Bracknell Forest Council

# 'Staying Safe'

**A review of Safeguarding Adults in the Context of Personalisation of Adult Social Care by a Working Group of the Adult Social Care Overview & Scrutiny Panel**

September 2010

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## Acknowledgements


The Working Group would like to express its thanks and appreciation to the following people for their co-operation and time. All those who have participated in the review have been thanked for their contribution and received a copy of this report if wished.

| | |
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| Sue Cart | Head of Safeguarding, Adults and Children, West Sussex County Council |
| Councillor Peter Catchpole | Cabinet Member for Adults' Services, West Sussex County Council |

Some people in receipt of personalised support

The following officers from Bracknell Forest Council:

| | |
|---|---|
| Zoë Johnstone | Chief Officer: Adults & Joint Commissioning |
| Simon Broad | Head of Adult Safeguarding |
| Lynne Lidster | Personalisation Programme Manager |
| Nick Ireland | Head of Learning Disability Services |
| Derek McCarthy | Personalisation Development Manager |
| Andrea Carr | Policy Officer (Overview and Scrutiny) |

# 1. Lead Member's Foreword

1.1 Delivery of adult social care is changing. At one time, people were provided with what was considered best for them by authority. There was little or no choice. In the last few years, this approach has been turned on its head. Personalisation offers service users the opportunity to tailor their care to their needs and wants in a way that is personal to them. They are given control of a budget to back up those decisions.

1.2 But how safe is this system? What happens when people are not used to making choices? What if they feel it is all too much for them? What if others near them, or involved with them, try to exert undue influence? What if the care services they want are not provided as required? These and other questions prompted our research.

1.3 We are all very grateful to all those who helped us in that research, and in the compiling of this report.

Councillor Chris Turrell
(Lead Working Group Member)

## 2. Executive Summary

2.1 In Autumn 2009 the Adult Social Care Overview and Scrutiny Panel commissioned a review of safeguarding vulnerable adults in Bracknell Forest in the context of 'Personalisation', the transformation of adult social care flowing from the Putting People First agenda which seeks to enable people to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual needs for independence, well-being and dignity.

2.2 Between December 2009 and September 2010, the Working Group of the Panel undertaking the review gathered information and evidence from officers of the Council's Adult Social Care and Health Department, people receiving support and an officer and Cabinet Member of a council performing strongly in the areas of safeguarding adults and Personalisation. The Working Group also had regard to Care Quality Commission (CQC) inspection reports, partnership working, *'No secrets':* Department of Health guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

2.3 This report describes the work of the Working Group and sets out its findings. Members hope that the report will be well received and look forward to receiving responses to their recommendations.

2.4 The Working Group comprised:

Councillor Turrell (Lead Member)
Councillor Edger
Councillor Mrs Fleming
Councillor Leake
Councillor Mrs Shillcock

## 3. Background

3.1 In the light of the transformation of adult social care from traditional care packages to a personalised system whereby people receiving support are able to receive individual budgets to procure their own bespoke care services, the Adult Social Care Overview and Scrutiny Panel decided to establish a working group to review an aspect of 'Personalisation'. The Panel selected adult safeguarding as the area to be reviewed as it was perceived to be a potential risk of the Personalisation process. Accordingly, a working group of the Panel was established in December 2009 to review adult safeguarding in the context of Personalisation, with reference to the Personalisation Pilot underway at the time.

3.2 The Working Group identified the purpose of the review as to become acquainted with Safeguarding Adults Policies and Procedures and to evaluate Personalisation and associated safeguarding adults work to ensure that it was operating successfully.

3.3 The key objectives of the review were to:

- Gain a general understanding of the Personalisation process and the associated risks and to ensure that adequate contingency, risk management and abuse prevention processes were in place;
- Identify ways to improve the Personalisation process and overcome any associated issues;
- Identify which aspects of the Personalisation Pilot had been successful and which have not with a view to informing future service development;
- Consider future Personalisation prospects to determine how it needed to develop in Bracknell Forest; and
- Look at the earlier 'In Control' pilot of rolling out individual budgets to people with Learning Disabilities and use it to evaluate the current Personalisation Pilot.

3.4 The scope of the review consisted of:

- Reviewing safeguarding adults as part of the Personalisation process, including those with Learning Disabilities and mental health problems;
- Performance of other local authorities involved in the Personalisation Pilot;
- Reference to CQC safeguarding adults reports;
- Comparison of Bracknell Forest's implementation of Personalisation and associated safeguarding adults procedures against other local authorities to gauge progress and identify best practice;
- Identification of risks associated with the Personalisation process from which individuals may require safeguarding; and

- Informing safe choices for people transferring from a traditional care package to the Personalisation approach.

3.5 Care homes were excluded from the scope as the opportunities for Personalisation were limited in group settings which tended to lack potential for individualism.

3.6 The Working Group identified key documents, background data and areas of research to inform its review which included the Council's Safeguarding Adults Annual Report 2009/10 and Personalisation Pilot Evaluation Report, and an Adult Safeguarding Scrutiny Guide and Councillors' briefing: Safeguarding Adults produced by the Improvement and Development Agency jointly with other organisations.

## 4. Investigation, Information Gathering and Analysis

4.1 Adult safeguarding incorporates the concepts of prevention, empowerment and protection to enable adults who are in circumstances that render them vulnerable to retain independence, wellbeing and choice and to access their right to a life free from abuse and neglect.

4.2 Abuse is defined as a violation of an individual's human and civil rights by any other person or persons. It occurs when someone does something to another person which damages their quality of life or puts them at risk of harm, irrespective of the setting. Abuse can be a criminal act when it is an offence against another person. It can happen once or repeatedly and may be deliberate or caused by ignorance. In cases where a relative or partner is caring for a vulnerable adult and abuse takes place, this can be classified as domestic violence or abuse. *'No secrets*' Department of Health guidance defines a vulnerable adult who may be at risk of abuse as "A person aged 18 or over who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation".

4.3 As a social services authority, the Council has a Duty of Care which requires it to take reasonable care to avoid any action or omission which it could reasonably foresee would be likely to result in harm, loss or undesirable outcome to people receiving support, carers, staff or the general public.

4.4 Details of adults receiving Adult Social Care in 2009/10 are set out below. Approximately 60% of people benefit from preventative and rehabilitation work and do not require long term care. The Learning Disability (LD) population remains stable at approximately 300 and turnover in mental health is rapid with up to 1,000 sufferers requiring support in a given year.

| **Care Group** | Older People | Physical Disabilities | Learning Disabilities | Mental Health |
|---|---|---|---|---|
| People Receiving Commissioned Services | 2173 | 421 | 282 | 768 |

| **Service Type** | Community Based | Residential Local Authority | Residential Independent | Nursing |
|---|---|---|---|---|
| People Receiving Services | 3277 | 58 | 171 | |

| **Care Group** | Older People | Physical Disabilities | Learning Disabilities | Mental Health |
|---|---|---|---|---|
| Carers Receiving Services | 436 | 105 | 111 | 73 |

4.5 Demographic changes indicate that an increasing number of people are living longer, but with more complex conditions such as dementia and chronic illnesses. By 2022, approximately 20% of the English population will be over 65 years of age and it is expected that the number of over 85 year olds will increase by 60 % by 2027. The number of people with dementia is expected to double over the next 25 years and the amount of people with LD aged 50 years

and over is projected to rise by 53% by 2021 owing to advances in medicine. This will result in an increase in the number of potentially vulnerable adults in need of safeguarding. As the vast majority of people want to live in their own homes for as long as possible, there is a need for comprehensive and robust policies to enable safeguarding in the community.

4.6 The Working Group met on eight occasions during which it agreed the scope of the review; gathered information from relevant officers of the Council; sought the views and experiences of users of personalised Adult Social Care; and visited West Sussex County Council, an authority which performs highly in the areas of Personalisation and safeguarding, to gain an appreciation of best practice.

**Introductory Review Work**

4.7 The Working Group received an introductory briefing from the Council's Chief Officer: Adults and Joint Commissioning in respect of safeguarding adults as part of the transforming adult social care process, known as 'Personalisation'.

4.8 Adult Social Care has the role of lead agency in the development and implementation of multi-agency policies, procedures and codes of practice to ensure an effective response to safeguarding issues.

4.9 Members watched a short video in respect of safeguarding which was aimed at those who might be at risk. The video covered the following points:

- Adult Social Care staff, Health professionals, the Police and support workers all work towards safeguarding adults.

- Identification of the various types of abuse, namely: physical, sexual, emotional / psychological, financial and institutional (continuing poor service levels) abuse in addition to neglect / deprivation and discrimination.

- Those to inform in the event of experiencing abuse included a member of staff supporting the victim, a family member, nurse or social worker, a friend or neighbour, manager of a service provider or an advocate.

- Action resulting from claims of abuse consisted of Adult Social Care officers identifying what abuse had taken place and why with reference to social workers, family members, friends or the Police.

- Safeguarding plans, which sought to ensure the individual's safety and protection from abuse, included additional or improved support, relocation, changes in staffing or prosecution. Review meetings were held once or twice per annum to ensure that plans remained appropriate and effective.

- Staff received safeguarding training to ensure that clients were adequately supported and that signs of possible abuse were recognised.

4.10 The following points arose in subsequent discussion and questions:

4.11 'Safeguarding adults' was relatively recent terminology and reflected the transformation from the previous focus on adult protection, which investigated claims of abuse, to the current emphasis on prevention of abuse. The 2000 '*No Secrets'* guidance, which had been highly influential in this transition, had recently been reviewed and a response to the associated consultation exercise was awaited at the time of the meeting.

4.12 Elements of the process of Personalisation needed addressing as they could create or increase the following risks:

- The possibility that an individual could make an inappropriate choice concerning the use of Direct Payments, putting themselves at risk.

- The consequences of the absence of a carer or personal assistant.

- The law enabled Direct Payments to be made to a third party and it was a challenge to ensure that person was appropriate to receive the funding on behalf of the client, to subsequently monitor third party allocations and to address any associated tensions third party allocations created amongst the family and friends of the service user.

4.13 Individual budgets had been previously available to people with LD in Bracknell Forest as part of the national Personalisation agenda and a pilot to roll out this approach more widely to adults in need of social care was underway. Progress achieved in this area by local authorities varied and some had systems in place.

4.14 Contingency planning and risk management were the main issues associated with safeguarding adults as part of the Personalisation agenda and these were incorporated into safeguarding adult policies and procedures in place Berkshire-wide. Each unitary authority was developing such policies and procedures with local partners and agencies to facilitate implementation and plan for contingencies. Although the National Health Service (NHS) was signed up to these policies and procedures, they were not yet embedded in its working practices as evidenced by low safeguarding referral rates. Direct Payments were not currently permitted for NHS funds.

4.15 Owing to the potential for issues associated with Personalisation such as unwise service choices or use of Individual Budgets, the Council needed to demonstrate that its safeguarding plans were as robust as possible. Under the terms of the Mental Capacity Act 2005, the Council did not have the power to overrule an individual's decision if he or she had the capacity to evaluate and retain information, provided that the decision was legal. However, capacity could fluctuate and it was not possible to compel someone to, for example, take his or her medication. In cases where the supported individual was being overprotected by anxious relatives or others, it was the responsibility of Adult Social Care under the Act to ascertain the wishes of the individual who was given assistance to voice his or her wishes. Where someone did not have capacity under the Act it was the Council's responsibility to follow a best interest process to support the individual in the way it was thought they would most like to be supported. In the event that the person did have capacity that had to be respected. However, if the individual required more support than he or she was receiving, a risk assessment could be undertaken to establish how best to secure support. Although there were a number of ways of approaching the

above situations, individuals could not be compelled to receive more support. The Council was able to work with individuals to create a support plan and carried out monitoring and reviewing under its Duty of Care.

4.16 Deprivation of Liberty Safeguards applied where people were living in care homes. The Council needed to be satisfied that the regime of care did not deprive the individual of liberty unless it was authorised to do so and necessary for the person's protection. Bracknell Forest made liberty determinations in respect of self-funders in addition to people receiving Council-funded support and took the least restrictive route. This was a prescriptive process involving a medical practitioner and decisions could be reviewed throughout the duration of the deprivation. A deprivation of liberty could not be authorised for longer than 12 months.

4.17 Care homes had limited scope to promote Personalisation as they featured group settings which tended to lack potential for individualism.

**'In Control' Pilot - Outcomes**

4.18 The Working Group met the Council's Head of Learning Disability Services, who introduced a briefing paper (attached at Appendix 1) in respect of the earlier 'In Control' pilot of rolling out individual budgets to people with LD to enable them to assume control over their personal support and their lives. Gauging the success and outcomes of 'In Control' was intended to assist the Working Group with its evaluation of the subsequent Personalisation pilot.

4.19 The briefing paper explained the purpose of the 'In Control' pilot, the meaning of the individual budget, how individual budgets operated, safeguarding principles and risk associated with the pilot and some safeguards / support. The Head of Learning Disability Services informed Members of the following regarding safeguarding and 'In Control':

4.20 A key principle in relation to safeguarding adults was to understand that everybody took risks in their lives and the associated learning experience enhanced people's knowledge of life. Everyone to a certain degree enjoyed taking some form of risk.

4.21 It was therefore necessary for contingencies to be in place to ensure that the risks associated with activities were taken into account to enable people to pursue activities safely.

4.22 The risks associated with 'In Control' are set out in the attached briefing paper and include the following:

- Individuals may spend their budget unwisely, and in some circumstances this could result in insufficient funds to purchase necessary care.
- Individual budgets could be misappropriated by third parties, if accessed through a Direct Payment.
- People may choose individuals to support them who may pose a risk to them, be unable to meet their needs or offer unreliable support.

4.23 Safeguards had been put in place to mitigate the associated risks, for instance although individuals could choose who supported them, they were given advice

and informed that certain checks could be undertaken. If wishing to employ staff, individuals could receive assistance with preparing job descriptions and advertising for support. Payments were not issued to people who were unable to manage them. Some individuals were able to manage them partially and a combination of Direct Payments and support arranged by the Council or a third party was possible.

4.24 Although it was the norm that people made sensible decisions concerning the use of their individual budgets, robust risk management and safeguarding procedures were in place to minimise the risk of personal budgets being misused. For example, a financial officer would receive quarterly returns from the person receiving the Direct Payment to monitor expenditure. In the event that payments were accruing, arrangements would be made to claw back surplus funds unless there was a justified reason such as saving for a relevant piece of equipment. People did not normally resist repayment of surplus funds.

4.25 The following points arose in response to Members' questions:

4.26 At the time of the meeting 353 individuals with a LD were being supported by Adult Social Care, of whom approximately 90 had an individual budget.

4.27 In the 2010/11 financial year, more individuals would have their own budgets. Every young person in transition from Children's to Adult Social Care would have an individual budget.

4.28 Individuals were allocated their own budgets as and when they wished to change their lives and support arrangements. For example, some people who had been in residential care for a long time may not seek change.

4.29 The present Personalisation pilot involved support planners working directly with individuals to prepare their support packages in the knowledge of the amount of the personal budget. People taking part in the pilot could operate their personal budgets in a range of ways as detailed in the attached briefing paper.

4.30 'In Control' had presented a range of challenges for staff and those employed in the LD service had seen the positive effects that individual budgets could have on people's lives.

4.31 There were statutory requirements to check and assess the needs of carers.

**Care Quality Commission (CQC) Themed Inspections**

4.32 At a meeting with the Council's Personalisation Programme Manager, the Working Group received copies of a presentation concerning the outcomes of CQC themed inspections of fourteen other local authorities in respect of Safeguarding, Choice and Control or Improved Quality of Life published during 2009.

4.33 In terms of safeguarding, 12 of the local authorities were performing adequately and 2 were performing well. 12 authorities had been inspected under the theme of Choice and Control, of which 4 were judged to be performing adequately, 7 to be performing well and the remaining 1, the London Borough of Tower Hamlets, performing excellently. 2 of the authorities judged under the category of Quality of Life were performing adequately whilst the remaining 4

were performing well. The presentation explored the outcomes of the inspections in terms of areas of good progress and those where a need to improve had been identified.

4.34 The Working Group subsequently received information as to what had led the CQC inspectors to judge Tower Hamlets as performing excellently in relation to increased Choice and Control for older people and their recommendations on what that Council should improve in this area. The Working Group decided to visit one of the highly performing authorities to learn about best practice.

4.35 With regard to the operation of safe recruitment processes and practices in relation to safeguarding, a CQC report had found that these included encouraging the users of Direct Payments to carry out CRB checks when they employed personal assistants; providing information and support to Direct Payments users to ensure their safeguarding needs were identified and met; and identifying and addressing the specific risks related to self-directed support.

4.36 Members were advised that Bracknell Forest operated safe recruitment practices and had increased investment in safeguarding which was embedded in the culture of the Council. Changes in organisational culture could be achieved by giving staff the correct tools, support, training and supervision and by the demonstration of personal responsibility and commitment at all levels. Council staff received professional supervision on a monthly basis and it was written into contracts that care workers received regular training and supervision, which was required and checked in the case of regulated services. A situation where managers were too overburdened with work to undertake the monthly supervision sessions should not arise.

4.37 Minimising the risks faced by people who lived in situations of ongoing vulnerability could be achieved by identifying the risks faced by individuals and using the information to inform and prepare robust contingency plans.

4.38 The outcome of the last CQC inspection of Adult Social Care services at Bracknell Forest, undertaken in 2008/09, was that the Council was performing well. Amongst many positive factors, the inspection found that there had been a sharp increase in older people's safeguarding referrals with the rate being significantly higher than the average for similar councils and that the Council's rate of safeguarding referrals in respect of people who funded their own care was lower than similar councils. The latter indicated that further work was required to improve awareness of staff who worked with such people and that the rate of training in the independent sector was too low. Subsequent improvements have been made in this area (see paragraph 4.65).

**Personalisation Pilot**

4.39 The Working Group received a presentation from the Council's Personalisation Programme Manager and Personalisation Development Manager in respect of the Personalisation Pilot which explained the timing and stages of the pilot, referrals to the pilot, the pilot project, support plans and next steps. Members were subsequently updated by the Chief Officer: Adults & Joint Commissioning with progress to date and subsequently received copies of the pilot evaluation report. The following points arose from questions and discussion at the 2 meetings:

4.40 The pilot had operated from 1 August 2009 to 31 January 2010. The target number of referrals to the pilot was 40, the average of other pilot authorities, consisting of 25 older people, 7 people with long term conditions, 5 people with mental health problems and 3 older people with mental health issues. In addition, any referrals to the Autistic Spectrum Disorder Virtual Team were considered for the pilot which aimed to be a representative sample of people in terms of the Bracknell Forest demographic, including both new and re-referrals, with varying support needs and at least a representative sample of people from Black and Minority Ethnic groups. Of the 59 people involved in the pilot, 30 people's support plans had been approved by the end of it. Others continue to be approved.

4.41 The Working Group received a DVD relating to Personalisation which had been produced by the Council and detailed 2 case studies as examples of the pilot and 12 individual Personalisation stories. One of the case studies featured a support plan designed to meet the needs of the individual and his family members as carers and offered a successful solution for all. The second case study related to a person who was self-funding her support and took the opportunity to have a support plan to assess her care / activity options and put contingency plans in place should the need arise.

4.42 The pilot sought to identify the best and most appropriate methods of supporting the individuals involved and their support plans were subject to checks to ensure that they were legal, safe and met their needs. Personalised support plans could be more complex and resource intensive to plan and prepare than traditional care packages, as they sought to involve and address the needs of family members or carers in addition to people receiving support and included contingency planning. However, when in place they generally required minimal maintenance as they operated successfully in the long term if planned effectively. A scoring matrix was utilised to help determine the individual budget for each person.

4.43 Whilst people over the age of 65 years tended to feel more comfortable with their traditional care to which they had become accustomed, younger people generally welcomed personalised support plans as they appreciated the increased freedom and choice offered. This trend was reflected nationally.

4.44 Where individuals lacked mental capacity to indicate their needs, they were referred to an advocacy service and all involved worked with the Council to ensure that a suitable care package was in place. Existing or interim care packages would be actioned whilst new ones were developed.

4.45 There was a statutory requirement for care packages to be reviewed. An initial review took place 6 weeks after a support plan had been implemented to ensure that it met all requirements and reviews on at least an annual basis took place thereafter to establish that they remained appropriate. It was possible for additional reviews to be undertaken at any stage if a change of circumstances had transpired. Monitoring services and responding to changes in need were considered to be crucial.

4.46 Safeguards existed to control possible fraud associated with Direct Payments and two incidents of pre-existing issues of a similar nature had been highlighted by the Pilot.

4.47 The earlier pilot, 'In Control', and subsequent roll out of personalised care to people with LD had informed the general Personalisation approach and LD work and procedures had been adapted as the process progressed.

4.48 The number of referrals to personalised services, some of whom were self-selected, had increased. From October 2010, all new referrals would pass through the Personalised process and there were targets of 10% of service users receiving a personalised care package by March 2010 and 30% by March 2011. The rate at the time of the first meeting was 23-24%. Difficulties would be experienced in reaching the higher target due to the success of the reablement service which returned people to independence. It was hoped that the data would bring about a change to an unachievable target.

4.49 The Working Group was advised that, for the individuals who had participated in the pilot, it was not possible to make a direct cost comparison between the traditional and personalised care systems because the individuals' needs had changed. However, the majority of people in need of care did not overstate their requirements, and were very careful to spend the money wisely.

4.50 The need to promote Personalisation as a person-centred approach and develop consistent processes rather than re-brand existing services was identified and the care management culture was being replaced by one of enablement where individuals and families could take ownership of care. Details of people's chosen activities were gathered as a central information source within the Personalisation programme.

4.51 There had been an extremely positive response to the pilot which was successful and appreciated by those involved. All the people who took part in a review or an interview in respect of the Personalisation process reported positive outcomes for themselves and their family carers together with both mental and physical health benefits of having personalised support arrangements. Most people reported that they had more dignity and control over their lives and support arrangements, had a better social life and better relationships with their family and friends and that they felt safer in the home and out and about. All the individuals attributed these benefits to having personalised support. Although some people had been in receipt of traditional care packages beforehand, they had not always adequately met their needs whereas personalised care was designed to be the best solution to meet support needs. No one identified any negative impact of having a personal budget.

4.52 Difficulties in recruiting personal assistants and in obtaining reliable agency cover care services were identified as possible drawbacks of Personalisation and it was felt that the provision of care by family members or friends appeared to be the most successful arrangement. However, people were not obliged to organise their own support and that the Council would do this on their behalf in accordance with their specified wishes and assist with recruitment and undertake CRB checks where the employment of personal assistants was sought, and it would review care packages under all circumstances. Uptake of CRB checks was actively encouraged. Other organisations offered assistance such as payments (payroll services) to personal assistants.

4.53 In addition to reliability issues, dissatisfaction with agency care services existed around inflexibility and inconsistency, where the latter could result in the provision of care by numerous different individuals. A further issue was agency

staff not providing care for the full duration of the booked timeslot. Although these were ongoing issues, attention had been drawn to them recently as the Personalisation pilot had sought people's views on their needs and services. It was recognised that the Council was better placed than individuals to influence agencies to improve their performance as it was a significant customer providing much business.

4.54 In the pilot, people focused on receiving care and support in a manner which enabled them to remain engaged with the community and continue chosen activities and interests. Plans were being implemented to develop a 'time bank' resource of people with time and skills to offer free services to the community in return for another service or knowledge e.g. dog walking could be bartered for ironing services. The Council was in receipt of a modest grant to establish the 'time bank' and proposed to extend it beyond the social care environment to include the wider community.

The following points arose from subsequent questions and discussion:

- It was felt that reliance on paid services alone was not possible and that mainstream services and activities such as leisure centres should be encouraged to offer greater support to people.

- The Personalisation pilot had developed slowly initially, and although much associated staff training was provided some staff had remained suspicious of the concept of Personalisation and been reluctant to refer people to the pilot. All people newly entering Adult Social Care would receive personalised support arrangements from October 2010. The Council was now in a position to take Personalisation forward and would use early work to ensure appropriate links between reablement services and long term support planning were developed. Future evaluations would be undertaken. An increase in caseloads associated with Personalisation was not anticipated and the eligibility policy would apply.

4.55 A strand of work arising from the pilot was to consider workforce planning and other staffing issues to ascertain whether the Council was employing the correct number and type of staff to ensure that all people in need could be catered for. Although qualified social workers were not necessarily needed to develop care packages, it was anticipated that they may be required in complex or specialist areas such as safeguarding and mental health. Staff training and support were important aspects of the Personalisation process.

- A clear communications strategy was in place and publicity in respect of Personalisation had been low key to date featuring mainly voluntary organisations and service providers. Publicity relating to safeguarding had brought an increase in safeguarding referrals in Bracknell Forest although this was preferred to under reporting of issues.

- Following the closure of Downside Resource Centre, some funding previously spent there had been re-directed to other day services to fund displaced people. However, as many former Downside users had attended for social reasons, including lunch, this activity could be accommodated elsewhere outside day care services.

- Attached at Appendix 2 are comments and compliments received from individuals, carers, the Personalisation Team and other stakeholders in respect of the Personalisation pilot. Any negative comments received related to agency

problems and not the Personalisation approach. One individual had commented that this was the first time in 4 years of social care receipt that questions about his past lifestyle and interests had been asked, in order to decide what options were best for him. This may have been because there was lack of choice in support options previously.

**Safeguarding Adults**

4.56 The Working Group met the Head of Adult Safeguarding who explained his role and responsibilities and the Council's safeguarding policies and procedures. The following arrangements and links to adult safeguarding were explained:

- Safeguarding Adults Partnership Board – This Board, which reported to the Health and Social Care Partnership and was chaired by the Council's Director of Adult Social Care and Health, met bi-monthly and was responsible for the development and implementation of local policies and procedures in relation to the safeguarding of adults whose circumstances made them vulnerable. Information and training opportunities were shared where possible. Membership included Thames Valley Police, West London Mental Health Trust, NHS Berkshire East, Berkshire Healthcare Trust, CQC, Local Safeguarding Children Board, Berkshire Care Association, Bracknell Forest Voluntary Action and the Royal Berkshire Fire and Rescue Service. Representatives of the Local Safeguarding Children Board attended the Safeguarding Adults Partnership Board and vice versa to facilitate information exchange.

- Care Governance Board – This Board, which comprised internal officers, reported to the Safeguarding Adults Partnership Board and met on a monthly basis to identify internal and external provider services that were of concern and ensured that appropriate management action was taken to address those concerns. The Care Governance Framework stipulated that no placements would be made to organisations that were 'red flagged' and that urgent action would be taken to resolve the situation. 10-12 services had been 'red flagged' and such alerts could result from poor CQC ratings or safeguarding issues. 'Green flagged' services were considered to be safe to use without extra caution, whilst caution was applied to those which had received an 'amber flag' rating. If a vulnerable adult who was deemed to have mental capacity chose to use the services of an 'amber flagged' organisation, the Council may acquiesce subject to appropriate risk management arrangements being in place. Safeguarding alerts could emanate from people receiving care or other local authorities. Although it was possible to discontinue placing people with a provider of services such as domiciliary care, residential homes or nursing homes on the basis of information received, such as consistent underperformance, a cautious approach needed to be adopted. Other local authorities would be informed where Bracknell Forest had concerns about a service provider.

- Safeguarding Adults Forum – The purpose of this quarterly forum for providers was to give an opportunity to share and promote good risk management and safeguarding practice.

- Multi-Agency Risk Assessment Conference (MARAC) Meetings – The Head of Adult Safeguarding and operational staff attended these meetings which took place at monthly intervals and were chaired by the

police. The meetings focused on sharing information and developing multi-disciplinary risk assessments in respect of vulnerable adults and victims of domestic violence etc. The bringing together of varying pieces of information from different sources could be crucial in relation to assessing risk and preparing safety plans. The vulnerable elderly and adults with mild LD who could be adversely influenced by others were amongst those for whom risk management plans were developed.

- Multi-Agency Public Protection Arrangements (MAPPA) Meetings – These monthly meetings considered public protection arrangements in relation to people who posed a potential risk to the public such as ex-offenders and child abusers. They were co-chaired by the police and probation service and attended by the Head of Adult Safeguarding and operational staff.

- Local Safeguarding Children Board – The Head of Adult Safeguarding and operational Heads of Service attended this quarterly Board. Relevant information from the Local Safeguarding Children Board Business Manager was disseminated to operational staff in Adult Social Care and Health. Adult Services had recently been involved as part of an action plan following a Serious Case Review.

- Crime and Disorder Reduction Partnership – Sub groups, including Domestic Violence, Anti-Social Behaviour and e-safety were also attended by the Head of Adult Safeguarding and operational Heads of Service. The Anti-Social Behaviour Co-ordinator had recently been granted access to the new Adult Social Care and Health IT system allowing relevant information to be accessed more rapidly.

- Berkshire East Safeguarding Lead Meetings – This group met on three occasions annually and membership comprised the chairpersons of Safeguarding Adults Boards and lead officers or directors. The Group informed the work of the Safeguarding Co-ordinators, where there was an advantage in working jointly across boundaries.

- Berkshire East Safeguarding Co-ordinators Meetings – These meetings took place bi-monthly and implemented work regarding strategic direction for safeguarding across East Berkshire in terms of, for example, contracts, commissioning and work force strategy.

4.57 Although Direct Payments could be perceived as an increased safeguarding risk, statistics, which found that the majority of cases of abuse occurred in people's own homes and were perpetrated by someone that they knew, did not give grounds for this concern. Safe and clear risk management and information exchange were built into the Direct Payment process. Those receiving care in their own homes benefited from a closer circle of people to watch over them than those in residential care homes. Complaints associated with traditional care packages were targeted and resolved rapidly.

4.58 The following points arose from Members' questions and related discussion:

4.59 In terms of whether the current safeguarding policies and procedures were successful, the Working Group was advised that CQC had identified service user involvement as an area in need of improvement to enable people to have greater input into safeguarding services.

4.60 Although many of the forums in which Adult Safeguarding was involved were primarily for the purpose of information exchange, those which involved the police (MARAC and MAPPA) had powers to take action.

4.61 At the time of the meeting, a local group in the 16-45 years age group was adversely influencing and taking advantage of young adults with mild LD and diminished capacity. As it was not possible to separate the young adults from this social network, preventative measures and highlighting of the associated risks were being pursued in a multi-agency response. If any of the targeted young adults were found to lack capacity alternative solutions with greater support would be considered in their best interests. Some of the perpetrators were also at risk and led chaotic lifestyles. Since the meeting, an Anti Exploitation Group has been established and is chaired by the Head of Adult Safeguarding. Multi agency risk management plans for each individual at risk have been clarified and further developed. The Group is now in the challenging process of developing prevention strategies providing opportunities for lifestyle change leading to a reduction in risk.

4.62 Although adult safeguarding policies and procedures were considered to be sufficiently robust, it was not possible to eradicate all abuse, particularly that of a financial nature. The process minimised abuse and involved staff training to raise awareness, identify abuse and inform resulting actions. There was a fixed process to follow within set timelines and allegations of abuse would be investigated and assessed before appropriate responses were decided and actioned.

4.63 Reference was made to the 'Safe Place Scheme' which involved 200 shops and other premises displaying the nationally recognised Safe Place symbol and acting as a safe haven for members of the public feeling vulnerable or scared. The scheme would be launched in the two months following the meeting.

4.64 The Council's adult safeguarding recording guidance was currently being amended to tie in with the new IT recording system with a safeguarding module which was in place.

4.65 In 2009/10, there had been a 30% reduction in adult safeguarding referrals owing partly to people not being placed in some local poorly performing homes and the roll out of a training programme to 94% of providers which had raised awareness and increased confidence to judge the appropriate response to an event e.g. a one-off error in administering medication did not necessarily require launching the full safeguarding process and could be dealt with and monitored through regular supervisory meetings. A good standard of safeguarding had been achieved and staff, who were qualified and experienced, regarded safeguarding as intrinsic to their role and they ensured that all procedures were being followed and standards were being maintained. Existing good links with partner agencies were being built on through regular meetings where pointers and influence to enhance safeguarding could be applied.

4.66 In response to a question concerning any gaps in service provision, the Head of Adult Safeguarding felt that the correct weight of importance was attached to safeguarding and that the right processes were in place to enable swift person-centred outcome focused responses. He highlighted the need to involve individuals in safeguarding practices and ascertain what they sought from it. Information needed to be gathered rapidly to inform and personalise solutions to abuse. This could include entering people's homes to investigate allegations

if they wished. The Working Group recognised that safeguarding policies and procedures enabled people to be open in respect of abuse and aware of how and where to raise concerns.

4.67 The Berkshire Multi-Agency Policies and Procedures which were written in 2008 were now in need of review.

**Personalised Support Users**

4.68 Although the Working Group made significant efforts to explore the experiences of people involved in the Personalisation pilot, it succeeded in meeting only one man receiving personalised support and his wife, Mr and Mrs Y, who gave their agreement to be anonymously quoted in this report.

4.69 Mr Y, who had very limited mobility and was wheelchair bound, had suffered a stroke following a triple heart by-pass operation and now suffered from arthritis, Alzheimer's Disease and linked vascular and degenerative conditions. His heart condition prevented him from being prescribed with Alzheimer's medication.

4.70 Although Mrs Y acted as her husband's carer for much of the time, they benefitted from 15 - 20 hours full personal care each week from a support worker they appointed through the Personalisation process. The support worker, who was a local friend and not an agency employee, was much appreciated by Mr and Mrs Y and had improved their quality of life significantly, providing Mrs Y with some respite. Personalisation was felt to be a significant improvement over traditional care packages.

4.71 Mr and Mrs Y had learnt of the Personalisation scheme from an occupational therapist who felt that they would be eligible candidates for the pilot. Their needs had been assessed as part of the Personalisation process and this had included a visit from an occupational therapist, a meeting with a Personal Facilitator in Adult Social Care, and a further meeting to provide details of their situation and care needs in order for the most suitable care package to be designed. A Board agreed the amount of funding to be allocated and this was paid directly into a separate bank account.

4.72 The support worker normally provided care in 5 hour slots on 3 days per week, however, this was a flexible arrangement and the care schedule was generally agreed 1 to 2 weeks in advance. Although the support worker had previously relied on her parents and parents in-law to cover for her two week summer holiday entitlement or when her children were unwell, a change in family circumstances now prevented this and it had become necessary for Mr and Mrs Y to seek cover from a private agency as no other friends or family members were available to assist. Agencies charged a higher hourly rate than the £12 per hour paid to the support worker and any significant increase would require seeking a funding increase from the Board.

4.73 Mr and Mrs Y had experienced significant difficulties in securing agency cover care. Although the first agency with which they had been put in contact had undertaken an initial assessment, it failed to make further contact or prepare a care plan for agreement and adopted a discourteous manner when pursued. A representative of a second agency had failed to keep an appointment to undertake an assessment and it was hoped that the re-appointment on the day following the meeting would be honoured. Mrs Y felt that the Council was not in

contact with reliable agencies. Although her experiences with agencies to date had been logged by the Council, an official complaint had not been made. However, she was advised that the Council would act if other people experienced similar problems with those agencies.

4.74 When asked whether she could identify any scope for improvement in the transfer to personalised services, Mrs Y advised that she could not and that the transfer had been trouble free. Unreliable private agencies were her only cause of concern and it was not known whether it was the carers or their managers who were at fault.

**Visit to West Sussex County Council**

4.75 The Working Group visited West Sussex County Council to explore best practice in terms of safeguarding adults in the context of the Personalisation agenda with Sue Cart, Head of Safeguarding, and County Councillor Peter Catchpole, Cabinet Member for Adults' Services. West Sussex was selected for this purpose as it was a council which performed highly in terms of Personalisation and safeguarding adults and had been one of the thirteen national Individual Budget pilot sites and therefore had advanced 2 years further into the process than other local authorities and had access to additional support and funding. The following points arose from the discussion:

4.76 The County Council's approach to safeguarding was to enable anyone to report any concerns and to work jointly with partners on an overarching multi-agency basis to promote safeguarding and a zero tolerance to abuse. The latter message, which had accompanied the roll out of the Personalisation agenda, was thought to have contributed to the rise in the number of safeguarding referrals in West Sussex from 600 to 3,000 during the past 3 years. This had presented a challenge resulting in the need for prioritisation. Where oversensitivity and over caution had led to the reporting of many low level safeguarding issues, this was investigated in-house to establish whether a particular service area warranted action to remedy issues.

4.77 In order to facilitate an understanding of safeguarding, councillors' briefings, training and refresher sessions were provided at intervals. A CQC inspection of the County Council had found that there were high safeguarding awareness levels amongst Members and this had been made a priority. Safeguarding awareness events involving partners and the voluntary sector etc were undertaken to test understanding, provide evidence of progress in joint working and demonstrate the existence of compatible linked safeguarding systems between partners. An annual safeguarding report would be submitted to the County Council's Adult Social Care Select Committee to review the report in public raising the profile of adult safeguarding.

4.78 Self-neglect was identified as a particularly new and growing problem in West Sussex as in many local authorities. Although individuals concerned may not lack mental capacity, they may make unwise decisions culminating in the avoidance of both health and social care. The County Council had Positive Risk Enablement and Self-Neglect policies in place. The former allowed people to choose to live with a level of risk, empowering them to make informed choices and decisions about their lives, and featured assessments involving service users and staff. Concerns could be escalated to the Risk Assessment Panel and all circumstances, including mental capacity assessment, were

recorded and legal advice sought when required. A related issue was when to intervene under the Duty of Care.

4.79 The County Council had developed good partnership working with the assistance of the West Sussex Forum which promoted relationships with peers such as the voluntary sector. Relationships with local health partners had become more integrated and featured increased joint commissioning. However, there was scope for further engagement with mental health services. The new Health White Paper brought uncertainties for the future. Police resources to respond to safeguarding referrals to determine whether criminal activities had taken place were under pressure and the police were aiming to improve their performance in this area.

4.80 The population of West Sussex was 750,000 of which there were approximately 18,000 open Adult Social Care cases at any one time. The County Council managed the finances of 750 people whilst others were supported by their families. The steep rise to 3,000 safeguarding cases had now stabilised at that level. The overall Adult Social Care budget at West Sussex was £117.607m and there was a budget of £404k for the adult safeguarding team. 300 social workers and occupational therapists were employed by West Sussex and all had a role in safeguarding. There were also 118 contracted Domiciliary Care Providers. Referrals were investigated by an independent panel and there were 4 independent chairpersons to chair conferences etc. who were matched to geographical areas other than the one in which they were based to increase independence and objectivity, which could be questioned by some as they were employees of the County Council. As consultants were costly, officers from other local authorities were also utilised to carry out independent reviews on occasions.

4.81 The past 4 years had witnessed many developments including a significant public awareness campaign featuring radio broadcasts, articles in Council and local newspapers and display of information in all public places including GP practices, which had led to the increase in safeguarding referrals. Although Personalisation had generally been well received, older people tended to be less enthusiastic to take up Direct Payments as they found the associated paperwork daunting and this was an area identified for review. The Independent Living Association offered assistance with advertising for carers, CRB checks etc. to clients receiving Direct Payments. People in need of support would be advised if their intentions were not considered to be in their best interests. Individuals who had been successfully reabled and re-assessed as no longer needing services would have them withdrawn in phases and be signposted to support in the community.

4.82 Direct Payments presented financial issues for the County Council as the resulting under-utilisation of day centres meant that the Council was funding duplicated services and may need to further reduce or cease to operate its own in-house day services as individuals would commission more of what was required from outside in the future. Direct Payment bank accounts were monitored to ascertain whether social, emotional and care needs were being met appropriately. Payments would be re-assessed under circumstances where money was spent incorrectly or was accruing because services were not being bought. Saving for a relevant reason, such as the purchase of a deluxe wheelchair, was acceptable when agreed in advance with the County Council. Accruing funds could be clawed back by repayment or reduced payments in future months.

4.83 Public information was provided in respect of the closure of residential care homes due to safeguarding issues remaining unaddressed and County and District councillors were notified. The recent closure of two residential care homes owing to the arrest of the illegal immigrants operating them had presented a challenge to the County Council which had subsequently run the homes for 3 days assessing and re-homing 96 clients. Local Members had offered assistance, relatives had been notified and no complaints had been received.

4.84 Social workers were spread evenly across the County and information was cascaded on a county-wide basis. The fact that some County Councillors were also District Councillors assisted with information exchange. Chief Executives of local housing authorities and associations were members of safeguarding panels and acted as information conduits.

4.85 In pursuance of continual operational improvement, approximately 40 safeguarding audits were undertaken each month in respect of referred cases. The audits consisted of ascertaining whether practices such as compiling full chronologies were adhered to and the outcomes were considered at quarterly meetings. Safeguarding was also subject to independent audit. Self-directed support was also audited on a monthly basis to review the quality of practices and decision-making. Although services were made as safe as possible, there was a limit to what could be achieved owing to human behaviour and the audits demonstrated that all concerns had been recorded and served to reassure Members that all possible steps had been taken. Much of safeguarding consisted of managing risk and having contingency plans in place and the rigour with which children were safeguarded had been brought to adult safeguarding in West Sussex. There was sometimes a need to support workers through the process and justify why decisions had been made.

4.86 Refused services were exceptional and would cause an alert to be issued. Safeguarding referrals from day and residential care had reduced. Although referrals were often via third parties such as carers or paramedics, some care homes reported themselves which was felt to be a favourable move. Incorrect administering of medication was a problem and the absence of a care plan when a client entered a care home was a safeguarding issue. Domestic referrals such as domestic violence had increased indicating that safeguarding information was available and being accessed by the general public.

4.87 There were 401 independent residential providers in West Sussex which were inspected by the CQC. The County Council only placed its clients in care homes with good or adequate inspection ratings and the use of homes with a poor rating would be suspended until they improved. The Council worked with the CQC and alerted other local authorities to poor service provision. Whilst some care homes had previously experienced difficulties in recruiting registered nurses, this was not the case in the current local employment market which was competitive and included many foreign employees, although associated language and culture differences could present problems.

4.88 An issue in West Sussex was people previously able to fund their own care finding their funds depleted and turning to the Council for support. The West Sussex Forum had developed a financial planning pack to remedy this. The pack consisted of assessment by the Council to ascertain whether people were genuinely in need of residential care at that stage or whether a suitable

alternative could be found. Such alternatives could be down sizing their home to free funds or making use of the 'Home Share' scheme where a matched social worker or other professional could be a lodger and administer some care.

4.89 Safer recruitment practices were operated by the County Council which included mandatory CRB checks on social workers. There were cross-Sussex synergies between the Council, the NHS, probation service and police and the 'Think Family' approach had been adopted around probation issues as ex-offenders could present risks in the home to vulnerable family members.

4.90 Ownership and personal responsibility were felt to be beneficial safeguarding qualities and councillors demonstrating interest, enthusiasm, commitment and responsibility assisted staff and promoted a positive culture. The Council sought to involve Members and the public as much as possible. Members were aware of services and facilities in their particular area and wished to be briefed on relevant developments.

4.91 Care needed to be taken to ensure that commissioning and contracting arrangements were safe. As GPs would assume responsibility from Primary Care Trusts for commissioning many health services in the future, consideration needed to be given to how the County Council would engage and work with GPs. The County Council could receive individual health care budgets, including mental health, in the future and gain prescripted funding to fund drugs and assessments which would require the involvement of GPs. Consortia of GPs would develop in West Sussex. These factors would impact on safeguarding and changes to arrangements would become necessary.

## 5. Conclusions

From its investigations, the Working Group concludes that:

5.1 Personalisation is felt to be a significant improvement over traditional care packages and provision of care by family members or friends appears to be the most successful arrangement. There has been an extremely positive response to the Personalisation pilot and those involved have reported positive outcomes for themselves and their family carers together with both mental and physical health benefits of having personalised support arrangements. Most people reported that they have more dignity and control in their lives and support arrangements, have a better social life and better relationships with their family and friends and that they feel safer in the home and out and about. No one identified any negative impact of having a personal budget, however, elderly people tend to have less enthusiasm for Personalisation than their younger peers as they have become accustomed to traditional care packages with which they feel comfortable.

5.2 Although there are no reported issues with the Personalisation approach in Bracknell Forest, concerns around the ability to recruit / employ personal assistants and difficulties in obtaining reliable and consistent agency care services have been identified as possible issues to be addressed.

5.3 Bracknell Forest's adult safeguarding policies and procedures, including contingency planning, risk management, safe recruitment practices and increased investment in safeguarding to embed it in the culture of the Council, appear to be sufficiently robust with sophisticated and effective measures in place. However, it is not always possible to proactively safeguard and eradicate all abuse and therefore positive risk taking is key to providing person-centred support for people and a balance must be struck between protection and risk.

5.4 Financial abuse is a concern as it is growing nationally and one of the most difficult to prevent. The Working Group also has concerns around young adults with mild Learning Disabilities being adversely influenced and taken advantage of (paragraph 4.61), and is pleased that the Anti Exploitation Group has been established to tackle this.

5.5 Some adults may choose to disengage from service provision, but by raising awareness of safeguarding and adult abuse issues, including actions to be taken in response to related concerns, the Council, partner agencies and the wider community may minimise cases of abuse.

5.6 Training is key in all areas, including the independent sector, for the successful implementation of the safeguarding agenda. This not only includes training for staff who have a safeguarding role and are aware of how to respond but also general awareness training for all workers who have contact with vulnerable adults. Training and the standard of safeguarding generally could be assisted by having a manual similar to the 'Safeguarding Toolkit' issued by the Bracknell Forest Local Safeguarding Children Board.

5.7 Although individual budgets have been perceived by some people as an increased safeguarding risk, statistics have found that the majority of cases of

abuse occur in people's own homes and are perpetrated by someone that they know, which do not give grounds for this concern.

5.8 High safeguarding awareness levels, interest, commitment and personal responsibility amongst Members and the public are considered to be beneficial to protect vulnerable adults from abuse and create a positive, open and transparent culture.

5.9 Reliance on paid services alone is not possible and mainstream services and activities such as leisure centres should be encouraged to offer greater support to vulnerable people using their facilities.

5.10 The 30% reduction in adult safeguarding referrals owing to people not being placed in some local poorly performing homes and the roll out of a training programme to 94% of providers to raise awareness and increase confidence to judge the appropriate response to an event, has addressed 2 issues raised by the CQC in Bracknell Forest's 2009/10 performance assessment. However, following a review of CQC 2009 themed inspections, CQC has identified individual involvement as an area in need of improvement nationally to enable people to have greater input into safeguarding services.

5.11 Demographic changes indicate that an increasing number of people will be living longer with conditions such as dementia, chronic illnesses and Learning Disabilities resulting in an increase in the number of potentially vulnerable adults in need of safeguarding in the community.

5.12 Many local authorities, including West Sussex County Council, have attached the rigour with which children are safeguarded to adult safeguarding and this has included introducing independent persons to chair safeguarding referral conferences.

5.13 Although the NHS has signed up to safeguarding policies and procedures, they are not yet embedded in its working practices as evidenced by low referral rates.

## 6. Recommendations

It is recommended to the Executive Member for Adult Services, Health and Housing that:

6.1 Secure, reliable, safe and consistent personalised care services be provided for users by public, private and independent providers; and that these providers be monitored appropriately at all times;

6.2 People who are purchasing their own care support through Direct Payments continue to be made aware of the arrangements for the management of adult safeguarding in Bracknell Forest to enable them to access assistance and advice through the appropriate channels;

6.3 Adult safeguarding training and awareness raising be continued in all sectors, including the independent sector, to ensure the successful implementation of the safeguarding agenda;

6.4 Financial abuse and the adverse influencing of young adults with mild Learning Disabilities continue to be monitored to ascertain whether sufficient action is being taken to tackle these issues;

6.5 Mainstream services and activities such as those offered by leisure centres operated by the Council be encouraged to continue to offer greater support to vulnerable people using their facilities in place of traditional day services;

6.6 In line with the CQC recommendation, individual involvement to enable people to have greater input into safeguarding services be improved;

6.7 Increased flexibility and independence be incorporated into safeguarding reviews featuring the involvement of and / or conference chairing by someone independent of the team the subject of the case review, such as the Council's Head of Adult Safeguarding or a cost free reciprocal ad hoc arrangement with another local authority;

6.8 Members be made aware of adult safeguarding services, facilities and issues in their particular area and be briefed on relevant developments to raise safeguarding awareness levels to protect vulnerable adults from abuse and create a positive, open and transparent culture;

6.9 The NHS continue to be encouraged and supported to embed modernised empowering adult safeguarding in its working practices;

6.10 Consideration be given to devising an Adult ‘Safeguarding Toolkit’ similar to that issued by the Bracknell Forest Local Safeguarding Children Board; and

6.11 Consideration be given to the development of a Self-Neglect Policy for Bracknell Forest.

## 7. Glossary

| | |
|---|---|
| CQC | Care Quality Commission |
| CRB | Criminal Records Bureau |
| Direct Payment | One of a number of ways of accessing the Individual Budget |
| GP | General Practitioner |
| Individual Budget | The money at a person's disposal to plan their support |
| LD | Learning Disabilities |
| MAPPA | Multi-Agency Public Protection Arrangements |
| MARAC | Multi-Agency Risk Assessment Conference |
| NHS | National Health Service |
| Personal Budget | An allocation from the Council to an individual eligible for social care support based on an assessment of need. The individual can use this allocation in the most appropriate way to meet his / her support needs, either by deciding what services the Council should provide, or, if he / she would like to obtain the services him / herself, by receiving a Direct Payment. |
| PF | Personal Facilitator |

**APPENDIX 1**

## 'In Control' Pilot Briefing

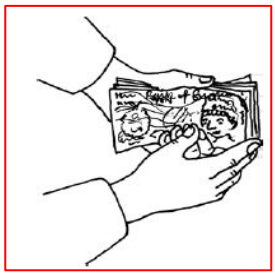
### What is In Control?

**In Control** is about disabled people getting control over their support – and their lives.

### What is an Individual Budget?

An Individual Budget is the amount of money the Council will give to a person to pay for the support they need to live safely. Each person should know how much money the Council thinks they need before they start planning.

### How you can have the Individual Budget?



1. Direct Payment: The money goes straight into the person's bank account and they look after it. They arrange their own support in the way the person's Support Plan says. The individual keeps information about how they have spent the money to show the Council. Help can be provided to do all this.

2. Indirect Payment: The money goes to the Agent - someone who agrees to act on the person's behalf. The Agent spends the money on buying the support the person needs.

3. A Trust: A Trust is a group set up to act for the person. The Council has a contract with the Trust. Support money goes into the Trust's bank account. The Trust arranges the support in the way the Support Plan says.

4. Broker: The individual can pay an independent broker to control the money on their behalf and also pay a broker to arrange all or part of their package i.e. like finding a person the right place to live.

5. Individual Service Fund: The individual can ask a Provider Service to manage the money and organise all their care and support for them. They will do this in the way that the person wants, and will have a special account just for the person. They will charge the individual a "fee" to do this, which can be paid for from the allocation.

6. Care Management: If the person does not want to arrange their own support, or do not have anybody to help them with this, then they can still have a Support Planner to do this for them.

People can have their individual budget in one of the above ways, or as a combination – e.g. a small proportion as a Direct Payment, the rest of the support arranged by the Council.

### Safeguarding and In Control:

Key Principles:

- Everybody takes risks in their lives. This helps people to learn about life.
- A lot of things that people enjoy doing are a bit risky.
- When people take risks, they plan carefully to make the risk as low as possible.

- Some people may need help to plan in this way.

- We must all work together to help people do the things they want to do as safely as possible.

- How people will be supported to take risks safely should be included in the Support Plan.

Risks Associated with In Control:

- Individuals will spend their budget on things they shouldn't.

- Individuals will spend their money in a way that their budget runs out too early and will therefore ask the Council for more money to meet their needs.

- Individuals do not spend their money on needs and save the money up.

- Individuals monies are misappropriated by third parties.

- Individuals may choose people to support them who may be a risk to them.

- Or the persons chosen to support the individual do not or are not able to meet the person's needs.

- Individuals chosen support will not turn up to support them (e.g. sick).

Some Safeguards / Support:

- The individual budget is to be spent on what is identified in the Support Plan.

- People are supported to develop a Support Plan that identifies how they want their needs met and how their budget will be spent to achieve this.

- When setting up Direct Payments, CRB checks are offered to those people who are going to employ their own support workers.

- Advice and support can be provided when employing peoples own support workers including: advertising / recruiting / employment advice, payroll, insurance, appropriate uses for the money and accounting.

- The Support Plan should include some contingency planning. For example, if a Support Worker is unwell or leaves there are other people already in place who support / can support the individual.

- Throughout the year the finance officer will receive quarterly returns from the person receiving the direct payment and they will monitor the amount of money in the account.

- Effective risk assessment and risk management planning is part of the Support Plan.

- When a Support Planner is no longer needed by the individual they will take reasonable steps to make sure that the person concerned has the right information about who to contact if they feel they are being abused in the future.

- All People who receive support should have their care package / support reviewed on at least an annual basis.

- During the review the Support Planner will discuss how well the individual is coping with their budget, whether they need any further support.

**APPENDIX 2**

## What individuals and carers said about Personalisation

"Personalisation is the best thing that has happened to me."

"Personalisation is the most positive thing that has happened in my life for years."

"The Personal Facilitator is great – everyone should be assigned one."

"The Personal Facilitator has been a great help. They have taken all the worries and stresses away. Before the Personal Facilitator came along my experience was not a good one."

"There needs to be more time spent on raising awareness."

"It would be good to link up with other Councils. My mum is in a neighbouring borough and she didn't know about this (Personalisation)."

"I think it's really good and it works well."

"The Personal Facilitator was good but wasn't available all the time."

"I'm finding locating things in my area (Sandhurst) difficult."

"Finally – I can pee when I want to!"

"I think it's (Personalisation) good and it works really well."

"The Council have done well."

"I have nothing but praise, everyone was so good and helpful."

"I'm so glad we took part. It has made such a difference to our lives. I would have gone insane without this."

"We are very happy with the scheme and have gone into it 100%. We've even been involved in a video plugging it. It gives disabled people a chance to take responsibility for themselves. It has improved our quality of life."

## What other stakeholders said about Personalisation

"This (Personalisation) is really going to change the provider market. We have seen referrals for some of our services rise dramatically – most referrals are from the Personalisation Team." (Voluntary organisation)

"Personalisation is really positive when it works for people but some people and families are really confused about budgets and making contributions." (Voluntary organisation)

"The Personal Facilitators are clearly motivated by enabling people to have real choice and control, their genuine approach to Personalisation is a real asset." (Member of staff)

"The Personal Facilitators have been helpful and understanding."

"They (PFs) have been very dedicated and thorough in dealing with their clients."

"There has been plenty of opportunity to meet with them (Personalisation Team) and feed back to them."

## What the Personalisation Team said about Personalisation

"Everyone has enjoyed working on the pilot but it has been incredibly stressful because of the uncertainty with processes – but it couldn't have been done another way. It's a steep learning curve for everyone."

"There are lots of things that we have to address but Personalisation is the way forward."

"The most rewarding thing is helping people in the most creative ways to get the support that they want."

"I've really enjoyed having the opportunity to get to know people (individuals) and their families well."

"People are the experts in themselves and this puts people in control."

"It's great to have real options to put to people."

"We have been able to find out so much about people, their life and what is important to them."