
Meeting	Safeguarding Overview & Scrutiny Committee
Date	2 nd July 2012
Subject	Personalisation in Adult Social Care – Self Directed Support Position Statement
Report of	Cabinet Member for Adults
Summary	The report sets out the current position of Adult Social Care and Health in the implementation of personalisation and self-directed support. Delivering personalisation requires major changes from customers, providers and Councils and this report provides an update on progress and the current priorities or action.

Officer Contributors	Dawn Wakeling, Deputy Director ASCH Mathew Kendall, Assistant Director Transformation & Resources Helen Coombes, Interim Head of Transformation
Status (public or exempt)	Public
Wards affected	All
Reason for urgency / exemption from call-in	Not applicable
Enclosures	None

Contact for further information: Helen Duncan Turnbull, Head of Service, Telephone: 020 8359 4304 / 4346

1. RECOMMENDATION

- 1.1 That the Safeguarding Overview and Scrutiny Committee make comments and recommendations to the Cabinet Member or officers (as appropriate) on the position of Adult Social Care and Health in the implementation of personalisation and self-directed support.

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.
- 2.3 Budget and Performance Overview and Scrutiny, 6 December 2011 – approved and noted a progress report on Self Directed Support and Personal Budgets.
- 2.4 Adult Social Services Overview and Scrutiny Sub- Committee, June 2010- considered the progress of personalisation and adult social services
- 2.5 Adult Social Services Overview and Scrutiny Sub- Committee, November 2010- considered the commissioning plans and the financial impact of personalisation.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The Council's Corporate Plan 2012-13, approved by Cabinet 15 June 2011, includes the priority *sharing opportunities, sharing responsibilities*. The related strategic objective is "offering greater personalisation for users of care services, a positive experience of care and support for carers". In terms of delivery, significant progress was made in 2011/12 in helping people exercise choice and control, with the corporate target achieved and over 66 % of people in the community with a Personal Budget. The Adult Social Care and Health (ASCH) Business Plan 12/13 includes offering greater personalisation for users of social care services, and has made eight commitments to the residents of Barnet in our first Local Account setting out what residents can expect from the Council.

4. RISK MANAGEMENT ISSUES

- 4.1 Overall, Barnet's approach is to ensure that personalisation and adult safeguarding practice and policy are closely aligned and inform each other with statutory responsibilities discharged. Both are underpinned by the principle of person-centred practice and the promotion of choice, control, independent living, autonomy and staying safe.
- 4.2 The My Support, My Choice project, initiated in January 2012 and due for completion in March 2013, builds upon the success of the "Delivering Choice and Independence programme" by further strengthening self directed support policies, practices, processes and services across the ASCH directorate. Corporate project management approach, strategic and operational risks with controls and reporting mechanisms are managed through the project. Any partnership-working programme interdependencies are tracked and risks to delivery mitigated with oversight by the senior management team.

- 4.3 Successful implementation of personalisation requires independent sector and third sector providers to offer a range of different services, and increasingly, as more people take their personal budget as a direct payment, a workforce that includes new roles such as Personal Assistants. The challenge is that the provider market needs to be supported to develop new services, whilst remaining financially sustainable and making sure that quality and safeguarding remains a priority.
- 4.4 The Adult Social Care and Health commissioning plan, currently being developed, has shaping the market as a key priority, to make sure providers are responding to choice required by people who use services. The Supporting Independence Fund, recently launched, is an opportunity for local organisations to bid for some non recurrent financial investment to help them develop and test innovative ways of meeting people's needs.
- 4.5 Throughout the national implementation of personalisation, there have been some concerns that there could be increased safeguarding risks for people planning and purchasing their own care. However, in Barnet the adult safeguarding data to date does not suggest any heightened risk. Overall, the principle category of abuse is physical abuse. There was a slight decrease in the numbers of safeguarding alerts involving financial abuse during 2011-12. Less than 10% of safeguarding cases involved people funding their own care and only 5% were recorded as having a Personal Budget. However, additional work is needed to examine how many safeguarding cases involved clients receiving direct payments and the Safeguarding Adults Board has started collecting this data. However, it should be noted that service users and carers who take direct payments are required to hold this money in a dedicated bank account and submit detailed financial monitoring information to Adult Social Care and Health on a regular basis, helping the Council to identify irregularities and minimising risk.
- 4.6 The pre-paid card scheme to be introduced in July for customers receiving direct payment provides a further safeguard against financial abuse as it will enable us to drill down further into individual accounts and track expenditure, thus enabling us to pick unusual transactions. We aim to ensure 30% of our existing customers on direct payments have access to this service.
- 4.7 In terms of overall safeguarding, there were a total 540 safeguarding alerts during 2011-12. This is a 9% increase on 2010-11. Many authorities, including those in London, are experiencing a continuous increase in numbers of alerts. In Barnet, social work capacity has been increased to ensure a timely response to increasing safeguarding demand.
- 4.8 Barnet's approach to self-directed support includes a risk assessment as part of the overall assessment and support planning process. Whilst positive risk taking to promote independence is a core part of personalisation, as a further safeguard for service users ASCH has established a risk panel to review support plans where the complexity of the situation has the potential to create risks that may be considered unacceptable.

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 project. The corporate customer standards are incorporated into the developments within the 'My Support, My Choice' project, and co production is a critical element to all change management. There has also been collaborative work with a number of agencies and our 'experts by experience' reference group to implement a supported self-assessment approach. Alongside our web developments and the transfer of elements of the front door of adult social care to the new customer services organisation (from Autumn 2012), from the beginning of the contact with the Council people will receive a consistent approach

and be encouraged to utilise the benefits of personalisation.

- 5.2 To establish an estimated 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. Guidance is being developed, and service users' groups and other stakeholders will be encouraged to shape this guidance so that people who use services are able to fully understand how resources are allocated, the flexibility they can have in developing support plans to meet their outcomes and how the council can support them to organise their own care.
- 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.

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

- 6.1 Implementing personalisation involved a review and reshaping of the operational and delivery model for Adult Social Care. With the development of the customer services organisation, increased use of technology and closer working with health colleagues, the operational model during 2012/13 will be further refined to further enhance our information and advice, and prevention and early intervention offer, whilst ensuring that those with long term needs are able to benefit from the opportunities personalisation offers.
- 6.2 Budget and Performance Overview and Scrutiny Sub-Committee, 6th December 2011, received a report on personal budgets. The report noted that personalisation has involved "whole system" change and this has generated significant savings in terms of better value commissioning and contracting of services. In 2012/13 associated projects such as implementing pre-paid cards, which provide an automated way of enabling someone to receive their direct payment, and also provides an automated financial monitoring process for the Council, will enable the Council to be more efficient, further reduce the likelihood of fraud or abuse and is one element of ensuring that people living in the community who take choice and control are not more vulnerable from a safeguarding perspective.
- 6.3 The Adults Social Care and Health 3-year Medium Term Financial Strategy includes savings of £14.3m, £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 Direct payments were introduced in relation to social care services for adults by the Community Care (Direct Payments) Act 1996 (the 1996 Act). The legislation gave local authorities the power to make cash payments in lieu of social care services to adults of working age who needed those services (i.e. eligible needs). The scheme was extended in 2000 to include older people. The 1996 Act was repealed (in relation to England) by the Health and Social Care Act 2001 ('the 2001 Act') and direct payments are now governed by the 2001 Act and the Children Act 1989 ('the 1989 Act'). These 2 Acts extended the provisions to enable local authorities to make payments to carers and parents of disabled

children. Subsequent amendments were made to the legislative framework in relation to persons lacking mental capacity.

- 7.2 The Community Care, Services for Carers and Children's Services (Direct Payments) (England) Regulations 2009 were issued in 2009 and subsequently amended in 2010. Related Guidance was introduced at the same time. Government policy (as set out in this paper) is for direct payments to be used as a vehicle by which personal budgets can be delivered by councils to meet their social services responsibilities.

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

- 9.1 The London Borough of Barnet Adult Social Care and Health Directorate has made significant progress in implementing personalisation since 2007. Its original "Choice and Independence" vision to implement personalisation 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" agenda 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). The 'Think Local, Act Personal' partnership, produced a 'Making it Real' framework in 2011 which set out six key components of a modern adult social care system, and these have been used in the Council's first adult social care Local Account published in February 2012. Personalisation is now the core method by which all Local Authorities provide community based social care to eligible users. Safeguards, risk assessment and management are built into the process to ensure service users are safeguarded. There is increasing evidence, from user groups and case studies, that taking control of one's social care increases self-esteem and helps people to take control of their lives more generally. This has the potential to be a protective factor for service users.
- 9.2 The Council is one of only seven trailblazer sites in the national Right to Control programme, which seeks to extend the use of personal budgets to other funding streams including housing, employment and work choice. This has included commissioning a peer support brokerage and support planning service within Barnet Independent Living Centre (BCIL), and establishing a multi-disciplinary team consisting of health, social care, housing and an employment advisor within the Council's Adult Social Care and Health department.
- 9.3 To continue implementation of personalisation and self directed support an implementation project called 'My Support, My Choice' has been established focusing on promoting independence, choice and control for adults who need support through greater take up of Direct Payments and opportunities for creative support planning, enabling them to live safely in their own homes wherever possible and participate in the community
- 9.4 In addition to these two key projects, the wider transformation team has also commissioned Independent Brokerage training for the voluntary and independent sector, implementing a pathway to provide information and advice for people who fund their own

social care, and creating more flexibility for service users to use their Personal Budget when purchasing their care from providers in the Borough.

9.5 In May 2012, the Supporting Independence Fund was launched, which is aimed at kick starting projects to help disabled and older people to live more independently. The fund will give organisations across the borough the opportunity to bid for a portion of £200,000 and will give projects the necessary funds to get off the ground, with organisations basing their ideas around getting people to share skills for the benefit of others, helping disabled people into employment, or allowing people to plan their own care so they can live the lives they want.

9.6 Personalisation – Concepts

9.6.1 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 and aims to promote maximum independence.

9.6.2 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:

- 9.6.3
- 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

9.6.4 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.

9.7 Policy Context – Local and National

9.7.1 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 by March 2012 had achieved 4118 clients with personal budgets, equivalent to 66% of all community based clients. This positions the Authority as one of the top performers in London in delivering personalisation and personal budgets.

9.7.2 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 due to be published in 2012 and related legislation.

9.7.3 The Council’s Corporate Plan 2012-13 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”.

9.8 Barnet's My Choice, My Support Project Implementation Plan

- 9.8.1 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 the senior management team. The project is part of a wider transformation programme within Adult Social Care and Health, and is also closely aligned with Council-wide transformation activity. This governance structure brings together operational, commissioning and transformational senior staff to oversee the programme of change, but also to identify and remove barriers to achieving deliverables.
- 9.8.2 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.
- 9.8.3 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 the opportunity to test out different ways support planning and brokerage can be organised, and embeds choice and control in how support is coordinated.
- 9.8.4 All of these arrangements, alongside the redesign of business process and the highly visible leadership commitment to implementing personalisation, have led to the success Barnet has already achieved and will continue to do so towards delivering a personalised approach.
- 9.8.5 Some Key deliverables within the project are:
- Developing a network of *Self Directed Support Leads* across social work teams facilitating culture change and workforce development; enabling workers to become increasingly confident in using personalisation approaches.
 - Refining the Resource Allocation System, aligned to the published medium term financial strategy, and developing and implementing guidance for people who use services, and workers supporting people through the process of a personal budget.
 - Developing and embedding supported self-assessment, reducing administrative processes but also enabling people to be more involved in assessment, support planning and coordinating their care as much as possible, using new technology to help them.
 - Ensure the learning from the *Right to Control* project underpins the planning, development and delivery of current and future work across the department.
 - Offer increased *online accessibility* for service users through online referral assessments, information, advice & guidance, support planning and discussion forums.
 - Co-produce and deliver workforce personalisation training across the directorate increasing opportunities for sharing knowledge, skills and encouraging innovative working practices.
 - Support and involve the service user group, Expert by Experience, responsible for consultation, co-production and to act as critical friends in the development, delivery and evaluation of personalisation.

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).
- 10.3 Your Local Account of Adult Social Care Services February 2012

Cleared by Finance (Officer's initials)	JH/MC
Cleared by Legal (Officer's initials)	SS