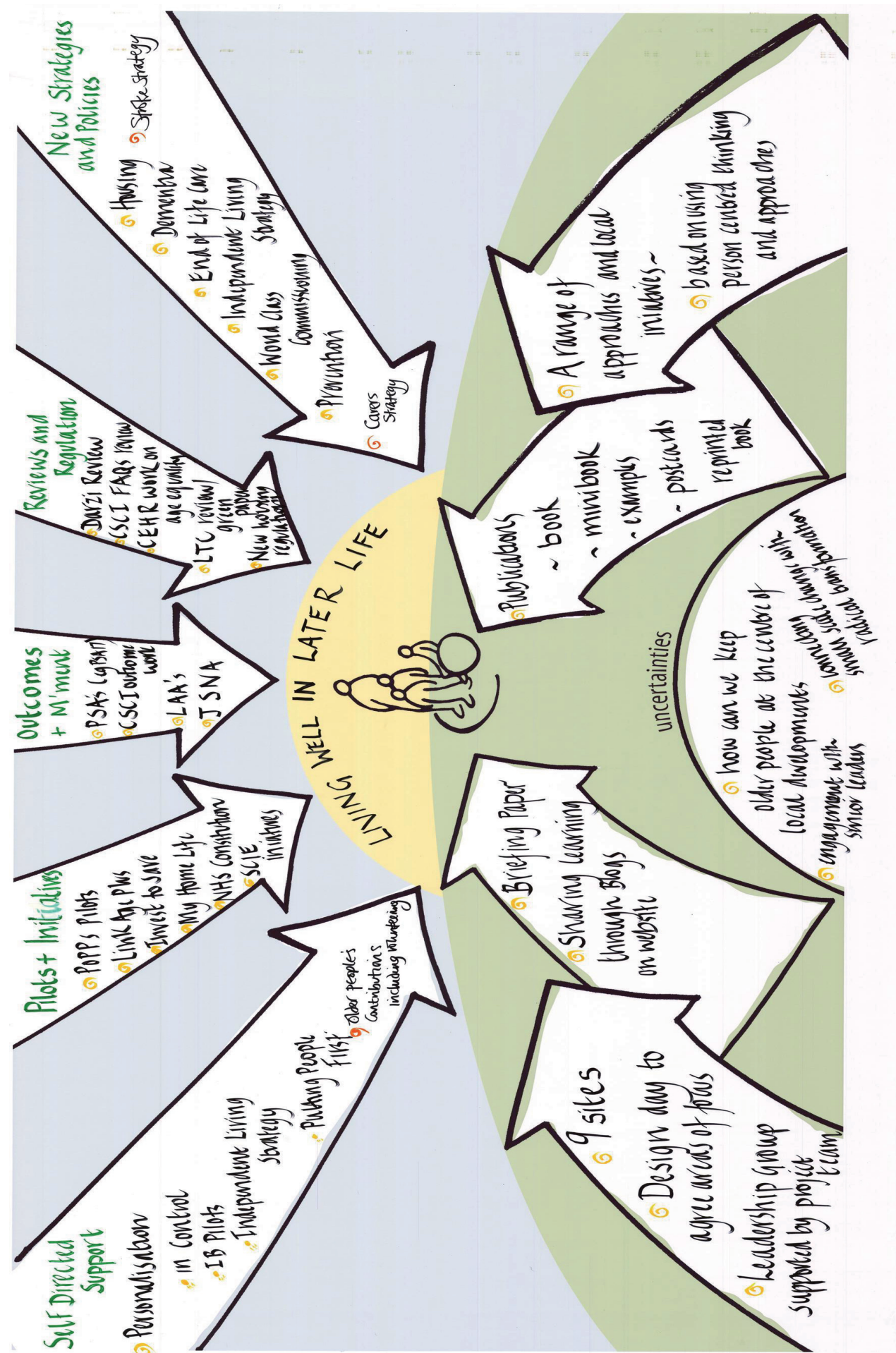


The wider environment for personalisation with older people



This context map was developed as part of the Practicalities and Possibilities event in 2008.

Practicalities and Possibilities!

Person centred thinking and planning with older people



Introduction

Practicalities and Possibilities was an 18 month development programme that was set up by the Older People's Programme, the Centre for Policy on Ageing and Helen Sanderson Associates, with support from the Lloyds TSB Foundation, in Control and Department of Health.

The programme involved 9 local authority areas to make person centred thinking and planning work well with older people. Partnerships were developed in each area involving Local Authorities, NHS organisations, voluntary and private sector providers, older people's forums/groups and networks, and community organisations. The 9 sites are:

- Bournemouth
- Buckinghamshire
- Cheshire
- Cumbria
- Dorset
- Enfield
- Hounslow
- Leicester
- Tameside

This pack shares the stories and lessons learned from this work.

Key messages

We have learned that working in person centred ways and adopting person centred thinking skills and tools makes a difference to older people's support and their lives; improves performance of different services, including the way people, teams and agencies work together; and is crucial for delivering the transformation agenda.

Adopting person centred approaches is not specific to where people live or what services they require. It is about enabling people to have a good life, and enabling older people who need support to have much greater choice and control over the support that helps them do this. This is not the icing on the cake - it is the cake!

This is a key message for all commissioners and budget holders, especially in these difficult and challenging times. People involved in this work have shared their concerns that this (working creatively to deliver person centred support) is an area that is always cut when money is tight. Working together to deliver better support can bring greater efficiencies, not just better outcomes.

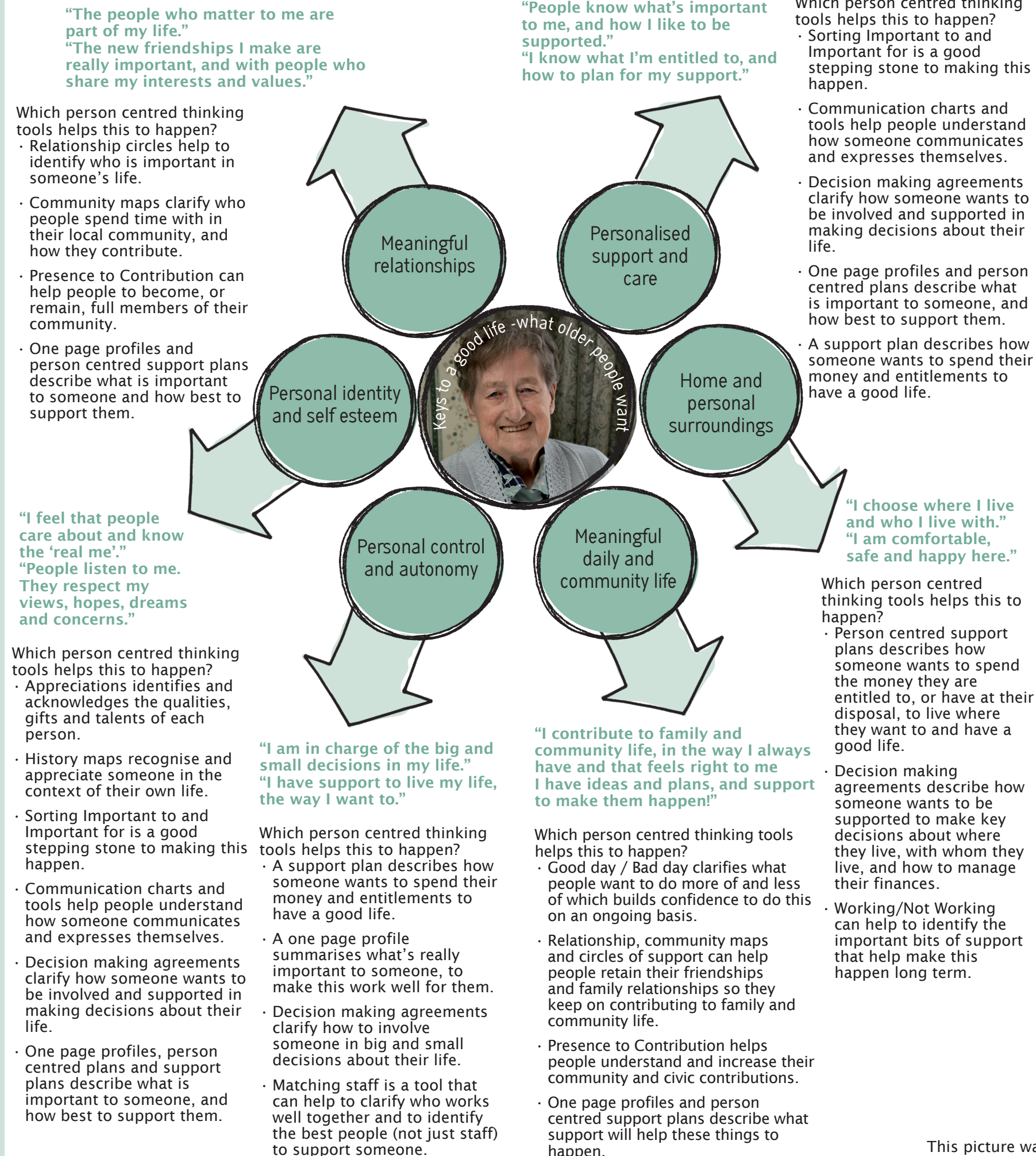
The 9 authorities involved in this work have identified 7 key lessons for embedding person centred approaches with older people. These lessons, shared overleaf, illustrate how they overcame such challenges, by working with older people to identify what works; and with each other to keep this going after this programme has ended.

www.practicalitiesandpossibilities.com - a dedicated website for sharing learning and stories about person centred approaches with older people.
www.opp@ndti.org.uk T. 01225 787982 E. opp@ndti.org.uk
www.helensandersonassociates.co.uk T. 0161 442 8271 E. gill@helensandersonassociates.co.uk
 Centre for Policy on Ageing, 25-31 Ironmonger Row, London, EC1V 3QP
 T. 020 7553 6500 E. cpa@cpa.org.uk

Seven key lessons for embedding person centred approaches

- 1 Involve older people from the start - individually and collectively - to identify key priorities. Keeping this work connected to the whole of older people's lives is fundamental, and is likely to be a strong draw for older people to engage in person centred developments at a local level.
- 2 Partnerships underpin success. Seek out partnerships across traditional boundaries. Intentionally link local and 'agency-specific' developments and plans to other, wider agendas. For example, set out to embed the principles and practices of self directed support within current ageing strategy developments. A joined up approach is essential to making this work long term.
- 3 A strategic approach is essential for embedding person centred approaches at every level and across the board. This requires senior commitment to a small number of priorities identified and agreed by the above partnership, including older people.
- 4 People charged with responsibility for leading change (e.g. personalisation leads) need to have clout and connections, as well as clear underpinning values and knowledge about what is involved in making change happen. It is essential to have a senior level, local lead who is committed to change at both a practical and a strategic level. It also helps if this person has a thorough understanding of person centred thinking and planning. Succession planning is also crucial.
- 5 Invest in creating the right conditions for change - this is not simply an introduction of tools, new processes, forms or systems. Recognise that cultural shifts and attitudinal change takes time, and is required at all levels. Achieving attitudinal changes was seen as more fundamental and a bigger priority than structural changes by those participating in this work.
- 6 Recognise that this is not just a change for staff, but for older people and families as well. Developing a different, ongoing dialogue with older people and local communities is an important feature of the partnership working referred to above.
- 7 Take a problem solving approach at every level. Learn from doing. Just start! Celebrate and sustain what works, and address what does not work. Knowing 'what success looks like' from older people's perspectives is crucial for this work. Simple evaluation methods need to be built in from the start.

What Older People Say Is Important About Their Support



How services can use person centred thinking and planning to create change

Assessment and first contact with services

- Staff can use **appreciations** and **one page profiles** to learn who the person is, what is important from their perspective and how they want to be supported - instead of seeing the older person as a set of needs or problems to be sorted out. **Communication charts** and **decision making agreements** are ways to ensure the older person has choice and control in their life and is the foundation of self directed support.

Person Centred Reviews

- Using person centred thinking in reviews (**person centred reviews**) is a way to understand what is **working and not working** from the older persons perspective; from their families and friends perspective; and from staff perspectives. This is a way to check what is working well and agree actions about what can be improved. This information can be aggregated and used to inform service change and commissioning.

Care Plans

- What is **important to and for** the older person is vital information to be included in care plans. **One page profiles** can be an excellent summary of who the person is, and put at the front of a care plan. Learning what makes a **good day and a bad day** for the older person is a first step to creating better days and a better quality of life. Understanding the older persons **wishes**, and their story or history, are ways to personalize services.

Personal budgets and support plans

- To have a personal budget requires that an older person has a support plan describing how they will spend their budget. Knowing what is **important to and for** someone, their important relationships (**relationship maps**), and what is **working and not working** are fundamental ingredients of support plans.