

CABINET ITEM COVERING SHEET PROFORMA

AGENDA ITEM

REPORT TO CABINET

12 JANUARY 2012

**REPORT OF CORPORATE
MANAGEMENT TEAM**

CABINET DECISION

Adult Services and Health - Lead Cabinet Member – Councillor Beall

PERSONALISATION UPDATE

1. Summary

This report provides an update on progress in Stockton-on-Tees for the developments of the Personalisation agenda within adult social care services and in line with the direction of travel over the last two years based on the earlier 'Putting People First' and more recent 'Think Local, Act Personal' concordats. Work has progressed on the development of a Resource Allocation System and Personal Needs Questionnaire, which are enabling people to self-direct their support by offering an upfront budget allocation and supporting them to complete a costed support plan which explains how they wish to receive support services in future. This process is impacting positively on our ability to manage social care assessments and meet new performance targets.

2. Recommendations

To note the direction of travel and progress to date associated with the Resource Allocation System (RAS) and the Personal Needs Questionnaire (PNQ).

3. Reasons for the Recommendations/Decision(s)

To support Stockton-on-Tees Borough Council with the continued transformation of Adult Social Care services in line with Think Local, Act Personal and the Vision for Adult Social Care.

4. Members' Interests

Members (including co-opted Members with voting rights) should consider whether they have a personal interest in the item as defined in the Council's code of conduct (**paragraph 8**) and, if so, declare the existence and nature of that interest in accordance with paragraph 9 of the code.

Where a Member regards him/herself as having a personal interest in the item, he/she must then consider whether that interest is one which a member of the public, with knowledge of the relevant facts, would reasonably regard as so significant that it is likely to prejudice the Member's judgement of the public interest (**paragraphs 10 and 11 of the code of conduct**).

A Member with a prejudicial interest in any matter must withdraw from the room where the meeting considering the business is being held -

- in a case where the Member is attending a meeting (including a meeting of a select committee) but only for the purpose of making representations, answering questions or giving evidence, provided the public are also allowed to attend the meeting for the same purpose whether under statutory right or otherwise, immediately after making representations, answering questions or giving evidence as the case may be;
- in any other case, whenever it becomes apparent that the business is being considered at the meeting;

and must not exercise executive functions in relation to the matter and not seek improperly to influence the decision about the matter (**paragraph 12 of the Code**).

Further to the above, it should be noted that any Member attending a meeting of Cabinet, Select Committee etc; whether or not they are a Member of the Cabinet or Select Committee concerned, must declare any personal interest which they have in the business being considered at the meeting (unless the interest arises solely from the Member's membership of, or position of control or management on any other body to which the Member was appointed or nominated by the Council, or on any other body exercising functions of a public nature, when the interest only needs to be declared if and when the Member speaks on the matter), and if their interest is prejudicial, they must also leave the meeting room, subject to and in accordance with the provisions referred to above.

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SUMMARY

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RECOMMENDATIONS

To note the direction of travel and progress to date associated with the Resource Allocation System (RAS) and the Personal Needs Questionnaire (PNQ).

DETAIL

Background

1. 'Putting People First – A shared vision and commitment to the transformation of Adult Social Care' was published as a Government protocol in December 2007. The Government at that time stated that 'Putting People First' 'sets the direction for adult social care over the next 10 years and more'. It confirmed the approach to 'Personalisation' and 'self-directed support' as a follow on from the existing Direct Payments legislation in place since 1996.
2. In November 2010 the current Government published "A Vision for Adult Social Care: Capable Communities and Active Citizens" which set out a new agenda for adult social care in England. It showed the commitment to continue reforming the system of social care and provide more control to individuals and their carers. In addition it offered to extend the roll out of personal budgets with a target of 100% of eligible service users/carers having a Personal Budget by April 2013 (from 30% by April 2011).
3. In April 2011 the "Think Local, Act Personal" partnership took over from the Putting People First programme. The TLAP partnership comprises over 30 national and umbrella organisations representing the broad interest in personalisation and community-based support. These organisations are working to improve practice in six priority areas; as well as advising and influencing government and other bodies. The six priority areas are:
 - Personalisation and personal budgets
 - Developing cost-effective and efficient solutions

- Developing the provider market and workforce
 - Building community capacity
 - Improving information to the public
 - Highlighting the importance of co-production
4. The vision for a modern system of social care is built on seven principles:
- **Prevention:** empowered people and strong communities working together to maintain independence
 - **Personalisation:** individuals not institutions taking control of their care. Personal Budgets, preferably as direct payments, provided to eligible people.
 - **Partnership:** care and support delivered in partnership between individuals, communities, the voluntary and private sectors, the NHS and councils – including wider support services, such as housing.
 - **Plurality:** the variety of people’s needs is matched by diverse service provision, with a broad market of high quality service providers.
 - **Protection:** there are sensible safeguards against the risk of abuse or neglect. Risk is no longer an excuse to limit people’s freedom.
 - **Productivity:** greater local accountability will drive improvements and innovation to deliver high quality care and support services.
 - **People:** we can draw on a workforce who can provide care and support with skill, compassion and imagination, and who are given the freedom and support to do so.

Local Approach to Self-Directed Support Developments

5. We have been working over the past two years to draw together the development of personalised systems, policies and procedures to ensure we meet the requirements of a revised adult social care system. This has been undertaken in Stockton Borough Council through the leadership of a Personalisation Project Board, chaired by the Corporate Director of Children, Education and Social Care, with a membership which included officers from SBC, NHS Stockton, TEWV, Carers representatives and also the Lead Cabinet Member for Adults Services and Health. This Board ceased functioning in March 2011 with the move to operational management of the Personalisation work. The personalisation work is now picked up by the Adult Care Management Team and through a newly appointed lead person in the new Adult Social Care structure.
6. As part of the project work led by the project manager over the past two years we created a time limited project team (April 2010 – March 2011). This team supported the programme developments in such areas as resource allocation, personal needs questionnaire, support planning, service directory, information, alongside provider, user led organisation and staff development.
7. Additionally, in each social care team we have identified personalisation “champions” to ensure key messages and staff support are maintained. A number of staff training workshops have been held to ensure all staff understand the principles of self-directed support and offer people the necessary advice and information. On a monthly basis we held an introduction to support planning training session. Thirteen sessions have been held so far with a total of 275 people, including Council staff, independent providers, carers and clients benefiting from a one-day workshop, explaining the principles of a good support plan and the key requirements.
8. Each week a Validation Forum is held to review the support plans being submitted for authorisation. This is chaired by a senior manager and offers the opportunity to ensure consistency and value for money when reviewing the support plans from the perspective of both client and the Council. Examples of two cases given Personal Budgets are included at Appendix 1.

9. Self-directed support means that people are able to design the support or care arrangements that best suit their specific needs. All individuals eligible for publicly-funded adult social care (other than in circumstances where people require emergency access to provision or equipment) have the opportunity to complete a Personal Needs Questionnaire as part of their assessment. From this we are able to offer an indicative personal budget based on a financial calculation using our Resource Allocation System (RAS). This is a clear, upfront indication of an amount of money, to enable the client to make informed choices about how best to meet their needs, including their broader health and well-being. Using this indicative personal budget the client is able to put together a support plan setting out how they wish to have their identified needs met. Support plans can be written by the individuals themselves or, as generally happens, with help from their social worker, carers, family members or friends.
10. The offer of a Personal Budget allows the client to take their money and manage it through a Direct Payment. This is the Government's preferred method of Personal Budget delivery. Alternative options include taking the Personal Budget as a "managed budget" through the support of the Council's social work staff. Whatever approach is chosen by the client it is important that to achieve good outcomes people need simple processes, to be involved in the support planning and to have control of the resources. It should be noted that there has been a gradual increase in the proportion of those clients choosing to manage their own personal budget to deliver their support plan.

Financial Resource Allocation System Developments

11. The Council has trialled and considered three Resource Allocation Systems in order to offer Personal Budgets to adult social care clients. Two of the systems were national models and a third system was developed in house and based on current practice and costs.
12. Robust testing of the national models suggested that neither of these systems offered an acceptable solution for Stockton. Following discussions with neighbouring and national Local Authorities a decision was taken to develop an in house solution. This involved developing Stockton's own questionnaire Personal Needs Questionnaire (PNQ) and weightings which are used to generate Indicative Personal Budget offers to clients.
13. The new PNQ was launched in November 2010 and following refinement was subject to similar robust testing that was applied to the national models. The results of this testing demonstrate that the RAS developed by Stockton greatly improved on the national allocation systems previously considered by the Authority with regard to two key issues:
 - Consistently offering an Indicative Personal Budget which more closely reflected need and afforded clients a realistic basis to consider Support Planning.
 - Demonstrated an acceptable level of financial risk.
14. The weightings developed are consistent with the current practice and costs. By virtue of the limited number of questions in the current (and alternative versions) of the PNQ there will always be a degree of variance between traditional cost and the offer calculated by the PNQ. However, this variance has been significantly reduced when compared to the outcomes of the national models.
15. The initial offer made to clients is an indicative offer. At this stage clients can opt to have a traditional package managed by the authority or submit a support plan for consideration by a Validation Forum.
16. Applying a contingency of 15% mitigates the financial risk to the Council with the validation process ensuring additional controls. Budgets to date would suggest this is working.
17. Personal Budgets are only offered to clients who are deemed to be in stable circumstances. In terms of producing an offer that is consistent with a traditional cost, the RAS is better suited to Older People and Physical Disability clients. For Mental Health clients (who are sometimes

reluctant to accept traditional services) a Personal Budget offers increased opportunities and is more likely to lead to increased take up. We are continuing to review services with people with a learning disability as part of the wider Efficiency, Improvement and Transformation (EIT) review.

18. The work continues around the RAS developments to ensure financial probity and risk management. In addition future developments are focused on identifying:
- Children's RAS
 - Carers RAS
 - Funding respite care
 - Learning Disability RAS
 - Offers to Residential clients to support a move to community based care.

Other Developments

20. Up until March 2011 and the end of the Putting People First programme the Department of Health maintained a record across all local authorities to measure progress against a set of key milestones. The information was collected on a quarterly basis and covered success factors expected in the following areas:
- Effective partnerships with People using services, carers and other local citizens
 - Self-directed support and personal budgets
 - Prevention and cost effective services
 - Information and advice
 - Local commissioning

From Autumn 2011 Think Local, Act Personal partnership intends to measure performance of local authorities in implementing personalisation objectives through a process of 'benchmarking'.

21. The key performance figure for self-directed support is based around a National Indicator for the percentage of eligible service users/carers with a personal budget. The target figure was 30% by April 2011. The formal reporting of this indicator is based on the number of clients in receipt of self directed support i.e. have been through the self-directed support process (the numerator) as a proportion of all clients in receipt of community based services (the denominator).
22. Feedback locally, regionally and nationally (and reflected in the workshop held in Stockton with Jeff Jerome, the national Transformation lead at the Department of Health) indicated, however that what is included in the denominator will vary according to different judgements as to which services can be excluded on the basis that they would not be expected to be the subject of a personal budget. The Adult Care Management Team has endorsed the principle that we should report our performance with equipment and adaptation cases excluded from the denominator (since it would not be appropriate to offer a personal budget for such cases). Based on this approach our local performance to the end of March 2011 was 33.2% as apposed to 19.1% if equipment / adaptation cases were included. The target now is for 100% of eligible people to be in receipt of self-directed support by April 2013. Plans are in place to ensure this target is reached and will now include offers of a Personal Budget to those clients who are going through the review process and for whom residential provision is considered appropriate. Figures up until November 2011 show a further increase in performance of people using social services who receive Self Directed Support (SDS) in the rolling year as 47.4%, which reflects in year work to refine the denominator and also the successful impact of our review process.
23. In order to maintain a focus on improving the number of people who choose to take control of their own personal budget, we have also included in our local performance framework an indicator for the proportion of service users who choose to manage their own personal budget through a direct payment (setting a target of 20% for 2011/12).

24. People in receipt of Personal Budgets are subject to normal charging arrangements. For some people this means making a contribution towards the cost of their care. Where this involves people in receipt of Direct Payments recent changes have been made to the process. Originally Direct Payments were made net of the contribution with the expectation the client would use their contribution towards the payments of service provision. In financial monitoring reviews often we found these costs were not being used by the client to provide for their identified care and support. The Council has recently changed its approach to paying the full amount of the Direct Payment and invoicing for the contribution separately on a 4-weekly basis. This is in line with good practice guidance and early indications are that this is working well. As part of our routine schedule of internal audit, personalisation processes will be reviewed within the current financial year, which will include financial monitoring of use of Personal Budgets.
25. The government expects that every council area has at least one user-led organisation (ULO) who are directly contributing to the transformation to personal budgets. Stockton Borough Council were successful in obtaining £50k through a joint bid to the regional Investment and Efficiency Partnership, which has been lodged with Catalyst (3rd sector strategic organisation) to take forward the development of local ULOs. This work includes undertaking assessments against the regional criteria for ULOs. Approximately 20 emerging ULOs have been identified and assessed. There is a project board with a project plan in place, which includes offering appropriate support to the emerging ULOs identified within the Borough. A number of these ULOs either meet all or the majority of the criteria to be a ULO and these organisations are assisting/involved in the development of self-directed support services in the Borough.
26. A review has been held of all contracts held by the Council for information and advice services. The resources supporting a number of these contracts have been pooled and a new single service has been procured, with a contract that started in April 2011. Work has also been undertaken on the development of an Adults Care Services Directory which aims to provide a data bank of information to service users and partner agencies. The Directory is now operational and can be accessed via www.stockton.gov.uk/directory
27. The Government are keen to develop a more diverse workforce and include in this approach increasing the number of Personal Assistants (PAs). The Vision for Adult Social Care and Think Local, Act Personal both make reference to developing a strategy for increasing the number of PAs. The approach is focused on developing a better understanding of PAs and employers needs including:
- Recruitment and retention
 - Learning and development
 - Supporting PAs and employers
 - Enabling risk management
- Research undertaken regionally and including information obtained in Stockton highlighted that support for PAs is currently not considered the responsibility of local authorities. In addition it is difficult to identify the PA workforce and there is a lack of direct support for these people who often operate independently. Further work is being undertaken on a regional basis to take forward the research.
28. Stockton has been involved in the Department of Health national pilot on Personal Health Budgets (PHBs) in partnership with the four Tees Primary Care Trusts and local authorities. There are currently over 1,300 people nationally receiving personal health budgets within the pilot programme for a range of conditions; long-term conditions; mental health; end of life care and NHS Continuing Healthcare. Across Tees there are 126 people within the pilot. The pilot has been running since 2009 and is due to end with the publication of a report on the evaluation/findings in Autumn 2012.
29. A PHB is an amount of money allocated to patients with health and well-being needs so they can use it to buy services. Recent announcements by the Government indicate that PHBs will be rolled out by April 2014 starting with people in receipt of Continuing Health Care (CHC) funding. Stockton PCT, as part of the PHB pilot, has permission to provide Direct Payments for

CHC. Work is also progressing nationally on testing out models for integrating PHBs with social care Personal Budgets.

30. In addition the Government recently announced that 20 pathfinders, covering 31 local authorities and their Primary Care Trust (PCT) partners, will test out the main proposals in the Special Educational Needs (SEN) and Disabilities Green Paper. This includes offering personal budgets for parents of disabled children and those with SEN so they can choose which services best suit the needs of their children.

FINANCIAL IMPLICATIONS

31. In order to support the costs of implementation, the Department of Health awarded the Council a specific Social Care Reform Grant allocation of £289k for 2008/09 with further grant of £677k being receivable in 2009/10 and further grant of £838k receivable in 2010/11. The total costs of implementation will be contained within this level of resource. The actual financial implications and costs of self-directed support are being closely monitored through robust ongoing budget meetings and through panel arrangements.
32. There is the *potential* for a certain level of ongoing efficiency to be generated through clients directly procuring their own care packages and having the flexibility to purchase care specific to them at locally agreed prices. It is however still too early both locally and nationally, to gauge whether efficiencies are actually realisable or not.

LEGAL IMPLICATIONS

33. The direct legal implications have not changed since the government introduced the concept of Personalisation and self-directed support. Clients can only receive a personal budget if they are eligible for community care services. The Law Commission report on Adult Social Care (May 2011) recommended widespread reform of the law governing adult social care but as yet this has not been implemented.

RISK ASSESSMENT

34. The opportunities and risks associated with the introduction of new approaches to achieve personalisation have been identified and assessed. The changes to date have not created any unavoidable risks. Safeguarding principles remain in place and issues are dealt with through the normal processes. Personalisation was subject to a detailed Internal Audit in January '11.
35. The key risks identified and mitigating factors are:
- Budgetary pressures based on miscalculating the Resource Allocation System – mitigated by testing different RAS models using significantly detailed samples alongside information gained from operational working over a period of two years and regular budget meetings.
 - Budgetary pressures from people misusing their allocated budget (through a Direct Payment) and requiring unmet needs to be met by the Council – mitigated by regular client review and controls required by the contracted support organisation (Wilf Ward Trust).
 - The potential for people to stop using existing in-house services – mitigated through the respective Efficiency, Improvement and Transformation (EIT) reviews.

SUSTAINABLE COMMUNITY STRATEGY IMPLICATIONS

36. The personalisation agenda contributes to the well being of adults and links with the health and well being and older adults priority themes.

EQUALITIES IMPACT ASSESSMENT

37. The overall impact of the Personalisation policy framework has not changed since the original Equality Impact Assessment and at the time was considered to have a low impact.

CONSULTATION INCLUDING WARD/COUNCILLORS

38. Ongoing consultation will take place as we develop self-directed support and Personalisation principles further.

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Background Papers

Key documents that can be referred to for background information:

A Vision for Adult Social Care – Capable communities and active citizens (November '10)

Think Local, Act Personal (November '10)

Ward(s) and Ward Councillors:

Borough wide implications for all Wards and Ward Councillors

Property

None

APPENDIX 1

CASE STUDY 1

Mr C is a 39 year old gentleman from Stockton-on-Tees. His wife is his main carer and they have two children aged 16 and 18.

When Mr C is unwell, he is very paranoid. He hears voices of a threatening nature and has previously acted on impulse but has not caused any harm. He receives regular support from the Psychosocial Team.

Prior to the agreement of a Personal Budget, Mr C had 55 stays in a crisis bed last year. Initially this appeared to be working for Mr C. Over time, however, his mental health deteriorated, his paranoia increased, he lost a lot of weight and his mood became very low. He telephoned his wife daily wanting to return home and this put an immense pressure on his wife. It became evident that respite was not effective for Mr C and his wife, as he relies heavily on his wife for support. One of the main problems was the respite care was only available at specific times based on availability of the service. Bookings had to be made in advance and the timing was not always at a time when Mr C was most in need of the service.

Mr C's family is very important to him and his main aim is to be well and not need as much support from his wife. Mr C feels that he has little quality time with his family as he has been mentally unstable and has found it difficult to cope. Mr C wants to change and be able to cope with more and ease the stress from his wife and children, therefore, benefitting the whole family.

Mr C was offered an annual Personal Budget of £6,544. Mr C's payments are set quarterly to monitor and review his assessed needs and outcomes in his support plan. The costs of quarterly payments are £1,636.00.

Using the traditional care package, the cost of accessing a crisis bed on a weekly basis is £842.92. For Mr C this cost £6,623 / annum over the last 12 months. Although there is not a big saving the likelihood is that in the long-term Mr C will not need to take as many breaks away from home further reducing the costs over time. The main benefit in the short term is the positive outcomes being achieved in Mr C's mental health.

Mr C wanted to use his Personal Budget to have breaks away from home in order to reduce stress levels for him and his wife but at a time that suited him. With the support from his wife, Mr C has used his Personal Budget for breaks away to Whitby, Redcar, Blackpool and Newcastle, using bed and breakfast accommodation arranged at a time to suit Mr C.

Mr. C said: "It's made a big difference to my mental health, my moods have improved and, with the support of my wife, I have made progress integrating with and accessing the community".

His CPN said, "Since he has received his personal budget it has relieved a lot of stress from the client and carer, the whole family environment is more settled. Prior to the PB the client contacted the CPN constantly this is no longer the case, his paranoia has reduced and he is not as negative about his illness."

CASE STUDY 2

Mr N is a 40 year old gentleman. At the age of 14 Mr N was registered blind. He lives with his parents who are supportive of him. Mr N is a member of the BME community to which, he has received little support due to cultural issues regarding disability. Both of his parents are suffering from ill health and it is important for Mr N to be able to assist his family and support them wherever and however he can. Mr N would like to be more independent in his life and be able to support his parents as they have supported him.

Since being made redundant Mr N has lost his confidence. He is fearful of becoming more dependent on his family and friends due to a lack of confidence and self belief which stems from his childhood experiences.

It is important for Mr N to continue to contribute to society and he enjoys raising money for charities. Doing charity bicycle rides keeps him motivated and he attends a cycle club that are able to provide him with the use a tandem. However, difficulties have arisen in that the club has restrictions on limited hire and these have led him to become depressed in mood. He also relies on his father to transport him to a gym, and access its facilities, in order to continue his fitness regime for his cycle rides.

Mr N also likes to socialise with other people who have visual impairments. This has helped him to receive support and develop new skills with people who have difficulties similar to himself. He needs support with transport to and from these social gatherings and this has resulted in Mr N going to social events late or leaving them early.

Since receiving his Personal Budget Mr N has been able to employ a Personal Assistant to iron his clothes and colour coordinate them on hangers, meaning he no longer needs to rely on his mother to do this for him. He also uses part of his personal budget to pay a volunteer driver to assist him to and from the gym and social events with Blind Voice UK. Mr N was also given a one off payment to purchase a tandem.

Mr N is currently training for his next charity cycle ride later in the year. Mr N said: "Having a personal budget has given me more independence. I have become fitter and feel more confident. I am not restricted and I am not reliant on organisations and family. Since having my tandem I have been able to train in my own time. I can also attend social events and feel included by going early or staying later. These changes have improved my confidence greatly".