<u>Draft</u> Scrutiny Inquiry Final report Self Directed Support and Personal Budgets.

17th March 2010

Introduction and Scope

Introduction

1. At its meeting on 8 October 2008, the Executive Board received an update on the work undertaken in Leeds to prepare for the personalisation agenda, since the publication of the concordat "Putting People First" in December 2007. At that meeting, the Executive Board resolved that the Scrutiny Board (Adult Social Care) be requested to monitor progress of the personalisation agenda.

2. The concordat outlined the vision and direction for the development of adult social care services in the future and summarised the main issues to be addressed by all Local Authorities if they are to deliver successful change. We acknowledge that the need to modernise social care services is essential to facilitate the provision and funding of a more flexible service, which in turn will enable people to have more choice and control over their care services.

3. One of a number of initiatives contributing to service transformation is Self Directed Support (SDS) and personal budgets. Throughout this inquiry we have gained an insight into the significant level of change required in the way assessment and care management should be delivered by the council and our partners.

4. To assist the Adult Social Care Scrutiny Board in monitoring progress of the personalisation agenda, in line with the Executive Board request, the Scrutiny Board requested that a scoping paper be presented for discussion. An initial scoping discussion was held at the Proposals Working Group meeting on

12 December 2008. The working group agreed to focus on the following areas:
- The common assessment framework;
- Resource allocation system
- Progress of the early implementer project.

5. Terms of reference for this inquiry were agreed at our Board meeting on the 7th January 2009 and further updated terms were agreed on the 29th July 2009.

6. We considered the best approach for carrying out this inquiry and concluded that by establishing a personalisation working group we would have the capacity to undertake the inquiry in greater detail. The members of the working group were:

Cllr Judith Chapman - Chair
Cllr Stuart Andrew – until 21/05/2009
Cllr Suzie Armitage- until 21/05/2009
Cllr Penny Ewens
Joy Fisher
Sally Morgan
Cllr Alan Taylor – until 16/11/2009
Cllr James McKenna – from 17/06/2009
Cllr Vonnie Morgan – from 17/06/2009
Cllr Valerie Kendall – from 29/07/2009

7. Throughout the inquiry the working group regularly reviewed the terms of reference and where necessary introduced other areas for consideration to facilitate a thorough inquiry into this complex area.

8. This inquiry commenced in the 2008/9 municipal year. The modernisation of Adult Social Care is a long term change programme of which Self Directed Support is a major influential factor. Due consideration of evidence has taken place over a ten month period during

which we have witnessed the evolution of the Early Implementer Pilot project and the many benefits that a personalised budget can bring to an individual wishing to have more choice and control over the services they wish to receive.

9. We feel it is important to recognise the roles and responsibilities which the Adult Social Services Department has for the delivery of Self Directed Support and Personal Budgets. We also feel it is important to recognise the significant work already undertaken and which continues on a daily basis to further develop and deliver this objective.

10. At the time the inquiry was undertaken the provision of Personal Budgets were due to become a mainstream service in April 2010. Subsequently the Early Implementer Pilot project has been extended to invite under represented groups to join such as Older People and Mental Health Service Users. Personal Budgets will now be offered to the wider public including all new customers from July 2010. The cultural and transformation change for Adult Social Services and partners will continue to evolve long after this date. In addition lessons can still be learnt from projects such as the Early Implementer Pilot and feedback can be obtained and evaluated from service users and experts.

11. We are very grateful to everyone who gave their time to participate in this inquiry and for their commitment in helping us to understand, review and monitor this area.

Scope of the Inquiry

12. Recognising the range of stakeholders involved and responsible for the delivery and success of Self Directed Support, we received a range of evidence both in written and verbal form from the following:

- Officers from Adult Social Services
- Experts by Experience
- Personal Assistants
- Peer Support Group

13. The Experts by Experience who joined us provided a valuable insight into their involvement in the Early Implementer Pilot. During one session we asked 'What change if any has a personal budget made to your life?' We did not truly appreciate until this point that enabling a person to control their social care investment can add significant value and enjoyment when doing things in life which most of us take for granted.

'I can't wait to have a Personal Assistant to help me to look after my grandson. This will also give my husband some respite and also enable me to visit places such as art galleries or attend poetry readings.'

'I am looking forward to being able to go to the quiz night, which was something I previously enjoyed doing. I like to go out and about, a personal assistant will help me to do this.'

Introduction and Scope

14. The inquiry consisted of eight working group sessions, the presentation of written information and feedback from individuals who are involved in the pilot, provide care and support to those in receipt of a personal budget or provide peer support. Further information relating to each of these sessions is detailed at the end of this report.

15. In order to promote our level of understanding we were advised about Leeds City Council's vision to transform Adult Social Care Services to incorporate a system of Self Directed Support at the very beginning of the inquiry.

Conclusions and Recommendations

Introduction

16. During the course of this inquiry we conducted investigations into many aspects of Self Directed Support. The focus of our conclusions and recommendations is predominantly on those aspects which we felt required attention and does not reflect every aspect of the inquiry itself.

17. A very timely and important report was provided to us at the latter end of the inquiry, the Phase 1 Early Implementer Evaluation Report. This encompassed the views of an evaluation team which comprised of Audit, an Expert by Experience and a Consultant who focused on the following areas

   - Self Directed Assessment Questionnaire
   - Resource Allocation System
   - Support Planning
   - Accessing Budget
   - Organising Support
   - Review

18. Five high priority areas highlighted in the report caused us significant concern particularly around budgets and financial management. We welcome this report as it specifies defined areas for improvement and also supports some of the conclusions determined by the Adult Social Care Scrutiny Board.

Case Assessment and Review

19. A fundamental part of the assessment process is the completion of an assessment questionnaire which enables the service user to quantify the scope and range of personal care they require.

20. We were advised that the format of the Self Directed Assessment Questionnaire (SDAQ) is based on forms produced by other authorities, also taking advice from 'In Control' (supports local authorities to deliver SDS) and those users who had completed the SDAQ.

21. The second version of the SDAQ was presented to us and the Experts for discussion. It was acknowledged that version two of the form reflected considerable improvement in structure and simplicity however we consider that Part B would still be difficult to quantify.

22. We were concerned that it would be very difficult for many people to express a situation or a way of life on paper. The Experts advised us that they would not be able to fill the form in on their own and would have to seek assistance from parents, friends or associates. One Expert added that both she and her husband are articulate, literate people and it took two hours to complete the form. Subsequently the Care Manager still found inconsistencies, which highlighted how arduous the form is to complete.

23. We are acutely aware that service users are routinely required to provide repetitive information when applying for local authority or NHS support. We were determined to identify what steps were being taken to minimise this. We were informed that a single assessment process should be in place across health and social care in Leeds. It is acknowledged that further attention is required to the whole process of assessment to ensure that all those

wishing to access Social Care or Health Services can do so by going through one assessment process, which we welcome.

> **Recommendation 1 – That the Director of Adult Social Services ensures best practice guidance, the requirement for a single assessment process and feedback from service users continue to be considered to improve the structure and composition of the Self Directed Assessment Questionnaire which will aid completion and remove barriers for service users.**

24. We are aware that services users are not left to their own devices when completing the SDAQ and that care manager support is provided over an average of two visits. Once a support plan is in place there is a requirement for this to be reviewed, which includes a spending audit. A review will be conducted 3 months after the first assessment followed by regular reviews which in most cases will be annually.

25. Leeds City Council Care Managers involved in the process may recommend that a review is undertaken at more regular intervals where necessary, particularly if there is a concern about an individual's ability to manage their own budget. The Experts added that it is essential that there is input from both a Care Manager and Carer(s) when filling out the questionnaire to ensure that all aspects of care are covered realistically and that forms are filled in correctly.

26. We expressed apprehension about the high demand for local authority care manager support required to complete the SDAQ and support plans, which the

Experts and ourselves consider to be fundamental. We are further concerned that there will be a substantial requirement for this resource intensive service from July 2010 onwards, when the number of service users will significantly increase. At the time of the investigation it was not possible to accurately quantify the resource impact personal budgets would have on care manager resources once the service is extended to the wider public.

> **Recommendation 2 – That the Director of Adult Social Services updates the Adult Social Care Scrutiny Board (or its successor board) on the resource impact of Self Directed Support and the capacity to provide timely case assessments and reviews for service users within the constraints of current or planned staffing structures. This information is to be provided in conjunction with the quarterly performance report.**

27. Self Directed Support should be accessible to all in order to enable people to choose services in line with their preferences and improve quality of life. We determined that other sectors of the community may struggle to complete the SDAQ due to language barriers making it difficult for service users to define their own needs.

28. We were advised that the department is aware of the cultural and language issues that may cause difficulties and that the questionnaire can be produced in different languages upon request. However this is only part of the assessment process as service users cannot complete forms unaided. We therefore feel it important that provision is made to deliver support which is

adaptable and sufficiently skilled to communicate in different languages, including sign language, to enable the competition of the SDAQ.

> **Recommendation 3 – That the Director of Adult Social Services ensures the support functions utilised by customers (provided either directly or commissioned by Leeds City Council) are adequately skilled to overcome the barriers of understanding that may prevent access to Self Directed Support.**

The Resource Allocation System (RAS), Financial Management and Value for Money.

29. We were advised that The Resource Allocation System is an Adult Social Services tool for calculating the allocation of money to service users so that they can have greater levels of choice and control over the services they receive.

30. The resource allocation system uses a points system which determines how much money is allocated based on a persons completed questionnaire (SDAQ). The SDAQ is point scored and funding is allocated on a pounds per point basis. The RAS has been accurate in calculating a personal budget in 80 – 90% of cases. Where an individual has complex needs an alternative method of calculation was being utilised.

31. Local Authorities in general have developed their own RAS. We were advised however of the potential development of a national RAS which should create consistency. It is evident to us however that this will not remove disparity in funding between different authority areas whilst financial support is provided from Adult Social Services budgets which are within the control of the local authority.

32. We acknowledge that the RAS was being trialled throughout the inquiry in order to iron out anomalies. A contingency is in place to minimise detrimental impact however we were concerned by the Internal Audit findings, as detailed in the Early Implementer Report, which specified that there is a significantly high level of human error when inputting information and questioned if the calculation process is open, transparent and fair. We were reassured that no one taking part in the Early Implementer pilot is being disadvantaged financially, however we expect further work to be undertaken to rectify the significant issue raised.

33. We sought clarity to identify what system is in place should the service user disagree with the resource allocated. We were dissatisfied with the by the absence of a clear and defined time period for the convening of the Representations Panel. We believe that the documented process should be clearly time defined to remove uncertainty for employees, service users and carers. Those going down the Self Directed Support route should have access to information which advises them of the process in the event of a disagreement.

Conclusions and Recommendations

> **Recommendation 4 - That the Director of Adult Social Services reviews the Representations Process before October 2010, to incorporate clearly define timescales in which a disagreement regarding funding allocations would aim to be resolved. In addition the rights of the individual to request a review by the Representations Panel should be stressed and clearly communicated during the assessment/review process.**

34. It is acknowledged that the modernisation of the Social Care system in this country will generate significant challenges ahead and to generate funding for personal budgets it is necessary to release funds by reconfiguring existing services.

35. At the time evidence was presented to us 21 budgets had been assessed, however we were very concerned there was a £55,449 cost increase when compared to the previous care packages provided. We appreciate that the majority of the increase was attributable to 3 specific a-typical cases. However, this significant increase, factored with the requirement to substantially amplify the number of service users in receipt of self directed support, raises considerable concerns around affordability particularly with the current economic pressures faced by Leeds City Council. Our concerns are echoed in the Early Implementer Evaluation report.

36. It is evident that choice and control cannot be delivered at any cost, particularly when there is a finite budget to work within. We are aware of the potential significant financial pressures that could be created during this transitional period of change, and that a careful balance of expenditure on traditional care services and Self Directed Support will need to be carefully managed to minimise financial risk and ensure service sustainability.

37. An action plan has been put in place to rectify and remove some of the concerns raised from the evaluation, including the budget and financial planning concerns. We have determined however that this area should be closely monitored by the Adult Social Care Scrutiny Board.

> **Recommendation 5 – That the Director of Adult Social Services updates the Adult Social Care Scrutiny Board (or its successor board) on a quarterly basis on the budgetary impact of Self Directed Support and financial pressures created throughout the municipal years 2010/11 and 2011/12.**

The Risk Enablement Framework and Safeguarding.

38. During a number of working group sessions we have expressed our concern about obtaining the right balance between choice and control and the potential for increased risk to the service user. We also expressed our reservations about the inconsistencies in the freedoms for an individual to spend their budget on what they deem appropriate and the authority view on what is appropriate. We were advised an individual has the right to choose how

they spend their budget within an acceptable and agreed level of risk.

39. Some activities may seem initially to have little apparent social care benefit, the example given was the purchase of a season ticket for the football. However, on reflection activities such as this can be therapeutic, provide social interaction for the individual and provide some respite for main carers. The Early Implementer Evaluation Report specifies that there should be a Support Plan Policy which defines the types of support which are acceptable/not acceptable and offers clear guidance to care managers and service users. We agree that this policy is fundamental and necessary to provide clarity to service users and those employed to deliver care and support.

40. A copy of the draft risk policy was presented to us which defines how risk is identified and how this can be managed at an acceptable level. It was explained to us that risk cannot be completely eliminated without removing an individual's choice and control and that risk taking is inevitable and a part of every day life. However, service users who wish to utilise a personal budget will undergo a risk assessment to make sure risk is reduced to an acceptable level ensuring adequate safeguarding arrangements are put into place.

41. We were reassured that funding is not released before an agreed support plan has been seen which includes identification and analysis of risk. Such risk assessments are monitored to ensure that everything is operating within the known boundaries and to guarantee that the correct decisions have been made. If problems are identified then an assessment review is undertaken.

42. It was stated to us that accountability in risk management needs to be embedded to ensure that front line staff feel confident to make judgments and remain accountable for decisions made without the need for escalation. We hope that this is implemented successfully in order to minimise unnecessary delays in the assessment process.

43. We were keen to identify what recourse the service user would have if there was a disagreement about the acceptable level of risk. We were advised that if no agreed strategy to reduce risk to an acceptable level can be found, and the service user wishes to proceed, then referral to a manager will be required. Where this step fails a manager may refer the case up the line management structure to an appropriate senior manager, who will assist in a final decision as to whether the organisation is willing to accept the risk or not. Potentially the matter could be escalated to the Local Authority Ombudsman.

44. We have determined that there is a level of ambiguity about this method of resolution with regard to time scales. It is in the interest of the service user to be able to request that disputes be dealt with in a structured and time defined manner, an example being the Representations Procedure (with reference to recommendation 4). The process should be clear and transparent, particularly as monies will not be released until such time as a care plan is agreed.

Conclusions and Recommendations

> **Recommendation 6** –That the Director of Adult Social Services reviews the current procedure for resolving risk disputes before October 2010, to empower the service user with the right to request their case be reviewed in accordance with a defined time process and also provides the opportunity for the service user to make representation.

Performance Management and Reporting Mechanisms

45. The Department of Health has stated that local authorities must have a minimum of 30% of users, who are eligible for community based support, using Self Directed Support by the 31st of March 2011 to ensure a good performance rating. National Indicator 130 measures the number of adults, older people and carers receiving self-directed support (personal budget or a direct payment) in the year to 31st March as a percentage of clients receiving community based services and carers receiving carer's specific services aged 18 and over.

46. We have been reassured that Leeds City Council will achieve 15% by 31st March 2010 initially and 30% by 2011.

> **Recommendation 7** – That the Director of Adult Social Services updates the Adult Social Care Scrutiny Board (or its successor board) on performance against NI 130 on a quarterly basis in conjunction with the quarterly Performance Monitoring Report.

Stakeholder Engagement, Communication and Consultation.

47. We were reassured by the presentation of the Communications Strategy which clearly defined the planned promotion of the service and engagement with stakeholders. Published flyers, booklets and the most recent newsletter were exhibited to us. In addition we were advised of awareness raising media planned for production.

48. We stated that I.T. based assistance will be of no benefit for those without I.T. skills however we were reassured that quality information would be provided in both hard copy and online and that hard copy information would be bespoke to suit the users needs, i.e. large print or Braille.

49. Experience has unfortunately led us to the conclusion that information is not always in adequate supply or properly displayed and we feel it is important to stress that hard copy information should be readily available at all our publicly accessible buildings.

50. It was reported to us that all those taking part in the pilot are doing so voluntarily. We were advised that there is an under representation of older people and mental health service users and that steps have already been taken to employ a temporary specialist mental health worker to work with the Early Implementer team to encourage take up from those who have mental health support needs. We are aware that as part of the overall Self Directed Support

Communications Strategy a range of communications materials will be produced to target specific groups including existing and potential service users and different stakeholder groups as appropriate.

51. We consider that the pilot would have benefited from the inclusion of older service users, and welcome the news that the project will be extended until the end of June 2010 to provide the opportunity for inclusion. We appreciate the benefit of general communication to the public initially in order to reach the wider audience but once the focus becomes specific this stakeholder group should be prioritised in order to promote take up and feedback.

> **Recommendation 8 – That the Director of Adult Social Services delivers a targeted campaign before December 2010 aimed at older people to raise awareness and to promote the benefits of Self Directed Support.**

Brokerage Services and the Pathways to Establishing and Managing Support.

52. Brokerage involves assisting people who have personal budgets or who fund their own services by finding out what options are available or providing information (signposting). It can also involve giving technical advice, encouraging and developing informal support, coordinating support and resources, helping manage obligations and

responsibilities in relation to budgets and more importantly making things happen.

53. This facilitating function covers a wide range of individuals, such as friends or family, and organisations who provide help. This function is not restricted to specialised independent support organisations. We found it encouraging that progress has been made for Leeds Centre for Integrated Living to provide an external brokerage function in addition to that provided by council care managers.

54. Representatives from the Peer Support Group provided an overview of their role in giving assistance to those who manage their own social care services. In order to provide an effective service across Leeds a dedicated phone line was established which became operational on the 1st of June 2009. Interestingly they advised us that the majority of callers were from the older community, 50% aged 70+. A website was also in construction to enable internet access to information.

55. It was evident that the employment of staff to enable flexibility in conducting every day events or social activities was a very important factor to the experts, particularly the employment of Personal Assistants. We were interested to identify what assistance would be provided in helping a service user employ the right person and was advised that ASIST can provide valuable help (ASIST = Leeds City Council's Actively Seeking Independence Support Team, part of the Leeds Centre for Independent Living). It is also strongly recommended that people take up Criminal Record Bureau checks which ASIST will facilitate, however it is up to

the individual to decide if this is necessary. There are circumstances where the potential employee may be a long and trusted friend or relative.

56. When discussing the potential for a breakdown in care arrangement we asked the experts if they would know where to go if they needed assistance or support. Unfortunately they were not aware of the help available to them should this occur and assumed that they would have to call on friends and family to provide the emergency care they needed. We were advised that if there was a problem long term with support arrangements this would trigger a care review.

> **Recommendation 9 – The Director of Adult Social Services makes necessary provision to ensure individual support plans clearly identify the short term and emergency back up arrangements should a breakdown in care occur. Arrangements should be stressed and clearly communicated to those in receipt of Self Directed Support and where appropriate to carers and family members.**

57. We are concerned that there may not be sufficiently trained personal assistants in the market place to meet the demand that Self Directed Support will create and consider that Leeds City Council has a clear responsibility in helping to shape the market.

Partnership Working, Commissioning and Social Enterprise.

58. It is evident that involvement of other organisations is fundamental to the success of Self Directed Support. We were particularly pleased to know that extensive work had already been undertaken to form partnerships and set up a project board with organisations such as NHS Leeds, NHS Care Services, Leeds Partnership Foundation Trust, other Leeds City Council service areas and the voluntary sector. Work is also being undertaken to review commissioning arrangements with a view to arrange joint service contracts in the future.

59. Recognising that service transformation will have a great impact on commissioned services we asked what was being done to support service providers through this uncertain process and also develop local social enterprise.

60. It was explained that the potential increase of relatively small contacts will be more intensive to monitor for quality and value for money compared to a lower number of large scale contacts. However small service providers can deliver a more focused and localised service. We were advised that Leeds City Council is working with providers to help them adapt their services to meet the needs of those with personal budgets and we hope that Council procurement processes do not hinder this development. The need to move away from block contracting was also highlighted to us whilst stimulating the market to fill any gaps in service provision.

Conclusions and Recommendations

61. We welcomed the news that a Social Enterprise Development Officer is now situated in procurement whose role it is to promote social enterprise and that all companies will eventually be required to undergo assessment by the Care Quality Commission which should create reassurance of their viability and capabilities. In addition Leeds City Council has undergone a process of costing in house provision to enable those on personal budgets to buy services direct.

Workforce Transformation and Development

62. We were advised that a suite of training has been developed to meet the requirements of a range of staff. We were also reassured that customer service staff at West Gate and the One Stop Shops would also be offered a tailored version of Self Directed Support training so that they are prepared to respond to the wider public from April 2010.

63. We did express some concern that not all training, including risk assessment training would be delivered before April 2010, we therefore feel that the delayed introduction of Personal Budgets to the wider population will provide further opportunity to deliver training in the intervening period.

64. It is also evident to us that the first point of contact for a service user seeking Self Directed Support advice would not always be directly with Adult Social Services. We feel it important for front

line staff within our partner organisations to have the necessary skills to provide advice and therefore we encourage the continued delivery of training to our partner organisations by Adult Social Services.

Monitoring arrangements

Standard arrangements for monitoring the outcome of the Board's recommendations will apply.

The decision-makers to whom the recommendations are addressed will be asked to submit a formal response to the recommendations, including an action plan and timetable, normally within two months.

Following this the Scrutiny Board will determine any further detailed monitoring, over and above the standard quarterly monitoring of all scrutiny recommendations.

Reports and Publications Submitted

- Report of the Head of Scrutiny and Member Development, Personalisation – 12th December 2008
- Report of the Head of Scrutiny and Member Development, Personalisation – 7th January 2009
- Report of the Director of Adult Social Services, Personalisation Task Group (previously named Self Direct Members Forum) – 16th March 2009
- Report of the Director of Adult Social Services, Self Directed Support – Resource Allocation System (RAS) – 22nd April 2009
- Report of the Director of Adult Social Services, Update on the Implementation of Self Directed Support for Leeds – 22nd April 2009
- Report of the Director of Adult Social Services, Early Implementer Progress Update – 30th July 2009
- Report of the Head of Scrutiny and Member Development, Personalisation – Update to Terms of Reference and Appointment of co-opted member to the Personalisation Working Group – 29th July 2009
- Report of the Director of Adult Social Services, Self Directed Support The Assessment and Review Processes – 30th July 2009
- Report of the Director of Adult Social Services, Customer Engagement, Involvement and Consultation – 14th August 2009
- Report of the Director of Adult Social Services, Self Directed Support – Partnership Working Update – 18th September 2009
- Report of the Director of Adult Social Services, The Single Assessment Process - so people 'only need to tell their story once' – 18th September 2009.
- Report of the Director of Adult Social Services, Brokerage update – 18th September 2009
- Report of the Head of Scrutiny and Member Development, Personalisation Working Group – Update Report – 7th October 2009
- Report of the Director of Adult Social Services, Self Directed Support – Resource Allocation System (RAS) – 15th October 2009

Reports and Publications Submitted (continued)

- Report of the Director of Adult Social Services, Early Implementer Update, Evaluation and Experiences of Care Managers and Support Officers – 15th October 2009
- Report of the Head of Service, Support and Enablement, Self Directed Support and Adaptations – 11th November 2009
- Report of Chief Officer for Access and Inclusion, Adult Social Care Workforce development update Self Directed Support Programme – 11th November 2009
- Report of the Director of Adult Social Services, Performance Management and Performance Reporting Mechanisms: How the Challenge of Meeting Government SDS targets will be Met – 11th November 2009
- Report of the Director of Adult Social Services, Commissioned Services and Social Enterprise, The Requirement to Adapt and Change – 11th November 2009
- Report of the Director of Adult Social Services, Risk Management Framework and Protecting the Customer – 10th December 2009
- Report of the Director of Adult Social Services, Early Implementer Evaluation and Action Plan – 10th December 2009
- Report of the Head of Scrutiny and Member Development, Scrutiny Inquiry: Personalisation Working Group Update Report – 13th January 2010

Presentations
Personalisation in Leeds – 16th March 2009
The Resource Allocation System – 22nd April 2009
Personalisation of Adult Social Care – 30th July 2009

Action Plans and Guidance Documents
Terms of Reference - Adult Social Care Self Directed Support Working Group
Guidance and Notes for Support Planning
Green Paper – July 2009 Shaping the Future of Care Together – A Brief Summary & Key Issues.
The Self Directed Support Operating Model
Risk Policy - Risk: Identification, assessment and management in Adult Social Care
Early Implementer Evaluation - Final Report November 2009
Action Plan - Evaluation of Early Implementer

Working Group Sessions

1st Session – 16th March 2009
- Self Directed Support Overview
- Personalisation Task Group (previously The Self Directed Support Members Forum)

2nd Session – 22nd April 2009
- Personalisation Update Report
- The Resource Allocation System

3rd Session – 30th July 2009
- Self Directed Assessment Questionnaire (SDAQ)
- The Process of Assessment and Review
- Early Implementer Pilot Progress Update

4th Session – 14th August 2009
- Customer Engagement, Involvement and Consultation
- Peer Group Support

5th Session – 18th September 2009
- Partnership Working
- Brokerage Services and the Pathways to Establishing and Managing Support
- The Single Assessment Process, so people 'only need to tell their story once'

6th Session – 15th October 2009
- Early Implementer Update, Evaluation and Experiences of Care Managers and Support Officers
- Financial Budgets and Value for Money

7th Session – 11th November 2009
- Performance management and reporting mechanisms and meeting the challenge of Government SDS targets
- Commissioned Services and Social Enterprise. The requirement to adapt and change
- Workforce Transformation and Development update

8th Session – 10th December 2009
- Risk Enablement Framework and safeguarding
- Early Implementer Evaluation Report

Witnesses Heard

John Lennon – Chief Officer, Access and Inclusion
Jemima Sparks – Service Delivery Manager West, Adult Social Care
Robert Russell – Principal Financial Manager
Sarfraz Khan – Financial Manager
Emma Lewis – Business Change Manager
Tizzy Taylor – Expert from Experience
Julie Rose – Expert from Experience
Joanne Smith - P.A to Julie Rose
Leonie Gregson – Communications Officer
Rob Moriarty – Expert from Experience, Peer Group Support
Sandra O'Donovan – Expert from Experience, Peer Group Support
Ann – Marie Simms – Care Manager
Claire Matson – Business Change Leader
Susan Morrell – Leeds Centre for Integrated Living
Tony Callaghan – Commissioning Officer
Graham Sephton – Deputy Head of HR
Richard Graham – Senior Quality Assurance Officer
Alex Firth – Principal Audit Manager
Jason Brook – Audit Manager

Dates of Scrutiny

12th December 2008 – Proposals Working Group
7th January 2009 – Adult Social Care Scrutiny Board
16th March 2009 – Personalisation Working Group
22nd April 2009 – Personalisation Working Group
29th July 2009 – Adult Social Care Scrutiny Board
30th July 2009 – Personalisation Working Group
14th August 2009 – Personalisation Working Group
18th September 2009 – Personalisation Working Group
7th October 2009 – Adult Social Care Scrutiny Board
15th October 2009 – Personalisation Working Group
11th November 2009 – Personalisation Working Group
10th December 2009 – Personalisation Working Group
13th January 2010 – Adult Social Care Scrutiny Board

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