Personalisation:
Personal budgets & care services in Portsmouth

RESEARCH REPORT

A study into the experiences of people in Portsmouth with personal budgets and person-centred care services

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INTRODUCTION

Healthwatch Portsmouth is an independent statutory body that gathers the views and experiences of local people, enabling them to to speak up about health and social care services in their area. We collect local evidence-based information through community engagement to ensure that the people who plan, commission and check services listen and respond to the people who use those services.

A number of people living in Portsmouth, from a range of ages and backgrounds, receive care and support services to maintain and improve their health and wellbeing.

The services paid for directly by Portsmouth City Council (PCC) or via an agreed PCC 'personal budget' are meant to be 'person-centred' - designed with the person involved so they are provided in a way most suited to their individual needs and the person retains choice and control of their care.

Person-centred care is where *"Providers must work in partnership with the person, make any reasonable adjustments and provide support to help them understand and make informed decisions about their care and treatment options, including the extent to which they may wish to manage these options themselves."* – Care Quality Commission - Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 9 - http://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-9-person-centred-care

Personal budgets, also referred to as Direct Payments, are *"…an agreed amount of money that is allocated to you personally by your local council (and other funding streams) following an assessment of your care and support needs…It allows you (or your representative) to control the financial resources for your support and the way the support is provided to you."* - https://www.disabilityrightsuk.org/personal-budgetsthe-right-social-care-support

PCC and the Portsmouth Clinical Commissioning Group (PCCG) recognise the importance of the person-centred approach and are keen to understand how well the services it pays for are taking into account individual needs and wishes when planning and providing care and support.

In light of this, PCC/PCCG asked Healthwatch Portsmouth to undertake a piece of independent research with local people,

particularly those with long-term care needs and/or who are using a personal budget, to gain feedback regarding how much choice and control they are actually given over the type of services provided, by whom and when, and the benefits of or barriers to this approach.

The research, undertaken between October 2017 and January 2018, gathered views from around 230 local people and their carers, to understand:

- What their expectations would be if they were to receive such a service in the future (for people not receiving care) and
- Where the person-centred approach is working well and where it needs to improve (for people receiving care).

enabling a comparison to be made between expectations and reality of current experiences as well as highlight good practice and make recommendations as to how processes can be made more personalised. This feedback will then be used by PCC/PCCG to inform how services reflect individual needs and preferences and respond more fully to what matters most to people both now and in the future.

AIMS AND OBJECTIVES

The aim of this report is to:

- Provide a summary of the research undertaken
- Outline the key themes and findings highlighted from the feedback
- Suggest recommendations to PCC/PCCG as to how it might improve how it commissions care and personal budgets in the future to ensure they are more tailored to individual circumstances, expectations, needs and aspirations.

The report provides background regarding the methodology used to capture feedback and experiences and highlight key findings to suggest how the approach by commissioners and providers might be improved.

We recognise this report is a 'snap-shot' of local experiences with care services and personal budgets at a point in time. However, we believe the findings and recommendations provide a valid benchmark of local opinion and hope this report will be used to inform the processes in place to improve the provision of tailored, person-centred care and widen the use and effectiveness of personal budgets in Portsmouth.

Healthwatch Portsmouth would like to take this opportunity to thank the volunteers who gave up their time to plan and participate in this research along with the many different local organisations who promoted the activity and encouraged local people to get involved and give their feedback. Finally, we would like to thank everyone who gave their feedback, whether by paper survey, online, via social media or through face-to-face and/or telephone conversations.

METHODOLOGY

The work of Healthwatch Portsmouth centres on involving local people in the planning, collating and review of experiences with health and care services so as to inform commissioners and providers over what works well, what might be improved and how this could be done.

Planning:

Once the request from PCC/PCCG for the research was confirmed, we recruited a pool of local volunteers to inform us how we should plan and actually seek out the views of people across Portsmouth, using the volunteers' knowledge of the city and care services as well as their local contacts and networks.

The request from PCC/PCCG was for us to seek feedback from people living in the PO1 to PO6 Portsmouth postcode areas about:

- Future expectations or current experiences over levels of choice and control
- Currently in receipt of care services with long term care needs
- Look into the difference the use of a personal budget makes to peoples' lives
- Whether care services help people achieve what matters most to them
- How much choice and control actually people have over their care.

Two volunteer workshops were held in September 2017 to outline the aims of the research and confirm more about the principles and aims of person-centred care and personal budgets to provide volunteers with greater context and information to be better informed about these topics and to also outline the timescales for completion of the work.

Communication & Engagement:

From discussions with the group, we were able to confirm the following to inform the communication and engagement plan for this project:

- Key people and audiences to seek feedback from in the city
- The method of collecting feedback including postal, face-to-face, telephone and online surveys
- Questions to be used in the surveys and interviews
- Where to make the survey available, such as through:
    - Key voluntary organisations foyer areas including AgeUk Portsmouth, the Carers Centre, Portsmouth Disability Forum, CA Portsmouth
    - Stands in different community venues such as the Cascades shopping centre, QA hospital, Somerstown Hub and PCC Civic Offices foyer
    - Local sheltered and extra care housing schemes
- How to promote the research to maximise responses including via our own and others' websites, social media, voluntary organisation network newsletters (including Action Portsmouth and PCC), posters in GP surgeries and community centres
- How to analyse the data, highlight the key findings and draft a report ready for publication
- Opportunities for volunteers to be involved in different ways in the research along with the support available, such as travel and/or carer expenses, to remove barriers to involvement
- Ground rules for volunteer involvement including practice such as data protection, confidentiality and lone working.

A full list of locations confirming where the survey was available and the partner agencies who promoted the survey can be found in ***Appendix One***.

Community stand at post-16 learning disability event in Portsmouth

Surveys:
In total, it was agreed for 5 surveys to be designed to target feedback from as many people as possible in Portsmouth. These surveys were as follows:

Survey	Number of responses	Percentage of total audience
1. Future care services – aimed at those people not currently receiving care services to confirm what their expectations would be if needing care in the future	84	N/A as made available to city-wide audience
2. Personal budget and/or care services – a general and widely published survey seeking feedback from current recipients of care, whether through a personal budget or not.	120	N/A as made available to city-wide audience
3. Integrated commissioning unit – a combined care and personal budgets survey aimed at a group of local people who have already been involved in reviewing quality/effectiveness with PCC/PCCG	2	40% (very small audience)
4. Funded care services – direct mailing aimed at those people who receive care funded in part or whole by PCC who have agreed to take part in research activity	21	33%
5. Funded care services using a personal budget - direct mailing aimed at those people who receive care funded in part or whole by PCC through a personal budget who have agreed to take part in research activity.	5	42% (small audience)
TOTAL	**232**	

The questions to gain feedback on experiences with **personal budgets** were based on research undertaken by **Think Local Act Personal (TLAP)**, a national body with expertise in person-centred approaches, in their 2016 report "Gathering the Evidence: Making Personal

Budgets Work for All" - https://www.thinklocalactpersonal.org.uk/_assets/Resources/CareAct/GatheringTheEvidence.pdf focusing on the key principles listed in "*Appendix 4: Key questions for different groups*". These questions were formulated as statements with respondents then confirming their view as either 'Never', 'Sometimes', Most times' or 'All the time':

1. "The process for getting a personal budget was straightforward and explained to me clearly."
2. "My personal budget is helping me to achieve what I want."
3. "I have enough security about my personal budget to plan ahead for meeting my long-term goals."
4. "My personal budget provides me with as much choice and control as I want over the type of support I get, who provides it and when."
5. "I would recommend anyone in my position to find out if they can get a personal budget."

With reference to experiences with **care services**, we used the five domains of person-centred care outlined in research the nationally recognised organisation **National Voices** undertook last year, and published in its report "*Person-centred care in 2017*" - https://www.nationalvoices.org.uk/publications/our-publications/person-centred-care-2017 to base our questions on, which were:

- Information
- Communication
- Involvement in decisions
- Care Coordination
- Care planning

The statements then used were:

1. “I receive enough information, in a way I understand, to help me make decisions about my care.”
2. “I feel I am listened to and the way information is communicated to me is just right. I understand all I need to know about my care.”
3. “My own feelings, values and preferences are respected. I am involved, in a way I want, in making decisions about my care. I have the level of control I want.”
4. “I have been involved in creating my plan, with people who understand me and have been able to identify what matters to me. I have choice I want over how, when and by who my care is provided.”
5. “The people involved in co-ordinating and providing my care, work well together to help me achieve what matters to me.”

And again, respondents asked to comment using either ‘Never’, ‘Sometimes’, ‘Most times’ or ‘All the time’.

Where a person was receiving care but not currently through the use of a personal budget, respondents were asked if they knew about personal budgets and whether they had decided this option was not for them. Respondents were also asked if they wanted to find out more information about personal budgets to see if this was an option for them in seeking more choice and control over their care in the future.

All respondents who were contacted directly by PCC/PCCG to complete either survey 4 or 5 were also asked if they were interested in providing more feedback about their experiences through a follow up telephone call from a Healthwatch Portsmouth volunteer. A short script was designed with volunteers from the planning group and then used to seek further feedback from the 6 people who requested this option.

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Future care services survey October 2017

About care services:

Thank you for taking time to complete this survey. If you are completing this in paper format and would like to do this online instead, please go to www.surveymonkey.co.uk/r/careinfuture

If you need to find care services in the future, how important is it:

Information and communication

1. You receive enough information in a way you understand to help you make decisions about your care?

Never | Sometimes | Most times | All the time

2. You feel listened to and you understand all you need to know about your care?

Never | Sometimes | Most times | All the time

Involvement and care planning

3. Your own feelings, values and preferences are respected, and you have the level of control you want over your care?

Never | Sometimes | Most times | All the time

4. You have been involved in creating your own care plan, to identify what matters to you and by having choice over how, when and by who your care is provided?

Never | Sometimes | Most times | All the time

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Portsmouth City Council - recipients funded care and/or personal budget October 2017 (direct mailing)

About your personal budget:

Thank you for taking the time to answer the questions in this survey. If you are completing this in paper format and would like to do this online instead, please go to www.surveymonkey.co.uk/r/knownPCCfundedandorPB

This section is about Personal Budgets.

1. "The process for getting a personal budget was straightforward and explained to me clearly."

Never | Sometimes | Most times | All the time

2. "My personal budget is helping me to achieve what I want"

Never | Sometimes | Most times | All the time

3. "I have enough security about my personal budget to plan ahead for meeting my long-term goals."

Never | Sometimes | Most times | All the time

4. "My personal budget provides me with as much choice and control as I want over the type of support I get, who provides it and when."

Never | Sometimes | Most times | All the time

5. "I would recommend anyone in my position to find out if they can get a personal budget."

Never | Sometimes | Most times | All the time

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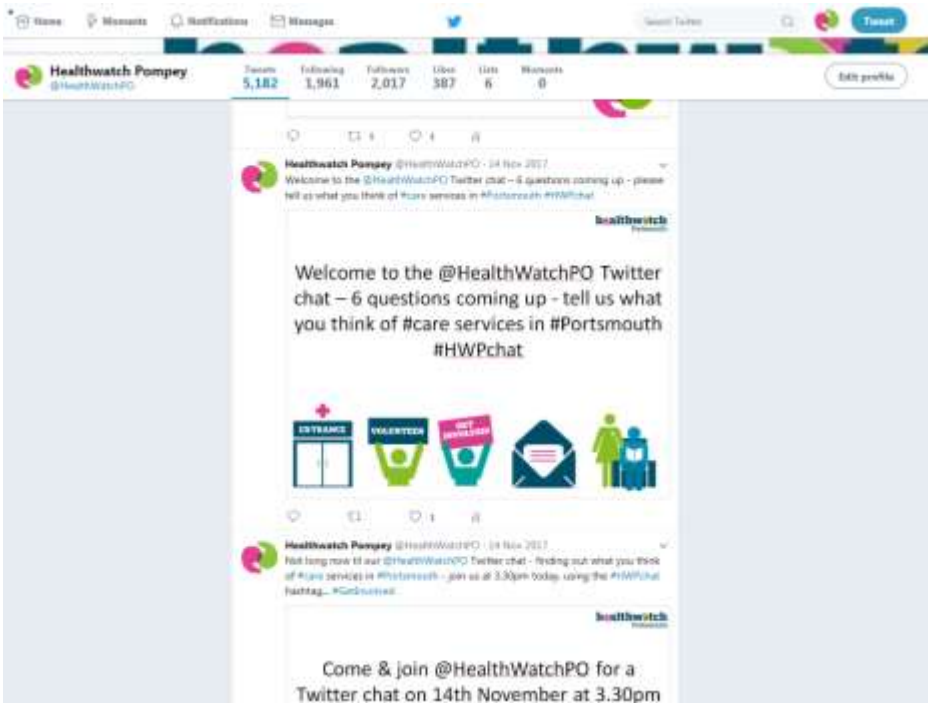
Images of front covers of 2 of surveys used

Social media was also used to seek feedback with separate Twitter and Facebook events taking place in November to encourage views from a wider range of people.



Example of a tweet posted on Twitter seeking feedback

The social media engagement statistics were as follows:

- Twitter event – total impressions 1869 (average 208 per slide) with 128 engagements
- Twitter poll re personal budgets – total impressions 284 with 7 engagements and 1 vote
- Twitter poll re care service – total impressions 185 with 1 engagement and 1 vote.
- Facebook event – 1759 views but with no engagement on the featured questions.

More detail about the questions used for the Twitter and Facebook events is listed in ***Appendix Two***.

Data collection & analysis:
All responses were anonymised and logged through an online password protected software package which was able to confirm numbers of responses and trends, whether for all or a specific group of respondents, whilst also keeping personal details of respondents

private. Only designated staff and volunteers of Healthwatch Portsmouth involved in the research were given access to this information on a needs-only basis, with all respondents being informed this would be the case before submitting their views and information. Respondents were also informed they could withdraw their responses at any time.

A summary of the feedback received was shared and discussed with members of the volunteer working group to draw out key trends and views and to inform which findings and themes should be highlighted within the report. As well as reviewing feedback data from all respondents, this group also compared responses from different population profiles to see if experiences varied. The comparison categories chosen were:

- Male or female
- Over or under 65 years of age
- If paying for own care or funded through PCC
- If using a personal budget

The report was then reviewed by the volunteers before being shared with PCC/PCCG and published in paper format and online.

Respondents were also asked if they wanted to receive a copy of the final report and plans made to ensure this took place for those who requested it.

Assumptions:
For the purposes of this research, it was assumed that people completing the surveys had:

- Capacity to do so and the ability to comment on their experiences or
- Permission and insight into the experiences of the person if the respondent was commenting on behalf of someone else.

It is also recognised that this report has been written based on the feedback of a relatively small number of the Portsmouth city population (around 232 responses). However, despite potential limitations of the sample size, it is felt the feedback received is able to illustrate and highlight trends regarding peoples' experiences of care and/or personal budgets and is therefore able to give rise to informed findings and recommendations that can be considered by commissioners and providers of services as part of improving positive outcomes and experiences of people receiving care in Portsmouth.

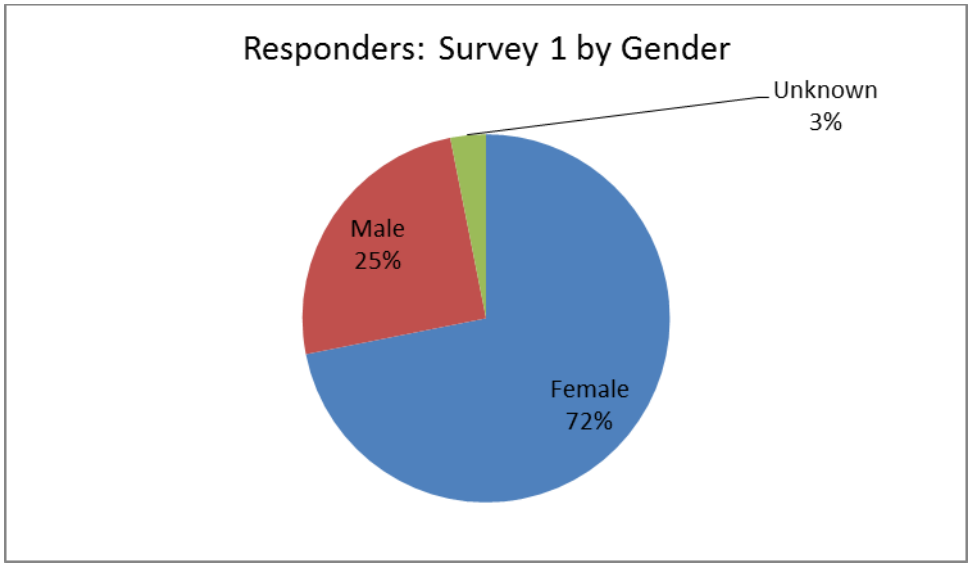
Please note, due to the rounding of percentages in calculations, some data in graphs contained in this report add up to just over 100%.

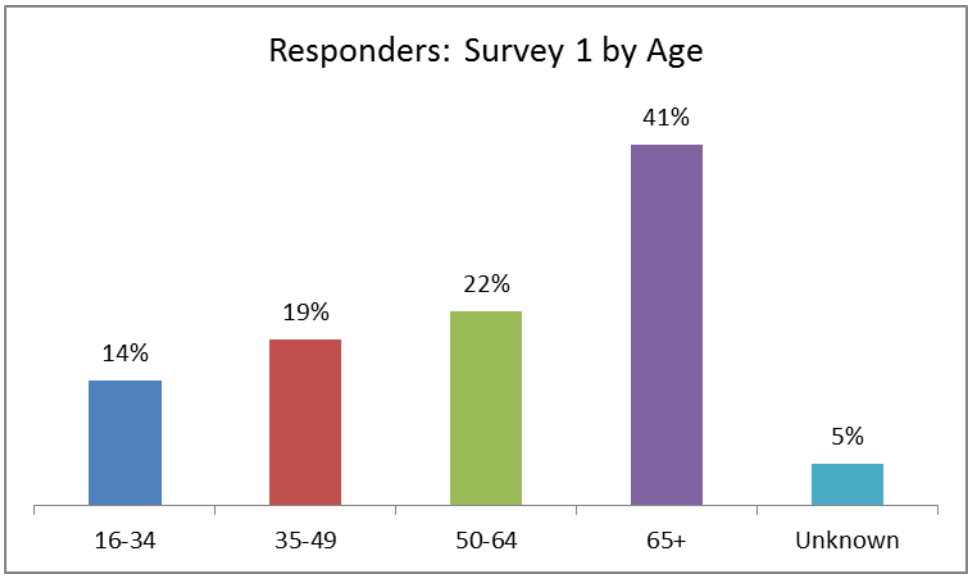
KEY FINDINGS & EVALUATION

1. Survey 1 – Future Care Services (84 responses received)

The aim of this survey was to assess levels of expectation of local people with how person-centred care should be if they required this service in the future.

Demographic profile:
The profile of people responding to this survey was as follows:





with the majority of respondents being White British (89%), with other respondents stating their ethnicity as White Irish, Other Mixed, Bangladeshi and Other Asian (each 2%) with 5% unknown.

There was an even proportion split between those respondents stating they had or did not have a disability or health condition (each 48%), with 4% unknown.

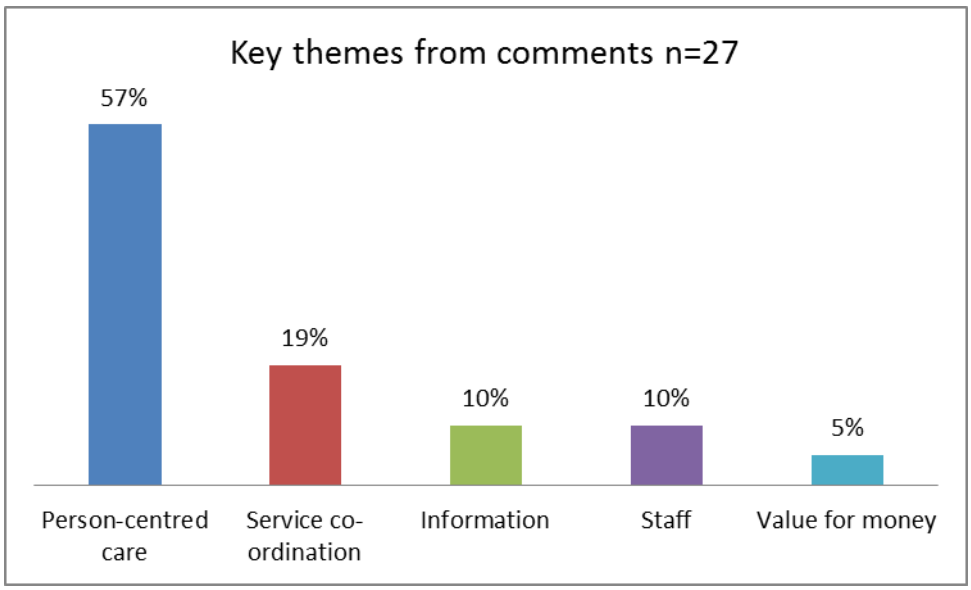
Summary of responses:
The majority of people stated 'all the time' as their response (averaging around 80%) to the different statements listed in the survey. 1 in 5 (20%) of respondents not expecting this to be the case and some (average of 7%) stating this 'never' to be the case.

73% stated being involved in creating their own plan as 'all the time' – which was the lowest 'all the time' response for this group.

When reviewing responses to compare comments from different population groups, the following themes seemed to emerge:

- Similar pattern of responses from female respondents to the general population of respondents
- Male respondents seem to have higher expectations, selecting 'all the time' or 'most times' more than the total group of respondents.
- Of the 26 respondents aged 65 or over, none of the respondents stated 'never' to being involved in creating their own plan in the future.

27 further comments were received with regards to how important different aspects of care are and seemed to fit into 5 key areas:



Comments received included:

Person centred care

- *Need to listen to the person receiving the care.*
- *I would want all those who provide input into my health and social care needs to meet with me to discuss my needs and thus plan my care.*
- *To be treated with respect*
- *Communications with me is vital*
- *It's also really important that decision are made with myself but also my wife involved in the whole process*
- *To feel important and have a personalised care to my needs.*
- *If I should require care in the future, I wish to be at the centre of the planning and the management of that care and support. I would want it to fit into my life not fitting me into the care. It's my care, therefore it has to suit me and my life.*
- *I work with a carers group, many of whom do not find the services meet their needs and they are not listened to, despite knowing the needs of cared for.*
- *Care needs to be provided at the time and in the location which the client chooses not at the convenience of the provider.*
- *Mostly, I want to be treated with respect.*

Service co-ordination

- *Would be helpful to have one point of access for all the different agencies involved in my care*
- *Whatever is decided cannot work until healthcare and social care are joined together.*
- *Quicker, faster, better access to the system, for assessment and receiving care. more opportunity to go into rehabilitation and rest home care if required or wanted rather than stay at home isolated, worse thing to happen was PCC selling off their rest homes as you do not receive the same level of care at home*
- *They're all very good here and provide you need. If they're short staffed it's a bit rushed but I can't fault them. They were very good with my husband. He had male carers and they were brilliant.*

Information

- *In my experience the patient is only told sufficient information to obtain agreement with what the care giver chooses to provide.*
- *Information that is appropriate and at the right time is very important, far too often when I have health appointments I get*

far too much information at the time. Its a waste because I'm not taking it in because its given at the wrong time.

Staff

- *The level of care required needs proper investment in a strong well-funded NHS and also the training and retention of properly trained staff paid more than the national minimum wage.*

Value for money

- *Good value for money.*
- *Need to know about the charges.*

"If I should require care in the future, I wish to be at the centre of the planning and the management of that care and support. I would want it to fit into my life not fitting me into the care. It's my care, therefore it has to suit me and my life."

Evaluation:

Not surprisingly, the majority of people have high expectations about how person-centred care services should be if they require them in the future, with 80% stating 'all the time'. It is interesting to note however that 20% of people do not have this high expectation, possibly linked to previous experience or knowledge of the challenges faced in the care sector.

Of the comparison categories, men and those aged 65 or over seem to have higher expectations than the wider group.

There also seems to be a significant level of awareness about what is seen as important in a care service, with many comments focusing on key elements of person-centred care such as:

- Needing to listen and give respect
- Involve others including family members
- Put the individual at the centre of the care
- Care not designed at the convenience of the care provider
- Provide timely information and at the right level
- Support staff through training and pay.

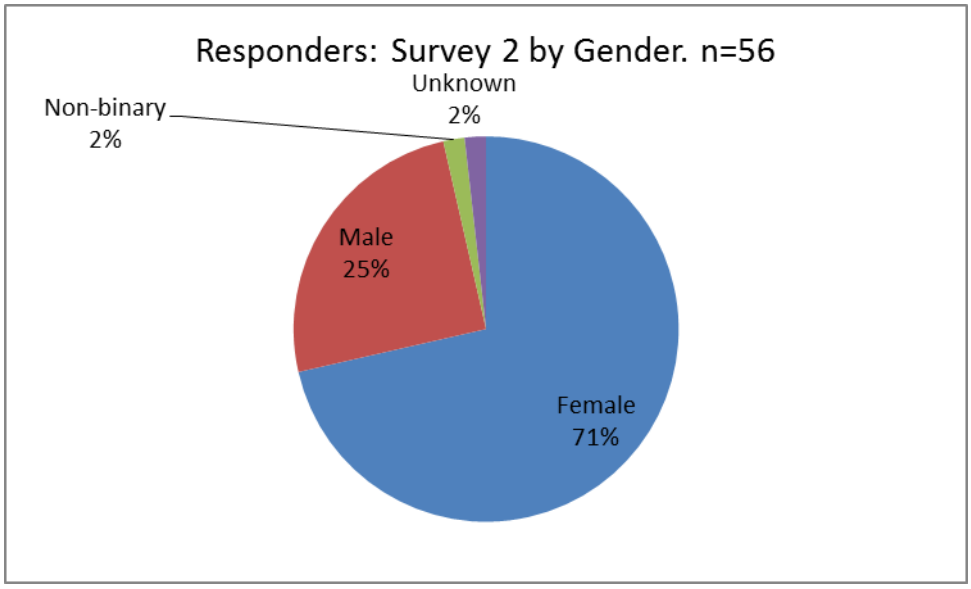
In a world where individual expectations on services are increases, especially with demand for better quality and value for money, the feedback is an indicator that peoples' understanding of what a good care service 'looks like' will only increase, requiring PCC/PCCG and providers to find ways of involving individuals and their networks to improve services to meet these expectations and reduce negative feedback and complaints.

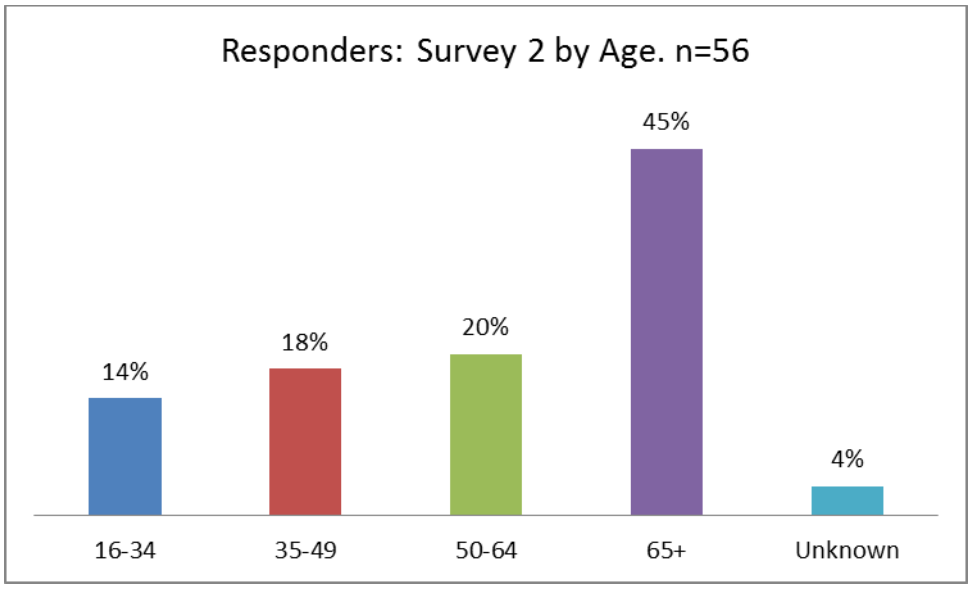
These responses were able to provide a useful benchmark to then compare aspirations and expectations with the reality of experience from the other surveys – enabling us to consider what people want and expect against what others are actually experiencing.

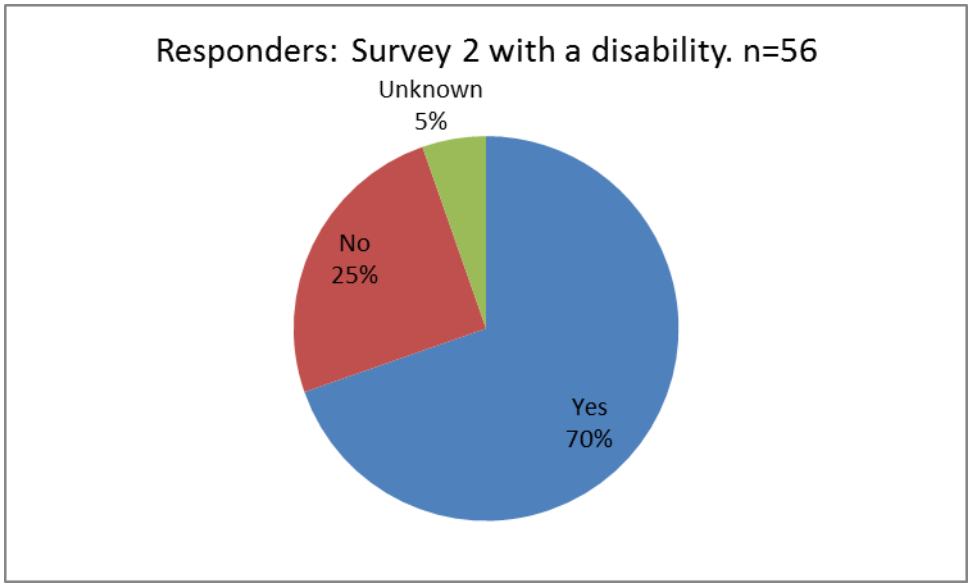
2. Survey 2 – General personal budgets and/or care survey (120 responses received)

The aim of this survey was to understand the experiences of anyone living in the city of Portsmouth with their care service and also with personal budgets if they used one as a way to fund their care. This survey was promoted in a wide range of venues, with community groups and also online to encourage as much participation as possible.

Demographic profile:
Of the 120 overall responses to this survey, 56 gave their demographic information as:







In terms of the population profile, this group was similar to the audience in the first survey regarding male/female respondents and age groups. However, there were a greater number of people declaring a disability and/or health condition in this second survey.

Summary of responses

Around half of respondents stated they have care paid for by PCC in some form, with:

- 17 people paying for care through a personal budget
- 36 people (30%) commenting they had not been offered a personal budget
- 9 people (8%) stating they would like more information about personal budgets as a form of paying for care.

With specific reference to experience with **personal budgets**, the key themes arising were:

- A third said the process for getting a personal budget was 'never' straightforward and not explained clearly, with a third stating 'sometimes' and a third split between 'most times' and 'all the time'.
- A quarter stated a personal budget 'never' helps them achieve what they want to, with a third stating 'sometimes' and a quarter stating 'all the time'.
- With reference to security derived through being able to plan in the longer-term with a personal budget, a quarter said 'never', a third 'sometimes' and a quarter 'all the time'.
- Where a personal budget might provide choice and control over type of support provided, by who and when – a quarter stated 'never', 42% 'sometimes' and a quarter 'all the time'.

- Half of people said they would recommend someone else to find out about personal budget ‘all the time’ but a quarter stated ‘never’.

When asked **how the provision of personal budget might be improved**, comments centred on it being a difficult process to understand, the level of paperwork required, problems with receiving accurate payments:

- *The start-up process of personal budgets is long and complicated, and wasn't explained well at all, it took a long time for me to get my head around all the paperwork, and a lot of repetition with professionals*
- *Info*
- *Far too many forms/information/complications*
- *The council finance team make a lot of mistakes and I have to pay back money etc. I am always anxious about the system of direct payments. It’s very complicated.*
- *It takes a bit of time to understand just how this personal budget can help you. There is a long process which feels very stressful.*

When asked to recommend **one change to their personal budgets**, respondents fed back the following:

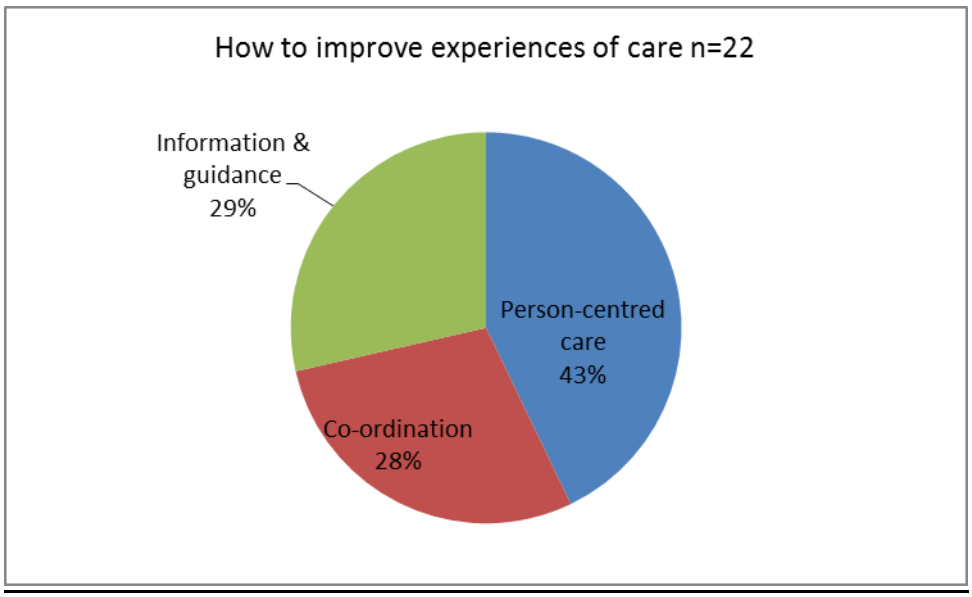
- *Nothing*
- *Less interference from PCC*
- *Time sheets, I was originally on a static payroll which meant I didn't have to send in time sheets as they would be working the same hours each week/month. This was then changed so I have to fill in time sheets and send them in before a certain date, this has added pressure onto myself to make sure I do this regardless of how ill I'm feeling otherwise my PA's do not get paid. This is 1 stress that I don't need.*
- *Less paperwork, and professionals communicating better together*

With regards experiences with **care services** of this group, the feedback was as follows:

- With reference to receiving enough information to make decisions about care, 60% stated ‘all the time’ or ‘most times’, with 12% ‘never’.
- Being listened to and with information communicated just right, 61% stated ‘all the time’ or ‘most times’ with 16% ‘never’.

- Having their own values/preferences respected & being involved in the way someone wants with the right level of control, 41% stated ‘all the time’, 28% ‘sometimes’ and 16% ‘never’.
- Being involved in creating a plan and choice over how, when and by who care is provided, 63% said ‘all the time’ or ‘most times’ and 23% ‘never’.
- In response to whether people who co-ordinate care are working well together, helping the respondent to achieve what matters to them, 57% stated ‘all the time’ or 25% ‘most times’ and 12% ‘never’.

When asked **how the provision of person-centred care might be improved**, 22 comments were received and centred on:



With comments including:

<u>Person-centred care</u>

- *Be made aware of more services to help me provide the best care for my clients."*
- *Someone listening to me and doing what I ask*
- *Care could be more individual and a professional relationship needs to be created*
- *Better understanding of dementia, as there doesn't seem to be any*
- *The client has dementia and is not able to understand*
- *Communication and taking into account clients needs/wants and daily routine. Elderly clients are often stuck in their ways and care providers need to understand that*
- *I don’t feel I get much help in planning my care - the people involved appear more interested in what they can limit me to rather than helping me achieve things.*

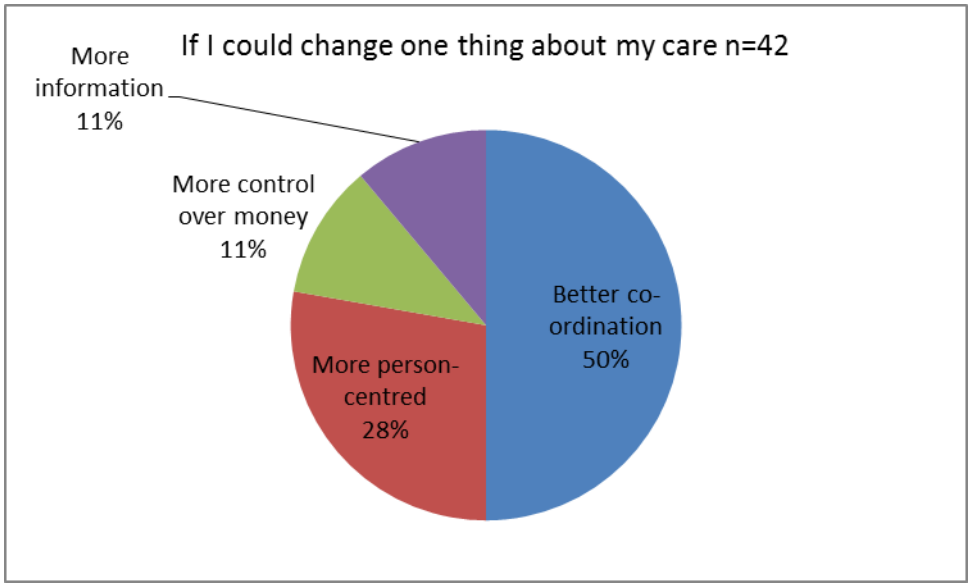
Co-ordination

- *All caregivers meeting up to talk through my care needs*
- *Let me know if change of carer*
- *Need to have relationship with the person who covers my usual carer*
- *The various care givers need to speak to each other. It doesn't help that - even within the same organisation - they don't appear to have access to patient details. Provision of care is dangerously uncoordinated.*
- *Action needs to be taken when concerns are raised. Our needs are specific but carers don't arrive at the allocated time or they arrive alone when it's supposed to be two carers at a time.*
- *Professionals working better together and more explanations to me in clearly detail*
- *All services involved do not communicate well together. Needs are not met and the service is not client centred.*

Information & guidance

- *Would like more information about services for me.*
- *Proper support including access and provision of advocacy, Enablement, Advice, Guidance and independent assessment of needs, support and Budget in line with needs.*

When asked to recommend **one change to their care service**, 42 respondents gave feedback across 4 key areas:



With comments including:

Better co-ordination

- *The carer attends when I've been told they will*
- *More focus on care and more care centres*
- *Easy access to Doctor, Follow-up appointments Long Wait*
- *They could employ more carers who will stay here*
- *Same carer each day*
- *When someone different comes it knocks me. If not coming it worries me.*
- *Please can the Social Worker return my calls or even come and meet me*
- *Less complicated.....*
- *carers coming on time to give me my medication - never know when they will arrive for example breakfast medication they arrive at 11 am*
- *Proper communication between each department and proper care service providers*
- *More open communication between agencies and quicker decisions to be made with the client/family at the centre*

More person-centred

- *Leave me in bed until dinner time*
- *Everyone to be educated regarding DEMENTIA*
- *To be seen as an individual person, with individual needs rather than to be treated as a [fill in medical specialisation] patient.*
- *Person Centred Planning and Support*
- *My usual daily routine and habits. Listen to what I want/need.*
- *To have a choice when to go to bed*

More control over money

- *Let me have more control of my money instead of people telling me what to do with my money*
- *A simpler financial arrangement.*
- *To be in control of how the budget is spent.*
- *To have a better bank system for the payments of personal budget. The current one is slow and takes a while to pay the carers, also they do not open weekends so if I want to make my payments at the weekend I can't*

More information

- *Be made aware of services…available.*

“For months (care agency) were feeding my mother-in-Law. They recorded all the lovely food that was being provided. Mother-in-law lost weight and (care agency) disclosed that often the food isn't eaten and goes in the bin. (Care agency) had not let me know. I quizzed a staff member about the notes they recorded, and the lack of feedback " what do you want us to do?, We only do what you have asked us to do"!

When reviewing responses to **compare comments from different population groups**, the following themes seemed to emerge:

- Views from female respondents were similar to the overall group
- Feedback from male respondents suggested greater satisfaction with how care services are provided with all care questions receiving between 20% and 39% more ‘all the time’ responses than the wider group.
- Responders aged 65+ also seemed to state more positive experiences with between 17% and 30% more responses in the ‘all the time’ and ‘most times’ selections.
- People who stated they pay for their own care seemed less happy with their experiences of how person-centred care services actually are, particularly around good communication, level of control over care provision and involvement in care planning and choice.
- Those respondents in receipt of a personal budget seemed to have more positive experiences regarding their care, with
    - 15% more people than the whole group selecting ‘all the time’ and ‘most times’ with communication and information being at right levels,
    - 26% more stating ‘all the time’ when asked about being involved in the way they want with the level of control they want, and
    - 12% more selecting ‘all the time’ and ‘,most times’ when responding to being involved in creating a plan and having choice over how, when and by who care is provided.

<u>Evaluation:</u>
With reference to personal budgets, the majority of responses for each question stated ‘sometimes’ or ‘never’ which seems to suggest these have not been easily accessed or benefits maximised by

individuals when arranging their care and seeking to give them more choice and control.

However, personal budget holders also then stated more satisfaction with their care experiences than others in this group which may be due to them perceiving more choice and control over how care is provided, despite the difficulties experienced with processes, paperwork and protocols.

When asked if they would recommend a personal budget to someone else, the majority said they would 'most times' or 'all the time', which seems to suggest the aims of what personal budgets are seeking to achieve is supported but improvements are needed on how these are implemented. This view is also backed up by the comments received which recommend making the process and paperwork more straightforward and for those stating personal budgets were not for them, that a more straight forward and less daunting process may encourage greater take up.

With care experiences, around 60% of respondents state care is person-centred 'all of the time' or 'most times' with recommendations for improvements similar to the previous survey regarding future expectations, focusing on person-centred good practice such as more individualised services, better understanding of issues (such as dementia) and good communication and co-ordination of care.

It was interesting to note that more positive experiences seemed to be expressed by male respondents and those aged 65 years or more. This might be due to having received care for a longer period (for older recipients) and therefore more tailored to their needs or to do with lower expectations or their being less willing to give negative feedback in general.

Those paying for care generally seem less content with their experiences, which may be down to having higher expectations regarding what care is, what should be provided and when, particularly around the value for money aspects as they have decided to formally pay for this service.

3. Survey 3 – Integrated Personal Commissioning group (2 responses received)

This survey was sent to members of a group of Portsmouth residents already involved with Portsmouth City Council (PCC) to give their feedback about how personal budgets are helping them in their day-to-day lives. With this being a small group (approximately 7 members) and only 2 people being able to take part in the survey, the sample was very small. However, with similar questions asked about personal budgets and care experiences, their feedback can be included with other groups taking part in this research.

Demographic profile:
Because of the small sample size of 2, it was felt not appropriate to confirm population data as this may identify the respondents.

Summary of responses:
With reference to the use of **personal budgets**, the results were as follows:

- The process for obtaining a personal budget was felt to be straightforward and clearly explained – 'most times' (1) and 'all the time' (1).
- With reference to the personal budget helping them achieve what they want – 'sometimes' (1) and 'all the time' (1).
- Feedback over security with their personal budget so as to be able to plan ahead to meet their goals – 'sometimes' (1) and 'all the time' (1).
- Regarding their personal budget providing choice and control over the type of support provided, by who and when – 'most times' (1) and 'all the time' (1).
- Both (2) respondents said they would recommend the use of personal budgets 'all the time'.

If the respondents could **make one change to improve their personal budgets** experience, it would be:

- Earlier care visits in the morning
- Personal budget to be made permanent.

With regards the use of **care services**, the respondents confirmed their experiences as follows:

- With reference to receiving enough information to make decisions about care – 'sometimes' (1) and 'all the time' (1).
- Being listened to and with information communicated just right, both (2) respondents stated 'sometimes'.

- Having their own values/preferences respected & being involved in the way someone wants with the right level of control – 'sometimes' (1) and 'all the time' (1).
- Being involved in creating a plan and choice over how, when and by who care is provided – 'sometimes' (1) and 'all the time' (1).
- In response to whether people co-ordinate care are working well together, helping the respondent to achieve what matters to them, both (2) stated 'sometimes'.

When asked **how their care experience could be improved**, feedback centred on:

- Better communication between agencies
- Slow down conversation / time to process information and respond due to health circumstances.

If **one change could be made to how their care service is provided**, the response focused on there being longer visits by care staff.

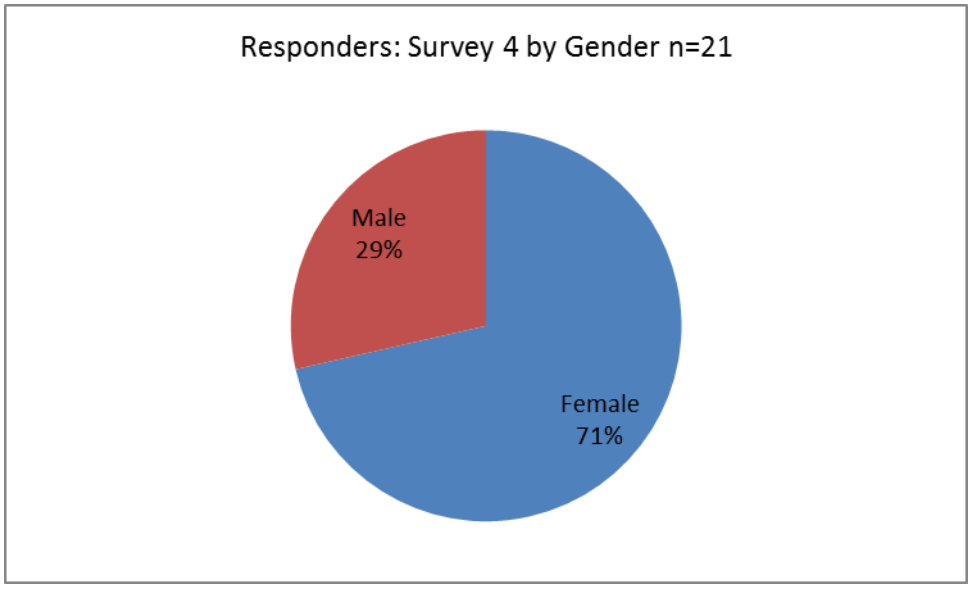
Evaluation:
Overall, these 2 respondents seem happier with their personal budget experiences than those responding to survey 2, which may be partly based on knowing more about the subject from their established engagement with PCC. Tailored care and more security in knowing that their personal budget will be available for the long-term were important to improving experiences further, with both recommending personal budgets to others.

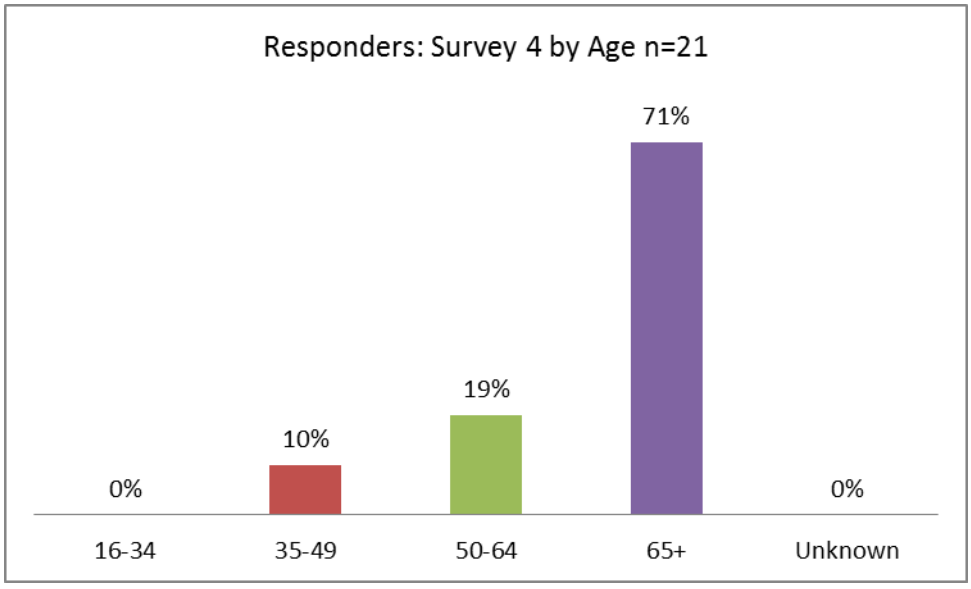
With reference care, it was more difficult to compare these comments with other survey groups as the responses were varied. However, this sample did make suggestions of improving communication and the way information is given which were consistent with feedback received from other groups.

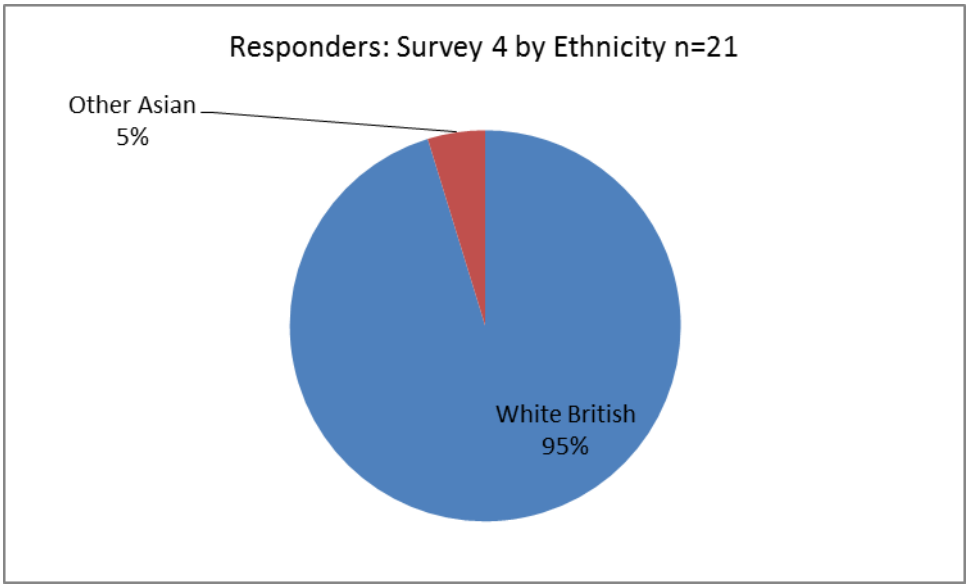
4. Survey 4 – Portsmouth City Council (PCC) funded care (direct mailing) – (21 responses received)

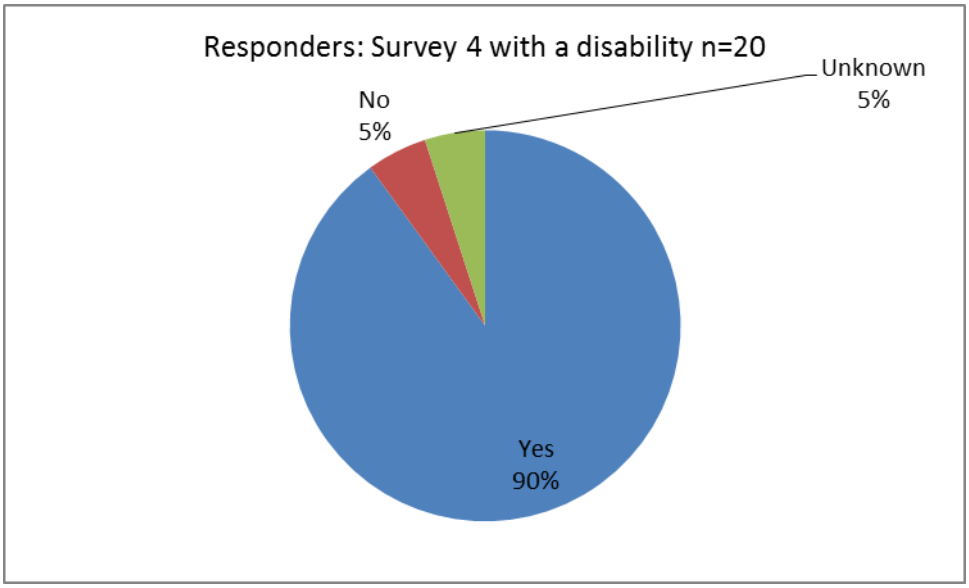
This survey was sent directly to a group of 64 known PCC funded residents who did not receive a personal budget and who had previously expressed an interest to answer surveys and be involved in research. 21 people (33%) responded with feedback on the survey.

Demographic profile:
From the information provided, the profile of this group of respondents was:









<u>Summary of feedback:</u>
Questions were asked of this group about their experiences with care services, with feedback as follows:

1. 81% stated they receive enough information to make decisions about care 'all the time' and 'most times', with 5% saying 'never'.
2. 81% also stated they were listened to and had information communicated in the right way 'all the time' and 'most times', with 5% stating 'never'.
3. Own values/preferences respected & involved in way I want with level of control – 51% said 'all the time', 43% 'most times' and 'sometimes' with 0% stating 'never'.

4. Involved in creating plan and choice over how, when and by who care provided – 76% said 'all the time' and 'most times', with 10% stating 'never'.
5. 90% stated that people co-ordinate care work well together, and help them achieve what matters to them 'all the time' and 'most times' with 0% 'never'.

With reference to how the care experience could be improved, 11 responses were received that focused on staffing and better co-ordination of care as their key themes. These included:

Staffing

- *To be listened to. My carers are mostly rubbish, too young and very lazy.*
- *Most of the carers co-operate. some have to be told sometime.*
- *Usually have more carers*

Co-ordination of care

- *In general things are working well and are well organised with (care agency) and the insulin nurses. However, we have not been happy with the council interviews at regular intervals with (staff member) that have been trying to reduce Mum's care visits despite the fact that she is paying most (if not all) the costs.*
- *Co-ordinators talking to each other would help.*
- *Better management by the office of visiting carers.*
- *Ensure timetable is adhered to*

If respondents could make **one change to their care service**, it would be about better care co-ordination, improved staffing and person-centred /tailored service. The 10 responses to this question included:

Better care co-ordination

- *Better planning*
- *Not changing my carer at last minute*
- *Ensure cover available for staff absences*

Staffing

- *Have more carers*
- *How to make a cup of tea*
- *To have carers that want to work and help me. Most of them are lazy.*

Person-centred focus

- *To go to bed later.*

"In general things are working well and are well organised with (care agency) and the insulin nurses. However, we have not been happy with the council interviews at regular intervals with (staff member) that have been trying to reduce Mum's care visits despite the fact that she is paying most (if not all) the costs."

As this group were not currently in receipt of personal budgets, the survey also asked respondents whether they had been offered one in the past and if they would like more information on these. 71% stated they had not been offered a personal budget, with 50% confirming they would like more information.

Telephone call backs/visits:

4 respondents from this group offered to provide follow up comments to us so we could understand more about their experiences. The conversations with our volunteers confirmed the following:

How involved are you with decisions made regarding your care such as what is provided, who provides this and when?

- Has improved due to better continuity of carers – individual is feeling more secure as he now knows the carers and they know him.
- Group conference took place at QA involving medical team, physio and family friends including power of attorney – needs taken into account – more than adequate.
- Adult Social Care arranged care and instructed the care agency. Sometimes have to wait hours for a carer to arrive. Messages to office do not always get through. Carers arrive even after being cancelled. Don't give me the care I need – no communication between office and carers.

How satisfactory has this experience been for you?

- Not at first as carers kept changing but better routine now as a bank of 3 carers visiting.
- All ok. The carers are essential – the individual stated they could not cope at home without them.
- Washing up is dreadful. Personal hygiene good because I do it myself. Don't feel care is focused on me – send 4 or 5 carers in the week – only one is lovely. Has helped me make the bed and carry heavy things. Have no choice in the care I get.

Were you ever offered personal budgets as a method for paying for your care?

- Have no idea about personal budgets – no one has said about it. I would really like more information about it.

When comparing responses of particular groups within this group, feedback from female respondents seems consistent with the wider group (although they do make up majority of this sample), whilst male respondents seem less content with receiving enough information to help with decisions about their care (12% more stating 'never'), however, 19% more state 'all the time' when asked about whether they are listened to and communicated in the right way.

Respondents aged 65 and above make up the largest age group within this set, and have between 6% and 16% more frequent positive experiences than the rest of the group, which may, as with responses to survey 2, be due to having received care for a longer period and therefore being more tailored to their needs or to do with lower expectations or them being less willing to give negative feedback in general.

Evaluation:
Overall, feedback is more positive for this group than those responding to the general open survey (survey 2). It is unclear the reasons for this – as they have given permission to be contacted about PCC consultation activities, they may have more of an understanding of how care is provided – however, they may also not want to be negative in case it affects their care (although no evidence to suggest this). However, this group do still make suggestions over how to improve services, which are consistent with other groups, particularly around better co-ordination of care and the importance of investing in quality trained staff.

5. Survey 5 – Portsmouth City Council (PCC) funded care with use of a personal budget (direct mailing) - (5 responses received)

This survey was sent directly to a group of 12 known PCC funded residents who receive a personal budget and who had previously expressed an interest to answer surveys and be involved in research, with 5 people (42%) responding with feedback on the survey.

Demographic profile:
Due to the limited number of responses, it was thought better not to refer specifically to the population profile of this group. However, because the subject matter and questions were similar to the wider research, responses and comments received are still able to be collated and used to contribute to the overall findings.

Summary of feedback:
In general, the majority of respondents selected 'most times' for 4 out of the 5 questions about **personal budgets**, with the last question about recommending this form of payment to others being supported by 80% of respondents stating 'All the time' and 'Most times'.

With reference how to **improve personal budgets** experience, there was feedback about better co-ordination between agencies involved and the training of staff as follows:

- *No suggestions*
- *"Q6 (how to improve) - 'never' if through social care. Fine if through Portsmouth direct payment staff.*
- *Portsmouth staff were very helpful and really supportive and clear. Payment and care provision was set up without issue and care provider was excellent. Social Worker … became involved and spent less than an hour with us. From this meeting decided to change the care provision payments. (Social Worker) does not understand us or our son's needs and has been exceptionally negative. (Social Worker) has caused total insecurity and has badgered us to sort out the payment rates - not our responsibility."*
- *Your staff need more training in work with me to help me achieve what matters to me.*

If respondents could make **one change to their personal budgets** experience, suggestions centred on payments system, co-ordination and being more person-centred, with comments as follows:

- *Able to pay very occasional staff cash*
- *I don't know*
- *No social care involvement. They have made the process deeply upsetting and have not contributed positively at all. No time was spent assessing our situation and the result is likely to be us losing the excellent care our son receives.*
- *Let me have more say in it.*

With reference to **care services**, many respondents (60%) stated 'all the time' or 'most times' to all questions with 1 person (20%) stating 'never' when asked about whether people involved in co-ordinating care worked well together to achieve what matters.

Feedback regarding how care experience might be improved centred on better co-ordination and quality of staff, as follows:

- *Maintaining communication with one dedicated social worker who knows about my circumstances.*
- *Better communication between the office, carers and the clients. More staff and more back up staff to cover sickness and holidays*
- *"Comments to Q8-11: from/by (Personal Assistant). Not by any Social Worker at any stage. 'Never' would be the result for social care. (Personal Assistant) is an excellent professional. He has not been able to work with Social Care as all they want to do (seemingly) is to cut his rate. No communication between professionals and social care have repeatedly insisted that we (client) negotiate the pay rate!"*
- *Your staff need more training in work with me to help me achieve what matters to me.*

If respondents could make one change to their care experiences, these would be around better co-ordination, trained staff and more focus on service being person-centred, as follows:

- *Better continuity of staff.*
- *Be professional. Present solutions not problems. Also educate social care as to the complexity of a diagnosis of high functioning autism - catching a familiar, practiced, bus is not being independent (no transferrable skills is common).*
- *Let me have more say in it.*

Telephone call backs/visits:
2 respondents from this group requested follow up from us so we could understand more about their experiences. The conversations they had with our volunteers confirmed the following:

How involved are you with decisions made regarding your care such as what is provided, who provides this and when?

- Was a bit confused over care plan. Seemed like I was being looked after by 2 different offices. Office gave me 3 different phone numbers. Out of hours team was very tricky. They didn't seem to have my information and latterly phone went unanswered! Took 6-8 weeks to get it sorted. Care planners seemed a bit disorganised at first, since Christmas it's all great. I felt carers are really pushed by the Agency. Too much for them to do. Can't involve family as they live away.
- Up to age of 18, full care plan in place. Parents fully involved, able to question things. Age 18 – no more planned meetings, little involvement with Social Services. Parents found (Personal Assistant) for (son)….worked 4 hours each week – valuable male role model for (son). This personal assistant really cared about (son) and took him out for days with his own son.

How satisfactory has this experience been for you?

- Up until Christmas, it's been frustrating and terrible. Had to resort to a letter to the office with complaint. Every time the bills have been incorrect. Changes okay at the moment. It makes a big difference to my life…
- Okay till age 18. Two years with personal assistant but now likely to a) lose him or b) reduce from 4 hours a week as regarded as too expensive…Parents felt judged – they had to justify everything. Severe autism means that (son) has difficulty at college.

How much difference has this (a personal budget) made to the way your care is provided?

- PCC pay part, I pay balance. They allow me a sum for taxi, hairdresser. I feel direct payment is a lot of hassle. Over 12 months only 3 bills have been correct.
- Yes, direct payment. Invoices came and paid through direct payment credit card. Now social worker is saying has to approve payments. The social worker is only concerned with the finances and not what is required for (son).

Is there anything else you would like to share with us about your experiences with care and/or personal budgets?

- Seems like a loose arrangement – don't feel as looked after as should be, carers seem rushed and happy to be let off tasks.
- Situation remains unresolved. Employment support – very little. (Son) offered an apprenticeship basically packing stuff …wants more out of life than that. (Son) remains a bright and clever young man. Parents both very upset at what is happening. Father has been ill….Mother has benefitted from visiting Carers Centre.

Evaluation:
Overall, this group seemed to have more positive experiences with personal budgets than the general group in survey 2. However, 1 respondent did state they would not recommend a personal budget to others.

Suggestions as to how to **improve personal budgets** included better co-ordination and training of staff, especially with regards subjects such as autism and helping people achieve what matters to them.

One change that might help included the ability to pay occasional staff in cash, more time confirming concerns over losing excellent care as well as the need for individuals to have more say in the use of their budget.

With reference to **care experiences**, this group seemed to have similar views to the general group in survey 2 with regards the number of responses to 'all the time' and 'most times' for each questions.

There were specific negative experiences fed back but due to the low sample size (5), it is unclear how representative of others receiving personal budgets these are. However, suggestions to how to make **improvements to care** are consistent with other survey response and suggested one dedicated social work to improve communication among agencies and individual and more staff to cover for absences. The **'one change'** question was consistent with these improvement suggestions, highlighting better continuity of staffing, training re specific topics (including high functioning autism) and a stronger voice from the care recipient.

6. Social media

Although we received a good number of views online to the posts on Twitter and Facebook, there was very little actual engagement and feedback received on the questions posed.

The only feedback came via the Twitter poll as follows:

Questions	Impressions	Engagements	Votes
1. Is your personal budget helping you achieve what you want?	284	7	1 ('Sometimes')
2. Do you have the choice over how, when & by who your care is provided?	185	1	1 ('Never')

- 'Impressions' refers to the tweets sent that actually generate interaction or replies from others online
- 'Engagements' refers to where the tweet generated a response (such as a retweet, like to reply).

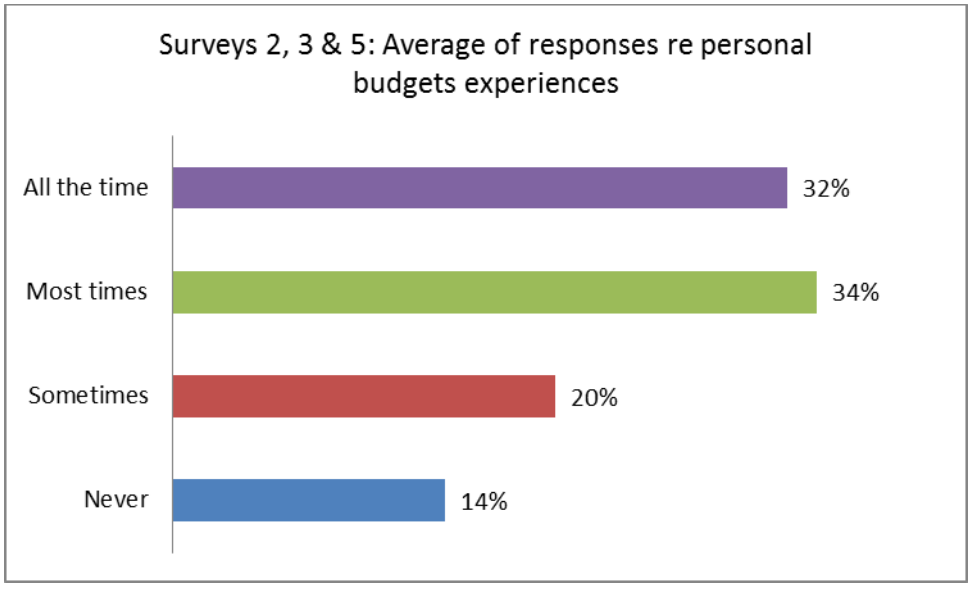
Due to the low level of engagement achieved, it was decided not to use this feedback to inform the overall research findings.

OVERALL THEMES & TRENDS

During the research, we sought the views of a variety of people through:

- Different targeted surveys
- Follow up phone calls/visits
- Social media.

Experience with Personal Budgets:
Overall, when taking an average of all responses regarding personal budgets, 66% of people stated they had positive experiences 'all the time' and 'most times'. However, there was just over a third (34%) stating 'never' (14%) and 'sometimes' (20%).



When reflecting on responses to each of the personal budget specific questions, most satisfaction seemed to be around the process for getting a personal budget (71% 'all the time' or 'most times') and it helping people achieve what they want (67% 'all the time' or 'most times').

However, this still left around a third with less positive experiences with comments including:

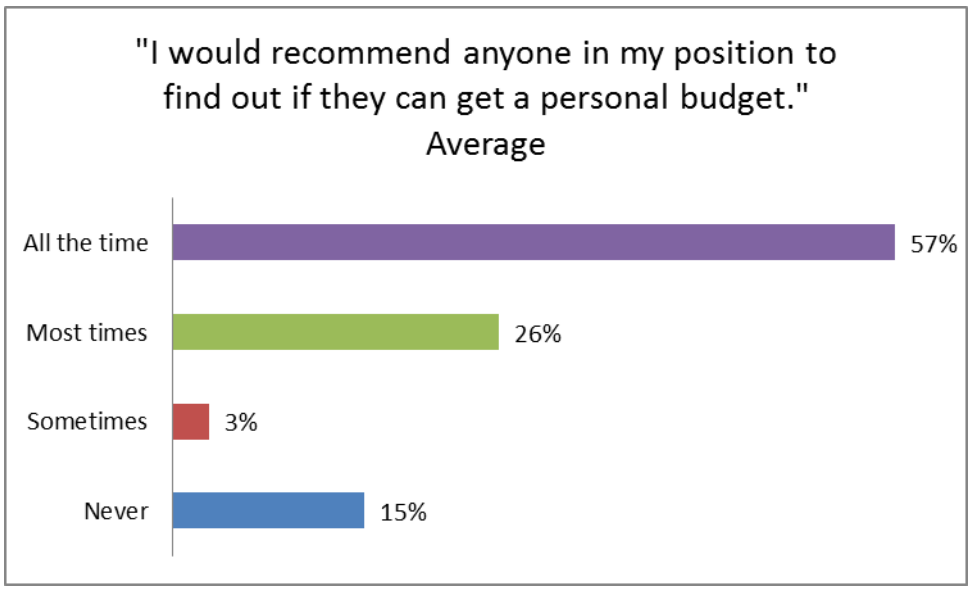
- *"The start-up process of personal budgets is long and complicated, and wasn't explained well at all, it took a long time for me to get my head around all the paperwork, and a lot of repetition with professionals"*
- *"Far too many forms/information/complications"*

- *"It takes a bit of time to understand just how this personal budget can help you. There is a long process which feels very stressful."*
- *"Your staff need more training in work with me to help me achieve what matters to me."*

There was also less satisfaction in other areas, with only 51% of people stating 'all the time' or 'most times' with regards their budget providing long-term security and 58% it giving them suitable choice and control. Typical comments from respondents included:

- *"(Social Worker) does not understand us or our son's needs and has been exceptionally negative. (Social Worker) has caused total insecurity and has badgered us to sort out the payment rates - not our responsibility."*
- *"Let me have more say in it."*
- *"Let me have more control of my money instead of people telling me what to do with my money"*
- *"…have a better bank system for the payments of personal budget. The current one is slow and takes a while to pay the carers, also they do not open weekends so if I want to make my payments at the weekend I can't."*

Despite the challenges expressed around process, long-term security and preference for more choice and control, on average 83% of people stated they would recommend a personal budget to others 'all the time' or 'most times', which was encouraging and seemed to confirm the majority of budget holders feel this way of paying for care does make a difference.



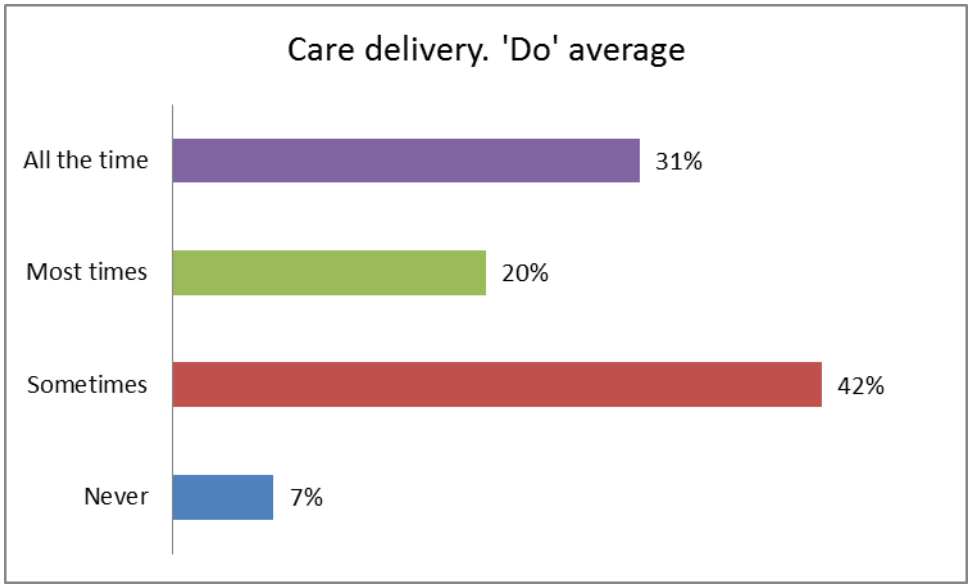
Experiences with care services:
When looking more at the responses to each of the five care related questions, we found that just under two-thirds of respondents felt positive 'all the time' or 'most times' about receiving enough information, being involved in decisions and in creating their care plan. The least satisfaction centred on being listened to and communicated with in the right way (50%) and care co-ordination (52%). This leaves a significant number of people with less person-centred experiences, with typical comments including:

- *"I don't feel I get much help in planning my care - the people involved appear more interested in what they can limit me to rather than helping me achieve things."*
- *"The various care givers need to speak to each other. It doesn't help that - even within the same organisation - they don't appear to have access to patient details. Provision of care is dangerously uncoordinated."*
- *"Action needs to be taken when concerns are raised. Our needs are specific but carers don't arrive at the allocated time or they arrive alone when it's supposed to be two carers at a time."*
- *"carers…never know when they will arrive for example breakfast medication they arrive at 11 am"*
- *"To be seen as an individual person, with individual needs rather than to be treated as a [fill in medical specialisation] patient."*
- *"My usual daily routine and habits. Listen to what I want/need."*

Care services – personal budget holders & self-payers:
With specific reference to care experiences of personal budget holders when compared with non-budget holders, feedback seems to confirm that budget holders have more positive experiences of care, particularly around communication, level of control and being involved in creating a care plan.

People paying for their own care seem less satisfied with the person-centred experience.

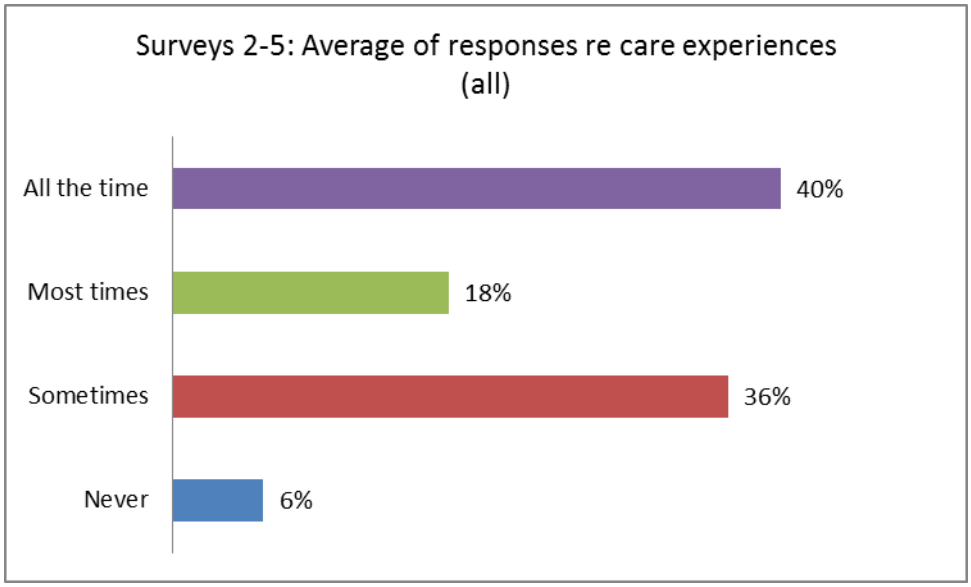
Care services – Plan, do, review cycle:
When focusing on the difference experiences within the care planning, delivery and review phases of a care service (as applicable to the 'Plan, Do, Review' cycle of learning and on-going improvement), nearly two-thirds of respondents were positive about the care planning and review aspects but only 51% were similarly happy with actual care delivery.



This lower 'doing' score is consistent with the previous feedback regarding how people do not feel listened to and communicated with and how care services are not so well coordinated, with the following comment an example of where a service was provided literally as directed by the care plan but without suitable coordination in response to specific person-centred needs:

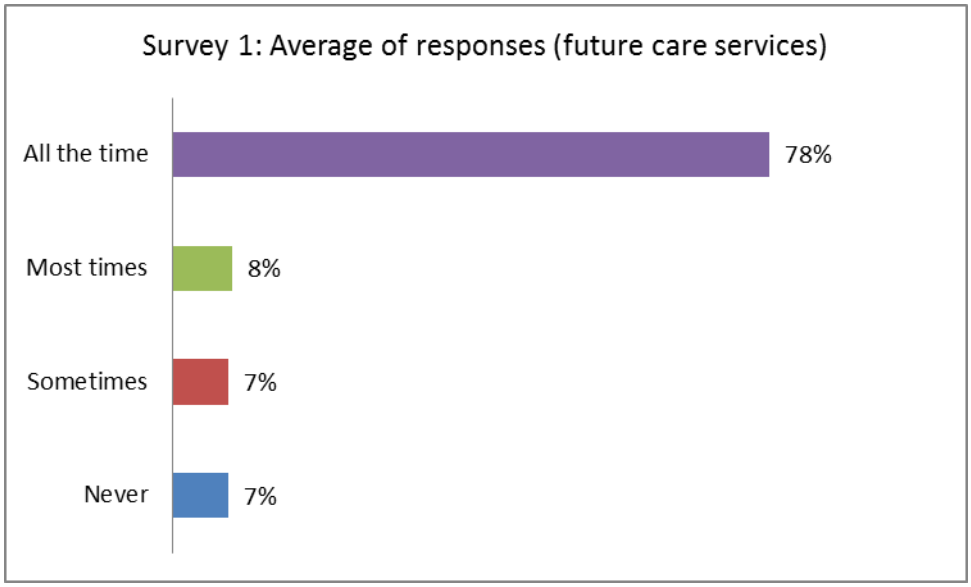
"For months (care agency) were feeding my mother-in-Law. They recorded all the lovely food that was being provided. Mother-in-law lost weight and (care agency) disclosed that often the food isn't eaten and goes in the bin. (Care agency) had not let me know. I quizzed a staff member about the notes they recorded, and the lack of feedback " what do you want us to do?, We only do what you have asked us to do"!

When taking an average of all responses to surveys 2-5, looking at all experiences with care services, only 58% state a person-centred experience 'all the time' or 'most times', with the remaining 42% split between 'never' and 'sometimes'.



This is in comparison with the expectations of respondents not currently receiving care, as below.

Expectations of care services:



As the graphs show, there is a significant 28% difference between more positive current experiences (58%) with that of similar future expectations (86%), suggesting current and real experiences with care are much lower than will be expected by new recipients of services in the future.

Not surprisingly, the majority of people have high expectations about how person-centred care services should be if they require them in the future. There was also a significant level of awareness about what

is seen as important in a care service, with many comments focusing on key elements of person-centred care such as:

- Needing to listen and give respect
- Involve others including family members
- Put the individual at the centre of the care
- Care not designed at the convenience of the care provider
- Provide timely information and at the right level
- Support staff through training and pay

with the following comment seeming to sum up future aspirations:

"If I should require care in the future, I wish to be at the centre of the planning and the management of that care and support. I would want it to fit into my life not fitting me into the care. It's my care, therefore it has to suit me and my life."

The key themes to highlight from each survey are summarised below with more detailed graphs listed in ***Appendix Four***:

Survey	Summary	Evaluation	Improvement suggestions

1. Future care services	• Around 80% stated 'all the time' regarding expectations on key aspects of person-centred care.
	• 20% other responses
	• Male respondents selected more 'all the time' and 'most times' response
	• Key comments focused on person-centred aspects such as:
	  • Good co-ordination,
	  • Timely and relevant information,
	  • Quality staff and
	  • Services being value for money.
		• Significant levels of awareness over what is person-centred care and its importance
		• High expectations of services being person-centred in the future although 20% stated not all the time.
		• Expectations likely to increase over time and therefore challenges for commissioners and providers to meet these in environment of reducing budgets and growing needs.
			• Increase person-centred focus of current services
			• Provide 'customer service' style training to commissioners and providers to improve tailored approach
			• Communication strategy from commissioners and providers to confirm what care service available and how to access to manage residents' expectations and awareness in future
			• Involve future care recipients along with PCC/CCG & provider staff in the design and review of services now to plan for the future (include Healthwatch volunteers and interested survey respondents).

Survey	Summary	Evaluation	Improvement suggestions
2. General personal budget and/or care	• Half of respondents receive PCC funded care • 30% not offered a personal budget • 8% would like more information on personal budgets • Majority of personal budget recipients stating 'never' and 'sometimes' to the questions regarding best practice, with comments focused on difficulties re process and paperwork. • Re care, 60% stated 'all the time' and 'most times' in response to the questions about person-centred approaches • Suggestions for improvements in care include: • Providing more	• More information is needed to explain personal budgets and how to access them • Male respondents and those 65+ seem more positive about experiences • Self-payers seem less positive • Issues re access to personal budgets highlighted – access and therefore benefits not maximised across the city and may have put people off applying.	• PCC/PCCG provide more information about what personal budgets are, benefits of using, how to access – include success stories. • Promote the benefits more widely to staff involved to then act as personal budget champions / ambassadors • Streamline access to and protocols for managing personal budgets to encourage greater take up • Review processes with current and potential future personal budget holders along with PCC/CCG & provider staff to reduce likely barriers to access • Compare and contrast male/female, age groups and self-payers via face-to-face qualitative research to understand why experiences seem different – using

	individualised services • Understand issues faced by individuals (eg dementia), • Better communication and co-ordination of care.		recommendations to share/embed better practice.

Survey	Summary	Evaluation	Improvement suggestions
3. IPC group	• Only 2 responses received. • Mixed response to personal budget and care experiences. • Earlier care visits and longer-term security over personal budgets sought as improvements • Better communication and more time given for people to understand processes to make more informed decisions and have more confidence over their budget and care service.	• Group seems happier with experiences than sample in survey 2 but noted there were only 2 respondents. • Long-term security over personal budgets would help planning and wellbeing • Improvement in communication around individual needs and time taken to share information / undertake tasks likely to improve experiences.	• Explore opportunities to provide longer-term reassurance regarding personal budgets as part of approach to planning and prevention. • Increase staff training in relation to communication needs of individual recipients of care • Review timings for visits to ensure focus is geared towards individual needs, including communication and understanding of needs of the care recipient.

Survey	Summary	Evaluation	Improvement suggestions

4. Portsmouth City Council (PCC) funded (direct mailing)	• Vast majority of respondents stated 'all the time' or 'most times' in responses re care experiences.
	• 5%-10% stated 'never' on 4 of 5 questions to how person-centred their care is
	• Improvements suggested include
	  • Staff training,
	  • Better co-ordination of care
	  • Individualised approach.
	• Call backs provided more qualitative information re why experiences were as they were including positive and negative examples.
		• Overall, feedback more positive from this group than respondents in general open survey (survey 2).
		• Similar improvement themes noted to other survey responses including:
		  • Staff quality
		  • Co-ordination
		  • Tailored approach to individual care
		• Male respondents less content than female with information provided but more content with being listened to.
		• 65+ more positive overall.
			• Explore further reasons why this group seem to be having more positive experience of care than those in survey 2, along with male respondents and those 65+ through face-to-face qualitative methods, involving staff representatives from care providers
			• Investigate staff training opportunities
			• PCC/PCCG to encourage better co-ordination within services and between commissioners and providers – partnership approach rather than competition – eg: options to share staff resources, best practice, city-wide on call provision.

Survey	Summary	Evaluation	Improvement suggestions
5. Portsmouth City Council (PCC) personal budgets & care (direct mailing)	• Small number of responses. • Re personal budgets, majority stating 'most times' in 4 out of 5 of the questions regarding best practice • 80% stating 'all the time' and 'most times' in recommending personal budgets to others. • General comments focused on better co-ordination, staff training and improving payment systems. • Re care experiences, 60% stating 'all the time' and 'most times' to questions about how person-centred their care is • 20% (1 person) stating 'never' re question around experiencing	• Consistent themes in feedback to the other surveys including better co-ordination needed between agencies, involvement of family (as carers), improved staff knowledge/training (eg autism) and making the financial systems more reactive (payment system)	• Explore how to improve payment systems including methods of cash payments to occasional staff • Review processes in place to increase value put on outcomes rather than solely finance 'inputs' • Staff training re autism and carers' rights (and benefits of involving carers) • PCC/PCCG to encourage better co-ordination within services and between commissioners and providers – partnership approach rather than competition – eg: options to share staff resources, best practice, city-wide on call provision.

	good co-ordination of care
	• Suggestions for improvements to care include better:
	  • Co-ordination,
	  • Quality of staff
	  • Tailored approach to individual needs.
	• Call backs highlighted queries re co-ordination (different offices being used by same provider and details not held at different sites), problems transitioning to adult where parents still needing to be involve but not included, understanding of key topics, including severe autism.		

6. Social media	• Limited number of responses • 1 vote regarding if personal budget helping person achieve what they want – 'sometimes' • 1 vote regarding if have the choice over how, when & by who care is provided – 'never'	• Valid responses on their own but difficult to use to inform rest of body of research.	• Review methodology behind social media engagement and see where it can be better utilised to achieve more quantitative and qualitative feedback.

RECOMMENDATIONS:

A number of themes have been highlighted during the research which has given rise to some potential actions to improve the experience of local people in Portsmouth with care services and personal budgets now and in the future. These include:

1. Training - for PCC/PCCG and provider staff to:
    a. Increase person-centred focus of services – customer service style methodology, promoting the benefits of the individual / tailored approach and the importance of outcomes and learning from feedback
    b. Raise awareness and understand of particular topics including autism and dementia.

2. Communications strategy – devised by PCC/PCCG with providers and care recipients (current & future) to:
    a. Raise awareness of care services regarding how to access and types of services provided
    b. Explain aims of personal budgets, processes involved, eligibility and how to access
    c. Manage expectations in the future

3. Engagement strategy - devised by PCC/PCCG with providers and care recipients (current & future) to:
    a. Act as a 'sounding board' to provide face-to-face and virtual / online feedback on service development ideas
    b. Support collaboration and sharing of best practice across commissioners and providers, with a focus on partnership rather than competition.
    c. Explore reasons why there are different experiences between different population groups, those in receipt of personal budgets and those not, along with people who pay and do not pay for care services from their own funds.
    d. Explore expectations of future care recipients and how to respond to this.
    e. Review access and finance protocols re personal budgets to see where can streamline processes and give more control to care users
    f. Explore where improvements can be made where someone is moving from being a child with parental carers involved to adulthood.

g. Explore opportunities to provide more certainty and longer-term personal budgets so recipients can plan further ahead.

CONCLUSION:

Healthwatch Portsmouth undertook this research at the request of PCC/PCCG for us to seek feedback from people living in the PO1 to PO6 Portsmouth postcode areas about:

- Future expectations or current experiences over levels of choice and control
- Currently in receipt of care services with long term care needs
- Look into difference the use of a personal budget makes
- Whether care services help people achieve what matters most to them
- How much choice and control people have over their care.

We involved local volunteers in the design and planning of the research and also sought out good practice as to what 'good looks like' in relation to personal budgets (TLAP) and person-centred care (National Voices) to inform the questions asked throughout this study.

This activity has provided us with the opportunity to gain feedback from:

- People using or not using personal budgets
- People not currently receiving care
- People currently in receipt of care, either paid for in full or part by Portsmouth City Council
- People receiving care where they cover all the costs

and allowed us to gather a range of views from across Portsmouth.

The feedback suggests overall around two thirds of people in receipt of a personal budget believe it to be supportive to their way of life most or all of the time. Responses also show that nearly 60% of people receiving care who answered our surveys felt the services they receive are person-centred most or all of the time.

However, this does still leave around one third of personal budget holder less satisfied with the use of this form of payment for their care and in terms of care more generally, overall around 42% of care recipients either feel services are never person-centred (6%) or only some of the time (36%).

When looking to the future, there was a 28% gap (deficit) in the reality for people currently in terms of their care experiences when compared to what people expect, should they require care in the future.

With specific reference to care experiences of personal budget holders when compared with non-budget holders, feedback seems to confirm that budget holders have more positive experiences of care, particularly around communication, level of control and being involved in creating a care plan.

People paying for their own care seem less satisfied with the person-centred experience.

From feedback, we have made a number of recommendations that can support commissioners and providers to plan more person-centred services and effective use of personal budgets in the future. General and consistent themes seemed to apply to all areas and included:

- Staff training
- Better communication with care recipients and amongst agencies involved
- Improved co-ordination of care provision
- Less bureaucracy/paperwork and greater focus on outcomes rather than finance
- More freedom to spend personal budget
- More support for staff
- Help with transition from child to adulthood

The recommendations also included the need for more research, particularly around why there were differences in experiences for different population groups, those funding their own care and between recipients and non-recipients of personal budgets.

A number of people also confirmed they had not heard of personal budgets and have requested more information to see if they might be eligible and benefit from this way of funding their care.

We also received many requests for more involvement in future engagement activity, with permission obtained to add respondents to our mailing list. This will enable more people to have a say and provide a stronger voice in the development of services.

This report was been shared with PCC/PCCG to seek their reflections and commitment regarding what actions they will take as a result of the feedback. Healthwatch Portsmouth will publish this report on its website and through other media and offer further support to PCC/PCCG to ensure the views of local people are used to improve local health and care services.

APPENDIX ONE: Social media questions

For the Twitter event, the questions asked were:

1. If you have a #personalbudget was the process explained well & the information given to you useful? #HWPchat
2. If you have a #personalbudget – does it provide as much choice as you would like over the type of support, who provides it & when? #HWPchat
3. If you have a #personalbudget – what one thing would you change to make it better for you? #HWPchat
4. If you receive #care – do you receive good information to help you make decisions about how care is provided? #Portsmouth #HWPchat
5. If you receive #care – do you have the choice you want over how, when & by who your care is provided? #Portsmouth #HWPchat
6. If you receive #care – what one thing would you change to make it better for you? #Portsmouth #HWPchat

For Facebook, the questions asked were:

1. If you have a personal budget, is it helping you achieve what you want?
2. If you receive a care service, do you have the choice you want over how, when & by who your care is provided?
3. If you could change one thing about your care service to ensure it reflects what matters to you, what would it be?

Twitter vote:

1. Live in PO1-PO6 #Portsmouth postcodes & have a #personalbudget ? Is it helping you achieve what you want? #HWPchat

2. Live in PO1-PO6 #Portsmouth postcodes & receive a #care service ? Do you have the choice you want over how, when & by who your care is provided? #HWPchat

Respondents were given 4 options as answers to choose 1 from:

- Never
- Sometimes
- Most times
- All the time

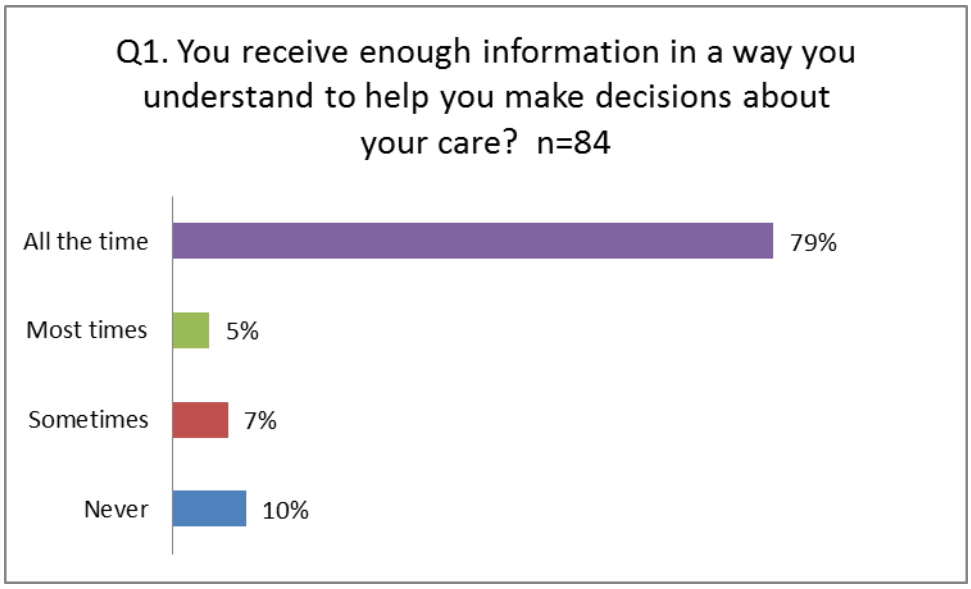
APPENDIX TWO: List of survey locations and agencies involved.

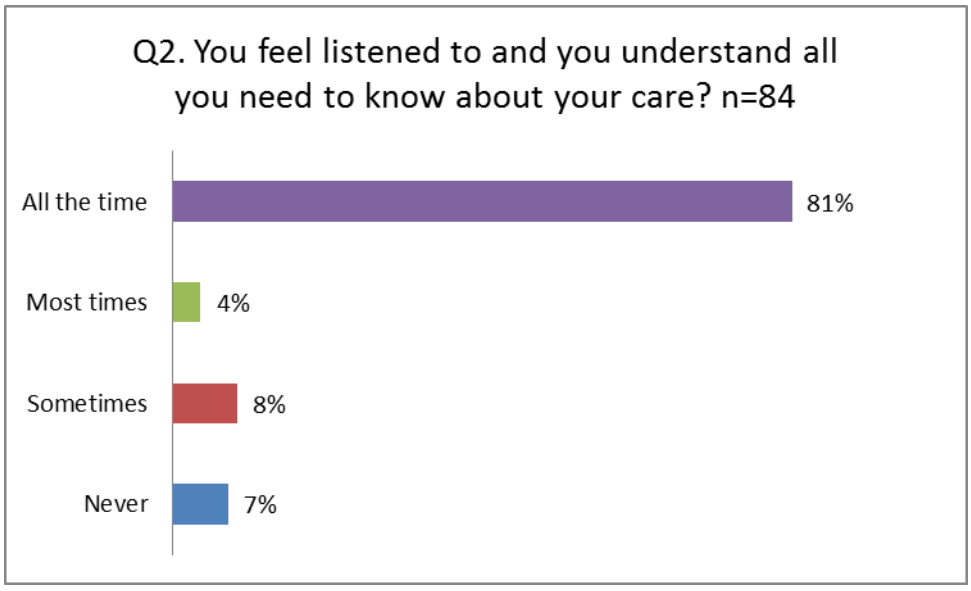
Survey locations and agencies supporting this activity included:

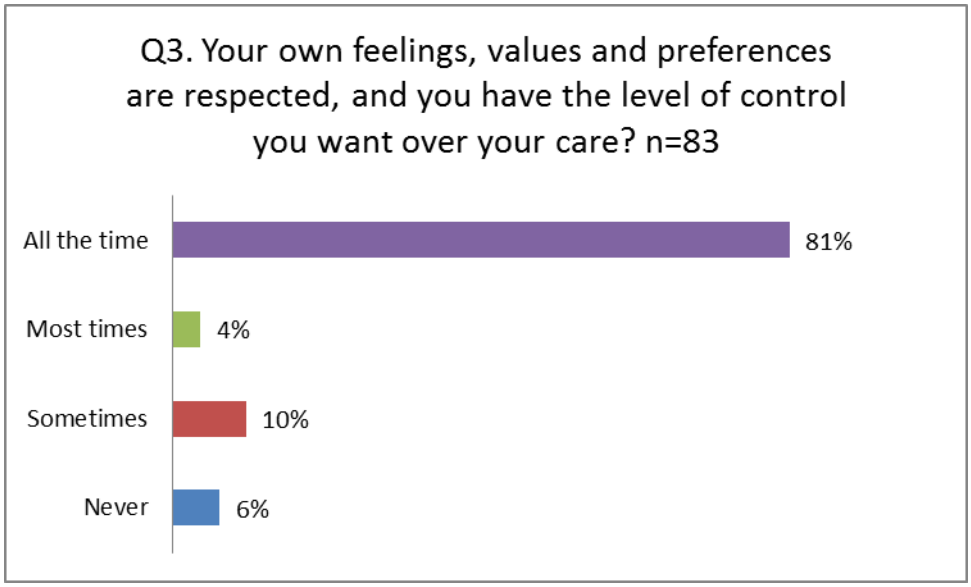
- Age UK Portsmouth
- CA Portsmouth
- Carers Centre
- Portsmouth City Council civic offices
- Portsmouth City Council voluntary network
- Portsmouth City Council sheltered & extra care housing schemes
- Cascades shopping centre
- Portsmouth Disability Forum (PDF)
- Somerstown Hub
- GP practices
- Housing offices
- Fratton Family Fun Day
- St Marys foyer stand
- Arthritis and tissue day
- Portsmouth Autism Community Forum
- QA open day stand
- Health café drop in
- LD post 16 education event
- HW Portsmouth board meeting in public
- St Marys foyer stand
- City-wide Patient Participation Group (PPG)
- Portsmouth Parents Voice (PPV)
- Autism Hampshire
- PA Noticeboard
- Action Portsmouth

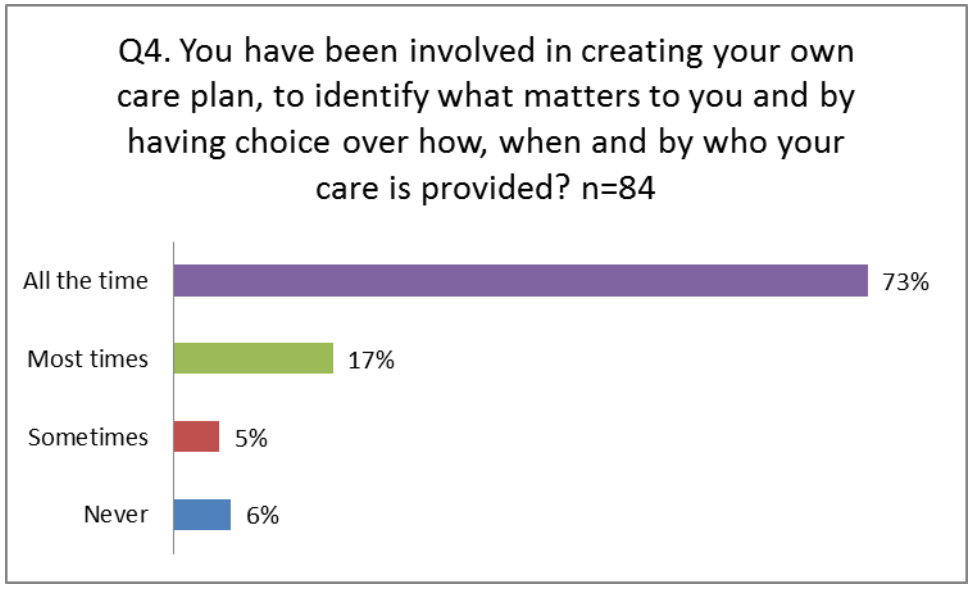
APPENDIX THREE: Graphs summarising responses

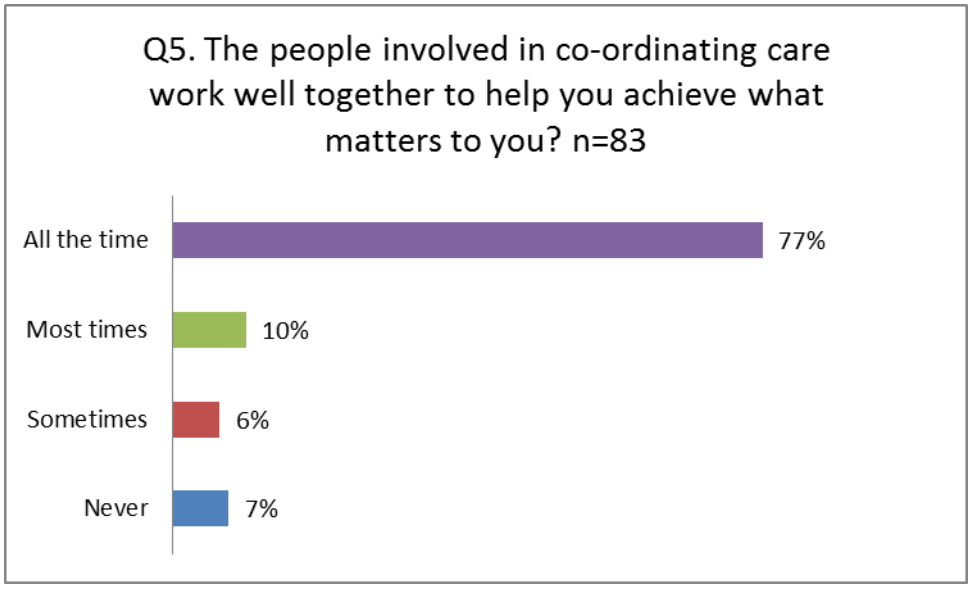
Survey 1 – Future Care Services (84 responses received)

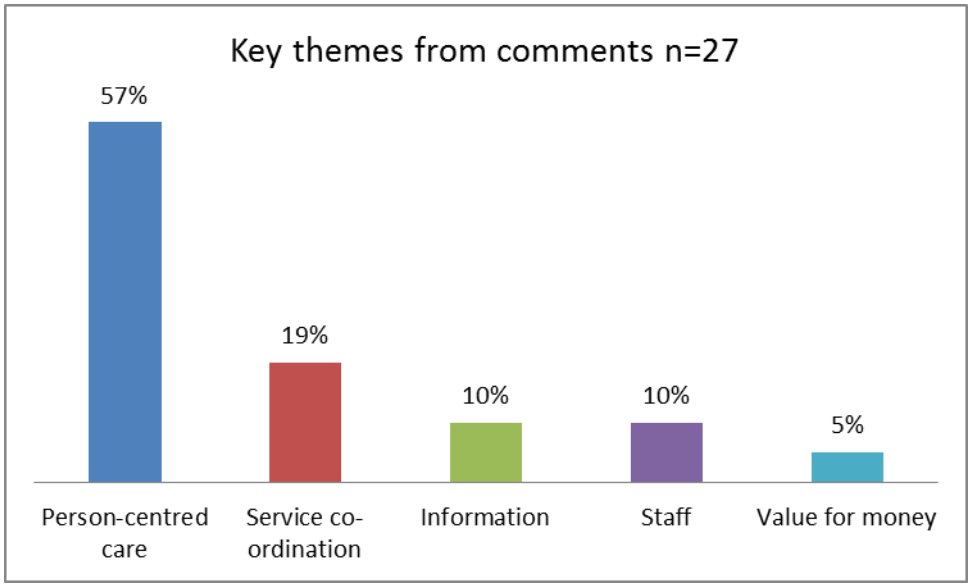




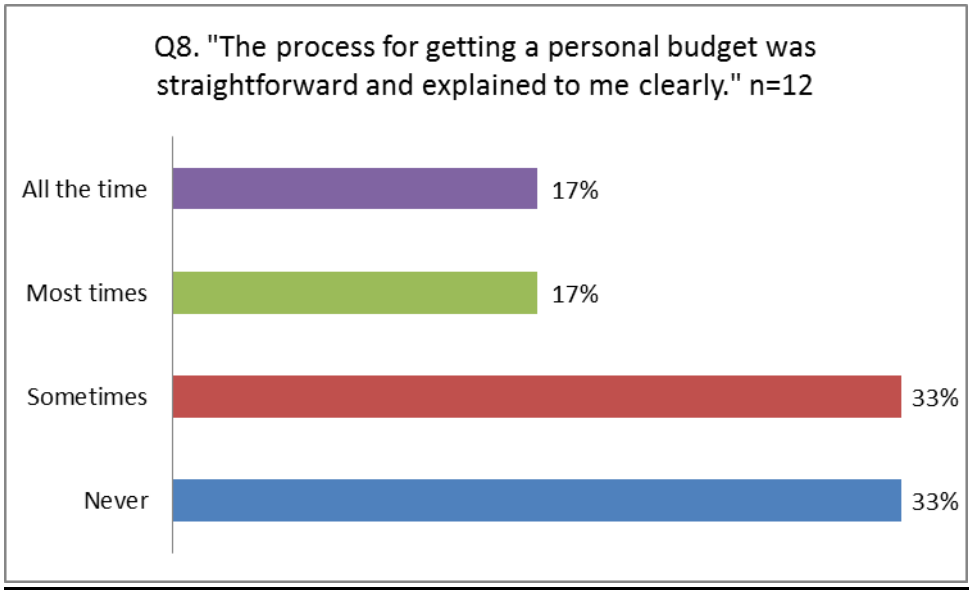

Q3. Your own feelings, values and preferences are respected, and you have the level of control you want over your care? n=83
All the time
81%
Most times
4%
Sometimes
10%
Never
6%

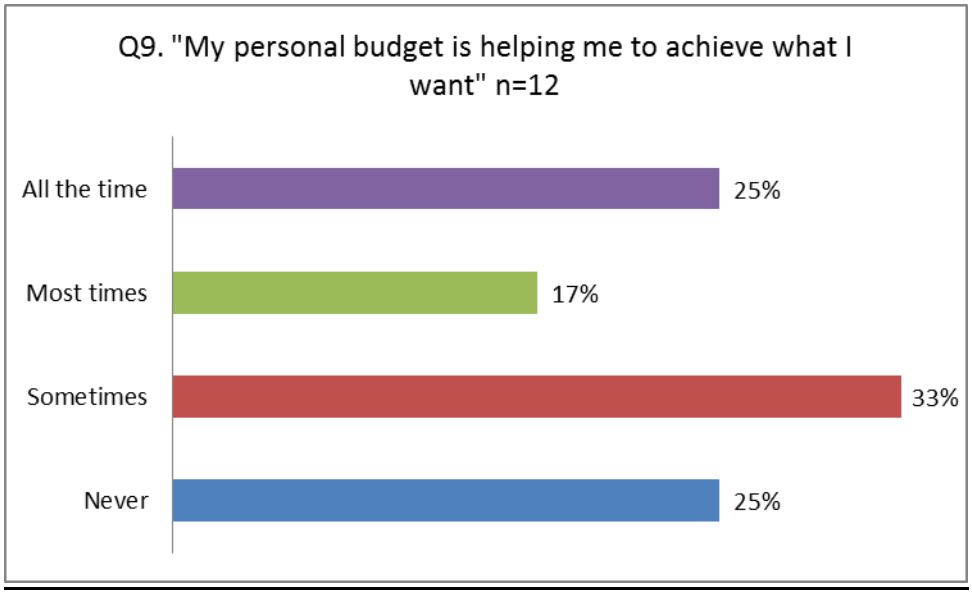

Q4. You have been involved in creating your own care plan, to identify what matters to you and by having choice over how, when and by who your care is provided? n=84
All the time
73%
Most times
17%
Sometimes
5%
Never
6%

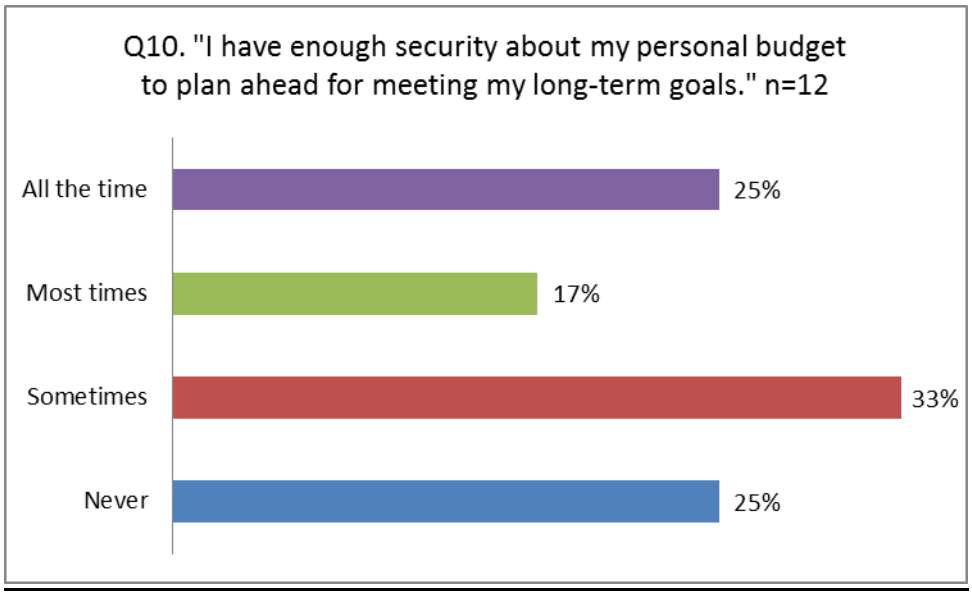

Q5. The people involved in co-ordinating care work well together to help you achieve what matters to you? n=83
All the time
77%
Most times
10%
Sometimes
6%
Never
7%

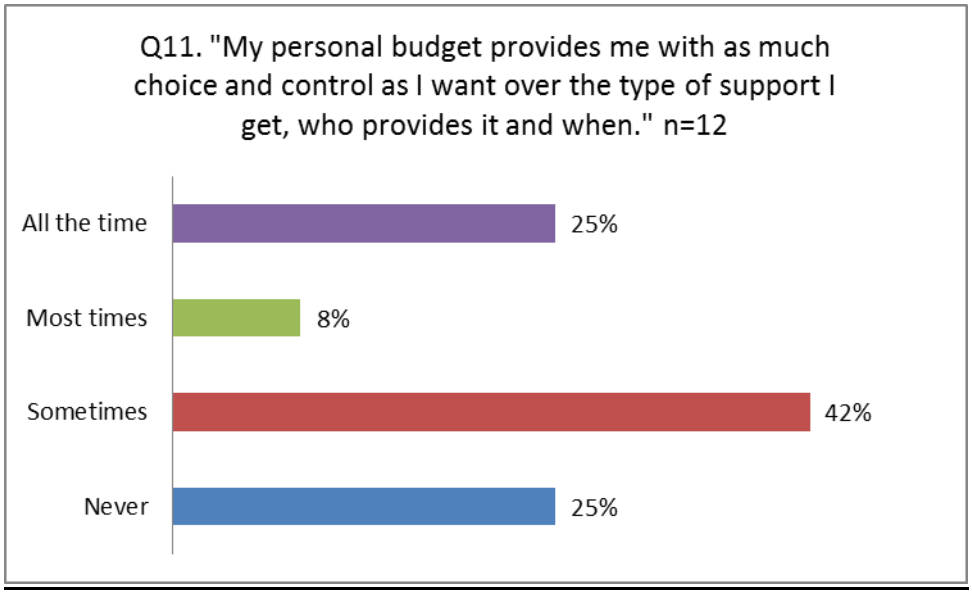


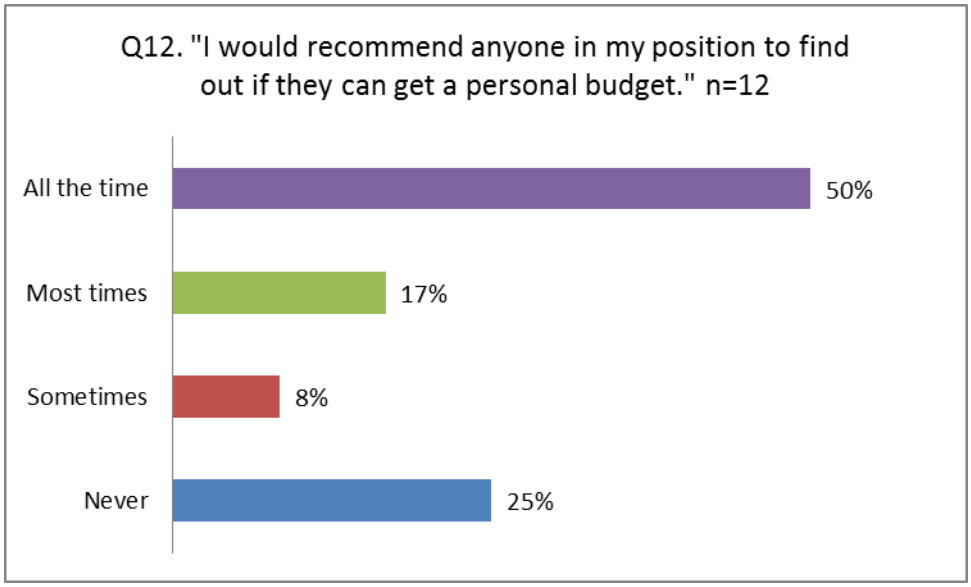
Survey 2 – General personal budgets and/or care survey (120 responses received)

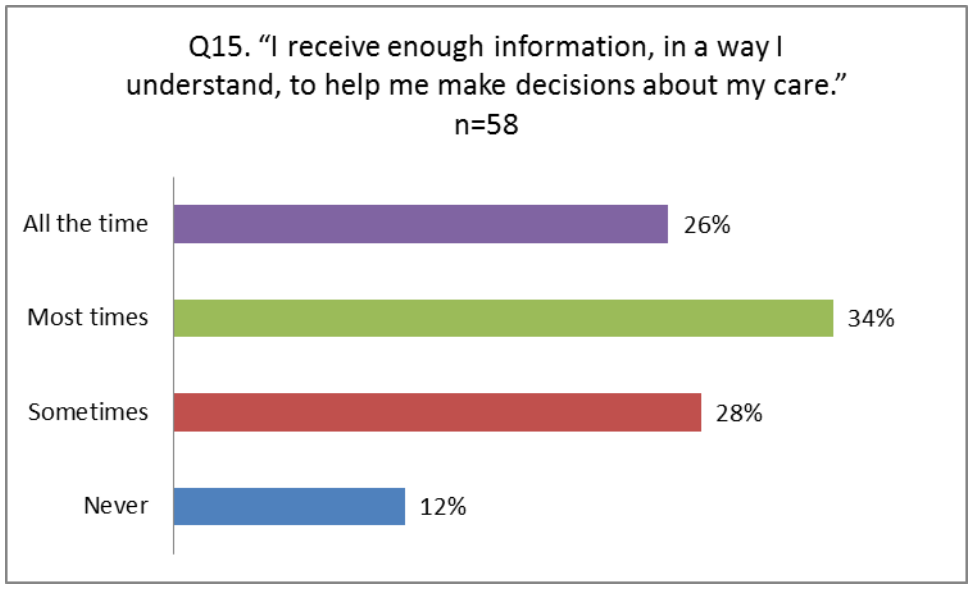


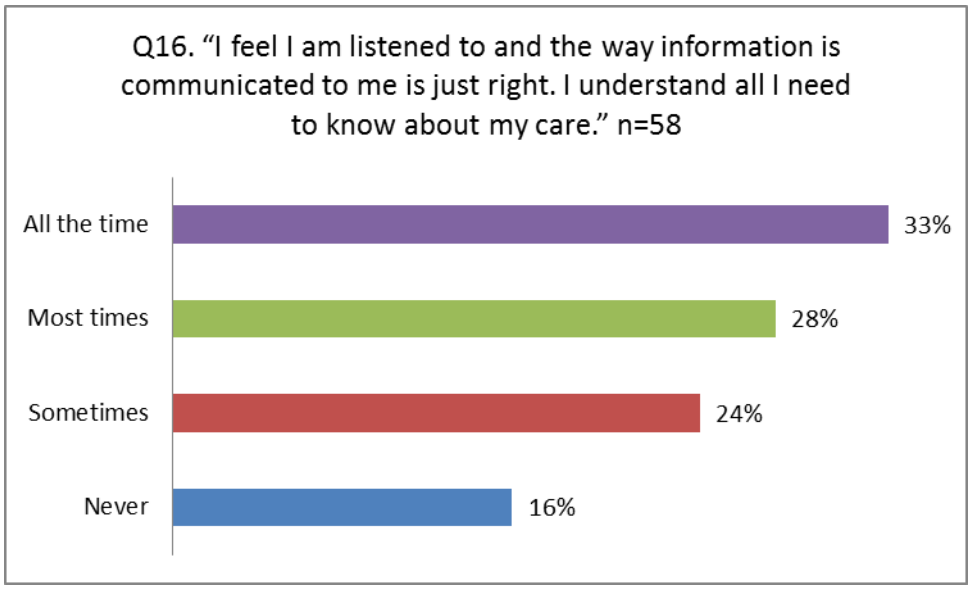

Q9. "My personal budget is helping me to achieve what I want" n=12
All the time
25%
Most times
17%
Sometimes
33%
Never
25%

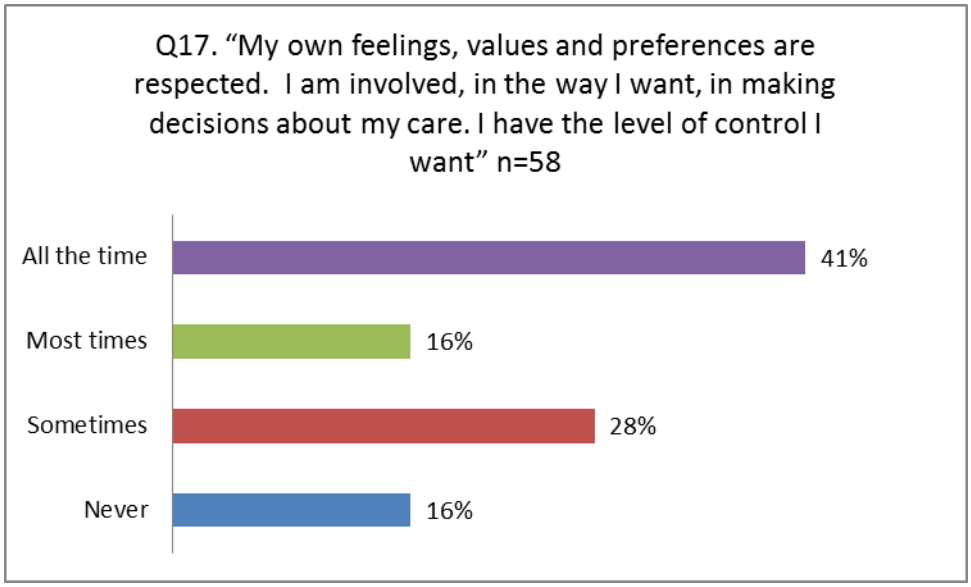

Q10. "I have enough security about my personal budget to plan ahead for meeting my long-term goals." n=12
All the time
25%
Most times
17%
Sometimes
33%
Never
25%

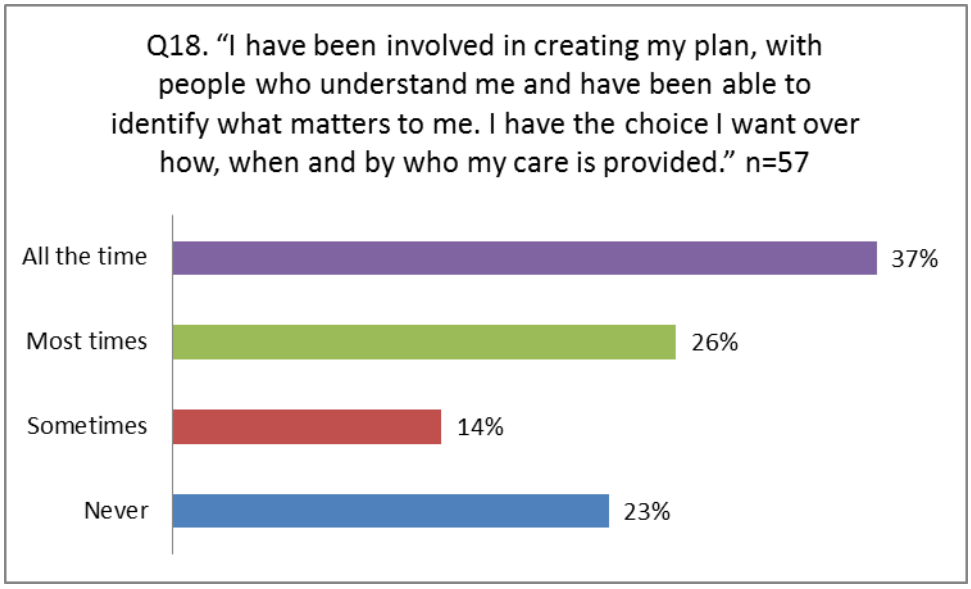

Q11. "My personal budget provides me with as much choice and control as I want over the type of support I get, who provides it and when." n=12
All the time
25%
Most times
8%
Sometimes
42%
Never
25%

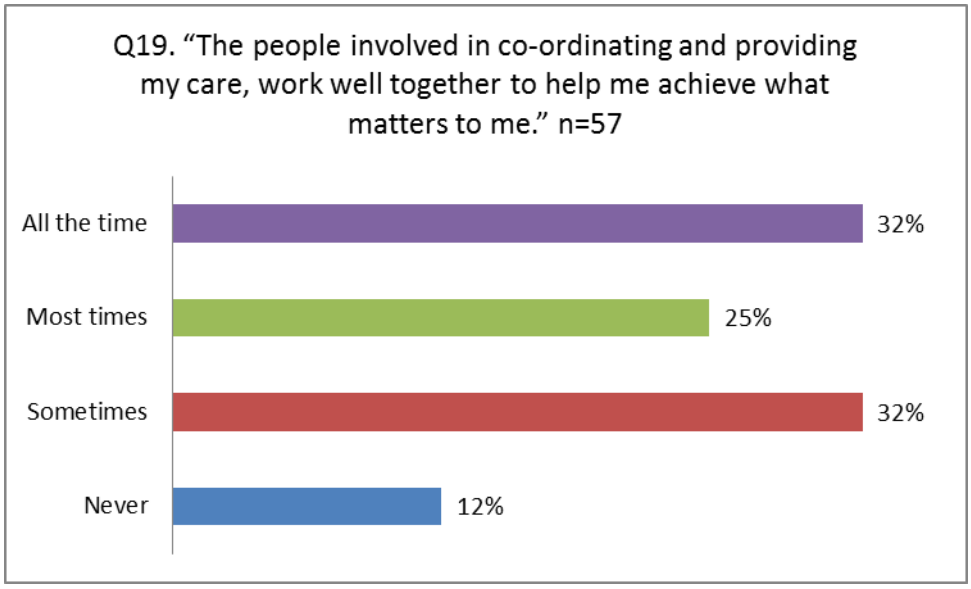

Q12. "I would recommend anyone in my position to find out if they can get a personal budget." n=12
All the time
50%
Most times
17%
Sometimes
8%
Never
25%

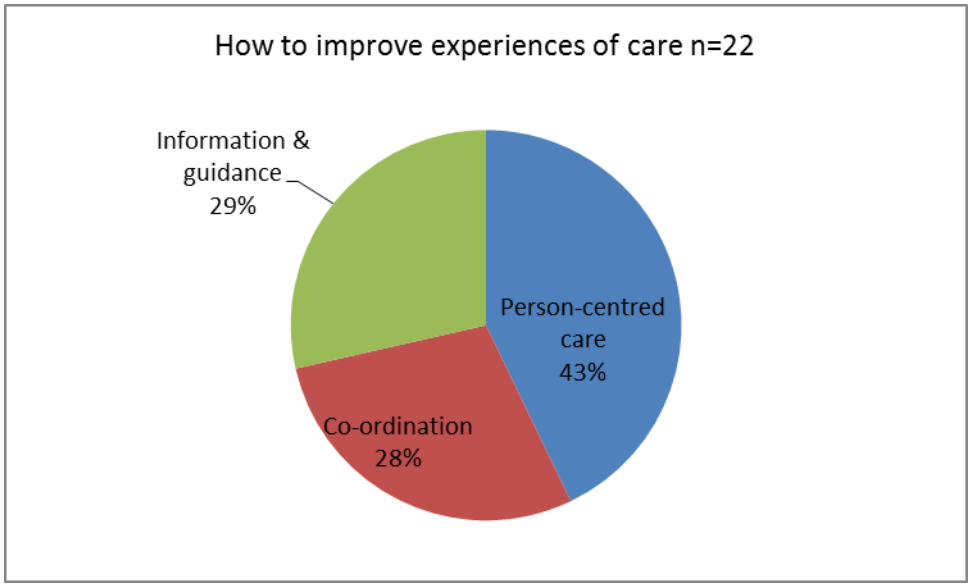

Q15. "I receive enough information, in a way I understand, to help me make decisions about my care." n=58
All the time
26%
Most times
34%
Sometimes
28%
Never
12%

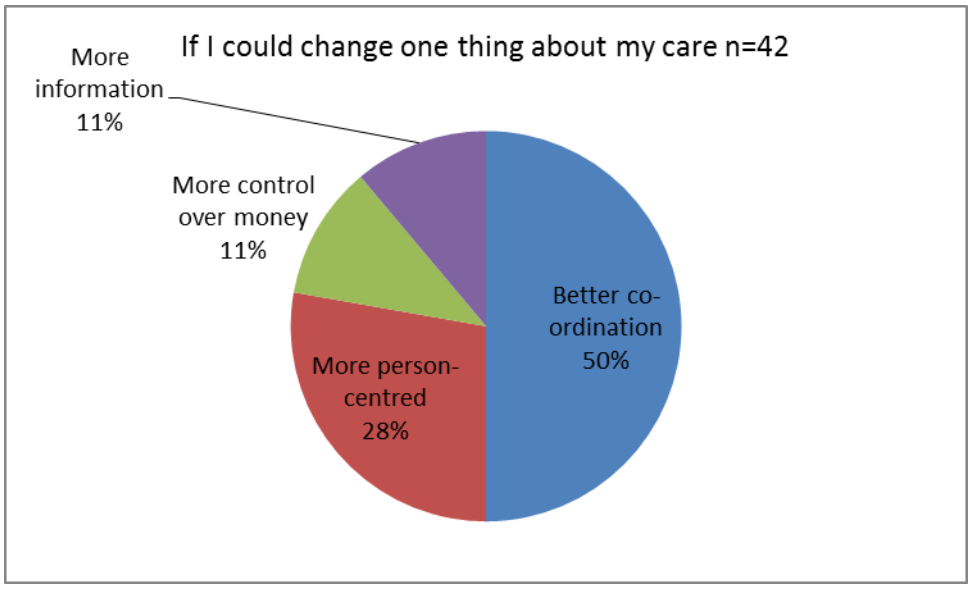

Q16. "I feel I am listened to and the way information is communicated to me is just right. I understand all I need to know about my care." n=58
All the time
33%
Most times
28%
Sometimes
24%
Never
16%


Q17. “My own feelings, values and preferences are respected. I am involved, in the way I want, in making decisions about my care. I have the level of control I want” n=58
All the time
41%
Most times
16%
Sometimes
28%
Never
16%

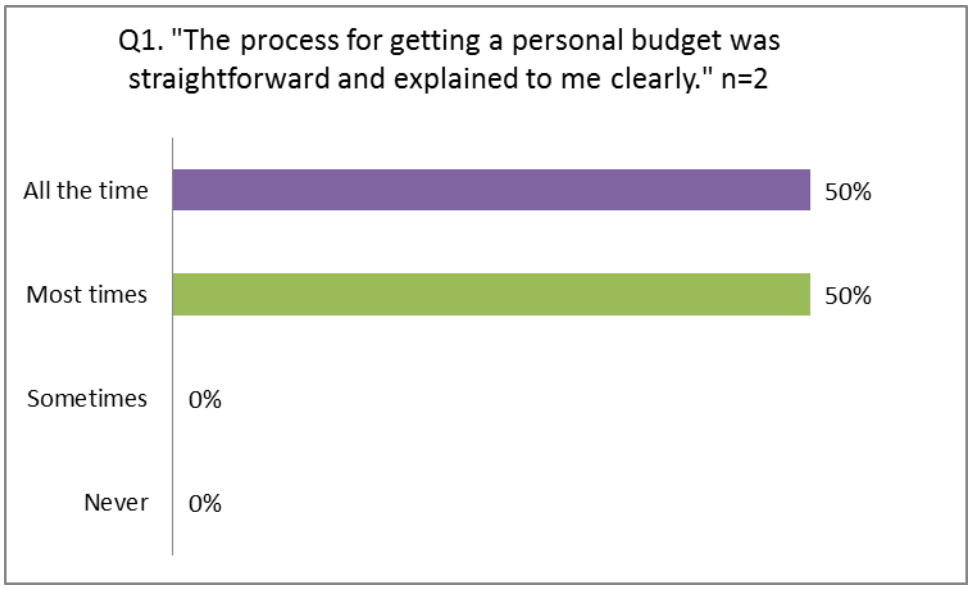

Q18. “I have been involved in creating my plan, with people who understand me and have been able to identify what matters to me. I have the choice I want over how, when and by who my care is provided.” n=57
All the time
37%
Most times
26%
Sometimes
14%
Never
23%

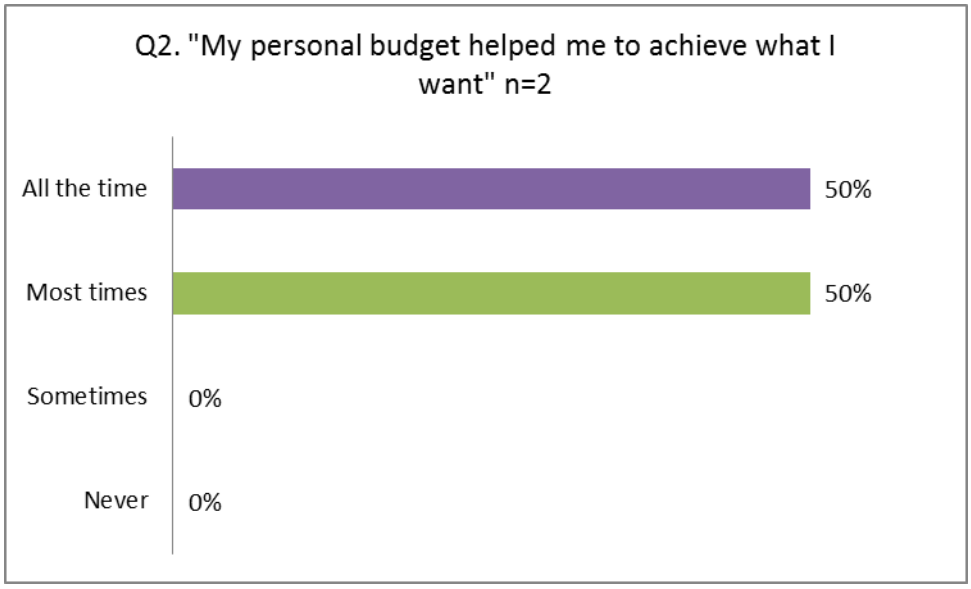

Q19. “The people involved in co-ordinating and providing my care, work well together to help me achieve what matters to me.” n=57
All the time
32%
Most times
25%
Sometimes
32%
Never
12%

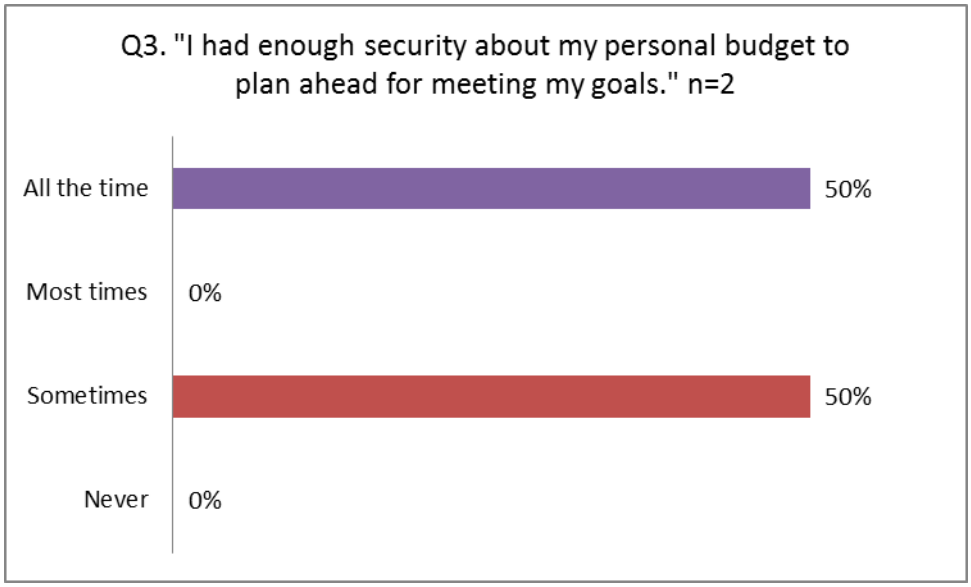

How to improve experiences of care n=22
Information & guidance 29%
Person-centred care 43%
Co-ordination 28%

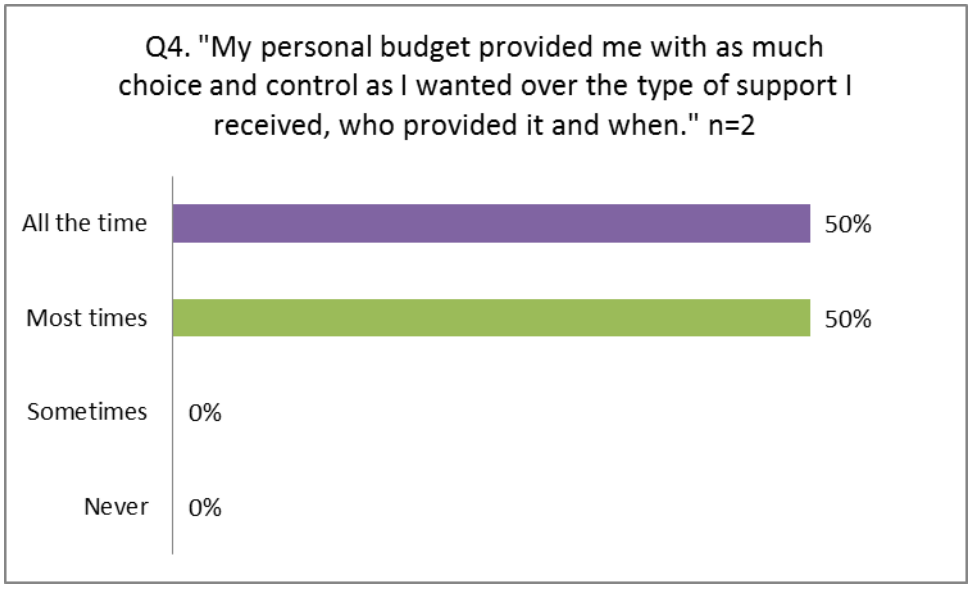

If I could change one thing about my care n=42
More information 11%
More control over money 11%
Better co-ordination 50%
More person-centred 28%

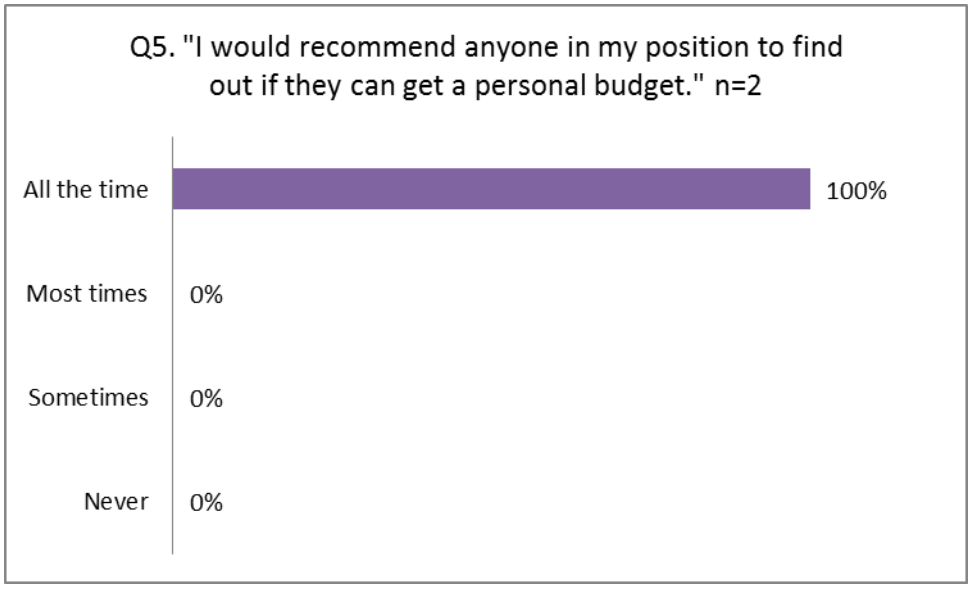
Survey 3 – Integrated Personal Commissioning group (2 responses received)

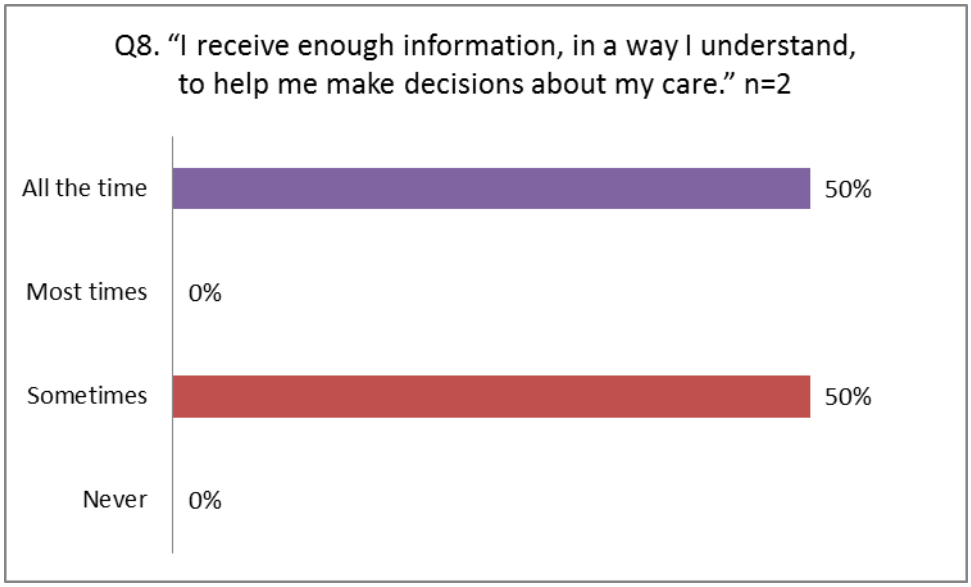


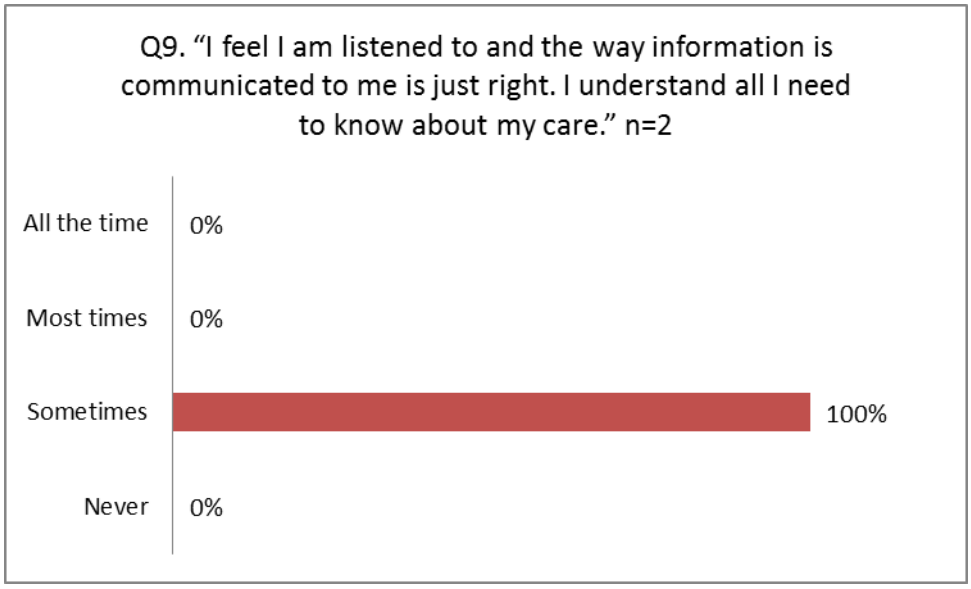


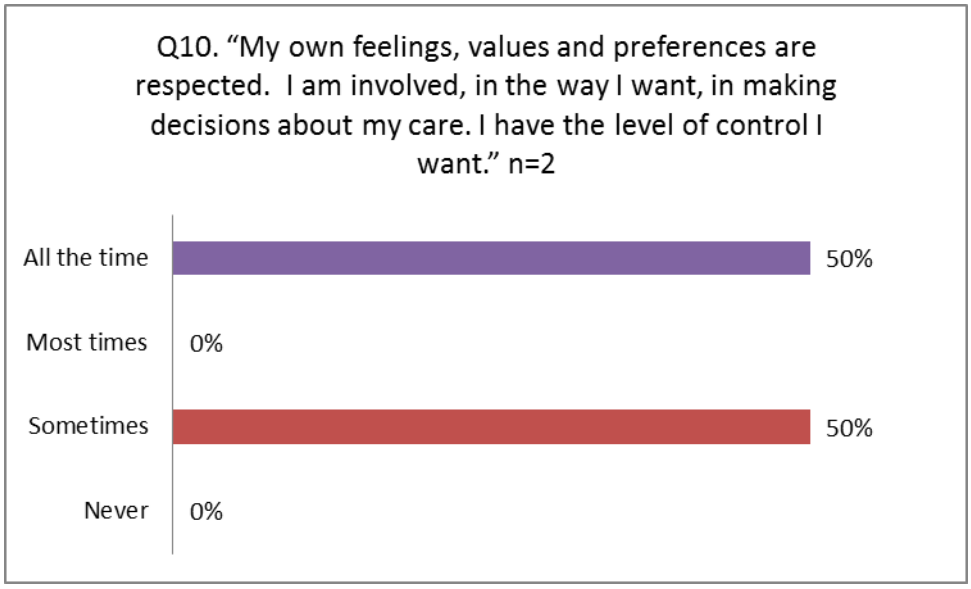

Q3. "I had enough security about my personal budget to plan ahead for meeting my goals." n=2
All the time
50%
Most times
0%
Sometimes
50%
Never
0%

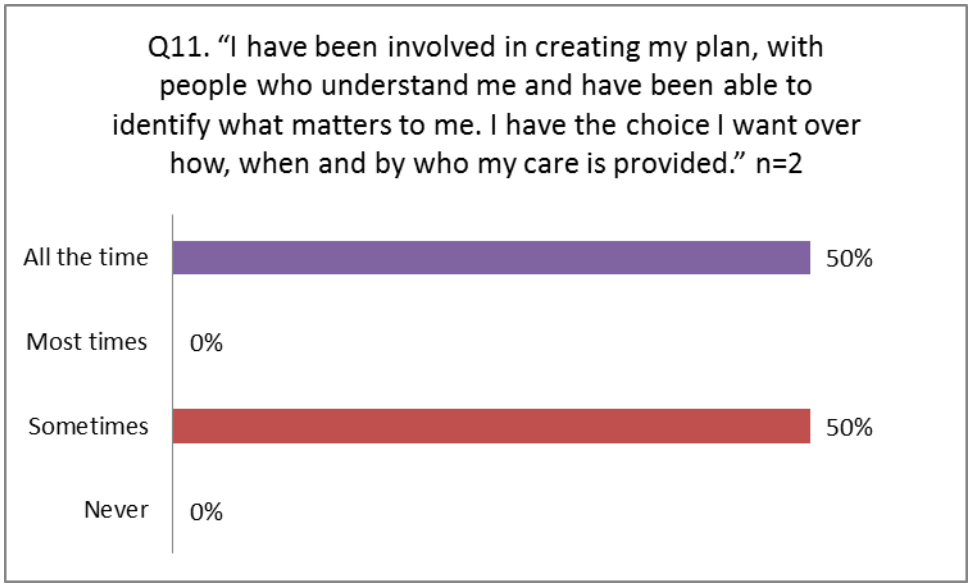

Q4. "My personal budget provided me with as much choice and control as I wanted over the type of support I received, who provided it and when." n=2
All the time
50%
Most times
50%
Sometimes
0%
Never
0%

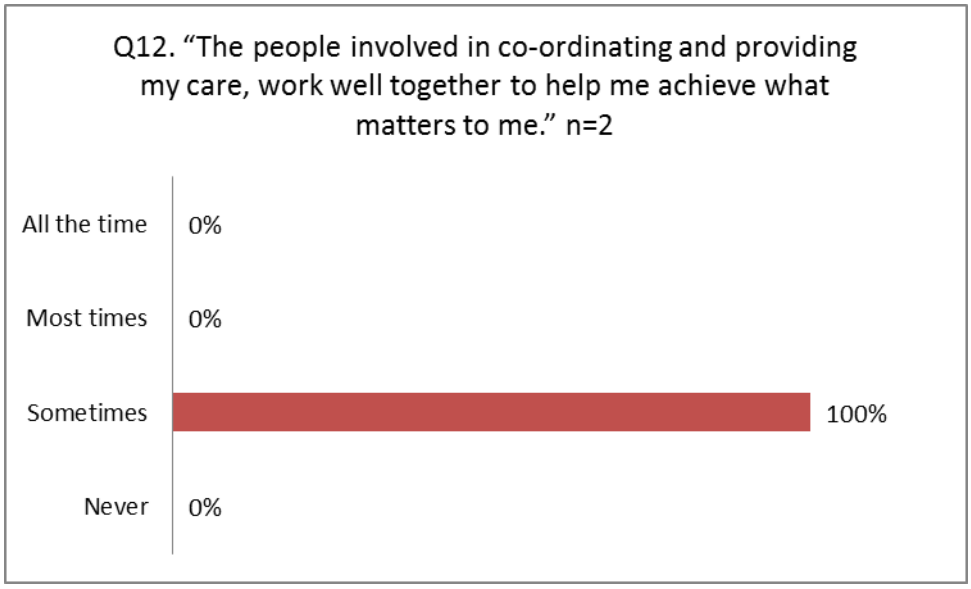

Q5. "I would recommend anyone in my position to find out if they can get a personal budget." n=2
All the time
100%
Most times
0%
Sometimes
0%
Never
0%


Q8. "I receive enough information, in a way I understand, to help me make decisions about my care." n=2
All the time
50%
Most times
0%
Sometimes
50%
Never
0%

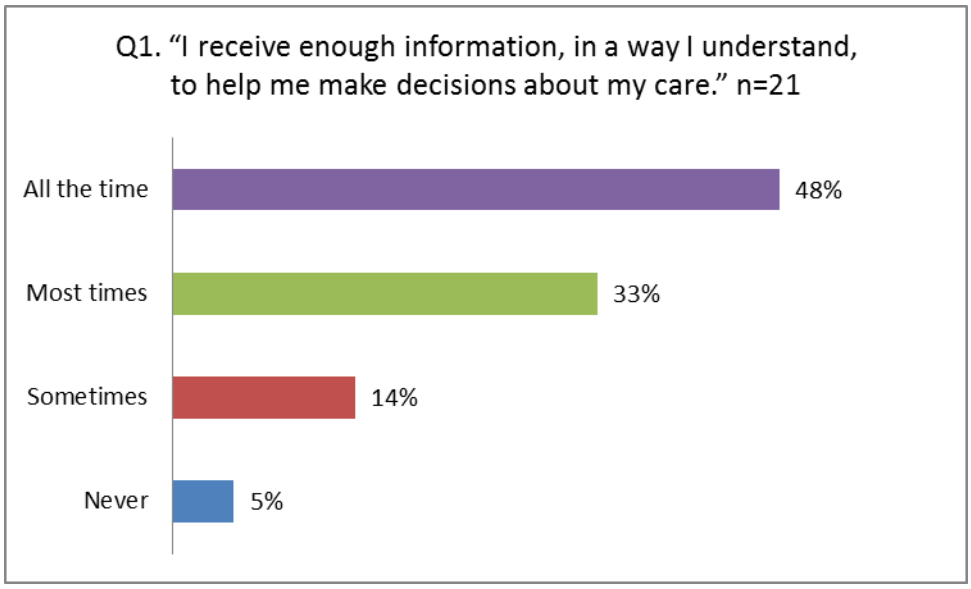

Q9. "I feel I am listened to and the way information is communicated to me is just right. I understand all I need to know about my care." n=2
All the time
0%
Most times
0%
Sometimes
100%
Never
0%

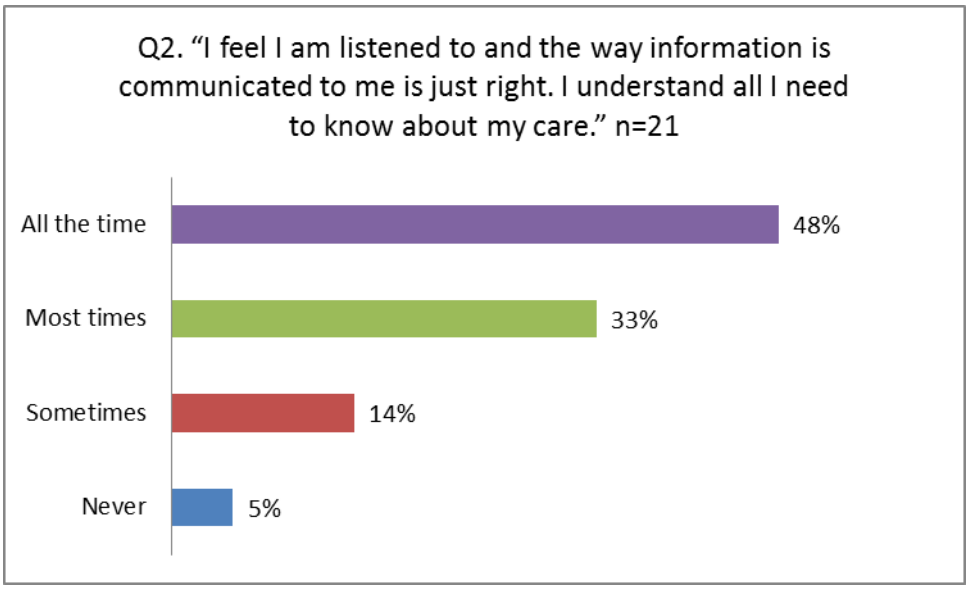

Q10. "My own feelings, values and preferences are respected. I am involved, in the way I want, in making decisions about my care. I have the level of control I want." n=2
All the time
50%
Most times
0%
Sometimes
50%
Never
0%

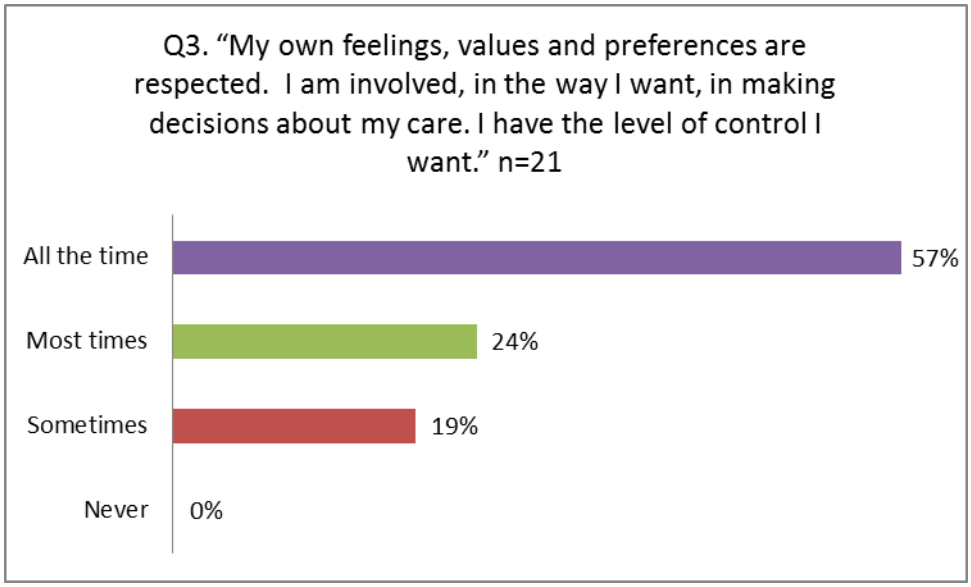

Q11. “I have been involved in creating my plan, with people who understand me and have been able to identify what matters to me. I have the choice I want over how, when and by who my care is provided.” n=2
All the time
50%
Most times
0%
Sometimes
50%
Never
0%

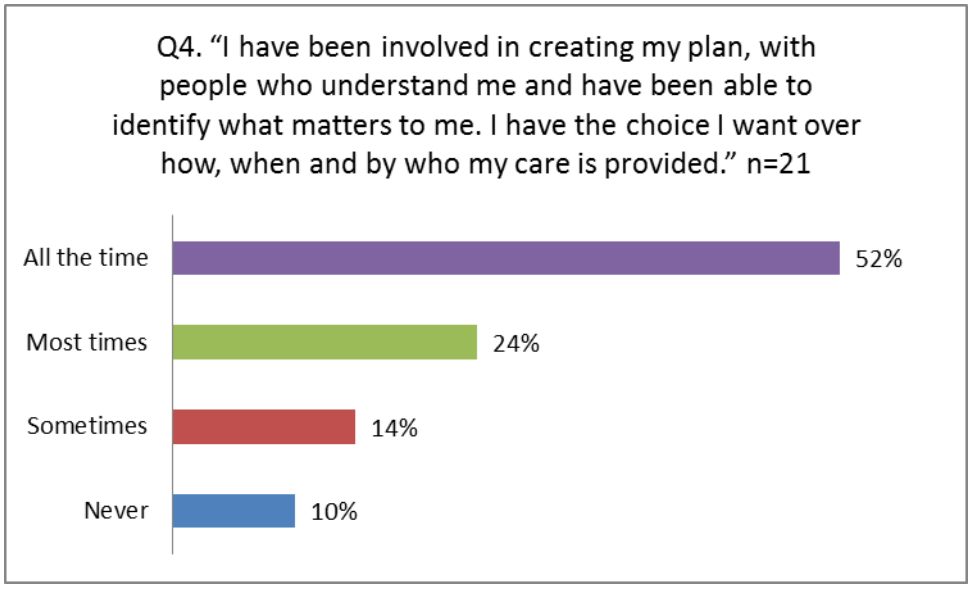

Q12. “The people involved in co-ordinating and providing my care, work well together to help me achieve what matters to me.” n=2
All the time
0%
Most times
0%
Sometimes
100%
Never
0%

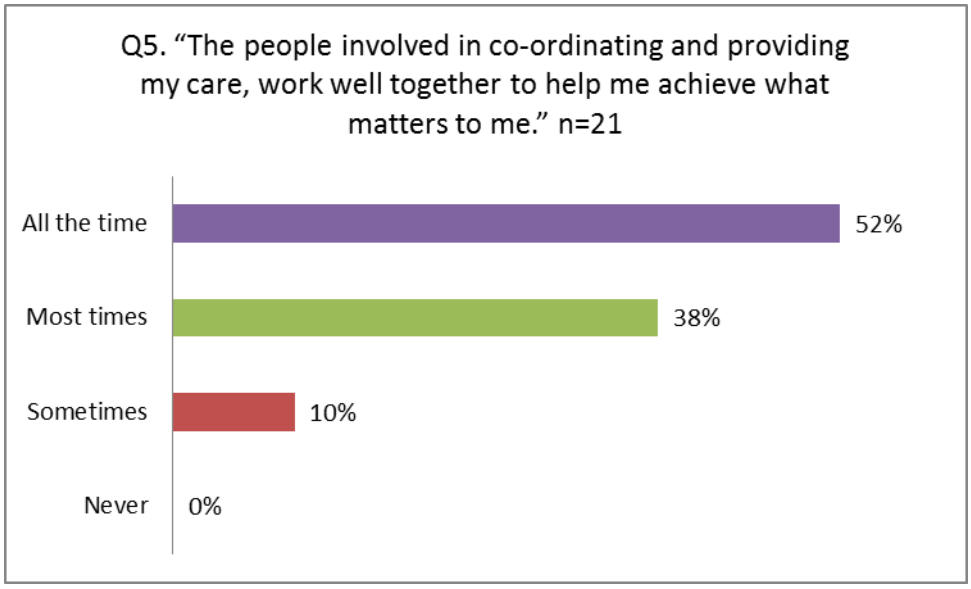
Survey 4 – Portsmouth City Council (PCC) funded care (direct mailing) – (21 responses received)



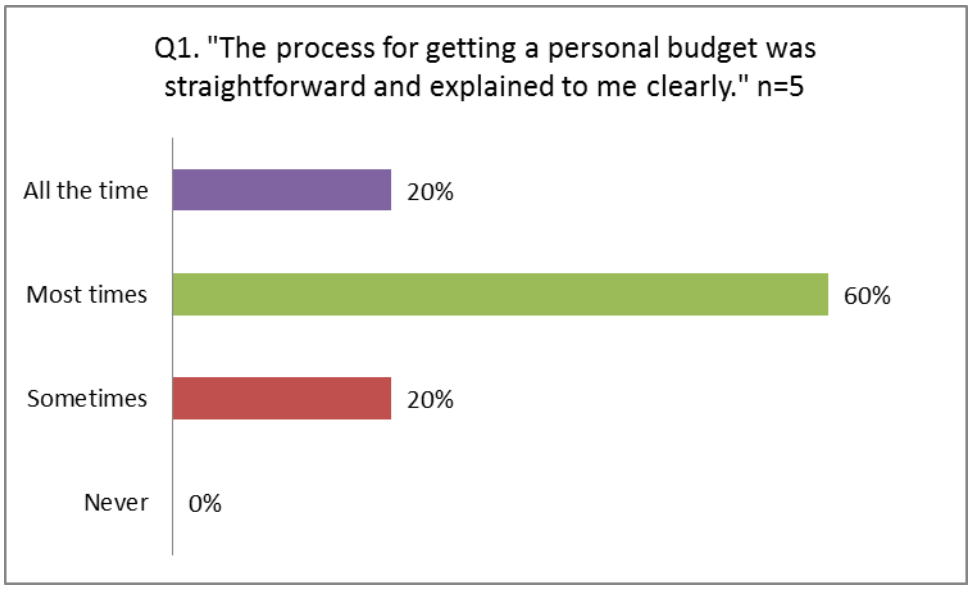


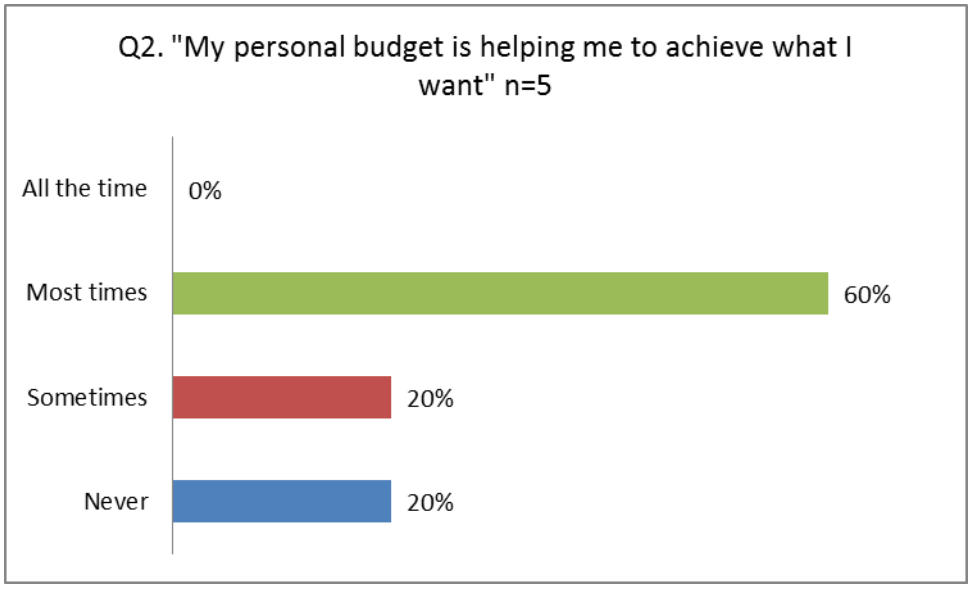

Q3. "My own feelings, values and preferences are respected. I am involved, in the way I want, in making decisions about my care. I have the level of control I want." n=21
All the time
57%
Most times
24%
Sometimes
19%
Never
0%

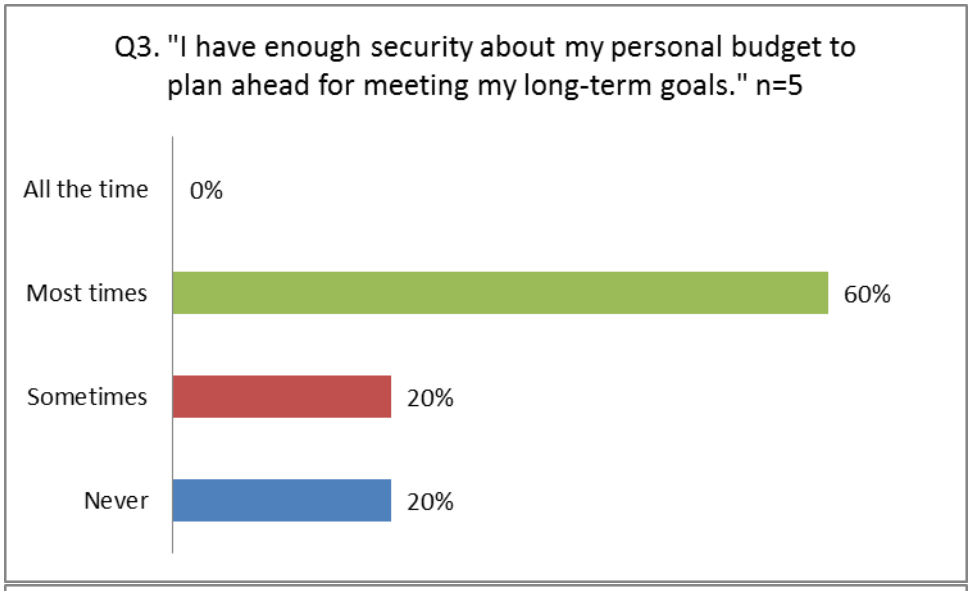

Q4. "I have been involved in creating my plan, with people who understand me and have been able to identify what matters to me. I have the choice I want over how, when and by who my care is provided." n=21
All the time
52%
Most times
24%
Sometimes
14%
Never
10%

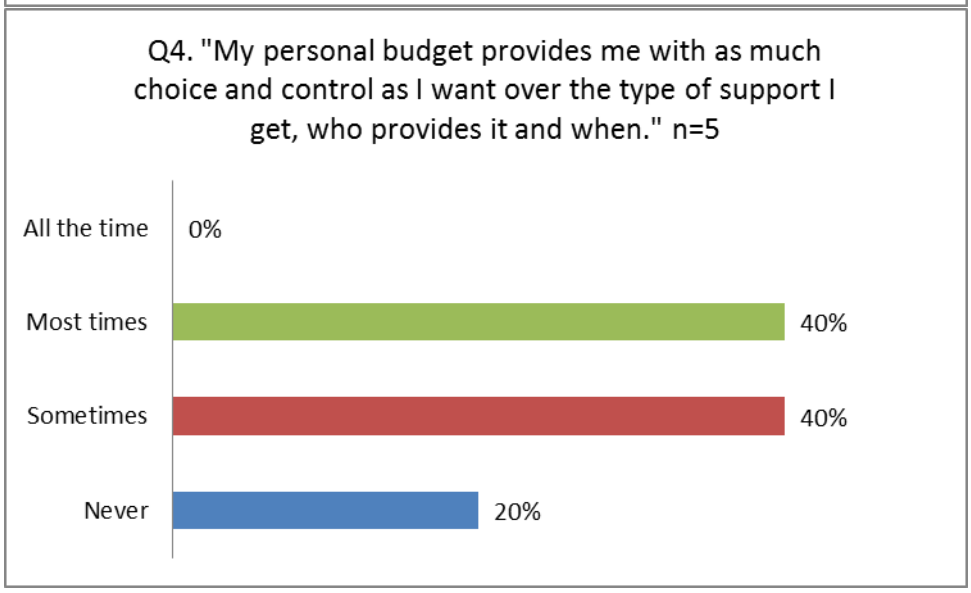

Q5. "The people involved in co-ordinating and providing my care, work well together to help me achieve what matters to me." n=21
All the time
52%
Most times
38%
Sometimes
10%
Never
0%

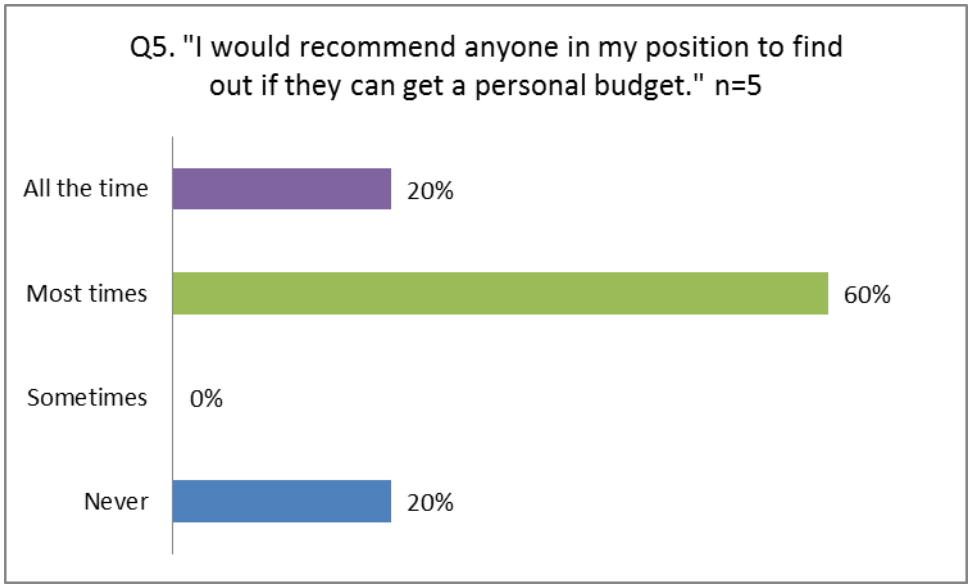
Survey 5 – Portsmouth City Council (PCC) funded care with use of a personal budget (direct mailing) - (5 responses received)

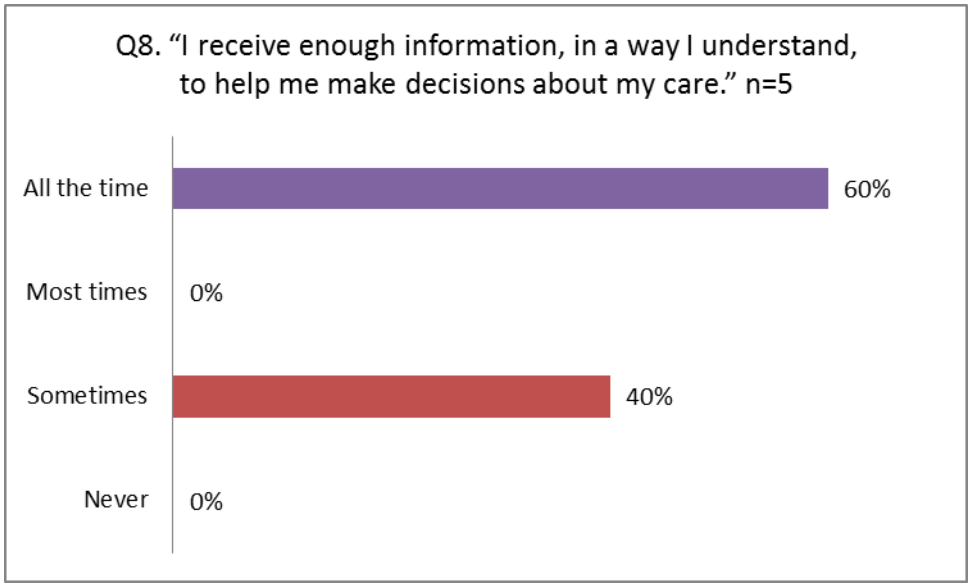


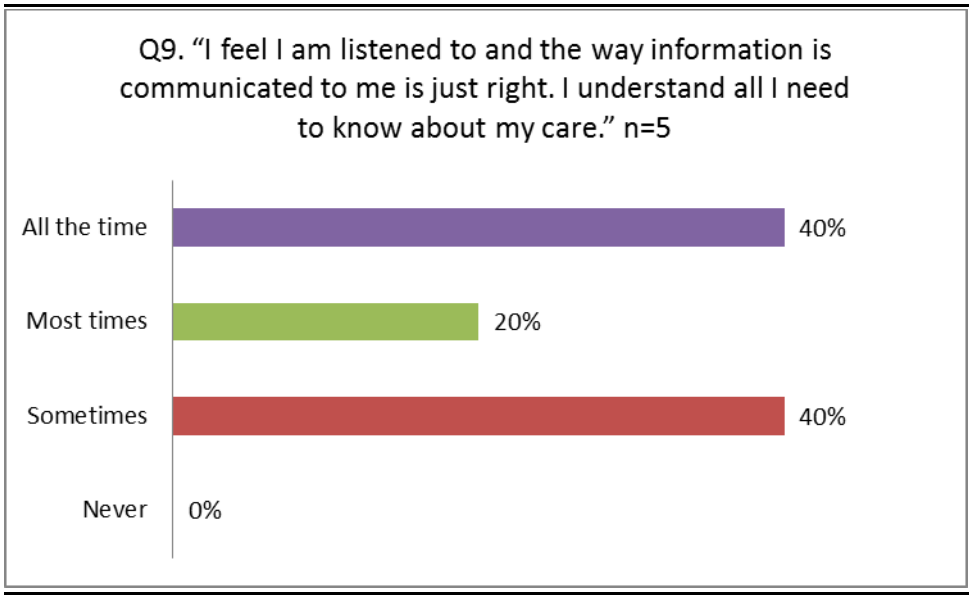


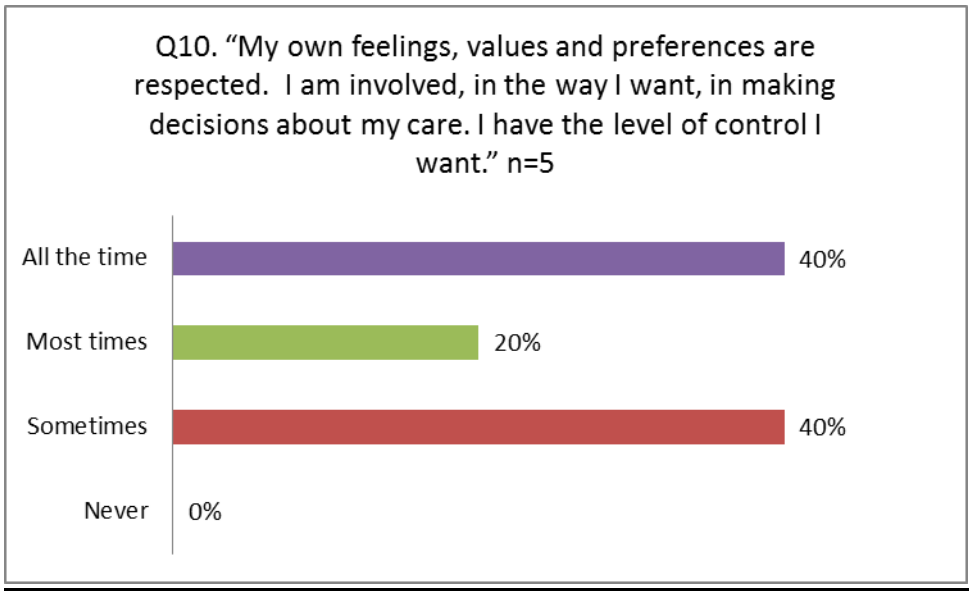

Q3. "I have enough security about my personal budget to plan ahead for meeting my long-term goals." n=5
All the time
0%
Most times
60%
Sometimes
20%
Never
20%

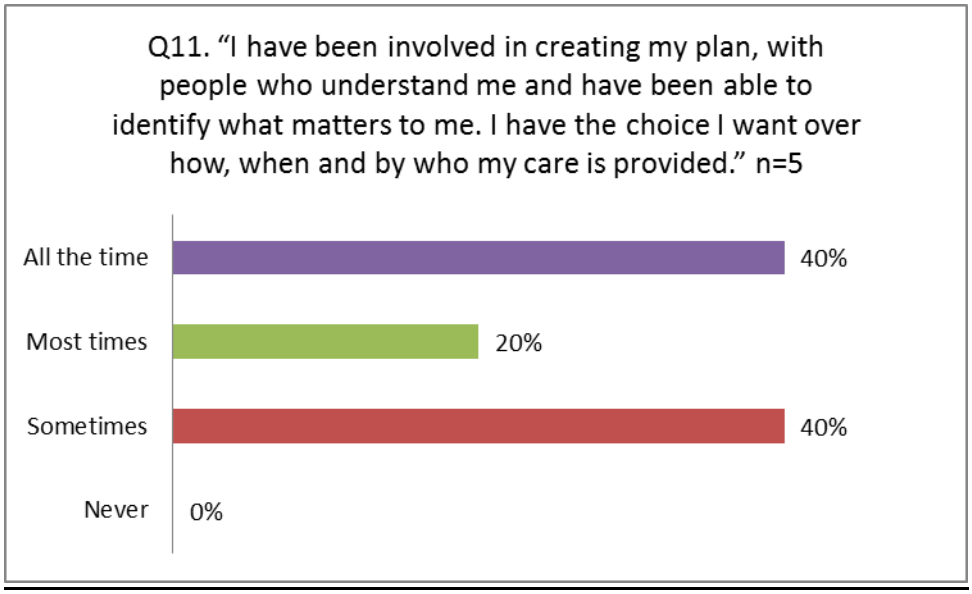

Q4. "My personal budget provides me with as much choice and control as I want over the type of support I get, who provides it and when." n=5
All the time
0%
Most times
40%
Sometimes
40%
Never
20%

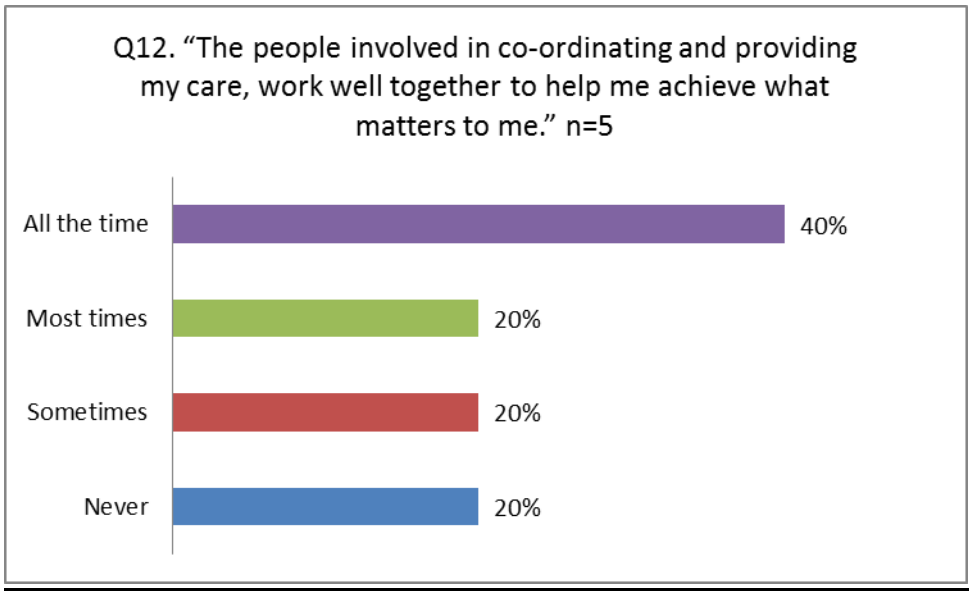

Q5. "I would recommend anyone in my position to find out if they can get a personal budget." n=5
All the time
20%
Most times
60%
Sometimes
0%
Never
20%


Q8. "I receive enough information, in a way I understand, to help me make decisions about my care." n=5
All the time
60%
Most times
0%
Sometimes
40%
Never
0%

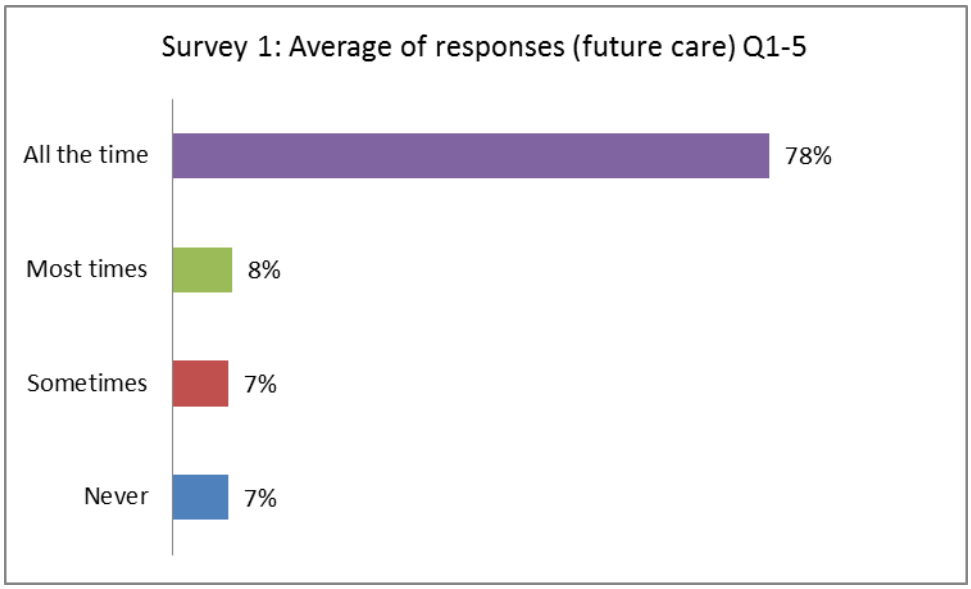

Q9. "I feel I am listened to and the way information is communicated to me is just right. I understand all I need to know about my care." n=5
All the time
40%
Most times
20%
Sometimes
40%
Never
0%

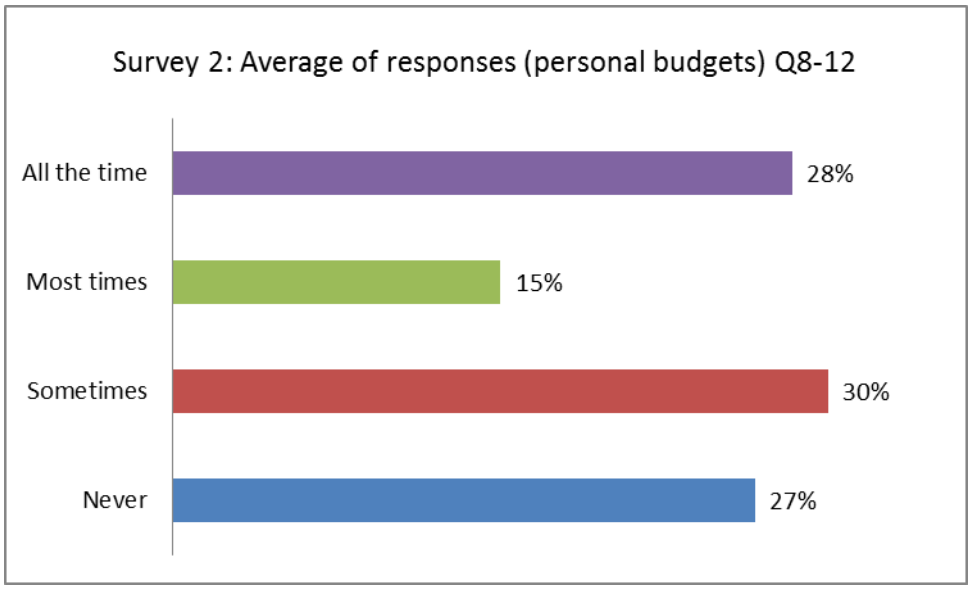

Q10. "My own feelings, values and preferences are respected. I am involved, in the way I want, in making decisions about my care. I have the level of control I want." n=5
All the time
40%
Most times
20%
Sometimes
40%
Never
0%

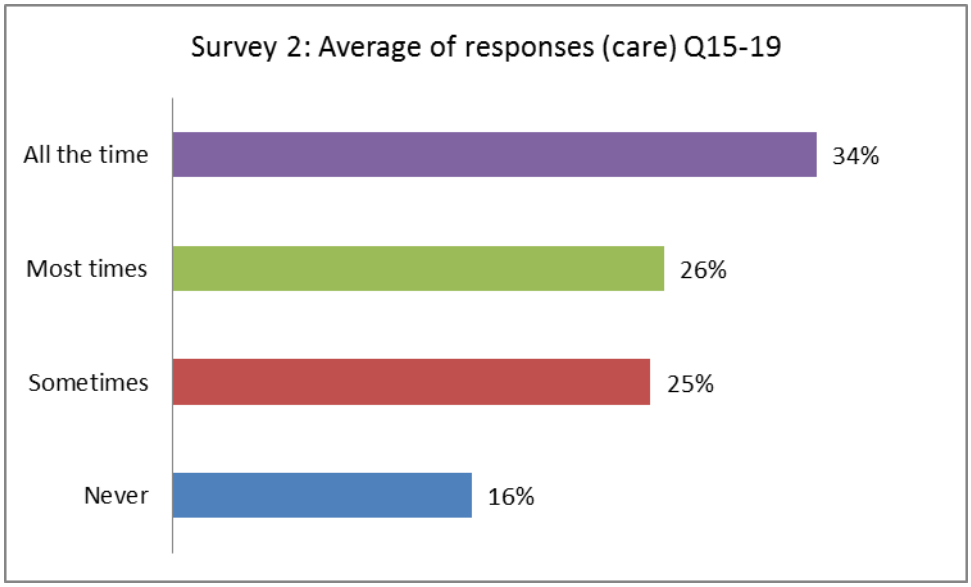

Q11. "I have been involved in creating my plan, with people who understand me and have been able to identify what matters to me. I have the choice I want over how, when and by who my care is provided." n=5
All the time
40%
Most times
20%
Sometimes
40%
Never
0%

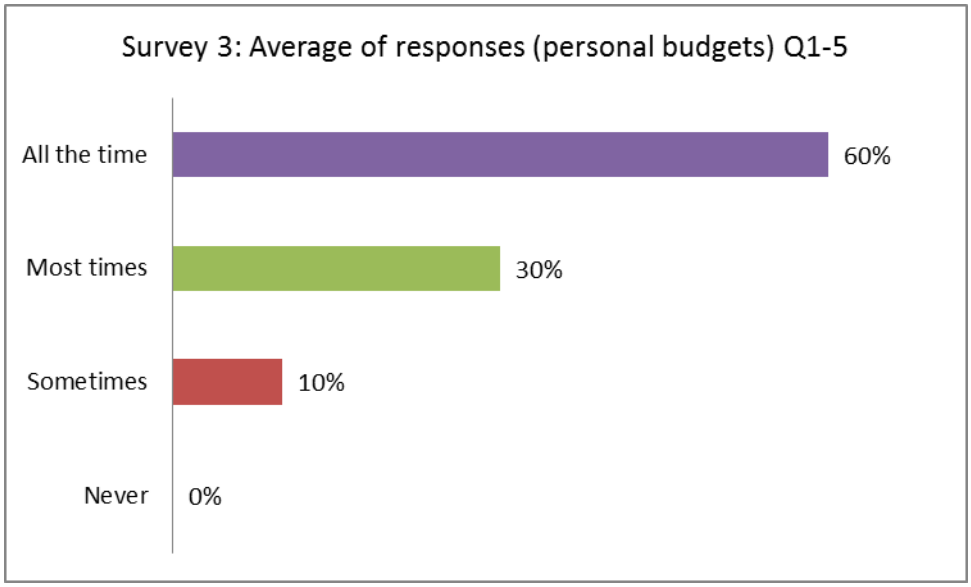

Q12. "The people involved in co-ordinating and providing my care, work well together to help me achieve what matters to me." n=5
All the time
40%
Most times
20%
Sometimes
20%
Never
20%

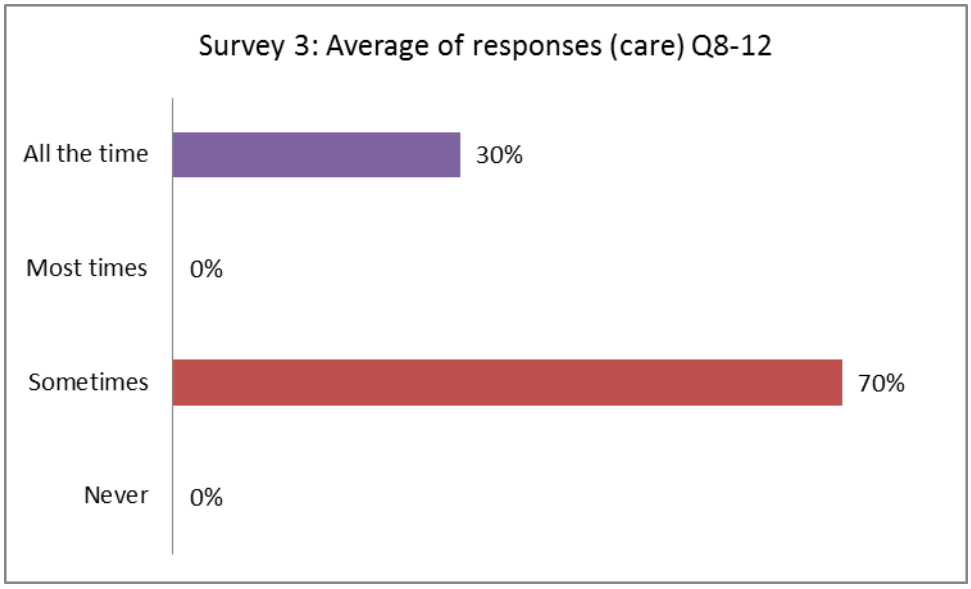
Comparison of average responses for each survey

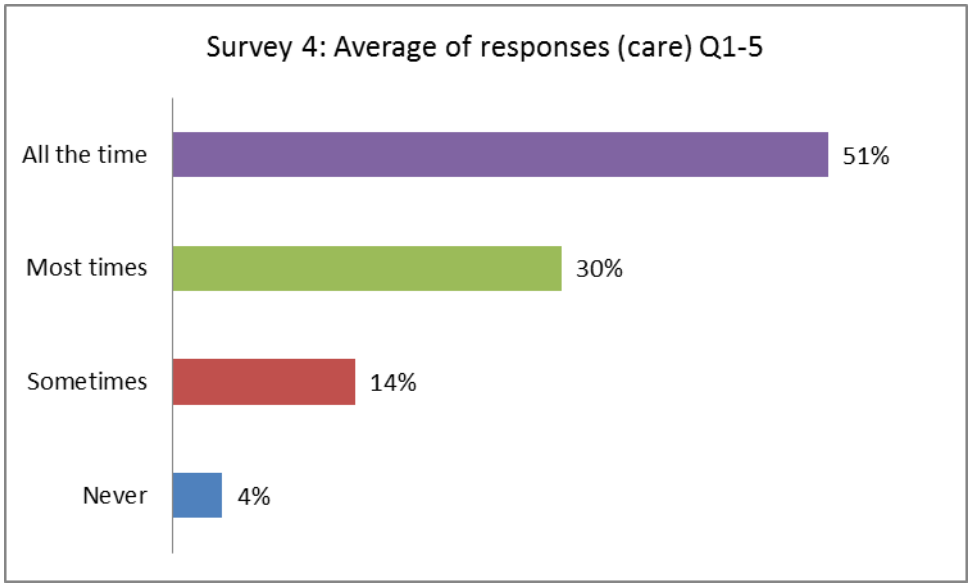


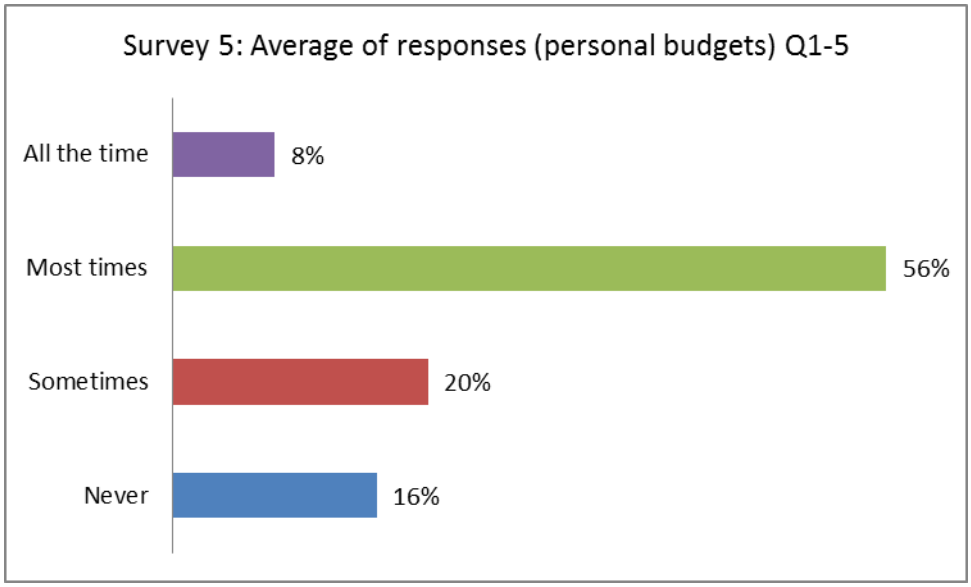


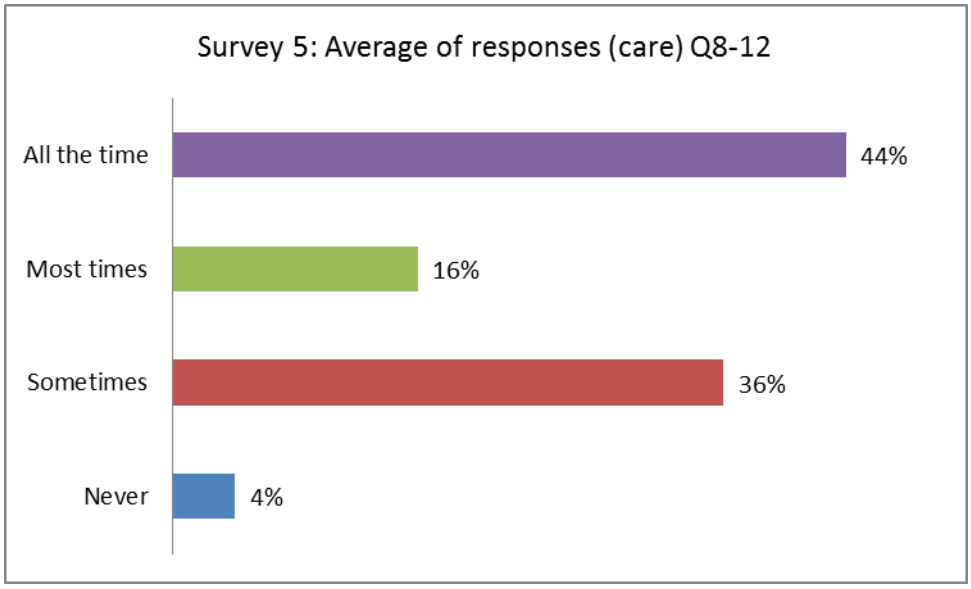

Survey 2: Average of responses (care) Q15-19
All the time
34%
Most times
26%
Sometimes
25%
Never
16%


Survey 3: Average of responses (personal budgets) Q1-5
All the time
60%
Most times
30%
Sometimes
10%
Never
0%


Survey 3: Average of responses (care) Q8-12
All the time
30%
Most times
0%
Sometimes
70%
Never
0%

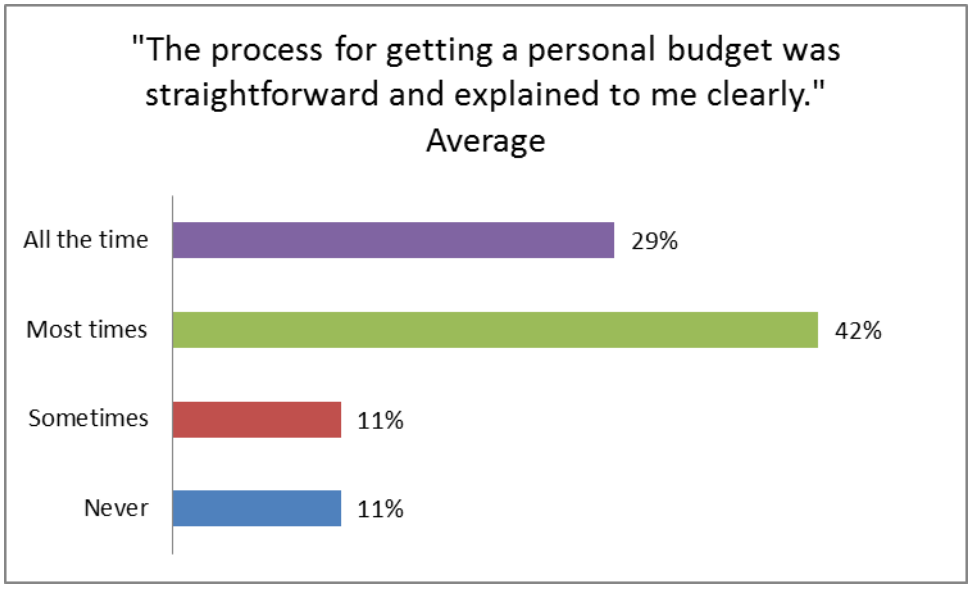

Survey 4: Average of responses (care) Q1-5
All the time
51%
Most times
30%
Sometimes
14%
Never
4%

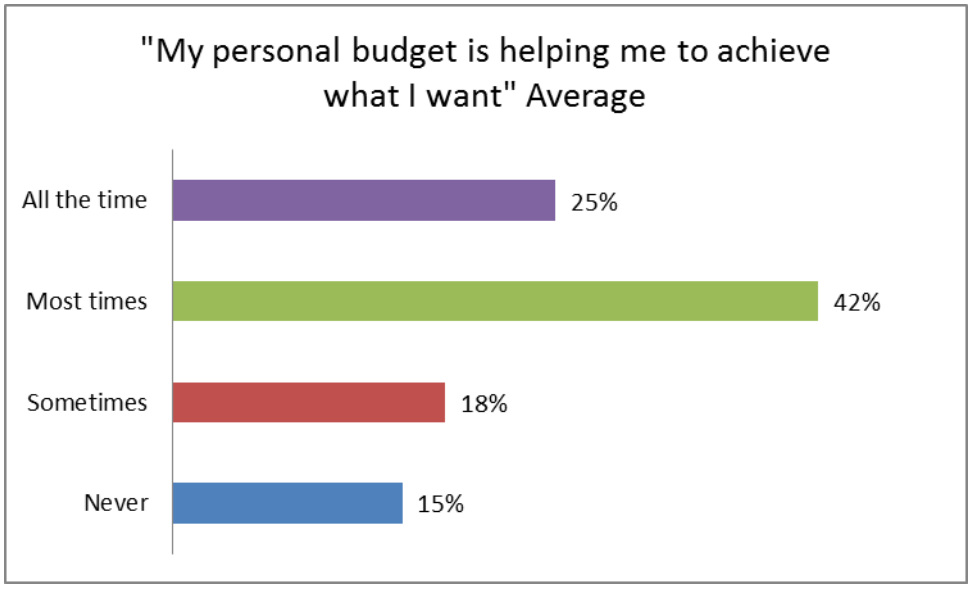

Survey 5: Average of responses (personal budgets) Q1-5
All the time
8%
Most times
56%
Sometimes
20%
Never
16%

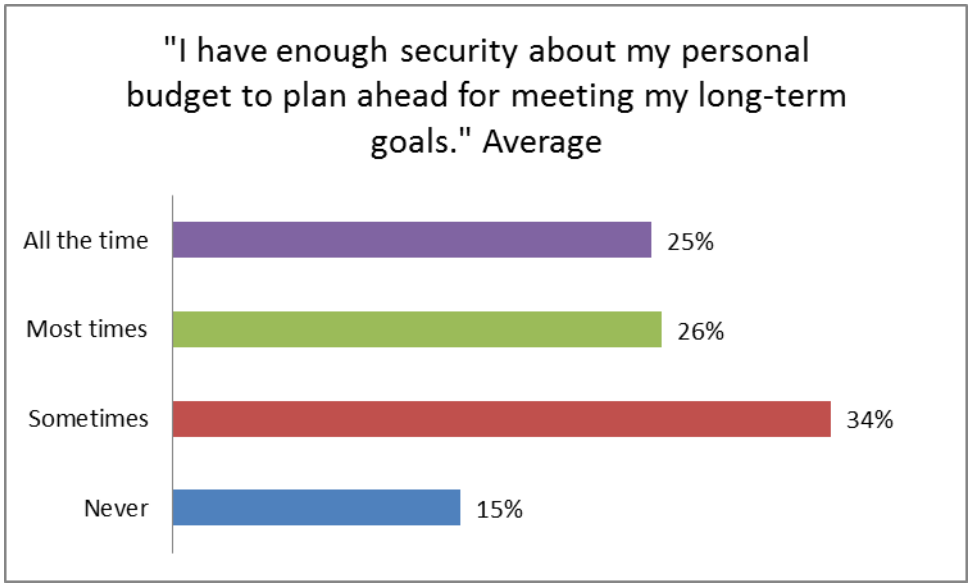

Survey 5: Average of responses (care) Q8-12
All the time
44%
Most times
16%
Sometimes
36%
Never
4%

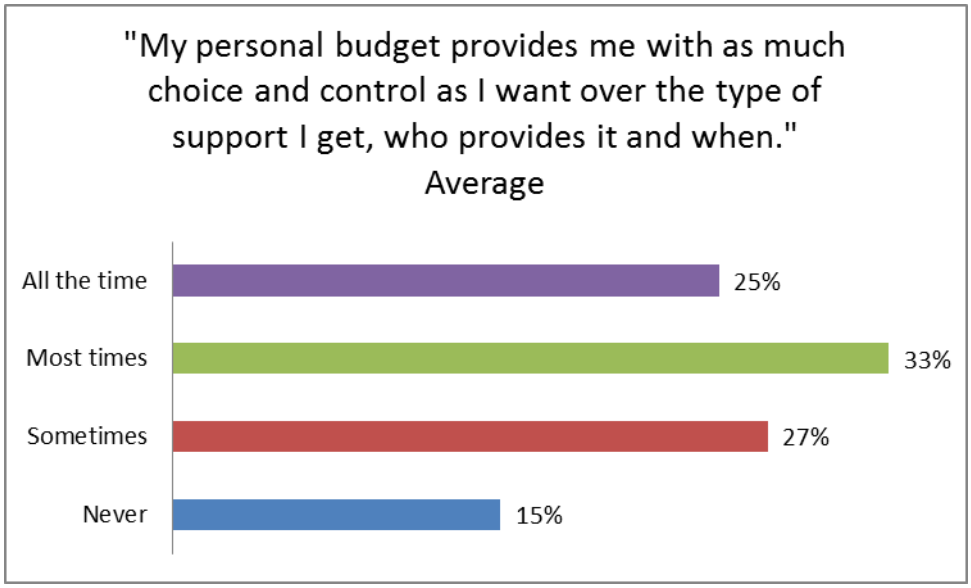
Comparison of average responses for each question

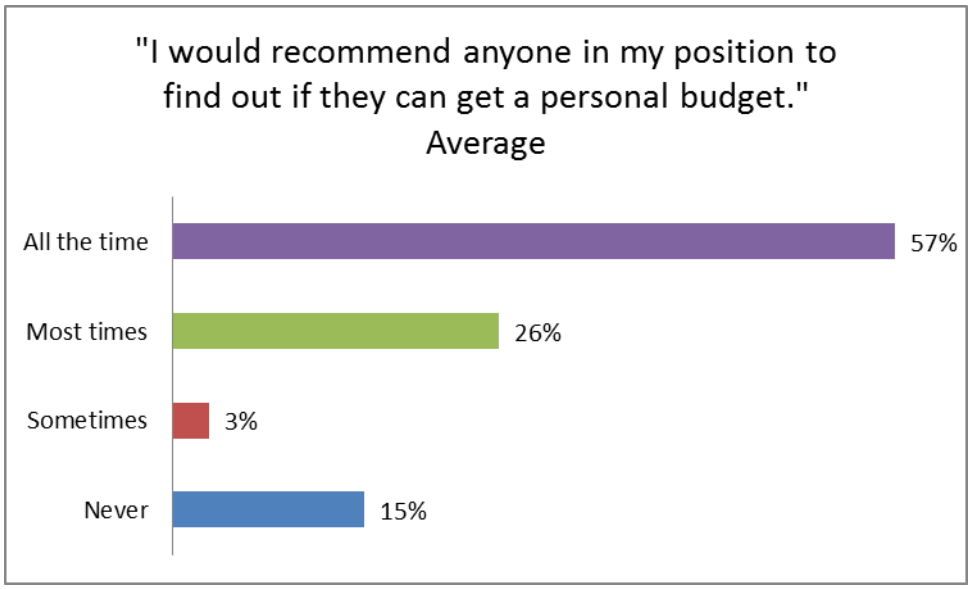
Experience of Personal Budgets



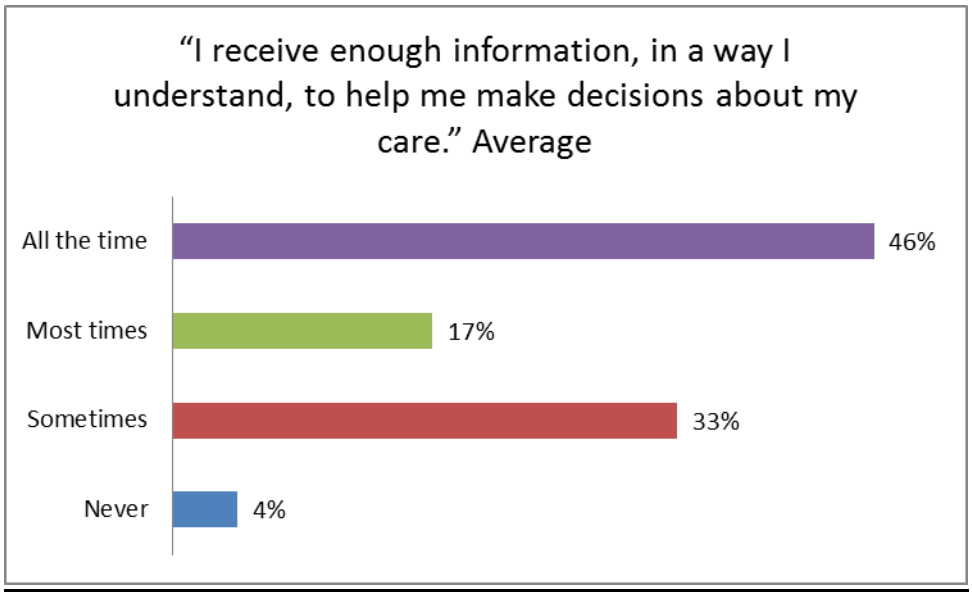


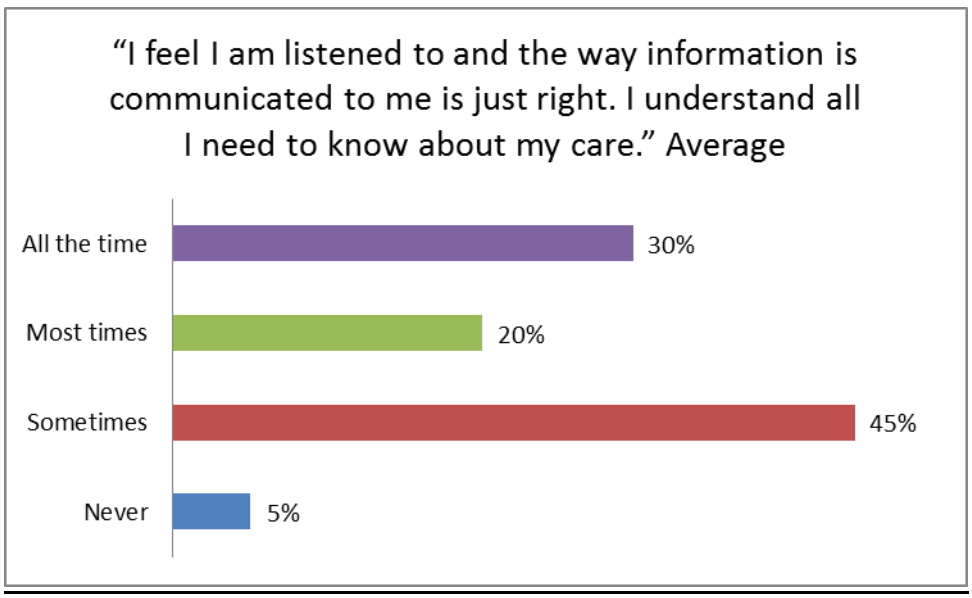

"I have enough security about my personal budget to plan ahead for meeting my long-term goals." Average
All the time
25%
Most times
26%
Sometimes
34%
Never
15%

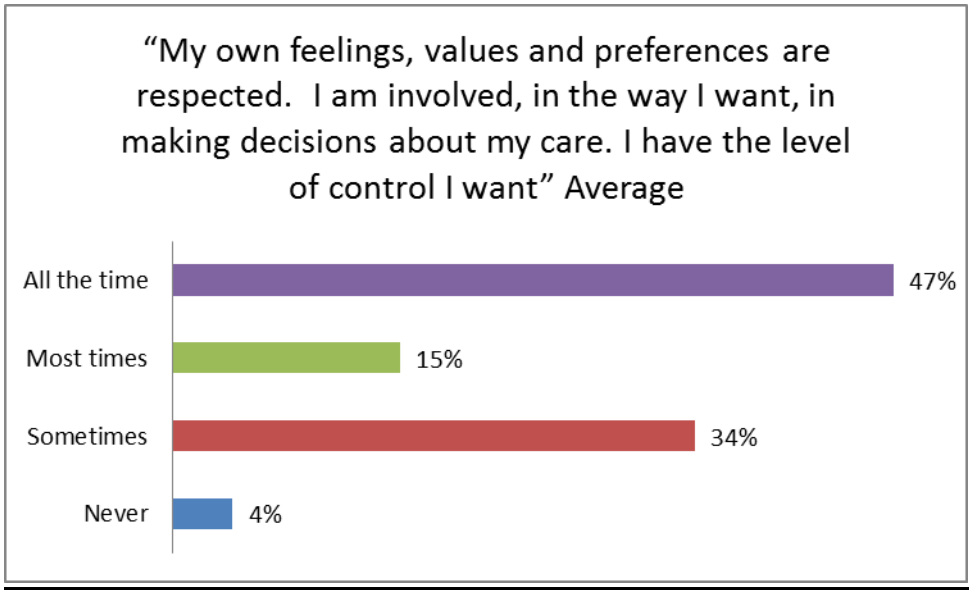

"My personal budget provides me with as much choice and control as I want over the type of support I get, who provides it and when." Average
All the time
25%
Most times
33%
Sometimes
27%
Never
15%

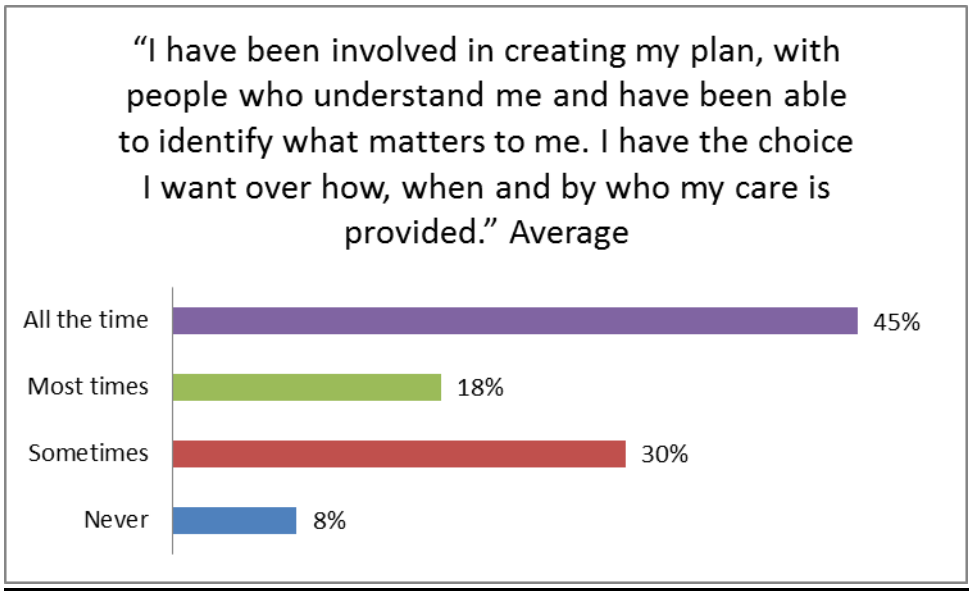

"I would recommend anyone in my position to find out if they can get a personal budget." Average
All the time
57%
Most times
26%
Sometimes
3%
Never
15%

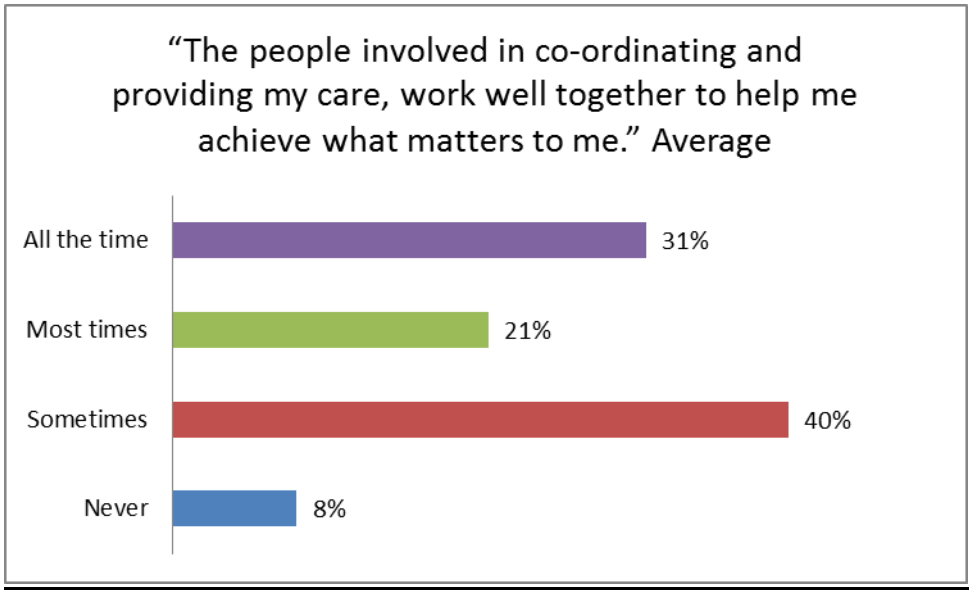
Experience of care services



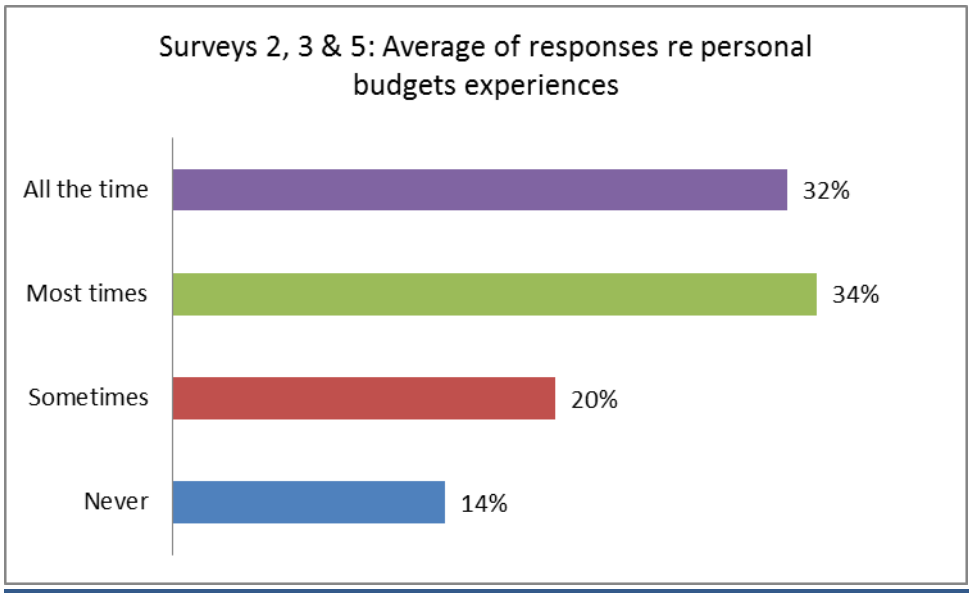


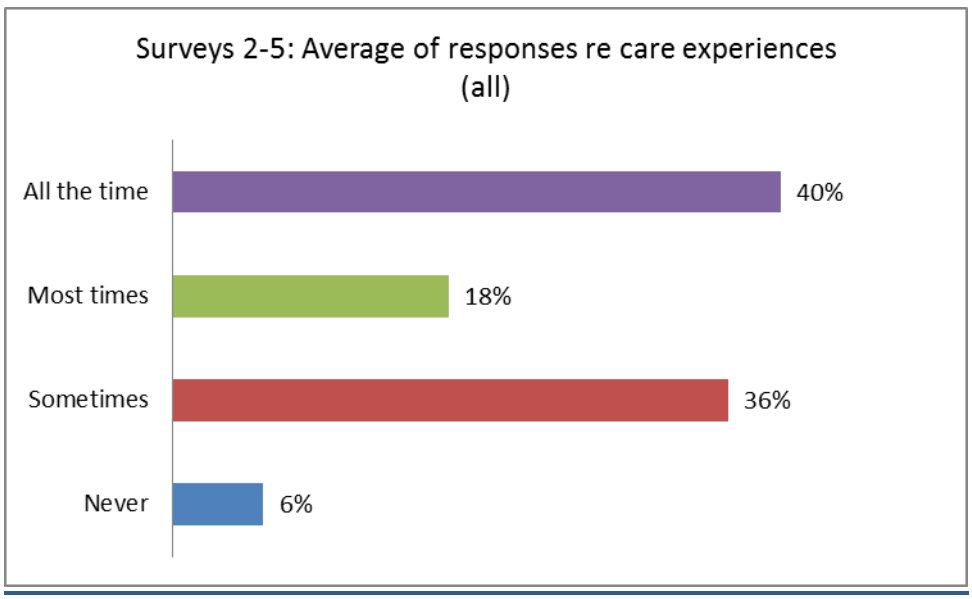

"My own feelings, values and preferences are respected. I am involved, in the way I want, in making decisions about my care. I have the level of control I want" Average
All the time
47%
Most times
15%
Sometimes
34%
Never
4%


"I have been involved in creating my plan, with people who understand me and have been able to identify what matters to me. I have the choice I want over how, when and by who my care is provided." Average
All the time
45%
Most times
18%
Sometimes
30%
Never
8%

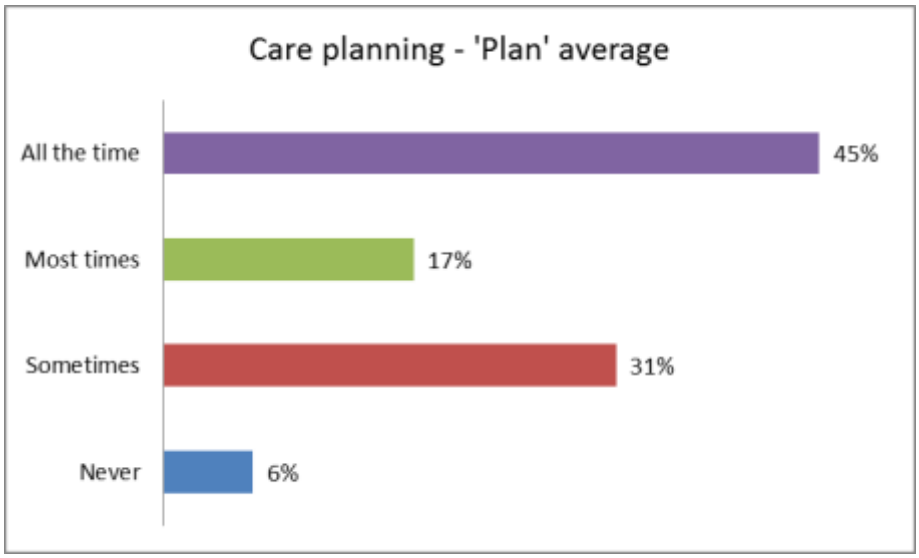

"The people involved in co-ordinating and providing my care, work well together to help me achieve what matters to me." Average
All the time
31%
Most times
21%
Sometimes
40%
Never
8%

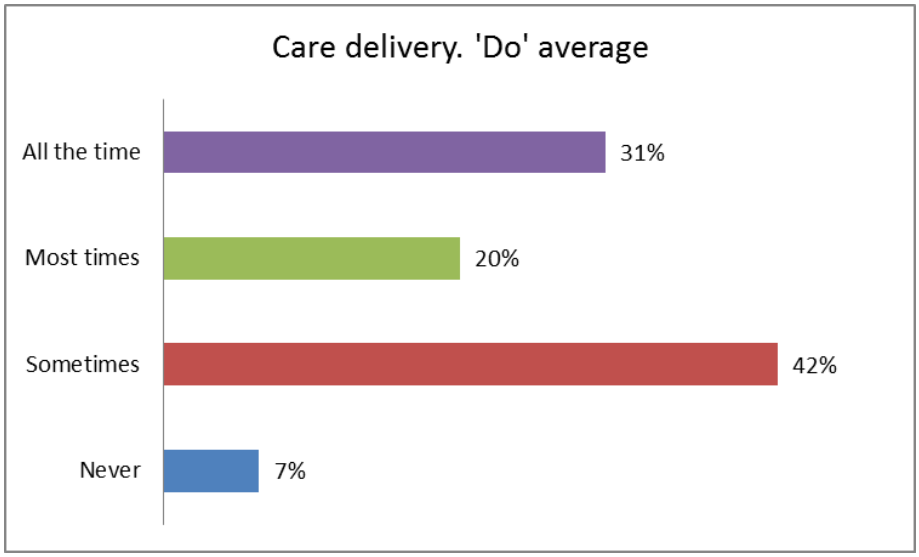
Average across all surveys:

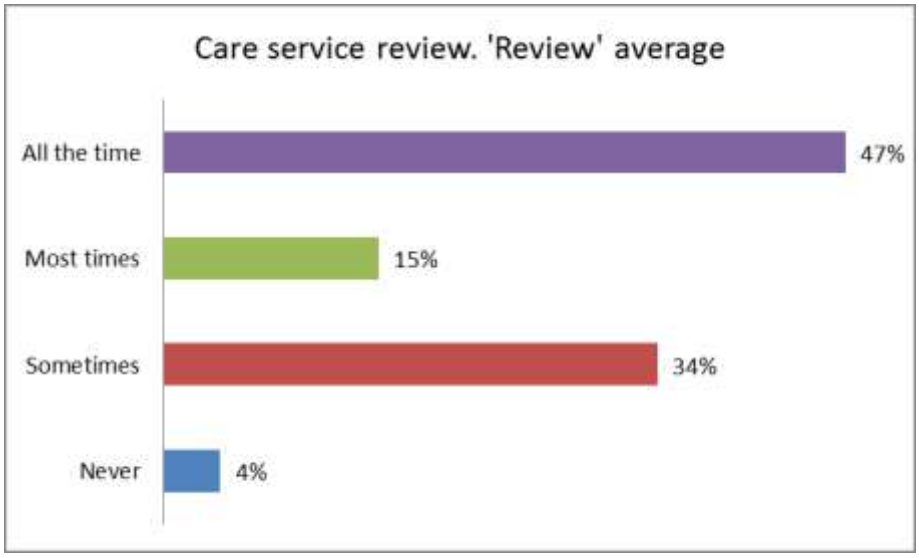




Comparison of care planning / delivery and review processes (as applicable to the 'Plan, Do, Review' cycle):







APPENDIX FOUR: Glossary – an explanation of key terms.

Healthwatch Portsmouth

Healthwatch are an independent champion for health and social care in England. They are separate to the council and the NHS and they make sure that the views and experiences of people in the city are heard by those who run, plan and watch over health and social care services in the city.

For more details, please contact Healthwatch Portsmouth at (023) 9397 7079 or at info@healthwatchportsmouth.co.uk

Portsmouth Clinical Commissioning Group (CCG)

Portsmouth Clinical Commissioning Group is responsible for commissioning (or buying) a wide range of NHS services for people who live and work in the city of Portsmouth.

Portsmouth CCG covers the whole city area, including Southsea, and their boundaries are the same as Portsmouth City Council. GP practices (or Doctor's surgeries) are part of their services and they have 20 across the city.

For more details, please contact the Portsmouth CCG on (023) 9289 9500 or at pccg.enquiries@nhs.net

Person-Centred Care

Person-centred care is a way of thinking and doing things depending on the individual person and what they need. The person and their families are at the heart of the decision making. They work with professionals to get the best outcome for the planning, developing and monitoring of their care.

More information is available from the Care Quality Commission (CQC) who regulates care services across the country.
Please call 03000 616161 or visit www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-9-person-centred-care

Personalised Care Plans

Personalised care plans (also known as 'care and support plans') are plans that outline what someone's health and care needs are and what support they might need, to enable them to do the things they want to do.

A conversation is held with the person with whom the plan is written and they are involved in making decisions about their care and support. It is about understanding what is important to them and working out how they can achieve their goals.

For more information, please contact your care provider or visit the NHS England website - www.england.nhs.uk/ourwork/patient-participation/patient-centred/planning/

Personal Budgets

A personal budget or a personal health budget is an agreed amount of money to pay for services to support a person's identified health and wellbeing needs.

The person, along with their NHS team and local authority will agree what the money is spent on and what will help them achieve their goals.

People can choose to manage their own personal budget through taking a 'direct payment' where the money is paid to them or their representative and they can directly purchase the care and support they need as agreed in their budget.

Alternatively, the personal budget can be managed directly by a Care Manager (often known as notional budget) or by a specialist, independent organisation (a third party which has been appointed by Portsmouth City Council to work in the best interests of the individual).

For more information about personal health budgets in Portsmouth, please contact the Portsmouth CCG on (023) 9289 9500 or visit www.portsmouthccg.nhs.uk/personal-health-budgets.htm

APPENDIX FIVE: Healthwatch Portsmouth contact details.

For more information about Healthwatch Portsmouth, please contact the team at:

- Email - info@healthwatchportsmouth.co.uk
- Tel - 02393 977097
- Web - www.healthwatchportsmouth.co.uk
- Twitter – @HealthWatchPO
- Facebook – www.facebook.com/HealthWatchPortsmouth
- Post - c/o Learning Links, Unit 3, St Georges' Business Centre, St Georges' Square, Portsmouth PO1 3EY.