Tameside Metropolitan Borough Council and Oakwood House

Working together to improve older people's lives and services

Adult services in Tameside Metropolitan Council (TMBC) joined the Practicalities and Possibilities Programme to improve the quality of services they commission and provide to older people; and to obtain support and practical guidance to achieve this. The decision to join the programme was made by the Executive Director of Adult Services and Oakwood House, a private residential home for older people.

About Tameside

The local Community Strategy for Tameside has 6 key priorities: Safe Environment, Supportive Communities, Prosperous Society, Healthy Population, Learning Community, Attractive Borough. The Local Area Agreement includes a commitment to develop sustainable communities with key partners through better outcomes for individuals. Practicalities and Possibilities was seen to fit with these priorities, achieving better outcomes and maximising choice and control for Tameside citizens. Tameside partners also wanted to receive practical support and guidance from a trained facilitator to develop a local action plan for embedding person centred approaches across Tameside Older people's services.

TMBC's initial areas of focus included:

- Working with Assessment and Review teams to develop one page profiles with integral action plans for increasing choice and control for older people. They are monitoring the number of one page profiles, and are using the Working/Not Working tool to identify what needs to change for individuals.
- Developing stronger partnership working to adopt person centred approaches across the board, starting with an initial process mapping exercise involving all stakeholders to identify strengths and weaknesses and an action plan to address what is not working for different stakeholders.

Training in using person centred thinking skills was delivered to 200 staff across the Assessment and Commissioning Unit, the Provider Unit and Oakwood House. Staff from older people's services were involved: social workers, managers, review and monitoring officers, hospital discharge team, the front door team, the Adult Placement Team, Home Care Service managers and direct support workers; as well as the owners, managers and direct support workers from Oakwood House. Individual staff have been identified as champions in person centred thinking with dedicated hours to support their colleagues in using the tools to embed person centred thinking skills across services for older people. All staff have been testing out various tools with older people, their families and colleagues. The aim is to build a critical mass by sharing what works in workshops with strategic managers and through staff briefings using the web and intranet.

A local steering group for this work reports directly to Tameside Adult Social Care Management Team, and is chaired by the Executive Director. The Unit Business manager (for Assessment and Commissioning) leads the Practicalities and Possibilities work and reports to the steering group and Adult Management Team.

What's different for older people in Tameside?

- People feel more empowered: we know more about what is important to people and what great support looks like from their perspective.
- Older people are being empowered to have more choice and control over how their support is delivered, rather than simply being grateful that somebody turns up.
- We are learning about what is important to the person so that services are built around what matters to them as an individual: things that make people happy, content and fulfilled; not seeing people as a label, condition or stereotype; and how each person wants their support or services delivered (how, when, where) rather than a standard 'one size fits all' approach.
- We have addressed how the person communicates how they want their services to be personalized. If the person does not use words or lacks capacity (as defined under the mental capacity act) we need clear ways to make decisions and judgments that they are happy with; and to record them. Communication charts

and decision making agreements are therefore crucial.

- We are now reviewing peoples' outcomes instead of bits of paper. This means we assess whether what people have told us is important to them is being experienced. We are now looking at this information across a number of reviews, to learn about what changes we need to make as a "care system".

What people said

"The questions weren't prescriptive, it was about my dad, not a set of problems."
Family member

"People feel included and listened to."
Social worker

"At times of crisis and stress - it is actually vital to learn about the things that matter."
Hospital Discharge team member

"When I read the one page profile I felt like I really knew the person which I don't feel when reading an assessment."
Support worker

"Getting to know people and then looking at how we support them is crucial."
Social worker

"This will become easier as we practice and I believe it can work really well within the hospital discharge team."
Hospital discharge team member

Key lessons

- Start small with the number of older people involved and grow the approach gradually. But start on a larger scale with employees involving all units right across older people's services.
- Use person centred thinking tools when older people first request help from services and listen well to people at the outset.
- Developing a one page profile gives people control.
- Reviewing services and support against the one page profile creates a massive shift in culture. The person centred review is an opportunity to hold us all to account about the way people experience services/support.
- Sharing examples of one page profiles and successful stories of what has worked for other older people really helps.
- Asking older people to sign consent forms to share our learning created anxiety. You still need to ask but find another way of recording this.
- Changing the mindset of those who say they are doing it already is a real challenge.
- Don't turn this into a paper exercise; but you can use it to revise paperwork that is ineffective and doesn't capture the rich detail of how a person wants their support delivering on an individual basis.

What works? The drive and passion in Tameside to embed this into the lifeblood of older people's services throughout the units. The partnership working between services. Involving older people in the development of rich information about them, coming directly from them and those closest to them in order that we offer support that works for them. Really learning who this person is, what makes them tick and how we can support them best to retain control over their lives.

We know that it will take time to change our systems, but we also know that if we are to change systems we first have to change our conversations. Using these person centred thinking tools with older people, and those close to them, certainly gets the conversations going.

Key contact

Julie Moore, Tameside MBC

Oakwood House's Story

Steve Mycroft and Sheila Mannion are the owners and managers of Oakwood House, a small residential care home in Tameside where 18 older people live.

Historically, there is a great emphasis on operational routines, rigid systems and formalized care in residential and nursing homes. We wanted to use person centred planning techniques to support a major cultural shift within the home.

They began by asking each person living at Oakwood House to share what was important to them and how they wanted to be supported at supper times. This learning was used to identify what needed to change in the home's routines.

We don't want people living here to have to fit in with organisational routines, and person centred working is helping us to scrutinise our own practices by listening to people's real experiences of our service.

Person Centred thinking is also about understanding the things in a person's life that makes them feel happy, safe and secure. It's often the small things in someone's life that are important, things that can easily be achieved. Staff working at Oakwood House were trained and supported to look for these things, and to learn more about what good support and a good life looks like for people living there.

Some of the people living at Oakwood House have difficulty using words to speak and rely on people supporting them to understand alternative methods of communication. Staff and managers alike have learned to be creative in supporting the varying communication needs of older people through the Communication tool.

We had a very clear sense of the outcomes that would be achieved - that the people we support would be happier and supported in a way that makes sense to them - and we would know how they are communicating those things to us. This would also help us to see a shift in the culture and mindset of workers.

The areas of focus for Oakwood House identified at the initial design day included: the development of one page profiles for everyone living there in order to increase their personal choice and control. An additional area of focus identified during the course of this work, is to work with the local Citizens Advice Bureau to strengthen the community connections of people living at Oakwood House.

We are working as one big team to make sure people's lives really improve at Oakwood House. Person Centred Planning is helping us to reach our goal of enabling older people to lead more fulfilling lives.

We are much more aware of the small things that make a difference to the people living at Oakwood by learning more about the things that are important to people and what good support looks like from their perspective. The Working/ Not Working tool has helped us to learn about what needs to change in order for those things to be present or absent in a person's life.

A key lesson has been around the importance of sharing person centred information with other professionals and health care providers. They have particularly embraced the approach and have used the information to support people in a person centred way. This practice has been demonstrated when people have been admitted to hospital, used community nursing facilities and had contact with their GP.

Key Contact

Steve Mycroft and Sheila Mannion

Hounslow

Achieving cultural change working with voluntary and community sector partners

The London Borough of Hounslow (LBH) worked with Age Concern Feltham and Age Concern Hounslow to realise the potential and address the challenges they identified in providing a range of person centred services and support across a hugely diverse Borough where an estimated 155 different languages are spoken.

Hounslow's Joint Commissioning Strategy for Older People includes a commitment to "promote social inclusion and encourage active aging to promote health and wellbeing" for older people in a borough where the latest demographic trends indicate a 27% increase in the number of older people by 2031. This strategy recognises that services need to look beyond traditional options and activities to reflect the whole of people's lives in order for support to be truly person centred.

Local partners were eager to develop a collaborative approach to help them develop person centred approaches in working with diverse older people. They felt that person centred working was slowly developing and becoming more familiar to a variety of services in Hounslow, for example through the implementation and use of "My Life Story Book" in the older people's social work teams.

Hounslow is committed to involving older people in the delivery of local services, assisted by an older people's volunteer panel. This forum is used to engage older people living in the Borough, and to access their knowledge and experience to influence the commissioning and provision of services. It was recognised that more needed to be done to change current ways of working with older people who need support in their lives.

Many people like to think that they work in a person centred way when actually they do not, or cannot 'evidence' what they do. To be able to access tools and develop skills that increase this understanding is hugely beneficial in championing the cause. The organisations that took part in theory. understood and agreed with the importance of person centred working. In different ways we all thought we were already fulfilling this aim but struggled to evidence and demonstrate this, which has affected how easily the tools have been adopted. A shift however has occurred in moving towards a clearer understanding of what person centred means, and how to translate this into service delivery and development, and staff practice.

The groundwork began by placing person centred approaches in context for older people and these services. Training days were arranged for LBH and Age Concern staff to break down person centred approaches into understandable tools.

LBH staff focused their work on embedding the Histories tool and life story books into initial assessments carried out by social work teams, which they piloted with some success. This has been used as a way of keeping a focus on each older person being assessed. This document stays with the person regardless of which service or support they use. An ongoing training programme will enable the life storybook and other Practicalities and Possibilities tools to be adopted for use with everyone accessing LBH services, including care homes. This is being developed in partnership with the older people's panel prior to being rolled out to staff working in these services.

Age Concern Feltham has undergone several changes in focus from initially looking at their referral tools, to circles of support to now also using Histories. This flexibility in how to introduce the person centred thinking skills and tools has been important in encouraging staff and changing attitudes identified as a key priority by Hounslow partners.

Age Concern Hounslow are also incorporating the Histories tool into their work with new service users, and the Appreciations tool for people they already know, to increase knowledge and understanding about each person; and to strengthen relationships with the Age Concern staff and volunteers who support them.

This partnership is now being extended to incorporate the Borough's volunteer panel to ensure their input, advice and guidance (especially in ongoing training for care staff) is extended across the Borough. These partners are also involved in local partnership strategies and plans relating to older people's services, providing an excellent opportunity to spread the ethos of person centred approaches at all levels and across different areas, such as end of life care and working with different communities. The Borough's Transformation Lead is committed to maintaining momentum and moving

this agenda forward, ensuring that this work remains a high priority locally.

Staff have noticed that communication has improved between partners, and that there is a greater emphasis on discussions about adopting person centred approaches and what this means. Although progress has been slow and small scale, local leads feel this is significant in that it supports a more organic (and therefore sustainable) shift towards person centred working styles and behaviours.

There is no quick fix in supporting a cultural change across services. The progress and growth has been reflective of where each service was at prior to engagement. There is also a greater understanding of the focus and functioning of each organisation, which has helped in opening communication channels and in moving this work forward.

Key contact

Deniz Upton, Independent Living Development and Training Manager, London Borough of Hounslow

Age Concern Hounslow's Story

We realised the Practicalities and Possibilities tools could help voluntary sector organisations make the transition from consultation to person centredness, changing services to meet the expressed needs of individuals. We are now formalising our involvement in the Practicalities and Possibilities programme by building this into our contracts with the Council, including the use of person centred planning tools to develop the programme of activities at our social centre in Brentford, and at an outreach project at Greenrod Place, a new local extra-care facility.

The Design Day helped to dispel the myth that 'Age Concern Hounslow already uses a person centred approach'. We realised that the organisation may have harboured good intentions of person centredness, but did not yet have a means of practical implementation. Work is at an early stage and we have all found it difficult to grasp the complex ideas of Practicalities and Possibilities, but there is a determination to develop this approach. Initial training for all staff helped us realise that there is a difference between 'user-involvement' (which many of us see as the hallmark of community and voluntary sector enterprise) and person centred planning for individuals and in services. This has generated a determination to use person centred thinking tools; for example in the recruitment of volunteers (using 'appreciations' and 'histories') and in developing the programme of activities at Greenrod Place.

As a result of this partnership, a number of provider forums and strategy groups, e.g. the Palliative Care and End of Life Strategy Group, are increasing their own awareness of person centred approaches. Senior managers of local community and voluntary groups are beginning to see the relevance of Practicalities and Possibilities as a means of influencing commissioners as the challenge of competitive tendering for older people's services appears on the horizon. There is also growing interest in the approach from colleagues in Housing and Community Services.

The financial crisis of the Council and Primary Care Trust is causing concern that some services may be cut, especially in community and voluntary sector. Despite this, I think that the impact on Age Concern Hounslow will endure and serve as the foundation for future work e.g. in our non-statutory funded activities and as a sub-contractor working with other organisations.

Key Contact

Stephen Hawkins, AC Hounslow

Age Concern Feltham's Story

Our current services and way of working mean that we try to put our service users at the centre of everything we do. We felt we could develop what we already do to encompass true person centred approaches to ensure that the whole person is seen, older people are heard, and we improve their quality of life. We also needed to evidence this way of working. I wanted there to be a real sense of working with local older people as people, not as problems needing to be solved. I want the person centred approach to be second nature to everyone in this organisation. As a result of this work we recognised we were service led, rather than person led.

We initially focused our work on developing 'Circles of Support'. Training began with two members of staff who would then work with a small pilot group. The Chief Officer became very concerned that we should set criteria for participants of this group, and staff found the concept of 'Circles of Support' quite difficult to grasp. We often felt we were beginning to understand, only to find that we hadn't really fully grasped it! We realised we needed significantly more development time to understand, apply and adapt our services to enable circles of support to flourish effectively and safely.

We therefore decided to start by using the 'Histories' tool during the Older Peoples Festival, where we encouraged people to write a history of their lives - creating a record of their lives and stimulating memories that could then be shared with families. Older people who took part in this festival were inspired by this work, and the histories gathered provided significant insights into people lives.

This is still very early days for us. Staff had difficulty understanding the true concept of a person centred approach; they felt we were already doing this and didn't see the need for any change. We are overcoming this resistance and older people have really enjoyed this work. By sharing their experiences we hope to encourage others to become involved, increase confidence and embed new ways of working. If it were possible to go back to the beginning I would get older people involved much earlier in the planning process, obtaining their views on the way forward and then acting on this.

Key contact

Anne Rogers, AC Feltham

Leicester

Transforming social care through person centred approaches

Person Centred Planning is recognised as a key development in transforming and delivering social care for older people. Leicester City Council joined Practicalities and Possibilities to help the roll out of personal budgets beyond their experiences of the Individual Budget pilot programme.

A wide ranging partnership was established to take this work forward including: commissioning staff from older people's and mental health services; managers and staff from the in-house domiciliary care team, mental health day services, workforce development, care homes and intermediate care; the 50+ Network, housing services, external domiciliary care providers, and older people directly involved and who have agreed to share their stories.

A similarly diverse steering group oversees the work, which is chaired by the Service Manager for Older People in the Council's Adults and Housing Directorate. This group reports directly to the Strategic Older People's Lead in the Council, who reports to the Strategic Partnership theme groups.

Everyone involved wanted this to be a true partnership, but it was recognised that different stakeholders had different and important perspectives to bring to this work. The 50+ Network and Age Concern wanted to "give a reality check from an older person's perspective and make a difference"; social workers, care workers and community care workers have been instrumental to the success of this programme, and got involved because they wanted to be part of introducing a person centred approach for people using their services. Staff who completed the tools say this has been satisfying and rewarding.

About Leicester City

Just like the rest of the UK, Leicester's population is getting older. The total population of people aged over 60 in Leicester (ONS mid-2006 Census) is 46,800, approximately 16% of the total population. In the next 20 years, the City's population will increase by 13,200 people, of whom 10,100 will be over 65 years old.

This changing face of Leicester presents wonderful opportunities. Older people make a significant contribution to the cultural, economic, social, and political activity of the city. This can be appreciated not just when considering the power of older people as voters and consumers, but also as carers, employees, volunteers, community representatives, and sources of historical knowledge and experience.

Leicester is an ethnically rich and diverse city. In 2007, the non-white population of Leicester was relatively young in comparison to the population as a whole, with only around 23.7% of people over 65 being from BME communities. This figure will grow in proportion over the next 20 years, and by 2027 the ethnic mix of people over 65 will be the same as the population as a whole - around 50% of the population will be from BME communities. Many of these people will have been born in the UK.

Leicester is a relatively poor city, with ratings placing it as the 12th most deprived local authority in the UK (IMD, 2004). This poverty is reflected in the older population of the city, where there is a significant lack of gainful employment amongst people over the age of 50, resulting in a large population of people living on basic pension incomes over the ages of 60/65. Whilst there is a thriving Asian business sector in Leicester, many older people from BME groups live in poverty, and are excluded from family and community life, and from services.

Half of all people over the age of 65 in Leicester report that they have a life-limiting long-term condition, and 44% of these people live alone. Around 6% of people over the age of 65 in Leicester are unpaid carers providing more than 20 hours a week of care to another person.

Perhaps not surprisingly, life expectancy in Leicester is lower than the England average for men and women; in some deprived areas is 7 years lower. Particular challenges like higher rates of diabetes, blood pressure and strokes affect the quality of life for some older people with life style factors such as smoking (3 in 10 adults) and obesity (1 in 4 adults) contributing to higher than average figures.

The "One Leicester Sustainable Communities" Strategy and "Excellence for All" NHS Vision sets out how the City Council and NHS organisations are responding to these challenges, but they cannot meet the varied needs and aspirations of older people on their own. A recent Older People's

Strategy has been developed with a much broader partnership including the City Council, University Hospitals of Leicester, Leicestershire Partnership Trust, NHS Leicester City, Age Concern Leicester, Voluntary Action Leicester, Leicester City Supporting People Team and many more. This Strategy is essential for ensuring that all people interested in the health and welfare of older people work together to deliver services and supports that are joined-up and capable of responding to a wide range of needs.

Practicalities and Possibilities in Leicester

The Practicalities and Possibilities work has been an empowering experience for those involved, with extensive positive feedback both from older people and staff about what's changed. Initial work with the Practicalities and Possibilities consultant at the Design Day helped to 'spread' the word and change hearts and minds.

The areas of focus in Leicester are: working with older people in a Council run care home and tenants in sheltered accommodation; mental health day services and commissioning teams; in-house domiciliary care teams; and reablement/ intermediate care services. Residents of Danbury Gardens, an extra care housing facility were initially involved, but this scheme later withdrew for contractual reasons.

The 7 CSCI outcomes have been adopted as the Practicalities and Possibilities aims in Leicester, i.e. older people having:

- Increased choice and control.
- Better quality of life.
- Increased health and emotional well being.
- Active participation in the community.
- Dignity and respect.
- Freedom from discrimination.
- Economic well being.

Early progress was a little slow, as people familiarized themselves with "tools" rather than the underpinning values, principles and wider practices associated with person centred approaches. In July 08 there was still a sense of unknown as to the clear outcomes to be achieved from the programme and delays in implementation due to the time it was taking staff to "complete the tools with individuals". A change in local leadership at this time offered the chance to step back and revisit the programmes aims in Leicester; and to reiterate the importance of starting with individual older people's lives, aspirations and views about what good support looks like to them.

There is now clear evidence that staff and older people find the programme easy to work with and are pushing to implement it. The department must now integrate the tools into our commissioning and providing practices.

I am clear that the programme must now be rolled out to all staff and older people supported by the Older Persons' Division so that everyone has an opportunity to experience the positive impact it has.

What's different for older people in Leicester?

The work has had extensive and wide ranging impact. Stories shared by older people demonstrate that their lives are changing as a result of being supported differently. The paperwork for commissioners and providers has changed enabling person centred approaches and tools to be intrinsic to the care management process. Staff are extremely enthusiastic about the different outcomes achieved for older people, and their job satisfaction has improved.

The one page profile, known in Leicester as 'This is About Me', has worked very well, as has a newly devised care/support plan in mental health day services. Staff involved in these day services are very positive about this change. Contractual documentation for external domiciliary care providers has been revised based on best practice features from these two key initiatives. Older people's stories are being shared widely across all services and teams, including the Performance Champion in order to demonstrate how CSCI's key lines of assessment are being achieved.

The steering group will continue and the principles of Practicalities and Possibilities will be incorporated into ongoing staff training and development workshops.

Key lessons

- Work in partnership with older people from the beginning, focusing on older people who use services.
- Encourage staff to consider how they would want their own services delivered.
- Ensure that local leaders for change have authority and influence to engage key staff and take decisions to change policy and practice.
- Make it clear that person centred approaches are intrinsic to the transformation agenda for social care and self-directed support.
- Identify and support local Practicalities and Possibilities champions and spread their enthusiasm for person centred working at all levels.
- Where there are operational issues (e.g. staff workloads, contractual compliance) this may affect engagement and ownership in different service areas. Find different ways of embedding person centred approaches with partners from these areas; work hard to understand their pressures as well as opportunities for adopting Practicalities and Possibilities skills and tools.

Key Contact

Mary McCausland, Service Manager, Leicester City Council

Enfield

Developing person centred assessments and support planning

Senior staff from the adult social care team in the London Borough of Enfield attended the launch of the Practicalities and Possibilities Programme in July 2007. They see this as an opportunity to help shape future practice in person centred assessment and support planning for older people.

Three community groups also indicated that they would like to work with the Department: Enfield Asian Welfare Association; The Greek and Greek Cypriot Community of Enfield and Enfield Caribbean Association. A further expression of interest came from the Primary Care Trust via their Older Peoples Commissioner.

All partners shared Enfield's vision to develop a more person centred assessment and care/support planning approach. The third sector, in particular, believed that their role could be to ensure the voices and experiences of local service users and carers were heard in developing these systems and processes.

About Enfield

In 2007 the population of this London borough was estimated to be 285,100 (Office of National Statistics), making Enfield the 6th largest amongst the 32 London boroughs. Enfield has a large population of both 0-14s and older people in comparison to the rest of London. Population projections indicate that the population aged over 65 will increase by just over 3000 between 2008 and 2015. Within this there will be an increase in the proportion of people aged 65-69 years and those aged 85 and over, for whom most health and social care and support is currently provided. Although 14% of people aged 65 and over are currently from black and ethnic minority communities this percentage is set to double by 2025. This figure excludes older people who describe themselves as European, Greek, Greek Cypriot, Turkish or Turkish Cypriot - who make up 12.9% of the total population as a whole.

Presently 36% of local older people live alone, and this is predicted to increase by a further 25% by 2025.

The number of carers aged 65+ is estimated at 7800 with half of them caring for someone over 75 years of age. The number of older people with a diagnosis of dementia in Enfield varies from 2,475 to 3,320 with a higher prevalence among women.

Enfield has a strong history of joint working with the NHS and community partners both in the voluntary and independent sector. This has been evidenced through the development of new extra-care housing schemes for older people, and the development of a clear dementia assessment/support pathway for older people and their carers.

Substantial improvements in older people's services are planned through setting clear Local Area Agreement priorities. An independent Direct Payments Support Service for people of all ages, run by the voluntary sector, will drive further improvements in the take up and provision of individual/personal budgets (LAA Indicator, 130). This is being achieved in partnership with service user and carer groups who are helping the Borough to shape private and third sector markets. LAA Indicator 135, the expansion of carers support through assessment/review and commissioning of specific carers services, is being progressed through a partnership board, stronger links with the voluntary and private sectors, and a newly appointed Carers Commissioner. LAA Indicator No.136 - People supported to live independently through social services (all ages) is integral to our balance of care strategy, which seeks to maximise choice and independence for people.

Practicalities and Possibilities in Enfield

This programme has generated a lot of work in the last year, with much still to be done to embed person centred approaches in all aspects of assessment, care management and support planning processes.

The Enfield Team were especially mindful of feedback from a CSCI inspection of older people's services in June 2007 which indicated that although support was timely and responsive, it was traditional in nature and that the transition towards person centred assessments and support planning needed to be more robust. This feedback indicated that although support was timely and responsive,

it was traditional in nature and that the transition towards person centred assessment and support planning needed to be more robust. In terms of the quantitative measures of success (e.g. through PAFs) the department was showing strong parity with other good authorities. Qualitatively, however, there was more work to be done.

Enfield partners felt that the Practicalities and Possibilities programme would help provide a structural framework in which operational staff could reflect upon and review their practice. The link to a national programme presented Enfield with an opportunity to learn and share with others. The opportunity to help shape the programme with third sector partners was seen as a key strength.

The design day helped us to scope our shared vision of the programme and sought a commitment from all partners. We agreed that our focus would be on the older people's community social work team since this was the team that has closest links with voluntary sector partners. The PCT would remain a key member of the steering group with a view to rolling out the programme at a later stage with community matrons and district nurses who currently commission community care services directly via the single assessment process.

The focus for developing a person centred approach has remained with the community based social work team. Third sector partners felt that they could play a supporting role to older people and their carers during and after the assessment process.

A series of workshops was held with operational managers resulting in a training programme designed and led by LBE trainers in partnership with our Practicalities and Possibilities consultant. A series of workshops has also been held with staff to identify and embed key changes. Care managers have expressed how positive they feel about developing person centred approaches with older people and carers. These sessions have also been attended by the purchasing, monitoring and review team who focus upon service users' experiences of commissioned home care and personal care services.

We used live case examples and person centred assessments completed by staff to run follow up workshops, to identify the difference made to older people's lives.

The materials used at each event were discussed at the Practicalities and Possibilities Steering Group and adapted for local use in subsequent operational and supervisor sub-groups.

We used live case examples and person centred assessments completed by staff to run follow up workshops, to identify the difference made to older people's lives.

The progress of Enfield's programme is monitored by senior managers and was part of their CSCI action plan for older people services. This is monitored on a monthly basis by Health and Adult Social Care Services Divisional Management Team.

The changes in local practices have meant that our performance indicators have improved, e.g. timeliness has improved due to better relationships between care managers and service users.

We plan to roll out our shared learning with other operational teams in older people services and the PCT. We still need to evaluate the outcomes achieved so far, but it is clear that the balance between quality (focusing on older people's lives) and more traditional measures of success (how many and how quickly) has shifted.

Key Lessons

- We are at an early stage and need a longer timeline before we can evaluate impacts for older people and the wider community.
- Engaging operational managers and care managers in helping to shape the delivery and implementation of a person centred approach was crucial.
- 'Person centred approaches' means different things to different people in the partnership. We needed to develop a shared understanding and consensus, which was further developed and cemented through workshops with practitioners, assessors and reviewers.
- Review workshops with operational staff helped to identify what is working well and what needs to change.
- The time line of the national programme has not always been in parallel with local activities and developments.
- It would have been helpful to have taken key partners to the launch of the national programme. This would have helped shape our implementation plan for developing person. centred assessment and support planning for older people in the community.

Key contact

Raheem Kahn, London Borough of Enfield

Dorset

Embedding Person Centred Approaches Across the Whole System

The decision for Dorset to join the Practicalities and Possibilities programme was a natural evolution from a series of local initiatives aimed at delivering better outcomes for older people through partnership working, and investing in a wide range of preventative approaches (e.g. through the Dorset POPP initiative). A common thread to these developments is the emphasis on older people being equal partners in making change happen across Dorset.

It seemed entirely rational and appropriate that we should become engaged in this work, particularly as we need mechanisms which help us to have conversations with older people in as many settings as possible.

Partners involved in this work include: older people (through the Dorset Age Partnership, part of the Dorset Strategic Partnership infrastructure, and the network of 15 older people's forums across the County), Age Concern organisations, Help and Care, the Primary Care Trust and Dorset County Council.

In developing this work and talking to others about it, there is a clear sense of everyone wanting to be part of the journey. Nobody is arguing about its relevance and importance.

About Dorset

The population of people aged over 60 years is approximately 27% of the total population; forecasts for 2005-2011 show a further rise of 12%. Dorset is a popular retirement destination with the greatest increase being amongst those who move here in later life. Longer life expectancy is to be celebrated but if present trends continue there is also concern that greater numbers of older people will also be spending more years in ill health. These trends, the needs and aspirations of carers, and the nature of "community" across such a diverse county, are some of the issues local partners have been exploring through the various initiatives described above.

The formation of the Dorset Age Partnership (DAP) in 2005 brought different stakeholders together to agree shared priorities for addressing these issues. This is now one of the theme groups reporting to the Dorset Strategic Partnership. A long history of senior forum development and a successful collaborative POPP pilot have also laid firm foundations for this work on embedding person centred approaches across the whole system of care and support.

Five potential areas of focus were identified at Dorset's Design Day, and early discussions with the Steering Group narrowed this down to three priorities.

- Embedding person centred thinking in residential care homes, starting with The Hayes in North Dorset.
- Working with residents of a new extra care housing facility, Bure House in Christchurch.
- Developing day services in Weymouth and Fernhill.

A County-wide Practicalities and Possibilities Steering Group oversees progress in these 3 workstreams, meeting on a 6 weekly basis to share experiences, stories, lessons and next steps. Members include senior staff from the Council; members of the Dorset Age Partnership and Dorchester 55+ Forum; Service Managers for Older People's Services in South West and North Dorset, South and East Dorset; and Managers of The Hayes, The Acorns and Bure House.

Representatives from each of the Practicalities and Possibilities workstreams are now part of a reference group for Dorset's Self Directed Support (SDS) pilot programme. It is hoped that sharing experiences and examples of what has worked well for older people will inform and encourage person centred approaches more widely.

Person centred approaches at The Hayes

The manager of The Hayes shared key messages and stories from the Design Day with senior colleagues, and Practicalities and Possibilities training was provided to all staff with follow up and information sessions with residents and families.

In consultation with residents and staff, The Hayes is using the 'Important to' tool together with a 'Life Journey' document. The residents group chose the tools to be used. They liked the 'Important to' tool as they felt it was easy to use with a very simple layout that very quickly identifies the very meaningful things in their lives. The Life History work has improved relationships between staff and residents by focusing on the person - their strengths, talents and contributions.

One important but unexpected benefit of this work has been stronger relationships between staff and families, who have got to know and understand each other better. Person centred approaches have demonstrated staff's commitment to provide high quality, individualised support for each person, which has increased families confidence and trust.

We have designed our own templates to ensure Practicalities and Possibilities documentation is easily recognisable and kept simple.

One major concern associated with these adapted materials, is that information accompanying residents who are admitted to hospital has not been read or used consistently by hospital staff, and is often lost. In spite of this, staff and residents have embraced the principles and practices of person centred approaches, which are now being rolled out to all seven Local Authority care homes.

Practicalities and Possibilities at Bure House

Particular areas of focus at this new extra care facility included:

- Embedding person centred thinking in care management processes.
- Integrating person centred approaches and tools into housing support.
- Supporting staff to develop a strong values base for their work.

Residents and staff at Bure House were introduced to the Practicalities and Possibilities tools and general approaches at an informal workshop, where residents enjoyed the opportunity to chat with someone about their life and share important information about themselves. These conversations identified the need to forge closer links with the local community to reconnect residents with personal networks and everyday life. Many residents potentially only have regular contact with the scheme manager/ warden rather than with each other, family members, friends and wider neighbours. Ongoing work will therefore focus on building strong but informal links with neighbourhood networks and local Housing Associations as people begin living at Bure House.

Staff changes at Bure House have posed some challenges in getting this work off the ground, but also important lessons.

It's really important to ensure all staff are trained in the use of person centred approaches to decrease reliance on just 1 or 2 key people.

As with The Hayes, person centred profiles accompanying residents into hospital have gone missing; engaging health colleagues in this work will increase mutual understanding and ownership of the tools in the future.

Starting to work in this way with people before they make a major life move is essential for making an informed decision, as well as building a strong sense of the person who is moving into supported housing.

Practicalities and Possibilities at The Acorns and Fernhill Day Services

The aim is for person centred tools and approaches to be integral to everyone's work in Dorset, including the range of different day services that exist across the County. The Acorns and Fernhill day services focused on:

- Identifying possibilities to inform service design and help innovation.
- Helping people move onto community services and supports.
- Informing one-to-one enabling work.

Staff are using person centred approaches to support both people who attend the centres and their carers.

The shift in focus to person centred work has led to a culture change throughout the staff group. Even those who haven't had training are 'thinking' person centred now.

Older people using these services have used Practicalities and Possibilities tools to identify what's important to them, and what a good day (and bad day) looks like. This has highlighted key gaps in their lives, like being able to access general leisure facilities. Staff, older people and carers are working together to identify and deliver a greater range of flexible, individualised support that doesn't rely on the same thing for everyone just because they use the same day service.

Taking a 'not knowing' approach has meant that the focus has to be on the individual. Focusing on 'problems' clouds the individual. We need to shift the power and these approaches are enabling that.

Staff spend more time and attention, using the person centred thinking skills, on initial assessments of people using day services to ensure that their likes and wishes are identified. Although initially felt to be time consuming, staff now feel this provides better, longer term support.

Using the tools together, we have learnt that we can better understand people whose communication is difficult. We are helping Mr S, who has had a stroke, and his wife achieve their goal of going to a jazz concert together again. He has also said that he would like to be able to make a cup of tea for his wife again, as he used to before his stroke.

Key Contacts

David Vitty, Anne Aylot, Marice Oliver and Andrew Archibald, Dorset County Council

Cumbria

Taking a "breadth and depth" approach to implementing person centred approaches in rural areas

Cumbria County Council and other county wide partners in the voluntary sector joined the Practicalities and Possibilities Programme as part of their plans for implementing Self Directed Support. As an 'in Control Total' site, Cumbria is at the forefront of national development work on personalisation and is fully committed to transforming social care in ways that increase older and disabled people's choice and control. As such, local partners recognise that practice across all parts and at all levels of the care workforce must change and become more person centred. It was agreed that strengthening this work in older people's services was a key priority.

So, the Practicalities and Possibilities Programme offered an ideal opportunity to focus time and energy within the County on developing person centred thinking and working within older people's services. The Programme also fits well with local prevention and wellbeing developments, an integral strand of the transformation of social care set out in Putting People First.

At the beginning of the Programme, key stakeholders from different parts of the County and from the Council's services for older people took part in two "design days" to learn about the person centred thinking tools and the key priorities they wanted to focus on. The group worked together to identify four work streams which they felt would provide the greatest opportunities for person centred approaches to be adopted and for specific skills and tools to be used creatively and innovatively across the county. A key influencing factor was identifying areas that would produce maximum value from the investment of time and money that local partners were making to these developments. The four work streams were:

1. A programme of training sessions for professionals within and outside Adult Social Care, to stimulate interest and to encourage innovation and creativity in developing person centred approaches.
2. Specific training for independent trainers across the county to build their capacity to deliver person centred thinking to future clients.
3. Testing the tools in a new Bridge Building Project working with three localities: Grange, South Allerdale and Barrow.
4. Using the tools with people living in long term care settings, specifically through piloting in Cumbria Care ('in house') Residential Care services.

A steering group was established at this stage, including representatives from all the key stakeholder groups involved in the design days, e.g. Alzheimer's Society, Age Concern, the Carers Association, Adult Social Care (ASC) and the Care Sector Alliance Cumbria (CSAC). This group met on a regular basis throughout the life of the programme to receive feedback from the various work streams and to monitor and review progress against agreed commitments and stated aims.

Progress on Training and Development Activities

Three initial training days attended by 68 people from more than twenty organisations were provided across the county. These were jointly designed and facilitated by staff from Adult Social Care, CSAC and the Practicalities and Possibilities facilitator. These sessions were aimed at independent providers and the voluntary and community sector. Although the Practicalities and Possibilities programme is focusing on older people, Cumbria partners agreed to involve staff working with people with learning disabilities, physical disabilities, sensory impairments and mental health problems.

These sessions have contributed to the transformation process by raising awareness about person centred approaches and the ongoing implementation of self directed support. Participants mainly work in residential care services

for older people, with approximately one third attending from domiciliary care, learning disability and physical disability providers. Over 80% of all participants said they found these sessions "extremely useful" and went on to make use of the CSAC grant funding to bring more person centred thinking training into their organisation.

In addition to these broad brush training days, two further, specific sessions have been held for contracts staff and Social Work Team Managers in adult social care. These were self contained briefings for the purpose of raising awareness and sparking interest. These sessions enabled all Contracts staff to familiarise themselves with the person centred thinking tools and their use, and what had been shared with providers. This knowledge has since been integrated into contracting and contract monitoring processes. A number of Team Managers also attended these sessions, to complement the roll out of Support Planning training within their teams as the implementation of self directed support progresses in Cumbria.

CSAC then supported two training organisations, Cumbria Training Partnership and Enabling Success Ltd, to put three trainers through an accredited programme of Person Centred Thinking and Planning. Enabling Success Ltd and Cumbria Training Partnership are now delivering approximately 20 two-day Person Centred Thinking courses for 156 staff members across a variety of local provider organisations. Feedback to date has been very positive.

Finally, in October 2008 following a dedicated funding round where CSAC Private and Voluntary members were invited to apply for funds to introduce Person Centred Thinking activities into their organisations, 36 grants of up to £1,000 were distributed. Nine other CSAC members commissioned training from different training providers to approximately 130 staff across their respective organisations. Enabling Success Ltd and Cumbria Training Partnership are currently in the process of delivering approximately 20 two-day Person Centred Thinking courses for 156 staff members. Feedback from these sessions has also been very positive.

Building Bridges using Person Centred Approaches in 3 Localities

A partnership of voluntary sector organisations including the Alzheimer's Society in Cumbria, local Carer's Associations and Age Concerns, worked with the Adult Social Care department to apply and test person centred thinking skills and tools with clients of the new Bridge Building service in three localities, Grange, South Allerdale and Barrow. This new service is focused on supporting older people who are isolated in local communities. Working with local volunteers, the Bridge Building scheme support older people for a limited period of time, to rejoin or join their local community e.g. by accessing the various social groups and services that exist. Taking part in this programme provided a driver for these voluntary sector agencies to work together across the sector with colleagues from Health and Social Care, both at the initial setting up phase of the Bridge Building scheme and to share the learning from using the person centred thinking tools. A number of case studies have been written up that illustrate that working in this way has resulted in older people living healthier, safer and more active lives in their local communities. Feedback from volunteers using the tools has been very positive.

Using Person Centred Approaches with People Living in Long Term Care Settings (Cumbria Care's 'in house' Residential Care services)

The person centred thinking tools were piloted in seven Cumbria Care homes for older people. This work began by encouraging staff to focus their person centred work with two individuals in each home. All managers and supervisors attended an initial training session, with all staff subsequently trained by the Cumbria Care in house training team. The results from piloting the person centred thinking tools in these first seven homes have been so positive that Cumbria Care has gone on to develop a full training programme for all residential care staff, alongside a policies and procedures framework to enable the tools to be rolled out across all homes in the county. At the end of the pilot in February 2009, Cumbria Care confirmed that all of their 33 homes are now using the tools and that all 1301 residents are well on the way to having their own person centred plans. This programme is now being rolled out to Cumbria Care's domiciliary and day care staff and services.

What's different for older people in Cumbria?

The Practicalities and Possibilities Programme in Cumbria has been extremely successful in making progress against its stated aims:

- There is a small team of trained volunteers doing 'bridge building' with communities, ensuring person centred approaches are an integral part of their input. The model is being continually refined as this project grows.
- Person centred thinking training for external providers has been "pump primed" by providing training in person centred approaches to key trainers across the county; and by offering grant funding to provider organisations wishing to provide this training for their staff.
- There is now a good understanding of person centred approaches amongst the county's contract officers, ensuring that they are able to seek examples of good practice in person centred thinking and working when awarding and reviewing contracts with providers.
- There is a growing and shared understanding of person centred thinking skills and tools across all adult social care services, and feedback from CSAC indicates a groundswell of interest in ongoing training for staff to continue embedding this across the sector.

Cumbria already has a well established culture of person centred thinking and working in Learning Disability services, originating in the Government's White Paper 'Valuing People' some years ago. However, this has consistently remained a learning disability province, with professionals and staff in other disciplines believing that person centred approaches in general were already integral to how they practiced, and that person centred planning in particular only "worked" for people with learning disabilities. The Practicalities and Possibilities work in Cumbria has effectively exploded both of these myths, demonstrating that the tools are just as effective when applied to older people and other client groups.

The programme provided an opportunity for us to work with colleagues from the voluntary and community sector to co-design a creative approach to testing and further developing these tools in different ways across different services.

The steering group met on a regular basis to monitor progress, adjust tasks according to feedback received and continually seek to learn from the work going on at a local level.

In this way, we were able to continually build more innovative solutions to the challenges of delivering key messages about the required culture change to relevant people throughout the sector.

Key Contact

Louise Close, Practice and Service Development Manager, Cumbria County Council

Cheshire

Improving quality of services and support through person centred thinking and planning with older people

Cheshire County Council is committed to progressing the Personalisation agenda and recognizes that person centred thinking and planning is fundamental to this. The Council with partners Age Concern Cheshire and the Older People's Network, joined the Practicalities and Possibilities Programme to improve the quality of support offered to older people, and to take the opportunity to learn from new national developments in person centred thinking and planning.

Cheshire has a population of 112,341 people aged over 64 years, out of a total population of 673,781; and this proportion will increase significantly by 2016.

Cheshire County Council's Corporate Plan includes a specific priority agreed with all partners agencies, on "increasing independent living" as part of wider commitments to develop stronger, healthier communities. Agreed performance measures reflecting this commitment include:

- "Ensuring older people receive the support they need to live independently at home".
- "Social care clients to receive self directed support with an increase in Direct Payments and Individual Budgets".

Adult social care services are transforming their systems and structures to improve access to services and a self directed support team has been set up to develop and promote the Personalisation agenda.

Practicalities and Possibilities sits within these developments, alongside a new, cross cutting model of support planning which is being introduced into Assessment and Care Management arrangements led by the Council.

A two day event with key stakeholders (in-house service providers, local older people's forums, voluntary agencies, external providers linked through the County's Learning Resource Network) to develop a shared understanding of person centred thinking and planning; increase awareness of the concepts and language of person centred approaches; familiarise partners with the 8 person centred tools; and to think about how to develop person centred plans with older people. The intention was that stakeholders would consider how this could be introduced into their own sector, and so embed person centred thinking and planning in practice across the whole system of services, sectors and supports.

A number of very broad areas of focus were initially identified at a Design Day, reflecting this wide range of local stakeholders. Ideas at this stage were also still predominantly "service and system focused", as opposed to changing lives through better support.

Further discussions with a smaller group of key partners (Age Concern, Alzheimer's Society, Carers' Centre) identified a new area of focus, which was on the fundamentals of person centred approaches and the introduction of the Practicalities and Possibilities tools into the provider environment.

These discussions took place at the same time that commissioning staff were being introduced to the County's new support planning model – with person centred thinking and planning and an introduction to the new tools being a key component of this training.

The Older People's Senior Management Team therefore recommended that the Council's in-house provider service begin an in-depth training programme led by their own Person Centred Planner, with resources provided through the Workforce Development department. This training programme was supported by an action plan aimed at ensuring wide implementation of these approaches, including ongoing reporting and monitoring to the Senior Management Team, led by the County Manager for Older People's Services; and the Self Directed Support Learning and Development Group led by the Senior Manager for Workforce Development. Whilst the Council is undergoing significant structural changes to form two new unitary authorities from April 2009, these governance arrangements will remain.

Stories of what's working and changing are being shared with all staff through the Council's Self Directed Support web page, which is promoted

as part of the training programme. A large event for different provider organisations, sponsored by Skills for Care, also included a session on this development programme provoking significant levels of interest. Follow up training is currently being considered for providers through the Council's Learning Resource Network for providers.

We have learnt that some people need more time to engage fully with this new approach, based on feedback from the training and the drop-out of some partners following the initial two day event.

However, the stories gathered to date - as a result of staff using the tools with older people - have already shown significant, positive outcomes including services being more personalized and people having more choice and control.

They also show that this has had a positive impact on staff using the tools with older people, increasing the likelihood of their ongoing positive use.

We have started to form an informal network of Champions and feel the positivity from this. The training and strategy for implementation can only expand the number of older people who experience personalized services offering greater choice and control.

Key contact

Jane Evans, Cheshire County Council

Buckinghamshire

Working with local providers to develop person centred support for older people

Person centred planning and associated approaches are very familiar concepts in Buckinghamshire across services for people with a learning disability and people with physical disabilities.

Staff leading these developments across the County are passionate about developing support that is based on individuals' aspirations and goals, not just needs. The Service Development Manager for Person Centred Planning was key in securing funding (via the Council's Learning and Development team) in order to join this programme focused on making this happen and work well with older people. She also secured commitment from the Head of Service for Adult Social Care and a large, independent provider organisation who support the largest number of older people in Buckinghamshire, Fremantle Trust.

So this journey was made by Buckinghamshire County Council in partnership with Fremantle Trust building on previously established relationships developed around implementing Person Centred Approaches and Planning for people with a learning disability. Both partners were keen to spread and embed this learning with and for older people.

About Buckinghamshire

Buckinghamshire is a rural and relatively affluent county in South East England. While the overall rate of poverty is low, nearly 30,000 people are dependent upon means tested benefits.

In 2006, 15.5% of the population were over 65 with 7.2% of this group aged over 75 and almost 2% over 85 years. By 2020 these figures are set to rise dramatically, when 33% of the total population will be over 65 years. People from Black and Minority Ethnic communities currently comprise 7.9% of the total population, which is lower than the 12.5% average for England and Wales. Elders within these communities represent 2.37% of Buckinghamshire's older people's population. Generally men and women in Buckinghamshire can expect to live longer than the national average; however, compared to equivalently affluent areas across the country there are higher rates of ill health and limiting long term illnesses.

A survey carried out in 2007/8 revealed that 51% of care home beds in registered care homes and nursing care homes were occupied by self funders. Self funders moving into long term care were 24% fitter than those funded by Buckinghamshire County Council; however the death rates were almost identical. Homes chosen by self funders are generally more expensive presenting difficulties when the individual's resources are exhausted. Currently they are entitled to a minimal assessment but are not offered advice and guidance that could lead to them making a different choice for support. This became an early area of focus for Buckinghamshire partners in taking this work forward through Practicalities and Possibilities.

Other relevant features of local services and systems for this work include:

- Joint commissioning arrangements established between the PCT and the County Council in 2007 in order to deliver the Older People Commissioning agenda; and an Integrated Commissioning Strategy covering the period 2008-2011. This Strategy will ensure that all commissioned services support the delivery of the 7 outcomes set out in Our health, our care, our say.
- Person Centred Planning is well established in Learning Disability Services and a considerable number of people have developed support plans. A small amount of work had previously been carried out with the in house Home Care service to enable staff to develop more personalised care plans when supporting older people in their own homes. They subsequently received an improved report from CSCI partly due to this work.
- A dedicated Self Directed Support Programme oversees local implementation of the transformation and the personalisation agenda. This has agreed that initial phases of rolling out personalised budgets will be within services supporting people with physical and sensory impairments, and young people in transition to adulthood.

- There is a framework in place to ensure that Older People's Champions, an Older Person Forum and an Older People Action Group are established and working with statutory and non statutory partners to influence local services. These groups all feed into the Older Person Partnership Board. Thematic partnerships are currently being established to underpin this Board. Whilst a range of forums and networks exist for different people to have a voice and influence local services, it has proved difficult to engage local older people, especially those receiving services and needing support, in this work. This is beginning to change now, for example, in developing one page profiles as part of the support planning work that has been carried out with older people.

Buckinghamshire's Design Day involved a wide range of staff from a variety of organisations involved in supporting older people, including: the Service Development Manager for Person Centred Planning, Care Managers from the Older People's team from Buckinghamshire County Council, the Council's Training Manager, Head of Operations and a Home Manager from Fremantle Trust, the local Manager for Red Cross Day Opportunities, and an Advocacy Lead from Age Concern Buckinghamshire. Whilst this broad engagement and obvious interest in the work was encouraging, this also created some initial confusion and tension, as an explicit area of focus had previously been identified by the Council, for which funding had been secured (ie working with Fremantle Trust).

We were really keen to see how this would progress and work when supporting older people. What difference will it make to older people, their family and support staff? The Fremantle Trust Training Manager was really keen to get a good training package out of the programme and to build upon existing good practice.

The detailed area of focus for these two partners was subsequently identified as developing Person Centred Plans and Reviews in Fremantle Homes. It took more time than originally anticipated to fine tune these ideas and for everyone to be clear about how to progress this work within Fremantle Trust.

It was finally decided that the work should focus upon two particular Homes to develop a number of One Page Profiles with older people, and how this could improve support when individuals have particularly complex health needs.

We decided to keep this as a pilot within just a couple of homes rather than across the whole organisation, to try it out with a small number of people first to see what could be learned. We have also focused on developing One Page Plans first, and have not yet progressed to looking at person centred reviews as yet.

Two additional areas have been identified that will also be addressed in Buckinghamshire. These are:

- How do the Person Centred Thinking Tools fit with Dementia Care Mapping in order to promote and embed consistent person centred approaches with people who have dementia?
- How does working in this way fit with CSCI/CQC and their inspection tool, SOFI?

Key lessons

Taking the time to reflect on what's been tried and learned in Buckinghamshire has identified the following important lessons:

- Involving older people from the beginning would have made a difference to our focus and what we ended up working on.
- It took a long time to really get a grip of what we were going to achieve and where we should focus. This has affected what we have been able to do during the lifetime of this programme.
- In addition, the pressure of day to day work can get in the way of staff implementing what they have learnt.
- However, the training days and working with Nursing staff and direct support staff has worked really well. They can see the relevance and usefulness of the tools, for example in the way that they looked at the support they offered and what it would mean to them should they themselves be in a position of requiring support. Sorting Important to and Important for was particularly helpful.
- The short amount of time spent coaching direct support staff to enable them to develop One Page Profiles based on best practice was very valuable and productive.
- There is a need to book development and training dates well in advance and nearer the beginning of programmes like this. Some of the delays in moving the work forward related to availability of the necessary people on any one day.

We are at the early stage of collecting stories of how this is helping and making a difference to older people in Buckinghamshire.

However, we have developed a learning and development programme that can help ensure that One Page Profiles are translated into specific actions that make a difference to older people. We will be sharing this with a colleague who is currently delivering Personalising Care Planning to a wide range of smaller independent providers across the county.

We are also considering further work with Buckinghamshire County Council's in-house home care staff to establish the use of One Page Profiles with older people living in their own homes.

Fremantle Trust will also be developing a training programme to look at personalising care plans across their services.

Key contact

Jackie Mascall, Buckinghamshire County Council

Bournemouth

Involving older people in transforming social care and increasing choice and control

Bournemouth Borough Council Social Services Directorate has been involved in learning from the in Control pilots as part of its own development of self directed support systems and the wider social care transformation agenda. The local transformation project board joined this programme as they believed it would help them to engage older people in local developments, to increase the choice and control that older and disabled people have over their support.

Local partners involved in this work included Age Concern Bournemouth, Disability Wessex, Seabourne House Residential Care Home, Windsor Court Nursing Home, Bournemouth Society for the Visually Impaired (BSVI), Help and Care, Nortoft Day Centre (Bournemouth Borough Council), and St. John Ambulance.

All partners have been committed to and excited at the opportunity of developing person centred approaches with older people. The residential homes involved had both experienced some difficulties with care standards under previous managers and were keen to demonstrate a changing philosophy and delivery of care.

About Bournemouth

Bournemouth has a high proportion of people over 65 compared to the national average, and the number of people over 85 is expected to increase steadily over the years to 2025, with a similar rise in the number of people aged over 75 years.

A number of specific consultation events and focus group discussions have been held across the Borough to explore future service needs and local partners' priorities for this work. In thinking together about where this work would benefit local residents and services, the following profile was produced:

- Overall Bournemouth residents have a better than average life expectancy (78.3yrs) but this varies between wards; those with the worst life expectancy are also the areas with higher deprivation.
- Other areas are relatively affluent overall but are thought to include people who are asset rich/ cash poor and people who are isolated from their communities and families; 17% of households are described as being "lone pensioner".
- This isolation is linked to an increased risk of depression among older people, which impacts general health and wellbeing leading to an increased need for support of some kind.
- Around 3400 people over 65 are estimated to provide informal care (figures based on 2001 census), with 1100 providing more than 50 hours a week, and 800 people being registered with the Carers Information Service.
- The 2001 census also identified that 7.5 % of the local population are from Black and/ or Ethnic Minority backgrounds. Although this profile is strongly weighted towards younger adults, a significant number of people over 50 from black and ethnic minorities reported 'limiting long term illnesses'.

Practicalities and Possibilities in Bournemouth

Whilst the Bournemouth Practicalities and Possibilities work was initially developed with a focus in social care and related voluntary sectors, the intention is that this will broaden out to include wider community involvement and support. A recent Older Peoples Strategy – 'Age Friendly Bournemouth' - extends well beyond social care and health services and places expectations on the whole community. Although local Practicalities and Possibilities work is not specifically part of a PSA target, it is recognised as impacting on local quality of life indicators, and the 'investing in people' theme of the General Sustainable Community strategy.

The original intention was to focus on 5 key groups of older people:

1) Those with low/moderate eligibility for council-funded services.
2) Older people with mental health needs.
3) Older people from Black and Ethnic minority groups.
4) Older people who are carers.

5) Older people living in residential care and nursing homes.

The final areas of focus were agreed as (1), (2) and (5) – and each of these three workstreams also included carers in their detailed plans.

We realised that we were possibly being too ambitious to include all 5 groups as 5 separate workstreams, knowing that there were no additional resources available to undertake the work. It felt better to start small and grow.

Our aim now is to expand into those areas that were not included initially, and subsequently to reach out to a much broader coverage beyond the current remit of health and social care.

A local steering group that reports to the Self Directed Support Project Board oversees this work, and includes:

- Service Manager for Older People Services - Bournemouth Council.
- Policy Officer for Older People - Bournemouth Council.
- Carers Coordinator - Bournemouth Council.
- Project Manager, Self Directed Support - Bournemouth Council.
- Chief Officer - Age Concern Bournemouth.
- Older people from the Older People's Strategy Group.
- Elected member who is Older People Champion and sits on a local Dignity and Respect working party.

An Older Person's Strategy Group, an independent consultation group funded by the Council, is also involved. Representatives make independent visits to people and placed involved in Practicalities and Possibilities to talk about their involvement, experiences and aspirations.

What's different for older people in Bournemouth?

Local older people have become absolutely the central focus for the organisations and staff with whom they are in contact. This has resulted in improved and individualised support, and has restored a greater degree of control to older people in the way that they are able to lead their day-to-day lives.

The work has encouraged staff to develop new service ideas, and some areas have recognised the need to take a closer look at matching the skills of their staff with the interests of the older people with whom they work. As a result, staff report increased job satisfaction, morale and enthusiasm.

Day care services have been re-designed to deliver a wider range of person centred activities which are increasingly led by older people rather than staff.

Family carers have also reported increased satisfaction in the way that the people they support are catered for within formal services.

Key lessons from Bournemouth

Things that worked particularly well in enabling all of this to happen include:

- Regular support days which brought various participants together.
- The simplicity of the tools meaning they were relatively easy to implement and use.
- The process gave staff permission to think and spend their time differently.
- This programme has helped us to acknowledge the role of carers, and has allowed them to express their feelings in a way that is different from the process of a carers assessment, because it is outside the formal care management process.
- Staff have been enabled to identify the often small but significant things that are fundamental to older peoples' quality of life.
- There has been improved recognition of older peoples' skills.
- There has been improved recognition of older people's spiritual needs.
- The tools and approaches need to be tailored according to the individual and the care setting – which is what we have done in Bournemouth.
- A new manager at one of the participating care homes, who joined part way through the programme, commented on how helpful it had been for her to get to know all the residents because they had their one page profiles.

We are planning further local events to disseminate learning and encourage other groups to adopt person centred approaches. We want to produce our own Bournemouth Practicalities and Possibilities book, and are maintaining the Steering Group to oversee progress over the coming years.

Future priorities for this work in Bournemouth include:

- Clarifying the links, relationships and differences between person centred approaches, self-directed support and Individual Budgets.
- Reassuring more staff and managers that this isn't just "one more thing to do". There was a perception in some areas that the time commitment would be too great, and pressure would result from staff shortages. We can emphasise, this is the job, not an add on.
- Increasing engagement from the local mental health trust.
- Engaging field social workers who have extremely high workloads.
- Involving health agencies and more people beyond health and social care.

Key Contact

Tim Bransom, Bournemouth Borough Council