Doing things differently: a blueprint for using the Care Act to deliver personalisation and well-being through person centred working -

*Learning from two years development work with a local Council*

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PERSONALISATION, PERSON CENTRED PRACTICE, AND WELL-BEING

PROCESS
Person centred assessment and support planning

OUTPUT
Personalised* care and support

OUTCOME
The level of well-being right for the person

* The word personalisation used as in its dictionary meaning of services designed around the person.
REVIEWING THE WHOLE SYSTEM OF ASSESSMENT AND SUPPORT PLANNING

PERSON CENTRED PRACTICE
A ‘practice framework’ for practitioners and assessment and planning guidance for service users, carers and practitioners

- WORKFORCE STRUCTURE AND DEVELOPMENT
- LEGAL COMPLIANCE
- APPEALS POLICY
- BUDGET DEVOLVEMENT AND FINANCIAL CONTROL
- SPECIFICATION FOR IT
The start point was recognising a change to the core purpose.

• The prevailing approach was described as **assessing for eligibility**. It identifies if the person has needs which the council will be legally obliged to meet. The core purposes are to control spending and to do so equitably.

• **Assessing for well-being** in contrast identifies what needs the person has for them to have an appropriate level of well-being. *Well-being assessments* can deliver cost effective plans, but cannot control spending. This has to be delivered by a separate *resource allocation* process.

• Assessing for eligibility was seen as a **resource led** process; assessing for well-being called for a **person centred** process
FIVE KEY PRINCIPLES TO DELIVER WELL-BEING ASSESSMENTS

It was not enough to rely on rhetoric to re-define practice. It was necessary to give substance to what being person centred meant in the context of assessment and support planning.

Five key principles were derived from a re-examination of the success of the small number who use a direct payment to manage their own support

1. Needs led, not choice based approach to planning support
2. Control of the process through self direction
3. Strengths based
4. Cost effective
5. Sufficiency of resource
NEEDS LED NOT CHOICE BASED PLANNING OF SUPPORT

- The support plans of those who self-manage are based on an understanding of their specific needs. Consumerist notions of ‘choice’ through financial empowerment have played no part.

- However, their view of ‘need’ derives from their vision of how life should be for them. For many, this has been independent living. But the vision can take many forms. The common theme is measuring quality of life against the lives of most others in the community.

- This view of need is very different to the concept of ‘need’ to determine eligibility. It can be described as the ‘lived experience’ of need. The eligibility process relies on the creation of categories of need into which people are fitted. The evidence shows that formal eligibility criteria do not determine the categories. This is delivered by ‘street level bureaucracies’ with budget holders the dominant influence.

- The ‘lived experience’ of need has a very different anatomy to ‘eligible’ need.
ANATOMY OF NEED – ELIGIBILITY AND WELL-BEING

ANATOMY OF NEED WHEN ASSESSING FOR ELIGIBILITY

List of impairment(s)/illness(es)/condition(s) + List of deficits = Eligibility

Support plan
Menu of services

ANATOMY OF NEED WHEN ASSESSING FOR WELL-BEING

THE PERSON’S IMPAIRMENT(S)/ILLNESS(ES)CONDITION(S)
CONTEXT
EFFECT ON PHYSICAL OR MENTAL FUNCTIONING

SUPPORT REQUIRED

• Assessing for eligibility calls for an information gathering dynamic
• Assessing for well-being calls for analytical thought
CONTROL – SELF DIRECTION

• Those who self-manage have powerful control over how their needs are seen. If the ‘lived experience’ is the currency of the assessment, its complexity and nuances make this a pragmatic requirement as much as an ethical option.

• However, self-direction does not mean leaving people alone. Some might be able to deliver their assessment independently, most will need support of varying levels, including from family, friends, community groups or practitioners.

• This is, of course, consistent with long standing social work principles such as the importance of self-determination and ‘starting from where the person is’. Hitherto, arguably these notions have received lip service only.
STRENGTHS BASED AND COST EFFECTIVE

• Those who self-manage build from their strengths to achieve their vision for their life. They have no wish for support that undermines their own qualities. It is key to remaining in control of their lives, not just their services.

• Similarly, they had no wish to waste resources (thus denying others those resources) by choosing anything other than the most cost effective option to meet their needs. However, ‘cost effectiveness’ must not be used as a euphemism for compromising on meeting the need.
SUFFICIENCY OF RESOURCE

- Those who successfully self manage have substantially more resource per head – in the region of 50% - than the rest. It is likely they have had close to sufficient resource, if not fully so, to meet their needs.

- There can be no guarantee this can be replicated for all. For many, this means personalisation can only be partial;
  - *Full personalisation* is both identifying the right care and support and having sufficient of it
  - *Partial personalisation* is identifying the right care and support but not having sufficient of it

- Partial personalisation is significantly better than the support people get through the prevailing system;
  - It can be expected to achieve better outcomes within existing resource levels as support will be better targeted to the lived experience of need
  - The separation of assessment from resource allocation will reveal information about unmet need for strategic purposes
DELIVERY MODEL

Translating the principles into action requires a delivery model built on two concepts;

• **A common assessment process** – guidance and format - for the person and practitioner to work to. They must work on the same playing field. Conventional ‘self assessment’ forms tend to be no more than a preliminary to the ‘eligibility’ assessment that belongs to the practitioner on behalf of the council.

• **A fitness for purpose** test. Self-direction cannot be unconditional. But the conditions must be transparent, reasonable and consistent with delivering well-being. The test was that;
  • The support plan will result in the person having a *level of well-being comparable to others in the community* and must be *needs led, self directed, strengths based* and *cost effective* as defined
GUIDANCE AND FORMAT

• The guidance and format were developed through extensive dialogue with service user and carer representatives and practitioners. The structure is relatively simple with three parts – A,B,C – reflecting a semi-structured approach to the process.

• Four routes for completion;
  1. Independent
  2. Supported outside the council – family, friends, community groups
  3. Practitioner supported
  4. Advocate led
A PERSON CENTRED RESOURCE ALLOCATION POLICY

• Assessing for well-being, changes the relationship between needs and resources. The assessment takes place without regard to affordability whereas eligibility assessments deliver affordability.

• A resource allocation policy is required that addresses the imperative to spend to budget and the legal duty to meet certain assessed needs and also supports assessing for well-being.

• The Care Act makes this possible. It says there are two groups of assessed needs – those that are a duty and those that are a power to meet.
DUTY AND POWER TO MEET NEEDS

- Needs that are a *legal duty* to meet must cease to form core business and become a *minimum guarantee*. To do so the threshold must be defined in a way that:
  - is robust and transparent to ensure consistency and therefore fairness
  - result in spend comfortably *within* budget, not *to* budget
  - not be defined by a process of categorisation of needs

- This can be achieved though mapping all *individual needs*, notwithstanding their uniqueness, to the *universal human needs*
  - needs that risk *survival* or *safety* to form the *minimum guarantee*
  - needs that risk needs such as *self worth* or *self fulfilment* – those that determine *quality of life* - come under a *power* to meet
A KEY RISK IN MAKING THE DUTY TO MEET NEED A MINIMUM GUARANTEE ONLY

• Restricting needs that are a duty to meet to a minimum guarantee appears counter-intuitive. There is a widely held perception that councils only do what they have to do and will not use mere powers to intervene. Will councils see this as an opportunity to cut spending?

• Two factors mitigate this risk;
  • It will be clearly unlawful as it would breach the duty to ensure all decisions promote well-being as defined by the Act. Advocates for service users – both legal and non-legal - may need to hold councils to account to ensure delivery.
  • The assessment must still be holistic, applying the principle of sufficiency of resource. This will expose information about the level and nature of needs not being met. This is in contrast to the eligibility based system which means ‘eligible’ needs are always met with no unmet need.

• If a council did behave in this way, all the positive rhetoric used to describe social care - ‘personalised’, ‘empowering’ ‘well-being’ etc – will be seen to be bogus.
EQUITY AND VALUE FOR MONEY

• The two key functions of eligibility policies are to control spending and to do so equitably. Not only do they do both poorly, there are long standing concerns about value for money consequences. This is because they focus on deficits and so encourage dependency. They also encourage gaming behaviour.

• A person centred resource allocation policy creates the opportunity to redress the balance. Spending on quality of life (power) needs is made case by case taking into account:
  • Cost
  • Available budget
  • The importance of the need – to the person and for prevention

• In this way prevention can move from the margins – delivered only through preventive services – to the mainstream
Delivering value for money in decision making

- The *impact on well-being* is determined by weighing two factors;
  - The importance of the need to the person
  - Any preventive impact meeting the need might have
- The higher the impact, the darker the shade of green.
- The decision about whether a need is met is then determined weighing *impact* and *cost*. It is a skilled judgement.
- The aggregated effect of all the decisions will be to create a curve. Where the curve is located will depend on the size of the budget relative to assessed needs. The curve contrasts with the straight vertical line of the criteria that separate *duty* and *power*, and *power* and *private responsibility*.

Achieving equity in the longer term

Equity between budget holders will be served by ensuring the curve is located similarly between them.

This will be achieved by monitoring the levels of needs met and not met between budget holders, and allocating the overall resource between budget holders equitably.
FINANCIAL CONTROL UNDER ELIGIBILITY POLICIES

CENTRALISED CONTROL OF SPENDING

ASSESSORS
Needs a duty to meet
Types of needs to be met

BUDGET HOLDERS

BUDGET

PAID INVOICES

GENERAL LEDGER

ALL CURRENT COMMITMENTS

SERVICE USER RECORD

NEW COMMITMENTS
PLANNED CESSATIONS
NATURAL CESSATIONS

HIGH LEVEL MESSAGES RE: SPENDING LEVELS

PROJECTED SPEND

ACTUAL SPEND

BUDGET
INFORMATION TECHNOLOGY

IT were required to deliver in two key areas;

1. The forms had to be changed to deliver the agreed format, both internal and external

2. New management reports for both operational and strategic purposes;
   • The daily reports to budget holders to show movement in spending commitments
   • Reports that showed the level of needs met, and the levels of need not met, by budget holders/user groups
   • The change in service users’ self-rating of well-being from point of assessment to initial review six weeks later as a measure of the outcome of the process
COMPLIANCE WITH THE LAW

• The system is compliant with the primary legislation. However, it contravenes key parts of the Statutory Guidance. The project proceeded for two years on the basis of legal advice that it was lawful to do so if there were cogent reasons to do so.

• The case was that following the Guidance would result in the perpetuation of a system that is acknowledged to be dysfunctional. In particular, the guidance in relation to determination of when a need is a duty to meet was undeliverable.

  • The Guidance says a need should be treated as a duty if it is important to the person (section 6.110).
  • It is silent on the question of how councils should control spending. It only refers to councils having options in how they meet assessed needs. This does not address the question.

• The effect would be to give tacit license to the ‘street level bureaucracies’ to continue to do their job. Early evidence shows this has indeed been the case.
WORKFORCE DEVELOPMENT AND STRUCTURE

• The shift from resource led to person centred working has major implications for the workforce - practitioners, budget holders and strategic managers.

• In relation to practitioners, the implications are on two fronts;
  • Competencies
  • Structure

• The core knowledge, skills and values were identified, starting with those required by service users and carers themselves to create their own fit for purpose support plans.

• In relation to structure, there were early discussions about the potential for the bulk of assessments to be delivered through support from community groups appropriately skilled and resourced. The internal workforce would carry out the FfP tests, and support assessments in need of practitioner skill. The majority of internal staff were likely to be qualified.
CONCLUSION OF THE PROJECT

- The infrastructure was set out and much put in place.
- However, without the Resource Allocation Policy the service remained in the grip of the ‘street level bureaucracy’.
- The movement from resource led practice to person centred practice did not therefore happen.

PERSON CENTRED PRACTICE

A ‘practice framework’ for practitioners and assessment and planning guidance for service users, carers and practitioners
SECTIONS OF THE BLUE PRINT

1. Overview
2. Practitioners guide to person centred assessment and support planning
3. Guidance and format for assessment and support planning – service users
4. Guidance and format for assessment and support planning – carers
5. Resource Allocation Policy
6. Devolvement of budgets and financial control
7. Information Technology
8. Appeals policy
9. Compliance with the law
10. Workforce development and structure

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BACKGROUND READING

• Slasberg, C and Beresford, P (2014) *Further lessons from the continuing failure of the national strategy to deliver personal budgets and personalisation.* Research, Policy and Planning 31(1).


Vignettes to illustrate components of ‘need’

Fred is in his early twenties and has a moderate level of learning disability (*impairment*). He does not have the skills to live independently (*functioning*). Fred live in his parents’ home, but wants to live independently. However, his parents do not believe he has the ability to do so (*context*). This frustrates Fred enormously as he thinks he is capable of doing more in life and causes tension between him and his parents (*impact*). Fred does not have independent living skills (*issue*) and wants to prove to himself and his parents he can do it (*short term outcome*), to eventually have his own home (*medium term outcome*) which will also avoid having to go into residential provision when his parents are no longer able to care for him (*long term outcome*).

Jamail is seriously overweight to the extent he cannot bend or move freely (*functioning*). This is a result of life style choices that derives from severe depression (*impairment*). He lives alone (*context*) and his lack of mobility, perhaps also directly linked directly to his depression, means he has not maintained the cleanliness of his flat which is now seriously unhygienic (*issue*). This is compounding his depression and also poses a health hazard (*impact*). Jamail wants to find a way to bring his flat back up to a safe and agreeable standard of cleanliness (*short term outcome*) and to maintain it that way (*longer term outcome*).

John is so unsteady on her feet he can only walk a few steps (*functioning*). This is due to loss of muscle tissue (*impairment*). He has a large garden which has been a source of great pride and joy throughout life (*context*). However, it has become neglected (*issue*). This is deeply depressing and demotivating for him (*impact*). She wants to find a way to restore the garden and even if she can’t do the work, to at least be able to direct it (*outcome*).
<table>
<thead>
<tr>
<th>PRIVATE RESPONSIBILITY</th>
<th>PUBLIC RESPONSIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>The person would like a walk-in shower to improve the bathroom both for own use and so the home is more suitable for visitors who stay overnight</td>
<td>The person is able to wash only with the support of their partner. A walk in shower would enable the person to do so independently which will increase their dignity.</td>
</tr>
<tr>
<td>The person would like a bidet to improve hygiene but without a health related need for one.</td>
<td>The person is not able to get up the stairs to use their toilet. They are using a commode which they find deeply embarrassing.</td>
</tr>
<tr>
<td>The person has been used to a high culinary standard of eating which they wish to maintain.</td>
<td>The person has lost the ability to prepare a meal. There are no family and friends able to meet the need. The person wants to have meals cooked from fresh ingredients as they have been accustomed to throughout life. They find other methods, such as the Meals on Wheels service, or microwave meals, unpalatable and eat only the minimal amount without enjoyment.</td>
</tr>
<tr>
<td>The person is accustomed to a regular change of clothing during the day so they are dressed differently according to time of the day.</td>
<td>It takes the person a long time to get dressed at the start of the day and the end of the day, although not to the extent it stops them carrying out other tasks essential to daily living.</td>
</tr>
<tr>
<td>The person has a room packed to the rafters with confidential papers from an old job. They are seeking secure destruction of the papers to free the room up so a friend can stay from time to time.</td>
<td>The person is able to use the rooms downstairs safely, but cannot safely negotiate the stairs and so cannot access the upstairs rooms. The person can, however, meet all their daily living needs and also sleep downstairs.</td>
</tr>
<tr>
<td>The person is not able to dress or undress themselves. Without support they would remain in the same clothing day and night.</td>
<td>The person is not able to get around any part of the house safely</td>
</tr>
</tbody>
</table>

The person has lost the ability to carry out personal hygiene tasks. The person does not live with anyone able to support them. Without support they would become unhygienically unclean.