



Report of the Director Adult Social Services

Executive Board

Date: 21 July 2010

Subject: Personalisation of Adult Social Care: Update on Implementation of Self Directed Support

Electoral Wards Affected:

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Eligible for Call In

Not Eligible for Call In

(Details contained in the report)

Executive Summary

The purpose of this report is to update Executive Board on the work undertaken in Leeds, since the publication of the concordat "Putting People First" in December 2007 and the Executive Board reports in January and October 2008 which outlined the vision and direction for the development of adult social care services in the future.

It provides information as to progress in developing and implementing self-directed support, a key element of the overall agenda, aimed at giving service users greater choice and control over their social care support. It highlights the work undertaken to establish the required operating systems and processes, as well as the work of the Early Implementer, and the results of the independent evaluation of that pilot.

The main issues also describe some of the continuing challenges that have to be addressed by all local authorities if they are to deliver successful change, particularly in terms of meeting government targets, ensuring financial sustainability and an appropriate future commissioning strategy. Finally, it outlines plans to roll out self directed support to existing and new customers, and seeks approval of these by Executive Board.

The report recommends Elected Members note the progress made so far, and continue their support through future Executive Board reports, involvement in workshops, conferences, and seminars. In addition, members are asked to acknowledge the scale and scope of the transformation challenge ahead and endorse the approach we are taking in Leeds to deliver successful change and improve the outcomes for the people of Leeds.

1.0 Purpose of Report

- 1.1 The purpose of this report is to update Executive Board as to the ongoing work of Adult Social Care in developing and implementing self directed support (SDS), which is a key element of the Putting People First agenda around increasing choice and control for service users, and to seek Executive Board approval for the adoption of new assessment and care management processes to enable all new customers to be offered a Personal Budget from August 2010.
- 1.2 The report provides information about the Early Implementer, the evaluation of this pilot programme, progress in developing the required systems and processes, and future plans for roll out of the SDS model across Adult Social Care. It highlights areas of good practice, and future challenges, together with some of the key lessons learned from the programme,

2.0 Background

- 2.1 On 23 January 2008, Executive Board received a paper advising them of the publication of 'Putting People First' (PPF) which outlined the vision and direction for the development of adult social care services in the future. Elected members agreed the endorsement of the principles and direction of travel; they also agreed that they be engaged in developing the way forward through information, seminars, establishing a members' forum and scrutiny under the leadership of the Executive Board and Lead Member for Adult Social Care (ASC).
- 2.2 On 8 October 2008, Executive Board received a further paper, updating members on progress in Leeds to prepare for the personalisation agenda, as outlined in 'Putting People First'. This highlighted the national and local drivers behind this agenda, the workstreams in place to progress this work in Leeds, and the need for whole system change impacting across all parts of the social care system, including budget setting, directly provided services and workforce development. Elected members noted the progress made, and agreed to support their continuing direct engagement in these developments; they also recommended that ongoing monitoring be provided by the Adult Social Care Scrutiny Board.
- 2.3 Since that time, the service has made good progress in developing the infrastructure required for self directed support, and has tested the newly developed systems and processes through the Early Implementer pilot. Ongoing monitoring and oversight of the programme has been provided through a Members Task Group, and subsequently a Scrutiny Working Group on personalisation, which met between March and December 2009.
- 2.4 The Working Group has been attended by officers and service users, and has received reports on:
 - Assessment and Reviews - how we help people identify and review their support needs.
 - Resource Allocation System - the way we provide people with an indicative budget.
 - Early Implementer Evaluation - how we have tested our new business processes.
 - Communications, Consultation and Engagement - how we communicate the changes to our workforce, partners and the wider public.
 - Brokerage - how in the future we will help people put their support plans in place.
 - Partnership Working - how in the future we will put people at the centre of what we do.
 - Financial Sustainability - how we will manage any potential financial risks from changing our business processes.
 - Contracts and Commissioning – moving to a market development and market shaping role.
 - Performance Management - understanding how the measurement of outcomes rather than outputs will affect our performance reporting.
 - Workforce Development and Training - how given all these changes we will ensure we have a workforce with the skills and competencies' required for the future.

- Risk Management - as people move to buying their own support ,ensuring we have a risk management framework that supports our staff and our customers in helping them live the life they want to lead.

2.5 ASC are now preparing to roll out the SDS model, and are seeking endorsement from Executive Board for the implementation plans.

3.0 Main Issues

3.1 The Putting People First agenda requires the transformation of the whole of ASC, in line with the four key priorities of:

- Early Intervention and Prevention – how we identify and focus proven strategies on people who can be supported more effectively and efficiently , by a range of council services ,either as a preventative measure or earlier in their illness or disability.
- Universal Services - developing access to high quality information ,guidance and support for all residents of Leeds at first point of contact.
- Social Capital - developing ways of supporting communities to have more control and say over how their services are provided.
- Choice and Control – how this agenda will impact on other council services and the NHS and how we will work in partnership to share the learning and redesign the services we provide.

3.2 In line with most other local authorities, work began in 2008 to prepare for Putting People First. To date, a key focus has necessarily been around the development and implementation of Self Directed Support to ensure Leeds ASC could meet government targets and timescales. The targets agreed with Government Office are

- By March 2010, 15% of service users are in receipt of self directed support¹ (17.1% achieved in Leeds)
- By March 2011, 30% of service users are in receipt of self directed support.

3.3 In addition, the Department of Health (DH) Local Government Association (LGA) and the Association Directors of Social Services (ADASS) including the Care Quality Commission (CQC) have developed PPF milestones as a foundation upon which a longer term performance framework can be developed. What is set out below has been universally accepted as a way of judging progress against key priorities.

- Milestone 1 - Effective partnerships with People using services, carers and other local citizens
- Milestone 2 - Self-directed support and personal budgets
- Milestone 3 - Prevention and cost effective services
- Milestone 4 - Information and advice
- Milestone 5 - Local commissioning

3.4 In order to facilitate progress in this regard, in the 2009/10 budget an additional £2.4m was invested for direct payments and personal budgets. A project was set up to manage the development and implementation of SDS, with dedicated business change resources and governance arrangements, including a monthly Departmental Management Team meeting dedicated to the PPF agenda. 11 workstreams were put in place with professional leads, covering areas such as support planning, finance, commissioning and care management.

3.5 Information about the key areas of work to date, as well as the evaluation of the Early Implementer, is provided below.

¹ As defined in National Indicator 130.

Key Areas

Assessment, Resource Allocation and Care Management

- 3.6 A self directed assessment questionnaire (SDAQ) was developed for use during the Early Implementer project, and has been trialled by 62 service users to date. This has enabled learning from care managers and service users, to be embedded in the development of new business processes. Leeds has also been working with regional and national colleagues, to refine and improve the process.

Resource Allocation System

- 3.7 A resource allocation system (RAS) was developed for use during the Early Implementer pilot, based on national and regional learning and advice. This was tested through a desktop exercise of 300 cases, and learning was captured on an ongoing basis throughout the pilot. This indicated that, like authorities across the country, further refinements were needed to ensure weightings are fair across all user groups, as well as being financially sustainable.

To this end a new desktop exercise was conducted in early 2010 which involved completing the Leeds Self Directed Assessment Questionnaire (SDAQ) for a further 300 cases and then establishing the current cost of supporting these service users. Validation work was then undertaken to ensure that assessments reflected the customer's level of need and that details of the services currently provided were as accurate as possible. This work led to the creation of an updated RAS with revised weightings and rules that is able to provide for essential support at market rates.

Care Management

- 3.8 The impact of SDS on the care management workforce has been carefully monitored throughout the Early Implementer pilot, and workstream leads have been part of the national Total Transformation project on care management. Findings have been reported to Departmental Management Team Putting People First Board, and the evidence to date shows that there has been a significant increase in the time taken to complete the self directed support process, compared with current care planning. It is anticipated that this process will speed up as systems and processes are further embedded; however, this will require careful monitoring post implementation as to how this will impact on our new performance targets.

Communications, Consultation and involvement

- 3.9 Customers have been involved in the development of SDS since the project commenced. This has included representation on the project board, team and key workstream groups, ensuring that their views are considered throughout the redesign, development and implementation of these services. They have also been involved in workshops with providers, and played an active role in two conferences for adult social care staff where they have talked about their own experience. One expert by experience was also part of the independent team evaluating the Early Implementer pilot.
- 3.10 A personal budgets peer support group has been established and is made up of people who receive direct payments, some of whom are trialling full personal budgets. The group have set up a new telephone helpline to explain the SDS process and answer any questions and concerns from service users. The helpline, run by experts by experience, is specifically for people wishing to find out more about personal budgets or direct payments by talking to people who are already managing their own support. This is supported by a user controlled website, and includes a discussion forum.

- 3.11 All these actions will provide invaluable tools in helping us better understand the customer perspective in real time and have the potential to develop into a much fuller dialogue with customers about their experience of all our services.

Partnership Working

- 3.12 In terms of other stakeholders, engagement both internally and externally has taken place throughout the project:
- Representatives of NHS Leeds and the two hospital trusts are members of the Project Board, which also includes representation from the voluntary sector and supporting people team.
 - The voluntary sector are also represented on the project team, and have established a forum for all independent and voluntary sector organisations in Leeds, which meets bi-monthly to discuss the agenda and issues; feedback meetings are then held with the Business Change Managers.
 - Presentations have been given to key strategic partnerships and voluntary and community sector groups, and these will continue.
 - Work has been undertaken with internal and external provider organisations, as part of the commissioning workstream, to encourage innovative market development

Brokerage and Support

- 3.13 The introduction of SDS will require increased support for people to make informed decisions about how they manage their personal budgets .as initial figures show that 96% of people require assistance in planning their support. Guidance and assistance will be available from Care Managers and social workers; however, work has also been ongoing to develop brokerage services for those users who request independent support.
- 3.14 The ASIST service (which is the free support service Adult Social Care provides to help people organise their direct payments) is exploring how to support increasing numbers of service users on personal budgets. An important aspect of the future vision for social care in Leeds is to support the establishment of more user led services. A project has now been initiated to transform the Centre of Independent Living (CIL), which includes ASIST, into a user led service which will provide external brokerage to service users entering SDS. A review and options appraisal has been completed with a view to the transformation being completed by the end of 2010.

Workforce Development

- 3.15 A key milestone in the implementation of SDS is to have all Assessment and Care Management and Contact Centre staff trained prior to proposed 'go live' in August 2010. A programme of training on organisational and cultural change has been delivered, and all staff will also be trained on new systems and processes related to the implementation of Self Directed Support prior to August 2010. The Council's Customer Services staff, at West Gate and the One Stop Shops, will also be offered a tailored version of systems and processes training to ensure that they are ready to handle customer contact effectively. We are currently on track to deliver this.

Early Implementer Evaluation

- 3.16 In addition to ongoing learning captured as part of the Early Implementer pilot, Adult Social Care commissioned Internal Audit to lead an independent team to undertake an evaluation of the Early Implementer. It was felt that it would be beneficial to have a multi-disciplinary team that could bring their expertise to the evaluation. The Evaluation Team comprised of:
- Leeds City Council Internal Audit
 - A Consultant and Expert by Experience

- An external Consultant, working with In Control

The scope of the evaluation was split into two key objectives:

- To evaluate the operating systems and underpinning processes for delivery of SDS to determine that they are fit for purpose and have suitable controls in place to manage risks
- To evaluate the outcomes of SDS and the impact it has had on peoples lives

- 3.17 Evaluation of Objective 1 took place between July and September 2009, and a more detailed analysis of this report recommendations and results is provided in Appendix I. An evaluation of Objective 2 was completed in February 2010, and some of the early findings are attached in appendix II. This report seeks to provide a summary of findings.
- 3.18 Customers were specifically questioned in phase one about their satisfaction with the SDAQ, Support Planning, Accessing Budget and Organising Support aspects of the process, and in phase two about whether their outcomes had been delivered. In every case, the majority of customers were happy with the processes, noting that they felt the SDAQ covered their needs, that these were met by their support plan, that they were happy with how to access their budget, and with organising service providers. These views were echoed by Care Managers, the majority of whom commented that feedback suggests customers prefer SDS to traditional methods of delivering care.
- 3.19 The phase one report made a number of recommendations, as expected, given that the SDS model was still in development. In particular, the evaluation team identified 5 high level recommendations which are of such significance it was advised that great caution should be exercised in continuing the rollout whilst these recommendations are fully addressed and implemented. Work has been ongoing to progress these, together with all other recommendations prior to roll out. An action plan was developed, and is monitored on a monthly basis by ASC DMT. Further detail is provided in Appendix I.
- 3.20 Phase two feedback showed that personal budgets are making a positive difference in terms of outcomes for service user and carers. Some areas for improvement were identified around accessing information and getting help to people in a timely manner. Work is ongoing to progress these, and more details about the findings, and actions undertaken as a result, is included in Appendix II. However the results showed that for all service users, SDS has made a difference to their lives and significantly, they report they now feel they have more choice and control over how they live their lives, and that the quality of their lives has improved.
- 3.21 Overall, the evaluation has provided valuable real time learning to assist with the ongoing development and implementation of SDS. As a model for evaluating SDS, it has been held up as an example of good practice across the Yorkshire and Humber region, as Leeds have been the only authority to commission an independent review of this type.

Equality Impact Assessment

- 3.22 The Equality Impact Assessment for SDS has been completed and draws upon the consultation conducted over the lead-up to implementation as well as the Phase two evaluation. As part of that, a workshop was held this year with a group of Service Users and Carers who make up the Management Committee of Leeds Involving People. The people attending this workshop had in turn communicated with their wider network of Service Users and Carers in order to contribute a broad base of views to the process.

The assessment considered the key issues and perceived barriers to SDS highlighted by the consultations and fact-finding and how the development of SDS processes and systems responded to those issues. Examples would be the provision of advice and support on employing staff to respond to service users who may have limited knowledge of the

requirements when hiring their own PAs and; revising the resource allocation system to give service users real choice to be able to obtain personal care services at market rates.

A key development is the continuation of involvement of people in implementation and development of Self Directed Support and on that issue a number of peer led Service User and Carer groups have agreed to work with Adult Social Care, specifically:

- The Deaf Forum will work this financial year on working with Adult Social Care and the Deaf Community to ensure that SDS works for this community;
- The Leeds Local Involvement Network (The Leeds LINK) together with Carers Leeds has agreed to look at Carers issues;
- The Alliance of Service Users and Carers has agreed, as part of its finding agreement, to work with Adult Social Care to promote SDS; to help target specific groups or communities; and to continue to develop SDS to meet the needs of the people of Leeds.

Performance Management

- 3.23 As noted in 3.2, Leeds ASC has agreed targets with Government Office that, by March 2010, 15% (17.1% achieved in Leeds) of service users currently in receipt of community based adult social care will be on SDS, as defined under National Indicator 130, and that this will increase to 30% by March 2011. On the current customer base this equates to approximately 2,800 and 5,600 individuals respectively.
- 3.24 Self directed support is defined, for the purposes of NI130, as applying when an individual either has a direct payment, or meets the following three criteria:
- The person (or their representative) has been informed about a clear, upfront allocation of funding, enabling them to plan their support arrangements
 - There is an agreed support plan making clear what outcomes are to be achieved with the funding
 - The person (or their representative) can use the funding in ways and at times of their choosing.
- 3.25 As of 31 December 2009, 2,380 individuals in Leeds met the above requirements, and this has risen to in excess of 3,100 individuals during 31 March 2010. Leeds ASC has exceeded the target for 2010 and is on a strong trajectory for meeting the target set for March 2011.

Plans for Implementation

- 3.26 The majority of individuals currently counted under NI130, as described above, are existing service users receiving direct payments. Further progress has been made through the Early Implementer pilot, in ensuring through the reviewing process, that all service users meet the three required criteria. However, if Leeds ASC is to continue to progress and meet the targets for 2011, in line with government policy, SDS will need to be rolled out to increasing numbers of existing and new service users.
- 3.27 In that context, ASC intends to offer a personal budget to all existing service users as part of their annual review. Moreover, from August 2010, the intention is that all new service users who are eligible for community based support are assessed and have support provided under the SDS model. This report seeks endorsement from Executive Board for these plans.

Risk Management

- 3.28 Risk has been a key consideration, both in terms of managing risks for individuals in receipt of SDS, and managing organisation risks as a result of the implementation. In terms of risks for individuals, a risk management policy, tools and arrangements for decision making have been

developed by a working group of officers, including representatives from the Safeguarding Team. These are not limited to SDS, but intended for consistent use across all assessment and care management functions. They are currently being piloted and have been rolled out from April 2010. Further information on how the financial risks will be managed are detailed in 5.12.

- 3.29 At the organisational level, a number of risks were identified through the evaluation of the Early Implementer, resulting in recommendations for the project. Five of these were judged to be of such significance it was advised that great caution should be exercised in continuing the rollout whilst these recommendations are fully addressed and implemented. Details of these, and our response, are attached in Appendix I.

4.0 Implications for Council Policy and Governance

- 4.1 The information provided above highlights the progress to date in terms of developing and implementing the SDS model. This will support the achievement of improvements in relation to the strategic outcomes for vulnerable people outlined within the Council's Strategic Plan and is in line with the Council's Health and Wellbeing Plan; and a commitment to the Council's value of Putting Customers First as articulated within the Council's Business Plan. There will be significant challenges to be met both within the Council's People's Strategy and workforce planning to ensure the necessary changes in focus and skills are achieved.
- 4.2 There will be an impact on a number of the Council's policies. In particular, this programme of transformation will have implications for the Council's Financial and Asset Management Plans. A significant challenge to the successful delivery of these proposals is how we best balance service transformation, to release resources from within existing service provision, to provide personal budgets whilst at the same time continue to meet the needs of existing customers who enjoy our current services. The risk associated with this is high and needs careful monitoring and review to ensure that the future balance and level of service remains financially sustainable. Further reports therefore will be provided to Executive Board at regular intervals throughout 2010/2011.

5.0 Legal and Resource Implications

- 5.1 Funding has been made available from national government ,through the social care reform grant, to assist councils in implementing the Putting People First agenda. In Leeds, investment priorities for this time-limited funding, have been agreed within the directorate reflecting the significant investment required to deliver the outcomes of this programme, including the development of SDS, together with other personalisation initiatives, such as universal services, and early intervention and prevention.
- 5.2 The Business transformation programme outlined within this report signals a radical change in how resources are currently employed, both within adult social care and the wider Council, to meet the needs of vulnerable people. This is a challenge affecting all local authorities, as highlighted in the recent Demos report 'At Your Service: Navigating the Future Market in Health and Social Care' (2009), which noted that:
- "When people are given the freedom to choose their own services through a personal budget, changes in the demand for services are likely. Almost half of all respondents said that if they had a personal budget they would change some or a lot of the services they use at present".*
- The report highlights that this:
- "Means that the commissioning role of local authorities will be transformed. At the moment local authorities directly commission and purchase. This will end as people take control, and in some cases that will lead to fairly rapid decommissioning..., although some commissioning will still be required because some level of demand for the old model of service delivery may persist for some time beyond 2011. On the whole, commissioning, where it does continue, is*

*likely to become more strategic (managing and stimulating markets so people have options to choose from) and more personalised*²

- 5.3 As the Early Implementer pilot has progressed, the financial impact of personal budgets has been analysed and used to inform budget planning in ASC. To date, the number of agreed support plans is too small to provide enough confidence to accurately predict future spending trends. 21 support plans have been analysed, and the results show that there has been an increase of 10% in spending terms when personal budgets are compared to the cost of pre-existing care packages. However, this increase can be attributed to three cases, in which other non SDS factors heavily influenced the cost of the care outcome. Since the ending of the Early Implementer Pilot there has been continued monitoring of Personal Budgets across all service user groups. This is to ensure no additional financial pressures result from the change to personalised services.
- 5.4 Robust monitoring will be required as the numbers increase, to ensure financial sustainability is maintained (more details on these actions are provided in para 5.11). Current trends confirm there will be an increasing financial impact on our in-house and commissioned services and underlines the importance of tracking and monitoring the changes in customer behaviour that can produce challenging financial and business change requirements.
- 5.5 From our analysis of the current cohort of 21 cases from the Early Implementer pilot current packages were in the form of:
- 74% direct payments,
 - 15% direct (internal) community support
 - 7% day care (£20k)
 - 8 people used both community support and day care services
- Following their assessment and support planning under the SDS model, the packages were as follows:
- 84% of costs related to personal assistants
 - 2% to community support
 - 3% to day care
 - 11% Other i.e. respite/equipment/one off services
- 5.6 This early data indicates that service users on SDS are more likely to use some or all of their personal budget to buy services independent of the local authority, such as employing personal assistants. This is in line with experience to date with Direct Payment customers, the numbers of whom have increased substantially recently, from 571 in March 2008 to 1610 in December 2009. This figure rises to 2380 when all those on personal budgets, as defined under National Indicator 130, are included.
- 5.7 This increase represents significant progress for Adult Social Care in meeting nationally set targets around the take up of both direct payments and personal budgets. However, one of the side effects of this success is the impact it has on both in-house and directly commissioned services such as homecare. Our judgement is that between 60 and 65% of these service users are choosing to use their direct payments and personal budgets to buy externally provided homecare services. This currently equates to approx 800 service users or 21.5% of a total market of 3850 individuals who purchase or receive community support services (1558 external 1492 in house) If we project this forward on this trend then by Sept 2010 27% of the community support market will be purchased by a Direct Payment/Personal Budget -see appendix iv
- 5.8 If new service users continue to exercise their choice to buy externally provided services, it will have a significant impact on in-house and commissioned provision, It provides additional

² Demos, 'At Your Service: Navigating the Future Market in Health and Social Care' (2009)

impetus for the reshaping of current services, to ensure they are scaled appropriately and provide personalised services which individuals want to buy. It will also impact on future commissioning strategies, as large cost and volume contracts will no longer be required, and the commissioning section will need to focus more on market shaping and stimulation .

- 5.9 This picture in Leeds is reflected in national research. The recent Demos report 'At Your Service: Navigating the Future Market in Health and Social Care' (2009), noted that "When people are given the freedom to choose their own services through a personal budget, changes in the demand for services are likely. Almost half of respondents said that if they had a personal budget they would change some or a lot of the support they use at present".
- 5.10 The research team found the following trends in terms of what people spent their money on before and after receiving a direct payment or personal budget:
- the use of day care centres fell
 - the use of residential and care home centres fell
 - participation in education and training increased
 - the use of leisure services increased
 - the use of public transport remained the same
 - the number of short breaks increased
 - the employment of personal assistants increased
 - the use of family members and friends fell.
- 5.11 If the Leeds spending patterns track the national evidence and change in this way, there is a risk that expenditure is incurred twice (double running), paying for personal budgets in increasing numbers as well as continuing to support traditional inhouse services, particularly day care and community support.). As a consequence ,if this trend continues, then potentially 15% of people (the percentage from the national SDS pilot sites) could move away from traditional services. Unless the gap in price for in-house services is closed and efficiencies in contracted services delivered, there is concern that this will cause significant budget pressures and will not be financially sustainable. As referred to in 4.2 further reports will be provided to Executive Board at regular intervals throughout 2010/2011.
- 5.12 Plans to address these risks have been developed and are now in place as part of the financial planning process, and some of the actions the directorate is undertaking include:
- Creation of dedicated Finance Board within ASC, as well as Finance Action Group –this meets weekly to consider details of our financial position and deliver operational changes to improve demand management and forecasting
 - Development of a protocol and guidance around best value care planning-effectively bringing a value for money approach to the development of individual support plans.
 - Development of revised approvals processes, ensuring greater scrutiny of high cost plans through a citywide panel -developing processes and structures through which all funding requests and can be appropriately signed off
 - Provision of guidance to managers regarding legal obligations -ensuring all staff are clear about the legal basis of their funding recommendations and they are properly linked to eligibility and the appropriate use of public funds.
 - Provision of training to all assessment and care management staff around assessment, resource allocation, support planning and approvals under self directed support - ensuring all staff in the assessment and care management process work to the same values and principles that underpin a person centred approach.
 - Development of business support links, and use of a financial mapping system, in order to improve the business intelligence for understanding demand trends -essentially improving our ability to use financial and other business intelligence in real time to map and model future trends and allow for contingencies to be deployed.
- 5.13 The use of business intelligence to track likely demand and resultant financial commitments will alert us to potential difficulties earlier than was previously possible but there are a

number of variables in this new system that make precise and accurate demand management problematic particularly when small changes in projections produce significant financial pressures This may require the Service to return to Executive Board within this next financial year with recommendations regarding the affordability of traditional service provision in the light of these new financial/demand pressures.

- 5.14 In addition, Financial Management in Adult Social Care will continue to review the intelligence from the Early Implementer pilot and the early stages of roll out, and provide management information about costs and sustainability. A member of Corporate Financial Management has been attached to the project team, and the Head of Finance in ASC is reporting progress regularly to the corporate Chief Officer (Financial Management).

6 Conclusions

- 6.1 This report updates members on the progress made by ASC and its partners in developing a more personalised system of social care support for people in Leeds. Positive progress has been made in developing the required infrastructure, systems and processes to deliver self directed support, such that ASC are confident of meeting government targets, and of being in a position to roll out SDS to all new service users from July 2010, subject to Executive Board approval. The evidence from the Early Implementer evaluation also demonstrates that the model is viewed positively by service users, carers and staff, is improving outcomes and making a real qualitative difference to people's lives.
- 6.2 However, recognition is given to the continuing challenges for a city the size of Leeds with a high level of directly provided services, in terms of ensuring financial sustainability during the transformation. In addition, the Putting People First agenda as a whole remains challenging, with a number of related projects ongoing to deliver changes to in-house services, and the development of early intervention, prevention, and universal services. ASC DMT provide overall leadership of this agenda, and are working to ensure continued progress over the coming months.

7 Recommendations

- 7.1 Members are requested to:
- i. Note the good progress made in Leeds, towards the development of a more personalised system of social care through the SDS project and other initiatives, having met and exceeded the Government Office target for SDS for 2009/10
 - ii. Acknowledge the scale and scope of the transformation agenda, the challenge it represents and endorse the approach taken in Leeds to deliver successful change and roll out the SDS model to existing and new service users
 - iii. Note the impact SDS will have on existing service provision including directly provided services and commissioned services in Leeds, and the need to accelerate the transformation of these services to meet the challenges and impact of personalisation and customer choice
 - iv. Support the continuing direct engagement of elected members in these developments by inviting future Executive Board reports, and involvement in workshops, seminars and conferences;
 - v. Endorse, from July 2010, the adoption of new business processes that will enable all new customers and those requesting reassessment following a review to be offered a Personal Budget.

Background Documents

- Department of Health's White Paper – Our Health, Our Care, Our Say (2006)
- Putting People First – The Vision and Commitment to the transformation of Adult Social Care (2007)
- Demos Report – 'At Your Service: Navigating the Future Market in Health and Social Care' (2009)

Early Implementer Evaluation – Phase One High Level Recommendations

As noted in section 3, Phase One of the Early Implementer evaluation, which focused on systems and processes, made a number of recommendations, including five high level ones which they felt were of such significance it was advised that great caution should be exercised in continuing the rollout whilst these recommendations are fully addressed and implemented. Details of these, together with the actions taken to respond, are provided below.

Weightings Underpinning RAS

The evaluation team noted that the weightings underpinning the RAS were based on the work stream lead's professional judgement and experience, as a Service Delivery Manager. They questioned whether there was sufficient challenge to the weightings, and suggested that these and the pounds per point should be revisited and revised to ensure that the calculation of an indicative budget is open, transparent and equitable. In addition, it was noted that the RAS spreadsheet was open to human error as it required a number of individual inputs per customer.

The project team have worked to address these issues, and revised rules and weightings have been developed and subjected to challenge by a working group of key stakeholders. These have been tested through an extensive desktop exercise, using 300 real life cases. The RAS calculator is now being developed within ESCR in conjunction with ICT and the ESCR team which drastically reduces the risk of human error upon input.

Support Plan Policy

The evaluation team noted that the majority of the customers were happy with the support planning process and felt their needs had been met by their support plan, although all customers required help in producing their plans and felt that without this, they would have experienced difficulty in producing them. Care Managers have also noted the difficulties experienced by many customers in producing their support plans.

This is to be expected, given that this is the first time customers and staff have been through this process; in most cases service users have never had the opportunity to state what they want to achieve through social care support, and how this would work best for them. The process requires a shift in thinking and culture, which is challenging but rewarding for all involved; the authority will continue to provide support as required to all service users moving onto the new model, and support will also be available from the Leeds Centre for Integrated Living.

The evaluation team suggested that a policy on support planning be introduced. This should not be a 'list' of the types of support that are/ are not acceptable but could offer guidance as to:

- what needs to be considered when developing a support plan, and the minimum requirements
- definitions of needs, wants and outcomes
- risk and safeguarding issues
- financial issues
- approval processes.

DMT agreed this recommendation, and a support planning policy has been developed and approved, with input from key stakeholders, including operational managers, social workers, Legal and Quality Assurance staff. A support planning toolkit, which provides an accessible step-by-step guide for service users, has been developed and circulated to the EI team, and Care Managers have reported that this is helpful. A template for support plans has also been drafted, which includes all key requirements and could be used as a basis for all plans.

Risk Management Arrangements

The report noted that a multi-agency safeguarding policy had been developed by the council in conjunction with its statutory partners, and that further work was being undertaken to develop a policy and

guidance for LCC social care staff. It suggested that this was a good opportunity to consider risks specifically associated with the SDS process. The report noted that the project team was working towards developing appropriate risk management arrangements, and recommended this work should continue, ensuring that a definition of a high risk plan is agreed, and arrangements put in place to approve such plans.

A team was established to undertake this work, including two Service Delivery Managers, three Team Managers, members of the Business Change Team, the Senior Quality Assurance Office, the Head of Safeguarding and a Senior Practitioner from the Safeguarding and Risk team. A series of workshops were held, resulting in the development of a risk management policy, practice guidance and agreed governance arrangements for decision making. These were presented to ASC DMT in November 2009, which approved the outputs; Scrutiny working group were also updated in December 2009. The policy and tools are now being piloted, and was rolled out from April 2010.

Affordability and Budget Monitoring

The evaluation team reported that financial management were undertaking analysis of the cost of support plans under SDS, as compared to 'traditional' care packages. They noted that it was too early to draw any meaningful conclusions given the small number of cases and the fact that many customers on the Early Implementer have high and complex needs and so are not representative of the wider user group. However, they recommended that careful budget monitoring is required throughout the EI and early stages of full roll out, to ensure that SDS is not going to lead to LCC budgetary pressures.

The report notes that the financial management workstream has been reporting to both DMT and Project Board; these reports will continue, and DMT are responsible for overall management, and development of contingency plans as part of the financial planning process.

In addition, it suggests that regular updates should be submitted to Financial Management (Corporate) about the results of early comparisons so any remedial action can be taken, if necessary. The Head of Finance has discussed this with the Chief Officer (Financial Management), and agreed that he will be kept updated through regular supervision meetings, as well as ad-hoc reporting if there's anything significant to report. This will be complemented by the normal monthly financial reporting, which will also identify any budgetary pressures. A member of corporate financial management is also attached to the project team.

Operating Systems, Processes, Key Controls and Governance Arrangements

The evaluation report recommends that all operating systems, processes, key controls and governance arrangements are finalised and implemented prior to full roll out. The project team are aware of the importance of finalising systems, processes and controls, and communicating these to staff: this work has progressed well and is in its final stages.

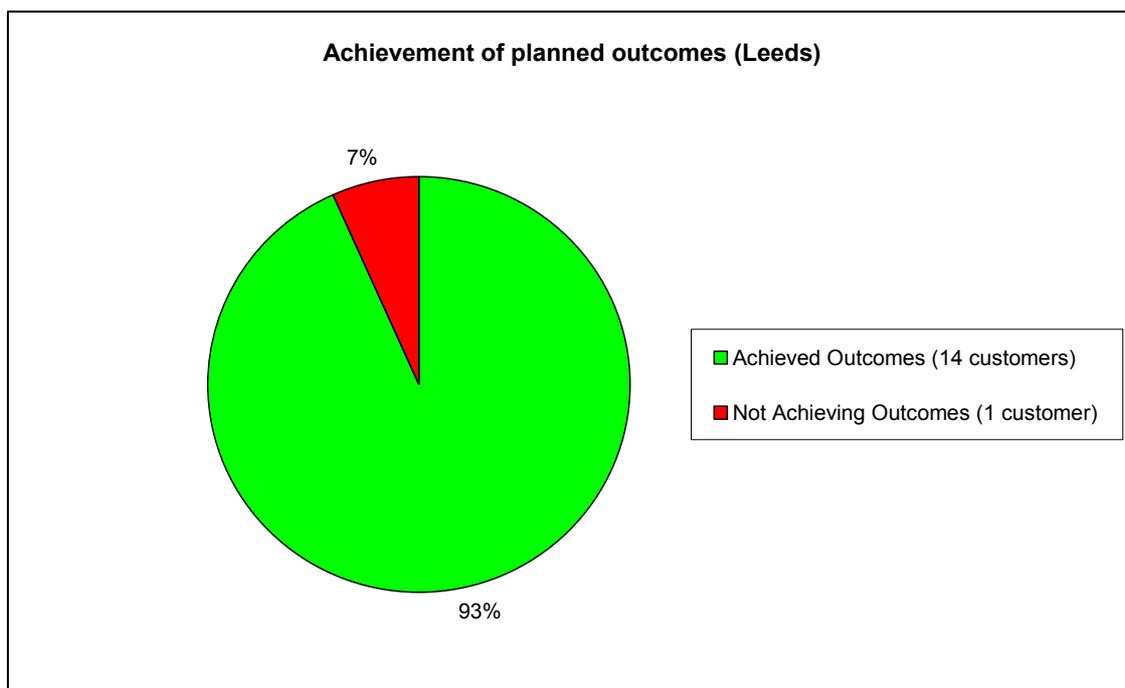
Work has been undertaken to develop a detailed process map which has been discussed by Heads of Service from across the Directorate, and approved by DMT. Key controls and governance arrangements are described in the support planning, risk enablement and approvals policies, which are currently in the final stages of development. Operating systems, such as the SDAQ and RAS have also been revised and approved by relevant stakeholders, including DMT.

Training is key to ensuring staff are confident in the new arrangements trained prior to 'go live' in July 2010. We are currently on track to deliver this. A programme of training on organisational and cultural change has been delivered to all relevant operational managers and front line staff within assessment and care management. In addition, most staff have been trained on new systems and processes related to the implementation of Self Directed Support. This training comprises a two day course, and will be completed before July 2010. The Council's Customer Services staff, at West Gate and the One Stop Centres, will also receive a tailored version of systems and processes training to ensure that they are ready to handle customer contact effectively.

Early Implementer Evaluation – Phase Two High Level Recommendations and Results

Results – achievement of outcomes

Customers were asked about the outcomes they wanted to achieve through their personal budget, and whether this has occurred. The responses showed:



Feedback was also obtained as to whether personal budgets had:

- Improved the customers health and emotional wellbeing (see Column A below for results)
- Improved relationships – being with the people you want (Column B)
- Improved their quality of life (Column C)
- Made a positive contribution within the community (Column D)
- Affected the customers personal dignity and respect (Column E)
- Increased choice and control (Columns F & G)
- Affected feeling safe (Columns H & I).



Included below is a flavour of some of the comments received from customers:

“I think it (Personal Budget) is brilliant. It gives so much freedom...the quality of family life has improved”

“I would recommend Personal Budgets to anyone. Most importantly having a personal assistant is stimulation during the day, including help knitting, jigsaws, being read to, taken for walks around the gardens....plus having someone to share the meal table”

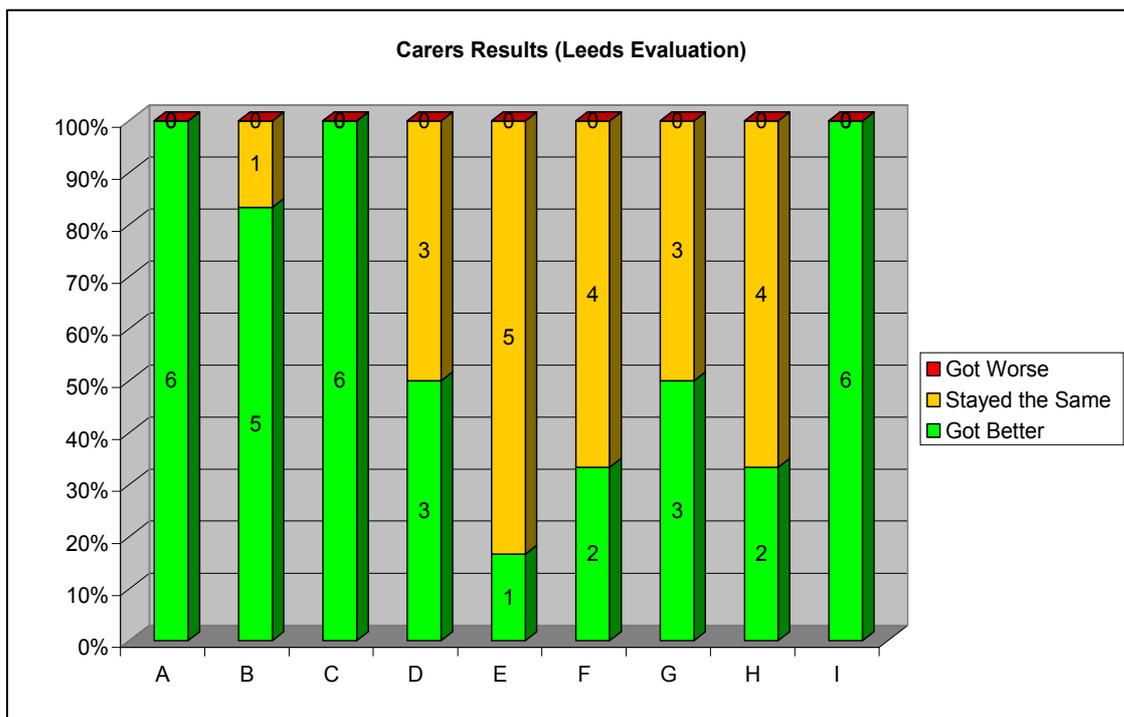
“It has been a godsend – it is great to be able to have a male carer. I feel better in myself being able to take my son out as a father”.

“Would just like to say thank you as the budget is making a difference”.

Family Carer Feedback

Carers were asked to provide feedback according to the following criteria:

- Ability to continue to care and remain well (see Column A of the table below for results);
- Quality of Life (Column B);
- General health and emotional well-being (Column C);
- Leisure opportunities (Column D);
- Capacity to work (Column E);
- Relationship with the person they care for (Column F);
- Relationship with significant others (Column G);
- Choice and control over life (Column H);
- Being an equal partner in planning (Column I).

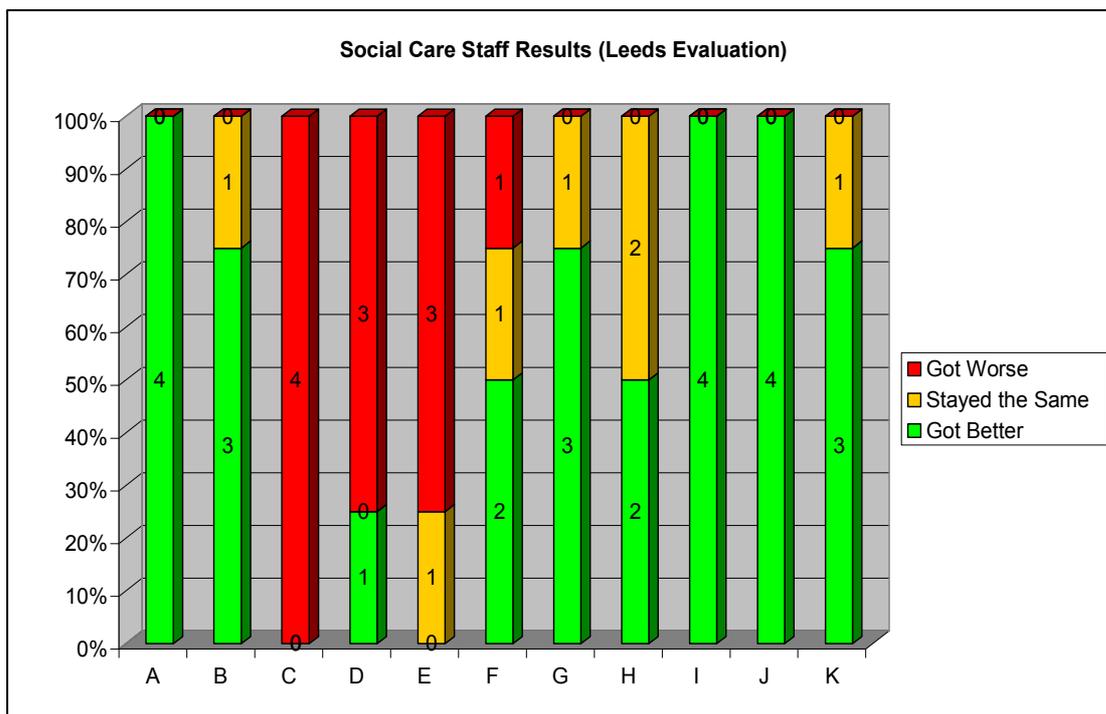


Care Manager Feedback

Care Managers were asked to provide feedback against the following criteria:

- Making a positive difference to people’s lives (see Column A);
- Helping people plan creatively (Column B);
- Accessing information for customers (Column C);
- Getting help to people in a timely manner (Column D);
- Allocating resources fairly (Column E);
- Helping people maintain support networks (Column F);
- Supporting people to take an active part in their community (Column G);
- Managing risks (Column H);

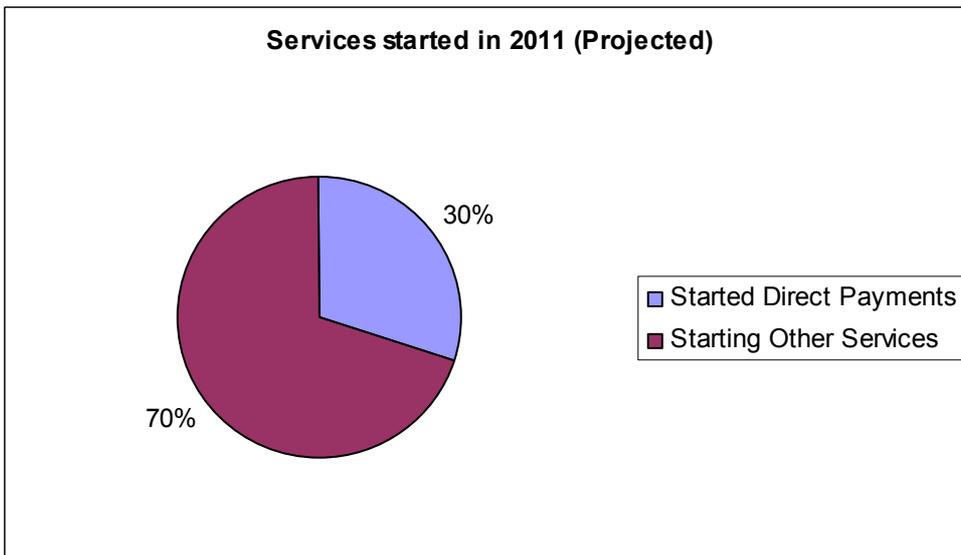
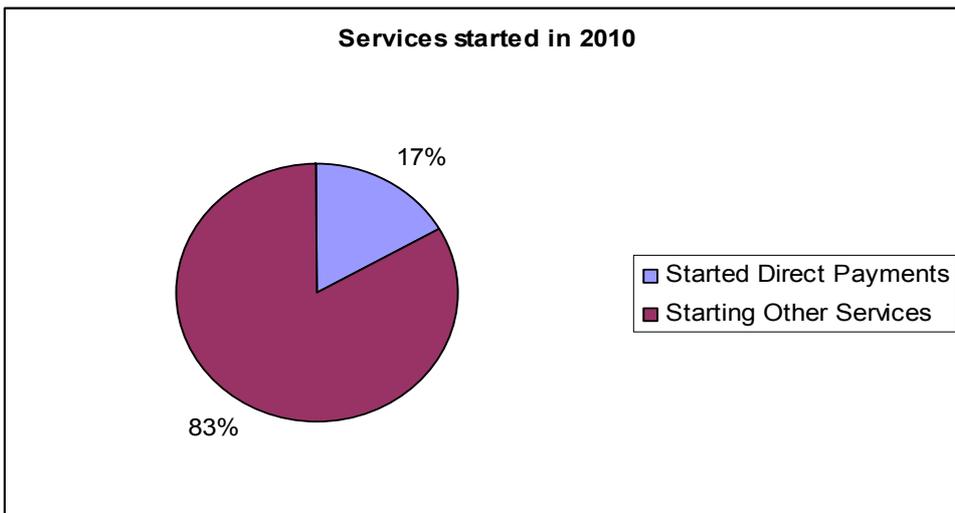
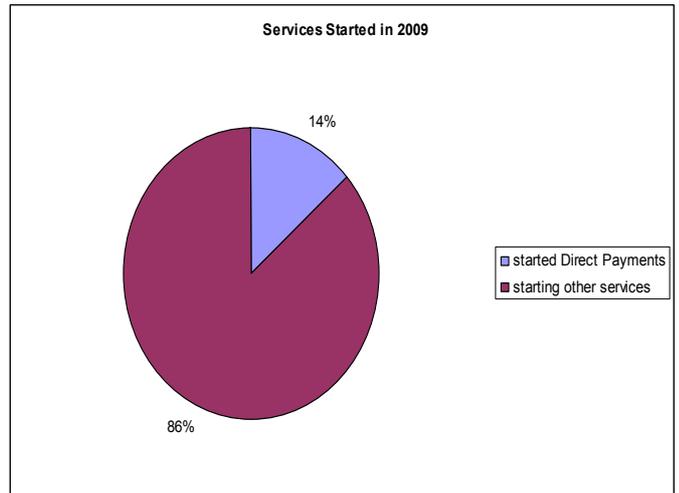
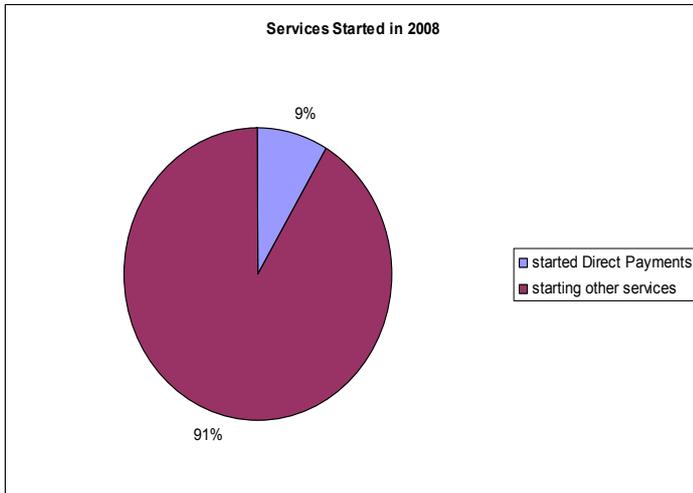
- Supporting people to take control and make choices about their lives (Column I);
- Support is more tailored to customers needs (Column J);
- Staying motivated in your own work (Column K).



This feedback indicates that personal budgets are making a positive difference to people's lives and that customers have more choice and control and as a result support is tailored to individual customer needs.

In some areas however the Care Manager felt improvements could be made, particularly:

- Accessing information – Care Managers commented that information is not readily available to customers to direct them to where they can access services. Care Managers commented that a comprehensive information document or hub is needed that customers can access. The Self Directed Support (SDS) Project Team have already identified this and are currently working towards providing such information;
- Getting help to people in a timely manner – Care Managers commented that it is taking more time to set up services so that support can be provided. In their experience the instances where this was not a problem is where the customer already had services in place due to them having been in receipt of direct payments before starting on the pilot;
- Allocating resources fairly – Phase 1 of the evaluation and the SDS Project Team identified this as an important issue. Work is currently ongoing by the Project Team to ensure that the allocation of resources is fair and equitable to all customers.



Appendix iv

