguarding.
- Front line staff from private agencies will not necessarily have professional qualifications and will care using whatever skills they have. This could return us to paternalism.
- Skills are needed for marketing, finance especially unit costing.

***Providers said***

- Our existing values align closely with Personalisation and

Transformation so our staff will not have a cultural shift to make.

- A customer centred approach will be required – this is already our central value so implications will be on practical delivery.
- If transitional funding is not available in the interim, we cannot start employing staff in new roles in the hope that work for them will come in the next day.
- The main implication will be for business planning.
- This will open up avenues for private sector work.
- Clients will require much more one-to-one working. This may alter how we resource our work. It will require further training.
- Staff need the time and skills to manage the anxiety of their service users.
- The role of the social worker is critical. A paper is being written (SS and ILN) that defines roles and clarifies who is doing what.
- There will be a shift to significant amounts of outreach work.
- 'Customer service' is what the private sector train in as part of best practice. Maybe we could adopt this. National Vocational Qualifications (NVQs) in customer care.
- Our clients with very high level needs will need us to think carefully about how we offer choice. For example, we may need to develop menus of choice with symbols to represent activities.
- Pilot findings (from the In Control Learning Difficulties pilot and Department of Health Mental Health pilot) reported that shifting to 'outcome focused' care planning led by the user had been a challenge for staff.
- Encouraging staff to engage is currently and will be through presentations and training, staff meetings and continual updates from management.
- We would like to develop our day service staff who are skilled and could achieve more.
- Team work is very important in our organisation: quality assurance (QA), supervision, training and peer support. Diminishing teams will threaten this way of working.
- We think we could offer a service of 'recruiting' staff for clients and dealing with insurance, payments etc.
- Volunteers in our organisation may not be willing to stay when they realise service users are arriving with budgets.
- Once service users started to arrive with budgets, some of our staff left. I had to stress this money is and always had been Social Services money.

- Because we will be a commercial business, staff need to understand that clients may not always want our services as they have before; this may be difficult for some to accept.

#### 4.4.5.1 Increasing understanding of equality issues

***Commissioners said***

- With community meals for example, the choice is 'hot' or 'cold'. This is not an ethnically varied choice! (SS)
- Personalisation can become a service not an ethos. This would mean we are no better off than where we are already. If it is an ethos it will advance equality. (Health)
- Translation support must match individual needs. (Health)
- Personalisation allows for equality based services to develop more than they have in the past. The new Quality Assessment Framework supports this. (Housing)

***SIOs said***

- Services that just a small number of people use may find it difficult to survive.

***Providers said***

- If Personalisation is going to deliver truly individual support – training is necessary on cultural understanding.
- This is a continuation of how we already work.
- There needs to be greater sensitivity that there is a diverse community in Norfolk with different life expectations. If 'respect' increases for individual's expectations, perceptions of community cohesion will increase.
- Through training.
- Community consultation.

#### 4.4.5.2 Changing roles and specific skills required

***Commissioners said***

- Many assessments are not complex and staff other than social workers (assistant practitioners) could undertake aspects of these, leaving social workers to concentrate on other roles. Social worker roles will become more facilitative. (SS)
- Social worker roles will have safeguarding at the centre. To date this has been part of a Service Level Agreement (SLA) but now it will be part of the early stages of building up a care plan. (SS)
- The re-learning and re-enforcing of negotiating skills that social workers traditionally held will be important. (SS)

- Pilot in the Western locality showed that there needed to be an increase in the role of Disability Development Workers to assist users accessing support. The West proposed that they could be part of an outreach team. (SS)

***Providers said***

- Skills are needed that help a client identify what they need, rather than just prescribing a service.
- Skills will probably remain the same. It is the understanding behind what is delivered through Personalisation that needs the training.
- Finance staff will need to be able to generate and process a potentially considerable number of invoices per month.
- Staff will be required with a flexible approach to working hours/ days to meet the requirements of clients.
- There will be more outreach based roles.
- Outreach work is quite different from building based work. Staff cannot automatically switch over. Boundaries and confidentiality has to be handled quite differently. In addition there are issues about lone working, knowledge base and experience of working with diverse people.
- Staff retention may be an issue if there is financial uncertainty. As it is we frequently lose staff to the statutory sector once we have trained them. We can never offer job security.
- There may well be an increase in lone working. Personalisation for the worker could potentially be quite isolating with less opportunity for peer-led support if what service users want is an increase in personal assistant support.
- Our new Chief Executive role was designed to have responsibility for Personalisation.
- Tutors might take on a broader responsibility for the client than hitherto.
- Staff with marketing roles will be required.
- We need trustees with marketing knowledge.
- We can offer training to other organisations.

# 5.0 DEVELOPING A MODEL

Two models were developed based on evidence from the mapping findings and discussions with stakeholders. It must be stressed that neither model is set in stone, but rather they both offer frameworks for understanding the dynamic relationships needed to make Personalisation a reality, together with suggestions for making that reality operational.

## 5.1 Points to note when developing a model

Whilst developing the models, the following points were kept in mind:

- A model must be:
    - Practical and operational
    - Transparent in its workings
    - Responsive
    - Dynamic
    - Accountable
- In Personalisation, the service user is at the centre of decision making about their care and support. Any model must echo this and be relevant for diverse groups of the community.
- A model must aim to support real life choices by dynamic structures and not dictate choices by a fixed framework. A model must be constantly adaptable to change.
- Personalisation is an enormous learning experience for all who are involved; a model must allow for all key players to be reflexive and question their functions and actions constantly.
- Each stakeholder group will have their own 'self interest'. This is to be accepted, but it must be in the context of Personalisation.

## 5.2 Useful background documents

In Norfolk, the most work and strongest engagement with the Personalisation Agenda has been in the main, from disability groups. Whilst they have developed ideas that are 'disability specific', much of the work can be generally applied. Two 'disability specific' documents provided useful background for this reason. *The Joint Commissioning Strategy for People with Physical and Sensory Impairments in Norfolk*[17] gives seven principles that make a valuable basis for a model. They have been adapted below to be applicable to all service users. The seven principles are:

[17] Norfolk Adult Social Services (2008) **Summary Joint Commissioning Strategy for People with Physical and Sensory Impairments in Norfolk 2008-13, Principles, Objectives, Outcomes, Proposals** www.norfolk.gov.uk/adultsocialservices

**Social model understanding:** The understanding that people are 'disabled' by, in many cases, being treated less favourably because of having an impairment or support needs.

**Promotion of independent living:** Everyone being given opportunity to maximise choice in how to live.

**Transparency:** All discussions, decisions, etc. being fully open to public scrutiny.

**Accessibility:** Commissioning processes are defined and discussed in plain (non-jargon) language. As a matter of course, all documents are available in alternative formats and when demanded in different languages

**Co-production:** Commissioning always carried out with the full participation of representatives of those with support needs, their families and carers

**Outcome-based approach:** Focus not on activities but on results people want for themselves

**Human rights as set out in the UN Convention:** Equality and full social inclusion

The second useful document is entitled *'To go in a hot air balloon'*[18] by the Norfolk Coalition of Disabled People and reports on the aspirations of service users. It includes 'hard to reach' groups. Appendix 3 gives a summary of the findings and recommendations.

### 5.3 Two models

The evidence from findings and discussions with stakeholders led to the development of two models.

**Model 1:** The ideal - exploration of Personalisation by service users

**Model 2:** The practical response - Personalisation: aims and key stakeholders

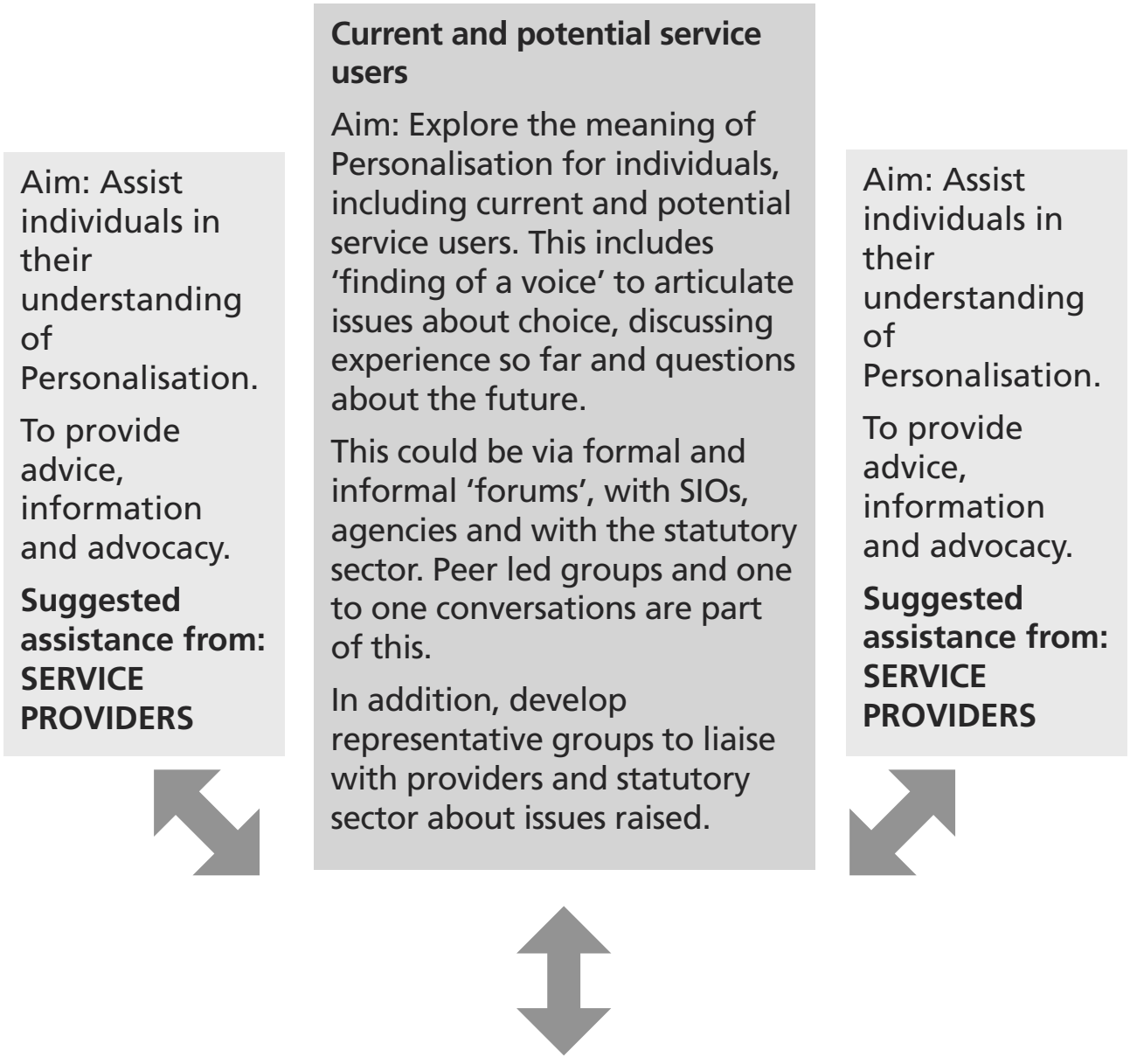
Whilst it was expected that one model would be developed, it quickly became clear that a key issue was how it could enable a wide range of current and potential service users to explore and understand Personalisation. Historically, this group has not had a voice or been viewed as 'citizens' The journey from such a starting point to one where service users feel they can articulate their needs and have increased control of their own lives is a long one as it is about embracing life as equal members of society.

[18] Norfolk Coalition of Disabled People, ed Albert, B. (Feb 2009) **To go in a hot air balloon – the Aspirations of Disabled People in Norfolk 2008/09**. A social action research project carried out by the NCODP

In view of this, model 1 focuses on developing service user exploration and understanding, that then leads on to model 2.

### 5.3.1 Model 1: The ideal - exploration of Personalisation by service users

This model acknowledges that 'ideally', time should be invested in allowing individuals including current and potential service users the chance to develop an understanding of the concepts behind Personalisation. Thus, there is one component part, 'service users' with agencies assisting but not leading their exploration.



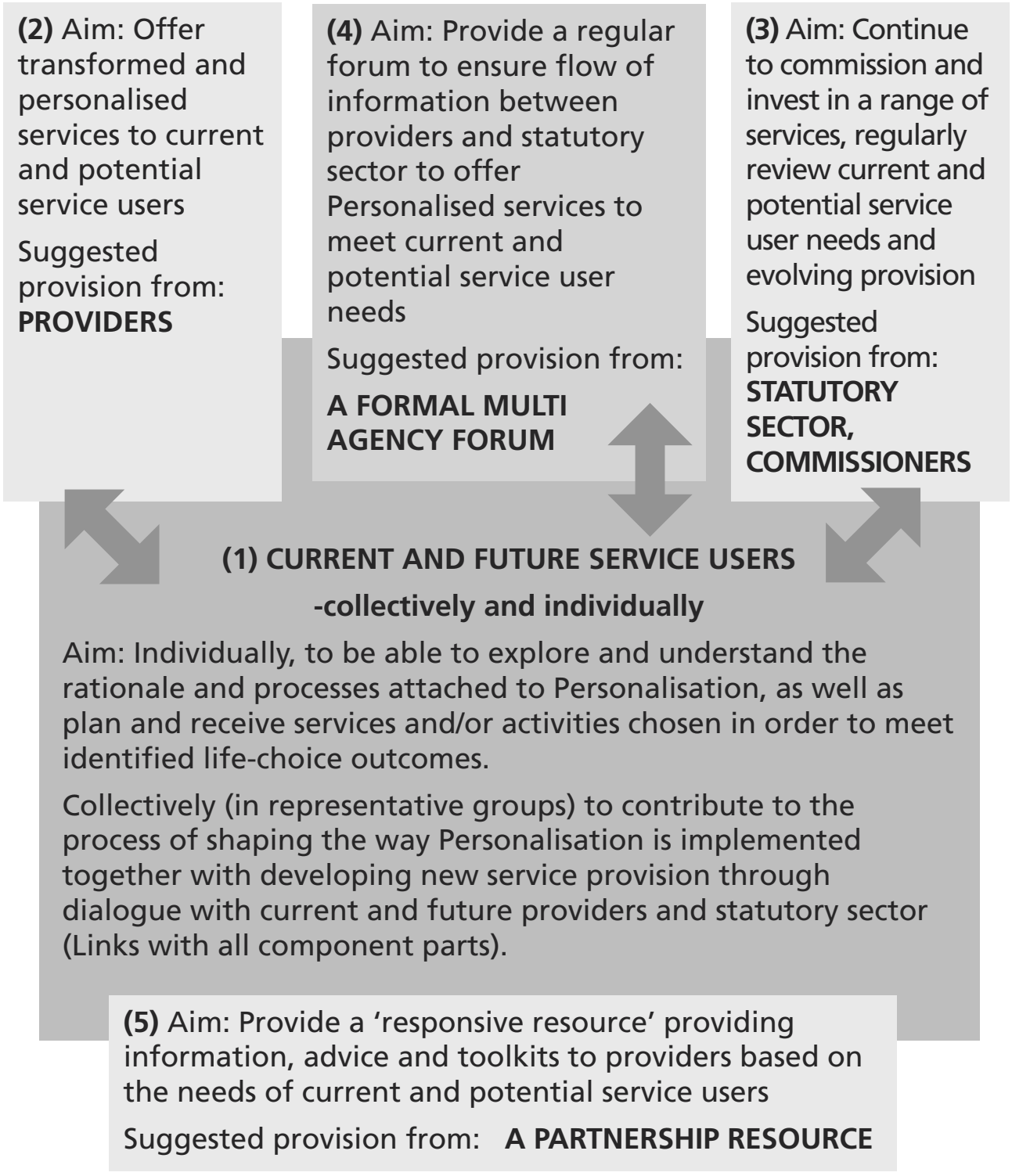

This model then 'evolves' to Model 2

### 5.3.2 Model 2: The practical response – Personalisation: aims and key stakeholders

Unfortunately, the exploration of equality and choice through Personalisation is compromised by time constraints. Model 2 is therefore 'the practical response' to current reality. It shows key component parts of Personalisation by 'aim' and suggests key stakeholders who could fulfil

that aim. Some additional details are listed after the diagram, explaining the model further.

**Model 2**: **The practical response - Personalisation: aims and key stakeholders**




**KEY:** *Number in brackets refers to further details overleaf.* ***'Aim':*** *The function of each component part.* ***'Suggested provision from':*** *There may be several key stakeholders who could contribute towards the 'aim'. A suggestion is therefore given.*

### 5.3.2.1 Details relating to Model 2

This section explains further each component part or 'box' in Model 2. The number in brackets refers to the number in the model.

**(1) Service users**

**Aim / function of this component:** Current and potential service users wherever possible are able to understand the rationale and processes attached to Personalisation, and are able to plan and receive the services chosen, to meet their identified support outcomes.

Current and potential service users are given opportunity to raise anxieties about current and future support with staff who can give relevant information and pass issues on to relevant bodies.

Current and potential service users contribute to the process of developing new service provision through dialogue with current and future providers and statutory sector.

*The Service User box is symbolically and in reality the most significant part of the model. This is because service users must be at the centre of any framework for Personalisation: they are the new commissioners.*

**Actions include:** 'Finding a voice'; vital if current and future service users are to exercise choice regarding service provision. This may be through formal service user groups and informal and formal discussion with representatives from the other component parts.

Linking where appropriate with all component parts to ensure that Personalisation constantly responds to service user needs at all stages of planning, development and delivery.

**(2) Aim / function of this component:** To offer transformed and personalised services to current and potential service users.

**Actions include:** Developing service user groups within provider agencies to ensure service user voices can be heard.

Disseminating information to service users to enable discussion on issues arising.

Commencing areas of work in component parts in boxes (5a,b,c,d,e,f), with the support of the Partnership Resource where appropriate.

Ensuring representation on the multi-agency forum (4).

Forwarding when appropriate up dated details to the Marketing Directory (5e).

**Suggested provision from:** Providers / Statutory Sector

**(3) Aim / function of this component:** To continue to commission and invest in a range of services - some services by block contracts, spot purchasing and grants.

To regularly review current and potential service user need, evolving provision and feedback data from the multi agency forum (4).

**Actions include:** Continuing to commission some services directly. The document 'Third Sector Guide for Public Sector Commissioning in Norfolk'[19] is a useful reference manual.

Undertaking ongoing mapping assessments of service user need and provision available.

**Suggested provision from:** Statutory Sector

**(4) Aim / function of this component:** To provide a regular and formal forum to ensure flow of information between providers and statutory sector in order to offer Personalised services to meet current and potential service user needs.

**Actions include:** Offering a 'transparent' single point of contact for information dissemination both into and out of the forum from providers and the statutory sector.

This might be a useful point to ensure that providers and the statutory sector can share information regarding how well Norfolk is covered for different types of provision; this would stop agencies developing services that were already successfully being provided by others.

A quarterly Social Services / SIO partnership group began operating on 1st April 2009; it is hoped that this group can usefully develop to meet the function stated in the model.

**Suggested provision from:** Formal multi agency forum

[19] Collen, C & Clapham, J. (July 2008) **Third Sector Guide for Public Sector Commissioning in Norfolk**, Produced on behalf of the VCS LAA Reference Group http://www.voluntarynorfolk.org.uk/thirdsectorguide.php

**(5) Aim / function of this component:** To be a *responsive* resource providing information, advice and toolkits to providers, based on needs of current and potential service users that will inform service development.

**Actions include:** Providing support to agencies making changes to their services in response to Personalisation.

Ensuring that all support development is contributed to by current and future service users.

Ensuring that the resource meets the needs of a diverse population. Access to resources includes providing alternatives to web-based formats.

This resource maybe based in a building and / or be a 'virtual' resource. It will need some allocated staff to assist in the building up and disseminating of resources.

**Suggested provision from:** Partnership Resource

*The Partnership Resource needs to address certain key areas. The ones highlighted were repeatedly suggested by interviewees during the mapping exercise:*

**(5a) Business Development**

**Aim / function of this component:** To provide assistance to enable agencies to develop services to a standard and format that supports Personalisation.

To provide assistance to enable agencies to evaluate what provision they can offer to service users not eligible for Personal Budgets.

**Actions include:** Developing a business framework that addresses areas such as capacity planning, new ways of working, setting targets, marketing and advertising.

Linking in with the Partnership Resource to access other resources.

All aspects of development must indicate evidence of person-centred working that meets the need of a diverse population.

*Some agencies may develop this as a new role to offer to other agencies.*

**(5b) Training**

**Aim / function of this component:** To provide assistance to enable agencies and service users to provide training in issues regarding Personalisation.

**Actions include:** Developing a set of training resources that address training needs of service users and providers regarding Personalisation processes and ways of working.

Resources must be flexible enough to meet the needs of a diverse population and styles of learning.

*Some agencies may develop this as a new role to offer to other agencies.*

**(5c) Evaluation**

**Aim / function of this component:** To provide assistance to enable agencies and service users to monitor and evaluate provision against agreed quality assurance standards. (This will include provision for Personal Budget holders and non Personal Budget holders)

**Actions include:** Agreeing benchmarking and quality assurance standards for agencies to use for evaluation and monitoring. These will be necessary for:

1. Providers to monitor an individual's progress against their agreed outcomes.

2. Providers to monitor the implementation of Personalised services including impact assessments.

3. Service users to evaluate service provision.

In addition, it is necessary to link evaluation and monitoring with structures that the statutory sector may develop. These will need to take into account evaluating 'hidden voices' who may be potential service users.

Quality assurance (QA) processes whilst part of evaluation, also run through all component parts. For example, the directory of services will need an agreed threshold for service standards.

Norfolk Social Services have produced a 'Monitoring and Evaluation' workbook. This is a useful starting point for evaluating whether an agency is effectively meeting the needs of service users[20].

*Some agencies may develop this as a new role to offer to other agencies.*

[20] Norfolk Adult Social Services (2006) **Monitoring and Evaluation – The Norfolk Workbook.** Norfolk County Council. Tel 01603 223159 for copies or email evaluationworkbook@norfolk.gov.uk

**(5d) Finance**

**Aim / function of this component:** To provide assistance to enable agencies to develop financial structures and processes necessary for Personalisation.

To provide assistance to enable agencies to develop financial structures and processes for non Personal Budget holding service users.

**Actions include:** Developing systems (IT) for unit costing, capacity planning and invoicing.

This is closely aligned with Business Planning.

*Some agencies may develop this as a new role to offer to other agencies.*

**(5e) Marketing Directory**

**Aim / function of this component:** To provide a comprehensive directory of agencies / individuals in Norfolk that deliver Personalised services and have passed an agreed quality assurance 'vetting' procedure.

**Actions include:** Agreeing quality assurance measures for acceptance into the directory.

Agreeing mechanisms for constantly updating information

Exploring using service user comments as part of the QA process.

Ensuring that the directory is available in a variety of formats and accessible to the diverse population of Norfolk.

A new 'front door' information service for Adult Social Services (ASS Assessment and Care Management Review) is being designed; this needs to link with this part of the model.

*Adult Social Services state that they intend to be responsible for this resource*.

**(5f) Good Practice**

**Aim / function of this component:** To provide a single point whereby agencies and service users can log details of good practice that can then be shared with others.

**Actions include:** Agreeing what constitutes good practice.

Agreeing mechanisms for sharing good practice.

(The issue was raised during mapping about sharing good practice in a competitive market).

*Some agencies may develop this as a new role to offer to other agencies.*

# 6.0 RECOMMENDATIONS: MAKING THE MODEL REAL

Whilst the models must have the capacity to constantly evolve, it is useful to have an idea of key steps to take to ensure that the statutory sector, specific infrastructure organisations, providers and current and potential service users can work together to ensure positive outcomes for service users.

This section uses the mapping findings and models to identify key steps. Extensive details of each step are not proposed as it is important that all stakeholders contribute to the mechanisms required.

## 6.1 Key steps to implementing the Personalisation models

### 1 Clarification of roles

**Reason:** Currently, a number of new Personalisation-specific roles have had funding agreed and will be operational by the summer 2009. This includes roles within the statutory sector. It is important that all agencies know what these roles are, and what work will be undertaken within them to avoid any duplication of tasks.

All parties must be accountable to each other if trust and commitment is to be established and maintained. This means that each component part must have transparent methods of working.

**Responsibility:** All stakeholders, including:

**Statutory sector:** Clarify new roles and inform all stakeholders, plus what actions existing staff will cover re Personalisation.

**SIOs:** Clarify roles that could be taken on ensuring there is no duplication between SIOs.

**Providers:** Clarify in-house roles for forwarding Personalisation within agencies.

**Service users:** Form new and maintain and increase existing service user groups, with the assistance of other stakeholders if and when required.

A formal multi agency forum could assist with this.

### 2 Clarification of priority tasks

**Reason:** The findings of this report and proposed models show the key players necessary for Personalisation to progress in Norfolk. Alongside the need for clarity regarding new roles, it is necessary for all players to be clear about what are priority tasks to undertake.

**Responsibility:** All stakeholders, including:

**Statutory sector**: Draw up priority tasks and milestones where

relevant, with indication of links with provider progress.

**SIOs:** Draw up priority tasks and milestones where relevant, with indication of links with provider progress.

**Providers:** Draw up in-house plans for priority tasks as well as link with planning from statutory sector and SIOs where relevant.

**Service users:** Agree what information and discussion is needed first and what individuals/agencies can help with this.

A formal multi agency forum could usefully indicate prioritised tasks in consultation with all stakeholders; this could then feed into the Partnership Resource.

**3 Development of service user groups**

**Reason:** Current and potential service users are central to Personalisation. In the first model, service users were given time to explore the meaning of equality and choice. The reality is, however, that there is limited time to provide this. Existing and new service user groups are therefore vital if Personalisation is to keep to its key concept of service users being at the centre.

So far, six ongoing forums for disabled people and their families have been set up around the county. Representatives from each group meet as an official advisory body on Personalisation with Norfolk Adult Social Service

Such work is dependent on:

- Service user groups being part of each Provider's service, with overarching groups provided by SIOs eg NCODP.
- Service user groups being available at times and locations to suit a diverse population.
- Service user dialogue and discussion being creative to ensure that as many service users as possible can have a part.
- Effort channelled into increasing service user participation by making groups 'worthwhile'.
- Groups having formal feedback routes to other component parts of the model. A formal multi agency forum may be a useful channel.

**Responsibility:** All stakeholders must ensure that the development and maintenance of service user groups occurs. This includes:

**Statutory sector:** User group comments must reach the statutory sector and be responded to.

**SIOs:** Some SIOs may provide service user group structures for a number of agencies. Feedback to the statutory sector and providers is necessary.

**Providers:** Ensure that service users have formal and informal mechanisms for engaging in discussion via groups, forums and one to one. This includes peer led discussion and facilitated discussion where relevant. Providers should respond to, not dictate, the groups' agendas.

**Service users:** Work with stakeholders to ensure effective forums are available that are arranged for useful times with adequate access arrangements in place.

**4 Development of dialogue with potential service users; 'hidden voices'**

**Reason:** There is a shared acknowledgement that there are a significant number of individuals who are:

- Eligible for statutory funding for social care, but are not known to the Statutory Sector.
- Not eligible but have needs that might be addressed by current or future Providers.
- Using services currently but will not be eligible for Personal Budgets. This may be because of issues of diversity including ethnicity, education and area of residence.
- To ensure that Personalisation is equitable throughout Norfolk, work needs to be undertaken to engage such groups.

**Responsibility:** All stakeholder groups including:

**Statutory sector**: Strategically plan and undertake work to reach identified 'hidden voices'. This may need particular agencies to be commissioned who have strong links with particular communities.

**SIOs:** Undertake work to reach and engage with 'hidden voices'.

**Providers:** Ensure that users of services who will probably not be eligible for Personal Budgets are given forums for discussion with encouragement to attend.

**Service users:** Where possible, encourage 'hidden voices' known to themselves to be part of fora and individual conversations with statutory sector work, SIOs and providers.

The Formal multi agency forum needs to ensure that this work is highlighted. It is also the responsibility of all stakeholders.

**5 Development of a Partnership Resource**

**Reason:** The mapping exercise reported that many agencies either had not begun tasks associated with Personalisation, for example unit costing. This resource therefore is required to enable a significant number of agencies to move forward.

**Responsibility:** All stakeholders including:

**Statutory sector:** Ensure that relevant staff link with the resource and assist where possible.

**SIOs:** An SIO may be responsible for the resource, otherwise ensure that links are made with action promised where relevant to develop resources as required according to provider and service user need.

**Providers:** A provider may be responsible for the resource, otherwise link with the resource with feedback about resources needed and what can be contributed.

**Service users:** Ensure that resources are based on service user need.

### 6 Agreement on structures for flow of information

**Reason:** Personalisation involves information on progress passing between various sources from Central Government to the Statutory Sector to Providers and service users.

It is important that effective routes for information flow are identified and formalised and publicised to all relevant parties.

Included in this should be information about LAA indicators and progress towards meeting them. (See Appendix 3 for relevant indictors)

**Responsibility**: All stakeholders including:

**Statutory sector**: Must have robust two way communication routes between themselves and SIOs, providers, service user groups and 'hidden voices' where relevant. Adult Social Services will be responsible for the directory of services as part of their 'front door' work. This must have the ability to be quickly updated and available in a variety of formats.

**SIOs:** Must have robust two way communication routes between themselves, statutory sector, providers, service users and 'hidden voices' where relevant.

**Providers:** Must have robust two way communication routes between themselves, statutory sector, SIOs, service users and 'hidden voices' where relevant.

**Service users:** Must have robust two-way communication routes between themselves, statutory sector, SIOs and providers.

# 7.0 CONCLUSION

This summary is based on evidence from a wide range of stakeholders in Norfolk. It gives a picture of current understanding and progress as well as a framework for meeting the challenges ahead.

It cannot be emphasised strongly enough, however, that Personalisation is a dynamic process. This report – especially the models, may soon evolve into something different. Only one thing is certain and that is that central to Personalisation is the service user. It is the responsibility of all other stakeholders to be committed in a practical as well as strategic way to ensure that this is so.

# REFERENCES

**National documents and websites**


- For extensive details see:

  www.in-control.org.uk

  www.toolkit.personalisation.org.uk

- HM Treasury, dti and Home Office (2005) **Exploring the Role of the Third Sector in public service reform** The Stationery Office (article on NVCO website http://www.ncvo-vol.org.uk/policy/values/index.asp?id=2761 )
- Social Care and Institute for Excellence (2008) **Personalisation: a rough guide. Adult services report 20**. London. www.scie.org.uk
- Department of Health (2007) **Putting People First: a shared vision and commitment to the transformation of Adult Social Care** www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118
- Department of Health (2008) **Evaluation of the Individual Budgets Pilot Programme, Summary Report** www.york.ac.uk/spru
- Communities and Local Government (July 2008) **QAF Refresh Pilot, Supporting People** www.spkweb.org.uk/Subjects/Quality_and_monitoring/Quality+assessment+framework+-+original/QAF+Refresh+Pilot.htm
- Department of Health, Department for Education and Skills (Sept 2004) **National service framework for children, young people and maternity services: Executive summary**. London www.everychildmatters.gov.uk/deliveringservices/multiagencyworking/glossary/?asset=glossary&id=22520
- Department of Health (2009) I**ntegrated Care Network: Transforming Community Services** www.incontrol.org.uk/site/INCO/Templates/GeneralChild.aspx?pageid=439&cc=GB

**Norfolk based documents:**

- Norfolk Adult Social Services (2008) **Summary Joint Commissioning Strategy for People with Physical and Sensory Impairments in Norfolk 2008-13, Principles, Objectives, Outcomes, Proposals** www.norfolk.gov.uk/adultsocialservices
- Norfolk Adult Social Services (2006) **Monitoring and Evaluation – The Norfolk Workbook.** Norfolk County Council Tel 01603 223159 or evaluationworkbook@norfolk.gov.uk
- Norfolk Coalition of Disabled People, ed Albert, B. (Feb 2009) **To go in a hot air balloon – the Aspirations of Disabled People in Norfolk 2008/09. A social action research project carried out by the NCODP** www.ncodp.org.uk
- Collen, C & Clapham, J. (July 2008) **Third Sector Guide for Public Sector Commissioning in Norfolk**, Produced on behalf of the VCS LAA Reference Group www.voluntarynorfolk.org.uk/thirdsectorguide.php

The following documents have been produced as part of this project and can be found at: www.space-east.org

- Norfolk VCS Specialist Partnership, Shirley Magilton (March 2009) **The transformation of social care: the impact on and role of Third Sector services in Norfolk, Mapping Findings**
- Norfolk VCS Specialist Partnership, Shirley Magilton (May 2009) **The transformation of support and social care: the impact on and role of Third Sector services in Norfolk, Final Report**
- Norfolk VCS Specialist Partnership, Shirley Magilton (March 2009) **The transformation of social care: the impact on and role of Third Sector services in Norfolk, Questionnaire Pack**

# Appendix 1

**Appendix 1: Project phases**

**1. Review**

- Review of local and national documents on Transformation
- Benchmark the impact of Transformation in other parts of the country
- Production of 'summary review' of key issues arising

(January/ February 2009)

**2. Map**

Mapping of current situation in Norfolk:

- Current levels of understanding of transformation from providers and client groups (inc hidden voices)
- Progress with roll out of transformation agenda (eg workforce skills evaluation, managerial, operational)

Analysis of findings

- Comparison with statutory sector progress and methods used

(February 2009)

**3. Develop**

- Development of a practical model that answers project objectives and can identify:
- Ways that organisations can work together to influence strategic direction with structure for ongoing engagement
- Key relationships and structures across programmes already running and set up mechanisms for feedback and dialogue
- Ways providers can work cooperatively to ensure best for client groups
- Plans to increase awareness with specialist providers, members and client groups
- Where VCS Specialist Partnership should be positioned within ASCD Personalisation Partnership
- Evaluation and monitoring procedures to measure impact of transformation on organisations and service users

(March 2009)

**5. Report**

- Review of national context including explanation of Personalisation Agenda
- Review of local context
- Mapping of current situation: key findings and implications
- Proposed model with identified strategic and operational implementation details
- Plans for continued engagement, ownership and development of model among stakeholders and positioning of VCS in Personalisation Partnership.
- Dissemination of findings locally and nationally
- Recommendations for stepped operational implementation (that will lead into next stage of work)

(May 2009)

# Appendix 2

**Appendix 2: Mapping interviews undertaken**

Please note that although agencies have been categorised by sector, many overlap with several sectors.

**Key for questionnaires used:**

**Q1** = Commissioners / key staff

**Q2** = SIOs (Specialist Infrastructure Organisations)

**Q3** = Providers

**Q4** = Current service users

**Q5** = Potential service users (hidden voices)

| SECTOR / ORGANISATION | STAKEHOLDER GROUPS / QUESTIONNAIRES USED | | | | |
|---|---|---|---|---|---|
| | **Q1** | **Q2** | **Q3** | **Q4** | **Q5** |
| **Housing providers** | | | | | |
| Supporting People | | | x | | |
| SP Provider Elected Panel | | | x | | |
| Space East: 'Anticipate' Event | | x | x | | |
| Broadland Housing | | | x | | |
| Flagship Housing | | | x | | |
| Stonham Homestay | | | | x | x |
| **Mental health providers** | | | | | |
| Mental Health Providers Forum | | | x | | |
| Julian Housing | | | x | | |
| MIND Gt Yarmouth | | | x | | |
| MIND W. Norfolk | | | x | | |
| Rethink | | | x | x | x |
| **Physical & sensory impairment** | | | | | |
| Norfolk Coalition of Disabled People | | x | | x | |
| Headway Gt Yarmouth | | | x | x | |
| Centre 81 | | | x | | |
| Action for Blind People | | | | x | x |
| N&N Association for the Blind | | | | x | x |

| | Q1 | Q2 | Q3 | Q4 | Q5 |
|---|---|---|---|---|---|
| **Learning disability / difficulty** | | | | | |
| People First | | | x | | |
| BUILD | | | x | | |
| **Health** | | | | | |
| Norfolk Drug & Alcohol Action Team | | | | x | x |
| Voluntary Norfolk | | | x | | |
| **Employment / training** | | | | | |
| Meridian East | | | x | | |
| **Older people** | | | | | |
| Age Concern Norfolk | | | x | | |
| **Children and young people** | | | | | |
| Break | | | x | | |
| Benjamin Foundation | | | x | | |
| **Multi agency / other** | | | | | |
| DIAL | | | x | | |
| Community Music East | | | x | | |
| Voluntary Norfolk | | | x | | |
| Crossroads | | | x | | |
| Ormiston Children & Families Trust | | | x | | |
| **BME** | | | | | |
| Norfolk & Norwich Race Equality Council | | | x | | |
| County Strategic Partnership | | | x | | |
| **Statutory sector: health** | | | | | |
| NHS Norfolk (Health) | x | | | | |
| NHS Norfolk (Mental Health) | x | | | | |
| **Statutory sector: adult social services** | | | | | |
| Day Service Review | x | | | | |
| Community Care Services | x | | | | |
| Personal Budgets | x | | | | |
| Transformation Programme | x | | | | |
| Commissioning and Transform. | x | | | | |
| Commissioning | x | | | | |

**Background interviews:** In addition to agencies listed in the previous table, 'background' interviews took place with staff identified as having experience and knowledge relevant to this work. A spokesperson from the following agencies was interviewed:

- Age Concern Norfolk
- Dept Health and Social Care Team, East of England (Putting People First Team)
- Gt Yarmouth Community Connections
- Independent Living, Norfolk
- Norfolk Coalition of Disabled People
- Norfolk Council for Voluntary Youth Services
- Norfolk Race Equality Council
- Norfolk Social Services

# Appendix 3

**Appendix 3: NCODP: 'To go in a hot air balloon' The Aspirations of Disabled People in Norfolk 2008/09**

**Findings included:**

1. Disabled people wanted the same things out of their lives as non-disabled people.
2. People value independence and control over their own lives.
3. People value peer support.
4. People want to be socially active.
5. Lack of physical access was a major concern.
6. Many disabled people felt socially isolated.
7. Negative public attitudes were a big issue.
8. Being unable to find work was extremely frustrating.
9. Financial hardship was a major problem for many.
10. People said good things about health and social care but also had many problems
11. Some people fear losing independence.
12. There is discrepancy between disabled people's priorities and those ascribed to them by professionals.
13. There is too much pressure on family carers.
14. Access to information can be very problematic.
15. There is ignorance and prejudice surrounding Gypsy culture and their lifestyle choices.
16. People from Gypsy communities may not access any help for fear that this means they have to settle or that they will be at the mercy of officials.
17. Some homeless disabled people are only seen at points of crises, usually hospitalization, when they are picked up by social workers.

**Recommendations included the following:**

- Services need to be flexible and provide ongoing support.
- Services need to take a more holistic approach to individual's needs, cultures and chosen lifestyles.
- The 'postcode lottery' system needs to be addressed as does the way people receive advice and information.
- People should not have to go searching for suitable, accessible

information; it should be available from a great variety of sources.

- Service providers need to respect and have a better understanding of the different cultures, family roles and responsibilities disabled people have.
- The negative attitudes of the public and service providers need to change, alongside a more rigid enforcement of discrimination legislation.
- Information, knowledge and expertise must be shared across the board in the recognition that disabled people belong to all cultures and lifestyles.
- The Joint Commissioning Board do all they can to ensure that structures, policies and procedures are put in place so that the needs and voices of disabled people are explicitly recognised and heard within the many projects and initiatives running and being planned for BME groups and Gypsy and Traveller communities.
- That to help achieve the above, funding and support is made available for the capacity building of representative groups led by disabled people within these communities.
- That the Joint Commissioning Board employs some of the disabled people involved in this project in order to deliver on the commitment to ongoing service-user involvement as set out in Proposals 4 and 6 of their Commissioning Strategy.

# Appendix 4

**Appendix 4: Relevant Local Area Agreement indicators**

Indicators: Local Area Agreement (LAA) indicators contain several that are relevant to Personalisation. These include:

| | |
|---|---|
| **Outcome 5:** | **Stronger Communities** |
| NI 7 | Environment for a thriving third sector |
| **Outcome 7:** | **Supporting Independence** |
| NI 54 | Services for disabled children |
| NI 125 | Achieving independence for older people through rehabilitation / intermediate care |
| NI 130 | Social Care clients receiving Self Directed Support per 100,000 population |
| NI 135 | Carers receiving needs assessment or review and a specific carer's service, or advice and information |
| NI 136 | People supported to live independently through social services |
| NI 141 | Number of vulnerable people achieving independent living |
| NI 142 | Number of vulnerable people who are supported to maintain independent living |
| Local | Advice and advocacy priority |
| **Outcome 8:** | **Improving health and well-being** |
| Local | Mental health of adults and older people |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