

AGENDA ITEM: 12

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Meeting	Audit Committee
Date	7 December 2010
Subject	Personal Budgets - External Audit report
Report of	Assistant Director of Finance - Audit and Risk Management
Summary	Members are asked to note the action plan resulting from the review of personal budgets carried out by the external auditors

Officer Contributors	Assistant Director of Finance - Audit and Risk Management
Status (public or exempt)	Public
Wards affected	None
Enclosures	Appendix A - Personal Budgets report
For decision by	Audit Committee
Function of	Council
Reason for urgency / exemption from call-in (if appropriate)	Not applicable

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1. RECOMMENDATIONS

- 1.1 That the Committee note the contents of the Personal Budgets Report and the actions being taken to address the deficiencies.**

2. RELEVANT PREVIOUS DECISIONS

- 2.1 Audit Committee 21 June 2010 (Decision Item 11) it was noted that the external auditors were undertaking a piece of work to inform their 2009/10 value for money audit opinion.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 This review was planned and aligned to the Council's objective of 'sharing opportunities and sharing responsibilities' and in particular the One Barnet workstream of 'new relationship with citizens'.

4. RISK MANAGEMENT ISSUES

- 4.1 External audit work is carried out to give high level assurance of the corporate risks of the Council. The work is planned and undertaken in consideration of local and national risks facing the Council, and also in conjunction with reviewing the Council's own risk management arrangements. Where deficiencies are found within the current control environment external audit will make recommendations which managers will need to ensure feed into ongoing action plans.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 Personal budgets are intended to improve the choice and enhance the quality of life of a number of specific groups, (Older people (65+); adults with physical and sensory disabilities; adults with learning disabilities; and adults with mental health needs. The VFM study makes recommendations which if implemented should enhance the delivery of this programme and therefore make a contribution towards better outcomes for all these groups.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

- 6.1 As the External Audit plan is risk based this provides more appropriate assurance on those high priority areas within the Council. When risk, and assurances that those risks are being well managed, is analysed alongside finance and performance information it can provide management with the ability to measure value for money.

7. LEGAL ISSUES

- 7.1 No legal issues in the context of this report.

8. CONSTITUTIONAL POWERS

- 8.1 The Constitution Part 3, section 2 details the functions of the including to comment on the 'scope and depth of External Audit work and to ensure that it gives value for money'.

9 BACKGROUND INFORMATION

- 9.1 The report is attached to this report at Appendix A. The highlight messages that the Audit Committee should consider are as follows:

9.2 Financial planning

Overall there are adequate financial planning arrangements in place to support personal budgets, with significant investment in the tools being used to create indicative personal budgets.

9.3 Commissioning and procurement

Overall the directorate is performing well in developing a strong capacity to shape the social care market within the Borough.

9.4 Risk management and internal control

Although the Council's overall approach to risk management is adequate, improvements are required to ensure corporate risk management is fully embedded across the Council.

9.5 Workforce

Overall there are good initiatives and training in place to promote a focus on outcomes. However there is an overall lack of strategic direction for these training programmes without a workforce development strategy.

10. LIST OF BACKGROUND PAPERS

- 10.1 Any person wishing to view any of the background papers should telephone 020 8359 3167.

Legal:

Finance:



London Borough of Barnet

External Audit - value for money study 2009/10

Personalisation of budgets

16 November 2010

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Appendices

- A** Interviews with key staff
- B** Documentation reviewed
- C** Action plan

1 Executive Summary

1.1 Context

A personal budget is an allocation of money for an individual to spend on a support plan. The individual develops the support plan, with social care professionals, to meet a jointly agreed set of needs. Personal budgets give users transparent and agreed allocation of funding and the power to choose how to spend that money in the way they think most suitable to meet their needs.

In 2007 the government, through the concordat Putting People First, made personal budgets one of the cornerstones of personalising social care. The Department of Health (DoH) expects that by April 2010 all Councils would have introduced personal budgets and that by April 2011 30% of all eligible social care users or carers should have a personal budget.

The LB Barnet vision for adult social services 'Choice and Independence' had been agreed by Cabinet in January 2007 and the directorate started a major change programme which involved supporting people to exercise choice and control over the way they wanted their needs to be met. More recently the personalisation agenda has featured strongly within the One Barnet workstream of 'new relationship with citizens'. This workstream will involve giving residents more involvement in public sector service delivery and delivering a more personalised response.

1.2 Scope of work

The purpose of our review is to assess the action taken by the Council, in particular Adult Social Services (ASS), to deliver personalisation in adult social care.

We have reviewed the Council's progress in carrying out its change agenda. As the agenda is far reaching and complex our review has focused on personal budgets and support plans.

In undertaking this review, we were seeking to:

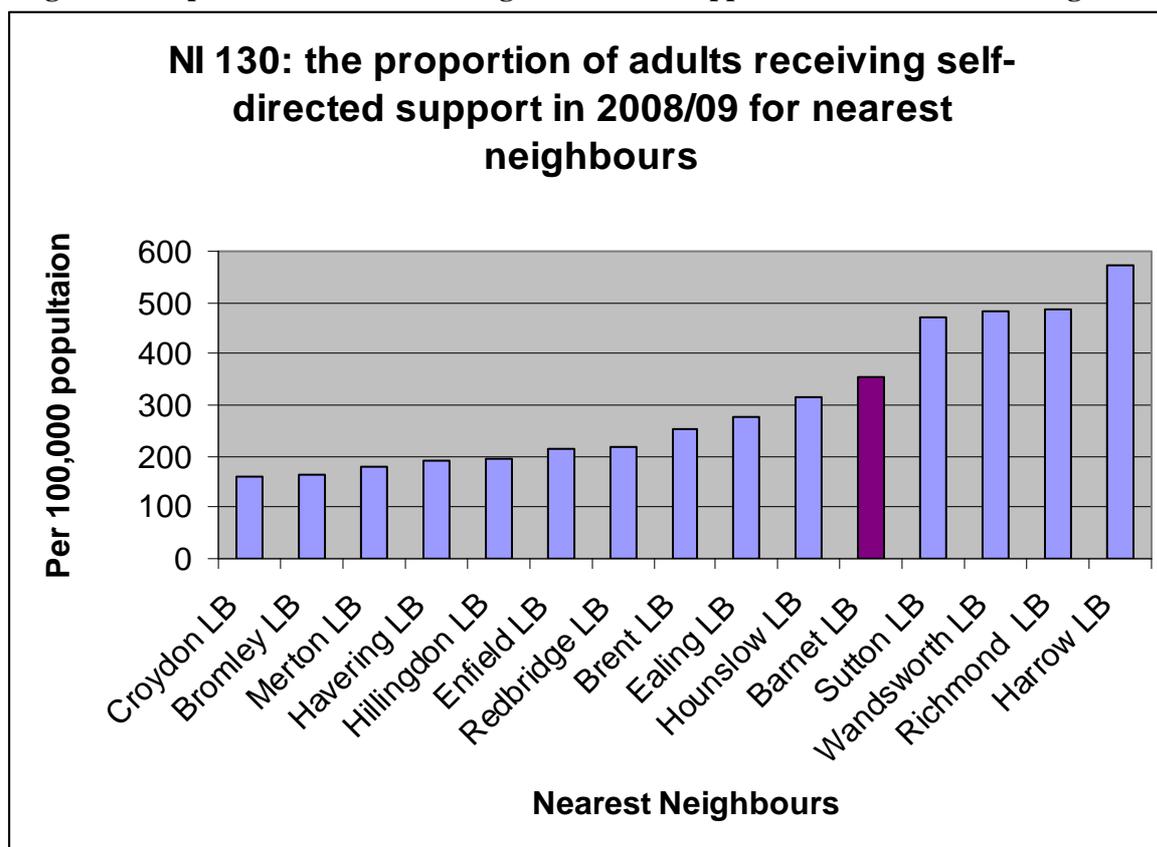
- assess the adequacy of the financial planning arrangements to support personal budgets;
- ensure that Commissioning and Procurement practices within ASS are aligned with personalisation;
- ensure there are the right risk management arrangements and an internal control environment to support personal budgets and safeguard vulnerable people; and
- ensure the workforce is provided with the resources to deliver change.

This has been a high level review performed through interviews and analysis of documentation supporting the key areas. There has been no compliance testing carried out on those systems used to support personal budgets.

1.3 Key messages

The Council's direction of travel for the take up of personal budgets is positive. However as at 31 March 2010 the percentage of people with a personal budget was 15.23%. The following diagram shows the 2008/09 position of the number of service users receiving self directed support and indicates that the Council was comparable to its nearest neighbours for the take up of personal budgets. The 2009/10 outturn figures for the indicator suggests that 1,029 service users now receive self directed support which is a shortfall compared with the target of 1,208. Due to a lack of published data the Council took part in the PwC benchmarking for this indicator, which included 38 local authorities and showed it is in the top quartile. This suggests that nationally there is still some progress required to achieve the 30% target by April 2011.

Diagram 1: Proportion of adults receiving self directed support in 2008/09, nearest neighbours set



Financial planning

Overall there are adequate financial planning arrangements in place to support personal budgets, with significant investment in the tools being used to create indicative personal budgets. However, there are still opportunities to streamline the process for the service user. Consideration should also be given to personalising budget management and IT systems to allow for the identification of efficiencies and better long term planning.

Once early intervention and support costs are identified on an individual basis this information can be fed into further developing the Resource Allocation System (RAS) and reducing the 25% contingency as a cost control measure.

Solutions are being explored by the directorate with respect to the best platform for the RAS as currently spreadsheets are used which are not considered robust.

The directorate should consider how its financial models and documentation for personalisation fully align with One Barnet and achievement of value for money through a focus on outcomes. A focus on outcomes by social care workers should help ensure that financial risks are mitigated.

Commissioning and procurement

Overall the directorate is performing well in developing a strong capacity to shape the social care market within the Borough. It has run successful market shaping initiatives that have promoted innovation and personalisation. The partnership approach is clear within the overall vision for Adults Social Services however there are risks around the level of engagement from its NHS partners due to financial and operational uncertainty.

There has been some successful use of non financial measures to influence demand in the future, achieved by enablement work and the prevention framework. These should be considered long term initiatives in determining the efficiencies and savings achieved.

The directorate will need to consider performance management systems that best balance flexibility and adherence to deliverables to ensure innovation is not stifled. In addition, the directorate should provide support to providers in developing solutions to infrastructure problems as a result of individual purchasing.

There are success stories within the Directorate with its work to develop a User Led Organisation which has resulted in the Council receiving trailblazer status from the Right to Control. There are clear learning opportunities which can be cascaded to personal budget work. Other learning can be achieved through the testing of the directorate Personalisation Impact Assessment (PIA) tool which will assess providers on their achievement of outcomes.

The directorate will need to consider the risks of loss of knowledge, choice reduction and quality performances within its Contract Model. The mitigating actions for these risks should be clearly documented within its risk register.

Risk management and internal control

Although the Council's overall approach to risk management is adequate, improvements are required to ensure corporate risk management is fully embedded across the Council. Risk management arrangements that are suitable and proportionate, while not stifling innovation, are needed. The current risk registers are not suitable to allow senior management to make decisions about which risks to tolerate and which to treat, and the risk management strategy is in need of revision.

There are opportunities to engage better with internal audit and the directorate should look to foster a culture of effective risk management which proactively engages with internal audit to provide assurance that overall strategic aims will be met and key risks effectively managed.

The current form and content of the risk register should be adapted to the requirements of ISO 31000 'Risk Management - Principles and Guidelines' which we consider would be appropriate given the commercial nature of the One Barnet programme.

Reporting to the Audit Committee could be improved through the use of a risk management dashboard, to be developed alongside the current performance management and financial management reports.

Workforce

Overall there are good initiatives and training in place to promote a focus on outcomes. However there is an overall lack of strategic direction for these training programmes without a workforce development strategy. This is important given the likelihood of demand outstripping supply of social workers in the future.

In addition the directorate should ensure that it embraces the Council's new performance management framework and ensures each staff member has an objective on personalisation.

1.4 Next steps

Given the current economic climate and the financial challenges ahead, an innovative approach to service delivery needs to be encouraged. Our key recommendations are designed to be used in consideration of developing personalisation and aligning that commitment to the overall Corporate Plan. We expect the recommendations to form part of the financial, performance and risk management arrangements within the directorate and managed accordingly.

1.5 Use of this report

This report has been prepared solely for use by the Council and should not be used for any other purpose. No responsibility is assumed by us to any other person.

This report includes only those matters that have come to our attention as a result of performance of the review.

1.6 Acknowledgements

We would like to record our appreciation for the co-operation and assistance provided to us by the Council's management and officers during the course of our review, in particular for the help and support provided by the (Acting) Director of Adult Social Services and her management team.

Grant Thornton UK LLP
16 November 2010

2 Context and Background

2.1 Introduction

In 2007 the Government's concordat *Putting People First* set out plans to transform Adult Social Care, address inequalities in social care provision and give service users and carers more say in their care provision. All major bodies involved with government, health and social care support it.

Putting People First provides an innovative approach that seeks to reduce the complexity and bureaucracy associated with care provision across multiple agencies and partners. While it clearly identifies the direction agencies must take, it does not impose a national solution or process, but allows for local innovation and development.

Continuing to deliver support to those who need it while transforming established structures requires proactive management of a complex system. The Social Care Reform Grant provides ring-fenced money to help councils deliver this radical change.

This will entail working across the public sector to develop approaches that enable more people to get help from services and opportunities that are available to local people. It will need to minimize dependency and maximise choice and control when people do need to use social care. Key elements of this approach are:

- maximising access to universal services
- early intervention and prevention
- choice and control, and
- developing and nurturing social capital.

2.2 Local background

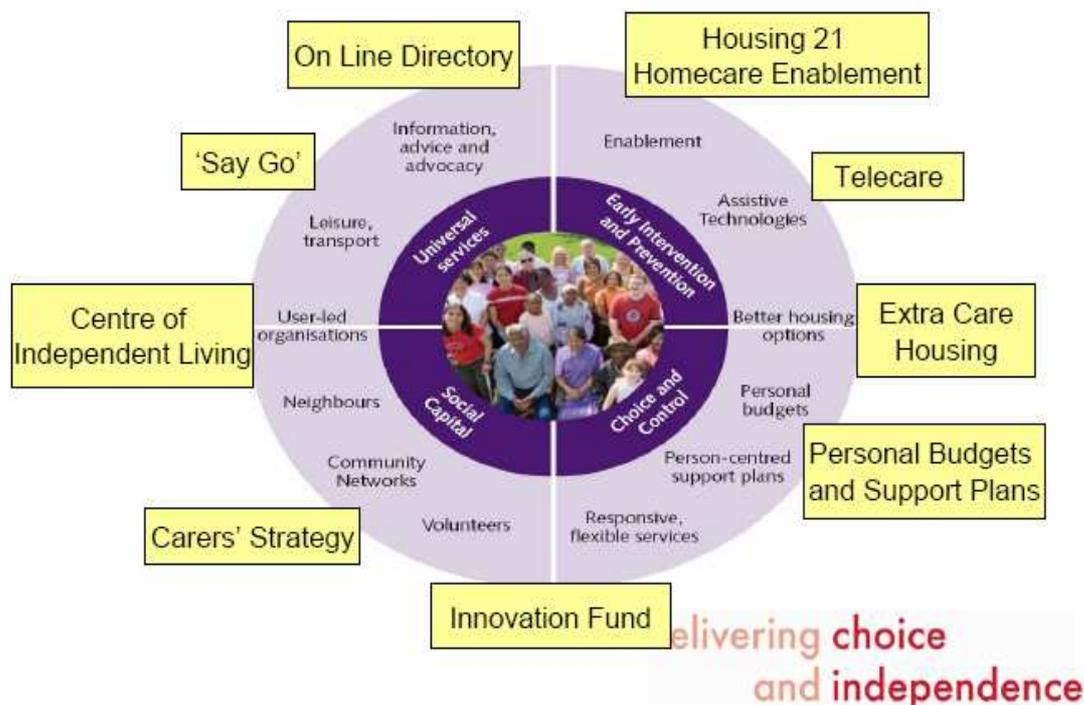


Diagram 2: The Council's Choice and Independence Model

In January 2007 London Borough of Barnet ("the Council") developed its Choice and Independence Vision which was supported by an action plan, this then led to its choice and independence programme. Five central elements of the Choice and Independence Programme were:

- creation of supply management team
- personal budgets and support planning
- creation of strategic commissioning team
- setting up the Care Model
- On Line Resources and Innovation Fund.

As at April 2009, 895 people received self directing support, this is expected to rise to 2,011 by April 2011. We understand that governance arrangements for personal budgets and support plans have been reviewed by Internal Audit during 2008/09 and we will rely on that work where possible.

2.3 National background

Councils have received the social care reform grant from the Department of Health (DH) for the past two years. The grant was £505,000 in 2008/09, £1,179,000 in 2009/10 and £1,452,000 in 2010/11. 2010/11 will be the final year of this grant and it is essential that the recurrent expenditure of the personal budgets agenda is adequately planned for. The DH expects that by April 2010 all Councils would have introduced personal budgets and that by 2011 30% of all social care users should have a personal budget.

Policy and practice are developing quickly and a rapid transformation of social care is taking place. This shift in social care provision requires a change in processes for assessment of social care packages, the new process will require the user to complete a questionnaire and agree assessment of needs with a social care worker.

Once needs are assessed they are assigned points based on the Resource Allocation System (RAS), which will determine the financial value of the overall social care package for the user. A RAS can either be a single costing system or one price per care group. Once this cost is ascribed to each point this potentially commits the Council to a life long social care budget. It is essential the Council has adequately considered the affordability of the model given the aging population and economic climate, both of which have a bearing on demand.

2.4 Link to use of resources

We are required to reach a conclusion on how the Council manages its use of resources to ensure value for money. This work forms part of our consideration in reaching that conclusion.

We have concluded this work as part of the 2009/10 responsibilities under the Code of Audit Practice work ("the Code"). The Code allows us to undertake separate pieces of audit work that feed into our overall VFM conclusion. Our assessment covers the three UoR themes:

- Managing finances;
- Governing the business; and
- Managing resources

The findings from this review are likely to cross over all of these themes.

3 Financial planning

3.1 Are financial systems in place which support the delivery of personal budgets?

To determine a service user's indicative personal budget they are asked to complete a personal budget questionnaire (PBQ) which are questions about their social care needs. Each answer to the questionnaire is assigned points based on an assessment of the relative cost of the input required to meet the unmet need identified by that answer. This is adjusted where two or more needs identified by the answers can be met simultaneously through the same input. Once a questionnaire is completed, its total number of points is used as a basis for calculating an individual's indicative personal budget.

There has been a sampling phase run from 2008 to adequately test the appropriateness of the question set and analyse the data required to use that assessment form to produce an indicative budget. The sampling process has included interviewing key workers on a service users account to create an 'ideal' unit cost as well as larger sampling exercises. The testing completed so far highlights there has been a significant investment in the development of the RAS, which will eventually arrive at a sophisticated model.

Currently the RAS has been developed by using spreadsheets which has also led to the calculation of the points allocated to needs. There has been a recognition that this process isn't sufficiently robust and the Council is investigating how this information can be captured within SWIFT. This is being tested to go live from November 2010.

Overall there have been no fundamental changes to the financial systems because of personal budgets, although the Council is looking at SWIFT and associated financial systems to ensure ease of access to all relevant data, for example the RAS, personal budget, actual spend, weekly amount, year to date spend.

Systems will need to:

- identify whether expenditure on personal budget holders is for early intervention or on-going support
- analyse spending on care and support and income from contributions at an individual level, and highlight any potential overspend against annual budget¹

The Council will require accurate budget management because of changes being defined by personalisation. To enable personalisation financial systems may require 'citizen portals' which will allow user's access to self-assessment data and management of their personal budget. Recent publications suggest that these changes to IT systems could capture information in the following layers:

¹ Putting People First - transforming Adult Social Care, Finance Systems and Putting People First, June 2010

- by internal service, i.e. by departmental budget group;
- by outcomes - service user outcomes as defined in the support planning process;
- gross and net costs of support, and
- by providers - the running total for spend against a particular service provider.²

It is clear the directorate has control of its current budget and understands prevention costs. However these improvements can support effective management of use of resources under the Putting People First Framework. Work is underway to shape the provision of services with a shift from in-house provision and the enablement has had success in management of long term conditions. It is therefore essential that systems are set up to capture this information and budget for the long term.

The One Barnet phase two programme, reported to the Cabinet in October 2009, highlighted that the assessment process across the public sector in Barnet under the old model is often long and emotionally involved. However many interviewees commented the RAS, in its current form, is still a lengthy process, with more time spent on deciding whether the output is correct. This also includes further processes attached to the final personal budget such as going through the panel. The Council recognises there is still work to be completed on the time taken to progress towards a personal budget which is one reason there has been some shortfall on numbers receiving self directed support.

Transferring the RAS to mental health service users has been challenging for the Council. The RAS question set is based on questions that are biased towards a physical disability. As a result personal budgets have only been piloted for Mental Health service users with further work taking place to agree RAS questions.

Elsewhere there have been innovative ways of developing a RAS which is outcome based. One local authority example was a RAS that was based on four key outcomes, linked to the CQC performance measures, namely health and well-being; choice and control; economic and education participation; and social and community participation. Each category provides an indicative amount that forms the basis of support planning. Supporters of these RAS approaches suggest that they promote more creativity and innovation towards meeting individual outcomes. Barnet has considered this type of approach but has decided to retain a strong link between fair access to care criteria and the RAS. The Council has introduced an outcome focused support plan.

An outcomes approach might be best piloted in Mental Health given that the RAS is not as well developed as the other care groups. This will support the Council's corporate plan which is focused on generating better outcomes for less money, and within 'sharing opportunities and sharing responsibilities' with improvement initiatives to 'develop tools to support our new relationship with citizens'. A similar message was raised in the CQC report May 2009 which mentioned that the assessment and care management formats in use did not support an outcomes focused approach.

The Guidance booklet for the new care model (March 2010) states that the Council will ask the service to think about how to use the personal budget and will ask what help the user currently has, whether this is working well for them and those helping them, and whether they need additional help. This doesn't address the transferring of responsibilities to the service user and the directorate may want to re-visit the wording in this booklet to ensure it best fits its 'sharing opportunities and sharing responsibilities' corporate priority.

² Putting People First - transforming Adult Social Care, Finance Systems and Putting People First, June 2010

The 2009-10 Business Plan makes reference to demonstrating value for money through a variety of measures and with changing ways of allocating resources to need through the RAS. This could be improved by having a stronger focus on outcomes the method of assessing value for money. To demonstrate value for money out of the RAS will involve improving data quality and using intelligence to inform resource allocation. This should be possible through monitoring the spending patterns of personal budgets which should, given the length of time they have been in place, start giving meaningful data for long term planning.

Key recommendations

1. The current RAS platform used to support the personal budget questionnaire is subject to instability due to the use of spreadsheets. The Council should investigate appropriate solutions which could include improving SWIFT to accommodate the questionnaire.
2. Budget management systems should be adjusted to reflect individual choices and outcomes. Adjustments to systems that evidence prevention and ongoing support on an individual basis can be used for long term planning purposes and justification for the RAS.
3. The current process of producing an indicative personal budget, agreeing a support plan, and approving the personal budget needs to be further streamlined to ensure the necessary take up for 2010-11. The current action plan does not consider this issue.
4. Departmental Business Plans should include a stronger focus on outcomes as a key method of assessing value for money.

3.2 Has the Council adequately tested the assumptions used within the Resource Allocation System (RAS) to ensure affordability in the longer term, ensuring that there are steps taken to mitigate against the risk of greater than expected demand?

A RAS can either be a single allocation system or vary according to care group. The Council's four care groups are:

- Older people - 65+
- 18-65 with physical and sensory disabilities
- 18-65 with learning disabilities
- Mental Health

There is a separate price point for learning disabilities care group as this care is particularly high cost. The calculation of the price point has been principally developed through a sample of users with extraction costs from historical care packages. In order to determine a value to assign to each point, a sample of cases that pre-dated the creation of the PBQ was surveyed. PBQs were completed for each of these cases and were assigned points in accordance with their answers. The total points scored were then divided into the total cost of these individuals packages to provide an 'initial price point'. To ensure the Council wasn't over-committed to an inflated price point the initial price points were top sliced by 25% to provide the 'price point' to calculate an indicative budget.

In recognition that indicative personal budgets are only a guide to assist with the care planning process, and that an individuals' agreed personal budget would be set in accordance with the actual costs of providing the services required to meet the agreed support plan, personal budgets may differ from indicative personal budgets calculated. There are processes in place once a package is over £200 per week to go through a panel process for confirmation of the PBQ and to confirm the financial commitment of the Council. A RAS panel make a final decision on the budget and the trend has been that the agreed budgets are often higher than the indicative budget. The review of historical care packages in the development of the RAS did not find any correlation between needs of the service user and the package of care in the past, this showed the amount of discretion used within social care packages and how difficult it may be to long term plan.

Whilst the system for developing a price is reasonable, once the finance system has been modified to reflect personal budgets early intervention and support it will be essential that costs in these codes are compared to the RAS pricing model to ensure it is reflective of real personalised care rather than historical costs. The Council should gradually reduce the contingency of the 25% top slice. However in the interim a top slice will ensure budgets are maintained and controllable. We understand that work has been undertaken to project the future costs for adult social care based on current patterns of demand, spend and population growth.

Key recommendations

5. Once early intervention and support costs are identified on an individual basis this information should be fed into the RAS with a view of reducing the 25% contingency.

3.3 Are there systems in place to ensure financial risks are monitored once the support plan is operating?

In instances where the service user has direct management responsibility for the monies included in their personal budget, the financial risks attached to personal budgets are monitored in the same way as direct payments. There is a monitoring officer allocated to each service user and each service user is required to send in a quarterly statement which is reconciled by the team against the support plan. Controls are in place to protect the vulnerable, for example if no return is completed the social care worker is contacted. These issues will be further covered in section 5.

If the service user has surplus funds they can bank hours which equates to two months of direct payments and this can be used for holiday pay. It is the monitoring officer's responsibility to obtain a plan on how the service user intends to spend the allocation. If these are true surpluses the Council has the right to retrieve the money and for this to be included within the main directorate budget.

The Council can monitor financial risks through the achievement of the outcomes contained within the support plan. However from our discussions through-out this study we found that the support plan isn't sufficiently mature in terms of monitoring achievement of outcomes.

Key recommendations

6. To ensure that the financial risks are contained the directorate should ensure that an appropriate outcomes based measurement tool is embedded.

4 Commissioning and procurement

4.1 Has Adult Social Services developed a strong capacity (in terms of understanding, knowledge, skills and resources) to shape the social care market within the Borough?

Cabinet agreed the vision for Choice and Independence in January 2007. Adults Social Services (ASS) have clearly stated through its Business Plan for 2009-10 its vision for personalisation within the Borough. In addition, this commitment to personalisation is carried through to the overall Corporate Plan 2010-2013. A top improvement initiative under the shared opportunities and shared responsibilities priority is working with service users and carers to offer greater flexibility in how their care and support is provided and ensuring it is responsive to their individual circumstances.

Adults Social Services recognises that the biggest challenge is how to provide for increasing demand whilst making services person centred and keeping them within the resources available and on a path of steady performance improvement. The Business Plan for 2009-10 set out how ASS is strategically planning for services which deliver sustainable outcomes. 2009-10 was seen as a successful year for ASS with progress made in implementing the vision for Choice and Independence. There is acknowledgement that the focus needs to continue into 2010-11 which sees the renewal of the commitment to personalisation and significantly increasing the number of people who have a personal budget.

The Statutory Guidance for Use of Resources describes commissioning as involving user and community engagement. The Joint Strategic Needs Assessment (JSNA) noted that between September and November 2008, the Council facilitated a public discussion on the strategic proposals to change assessment and care management practice to give people more choice and control through personal budgets. Findings from this discussion found that:

- people appeared to see the benefit of introducing short-term 'enablement' packages of care
- people had a balanced view of the advantages and disadvantages of personal budgets
- there was support for the Council's proposal to support people to plan their own care using a range of support mechanisms including family, friends, 3rd sector organisations, and health professionals

Feedback gathering from residents and patients on their experience of using health and social care public services has shaped the Council's approach to commissioning. These mechanisms include:

- Barnet Citizens' Panel - public health report
- TellUs2 survey (2007)
- A report on the Health Related Behaviour of Young People in Barnet (School health education unit 2007)
- You're Welcome' Young People's Participation Pilot
- Better Health in Barnet (BPCT 2008)
- Healthcare in London (Ipsos Mori 2008)
- Delivering Better Health in Barnet - "Your NHS, Your Money, YOU help DECIDE"
- Barnet Citizen's Panel - Private Healthcare (Council 2008)

These mechanisms indicate that the Council is performing well at involving service users and the wider community at each stage of the commissioning cycle. It is also evident that the Council collects feedback from all sources including partners, third sector, staff and residents and people that use services to help in making improvements.

ASS is performing well at developing a good understanding of the supply market through engagement, building capacity where appropriate, and making partners and providers (public, private and third sector) aware of future commissioning needs. More recently in November 2009 ASS ran an event 'Preparing for a Personalised Future' for providers to inform them of changes being made in Barnet for personalised social care, what that might mean for individual providers, and how the Council can help providers with these changes. This event was attended by approximately 150 providers. There was a clear emphasis on developing the market to deliver personalised social care. This also evidenced action taken on the criticism from the Care Quality Commission report from May 2009 which recommended that the Council should ensure independent and voluntary sector organisations have a clearer understanding of the personalisation agenda and capacity to respond to people's support needs.

ASS has invested in developing the ability to help social care providers to adapt their business to provide personalised support by establishing the 'Supply Management' and 'Strategic Commissioning teams'. The Supply Management team complete all procurement and contracting for ASS with the expectation that it will secure efficiencies in working with providers, will create more outcome-focussed and flexible contracts in line with personalisation, and will set up an efficient and flexible brokerage service. The Strategic Commissioning Team's objectives are to develop longer term and broader thinking, increase performance of the social care market, and promote clear commissioning principles.

Whilst the separate approach to commissioning and procurement was in line with stakeholder approach the split has not worked well and in reality the two need to work together with the commissioning team advising procurement on what approach to take. It also recognised by the Council that efficiencies could be made by combining the two functions and ensure there is no duplication of activity. The creation of the leadership team, that reports directly to the senior management team, will have an impact in overseeing the business plan, financial plans, performance and risk management and address these concerns.

A successful non financial measure to shape long term demand for social care has been the Enablement Package. This package requires working with the service user to ensure that they have the skills to live as independently as possible. This is a 6 week programme before the PBQ is carried out with the social worker. Enablement has generated £850k of savings and has also resulted in 55% of service users going through the package not going onto a homecare or direct payments package after completing enablement. A further 49% had not needed further homecare within 90 days of completion. Of those that went onto a package afterwards, 83% went onto a smaller package than their enablement package. These represent successful outcomes in terms of commissioning and management of financial resources.

There has been increased focus on the risk of greater than expected demand which has been considered through the Council's 'Looking after yourself - Prevention framework'. This framework has a strong partnership link with NHS Barnet, which is also consistent with the Council's Corporate Plan 2010-2013. Over time the outcomes from the framework will need to be assessed and include:

- improved health and well bring
- improved quality of life
- making a positive contribution
- increased choice and control
- freedom from discrimination or harassment
- economic well being
- maintaining personal dignity and respect.

The implementation programme has been reporting on these outcomes to the Supporting People and Prevention Commissioning Board. This will give assurance to the wider 'new relationships with citizens' workstream within One Barnet. The Council has begun to evidence that investment in preventative services has resulted in a reduction in purchasing residential care provision.

Both non-financial initiatives (enablement and prevention framework) follow the principles contained within *Putting People First* which direct Councils towards achieving best use of resources by focusing on prevention and early intervention. Preventative work is a long term project and will need time to show real efficiencies and savings, it is also an essential milestone as set out in *Putting People First - Milestone Self-Improvement Framework*.

Key recommendations

7. The directorate should ensure that the success of preventative measures is measured over the long term, as the real efficiencies may not be evident for some time.

Milestones targets should be set in the interim period to assist in monitoring against longer term targets.

8. The directorate should streamline its structure for strategic commissioning and supply management to improve efficiency.

4.2 Has Adult Social Services run successful market-shaping initiatives within that capacity?

Through personal budgets council-provided services are likely to reduce in capacity but before that can take place the Council will need to be to ensure that capacity is available elsewhere. The following table describes a number of market shaping initiatives to help develop the personalisation agenda.

Table 1: Market Shaping Initiatives of Adults Social Services

Project	Description
Innovation Fund	Small grants to help providers kick-start changes that will make their services more personalised.
Personalisation Impact Assessment	A self-assessment tool that will help providers understand the degree to which the services they provide are personalised.
Social Care Connect	A directory of social care on the internet that will provide people who use care to discuss and rate the services they receive.
Brokerage	Promotion of independent and voluntary sector support to help people plan their social care.
New Payment Models	Looking at how the Council can make it easier for people who need social care to be in direct control of the money that pays for it.
New Procurement and contracting models	Setting up mechanisms to ensure that organisations the Council contracts with are responsive to individuals requirements.
Person-centred needs analysis	Research by the Council to help providers of social care predict what demand for certain services will be in the future.

All of these projects have merit, however the Innovation Fund particularly is aligned with the One Barnet ideology. It was created as the Council had recognised that innovation has to be fostered when faced with the challenges of contracting public spending and increased growth in population. It also recognises that the Council is not always best placed to innovate and therefore looked to stimulate ideas within the market. The fund is designed to generate innovation amongst providers, to help them prepare, as a sector, for personalisation. £200,000 of Transformation Grant has now been allocated to 12 successful bids, out of a total of 41 applications.

The Innovation Fund project will last for one year. Over the course of this year the Council will be working with organisations to deliver personalisation, this has been divided into four key areas of development:

- market development - investing in initiatives and services not currently available in Barnet;
- workforce development - training, restructuring and recruiting service users to shape services offered;
- social capital - increasing opportunities for people to become part of communities and receive support from family, friends and neighbours; and
- support planning and brokerage - increasing the range of organisations that provide information, advice and guidance to help people plan and receive support.

The Council has shown through the innovation fund that it is focused on outcomes and has looked to measure the success of the projects by focusing on personal outcomes for individuals and also the general impact of the project within specified groups and communities. There is also a focus on learning from these projects and a process for informing the Council and providers. In addition the Innovation Fund has been highlighted as an example of good practice by the Personalisation Lead for the London JIP and has been adopted by other London Boroughs.

The interest of a broad range of community groups in the Innovation Fund is a clear example of personal budgets allowing different kinds of providers access to markets that they previously may have felt excluded from because of a lack of capacity to fulfil the Council's requirements. Research has shown that small community based services are able to provide more custom-made services, on a small scale, that are in line with the personalised approaches expected under *Putting People First*.

Whilst the Council needs to be flexible to successful bidders and allow them to develop their ideas, it needs to ensure that there is monitoring of outcomes. The Council will need to ensure that the momentum continues within the Innovation Fund and there is a performance management system developed that is flexible to the personalisation agenda.

To aid providers to better understand how ready they are for personalisation ASS designed a Personalisation Impact Assessment (PIA) which will act as a self assessment checklist. This focuses on the organisation, the services and support for personalised ways of working. This initiative clearly identifies outcomes for people as key for each service to provide. The tool has been developed but as of March 2010 the testing on providers was yet to be implemented. It will be a significant challenge for the provider and ASS to demonstrate outcomes and develop an understanding of how these will be measured but, if successful, should be able to demonstrate value for money.

The provider event identified that individual purchasing of services can increase running costs for providers, as individuals will present invoices rather than block contract arrangements. There are significant costs associated with the processing of invoices which small organisations can find difficult to fund. The Council has acknowledged this issue and has developed the 'Payment Options Project' to consider a range of developments. This suggests that the solutions are yet known for these problems and that risk is being transferred to providers. A solution is being put forward to the Investment Approvals Board (IAB) for an improvement to SWIFT with the view of sharing information and sharing power. There is also work progressing on pre-payment cards for service users.

One of the financial management risks arising from personal budgets is that personal budget holders could choose not to buy council provided services, as they don't perceive them as being good value for money or addressing their needs. In response to that risk the Council is considering its options for funding in-house services. Under the contract model the Council has started the process of reducing the current numbers of contracts from 12 to 3 over a three year period within the Home Care and Community support and short-term enablement home care. It is the view that the three eventual providers will be strategic partners, it is also thought that providers will demonstrate their competitiveness and innovation in a climate of constrained finances.

There are potential risks to reducing the market to three providers. There is potential for the knowledge and skills of the current market to be lost, insufficient continuing support for providers to understand the implications of personalisation and to transform their services accordingly,³ issues with transition of contracts and that quality of provider services is not effectively managed.

The Council is managing the potential risks in a number of ways including using a mix of established and new providers and extended working with providers before narrowing down to the 3 lead providers. We understand that the Council has evidence that service users are accessing the market directly with approximately a third of service users who were previously served by the old suppliers having made their own choice. The Council is supporting providers in a number of ways, including developing a personalisation impact assessment tool to support providers, pump priming funding and running a provider led forum.

³ Department of Health, Putting People First, Contracting for personalised outcomes - learning from emerging practice, August 2009

The transition process from old to new contracts is being used to promote the take up of cash payments (as part of Personal Budgets), allowing service users to remain with their existing provider. This offers continuity and choice to service users and continuity of business to outgoing providers. The investment, therefore, is shifting from contract management to support of individuals through brokerage and advocacy arrangements. Different payment options enable service users to access, and pump-prime, a wider spectrum of services, rather than being restricted to council contracting arrangements. The Council is also managing quality of service provision through a number of quality assurance mechanisms.

The Council is developing a User Led Organisation (ULO) particularly around a Centre for Independence Living resulting in a bid for Social Care PFI credits for a purpose built facility. This has also resulted in the Council being awarded Trailblazer status for the Right to Control. One of the many challenges for councils will be to bring together more of its services, beyond adult social care. There are significant learning opportunities through the directorate's work on the 'Right to Control' trail blazer which is clearly a success story for the Council.

Key recommendations

9. The directorate will need to develop a performance management system which balances flexibility and adherence to Innovation Fund deliverables.

10. The Personalisation Impact Assessment (PIA) tool should be tested on providers. The tool should be further developed based on the learning from the testing.

11. The Council should support providers in developing solutions to infrastructure problems as a result of personal budgets, such as payment solutions.

4.3 Has Adult Social Services successfully involved its partners in market shaping activity?

The 2009-10 Business Plan seeks to address the issues set out in the Joint Strategic Needs Assessment, which was compiled jointly with NHS Barnet. It is clear that the Council is committed to working in partnership with NHS Barnet, and this commitment has strong links with the principles within the Corporate Plan. This recognises that both parties not only have to work together but need to work with local communities to develop support through easily accessible networks which will help promote health and well being and prevent isolation and loss of independence. The commitment to working in partnership is exemplified through the 4 joint posts within the current Strategic Commissioning Team.

We understand that the level of engagement from NHS Barnet has reduced recently which could make it difficult for joint plans to materialise. Also, there is a risk that health costs may be shunted into the Council's budget. There is an acknowledgement at the Council that engagement needs to be addressed with some suggestions that joint management meetings may be appropriate to monitor these risks. 2010-11 will see a renewed emphasis through One Barnet of partnership working and a clear strategic move has been to appoint a Director of Health Integration to join up both the commissioning and provision of services where it makes good sense to do so.

The CQC has commended the Council on its active investment in the independent and voluntary sectors to provide a wide range of preventative services such as information and advice, day opportunities and short-term breaks.

The Council has less developed personal budget systems for the mental health care group. There are two computer systems currently running between the Council and the health sector, SWIFT and RiO, and at the moment there are two sets of case notes held. The marrying up of NHS data with the Council is necessary for joint prevention within the Borough. Introducing personal budgets may eventually address joint working issues but this will take some time.

We understand that there has been some reluctance for providers to engage with the Council (in both the private and voluntary sector) as providers are very focused on their own business objectives and have not seen the bigger picture. The Council has gathered the feedback from the November event and the innovation fund to move forward. Effective change management requires that consultation continues throughout from pre-implementation through to post implementation. It is important to clearly demonstrate action based on feedback to establish confidence from providers and facilitate better engagement.

Key recommendations

12. The directorate will need to address engagement issues with NHS Barnet through times of uncertainty and financial challenge.

The directorate will gain further confidence and engagement from providers by demonstrating action from feedback received from personalisation events.

13. The Council should identify ways of integrating systems with the NHS to avoid duplicate record keeping.

5 Risk management and internal control

5.1 What are the processes for identifying, mitigating and monitoring risk?

The risk management process in Adults Social Services was reviewed by the Senior Management Team in September 2009 in order to:

- ensure a consistent approach to risk management throughout ASS;
- detail the responsibilities of managers;
- provide guidance on what is required to complete the register.

All major projects maintain a risk register, and three divisional risk registers using the corporate template have also been established. These are the responsibility of the relevant Assistant Director who ensures they are reviewed monthly by the lead Senior Manager, with the most significant risks being included in the Directorate Register.

The Head of Finance ensures consistency between the Directorate Register and the quantified corporate list of financial risks. We understand that Internal Audit have reviewed corporate risk management and consider that financial risks should no longer be separate to the corporate risks and we support that recommendation.

The Directorate Register is the responsibility of the Director who ensures it is reviewed monthly by Senior Management team, and the most significant risks are proposed for inclusion in the Corporate Register. The Director will also ensure that any identified risks in respect of their statutory responsibilities as Director and in respect of Safeguarding are included as appropriate. All service managers are required to complete the Internal Control Checklist (ICC) in respect of their service area.

We reviewed the Directorate Risk register that was presented to the December 2009 Audit Committee. This review was carried out on the spreadsheet system not on JCAD the risk management system implemented in March 2010. The following table shows there are some weaknesses identified from this high level review, most of which should be considered corporately.

Table 2: Review of risk register against requirements of ISO 31000 'Risk Management - Principles and Guidelines

Risk Activity	Findings
Scope of risk	There is no analysis on the risk register on the scope of the risk and the details of possible events, including indicators such as size of the population, and financial indicators. The level of information currently held for each risk is not sufficient for decision making purposes outside of the Directorate, and will be increasingly important under financially constrained environment.
Nature of the risk	The risk register classifies risks either as strategic, financial or operational and gives a brief discussion of the risk. However there is no information on the potential impact and description of the hazard, opportunity or uncertainty and the timescales involved. In addition, there are examples of misunderstandings of what is an operational and strategic risk.
Stakeholders	The current parameters of the risk register do not consider who the stakeholders to the risk are, both internal and external, and their expectations. Given Public Sector bodies are accountable to a number of stakeholders this type of information may be vitally important, particularly in relation to safeguarding decisions.
Risk evaluation	<p>The risk register has the initial assessment and revised assessment of the risk under two headings, being for the likelihood and the impact of the risk. Both indicators are rated as high, medium or low. The corporate risk management strategy does not define the risk assessment criteria for likelihood and impact. These should consider for impact: financial, brand/reputation, legal and regulatory, customers and employees, health and safety and environmental factors. For likelihood the strategy should define remote, unlikely, possible, likely and almost certain indicators.</p> <p>There were instances where the assessments made showed misunderstanding of the desired objective of an overall risk register, for example where the initial assessment of a risk had likelihood and impact of medium and high respectively there had been mitigating action taken that resulted in a revised assessment of high and high. This suggests either that the action taken was ineffective and caused the directorate to experience elevated risk as a result of this action, or there is a misunderstanding of what the desired effect of risk management is. This is an issue that is consistent with our overall review of Risk Management arrangements within the Council.</p>
Loss experience	There is potential to reflect within the current risk register where there have been previous incidents and prior loss experience of events related to the risk. This would need to be a corporate adjustment to the current risk register.
Risk tolerance, appetite or attitude	<p>Corporately the Council has not defined its risk appetite, that is the level and nature of risk that is acceptable. This will be used to form the basis for decisions on whether they:</p> <ul style="list-style-type: none"> • tolerate • treat • transfer • terminate. <p>Within a financially constrained environment these tolerance levels can be used to make decisions when not all risks can be pursued.</p>

Risk Activity	Findings
<p>Risk response, treatment and controls</p>	<p>The risk register describes the controls in place and the mitigating action plan, however it is not clear why there is a mitigating action plan without an analysis of the gaps in controls, which are not documented. Also, there were some instances of misunderstandings of what constitutes a control, for example a control was documented as being 'workforce strategy being commissioned'. Clearly if a strategy is being developed it cannot be a control, and a strategy is the overall vision not a control measure.</p> <p>The risk register should document the level of confidence/assurance there is in existing controls. The risk register briefly discusses the mitigating action plan and the action taken however the procedures for monitoring and reviewing the risk performance is not documented. Instead, the risk register notes the date the risk was raised and last reviewed. It was noted that all risks were last updated at the same date, implying that risks are not managed on the basis of the initial or revised risk assessment.</p> <p>The assurance obtained for each control measure should be in essence a blend appropriate to the risk identified, in some cases policies and procedures can be an appropriate control for a low risk which only requires annual sign off from staff as an assurance measure. For high risks management may need assurance from someone independent from the process, such as internal audit, to assure them that the controls are designed and operating appropriately for the intended risk. These decisions should be documented within the risk register.</p>
<p>Potential for risk improvement</p>	<p>The directorate risk register documents the action taken however rarely are there recommendations made or deadlines for implementation noted. The risk is attached to a lead officer. The risk register should attempt to identify the potential for risk improvement and the responsibility for implementing any improvements.</p>

Our review of risk management within our Use of Resources work for 2009-10 that further work is needed to embed risk management across the Council. Our work within ASS supports this overall finding. The risk register should not become a static record of the significant risks faced by the directorate. It should be viewed as a risk action plan that includes details of the current controls and details of any further actions that are planned.

The Council should work towards embedding risk management within strategic planning and budgetary processes. If this is achieved an effective risk management approach can make a real difference to partnerships, supporting innovation, and delivering better outcomes, all of which will support the priorities within the Corporate Plan. This has been acknowledged within the recent changes to the leadership team who will be responsible for the business plan, finance, performance and risk management. The next tier down will be responsible for the detail of the delivery of these plans, which will allow sufficient head room for consideration of the strategic objectives and risks.

Corporately there could be improvement made to the information that is presented to the Audit Committee for discussion/challenge. The risk register is hard to read, and therefore digest. There is an opportunity to develop a dashboard of key risk indicators to be reported alongside performance and financial information. This could be reported under the four drivers of risk management: financial risks, infrastructure risks, marketplace risks and reputational risks.

The Council should define its risk appetite in the Risk Management Strategy. This will give the Directorates tolerance levels to work within of what is acceptable risk. Obviously this tolerance level will have a different look and feel within constrained financial circumstances where a higher risk could be tolerated given the lack of capacity or resources to devote to every risk.

Key recommendations

14. The Council should review its risk management arrangements for compliance with ISO 31000. There are opportunities to develop arrangements to ensure better decision making within the directorate and within the Audit Committee in the following areas:

- scope of risk
- nature of risk
- stakeholders
- risk evaluation
- loss experience
- risk tolerance, appetite or attitude
- risk response, treatment and controls
- potential for risk improvement

15. There are opportunities to consider a different style of reporting risks and merging them with performance information to add value. This will require development of a risk matrix with risk indicators to feed into a dashboard.

5.2 Are there the appropriate controls in place to deter and prevent fraud?

A major concern about personal budgets is the potential for financial abuse, either by personal budget holders misusing the budget or their carers. Personal budgets represent a change to the delegation of financial control and service delivery. While potentially contributing to improved quality of services they do increase the risk that fraud, corruption and other financial abuse may occur. It is therefore unavoidable that, with the expected increase in the use of the direct payments, fraud and abuse of direct payment users will increase proportionately.

The risk of fraud due to personal budgets is not new to the Council. Direct payments has the same dimensions of personal budgets and the following was established:

- good quarterly monitoring of payments
- minimising risky choices, risk assessment is a fundamental part of a practitioner's job
- sign off of support plans and desired outcomes
- choice and risk framework owned by care service delivery and safeguarding coordinator

Every three months direct payments and personal budget recipients are required to send in their bank statement and proof of expenditure to the Direct Payments Monitoring Officer. The Monitoring Officer will reconcile proof of expenditure against the bank statement and check that money is being used appropriately to meet social care needs. Any discrepancies are initially investigated by the Direct Payments Monitoring Officer. If a home visit is required the Monitoring Officer will refer the matter to a Direct Payments Advisor to investigate/offer support. If money is inappropriately used or safeguarding issues have been identified the matter will be referred to the appropriate social work team for investigation in accordance with Multi-Agency Adult Protection Policy and Procedures.

Of course one of the disadvantages to this review cycle implemented for direct payments and personal budgets is the administration costs that the Council incurs. With the time taken to deal with the administration of direct payments and personal budgets there is the potential for issues to go unnoticed, especially if there is not the capacity to deal with additional take up of personal budgets. We understand that there have been referrals to Corporate Anti-Fraud Team (CAFT) to investigate cases of financial abuse. For the year 2009-10 three cases relating to internal fraud, money laundering and sub-letting were referred to CAFT. It is important that this relationship with CAFT is maintained to ensure fraud risks are contained.

5.3 Are the appropriate processes in place to ensure vulnerable people are safeguarded?

The Council has already seen some evidence that risk will not necessarily increase, as increased Direct Payment take up has not seen an increase in safeguarding alerts. There is an acknowledgement that the social capital of friends, families and neighbours will be important to ensure suspected safeguarding issues are disclosed. The Delivering Choice and Independence Team have created the Choice and Risk Policy that has been shared with providers.

The Choice and Risk policy sets out how risks stemming from the following situation can be managed:

- an identified need not being met in a support plan;
- a service user including in their support plan an activity or type of care or support that is potentially unsafe.

The support plans are presented to the approval panel if the risk assessment has been agreed by all parties. The approval panel obtains assurance that the support plan meets the needs of the service user and will result in them achieving their identified outcomes, is financially sustainable and the risk assessment is clear on how risks will be managed.

There are a number of procedures in place within the Choice and Risk policy. Within the support planning process there are opportunities for the case manager to raise concern that the vulnerable adult is at risk or putting others at risk. In those cases where the social care professional or their team manager believes that serious risks may be present, the case should be presented to a risk panel for consideration.

When a case is presented to the risk panel the following actions should have been completed:

- the risk assessment in the support plan should have been completed in a particularly comprehensive and robust manner
- Where appropriate, a mental capacity assessment should have been made
- the case should have been discussed with relevant colleagues in other statutory agencies (i.e. the GP, police, CPN) and these discussions should have been carefully documented.

It is considered best practice to make contact with other statutory agencies within social care and it is positive that the Choice and Risk Policy makes this clear. The sharing of information is pivotal in safeguarding the vulnerable, *Putting People First* identifies the need to ensure that IT systems are sufficiently robust and interface with one another to ensure information is shared appropriately. Although SWIFT is considered old and somewhat 'clunky' it does have the ability to interface with other systems but not often in the most efficient and effective manner. The system will for example flag when an individual hasn't accessed their money for a long time but the service user has constant needs to be met. System improvements are being reviewed.

Recent research on personal budgets has noted that the use of risk panels is good practice as it ensures consistency of application of personal budget policy where there are large numbers of social workers and personal budget holders. Also, the panel allows senior managers to give approval where necessary and consider safeguarding responsibilities at a high level.

ASS provides support for staff as it recognises that protecting the vulnerable is dependent on staff having a strong understanding of risk management issues. The training provided emphasised that choice can create new risks, that risks should be assessed and managed with the service user and other relevant parties. Relevant training has also been extended to service users and to personal assistants as appropriate.

The Council's Innovation Fund is intended to build up the strength of the communities, and thus social capital, by funding community and voluntary sector groups. The Council received positive feedback from the CQC which stated that people who used direct payments and individual budgets were well supported and received good information about keeping themselves safe. It further reported that the Council was very aware that its shift to self-directed support had implications for people whose circumstances make them vulnerable and work had begun to ensure safeguarding arrangements were fit for purpose in relation to the personalisation agenda.

The directorate has included actions in its 2010-11 Business Plan to meet the corporate plan target regarding 80% of safeguarding timescales being met and the safeguarding audits continue to highlight challenges in respect of recording practice.

6 Workforce

6.1 Has Adult Social Services developed adequate training and other learning and development measures for staff to ensure their understanding of the personalisation agenda?

For social workers the main challenge will be gaining an understanding of the new ways of working driven by personalisation. There could be the expectation that the roles will be shifting from assessment to spending more time helping users develop support plans. Personal budgets enable choice so long as they are accompanied by the right level of support.⁴ This will require a shift change to focus on outcomes, and there will be an embedding phase of learning by doing within the current workforce.

To ensure the vision of ASS is cascaded to staff a workforce development strategy should be established. This would ensure that the training and development of front-line staff and change managers is appropriately focused to the strategic aims of the directorate. We are pleased to note that the 2010-11 Business Plan includes the development of a strategy by March 2011.

There are a number of workforce issues to be considered, particularly for the long term. ASS has one of the highest vacancy rates in London. As at December 2009 the vacancy rate for the directorate was 12.6%, and with known demand pressures due to the rising age of the population, the directorate may not have an adequate supply of social care workers. Clearly without the correct supply there is pressure on the current staffing levels to achieve the outcomes at an individual level and at a directorate level, this may result in increased stress which will require management. The most important concern will be to maintain high levels of safeguarding through this overall strategy.

The senior management team is leading on raising the profile of personalisation and there is an obvious drive of awareness of strengths, and equally importantly acknowledgement of areas for improvement. Through the 2010-11 Business Plan there is clear emphasis on individual work plans as the basis for delivering the overall Corporate Plan for 2010-11, which involves one to one supervision, appraisals and objectives. It will be important to ensure that individual staff have an objective and a measurable outcome on personalisation that can be assessed through the interim and year-end appraisal process.

There is evidence of working collaboratively with other Council's within the North Central region to run sessions on personalisation. There is a Joint Improvement Board (JIB) across the 5 boroughs (Camden, Haringey, Enfield, Islington and Barnet) which looks at the support needed for staff within the private and voluntary sectors. This allows for the sharing of best practice and exchanging of ideas.

⁴ Department of Health, Putting People First, Contracting for personalised outcomes - learning from emerging practice, August 2009

Key recommendations

16. To ensure that the training and development is strategic and targeted the directorate should develop a workforce development strategy.

6.2 Has Adult Social Services developed adequate training and other learning and development measures for staff to ensure their skill sets are adapting to reflect the needs of the personalisation agenda?

ASS have developed training programmes for personalisation, with an emphasis on understanding what outcomes are, which is the real challenge for achieving the transition to personalisation. This focus on outcomes is how value for money is best demonstrated, and clearly satisfaction levels will rise in the Council if service users perceive that they are receiving the services that they need. The 2009-10 Business Plan clearly states that personalised services are grounded in good social work practice - making sure that 'people are involved in the work, regularly review outcomes, invest in services which minimise dependency and make sure that every vulnerable person is effectively safeguarded'.

ASS has been using a range of measures to ensure that the message of personalisation has been communicated effectively. A network of champions has been set up to keep the momentum required to embed personalisation. This has included 'breakfast briefings' for staff attended by service users showing the impact that personal budgets has had on people's lives. These success stories of service users in the community have also featured within the internal newsletters for the Choice and Independence programme. The impact of service users has also been carried forward into the 2010-11 Business Plan.

Within the 2009-10 Business Plan there was a priority initiative of developing professionalism within the current workforce, treating people how they would like to be treated themselves. This theme also comes through One Barnet phase 2 reports which recognises that there is a need to build a customer service profession where there is a defined career path for staff and appropriate rewards and recognition for delivering high quality services. Under the 'People and Culture' workstream the roll out of the new performance framework will be the required platform to influence staff to change their overall current skill set.

Key recommendations

17. The directorate will need to ensure that its new performance management system is used effectively to change the current skills set of staff to be outcomes focused. This will involve ensuring objectives centre around personalisation.

A Interviews with key staff

Name	Role
Kate Kennally	Director of Adult Social Services (Acting)
Ed Gowan	Programme Manager
John Richardson	Direct Payments and Brokerage Manager
Maggie Goff	Social Care Development Manager
Eryl Davies	Head of Strategic Commissioning
Matthew Kendall	Assistant Director, Performance and Supply Management
Chandana Sanyal	Learning and Development Manager
Andrew Filby	Head of Finance, ASS
Ian Hutchison	Change Manager

B Documentation reviewed

Theme	Documents
Financial planning	Direct payment policies and procedures Response to FOI request re: link between RAS and payment of money Guidance booklet for the new care model PBQ/Support plan Initial response on developing the RAS RAS working group's work plan Presentation to programme board on cost impact of the RAS Panel documentation showing decisions about PBs Quick reference guide on the use of the panel
Commissioning and procurement	JSNA Prevention Framework Strategic Commissioning - Who's who Successful innovation fund bids Example voluntary sector review documents Example innovation fund written agreement Appropriate homecare tender documentation CQC inspection report and action plan DPR/GFC report on the creation of the strategic commissioning team Documentation from 'preparing for a personalised future' Homecare lab/homecare event in December Delivering Choice and Independence Newsletter
Risk management and internal control	Risk and Choice Framework Programme Risk Register Directorate Risk Register Examples of CRC reports Documents from safeguarding event Safeguarding Board workplan
Workforce	Personal budgets training documentation Action plan from legal training Example programme communications Evaluation documentation from trials Staff engagement documents from care model project Enablement training documentation Example team briefs 2009/10 business plan
Other	2010-13 Corporate Plan Phase 1 and Phase 2 One Barnet reports 2010-11 Business Plan Putting People First - contracting for personalised outcomes Putting People First - Finance systems and Putting People First Putting People First - Milestone Self-Improvement Framework

C Action plan

No.	Recommendation	Priority (H/M/L)	Management response	Implementation details
1	The current RAS platform used to support the personal budget questionnaire is subject to instability due to the use of spreadsheets. The Council should investigate appropriate solutions which could include improving SWIFT to accommodate the questionnaire.	L	The inclusion of RAS calculations in Swift is now possible. This will be rolled out once revisions to the RAS are complete.	<p>David Court</p> <p>RAS development completed: 31/10/10</p> <p>Maggie Goff</p> <p>RAS roll out November 2010.</p>
2	Budget management systems should be adjusted to reflect individual choices and outcomes. Adjustments to systems that evidence prevention and ongoing support on an individual basis can be used for long term planning purposes and justification for the RAS.	M	<p>Introduction total cost of individual's packages (as opposed to cost of individual services) as key element of budget-management data set.</p> <p>To wait until the finalised proposals from the Department of Health re: the amendment of the PSS EX1 return are known before implementing any further changes to our systems.</p> <p>To use the replacement of Swift as an opportunity to build a system that reflects individual choices and outcomes.</p>	<p>Neil Haddock</p> <p>Initial change re: package costs to be implemented by April 2011.</p> <p>Full revision of budget management data to be ready to go live for April 2012, in line with Department of Health timescales.</p> <p>Ed Gowan</p> <p>Agreement to fund replacement of Swift being sought from Cabinet</p>

No.	Recommendation	Priority (H/M/L)	Management response	Implementation details
				<p>Resources Committee January 2011.</p> <p>Swift replacement project to be initiated March 2011.</p>
3	<p>The current process of producing an indicative personal budget, agreeing a support plan, and approving the personal budget needs to be further streamlined to ensure the necessary take up for 2010-11. The current action plan does not consider this issue.</p>	H	<p>Inefficient elements of our processes have been identified by a review led by service management in the summer of 2010. Recommendations are being implemented and are due to be completed by the end of the 2010.</p> <p>A LEAN Systems Thinking review of our case management has been procured and is due to make recommendations for further improvement to our processes by the end of 2010/11 business year..</p>	<p>Marie Bailey</p> <p>Completion of actions from internal efficiency review by January 2011.</p> <p>Ed Gowan</p> <p>Initiation of LEAN Systems Thinking Review November 2010.</p> <p>Completion of LEAN System Thinking Review March 2011.</p>
4	<p>Departmental Business Plans should include a stronger focus on outcomes as a key method of assessing value for money.</p>	M	<p>Adult Social Services' 2011/12 Business Plan to be developed with a focus on using personal outcomes as a definition of success and value for money.</p>	<p>Rodney D'Costa</p> <p>2011/12 Business Plan finalised April 2011.</p>

No.	Recommendation	Priority (H/M/L)	Management response	Implementation details
5	Once early intervention and support costs are identified on an individual basis this information should be fed into the RAS with a view of reducing the 25% contingency.	L	We have just finished developing a refined version of the RAS. This is intended to be a better predictor of the costs of meeting someone's needs. Reducing the contingency requires reduced differences between indicative and agreed Personal budgets, sustained over time.	Neil Haddock Review of accuracy of indicative budgets produced by new RAS, and resulting amendments to it, by March 2011.
6	To ensure that the financial risks are contained the directorate should ensure that an appropriate outcomes based measurement tool is embedded.	L	Barnet's Support Plan is being revised as part of the Right to Control implementation. This includes a stronger focus on financial risk, due to the multiple-funding stream focus of the Right to Control. Once proven to be successful, it is expected that this Support Plan will be rolled out across Adult Social Services.	Louise Hehir First version of the Right to Control Support Plan to be finalised for 13/12/10. First version of the Right to Control Support Plan to be reviewed by April 2011.
7	The directorate should ensure that the success of preventative measures is measured over the long term, as the real efficiencies may not be evident for some time. Milestones targets should be set in the interim period to assist in monitoring against longer term targets.	M	The Department commits to measuring the success of all preventative interventions, making use of both objective performance measures and service user, carer or patient self-defined self-reported achievement of outcomes. This is, and will be, defined on a project-by-project basis, wherever possible on a whole-system basis. This is based on the policy framework provided by our Prevention Framework.	Eryl Davies Ongoing.

No.	Recommendation	Priority (H/M/L)	Management response	Implementation details
8	The directorate should streamline its structure for strategic commissioning and supply management to improve efficiency.	M	The directorate will review its Strategic Commissioning and Supply Management structures, within the context of (a) greater integration with health and (b) the One Barnet programme.	<p>Mathew Kendall</p> <p>Consultation on proposals stemming from review to begin in December 2010.</p> <p>Implementation of proposals stemming from review by April 2011.</p>
9	The directorate will need to develop a performance management system which balances flexibility and adherence to Innovation Fund deliverables.	M	<p>The following performance management and evaluation system is in place for the Innovation Fund:</p> <ul style="list-style-type: none"> • all providers have signed up to a written agreement re: reporting on and evaluating their Innovation Fund work. Key elements of this are: • quarterly work with council employees to interview people involved in and benefitting from the project. • Lessons learnt report to be completed by end of Quarter 3, 2010/11. This is co-produced with the council. • Present at a conference for providers at the end of the project. • Co-produce a report on the project at its end, for use by other providers as learning. • To attend provider forums to feedback on the project. • To support the council's communications about the project. 	<p>Louise Hehir</p> <p>6-month review of Innovation Fund projects completed November 2010.</p> <p>Full evaluation of Innovation Fund projects to be completed by April 2011.</p>

No.	Recommendation	Priority (H/M/L)	Management response	Implementation details
10	The Personalisation Impact Assessment (PIA) tool should be tested on providers. The tool should be further developed based on the learning from the testing.	M	The Personalisation Impact Assessment is currently being tested by providers. It will be updated to reflect their learning.	<p>Eryl Davies</p> <p>Personalisation Impact Assessment to be finalised January 2011.</p>
11	The Council should support providers in developing solutions to infrastructure problems as a result of personal budgets, such as payment solutions.	M	The council is keen to support providers, and will do so through formal and regular contact with them, including that taking place in Partnership Meetings. The support provided will be limited to this level, however, due to the limitations of our staffing capacity.	<p>Tom Pyne</p> <p>Ongoing.</p>
12	<p>The directorate will need to address engagement issues with NHS Barnet through times of uncertainty and financial challenge.</p> <p>The directorate will gain further confidence and engagement from providers by demonstrating action from feedback received from personalisation events.</p>	M	<p>The directorate and NHS Barnet are in discussions about co-funding an Associate Director position, to strengthen our joint work during these times.</p> <p>To run an event for providers, learning from the Innovation Fund, towards the end of 2010/11.</p> <p>The directorate has approved the establishment of a Provider Network. The Network's key objective is to create a voice for providers, particularly those who are evidencing the use of their initiative to engage with the personalisation agenda. The Network will also test initiatives, tools and policies to support the shaping of the market.</p>	<p>Kate Kennally</p> <p>Associate Director position confirmed October 2010.</p> <p>Louise Hehir</p> <p>Innovation Fund event to be run by April 2011.</p> <p>Tom Pyne</p> <p>The Provider Network first met in November 2010.</p>

No.	Recommendation	Priority (H/M/L)	Management response	Implementation details
13	The Council should identify ways of integrating systems with the NHS to avoid duplicate record keeping.	M	That ASSD integrates with the NHS spine when it replaces Swift. The Council's Investment Appraisal Board has approved work on this project, and the Cabinet Resources Committee is to be asked to allocate funding for replacing Swift when it meets in January 2011.	<p>Ed Gowan</p> <p>Agreement to fund replacement of Swift being sought from Cabinet Resources Committee January 2011.</p> <p>Swift replacement project to be initiated March 2011.</p>
14	<p>The Council should review its risk management arrangements for compliance with ISO 31000. There are opportunities to develop arrangements to ensure better decision making within the directorate and within the Audit Committee in the following areas:</p> <ul style="list-style-type: none"> • scope of risk • nature of risk • stakeholders • risk evaluation • loss experience • risk tolerance, appetite or attitude • risk response, treatment and controls • potential for risk improvement 	H	Adult Social Services is bound by corporate standards for risk management. The corporate lead on risk management confirms that the Council's risk strategy is currently being reviewed.	<p>Nikki Adams</p> <p>Timescale set corporately.</p>
15	There are opportunities to consider a different style of reporting risks and merging them with performance information to add value. This will require development of a risk matrix with risk indicators to feed into a dashboard.	M	The corporate lead on risk management is further enhancing the current reporting arrangements to ensure they are fit for purpose.	<p>Nikki Adams</p> <p>Timescale set corporately.</p>

No.	Recommendation	Priority (H/M/L)	Management response	Implementation details
16	To ensure that the training and development is strategic and targeted the directorate should develop a workforce development strategy.	H	<p>An integrated Workforce Development Strategy will identify key workforce priorities for adult social care in Barnet to deliver the personalisation agenda as set out by the Department of Health in 'Putting People First: Working to Make it Happen'. Progress (as of August 2010) is as follows:</p> <ul style="list-style-type: none"> • Project plan approved by the Delivering Choice and Independence Programme Board; • A strategic Workforce Development Board, with an operational Workforce Development Network reporting into it, has been set up. Both of these are multi-agency. • Work has taken place with partners, service users and carers on a workforce analysis. • A first draft of the Workforce Strategy is currently being written, led by the Workforce Development Network. 	<p>Chandana Sanyal</p> <p>Workforce Strategy to be completed by March 2011.</p>
17	The directorate will need to ensure that its new performance management system is used effectively to change the current skills set of staff to be outcomes focused. This will involve ensuring objectives centre around personalisation.	M	<p>A performance dashboard has been created for personal budgets. Reviewing this has already led to performance management improvements, such as:</p> <ul style="list-style-type: none"> • Agreement to provide extra training to standardise recording in support plans; • Proactive management of team activity – through use of targets and involvement of affected managers in the review of them. <p>Creation of a Leadership Team, bringing together all 3rd tier managers within the service, to review and focus on performance management monthly.</p>	<p>Rodney D'Costa</p> <p>Performance Dashboard has been created and is in use.</p> <p>Performance Dashboard is reviewed monthly by Leadership Team. This has led to significant improvement in performance.</p>



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