



Making it Real

DRAFT FOR CONSULTATION



Making It Real

1. Introduction

Personalisation is rooted in the belief that people want to have a life not a service. *Making it Real*¹ is a set of principles and a framework that shows what good citizen-focused personalised care and support looks like from the point of view of people themselves and the organisations that support them. First published over five years ago, it has now been updated to take account of the Care Act 2014, with its emphasis on wellbeing, and growing importance of personalisation within health.

Making it Real has been co-produced with people who have experience of accessing health and social care services and by Think Local Act Personal (TLAP) and the Coalition for Collaborative Care (C4CC) working together. People with lived experience have been involved throughout, together with a large number of organisations. A working group has overseen the work whose members are shown at the end of the document.

The framework is based on the following principles and values of personalisation and community-based support.

- People are citizens first and foremost.
- The importance to people's health and wellbeing of a sense of belonging, positive relationships and contributing to community life.
- Conversations with people are based on what matters most to them. Support is built up around people's strengths, their own networks of support, and resources (assets) that can be mobilised from the local community.
- People are at the centre. Support is available to enable people have as much choice and control over their care and support as they wish.
- Co-production is central. People are involved as equal partners in designing their own care and support.
- People should be treated equally and fairly and the diversity of individuals and their communities should be recognised and viewed as a strength.
- Feedback from people on their experience and outcomes is routinely sought and used to bring about improvement.

¹ Making it Real: Marking progress towards personalised, community-based support, TLAP, 2012

2. Who could benefit from this framework?

There are a number of audiences for the framework. They are:

- citizens with care, health treatment and social support needs
- commissioners and providers across health, social care and housing
- local organisations, the voluntary, community and social enterprise sector and co-production groups
- staff working in care and support at all levels (including professionally qualified) and people who work or volunteer in local community based organisations
- local strategic partnerships such as Health and Wellbeing Boards, Sustainability and Transformation Partnerships and the new Integrated Care Systems (ICS's)
- local services such as leisure and culture and businesses
- national and regional organisations that do not directly provide services but have a role to play in regulation, improvement, training, qualifications and standards.

2.1 What the framework looks like

The framework is organised into six themes to reflect the most important elements of personalised care and support. Each theme has a number of 'I' Statements which describes what good looks like from an individual perspective. These are followed by 'we' statements which express what organisations should be doing to make sure that people's actual experience of care and support lives up to the 'I' Statements.

2.2 How Making it Real fits with the wider picture

The framework links with a number of other areas that have a shared aim of developing personalised care and support. They include:

- NHS England's 'universal model' of personalised care which aims to ensure that every person with a long-term condition has access to a care and support planning process in primary care. Also the 5% of people with the most complex needs have access to integrated care and support planning through a multi-disciplinary team, including access to a joint health and social care budget where appropriate.
- Developments to improve quality: the NHS Shared Commitment to Quality² and Quality Matters for social care³. Making it Real is also consistent with the Care Quality Commission's objective that health and care is person-centred, safe,

² Shared Commitment to Quality, NHS England, 2016

<https://www.england.nhs.uk/wp-content/uploads/2016/12/ngb-shared-commitment-frmwrk.pdf>

³ Adult Social Care, Quality Matters, Care Quality Commission, 2017

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/643716/Adult_Social_Care_-_Quality_Matters.pdf

effective, caring, responsive, and that services are well led and resources are used sustainably.

- National Institute for Health and Care Excellence quality standards and guidance.
- Improving commissioning through the Integrated Commissioning for Better Outcomes framework developed by the Local Government Association⁴.
- Person-centred framework developed by Health Education England in partnership with Skills for Health and Skills for Care.⁵
- The Coalition for Collaborative Care's 'Three Cs' – their mission to change the health system, to ensure that Co-production, Community Development and Better Conversations through care and support planning become part of business as usual in the way that people with long-term conditions are supported.
- TLAP's wider work to promote and support the development of personalised and community-based approach to care and support.

2.3 A note on scope and terms used

Scope:

The principles set out in this framework are relevant to everyone with care, treatment and support needs, including those of all ages with long-term conditions. It also applies to children and young people moving into adulthood (in service terms often referred to as transitions, to cover the process of moving from children's to adult social care).

Not all of the 'I' and 'We' statements will be equally relevant to all people and organisations and there will be some variation in how they are applied within the overall approach that is laid out. For example, Best Interest requirements should ensure that the principles set out in this framework apply where practicable and possible to people where reduced capacity has been established, or where there are legal restrictions, or limited choices. Further details on how to make best use of Making it Real are in the *What Next* section at the end.

A broad definition of care and support has been adopted to cover social care, health and housing. It doesn't cover school education. The framework is intended to be applicable in a wide range of settings, including (but not limited to):

- Home and community based support (including NHS primary care)
- Housing (including sheltered housing)
- Residential care (including nursing homes)
- Hospitals

⁴ Integrated Commissioning for Better Outcomes: A commissioning framework, Local Government Association (forthcoming)

⁵ Person-Centred Care Framework, Health Education England, 2017

- Hospices
- Other public services such as arts, culture, leisure and adult education.

Terms:

For the purposes of the framework the term 'people' is a collective term that covers individuals accessing a range of care, treatment and support along with their families and carers. It is deliberate that there are no named specific conditions or labelled groups as the 'I' statements are universal statements of principle that should apply to all people. Throughout the document the terms personalisation and person-centred care are used interchangeably. Both are approaches which put the person at the centre.

Underpinning the whole approach set out in the document is co-production. By this we mean that people are involved as **equal partners in designing their support and achieving outcomes agreed through a personal plan**. Co-production also recognises that people (and their families) have knowledge and experience that should be used to support improved planning and **decision-making at the strategic level**.

3. I and We statements

3.1 Wellbeing and independence

Living the life I want, keeping safe and well

I statements

- I can live the life I want and do the things that are important to me as independently as possible.
- I am treated with respect and dignity.
- I feel safe and am supported to understand and manage any risks.
- I am supported to manage my health in a way that makes sense to me.
- I have people in my life who care about me – family, friends and people in my community.
- I am valued for the contribution that I make to my community.
- I have a place I can call home, not just a 'bed' or somewhere that provides me with care.
- I live in a home which is accessible and designed so that I can be as independent as possible.

We statements

- We have conversations with people to discover what they want from life and the care, support and housing that will enable this, without restricting solutions to formal services and conventional treatments.
- We work with people to make sure that their personal plans promote wellbeing and enable them to be as independent as possible.
- We work with people to manage risks by thinking creatively about options for safe solutions that enable people to do things that matter to them.
- We know it can be helpful for people to share experiences so we encourage specialised support, peer support, self-help and self-advocacy groups.
- We welcome ideas about using personal budgets flexibly and creatively.
- We look for ways to involve people in their communities where they feel included and valued for their contribution.
- We make sure people feel safe and comfortable in their own home, which is accessible, with appropriate aids, adaptations and medical equipment.
- We know that where people live, who they live with, and the support they get are important to their wellbeing and often inter-linked. We have conversations with people to make sure we get all aspects right for them as individuals.

3.2 Information and advice

Having the information I need, when I need it

I statements

- I can get information and advice that helps me think about and plan my life.
- I can get information and advice about my health and how I can be as well as possible - physically, mentally and emotionally.
- I can get information and advice that is accurate, up-to-date and provided in a way that I can understand.
- I know about the activities, social groups, leisure and learning opportunities in my community, as well as health and care services.
- I know what my rights are and can get information and advice on all the options for my health, care and housing.
- I know how to access my health and care records and decide which personal information can be shared with other people, including my family, care staff, school or college.

We statements

- We provide free information and advice to everyone, including people who arrange or fund their own support and care.
- We provide accurate and up-to-date information in formats that we tailor to individual needs, face-to-face if necessary.
- We talk to people to find out how much detail they want in their information and follow up to find out if they want more information in future.
- We provide information and advice about health, social care and housing which is tailored to a person's situation without limiting their options and choices.
- We provide information and advice that reflects any relevant law and/or clinical guidance.
- We provide information to make sure people know how to navigate the local health, care and housing system, including how to get more information or advice if needed.
- We make sure people know their legal rights and responsibilities.
- We tell people about person-centred approaches to planning and managing their support and make sure that they have the information, advice and support to think through what will work best for them.

- We provide information about what's happening in our local community and how people can get involved.
- We always include a contact name, telephone number and email address when giving advice or information electronically.
- We make sure we share information about what we do and how people can access our service with other relevant organisations so we can all work more effectively.
- We tell people about their rights to see their health and social care records and to ask for any mistakes to be put right.
- We get permission before sharing personal information.

3.3 Active and supportive communities

Keeping family, friends and connections

I statements

- I have people who support me, such as family, friends and people in my community.
- I can meet people who share my interests and have the opportunity to join and participate in a range of groups.
- I feel welcome and safe in my local community and can join in community life and activities that are important to me.
- I have opportunities to learn, volunteer and work and can do things that match my interests, skills and abilities.
- I can keep in touch and meet up with people who are important to me, including family, friends and people who share my interests, identity and culture.
- I have a co-produced personal plan that sets out how I can be as active and involved in my community as possible.

We statements

- We make sure that people can keep in touch and meet up with their family, friends and people in the community who are important to them.
- We make sure that people have opportunities to make new friends and build relationships with other people who share their interests, identity and culture.
- We work in partnership with others to make our local area welcoming, supportive and inclusive for everyone.
- We work in partnership with others to create opportunities for people to work, both paid and voluntary, and to learn.
- We have a clear picture of all the community groups and resources in our area and use this when supporting people and planning services.
- We invest in community groups, supporting them with resources – not necessarily through funding but with things like a place to meet or sharing learning, knowledge or skills.
- We make sure that personal plans are co-produced and set out how people can be as active and involved in their community as possible, doing things that are important to them.

3.4 Flexible and integrated care and support

My support, my own way

I statements

- I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and personal goals.
- I am in control of planning my care and support. If I need help with this, people who know and care about me are involved
- I know how much money is available to meet my care and support needs. I can decide how it's used – whether it's my own money, a health or social care personal budget, or a budget managed on my behalf.
- I have care and support that is coordinated and everyone works well together and with me.
- I can choose who supports me and how, when and where my care and support is provided.
- I can get skilled advice and support to understand how my care and support budgets work and enable me to make the best use of the money available.
- I can get skilled advice and support to recruit and manage my personal assistants, whether I employ them or an organisation does.

We statements

- We work in partnership with others to make sure that all our services work seamlessly together from the perspective of the person accessing services.
- We work with others to agree a single, integrated personal plan and provide a named coordinator for people accessing more than one service.
- We talk with people to find out what matters most to them, their strengths and what they want to achieve and build these into their personal plans.
- We work with people as equal partners and combine our respective knowledge and experience to support joint decision-making.
- We tell people about their rights to advocacy and representation and make sure these services are available.
- We want people to be as involved as possible in writing their personal plans and provide help from people trained in person-centred planning.
- We make sure that people can rely on and build relationships with the people who work with them and get consistent support at times that make sense for them.
- We work flexibly to meet people's fluctuating requirements for care and support, enabling the flexible use of personal budgets over time and with minimal

restrictions.

- We review people's personal plans with them regularly, focusing on whether they are doing the things they identified as important to them.
- We make sure that our organisational policies and procedures reflect the duties and spirit of the law and do not inadvertently restrict people's choice and control.

3.5 When things need to change

Staying in control

I statements

- I am supported to plan ahead for important changes in life that I can anticipate.
- When I move between services, settings or areas, there is a plan for what happens next, who will do what, and all the practical arrangements are in place before change happens.
- If I move from my home to another place, the people who are important to me are respected, listened to, supported and involved in decisions.
- If my medication has to change, I know why and am involved in the decision.
- I can plan ahead and stay in control in emergencies. I know who to contact and how to contact them and people follow my advance wishes and decisions as much as possible.
- I know what to do and who I can contact when I realise that things might be at risk of going wrong or my health condition may be worsening.

We statements

- We support people to plan for important life changes, so they can have enough time to make informed decisions about their future.
- We make sure that staff working in short-term settings or situations understand people's care support and housing, requirements and work in a person-centred way.
- We talk to people during and after significant changes to find out if their requirements for care, support and housing have changed and to review their aspirations.
- We talk through changes in treatment or medication with people so they understand the changes and possible implications or side effects, seeing people holistically in the context of their life.
- We work with people to write a plan for emergencies and make sure that everyone involved in supporting the person knows what to do and who to contact in a health or social care emergency. We make sure that any people or animals that depend on the person are looked after and supported properly.
- We make sure that people, and those closest to them, know what to do and who to contact if their health condition, support arrangements or housing conditions are deteriorating and a crisis could develop. We respond quickly to anyone raising concerns.

3.6 Workforce

The people who support me

I statements

- I am supported by people who see me as a unique person with strengths, abilities and aspirations.
- I am supported by people who listen carefully so they know what matters to me and how to support me to live the life I want.
- I am supported to make decisions by people who see things from my point of view, with concern for what matters to me, my wellbeing and health.
- I have considerate support delivered by competent people.

We statements

- We don't make assumptions about what people can or cannot do and don't limit or restrict people's options.
- We see people as individuals with unique strengths, abilities, aspirations and requirements and value people's unique backgrounds and cultures.
- We know how to have conversations with people that explore what matters most to them - how they can achieve their goals, where and how they live, how they can manage their health, and be part of the local community.
- We have a 'can do' approach which focuses on what matters to people and we think and act creatively to make things happen for them.
- We keep up to date with local activities, events, groups and learning opportunities and share this knowledge so that people have the chance to be part of the local community.

4. What next?

4.1 How to use it

The purpose of *Making it Real* is to support change and improvement by setting out what good personalised and community-centred support looks like across different sectors and in different settings. Our ambition is that it acts as an encouragement, a guide and a resource to help embed personalised community-based support so that it becomes the mainstream: the way we do things around here.

It is not a step by step toolkit or a rigid performance management framework. Organisations need to decide for themselves how to make best use of it. By using *Making it Real* organisations can look at their current practice, identify areas for change and develop plans for action. It can also be used by people to check how well their aspirations are being met and supports co-production between people, commissioners and providers. There is not a fixed destination or end point and there will always be more to do.

4.2 Making a commitment

We want as many organisations and individuals as possible to use Making it Real. Organisations will be able to publically declare their commitment to Making it Real online. The aim is that it enables the **sharing of experience and learning and promotes accountability and ownership**, so that if people commit they stick with it and see things through. These are the two most important things that people told us from the consultation and engagement. The approach is based on the following key elements:

1. Develop and publicise your priority(s) for improving how you provide good personalised care and support, which have been developed through co-production with people.
2. Share your experience, making sure that what you say has been verified through co-production with people.
3. Review progress and be open to feedback.

TLAP's National Co-Production Group is developing a local offer of support so that organisations can ask for assistance to take up and get the best out of Making it Real. To help make it a 'living document', we will also develop additional resources in a range of formats, including stories from people and organisations on how it has been used to bring about positive change. In the spirit of this document we hope you will find your own way of using it and share your experience with us.

Organisations represented on the Making it Real working group

- Alzheimers Society
- Association of Directors of Adult Social Services
- Coalition for Collaborative Care including C4CC co-production group
- Care Quality Commission
- Carers UK
- In Control
- National Institute for Health and Care Excellence
- National Voices
- NHS England
- Skills for Care
- United Kingdom Home Care Association
- TLAP National Co-Production Advisory Group
- West Sussex County Council
- Volunteering Matters

A larger number of organisations have also been involved through two summit meetings held in February and October 2017.