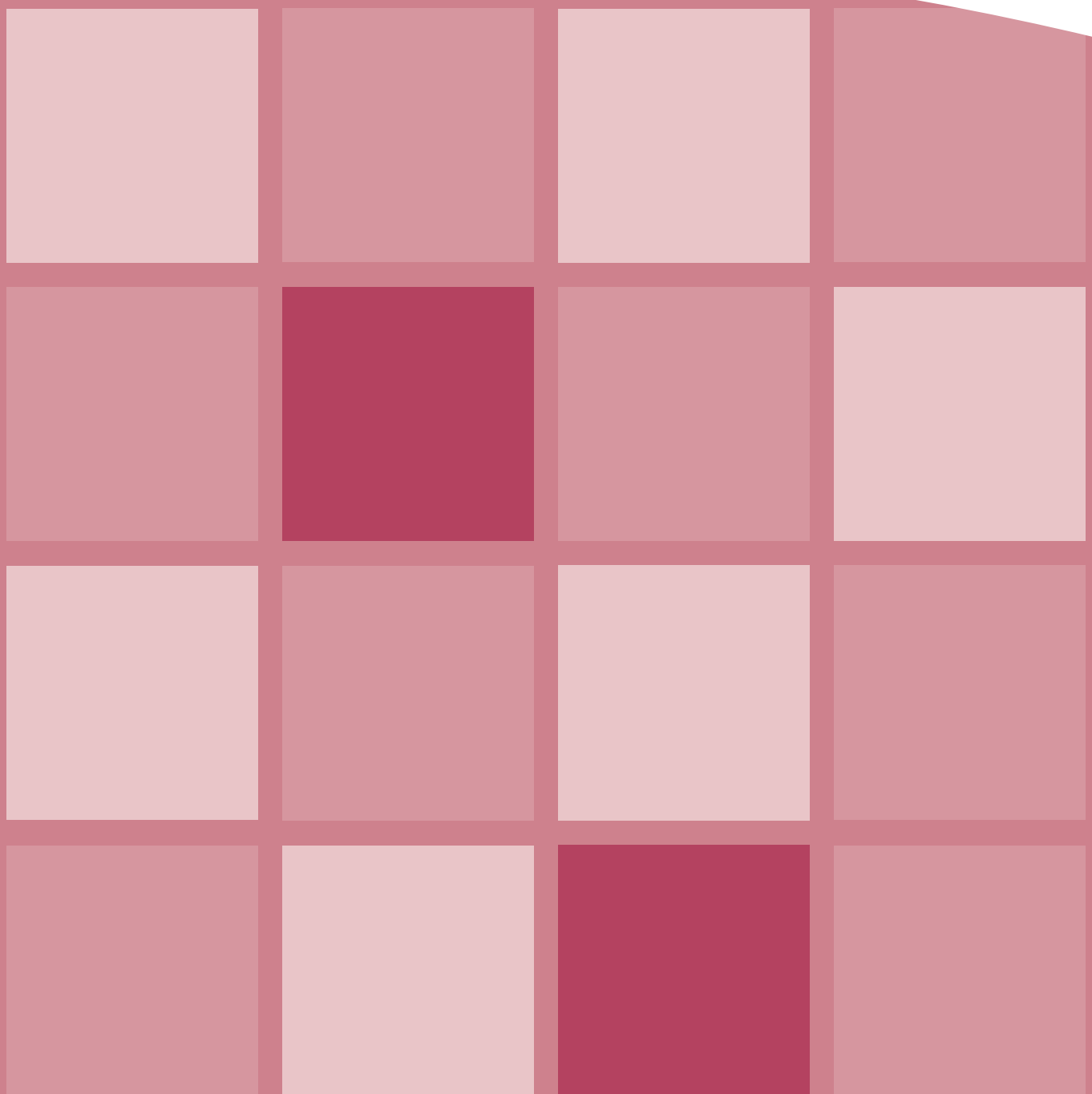


Person Centred Planning

Advice for Commissioners



DH INFORMATION

Policy HR/Workforce Management Planning Clinical	Estates Performance IM & T Finance Partnership working
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Title	Clean, Safe Care – reducing infections and saving lives
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Description	This document draws together recent initiatives to tackle healthcare associated infections and improve cleanliness and details new areas where the NHS should consider investing to ensure that patients receive clean and safe treatment whenever and wherever they are treated by the NHS.
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Advice for commissioners

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Introduction

This document informs commissioners how to use person-centred planning approaches to enable person-centred commissioning to take place. The 2008 Local Authority Circular *Transforming social care* notes that councils need to 'ensure that people and their organisations are much more involved in the design, commissioning and evaluation of services and how their needs are met'. As councils continue to move towards transforming their adult social care systems, commissioners will need to ensure that councils and primary care trusts (PCTs) have commissioning strategies that address the future needs of their local population and that those strategies have been produced with service users and carers in their area.

Good person-centred planning will be achieved when it is underpinned by broad-based, often joint, commissioning and service development with a focus and links to community development and engagement. Good accessible information and choice is also essential.

Such an approach will ensure that all groups have access to universal and mainstream services, as well as more specialised support, care and health services. Housing, employment, culture, sports and leisure services are all key to people living fulfilling lives in their communities. Also important are local social and interest clubs, neighbourhood committees, faith groups and community activities.

The best commissioning, therefore, goes beyond adult social services and health and

focuses on the full range of community support, care and health services.

It also enables connections to be made to other programmes and services so that people have information on which to base their choices and develop their person-centred plan.

CHAPTER 1

What is person-centred commissioning? What is expected of you?

Person-centred commissioning means keeping the focus on what individuals want for their lives in all commissioning activity. Broadly, there are two things that commissioners may do to ensure this:

- 1) Recognise the value of person-centred information and find ways to use it throughout the commissioning process.
- 2) Find effective ways of co-producing the design, delivery and evaluation of services and support with service users, their carers and families. This has to be about more than engagement – it means commissioning **with** people rather than **for** them.

In practical terms, these two considerations have significant implications for everything that commissioners do. For example:

- Alongside strategic assessments of need, commissioners will use person-centred information from people's individual plans to set the direction for local services.
- The outcomes against which services are commissioned will have been developed with people requiring support rather than professionally determined.
- People will be involved throughout the selection and procurement process.
- People will be empowered to play the leading role in planning how providers and services support them to live the lives they want.

- People will evaluate and monitor the services they use so their priorities and aspirations set the agenda for change.
- People will have the greatest possible influence in shaping the local market of care and support and wider community-based services.

To be effective, person-centred thinking should extend beyond the roles of those in frontline services and become embedded in the governance and systems of whole organisations. This includes commissioning, where person-centred approaches at individual and strategic levels can help improve practice and ultimately improve outcomes for local people.

Increasingly, councils are adopting outcomes-focused commissioning. They are doing this as they move away from commissioning for outputs and specific tasks towards offering greater choice and flexibility within commissioned services. Outcomes-focused commissioning is a positive development that is stimulating innovation in the sector and ensures people with care and support needs are not limited to pre-determined menus of generic services.

Outcomes-focused approaches are not, however, the same as person-centred approaches. They can complement each other, but the difference depends on who sets the outcomes and on the power relationships between the commissioner, the provider and the person requiring support. An organisation using an outcomes-focused approach can retain full professional control over the commissioning process and therefore

marginalise the role of people using services,
and their families.

Being person-centred **and** outcomes-focused
is what we should be striving for to make
Putting People First a reality.

CHAPTER 2

What does this mean for individual commissioning?

One way in which people can use their personal budget to purchase support is to commission services through a care manager. The care manager can assist an individual and, where appropriate, their family in developing a support plan and subsequently use this to develop a service specification. They can then support the individual and their family through a selection process, with the person and their family choosing the level of their involvement. Person-centred thinking tools can be useful here. For example, the 'matching' tool can help in the transfer from a support plan to a specification for staff.

Commissioners will also be involved in commissioning new services and support for individuals. The example below outlines how this was done in Lancashire. Commissioning and support planning staff worked closely with 16 people and a provider to develop support plans, and used these to develop new service arrangements. Person-centred thinking tools were used as part of the support planning process.

*In summer 2008, 16 people took up tenancy in an **extra care housing scheme**. They moved into their new apartments, paying for the support they required using a personal budget. Most of the tenants had previously lived in residential care where choice and control were not high on the agenda.*

During the transition process, staff members from the commissioning, support planning, personal social care, contracts and procurement, and support provider teams ensured that people were going to be well supported and that the provider(s) would understand the rules about supporting someone to use a personal budget.

With the team's input, the tenants agreed that, where appropriate, they would each contribute a sum of money from their personal budget to pay for background support by one provider, whom they would all be fully involved in choosing. People based their contribution on their individual need: for example, they would only contribute to a member of staff sleeping in on the premises if they needed this level of support.

People chose to use the rest of their budget on a range of support options, including: informal support; assistive technology; formal support; personal assistants, using direct payment.

Communication

To make sure that people understood the proposed changes, the team set up a **communication plan** for the soon-to-be-tenants, their families, potential providers, housing association staff, and support staff in the residential home due to close.

People were offered one-to-one sessions to help them understand the changes to their support and how to use a personal budget. 'Surgeries' were set up to deal with queries, and information boards, newsletters and responses to likely questions were produced. People (and their families where appropriate) were fully involved in the recruitment and selection of the provider and support staff.

The support planning team found that many residents could not visualise life beyond residential care. The support planning team found this challenging and used a range of person-centred thinking tools to make sure that they got the balance right between the residents' views of their new life and the views of the team.

These tools included the following questions:

- 'What is working and what is not working in my life?' This provided direction around what needed to change and what needed to remain as it was.
- 'What makes a good day and what makes a bad day?' This was used to understand what was important to the person, and what sort of support they found good.
- 'Who is in my life' Using a relationship circle helped everyone to understand who the important people were, and what support tenants needed to stay connected.

The team agreed to work with the tenants every three to four months over the first year, along with their families and people who were important to them, to develop their support plans in line with their budgets and how they wanted to live. The support planning team also worked with the support provider and members of the personal social care team to ensure that the support plans were implemented.

At the end of the first year, an outcome-focused review took place to allow tenants to reflect on what had changed and what they wanted to do next. After this, all of those involved agreed that the support provider would continue working with tenants to review their support plans in the future.

CHAPTER 3

What does this mean for strategic commissioning?

Commissioners must incorporate person-centred information in commissioning and ensure that active engagement with people using services is enshrined within governance structures and systems.

Sharing and providing person-centred information, for example from person-centred reviews, can also improve the relationship between commissioners and provider organisations. This is set out in the *Advice for providers* section of the guidance.

Why use person-centred information?

Person-centred information helps commissioners to understand outcomes for people and their experiences of using services. Commissioners need to understand objectively what the 'results' are of a particular intervention, and often use quantitative information, such as the number of admissions to acute care. They also need to understand someone's experience subjectively, often using qualitative information relating to the outcomes that are particularly important to that person.

Person-centred information can be an extremely valuable resource for commissioners. The statutory duty to conduct Joint Strategic Needs Assessments (JSNAs) across health and social care is a welcome development, particularly in specifying the minimum expected dataset that commissioners should take into account for their decisions. However, while a clear and informed view of the needs of the population is critical, commissioners must also develop an

appreciation of people's expectations and aspirations for the future to be able to plan successfully for the longer term.

Qualitative and subjective information is often drawn from customer satisfaction surveys or quality of life questionnaires. Both of these tend to suffer from using closed questions that unintentionally guide the outcome in a particular direction and stifle the individual voice. Information from person-centred support plans or reviews provides better qualitative data – through a routine rather than additional process, using open questions rather than closed and by getting to the heart of what is important to people.

The Department of Health (DH) worked with a group of disabled people, family carers and eight councils to develop a new way to carry out reviews, which they called outcome-focused reviews.

The starting point for this work was that reviews should focus on the results, or outcomes, experienced by disabled people, older people and their families, providing useful information for councils and commissioners as well as working well for people requiring care and support. We recommend that commissioners work to embed this process in local systems.

Why co-production?

The 2008 Local Authority Circular *Transforming social care* notes that councils need to 'ensure that people and their organisations are much more involved in the design, commissioning and evaluation of

services and how their needs are met'. As is illustrated above, innovative practice is emerging at the individual level that helps put people using services, their carers and families at the heart of the commissioning process. The challenge for strategic commissioners is to systematically co-design and co-produce the future shape of services at community level with people using services.

Traditionally, commissioning organisations have used consultation to gather the views of people using services, their carers and families. While consultation can be effective, it can put 'the cart before the horse' because issues are often pre-identified and the strategy developed long before the organisation asks people for their views. A more effective approach is described in the 2009 DH guidance *Working together for change: using person-centred information for commissioning*, which has been piloted with a number of local authorities.

Working together for change describes a six-stage process for taking person-centred information from people's reviews and using this in aggregate form to drive strategic planning and commissioning. The process involves facilitated workshops in which commissioners, providers and local service users collaborate to analyse the information and plan what they will do differently as a result. This has led to tangible plans for change that should ensure that people have more of what is working in their lives, less of what isn't working, and a greater chance of achieving their aspirations.

One senior commissioning manager remarked that this approach represented the 'golden thread' between what people said was important to them and what was commissioned as a result, providing a direct and transparent audit trail from individual

outcomes to population-wide outcomes. This approach should be embedded in routine commissioning systems.

Remember, *Working together for change* cannot be used without person-centred reviews (including outcome-focused reviews) and support planning so commissioners must ensure that robust processes are in place to conduct the reviews and collate the information in a useable format.

This approach was taken in Lancashire. A support planner or person-centred planning co-ordinator independently facilitated outcome-focused reviews with people who were using a new support provider. The information gathered was then aggregated using the *Working together for change* process.

The person-centred planning team at Lancashire County Council held a day at a local hotel with people they supported, family members, commissioners and their staff. The group looked at the information about what was working and this reinforced the significant changes in people's lives since they had moved. This gave commissioners and providers a chance to reflect on success, and the hard work on everyone's part to achieve this.

The group then looked at what was not working using *Working together for change*. Some people did not feel confident to ask when they needed support, so the group spent time thinking about the possible reasons for this. The group found that the on-call system was not as successful as they had thought. Some people were reluctant to use it, thinking that others had greater need.

Some people had seen others over-using the on-call system and were starting to feel unhappy, which could have developed into a bigger problem if it continued.

The commissioners worked with the tenants and providers to address the problem, working on amendments to support plans and making changes to staff work patterns.

Aggregating review information can give much earlier alerts to safeguarding concerns, particularly for those individuals living with shared support. The exercise provided important lessons for future commissioning cycles and will ensure that individuals' experiences are used to improve the way similar support and/or services are commissioned in the future.

A number of individuals were finding that mainstream support was inaccessible to them because adjustments had not been made to allow for people with specific physical needs. This was having a significant impact on people's support plans and their choices over how to use their money.

Uncovering this problem has helped Lancashire to work with partners and ensure that commissioned services meet the needs of the whole population. In particular, it has helped ensure that support is available to enable individuals to access universal services.

CHAPTER 4

Person-centred approaches and market development

Commissioners need to ensure that the local market of care and support, as well as community-based and universal services, develops so that people have access to what they want and need. Person-centred approaches can help.

Signalling people's purchasing intentions

One of the best ways that the market can be supported in adapting and responding is to be informed about what people are purchasing and what they would like to purchase if it were available. The commissioner's role is to ensure that this kind of information is recorded systematically for those who are in contact with statutory services, and that the information is shared with the market.

The more person-centred purchasing information is, the more useful it will be in changing the market. More challenging, but equally important, will be collecting, analysing and sharing this kind of information about self-funders who traditionally have no contact with social services departments. Commissioners need to work closely with the market and to establish new partnerships with providers to encourage person-centred practices and facilitate the sharing of information.

Individual Service Funds

Another way in which commissioners can support the market to develop person-centred solutions is to allow providers to plan directly with people using their services and work out how to best utilise their available budget.

Many councils are calling this an Individual Service Fund (ISF). The provider and person being supported are aware of how much money is available, but not tied to any specific tasks. The person is therefore empowered to work with the provider to determine the right configuration of support to meet their agreed outcomes. The provider is responsible for accounting for the fund to the person whose support it provides.

The requirement to offer ISFs is commonly established in outcomes-focused framework contracts. More information on ISFs is available in the 2009 DH publication *Contracting for personalised outcomes*. The example from Lancashire described earlier is an example of the use of ISFs.

Citizens' market influence

Being more person-centred also involves finding ways to support citizens to exert direct influence on the market, rather than relying on the intervention of professionals. This can mean providing better information and advice to inform people's decisions, but should also include consumer empowerment through websites and other mechanisms where people can rate vendors and share their experiences of what they have tried. Another less technological approach is through creating an environment where peer support is available and valued.

Service personalisation

The most progressive and innovative services are based on strong collaboration between commissioners and providers, working together towards a shared vision.

Commissioners should actively support providers to make changes that will result in greater choice and control for people requiring support. Activities to support change can range from awareness-raising sessions and shared problem solving through to joint staff training and support to implement more person-centred services.

CHAPTER 5

How will you know if you are being successful?

Commissioners should look at results to see whether the full range of services and supports available to people are more person-centred and helping to produce better outcomes.

It may be helpful to think about this from three different perspectives: those of individuals and their families, providers and the wider community.

Individuals and families should be reporting that the support they access is helping them to live the lives they want and to meet their self-determined outcomes. People should be experiencing services that fit around them and their lives rather than the other way around. To know whether this is happening, commissioners need to ask questions routinely and at review about what is working and not working in people's lives. People should also feel that they play an important role in designing and evaluating services.

Providers should be able to demonstrate that they have taken practical steps. For example, training their staff in person-centred approaches; developing one page profiles for people so that staff members can quickly recognise what is important to, and for, them; and developing capacity to offer and manage ISFs. These ways of working should help providers to improve staff retention and reduce the number of complaints they receive. An increasingly personalised experience of the service should also be reflected in people's person-centred reviews.

The wider community should have an awareness of how person-centred support is making a difference to local people. Person-centred planning and support planning will

help people to make greater use of regular community based and universal services and to meet the outcomes that are important to them, including those relating to employment. Greater use of person-centred approaches should help to increase the visibility and participation of people with care and support needs in their communities.

Performance indicators

Government policy across all areas is increasingly focused on personalisation. This is seen in the growing number of performance indicators relating to personalisation. A few examples are set out below, however the full National Indicator Set (NIS) can be found on the Audit Commission website at www.audit-commission.gov.uk.

NI 4 – Percentage of people who feel they can influence decisions in their locality

NI 5 – Overall/general satisfaction with local area

NI 7 – Environment for a thriving third sector

NI 23 – Perceptions that people in the area treat one another with respect and consideration

NI 119 – Self-reported measure of people's overall health and wellbeing

NI 127 – Self-reported experience of social care users

NI 130 – Social care clients receiving self-directed support per 100,000 population

NI 136 – People supported to live independently through social services (all adults)

NI 138 – Satisfaction of people over 65 with both home and neighbourhood

NI 139 – The extent to which older people receive the support they need to live independently at home

NI 146 – Adults with learning disabilities in employment

NI 150 – Adults in contact with secondary mental health services in employment

Links to useful resources

Person-centred thinking cards

A set of cards describing the person-centred thinking tools and how they can be used with individuals, teams and organisations.

Bailey G, George A, Sanderson H, Watson D, *Person Centred Thinking* (2005), HSA Press. Available from Inclusion Distribution at: www.inclusiononline.co.uk

Person-centred reviews in adult services

Bailey G, Sanderson H, Sweeney C, Heaney B, *Person Centred Reviews in Adult Services* (2009), Valuing People Support Team and HSA Press. The Valuing People Now website is at: www.valuingpeople.gov.uk

Person-centred transition reviews

Wertheimer A, *Person Centred Transition Reviews* (2007), Valuing People Support Team. The Valuing People Now website is at: www.valuingpeople.gov.uk

Support planning cards

A menu of tools that can be used individually or in combination to help develop a support plan.

Close L, Harvey J, Sanderson H, Short A, Skelhorn L, *Support Planning – Tools to help you with your support plan* (2009), HSA Press. Available at: www.shop4support.com

A way to start to decommission block contracts

Cooper O, Sanderson H, *'Not for the Tender Hearted': Moving from block contracts and tenders, to individualised services* (2009), HSA Press.

Guides and information on support planning can be found at: www.supportplanning.org

Audit Commission national performance indicators

Indicators on which central government performance manages local government. They cover services delivered by local authorities alone and in partnership with other organisations such as health services and the police.

www.audit-commission.gov.uk/localgov/audit/nis/Pages/Default.aspx

Podcasts

These podcasts were commissioned to reflect the messages in this guidance.

Smull M, The History of Essential Lifestyle Planning, www.youtube.com/watch?v=hyl-96g2XYI

Smull M, A Rock in the Pond: Why training is not enough and what managers need to do, www.youtube.com/watch?v=FC7oRX23FK4

Smull M, Definitions: What is meant by person-centred approaches, thinking and planning?, www.youtube.com/watch?v=tvANuym5VXY

Smull M, Making Person-centred Planning Mainstream: How to get started, www.youtube.com/watch?v=meLjQX2wuhM

Smull M, Creating Person-centred Plans that Make a Difference, www.youtube.com/watch?v=Na-176N-ZRK

Outcome-focused reviews

A new way to carry out reviews focusing on the results or outcomes experienced by disabled people, older people and their families.

www.dhcarenetworks.org.uk/Personalisation/Topics/Browse/Measuringresults/Review/?parent=3249&child=5625

Working together for change

A method for collating and aggregating person-centred information for use in strategic commissioning.

www.dhcarenetworks.org.uk/Personalisation/Topics/Browse/General/?parent=2734&child=5802

Contracting for personalised outcomes

This resource draws on learning from six local authorities that have begun to reshape their contracts, processes, budget-holding options and relationships with the provider market.

www.dhcarenetworks.org.uk/Personalisation/Topics/Browse/Commissionersandproviders/?parent=2735&child=6052

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