

CHESHIRE EAST

CABINET

Date of meeting:	7th October, 2008
Report of:	JOHN WEEKS – STRATEGIC DIRECTOR (PEOPLE) DESIGNATE
Title:	NEW MODEL OF SOCIAL CARE FOR NEW COUNCILS

1.0 PURPOSE OF REPORT

1.1 This report is a follow up to the Report presented in June 2008 about Personalisation and Transformation of Adult Social Care, which made Members aware of the Government's policy direction in this area, and the work currently being undertaken to deliver that effectively to the people of Cheshire.

1.2 That report outlined the expectations from National Government which requires a major transformation of traditional social care as well as universal and partner services. The Local Authority Circular (DH 2008) states; 'the direction is clear; to make personalisation, including a strategic shift towards early intervention and prevention, the cornerstone of public services'.

Government Grant has been allocated for Cheshire for three years beginning in 2008/09. In addition, within the County Council's financial scenario, significant permanent savings were expected from within the Community Services Department and it was agreed that approx £9m of this target would be set through introducing Personalisation, combined with Lean Systems which would take waste from the system and capitalise on more streamlined services and cash allocations to users.

1.4 It is assumed that Members will be aware of the previous report to avoid repeating the overall context in detail. This report aims to update on progress since that time and share the model of Social Care emerging as a result of the work being done through the Social Care Redesign (SCR) change programme. A steer is required from the Shadow Councils at this point to ensure that more detailed and, where possible, costed proposals will be brought for decision during the remainder of 2008/09 and through the budget setting process.

2. DECISIONS REQUIRED

2.1 The emerging model of Social Care (detailed under item 8 below), including the high level design principles contained within this report, are accepted and endorsed as a framework for developing more detailed proposals for phased implementation by New Councils and for inclusion within 2009/10 budget setting process.

2.2 The principle of a formula based up front Resource Allocation System (RAS) is agreed pending a more detailed testing and a specific member sign off for the 2009/10 RAS in each authority and that this be incorporated within budget proposals.

2.3 The budget headings outlined in paragraph 7 are accepted as the approach for budget setting within unitaries

2.4 To note that this report was considered by the Advisory Panel – People on 23 September 2008. The Panel resolved that it would set up a Task and Finish group which would develop performance indicators to monitor and evaluate the customer experience as a result of the new Social Care Model.

3. FINANCIAL IMPLICATIONS FOR TRANSITION COSTS

3.1 Costs of implementation will be funded through the Social Care Reform Grant (see below), and although costs of change management are increased due to LGR there is no call anticipated with regard to transitional costs, based on the fact that no provision has been made for this.

4. FINANCIAL IMPLICATIONS 2009/10 AND BEYOND

4.1 The proposed model of social care is a radical transformation from services previously provided and will therefore require a fundamental budget review from 2009/10 onwards. The proposals emerging from the SCR programme are being costed as they develop and this is being examined in the context of the budget scenario now evolving for New Councils.

4.2 The principles and processes of the new model will therefore be implemented within the available cost envelope and may require some difficult decisions, depending on the scale of budget reductions necessary. Many proposals are positive in that they involve some investment in improved outcomes for service users, as well as efficiencies and reductions in posts due to the elimination of waste, but this will inevitably affect staff and will therefore have a lead in time and potentially a cost. Other challenging measures may have to involve a reduction of transport provision and removal of subsidies both of which are, to a degree, natural implications from the personalisation agenda in any event.

4.3 The Social care reforms, costed model and budget review are being managed in a coordinated manner and budget proposals will therefore be presented very differently than in previous years. One approach to budget categories which might be used in order to deliver the new model is as follows:-

Individual commissioning (ultimately the budgets which will be allocated through the Resource Allocation System)

Strategic commissioning

Field work / Assessment

Provider Services (net nil budget)

Business Support

4.4 Details of the services that fall within each category are shown at Appendix 1, and will feature strongly in the budget setting exercise now underway for unitary councils. The approach will have to involve combining bottom up design with top down affordability. The new model with leaner systems and resource allocation should provide a more robust framework for delivering budget targets whilst meeting user need, although year 1 will be very challenging as some changes will take time and will need careful handling given the nature of services we provide.

4.5 SOCIAL CARE REFORM GRANT

4.5.1 Members will be aware that temporary funding of £0.9m has been allocated to Cheshire County Council in 2008/09 with a further £2m expected in both 2009/10 and 2010/11. This underlines the point that this programme is nationally driven and which is a 3 to 4 year programme.

4.5.2 The grant is currently being used to fund aspects of the change team, the experiment, external consultancy, and provider and market impact work. In Years 2 and 3 of the change programme the grant will be fully committed to continue to fund change management activities but also the inevitable cost of 'double running', phased implementation of new staffing structures, and transitioning services such as providers where scaling down or re profiling becomes necessary. It is difficult at this stage to estimate these costs with accuracy until the impact of personal choices becomes clearer but this level of funding will be vital to support such a fundamental change programme whilst continuing to provide essential services safely.

5. LEGAL IMPLICATIONS

5.1 The introduction of Personalisation within the Social Care System has several fundamental legal implications which are being dealt with nationwide. In particular, the introduction of a Resource Allocation System (as described in item 8 below) and roll out of individual budgets to users may present some challenges as users transfer from the traditional system to the new model. Colleagues from legal have formed part of the redesign team throughout this process and have a seat on the Social Care Redesign Steering Group in order to ensure that all proposals are legally sound.

6. RISK ASSESSMENT AND MANAGEMENT

6.1 A transformation programme of this nature has inherent risks however these are being monitored and managed with corporate audit and legal colleagues and through the programme risk register.

6.2 It is also important to note that the current system also has many risks and weaknesses – not least in providing, in some cases, out of date services which do not help deliver individual outcomes and which are not affordable in the longer term. The new risks have to be managed effectively but also balanced against those being designed out.

6.3 The most significant risks faced are the capacity and resourcing issues of managing these reforms in the context of LGR which will mean, in particular, that change management resources will soon have to be divided and that operational staff will have to focus keeping services running through the disaggregation. There is however no choice in terms of progressing the new agenda. In addition severe budget reductions in year 1 and 2 will be difficult to achieve due to scale and nature of change required and this will need to be factored into phased targets. Finally implementation of a RAS in April 2009 is challenging due to consultation, resource and financial issues but this is being progressed as a priority within the programme.

7. BACKGROUND AND OPTIONS

"The decision on this matter falls within the definition of a key decision and would normally be expected to be included within the Forward Plan which is published monthly and includes details of key decisions to be made within the four month period ahead. However, this decision can still be made where the procedure contained in Rule 12 of the Access to Information Procedure Rules in the Constitution has been followed. This provides that where the decision to be taken by such a date that it is impracticable to defer the decision until it can be included in the next Forward Plan, the Monitoring Officer must inform the Chairman of the Scrutiny Committee of the matter to which the decisions to be made, copies of the notice have been made available to the public at the shadow council's offices, and at least five clear working days have elapsed since the Monitoring Officer has complied with those obligations. In this case, the necessary procedure has been followed, and accordingly the Cabinet may take the decision".

7.1 SOCIAL CARE MODEL FOR NEW COUNCILS

7.1.1 Purpose and High Level Principles

7.1.2 In January, 2008, the County Councils Executive accepted the Community Services Departments recommended purpose and high level design principles for its new model as a framework for more work to be done and detailed proposals to be worked up and tested. These principles were based on a number of factors but significantly the Government's directive and also analysis of current service provision carried out by external consultants 'Vanguard' in summer 2007. The purpose and principles are shown at Appendix 2.

7.1.3 Vanguard specialise in the elimination of waste in organisational systems and examine processes with the user at the heart of the improvements. In addition to the high level principles Vanguard also recommended that before change is implemented high level principles should be tested through experimentation and then, once new ways of working are established and proven to be effective, other areas of the business are 'rolled in'. The SCR programme adopted this approach and set up an experimental team applying new ways of working to all new users in the areas of Chester and Ellesmere Port. This approach, however, has been part of a much wider programme to develop the new model and the overall programme plan is attached at Appendix 3 to show the scale of the transformation required. The programme is in line with national guidance issued by the Care Services Improvement Programme (CSIP) in terms of trialling new ways of working whilst building a transformational strategic model.

7.1.4 The experimental and design period is now nearing completion and there are a number of more detailed proposals emerging which aim to deliver the new agenda, improve responsiveness to customer needs and make efficiencies. These are outlined below:

7.2. EMERGING STRATEGIC MODEL OF SOCIAL CARE

7.2.1 Based on the Government directive of an agenda which encompasses prevention, inclusion and personalisation the proposed model – at a strategic level – is attached as Appendix 4.

7.2.2 This outlines the scope of services and levels of intervention which will provide an accessible, informative and preventive framework, and which should provide the optimum service to all users needing some form of help, but which ensures that best value is secured.

7.2.3 In summary, this model locates preventive and reabling services, which are strategically commissioned by the Local authority and its partners, BEFORE an individuals eligible needs are assessed and resources are allocated to individuals in the form of personalised budgets and direct (cash) payments. The rationale is that by investing upfront to keep people well and get them back to good health, users enjoy improved wellbeing and resources are saved down the line.

7.3 SYSTEM PROTOTYPE

7.3.1 As a result of the experiment in Chester and Ellesmere Port it has been possible to review processes and policies by applying customer led, Lean Systems methodology. This approach, coupled with the new ways of working demanded by the personalisation agenda, has generated a system design which reduces the number of hand offs within the current system and has the effect of speeding up and improving the quality of responses to customers, whilst streamlining staffing structures.

7.3.2 The system prototype is still work in progress as issues such as customer access, local area presence, features of reablement services are researched and resolved but proposed approaches are developing. Current thinking is shown in detail at Appendix 5. Although feedback from both staff involved in applying these new processes and users receiving them is generally positive, further work and data is required to test how much demand teams will be able to take on this basis and whether it is more cost effective than current systems.

7.4 ORGANISATIONAL DESIGN

7.4.1 Organisational design is being developed in line with the high level principles and tested through the experiment. It is emerging that local 'patch' teams working in a more generic way should be created rather than the current model of a number of specialist teams which have the effect of creating hand offs for users, workload bottlenecks and career development issues for staff. At this stage it is thought that five patch teams in West and six in East may be required. Obviously, specific structures will need to be developed in the context of the resources available.

7.4.2 Some specialist teams will remain but only where a clear operational and business case can be made and this might include mental health, learning disability and occupational therapy teams. More specialist skills will be put at the front end of the system and fewer layers will exist in senior management.

7.4.3 Work is continuing with service experts and Human Resource advisers to build structural proposals and develop the roles and skill sets required for staff as a result. At the same time, this is being evaluated within the context of the emerging management structures for the new Councils.

7.5 RESOURCE ALLOCATION SYSTEM (RAS) & SUPPORT PLANNING

7.5.1 One of the key features of Personalisation is that Local Authorities will be required to have a RAS. The LAC 2008 states 'all individuals eligible for publicly funded social care will have a personal budget; a clear upfront allocation of funding to enable them to make informed choices about how best to meet their needs including their broader health and well being'.

7.5.2 Within the SCR programme a formula based RAS is being developed for approval within the new social care model, if possible, with effect from 1 April 2009. There are several impacts which Members need to be aware of which include:

Resources will be allocated on the basis of individual needs, regardless of their user group. This makes budget setting on the basis of user group e.g. learning disabilities / older people etc no longer appropriate.

The County Council's current charging policy will be affected and a public consultation exercise will be required in order to legally make the changes necessary. Individual users in a small number of cases will experience a change in their financial contribution as a result of this.

Transparent allocations of funds to individuals will become the norm (as opposed to professionally driven assessments of service provision and therefore costs) and council's will need to ensure they have robust audit mechanisms to protect public funds. Proposals for a RAS are therefore being drawn up and tested out with audit, finance and legal colleagues to ensure that all parties are protected. For e.g. Allocations to users will only be made on a four weekly basis in order to manage risk.

Resources will be more tightly controlled through an objective, transparent and cash limited system improving local budget management, cost modelling and reducing corporate budget risk. This is however a new concept and sharp financial management both on a macro and micro level will be critical.

Users can choose to continue to have their services directly provided and paid for from the Council if they do not want to manage funds directly, but the level of support they receive will be determined through the RAS and eligibility criteria.

7.5.3 The validity of the RAS formula to allocate on a realistic basis is currently being tested through experimentation but specific proposals, drawn up in partnership with other authorities, are well advanced and will be considered as part of the budget debate and future reports to members.

7.6 RE-ABLEMENT

7.6.1 As stated within the emerging model, reablement is being explored as a key feature of the new service. Again work is underway with other authorities and evidence being gathered to examine the benefits to users as well as the financial case. Investment in reablement services (many jointly provided by the Health sector in the form of Intermediate Care) should lead to economies in provision in the longer term.

7.7 PROVIDERS AND MARKET SHAPING

7.7.1 Provider care services are currently sourced both internally and externally and include day care services, domiciliary Home Care services and residential care. These have traditionally been commissioned by Local Authorities on behalf of users in line with their assessed need but one of the growing messages is that this has led to less choice and control for some users and restricting services to those that are available rather than those that are truly required.

7.7.2 Making transparent and upfront budget allocations, and involving users in their own support plan of provision, will have a huge impact in the current provider market including;

There will be a shift from strategically commissioned services to individually commissioned services which, although improving user choice, will inevitably change the composition and potentially destabilise the current market. This will need to be managed and controlled as far as possible with Local Authorities with third sector partners having a major role in stimulating the market and ensuring services which people need are available – whether internally or externally provided.

Current block contracts and building based services will need to operate on a more commercial basis and, if they fail to be chosen by individuals, will need to review their business model. This may affect economies of scale and staffing arrangements for some in house providers. Authorities will however need to ensure that a percentage of services are retained as a provider of last resort and to cover market failure etc as they will ultimately be responsible for users wellbeing.

The nature of services provided will change dramatically and demand is likely to grow for more tailored services for e.g. personal assistants, cleaning agencies, leisure facilities etc rather than traditional social services.

7.7.3 The SCR programme is examining these impacts and developing more commercial models for providers ranging from arms length joint ventures to social enterprises, examining the impact on council staff employed through these services, exploring the options for re profiling services into the future market e.g., reablement, personal assistants etc and looking into how to stimulate the market and ensure users are well informed and protected in their choices.

7.7.4 This will take some time to implement fully, depending on the nature of the model and the impact in the market. In the first instance, from April 1 2009, it is proposed internal providers of services will operate on a net nil budget basis so that, at least notionally, the income they earn from providing efficient and required services (both to individuals and local authorities directly) will cover their cost.

7.7.5 Unions have expressed concern at this aspect of the social care reforms in particular and we are consulting with them on this and other aspects of the SCR programme, although it has to be remembered that we are working in a national context and some changes are not negotiable.

7.6 IMPACT ON USERS / CARERS – CASE STUDIES

7.6.1 Overall this is a very positive development which has broadly been welcomed by professionals, stakeholders, users and carers. There are some compelling case studies of individuals who have previously been exposed to the limitations of the existing Social Care system and who, on receipt of wider choices and up front funding, have been able to lead a better life often at less cost to the public purse. Some case studies of users who have experienced new ways of working through the Chester and Ellesmere Port experiment are shown at Appendix 6a)&6b).

7.6.2 There are, however, those who are concerned about the scale of change who value their current arrangements and who would like them to continue. The reality is that they are likely to continue to receive services on more traditional lines if they decide to opt for that – to the extent that those services are strategically commissioned and provide value for money. Many vulnerable people will not want however to handle their own direct payments and Councils can continue to provide services direct.

7.6.3 Carers and Users are being consulted throughout the programme and their views are being taken into account against a background of nationally driven changes. A formal consultation exercise is to take place from October to December regarding views on the overall changes but specifically on charging policy as mentioned above.

8. OVERVIEW OF DAY ONE, YEAR ONE AND TERM ONE ISSUES

8.1 As outlined in this report, the introduction of Personalisation and new model of Social Care arising from that is anticipated nationally to be a 3 to 4 year programme. The impact of LGR within Cheshire should also be factored in and clearly it has been, and will be, a massive challenge to implement a fundamentally new model as well as create two new Councils. There is however no alternative if we are to achieve our objectives, but Councils will need to ensure that the changes are adequately resourced through base budget as well as Social Care Reform Grant and potentially other models.

8.2 Day one requires that the model is designed and agreed and that a RAS is ready to be implemented. Change resources need to be secured with a skilled and experienced implementation team in place. Structures and roles needs to be agreed and published. Strategic commissioning decisions need to have been made. Design needs to link up with other New Council services in terms of Customer Access, Housing, other universal services, and major partners including Health. Proposals will need to be agreed and linked with budgets and the model needs to be lean but deliverable.

8.3 Year One issues include the bulk of implementation in terms of new budgets, staffing structures appointed, RAS up and running with appropriate controls, and reshaping of providers towards the model agreed. The impact on Users, carers, staff and other stakeholders will need to be addressed and managed. Support will be vital in terms of providing transitional / temporary monies to move from the old to new processes and systems.

8.4 Term one issues include the requirement to have a fully implemented and functioning new model which has realised all envisaged benefits. Performance management and continuous improvement and modernisation will be key.

9. CONCLUSIONS AND RECOMMENDATIONS

9.1 All the work of the programme is now being pulled together within the context of East and West Unitary structures and budgets which could set more challenging target than originally envisaged.

9.2 Members are asked to fully endorse the direction of travel outlined in this report, and highlight any concerns or risks, so that further work can be done to produce costed proposals as part of budget setting over coming weeks and for further reports as necessary during the remainder of 2008/09.

For further information:

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Background Documents:
Documents are available for inspection at:

Adults Budget structure 2009-10?

Strategic Commissioning

- Market shaping
- Pump Priming
- Emergency Cover/Secure units
- Prevention
- Reablement/Enablement
- Supporting People
- Supported employment
- Carers
- Intermediate Tier services
- Hospital Interface
- Joint Commissioning Infrastructure
- Extra Care Housing

Fieldwork/Assessment

- Patch teams
- Access
- EDT
- Safeguarding
- Brokerage/Advocacy

Individual Commissioning

- Nursing & Residential
- Home Care
- Day Care
- Networks
- Respite
- Transport
- Direct Payments
- Equipment
- Meals
- Linen
- Telecare
- Family Based Care

Infrastructure/Business Support

- Performance & Quality
- IT systems

In house provision (net nil)

DESIGN PRINCIPLES

Have locally based teams of workers, wherever possible and appropriate, co-located with other players in the whole system. That will be part of our contribution to the localism agenda.

Make those teams/networks multi-disciplinary

End most of our functional splits into separate and specialist teams – for example, Access, Occupational Therapy, Reviewing.

Remove the division between adult and older peoples teams – instead local teams will help all adults in their local community according to demand
Organise ourselves to be better able to provide advice and guidance to all Adults with Social Care needs including those who have enough money to pay for their own care.

Use a formula based Resource Allocation System to determine, at a relatively early stage in our engagement with people, how much public subsidy the Council is going to make available towards the achievement of outcomes. This will be a transparent process applied to all user groups and will include the application of the Fairer Charging Policy.

Streamline review processes, to take account of the changed relationship between ourselves and our customers.

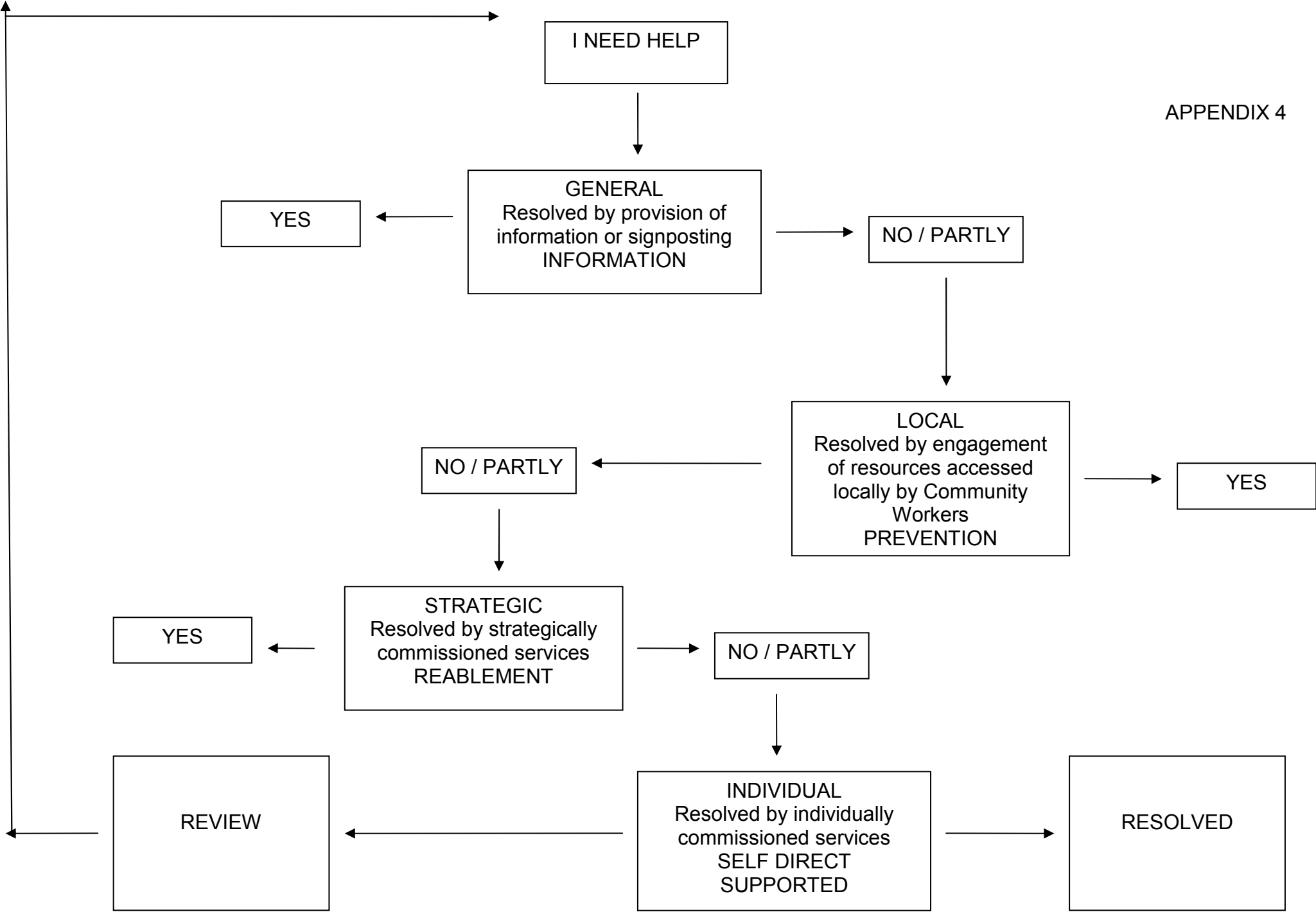
Separate the commissioning of services more distinctly from the running of services.

Establish a Strategic Commissioning function for Social Care.

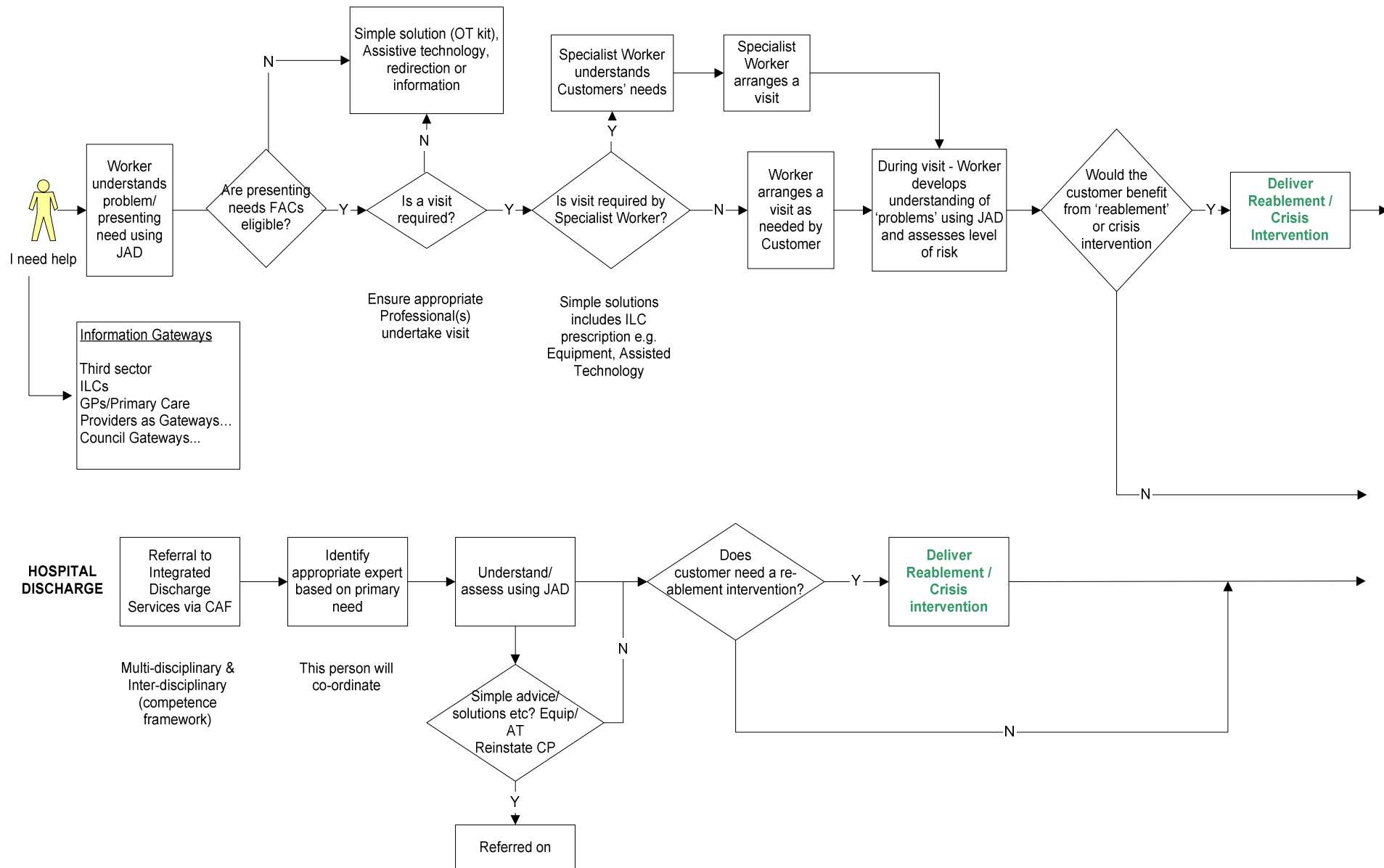
Gear up services currently provided directly to be able to offer themselves as a positive choice to customers who will have Direct Payments and Individual Budgets.

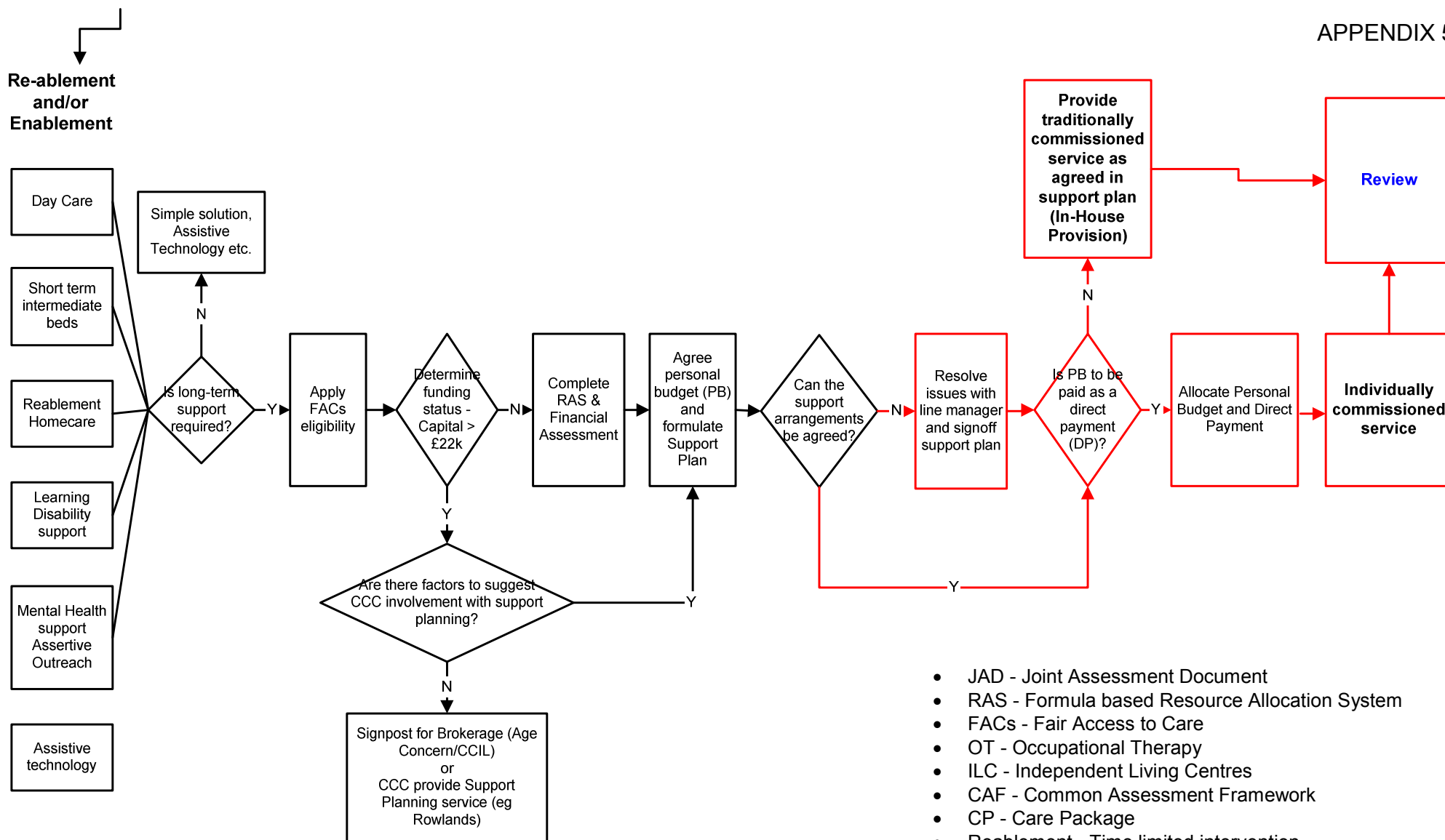
Rebalance Business Support services to support the redesigned organisation, in the context of our commitment to the development of Shared Services.

Explore, on a business by business basis, the scope for achieving closer integration of Social Care and Health, around both commissioning and service provision. That is already a policy of the Council, agreed by its Executive.



APPENDIX 5





CHESHIRE COUNTY COUNCIL – SOCIAL CARE REDESIGN TEAM

Case Study 1 – Physical Disability

Case ref no on PARIS:	Date of referral: 23 May 2008
Case worker name: Corrie Nichols	Job Title: Social Worker
FACS Status at Referral: Substantial	FACS Status at 1st Visit: Critical
Case history:	
<p>The customer has recently moved to Cheshire from Harrogate. He was diagnosed with MS in 1985. He is wheelchair bound, using an electric wheelchair when outside the home and a manual wheelchair at home. He is also catheterised and unable to bear weight. Since moving to Cheshire, the customer had been encountering difficulties in establishing a care support network and his care package had broken down a number of times. He has had two periods of emergency respite at Vale Court. At present, he is still a resident at Vale Court. The customer's wife contacted the SCR team on 10 June, requesting assistance to establish an appropriate care support package to enable him to return home.</p>	
Case episode	
(why did the customer contact us and what did we do to resolve customer demand?):	
<p>The customers' wife has been providing substantial physical and emotional support to her husband for a number of years. However, her health condition has deteriorated (she suffers from ME) and her husband's care needs have increased such that she now needs carers to take over the role of providing physical support to her husband. Due to the customer's immobility, he needs assistance in being transferred in and out of his wheelchair, which is achieved through using a banana board. He also needs assistance with bathing and dressing himself, although he does like to be as independent as possible.</p> <p>A Joint Assessment Document (JAD) was completed with the customer and his wife on 20 June 2008. A financial assessment and formula based Resource Allocation System (RAS) was also carried out on 20 June 2008, to determine level of funding available to meet his unmet needs. The customer's RAS score was 100, which gave him a weekly direct payment budget of £620.</p> <p>A support plan was created and agreed with both the customer and his wife on 3 July 2008. This lists the main points that the customer feels are important to him and should improve his quality of life. The support plan has not yet been fully implemented, as the customer is still resident in Vale Court.</p> <p>The Individual Budget payment is currently being processed and should be in place very soon. The use of individual budgets enables the customer to implement changes in his home, such as installing laminate flooring instead of carpet, as well as providing him with the care support system that best supports his needs and wishes. These changes as well as improving his quality of life, should also improve his health.</p>	

Process improvements / Outcomes:

(how was the customer and staff experience different?):

Customer experience

Upon first completing the JAD, the customer's wife felt that it wasn't very person centred and the RAS didn't focus solely upon the customer, as it also took into account the carer and thus the results were skewed. However, the customers' comments were taken on board and the JAD was changed to demonstrate our commitment to the personalisation agenda, including giving customers more choice and control over their care.

The support planning process was approached with creativity and innovation at the heart of solution design and this was greatly received by the customer and his wife. The customer feels positive about the support plan and believes that it will support him with his personal care tasks at key times during the day, enabling him to live his life in the way that he chooses. He also believes that it will give his wife a break from supporting him, so that she can look after her health and be his wife rather than his carer, which is important to both of them.

The customer also feels that direct payments will enable him to spend the money, not just upon care facilities for himself, but upon improvements to his home (he wishes to install laminate flooring to enable him to move more freely about the home in his wheelchair). This will greatly improve his quality of life, both in terms of his mental and physical wellbeing.

Staff experience

The social worker involved in the case felt that the process helped her to build a better relationship with the client and to develop a "person centred" approach. The process also helped the clients to understand the complexities of arranging care and the cost of services, which has given them a better understanding of the workings of social services. Ownership direct relationship with provider

The customer and his wife had more control over who provided the care, the care they wanted and at the appropriate times to suit their needs. Whereas previously, social services were unable to provide the level of flexibility required by the customer through their in-house providers.

This placed ownership of managing the relationship between provider and customer with the customer and his wife rather than CCC. Customers are more inclined to maintain good relationships with providers when they have chosen them, this reduces burden on the social care system should care packages breakdown.

CHESHIRE COUNTY COUNCIL – SOCIAL CARE REDESIGN TEAM

Case Study 1 –Learning Disability

Case ref no on PARIS:	Date of referral: 13 May 2008
Case worker name: Denise McGovern	Job Title: Social Worker
FACS Status at Referral: Substantial	FACS Status at 1st Visit: Substantial
Case history:	
The customer has a learning disability and was referred to adult social services through his childrens' social worker. As the customer approaches 18 years of age he wants assistance to enable him to live more independently.	
Case episode (why did the customer contact us and what did we do to resolve customer demand?):	
<p>The customer was becoming depressed and felt confined due to his current living arrangements with his family. However, in order for the customer to be able to live independently, he would need help with managing his money. This was something a family member had controlled for him in the past, but the customer now felt that this arrangement was interfering in his life and stopping him from carrying out activities that he wanted to pursue and adding to his depression. The customer also wanted to access more activities and visit his girlfriend. In summary, the customers' aspiration was to enhance his social life and increase his independence.</p> <p>Although, the customer no longer wanted his family involved in helping him manage his money, he was quite happy for an external provider to do this for him. His ultimate aim though was to learn to manage his own money.</p> <p>During the process of producing and agreeing the support plan, the customer's mother was unexpectedly admitted into hospital. As the customer had expressed a desire to look after himself, we used this occasion to test the customers' capability to live independently and allowed him to stay on his own in his home. We arranged for him to have support workers at night time to help him with his health issues. As it turned out, the customer coped very well living on his own and had enjoyed his time and independence and said that he looked forward to repeating this liberating experience. The customer also felt comfortable that in future, he would not need overnight support as he could cope with support early evenings and mornings. This period of testing helped to finalise the customers' support plan as the social worker and the customer were confident with how well he had coped on his own. Naturally, we had more of an accurate assessment of the customers' ongoing support needs which would lead to him achieving his outcome of independent living.</p>	
Process improvements / Outcomes: (how was the customer and staff experience different?):	
<p>Customer experience</p> <p>Adopting a person centred approach enabled the customer to state who they wanted to involve in supporting them. This was important to the customer, as they wished to become more independent from their family. The person centred planning tools also helped the customer express what they felt was "wrong" in their lives at that moment.</p> <p>The customer was treated as a unique person with specific needs and not a number that needs processing. The customer had a big say in what they valued and what type of support was going to be most helpful to them. The solution was not imposed on the customer but designed with the customer on what was important to him. The customer found this most valuable.</p>	

Staff experience

The social worker felt that the use of Person Centred Planning tools enabled them to obtain information and knowledge about what really mattered to the customer which would not have been achieved previously. This information is vital in ensuring that the support plan prepared represents the client's wishes and enables him to explore and instigate options which will enable him to live happily and independently on his own.

In adopting the ethos of self directed support, the social worker was able to develop the support plan with the customer, outlining how the activities listed will meet the client's needs and outcomes; to become a "happier" person.

The social worker also felt that increasing the amount of high quality interaction with the customer allowed her to carry out a thorough assessment of the customers' presenting needs. With this knowledge she was able to setup an accurate support plan which focussed on meeting the customer's desired outcomes.