

AGENDA ITEM: 8

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Meeting	Budget and Performance Overview & Scrutiny Committee
Date	6 December 2011
Subject	Self Directed Support and Personal Budgets
Report of	Cabinet Member for Adult Services
Summary	The report sets out the progress that Adult Social Care and Health are making in relation to the achievement of the stretching corporate plan target for the number of people with a personal budget for 2011/12 and the personalisation agenda. Delivering personalisation requires major changes from customers, providers and councils. The report therefore explores these aspects further, including benchmarking Barnet against the London region.

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Status (public or exempt)	Public
Wards affected	All
Enclosures	None
Reason for urgency / exemption from call-in	Not applicable
Key decision	Not applicable

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1. RECOMMENDATION

- 1.1 That Committee note the report and make comments and recommendations as appropriate.**

2. RELEVANT PREVIOUS DECISIONS

- 2.1 Cabinet, 15 June 2011 – approved the Corporate Plan 2011-13, including the aforementioned strategic objective and performance target relating to personal budgets.
- 2.2 Cabinet, 15 January 2007 – agreed the Choice and Independence Vision for the Council’s Adult Social Services.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The Council’s Corporate Plan 2011-13, approved by Cabinet 15 June 2011, includes the priority *sharing opportunities, sharing responsibilities*. The related strategic objective is “promote personalisation of services and enhanced quality of life for adult social service users”. In terms of delivery, this means that Adult Social Care and Health (ASCH) is helping people exercise choice and control through increasing the number of Personal Budgets from a 2010/11 baseline of 2,140 to 4,250 by the end of 2011/12.
- 3.2 The London Borough of Barnet Adult Social Care and Health Directorate has made significant progress in implementing personalisation since 2007. Barnet’s “Choice and Independence Vision” was agreed by Cabinet in January 2007 and is based on enabling service users and their families to have greater choice and control. The vision established the council as a leader in transforming adult social care. The national transformation of Adult Social care was set out in the department of Health’s “Putting People First” in December 2007; this has been further developed in the publication of “A Vision for Adult Social Care: Capable Communities and Active Citizens (November 2010) and the “Think Local, Act Personal” concordat (November 2010).
- 3.3 The council is one of seven trailblazer sites in the Right to Control programme, which seeks to extend the use of personal budgets to other funding streams such as housing and employment.

4. RISK MANAGEMENT ISSUES

- 4.1 Personalisation implies increased choice and control, with social care and support tailored to the individual. The challenge therefore is to get the balance right moving away from being risk averse (and therefore potentially missing out on opportunities) while still having appropriate regard for safeguarding issues. Overall, Barnet’s approach is to ensure that personalisation and adult safeguarding practice and policy are closely aligned and inform each other, underpinned by the principle of person-centred practice and the promotion of choice, control, independent living, autonomy and staying safe.
- 4.2 Implementing Personalisation is a major change management programme, and a project management approach has been taken, with progress monitored through the ASCH senior management team, Strategic and operational risks with controls and reporting mechanisms are managed through the a review process. Examples of some of the more

- Non compliance by staff with the full personal budget process, undermining customer choice and control
- “Clunky” IT applications and key processes (for example, self-assessment and creative support planning) which undermine the customer journey
- Untimely commissioning of services and confirmation of contracts following an assessment, resulting in delayed outcomes to customers

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 Adult Social Care and Health (ASCH) has taken full advantage of the customer experience and perspective and utilised co-production throughout the personalisation programme. There has also been collaborative work with a number of agencies to explore the customer experience in the creation of forms and approaches to personalisation.
- 5.2 To establish an indicative personal budget, a resource allocation system (RAS) converts needs into points, thereby estimating the likely cash equivalent required to meet eligible need. The medium term financial strategy for adult social care for the next three years reflects the shift to personal budgets using a RAS, from the more traditional block contracting approach. This shift supports an equitable distribution across care groups, and the reshaping of the market to meet need. The RAS is currently being reviewed, which includes the potential differing financial allocations across care groups, changes and refining of guidance will be accompanied by an equality impact assessment and consultation with key stakeholders.
- 5.3 The personalisation agenda, through self assessment, support planning and different ways of utilising personal budgets offers an excellent opportunity to respond to and discharge equalities responsibilities, with a positive impact on overall outcomes for service users and their families. The council has had considerable success with its implementation of Direct Payments, which offers a flexible and responsive way of arranging support, with a higher take up from BME and faith groups.

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

- 6.1 Implementing personalisation has involved a review and reshaping of the operational model that delivers adult social care with a focus on promoting choice and control. A new care model was put in place in 2009, and investment was agreed for a new IT system agreed by the Cabinet Resources Committee in January 2011 to support personalisation, alongside web based developed information, advice and guidance and support planning resources.
- 6.2 Adult Social Services Overview and Scrutiny Sub-Committee, 22 November 2010, received a report on personalisation. The findings noted that when comparing (standardised) individual PBs with traditional packages of care (non PBs) there was no significant difference in weekly cost. However, personalisation has involved “whole system” change and this has generated significant savings in terms of better value commissioning and contracting of services.

- 6.3 The Adults Social Care and Health 3-year Medium Term Financial Strategy includes savings of £14.5m, £7m of which will either support the increase in numbers of self directed support or is dependent on the increase of self directed support.

7. LEGAL ISSUES

- 7.1 Personal Budgets derive from Direct Payments. Guidance on the latter was issued by the Department of Health in 2009 under the publication *Guidance on direct payments: For community care, services for carers and children's services, England 2009*.
- 7.2 Personal Budgets were introduced by the Department of Health in 2008 with the expectation that all Local Authorities should be offering them by 2010. Personal Budgets are calculated in accordance with the Chronically Sick and Disabled Person's Act 1970, Community Care, Services for Carers and Children's Services (Direct Payments) 2009 Regulations, Regulation 14. The Local Authority uses an indicative figure based on the recipient's assessed eligible needs and others in the area. In delivering Personal Budgets local authorities have to be mindful of Guidance issued by the Department of Health.

8. CONSTITUTIONAL POWERS

- 8.1 The scope of the Overview and Scrutiny Committees/Sub-Committees is contained within Part 2, Article 6 of the Council's Constitution; the Terms of Reference of the Overview and Scrutiny Committees are included in the Overview and Scrutiny Procedure Rules (Part 4 of the Council's Constitution).

9. BACKGROUND INFORMATION

Personalisation – Concepts

- 9.1 Personalisation in a social care context is about putting the service user at the centre of the process of identifying their needs and making choices about how and when they are supported to live their lives.
- 9.2 Self Directed Support (SDS) is a term that originated with the national "in Control" project and relates to a variety of approaches to creating personalised social care. The defining characteristics of SDS in a social care context are:
- Self Directed Assessment – of the customer's need, focusing on outcomes
 - Up-front (Indicative) Allocation – of money/resources (if any)
 - Support Planning – to achieve a desired set of outcomes
 - Choice and Control – the customer should largely decide how resources should be used in order to meet their needs and achieve the desired outcomes
 - Review – a process for checking whether outcomes are being achieved
- 9.3 Personal Budget (PB) is the term used to describe the social care funding allocated to a customer via the SDS process. PBs can be taken as a direct (cash) payment; held by the Council on behalf of the customer to pay for care (the managed option); or a combination of these options.

Policy Context – Local and National

- 9.4 Barnet Council’s vision for adult social services “Choice and Independence”, agreed by Cabinet in January 2007, initiated a major change programme which involved supporting people to exercise choice and control over the way they wanted their needs to be met. “Putting People First” set out the expectation 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 council exceeded this (paragraph 9.7 refers) and for 2011/12 set an ambitious target of 4,250 clients in receipt of personal budgets, equivalent to circa 74% of all community based clients projected for the year (using October data). This positions the authority as one of the top performers in London in delivering personalisation and personal budgets.
- 9.5 The importance of Personalisation is reaffirmed in the government’s recent White Paper “A Vision for Adult Social Care: Capable Communities and Active Citizens” which in turn is helping to shape the “Care and Support” White Paper and related legislation due out in 2012.
- 9.6 The Council’s Corporate Plan 2011-13 includes the priority *sharing opportunities, sharing responsibilities*. The related strategic objective is “promote personalisation of services and enhanced quality of life for adult social service users”.

Barnet’s Performance Implementing PBs

- 9.7 In terms of milestones, Barnet met the “Putting People First” targets of introducing PBs by April 2010 and having at least 30% of eligible clients with PBs by April 2011. The actual figures were:
- Target 2,140 PBs
 - Outturn 2,246 PBs (33.50%) i.e. 2246/6704 community based clients
 - London average 30.59%
- 9.8 The following Table summarises PB performance for 2011/12:

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Target	2,338	2,828	3,528	4,250
Outturn	2,038	2,441	--	--
Shortfall	300	387	--	--

The target of 4,250 clients in receipt of PBs although ambitious is wholly consistent with Barnet’s desire to remain at the forefront of personalisation. Q2 performance of 2,441 PBs is equivalent to 43.97% of community based clients, compared with a London average of 37.7%. The latest (October) figure is 2,638 PBs. Although the quarterly targets have not been met, the direction of travel is positive.

- 9.9 Work is on-going in ASCH to ensure achievement of the overall target (see also next section). For example:
- Clear robust weekly targets for converting existing eligible clients to PBs by Christmas have been issued to managers in Care Services Delivery.
 - For new clients, projected weekly team targets to the end of the year have been set.
 - In addition to numerical targets, client name by “key worker/team” are issued to managers and staff on a weekly basis to help them focus the efforts in converting PB cases.

- Weekly monitoring is undertaken by the Deputy Director.
- The Head of Transformation is clarifying the business process and implementation date for converting clients receiving Telecare and Maintainable Equipment e.g. hoists, to PBs. This will further boost overall PB numbers.

9.10 Personal Budgets in Barnet are only applied to community services, and are not used for residential care. All new customers to adult social care who will receive ongoing community based services now go through the personal budget process. The Council is working to transfer existing customers without a personal budget on to one.

Performance Management and Development Arrangements

9.11 The implementation of personalisation is managed and monitored using a project management methodology, with an implementation plan, regular progress monitoring and clear process for decision making reporting to a Leadership team. This governance structure brings together operational, commissioning and transformational senior staff to oversee the programme of change, but also identify and remove barriers to achieving targets.

9.12 Achieving the targets for personal budgets is a cornerstone of personalisation implementation and performance management is a high priority for the Leadership team. Objectives relating to achieving personal budgets are integrated into performance reviews and will be a key part of the mid year reviews. In addition each team and service has had personal budget targets set which are reported and monitored on a weekly basis at a senior management team level.

9.13 In recognition of the cultural shift required in the workforce, in providers and amongst service users and their families, a range of communication and training methods have been utilised. This has included workshops on support planning for staff, using case studies to highlight the opportunities and positive outcomes achieved through personal budgets, and development work with providers.

9.14 The Right to Control trailblazer has enabled the testing of different models of support planning and brokerage across different funding streams e.g. the use of peer brokerage. This enables ASCH to not only offer every community service user a personal budget but also test out different ways support planning and brokerage can be organised and embed choice and control in how support is organised.

9.15 All of these arrangements, alongside the redesign of business process and the highly visible leadership commitment to implementing personalisation have led to improvements in performance since Q2 and the positive travel of direction.

10. LIST OF BACKGROUND PAPERS

10.1 Adult Social Services Overview and Scrutiny Sub-Committee, 22 November 2010 (Item 9), "Personalisation and Adult Social Services: Further Information".

10.2 "A Vision for Adult Social Care: Capable Communities and Active Citizens" (Department of Health, November 2010).

Legal – MB

Finance – MC/JH