Personalisation – “Your Care, Your Way”

All Wards

Report authorised by:
Executive Director Adult and Community Services: Jo Cleary

Executive summary

Personalisation is a corporate priority and one that underpins the transformation of Adult Social Care.

This report outlines Lambeth’s approach to introducing personalisation, which has focused on developing the infrastructure required to sustain the delivery of personal budgets for the future. The learning phases within the programme have provided valuable information on what works and what needs more development.

Summary of financial implications

The Department of Health has made funding available through a social care reform grant to support local authorities in the transformation of Adult Social Care to a more personalised approach. This funding is for a 3 year period ending April 2011 and is specifically for the re-engineering of capability and capacity of the social care system.

Recommendations

• That the committee notes the progress made in implementing Personalisation (Self Directed Support).

Consultation

<table>
<thead>
<tr>
<th>Name of consultee</th>
<th>Department or Organisation</th>
<th>Date sent</th>
<th>Date response received</th>
<th>Comments appear in report para:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jo Cleary</td>
<td>Executive Director of Adult and Community Services</td>
<td>24.08.10</td>
<td>24.08.10</td>
<td>Throughout</td>
</tr>
<tr>
<td>George Marshman</td>
<td>DD Adults Social Care</td>
<td>23.08.10</td>
<td>24.08.10</td>
<td>Throughout</td>
</tr>
<tr>
<td>Alison McKane/Beverley Mcbean</td>
<td>Legal and Democratic Services</td>
<td>24.08.10</td>
<td>24.08.10</td>
<td>Throughout and Section 4</td>
</tr>
<tr>
<td>Peter Hesketh</td>
<td>AD Finance Adult and Community Services</td>
<td>24.08.10</td>
<td>24.08.10</td>
<td>Throughout and Section 3</td>
</tr>
<tr>
<td>Frank Higgins</td>
<td>Chief Accountant Finance and Resources Department</td>
<td>24.08.10</td>
<td>24.08.10</td>
<td>Throughout and Section 3</td>
</tr>
</tbody>
</table>
Report history

<table>
<thead>
<tr>
<th>Date report drafted:</th>
<th>Report deadline:</th>
<th>Date report sent:</th>
<th>Report no.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>23.08.10</td>
<td>24.08.10</td>
<td>25.08.10</td>
<td>75/10-11</td>
</tr>
</tbody>
</table>

Report author and contact for queries:

George Marshman, Divisional Director Adult and Community Services
gmarshman@lambeth.gov.uk  0207 926 64785
OR
Seona Gordon, Head of Personalising Services
sgordon2@lambeth.gov.uk  0207 926 67668

Background documents

- ADASS,LGA, IDeA –‘Putting People First Milestones’ 2009
- Lambeth Equality Impact Assessment – Personalisation 2009
- Community Care (Direct Payments) Act 1996
- Health and Social Care Act 2008
- Disabled Persons (Services, Consultation and Representation) 1986
- National Health Service and Community Care Act 1990

Appendices

Appendix 1 – Self Directed Support Pathway
Appendix 2 – Self Directed Support Roadmap
Personalisation – “Your Care, Your Way”

1. Context

1.1 Personalisation is one of the Council’s Corporate priorities and forms a major aspect of the Adult Social Care Transformation Programme. The development of Personalisation is often referred to as  Self Directed Support and is in line with the Government Concordat ‘Putting People First’ (2007). This proposed a radical change to the way Adult Social Care Services are delivered by putting individuals in control and by ensuring that the needs of each person who is eligible for personal social care can choose the best way to meet their assessed needs dependant upon their personal circumstances.

1.2 The Department of Health is monitoring progress made by Councils in transforming their social care services against five key “Putting People First” milestones:

1.3 Effective partnerships with people using services and carers

- Self-directed support and personal budgets
- Prevention and cost-effective services
- Information and advice
- Local Commissioning

1.4 In Lambeth, a Self Directed Support (SDS) Board was established to oversee the implementation of the programme and to ensure clear decision-making. The Board is made up of senior managers across health and social care and the voluntary sector. There is also support from managers representing critical functions such as Audit and Finance. At an operational level a Delivery Team is made up of managers who are charged with delivering key elements of the programme.

2. Background

2.1 Lambeth Adult Social Care has embraced the challenge of Personalisation and have embarked on a major transformation programme. A series of projects have been set up to deliver the necessary changes.

2.2 The implications of Personal Budgets are significant. They imply major changes in organisational arrangements, processes, culture, and professional roles; and in the expectations and responsibilities of social care service users. Conventional approaches to care management (professional-led assessments and the purchase of services by care managers on behalf of service users), for a growing number of people are no longer appropriate. Rather what is needed are new skills in supporting service users to plan their support arrangements, and new brokerage expertise to enable personal budget holders to prepare support plans and get the best ‘deal’ from their budgets.
2.3 One of the principles of self directed support is greater choice and control for individuals. This however has to be balanced with managing risk and maintaining effective financial control, particularly at a time when budgets are being reduced.

2.4 The fundamental difference is the upfront allocation of a personal budget based on needs identified in a Supported Self Assessment Questionnaire (SSAQ). The SSAQ drives the calculation of the Resource Allocation System (RAS) which is the individual’s personal budget. This budget is then used to set up an individual’s support plan, which details the agreed outcomes and how these will be met. Appendix 1 shows the Self Directed Support Pathway, made up of five steps. This is the process for the individual requiring social care support. To receive a personal budget, individuals must meet the Council’s eligibility criteria which remain at ‘critical and substantial’ needs only.

2.5 For some service users this may mean very little change in the way that their care is provided. For others there may need to be significant changes in order that they are able to achieve a more personalised approach.

Self Directed Support Roll Out

2.6 After a cautious start through the learning phases of 2009/10, the pace of change has escalated and driven through on the basis of sound foundations in order to:

- avoid an extended period of running two models of social care
- be clear and transparent about what we have agreed for the benefit of service users, carers, staff, key partners and providers of services in order achieve the benefits for the service user and the organisation as quickly as possible.

2.7 The Self Directed Support Programme has been organised into four 6 month phases of activity across all service user groups. This is shown in Appendix 2. Between April 2009 and September 2009, a small number of individuals in Adults with Learning Disabilities and Adults with Physical Disabilities were offered Self Directed Support. The target of 50 individuals was achieved. This tested the five step process with service users, staff and partners. Between October 2009 and March 2010, this was further extended and included some older people.

2.8 From April 2010, the focus has been on rolling out to all new service users and those receiving a review are being given a personal budget. This applies to Adults with Learning Disabilities, Adults with Physical Disabilities and Older Adults. Prior to this, the learning phase process was carried out manually and in July 2010, this was embedded into Frameworki, the Adult Social Care client IT system. In October 2010, the final phase of the Programme will extend the rollout to Adults in Mental Health and Substance Misuse service users.

2.9 The rollout in mental health links to the work being undertaken to develop Personal Health Budgets. Council staff are members of a Steering Group with the PCT, South London and Maudsley NHS Trust, and voluntary sector to look at how service users receiving a Personal Health Budget and if identified as
substantial or critical according to Adult Social Care eligibility criteria can also receive a social care personal budget if this is helpful and agreed. This would enable the individual to consider creative solutions in meeting both needs via a combined health and social care support plan.

2.10 Significant progress has been made with developing the supporting infrastructure that is needed to sustain Personalisation in the longer term. This includes:

- Enhancing initial contact and signposting for individuals, providing information on universal services irrespective of need e.g. access to leisure and cultural services and Telecare.
- Improvements in the systems to support the process including an Information Portal giving access to individuals, their carers and staff, details of services that can be purchased and improvements to Adults Social Care IT System, Framework.
- Development of a Re-ablement service to provide short term support which can reduce the ongoing needs of individuals over time.
- Development of an approach to assessing and managing aligned with safeguarding so that risk is minimised or mitigated.
- Development of a single Resource Allocation System which is fair and equitable across all adult social care user groups.
- Creation of staff guidance available on the intranet and updated in regular staff bulletins.
- Development of a guide for users and carers, developed with individuals receiving personal budgets.
- Training of staff, individuals and partner organisations about the principles of Self Directed Support and specific areas such Support Planning and Money Management.
- Development of a range of money management options including direct payment into a bank account, pre-paid card and Credit Union.
- Development of the market to deliver personalised support for individuals, including the decommissioning of traditional block contracts.
- Creation of an Apprenticeship Scheme in partnership with Lambeth college and Job Centre Plus to provide learning opportunities for young people aged 19 – 24 to provide care and support to individuals with a personal budget.
- Working in partnership with the voluntary sector to develop and test a support planning and brokerage model, that includes peer support.
- Completion of the National Minimum Data Set (NMDS) which collects data about the workforce across the Borough, particularly within the third sector which enables forward planning in relation to workforce needs.
- Preparation for workforce redesign to meet the new ways of working. This includes analysis of existing roles and responsibilities and the balance of qualified and non-qualified staff.
- Development of an Outcomes Framework to capture individuals views before and after receiving a personal budget.

2.11 In December 2009 the Lambeth Commission on Personalisation and the Third Sector was set up to explore ways of making personalisation of public services work for the third sector organisations within the Borough. Supported by Association of Chief Executives of Voluntary Organisations (ACEVO), the
Commission identified 4 areas of work to assist the changes necessary to prepare the third sector in implementing self directed support:

- Developing and supporting a skilled work-force that is responsive, flexible and creative
- Helping organisations effectively cost services that can be purchased using a personalisation model
- Assisting organisations to market their services in a way that informs and benefits service users/customers and commissioners
- Helping organisations measure and evidence what they do so that they can be clear about the outcomes of their work and the impact they are making.

Whilst the work of the commission has not provided all the answers for organisations making the transition to personalisation, it has enabled organisations and the third sector focus to address the pertinent issues.

**Performance**

2.12 NI130 is part of the National Indicator set and the Local Area Agreement. It measures the number of people in receipt of self-directed support, including those on direct payments. In 2009/10 Lambeth achieved 465 personal budgets.

2.13 As detailed above, Lambeth has wished to take the approach of setting sound foundations for the implementation of the Self Directed Support Programme and are now beginning to see increases in the takeup, following the rollout in July 2010. At the time of writing, there are 545 individuals who have completed an SSAQ and have been allocated an indicative budget. The chart below shows the percentage take up in each service user group.

<table>
<thead>
<tr>
<th>Service Area</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult with Learning Disabilities</td>
<td>45%</td>
</tr>
<tr>
<td>Disability and Older People</td>
<td>39%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>1%</td>
</tr>
<tr>
<td>Physical Disabilities</td>
<td>15%</td>
</tr>
</tbody>
</table>

2.14 Ensuring the sustainability of the Programme has been important in the ongoing transition from the traditional model of providing social care to one where individuals direct their own care. Whilst many individuals have been able to utilise their support, others have required a significant level of support to maximise the choice options to meet their needs.

2.15 As the take up shows, there have been a greater proportion of younger adults (with learning and/or physical disabilities) than there has been for older people. In common with the national picture we have found that older people often enter the service at a time of crisis and do not feel able to take on the management of a cash direct payment, hence have opted for the Council to manage the service on their behalf. There may be occasions where safeguarding issues have necessitated an immediate response and hence a personal budget can be introduced at a later stage, for example when the support package is reviewed.
Challenges and Lessons Learnt

2.16 The development of the Self Directed Support Programme has demonstrated that a number of responsive and flexible approaches are required to meet the diverse and wide range of circumstances in people’s lives. The transition from a professionally led assessment and service delivery model to one which is directed by the individual using their cash direct payment requires a robust infrastructure to support this safely, and within financial constraints. Three key issues have been identified for further development as the programme enters its final phase.

Increasing capacity and skills for support planning

2.17 The external support planning and brokerage capacity has not been able to meet the need and deliver as expected, and internally the transition from the development of care plans to one of personalised support planning has been challenging. This inevitably increases the time it takes to fully deliver a personal budget. This experience has been reported by other Authorities and support for staff, awareness raising and performance management issues are being addressed.

2.18 A support plan is completed by or with the service user and describes the services or support which the service user will access using their personal budget. Training on Self Directed Support and Support Planning has been provided for individuals and their carers, Lambeth staff, and external support broker pilots that have been engaged to stimulate external support services. These include Action for Blind, Advocacy Partners, Elfreda Rathbone, Southside Partnership, Mosaic and Fanon.

Streamlining the administration of the process

2.19 The documentation to deliver the process has been developed and embedded within the Department’s IT system, Frameworki, to enable recording electronically. The documentation is being refined and developed in consultation with service users, carers and staff. There is a single Supported Self Assessment Questionnaire (SSAQ) for all service user groups and where necessary, a carer’s assessment will be completed at the same time. Where the person appears to lack capacity to assess their needs with support, an assessment will be carried out under the Mental Capacity Act.

2.20 The Resource Allocation System (RAS) provides individual’s with an indicative budget based on the outcome of the Supported Self Assessment Questionnaire (SSAQ). This can be adjusted upwards or downwards following the development of the individuals support plan. In the current financial climate, ACS have taken the decision to parallel run the points based system with one based on hours calculated at the Direct Payment rate. This will enable a decision to be made about the affordability of the approach in the long term.
Ensuring that personal budgets meet eligible social care needs and are affordable

2.21 The Local Authority has a duty to audit how public money is spent. Therefore it is vital to ensure that the systems put in place to undertake this are as efficient as possible so that funds are not wasted on unnecessary administration, and service users are not given burdensome audit requirements.

2.22 Several checks and balances are in place to support the allocation of the personal budget. The individual is first given an indicative budget for planning purposes, which is subject to a reasonableness test i.e. the care manager, must check whether the indicative budget is sufficient to meet the service user’s eligible needs. If the allocation is verified as reasonable to meet the needs, then a support plan can be developed. The support plan must detail how eligible social care needs are to be met. This may be through traditional services such as home care or it may be through the use of a personal assistant to support them with personal care. Complex and high cost cases are referred directly to a Resource Panel who will consider any issues and risks, offering advice accordingly. An individual’s personal budget will only be allocated once managerial approval has been given and the budget validated. The Council’s Money Management team conduct regular, and spot checks on the spending of the budget and through the review of the support plan, the care manager will seek assurance that the outcomes stated in the support plan are being met.

2.23 The modelling that has been undertaken suggests that there is an inequitable distribution of funding in some service user groups, which may need to be addressed in future years.

2.24 ACS is reviewing its existing contracts with external providers with a view to considering decommissioning some existing services and transferring the funding into the commissioning of small businesses in the voluntary and independent sector, where they provide new services which people can purchase with their personal budgets.

2.25 Work has also begun to cost out internal services so these are part of a menu of choices available for the service user to purchase.

3. Comments from Executive Director of Finance and Resources

3.1 The financial cornerstone of the process of Self Directed Support is the Resource Allocation System. Setting the price point is critical. If the price point is too low, the personal budget may not be enough to meet the service user’s needs. If the price point is too high, the RAS may be unaffordable for the Council.

3.2 There may need to be a redistribution of resources over time with some service users with complex needs receiving a higher or lower share of resources.

3.3 We will monitor the uptake and outcomes for different groups of service users receiving a personal budget, and the extent to which the roll-out of SDS is delivering improved efficiencies in Adult Social Care.
4. Comments from Director of Legal and Democratic Services

4.1 The Association of Directors of Adult Social Services (ADASS) has published a legal guide relating the main elements of “Putting People First” within the current legal framework.

4.2 Within Personalisation, the focus is on the duty of local authorities to assess for community care needs. Authorities are bound to offer to assess people who appear to them to be disabled under the Disabled Persons (Services, Consultation and Representation) Act 1986, and are also obliged to assess anyone who appears to the authority to be a person who may be in need of any community care service it could lawfully provide or arrange (s47 of the National Health Service and Community Care Act 1990).

4.3 Safeguarding of people lacking capacity remains embedded in care management as it already must do, through the Mental Capacity Act (2005). The Heath and Social Care Act (2008) extended the provision of Direct Payments to those who lack mental capacity (with appropriate support) to enable them to exercise the same choice and control as other service user groups.

4.4 The headlines from the ADASS guidance are that:

- The duty of care can be properly met within an SDS system, but with safeguards built in.
- (Universal) Services meeting needs below an LA’s eligibility threshold can, as now, render ongoing support packages unnecessary.
- Staff dealing with ‘first contact’ responses must be suitably skilled and experienced to ensure they can give the right info and make the right judgements.
- Self-assessment ‘per se’ is not lawful; but ‘self-directed’ assessment is.
- The authority is the ultimate decision maker regarding resource allocation, irrespective of the system in use.
- ‘Contracting out’ of eligibility, resource allocation and support planning decisions is not lawful, but the contracting in of help, in terms of fact-gathering and support for clients, in relation to the decisions that the authority ultimately needs to make, is already legitimate.
- Support Planning can be flexible, and should be proportionate.
- Personal budgets can be offered as direct payments, or as one of several types of council/provider managed arrangements; they can also be a combination of these. Whatever the arrangement chosen, it should be signed off in the support plan.

5. Results of consultation

5.1 There have been a number of consultation events and briefings with different groups including service users, carers, staff, partners, voluntary agencies and elected members on all aspects of Personalisation. This work is ongoing particularly with the refinements on the process.

---

1 Personalisation and the law: Implementing Putting People First in the current legal framework October 2009
5.2 Service users and carers will need more accessible and comprehensive information about these services. As well as literature, a user/carer guide is being produced, together with a new DVD and other public information. An information portal is also being developed that will give individuals, their carers and internal and external staff information about services that they want to purchase using their personal budget.

6. Organisational implications

6.1 Risk management:

6.1.1 There has been a perception nationally that the introduction of self directed support could lead to an increase in risk to the service user and the subsequent exposure of the Local Authority to potential financial abuse. ACS has taken this risk very seriously and has undertaken an internal review of the current direct payments scheme to ensure that clear monitoring arrangements are in place and has actively engaged with Audit both as part of the SDS Board and in providing guidance and assurance of the processes that are being developed.

6.1.2 However, it has to be acknowledged that it will never be possible to totally eliminate risk and indeed the personalisation agenda encourages a ‘positive’ approach to support individual choice and risk management.

6.2 A major risk for Lambeth (and indeed all Councils), is that of the affordability of personal budgets. Lambeth are taking a cautious approach on this front due to the forthcoming financial reductions and are ensuring that work in relation to the structure of the RAS will both meet identified social care needs and can be delivered within the budget.

6.2.1 Issues such as these and mitigating actions are contained within the Personalisation Risk Register that has been developed and is maintained as part of the SDS Governance arrangements.

6.3 Equalities impact assessment:

The principles of Self-Directed Support will contribute to the Equality Agenda, in particular through the development of a transparent Resource Allocation System and help for citizens in developing their own support plan. An Equality Impact Assessment for Self Directed Support was undertaken in September 2009 and specific EIAs will be carried out as required.

6.4 Community safety implications:

Personalisation and Safeguarding of Adults are intrinsically linked and form a key component of keeping people safe in the community.
6.5 **Environmental implications:**

None identified at present.

6.6 **Staffing and accommodation implications:**

The changes in ‘Putting People First’ may have significant implications for the workforce the council commissions from the private, independent and voluntary sectors and for our existing staff. The Department of Health has produced a national workforce strategy for England\(^2\). The Council will need to consider how best to maximise the use of professionally qualified staff and staff who are suitably trained (although not necessarily professionally qualified). Lambeth have a range of job titles, roles and responsibilities which are being analysed and may need to be redesigned to meet the needs of the new model of social care provision that is fit for purpose.

6.7 **Any other implications:**

None

7. **Timetable for implementation**

The SDS Programme is to run until April 2011 with anticipated programme closure in May 2011 as is shown in the attached high level roadmap (Appendix 2). The programme is being monitored on a regular basis through the SDS Programme Board and the national ‘Putting People First’ milestones set out in section 1.2.

\(^2\) Putting People First - Working to Make It Happen - 2009
Self Directed Support Pathway

1. First contact from clients, friends, family, carers, brokers
   Contact assessment

2. Referral

3. FACS and Overview Assessment

4. Information (signposting)

5. Supported self assessment & indicative budget

6. Support planning

7. Money choices

8. Arrange Services

9. Get on with living life

10. Review & Reassessment

New Referrals

Supported Self Assessment Questionnaire

Support Planning

Arranging Services

Monitoring and Reviews

SSAQ
At least 30% of eligible service users/carers have Self Directed Support high level roadmap

**Phase 2**
- WS 1 – Business Process
  - Initial development of sustainability model
  - Complete desk top exercise
  - Develop Support Brokerage pilot
  - Learning and Development Strategy Plan
  - Commission and deliver training on SDS inc SSAG, RAS, Support Planning and Money Management
  - Skills for Care Apprenticeship programme in place
  - Workforce Commissioning Strategy
  - Phased implementation on IT plan

**Phase 3**
- WS 2 – Finance
  - Sign off revised Practice Pathway inc. risk criteria for long term
  - Revise documentation in light of learning phase
  - Revise staff guidance inc. risk and safeguarding
  - Enablement pilot
  - Specify IT and prioritisation requirements
  - Draft organisational redesign

**Phase 4**
- WS 3 – Commissioning
  - Money Management options in place
  - Refine and sign off RAS 6 for Phase 3
  - Polices and Procedures developed and signed off
  - A clear preventative strategy and enabling/rehabilitative interventions. Whole system with health
  - Phased Strategy that addresses future population needs and developed with stakeholders.

**WS 4 – ICT**
- WS 5 – Workforce Development
  - Prioritise ICT requirements
  - SSAQ available via Framework

**WS 6 – Communications and Stakeholder Engagement**
- WS 7 – Citizen Wellbeing and Outcomes
  - Information available describing the process
  - Range of effective mechanisms in place for involving people in the programme
  - Promotional material in place
  - Ongoing support of mechanisms for involving people in the programme
  - Ongoing information and communication

**Adults with Learning Disabilities**
- ALD Learning Phase
- Roll Out to ALD/PD OP
- Consolidation

**Adults with Physical Disabilities**
- PD Learning Phase
- Prepare for Roll Out

**Older People**
- Prepare for Roll Out

**People with Mental Health Problems**
- Prepare for MH/ Substance Misuse Roll Out