

Improving the take up of Direct Payments in the context of Person-Centred and Strength-Based Care and Support

Date: 10 September 2024

Report of: Director of Adults and Health

Report to: Adults, Health and Active Lifestyles Scrutiny Board

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

Brief summary

- Direct payments enable people who draw on care and support to choose, arrange and manage the services they need themselves. This can give people more flexibility and greater control of their support package. In Leeds, the proportion of people that take up direct payments has consistently been in the region of 15% for the past 3 years, which is below the national average.
- This report sets out the work undertaken to understand why our performance is relatively low and our approach to improving take up in the context of the Council's overall personalisation approach and offer.

Recommendations

The Scrutiny Board is asked to:

- Note and comment on the content of the report.

What is this report about?

Understanding our Performance:

1. The latest nationally published data shows that 'the proportion of people who use services who receive direct payments' was 14.9% (938 people) in 22/23. This result means Leeds is ranked 12th (out of 15) in the region, 13th (out of 16) of peer LAs and 111 nationally. The average figure for all three groups is approximately 26%. Leeds has consistently had a lower uptake of direct payments than many other local authorities. Uptake of direct payments has fallen nationally since 2016/17 although this stabilised in 22/23.¹

¹ The King's Fund: [Social Care 360: Quality | The King's Fund | The King's Fund \(kingsfund.org.uk\)](#)

2. The provisional result for 23/24 is broadly similar at 14.8%. This result continues a small downward trend in results from 15.4% in 20/21. However, over the period the actual number of people receiving a direct payment has increased from 919 to 1029. The overall percentage remains stable due to the increase in the number of people that use services who do not receive a direct payment. The monthly new starts and ends of direct payments have remained the same and are broadly consistent with each other, hence the steady performance. Most new direct payments (97%) are for people who are 'new' to care and support as opposed to following the review of a current package of care.
3. There has been a noticeable change in the make-up of people in receipt of a direct payment and what they receive it for:
 - a) The number of older people with direct payments has fallen significantly (from 261 in April 2021 to 194 in January 2024).
 - b) The number of people with physical needs with direct payments has also fallen (from 465 to 404 in the same period).
 - c) The number of working age adults with direct payments has increased (from 710 in 2020-21 to 738 in 2023-24)
 - d) There is a falling proportion of new people taking a direct payment for community-based support (8.3% in 23/24 compared to 11.6% in 21/22).
4. We are working to better understand why these changes have taken place. We know that the better performance for working age adults and the decrease for older people does reflect a similar pattern in other local authorities. We understand that the take up of direct payments remains low in Leeds because of the following factors:
 - a) *The way we work in Leeds:*
 - Unlike some other local authorities, we continue to provide people who draw on care and support with the choice for the local authority to arrange care in all circumstances, known as 'managed budgets'. Many local authorities offer direct payments as the primary option and their social work staff are expected to prioritise the offer of direct payments over managed budgets.
 - In many local authorities, in a high number of instances, direct payments are offered to people who are then signposted to care providers such as home care agencies to arrange their care and support package themselves, directly with the providers. In Leeds we take a different approach whereby our direct payments offer is usually based on people who draw on services employing their own Personal Assistant/s. This way, we can ensure that people have meaningful choice and maximum flexibility in the way the care and support is provided to them. The knock-on effect of our approach is that it can take a long time to set up a direct payment and it can be a complex process both from the perspective of the person needing the care and support and for the social work staff. This often deters people from choosing a direct payment as their preferred option.
 - Unlike other local authorities we include people in receipt of low-level support who attend in-house mental health day opportunities when recording the number of people who draw on care and support. In 22/23 this was 218 people. If excluded, this would increase the proportion of those who take up direct payments (to 15.4%).

b) The impact of wider challenges in Leeds:

- We have a high number of people waiting for a Care Act Assessment because of demand pressures and challenges in relation to workforce capacity. The additional pressure on social workers to provide a timely solution to meet people's needs is likely to be a factor in deterring them from encouraging a direct payment due to the length of the process.
- The Personal Assistant market is less well developed and is not able to meet additional demand.

c) The direct payment process in Leeds:

- The process of starting a direct payment has been complex with a number of services involved in the journey. We have had an external provider who has historically been commissioned to provide a Direct Payments Support Service, however this model was not effective in facilitating the take-up of direct payments and so, in 2021, part of the service was brought in-house with 12 staff members transferring to the employment of the Council under TUPE regulations. This has enabled the directorate to establish a Direct Payments team to work directly with our social work teams and we have begun to implement a plan for rationalisation and improvement of the process (see para 14 below).

The context of person-centred working in Leeds - a strengths and asset-based approach:

5. Leeds has a well-established Third Sector across the City. This includes infrastructure organisations, for example Voluntary Action Leeds and Forum Central; networks such as the Local Community Anchor Network; large scale providers delivering services such as the Neighbourhood Networks; faith-based organisations; groups supporting communities of interest and small community organisations working within neighbourhoods.
6. The Care Act 2014 allowed local authorities to move away from a 'care management' approach which largely focused on social workers undertaking assessments of need and providing a paid for services to meet those needs towards a strength and asset-based approach where social workers work with people and their communities, supporting them to access resources available in their community. This builds on the individual's and their families' strengths to meet their aspirations and wishes. It focuses on 'what's strong, not what's wrong', so it builds on people's own strengths and community assets. Paid for services are provided only to meet needs that cannot be met in any other way. As a result, people with lower-level needs can often have their needs met and outcomes achieved through community assets, access to community services and the range of commissioned Third Sector services that Leeds retains.
7. For those people with a higher level of need we have seen a change since the pandemic. Due to the increase in waiting times – driven by an increase in demand post pandemic and a shortage of staff – we now see people later in their journey into social care, and they are often approaching us at a time of crisis. We have seen an average of 191 referrals into social work per month in hospital. We have also seen real improvements in the supply and responsiveness of home care services since the Council's decision to invest in home care services through increased fees. These factors mean that we can offer a good quality response in a very timely manner meaning that people who are new to adult social care are less likely to seek a direct payment given the time that it takes to arrange at present.

8. For people with mental health needs we have such a broad range of services on offer that can be accessed easily and that are of good quality. This reduces the number of people who therefore come to the local authority for services at the lower level of need – and if they do, they are easily signposted to services which meet their needs, resulting in fewer people opting for a direct payment.
9. One area of success is with people with learning disabilities where we have a number of people in receipt of a significant package of care which is delivered entirely through a direct payment, often managed by their families to work around the person and their family. There is also a positive level of take up of direct payments for part of a care package where the direct payment is used to meet need such as for community support – access to support in the community, short breaks for families. It is in this context that we are working to identify an appropriate target for take up of direct payments in Leeds. Achieving 255 new direct payments over the year (22 per month) would increase our performance to 16.6%.

Improvement Activity Undertaken to Date:

10. Over the last year we have:
 - Engaged people, their families, and carers at events to promote direct payments and better understand people's experience of setting them up and using them.
 - Developed a leaflet to improve awareness of direct payments and the benefits they offer.
 - Mapped the current direct payment process, undertaken research on the process in other local authorities and developed a 'to be' process with our partners in Health and Children and Families services.
 - Development of a Direct Payments Dashboard to monitor performance on a monthly basis.
 - Established an Innovation Group made up of representatives across Health, Children and Families, Social Care, Finance and Performance to drive improvement and embed change. The group has recruited 16 direct payments 'champions'.
 - Delivered training on direct payments to 209 Social Workers. Quarterly training sessions commenced in June 2024.
 - Made it easier for professionals to access information by creating one site containing all the information on direct payments. This includes a helpline for social workers.
 - Tasked social workers to discuss direct payments for each new assessment, or at reviews. Managers are monitoring performance through reviews of Support Plans.
 - Improved access to information for people who draw on care and support by reviewing and revising the content on the Leeds Directory and Leeds.gov.uk sites.
 - Identified cohorts of people for whom a direct payment would be especially benefit. We know, for example, that our diverse communities want improved access to culturally appropriate support. A higher number of people from Asian communities access direct payments than other communities, showing that it can be a useful way for people to have their needs met in a person centred and culturally sensitive way. A direct payment could facilitate that for a wider range of people than at present.
11. Work to develop the number of personal assistants has also been undertaken:
 - The Council's Organisational Development team offer a range of support including training in a core set of competencies and peer support groups.
 - A number of community engagement events and bi-monthly information sessions have been held to promote personal assistants across the City. These are widely promoted e.g. through

LCC hubs and job shops, Job Centre Plus, Leeds Local Offer (social media, e-bulletin, newsletters, various forums and groups).

- The 'We Care Academy' proactively promotes the role of the personal assistants alongside all other adult social care roles in the monthly "Step into Care" events.
- We offer access to CURAM CARE - a site that either the worker or the person with care and support needs can join to identify a suitable self-employed carer. Choosing a self-employed carer means the person with care and support needs does not employ the person and it can be a simpler process rather than choosing a Personal Assistant. The site allows people, their representatives or social work staff to search for self-employed carers in their local area. Curam's technology gives people true choice and control over who is caring for them. Their aim is to tackle the shortage of PAs in the UK by bringing new people into the sector. The self-employed carers are vetted and approved, insured, provided with free online training and able to be part of a micro team.

12. This activity has not yet positively impacted on the take up of direct payments. We believe this is because:
- Progress on implementing improvements to the direct payments process was delayed due to the time taken to transfer the Direct Payments Team from a Third Sector provider to an in-house service. The process to set up a direct payment still takes a relatively long time and is comparatively onerous for social workers.
 - The training and improved information to social workers is either not having the impact expected or it will take longer to change behaviours and cultures than envisaged.
 - The way we work in Leeds (continuing to provide people who draw on care and support with the choice for the local authority to arrange care in all circumstances; including people in receipt of low-level support who attend in house mental health day centres; the success of our preventative and low-level support offer) limits the potential take up of direct payments.
13. In response, we have reviewed our approach to improvement, identified what activity will have the biggest impact and established an Oversight Group to drive delivery.

Our Plans to Improve take up of Direct Payments:

14. We have agreed the following key areas of focus to improve take up of direct payments:
- Remodel the approach to setting up direct payments, based on the learning from other local authorities. The Direct Payments Team will provide dedicated support to people who want to set up a direct payment. This will support people during the set-up phase and provide a confident and positive support offer to people going through the process. They can also provide advice and guidance to social workers to enable them to offer direct payments in a wider range of situations. This will be tested in one team initially.
 - Reduce the number of visits required to set up a direct payment through use of technology to obtain signatures. This will generate efficiencies, improve the experience for the individual and speed up the process.
 - Improved promotion of direct payments and improved communication and guidance for professionals.
 - Identify and implement improvements to the direct payment process with the aim of significantly reducing the length of time it takes to set up a direct payment.
 - Undertake targeted work across different groups of people who draw on care and support.

- Promote direct payments to our diverse communities to enable improved access to culturally appropriate support.
- Continue to support the recruitment of Personal Assistants in Leeds.

What impact will this proposal have?

15. Direct payments provide the autonomy necessary for individuals to lead fulfilling lives, giving people the freedom to decide how and when they receive their care. This level of control allows people to tailor their support to meet their unique needs and preferences. If an individual wants to employ their own care worker (personal assistant), then direct payments make that possible. Increasing take-up of direct payments in Leeds will further enable choice and control for people who draw on care and support.

How does this proposal impact the three pillars of the Best City Ambition?

- Health and Wellbeing Inclusive Growth Zero Carbon

16. The activity to improve take up on direct payments contributes to all three of the Council’s three pillars by:

17. *Health and Well-being*: helping more people to have greater control over their care will support them to have the right care for them to maintain independent lives.

18. *Inclusive growth*: supporting the growth of personal assistants, recruiting local people to support other local people, offering opportunities for flexible employment and the chance to develop new skills. Direct payments offer the ability for people to recruit staff from their own communities or neighbourhoods.

19. *Zero carbon*: The proposal to utilise technology to obtain signatures required to set up a direct payment will reduce the number of visits undertaken. Fewer car journeys will positively impact on the Council’s commitment to reducing air pollution and achieving zero carbon.

What consultation and engagement has taken place?

Wards affected: all

Have ward members been consulted? Yes No

20. A range of engagement activity has been undertaken over the past year to both promote direct payments and get views from our staff, people who use our services and their families and Carers and stakeholders on how we could increase take up. This has included:

- Work with our partners at Leeds Involving People to engage three community groups across the city. These sessions involved service users and care providers.
- A series of engagement events with social workers and colleagues working in operational finance to co-produce improvements to the direct payment process.
- Engagement with the Better Lives Board who are focusing on direct payments as a key priority this year.
- Engagement with Third Sector organisations to promote direct payments in partnership with Forum Central.

What are the resource implications?

21. The new model, which utilises existing resources, will include a dedicated team that will work in partnership with social workers. The Direct Payments Team will draw on their expertise to work directly with the person using services in a more effective way that will free up social work time.
22. The principle behind direct payments is that people make better choices about their care and use the money allocated to them more wisely. For example, if someone has a family member coming to stay with them for a weekend, they can more easily vary the support provided to them by the personal assistant or agency that they employ with the direct payment.
23. It is estimated that direct payments are more cost effective than a local authority managed package, largely due to cost of administration.

What are the key risks and how are they being managed?

24. Direct payments can give people who draw on care and support more flexibility and greater control of their support package. With a comparatively low uptake of direct payments, people in Leeds potentially have less opportunity to put the best support package in place for them which may impact adversely on health and wellbeing outcomes.
25. Take up of direct payments is a key performance indicator for adult social care and will be considered as part of our CQC inspection.

What are the legal implications?

26. No direct or current legal implications.

Options, timescales and measuring success

What other options were considered?

27. Direct Payments are a core of offering choice to people who draw on care and support. Adults and Health have a statutory duty to offer direct payments alongside other service options.

How will success be measured?

28. Success will be measured through the direct payments dashboard. The dashboard measures a range of data including demographic data and data on care and support need and forms part of the Directorate's performance reporting and assurance mechanism.

What is the timetable and who will be responsible for implementation?

29. A detailed project plan setting out how this activity will be prioritised has been developed.
30. The Senior Responsible Officer for the development of direct payments is the Deputy Director, Social Work and Social Care Service. The Oversight Group is chaired by the relevant Heads of Service and the development and co-ordination of the improvement activity is overseen by the Chief Officer for Transformation and Innovation.

Appendices

31. None.

Background papers

32. None