

# Scrutiny Board (Adult Social Care)

## Scrutiny Board Inquiry: Personalisation

Working Group Meeting: 15<sup>th</sup> October 2009

Present **Members**

Cllr Judith Chapman – Chair (JC)  
Cllr James McKenna (JM)  
Cllr Valerie Kendall (co-opted member) (VK)  
Cllr Mark Dobson (Health Board item 3 only) (MD)

**Officers**

Ann – Marie Simms – Care Manager (AMS)  
John Lennon – Chief Officer, Access and Inclusion (JL)  
Emma Lewis – Business Change Manager (EL)  
Robert Russell – Principal Financial Manager (RR)  
Sandra Newbould – Principal Scrutiny Advisor (SN)

Apologies Cllr Penny Ewens

Cllr Vonnie Morgan  
Joy Fisher (co-opted member)  
Sally Morgan (co-opted member)

No.	Item	Action
1	<b>Attendance</b> The attendance and apologies as above were noted. The Chair welcomed everyone to the meeting.	
2	<b>Notes of Previous Meeting</b> The draft notes of the meeting were presented and agreed.	
3	<b>NHS Approach to Personalisation – for information only</b> Mick Ward presented some peripheral information relating to the development of self directed support within the NHS. The provision of this was at the request of the working group and falls outside the scope of the inquiry.  The working group were advised that SDS within the NHS is currently being piloted by a number of sites across the country. Leeds is not a pilot site. The themes relating to choice and control and the focus on outcomes for the individual are very similar with regard to care planning. NHS SDS will not be utilised for the provision of GP or emergency services.  Questions arising: JC – On discharge from hospital or where an integrated service is required who would take the lead in supporting the individual. NHS or ASC? MD – The NHS are trying to streamline services, doesn't this add another layer of bureaucracy?	

	<p>JM – This aspiration is not new. NHS discussing 10 years ago and we are still no further on.</p> <p>In response the working group were advised that in essence where services are integrated SDS could be overseen by a combined team of care co-ordination professionals, however this is an ambition, but it would ensure effective partnership working and the potential for further joint commissioning.</p>	
4	<p><b>Early Implementer Update, Evaluation and Experiences of Care Managers and Support Officers.</b></p> <p>Emma Lewis advised the working group of the audit led team involved in the evaluation of the SDS Early Implementer. Phase one of the evaluation has been completed which involved customer feedback, care manager feedback and an internal audit review of key operating systems and processes. The team also looked at the following areas</p> <ul style="list-style-type: none"> <li>• Self Directed Assessment Questionnaire</li> <li>• Resource Allocation System</li> <li>• Support Planning – A Toolkit already exists but more work is required to introduce policy which will assist in the production of support plans by defining what needs to be considered, the definitions of needs, wants ,outcomes, risk and safeguarding issues, financial issues and approval processes. A copy of the support planning toolkit was requested by the working group.</li> <li>• Accessing Budget</li> <li>• Organising Support</li> <li>• Review</li> </ul> <p>Initial comment and feedback suggested that customers prefer SDS to traditional care methods.</p> <p>Phase 2 will be completed later in the year. The working group requested a copy of the phase 1 report.</p> <p>60 customers have now agreed to take part in the Early Implementer project. 52 customers have completed the SAQ. 21 support plans have now been agreed and 11 of those have begun to use their personal budgets. The group were advised that there is still an under representation of older people and mental health service users, it is hoped that a secondment of a temporary specialist mental health worker to the EI team will partly resolve this.</p> <p>There are still some outstanding issues relating to the RAS, particularly relating to assessing those with complex needs. Work is currently being undertaken to resolve these issues.</p> <p>The project team is currently working to develop risk management arrangements. The working group expressed concerns regarding the</p>	<p>EL</p> <p>EL</p>

	<p>potential for individuals to be at greater risk whilst receiving SDS and therefore stated that this work should be a priority. The working group will receive an update in December 2009.</p> <p>AMS advised the working group that care managers minimise risk and maximising value for money by going through all support plan options, looking at which registered agencies can provide the service or if it can be provided in house.</p> <p>Questions arising:</p> <p>JM – Raised concerns about support with legal aspects such as employment rights and also the risk of financial abuse.</p> <p>JC – Most will have never employed anyone in their lifetime. Who can seek assistance and where from?</p> <p>JM – Queried the membership of the evaluation team and if examples given to working group were ‘cherry picked’.</p> <p>JC – Asked AMS if she felt the Council should be doing anything that it isn’t and if she thought the current processes are efficient. AMS was also asked if she felt that she was engaged in developing the system or if she was just directed by it.</p> <p>VK – Was aware of some reluctance by Social Workers to talk to users about Direct Payments what about personal budgets.</p> <p>In response the group was advised that individuals are directed to ASIST who give support and advice with the recruitment process. There is an element of risk now even with traditional care, however work is being undertaken to minimise this. (Item for a future working group meeting.) As referred to in the report the evaluation team comprises of Audit, and Expert by Experience and a Consultant. AMS advised the group that she felt engaged, the four care managers involved in the pilot regularly consult with each other on a weekly basis providing feedback when issues and problems arise and raise examples when things have not worked or conversely worked really well. The processes of filling in SAQ’s with customers is working efficiently as it is process undertaken with the care manager, individuals would struggle otherwise. There is no question that Social Workers are unhappy about discussing personal budgets and providing advice.</p> <p>Members of the EI pilot are not ‘cherry picked’ some are volunteers, some are cases that came up for review or people who wanted something different.</p>	JL
5	<p><b>Financial Budgets and Value for Money</b></p> <p>Robert Russell advised the working group that there are significant challenges ahead to generate funding for personal budgets. It is necessary to release funds from existing services, however whilst this is being achieved there is financial risk that expenditure will be incurred twice for personal budgets and in house services. To reduce risk some authorities are restricting the numbers of personal budgets, this is not being considered in Leeds however a contingency plan is</p>	

	<p>being developed to manage risk and sustainability.</p> <p>The make up of representatives in the EI project is not representative of the general population and a few involved have particularly high cost packages (3). There is therefore a £55,449 overspend on the agreed support plans when compared to current cost of packages (£501,219).</p> <p>The current RAS system in Leeds does not generate sufficient budget in high cost packages. The common RAS framework is being tested in Leeds to ascertain if it can resolve this problem.</p> <p>Questions arising:  JC – Would like to see financial plan which demonstrates forward planning. How effective is LCC being where it comes to joint services in obtaining adequate funding from NHS Leeds .</p> <p>The working group was advised that all organisations are managing their budgets closely in this financial climate and LCC are working closely with NHS Leeds to ensure those with continuing health care needs are funded by the NHS.</p>	RR/JL
6	<p>Further Action</p> <p>Session 7 - During the seventh session of the inquiry the working group will examine:</p> <ul style="list-style-type: none"> <li>• Commissioned Services and Social Enterprise – The requirement to adapt and change.</li> <li>• Performance management and reporting mechanisms and meeting the challenge of Government SDS targets.</li> <li>• Workforce Transformation and Development update.</li> </ul>	
6	<p>Future Meeting Dates</p> <ul style="list-style-type: none"> <li>• 11 November – 2pm Committee Room 3</li> <li>• 10 December – 10am Committee Room 3</li> </ul>	SN