

Cabinet – 17 March 2010

Personalisation working group report

Portfolio: Councillor Barbara McCracken

Service: Social Care and Inclusion

Wards: All

Key decision: No

Forward plan: No

1. Summary of report

A working group lead by Councillor Clive Ault undertook an investigation into the impending introduction of Personalisation in Walsall on behalf of the Social Care and Inclusion Scrutiny and Performance Panel. This included consideration of key local issues as well as the work being undertaken by officers in responding to the requirements of the programme.

The working group report was presented by Councillor Ault to the Social Care and Inclusion Panel at its meeting on 11 February 2010.

The Panel voted unanimously to endorse the report and to recommend to Cabinet the proposals as set-out in the report annexed, specifically:

That:

1. service users continue to receive the appropriate level of support to assist them in meeting their health and well-being outcomes;
2. there is efficient use of resources in the achievement of outcomes for care recipients includes seeking to maintain existing services where required;
3. the most vulnerable service users are not disadvantaged under the financial arrangements introduced under Personalisation;
4. there was effective identification and monitoring of the most vulnerable service users;
5. work continues into accessing all members of local communities to prevent future pressure on dependent care services;
6. health and social care professionals were made fully aware of Personalisation to enable them to advise care recipients and signpost services;
7. the development of an effective relationship between the Council, and the third sector continues to assist in the production of a shared approach to Personalisation.


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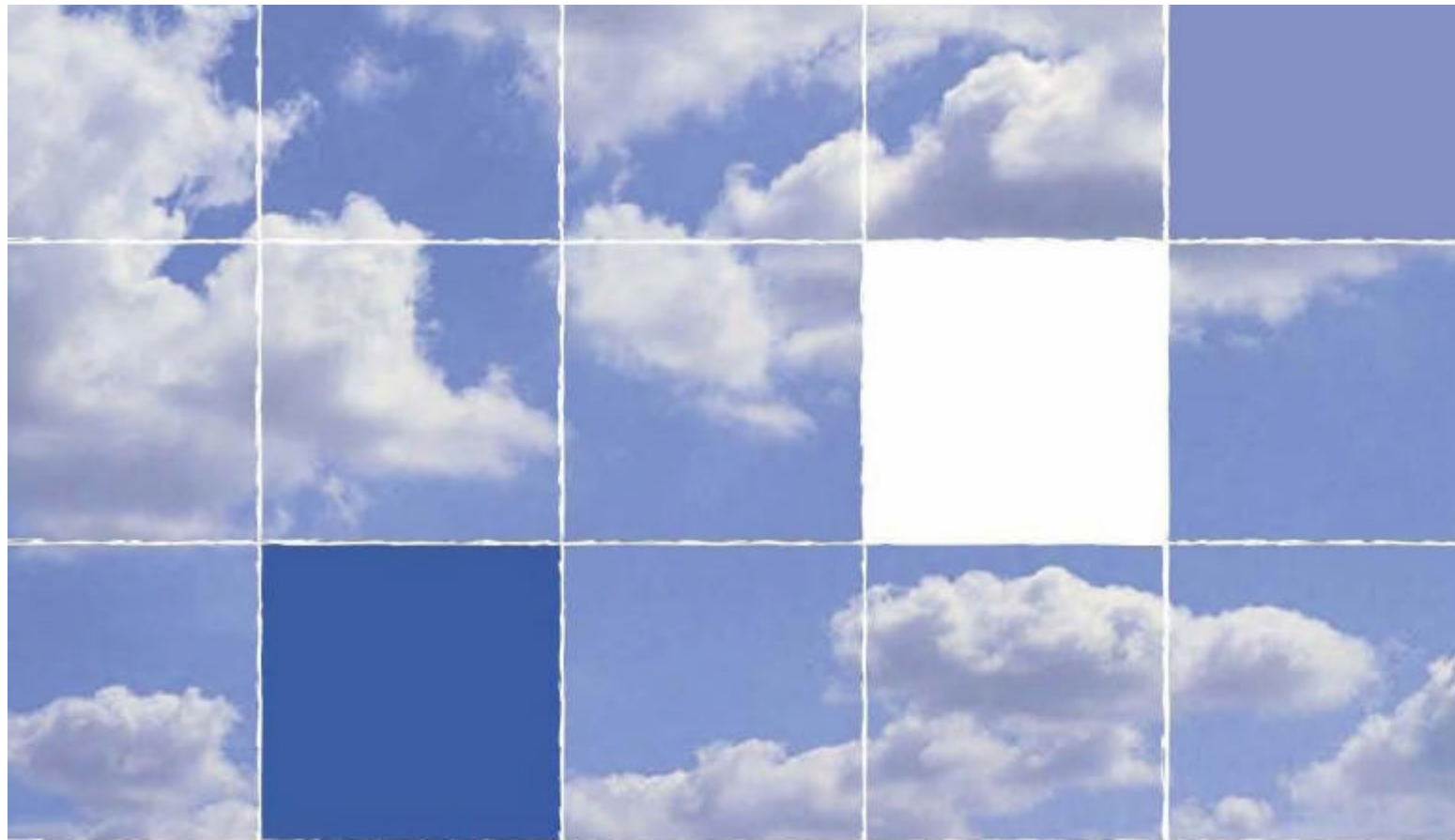
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Signed:A handwritten signature in black ink, appearing to read 'Tim Oliver', with a horizontal line above the first part of the name.

Councillor Tim Oliver

Chair, Social Care and Inclusion Scrutiny
and Performance Panel



Personalisation in Walsall

Report by the Personalisation working group

**To be presented to the Social Care and Inclusion Panel
– 11 February 2010**



Walsall Council

Chair's Foreword

The introduction of Personalisation will represent a significant change to the way many Walsall residents receive support. The working group was established to consider both the opportunities as well as the risks that Personalisation could present for both residents and Council services.

I would like to thank all those who have assisted the working group during the period of its activity this municipal year including, the other members of the working group, officers from within the People First Programme, as well as witnesses including Ian Willets Chief Executive of Walsall Voluntary Action (WVA) and Andrew Moulton, Development Officer, Walsall Disability Forum.



*Councillor Clive Ault
Lead Member, Personalisation working group
Vice Chair, Social Care and Inclusion Scrutiny and
Performance Panel*



*Councillor
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*Councillor Ian
Robertson*

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Introduction

The Social Care and Inclusion Scrutiny and Performance Panel identified the introduction of Personalisation as an appropriate service to investigate during 2009/10, continuing its activity on this issue from the previous municipal year.

Terms of Reference

The working group held an initial meeting in July 2009 to review its terms of reference from the previous year. These were then agreed by the Social Care and Inclusion Panel at its meeting on 3 September 2009.

The working group wanted to understand the implications of Personalisation for both service users and the Council. A key objective for the working group was to help shape the local response to the national requirements of Personalisation, including the implications for a range of current policies, procedures and strategies. The working group were also keen to highlight any significant challenges, which were likely to be faced by the Council in introducing Personalisation and possible solutions, to the parent Social Care and Inclusion Panel.

The working group's full terms of reference can be viewed at Appendix 1.

Membership

Councillor Clive Ault	<i>Lead Member, Conservative</i>
Councillor Alan Paul	<i>Conservative</i>
Councillor Ian Robertson	<i>Labour</i>

The working group was supported by a number of officers:

Elaine Carolan	Head of Strategic Development, Adult Services
Mark Pitcher	Acting Workstream Lead, People First Team
Emma Palmer	User Involvement & Third Sector Manager
Vicky Merrick	Direct Payments Development Manager

Ian Willets of Walsall Voluntary Action (WVA) also attended a number of meetings with the working group. Andrew Moulton of Walsall Disability Forum (WDF) also met with the working group.

Methodology

To support their activity the working group held five meetings. This included discussions regarding key issues with officers and representatives from WVA and the WDF. A visit to the recently opened Social Care and Inclusion Response Centre was also undertaken.

Report Format

The report is a summary of the evidence the working group received along with comments and suggestions for future action.

Personalisation

The working group was given a definition of Personalisation: *its objective is to enable individuals to take control of their own lives, especially with regard to remaining as independent as possible within the community.* It is a national programme aimed at creating more individual choice and control in the way that people receive their care support and reflects the changing relationship between the state and the individual. A further objective of Personalisation is the re-ablement of individuals and to effectively support them in returning to independent lives after a period of care intervention. For those residents who are socially isolated a key target is to prevent their needs reaching a critical stage by offering supportive preventative enablement services and earlier interventions that promote independence and the quality of their lives. As opposed to waiting for a crisis to occur that would more likely result in the need to provide more extensive interventions or long term support services, that are at odds with the ideology of the promotion of independent well being and improved quality of life.


Introducing Personalisation in Walsall

Officers explained that the first phase of the programme and the associated introduction of personal budgets would be introduced in 2010. The Council is required by the government to have 10% of its current adult service users on a personal budget, as determined by the national indicator N.I.130 by 1st April 2010, with an expectation that by October 2010 all new service users will be offered a personal budget and by April 2011 at least 30% of all our service users will be in receipt of a personal budget. For this council that means approximately eight-hundred and seventy-five service users by April 2010 and on current figures two thousand six hundred and twenty-five service users by April 2011. Officers explained that this requirement will dovetail with the reassessment or review of approximately one thousand two hundred service users due in 2010/11. The working group heard that amongst the challenges are some of the resourcing issues in relation to the provision of Support Plans and the assistance to complete Self-Directed Support Forms that will enable the required assessment decisions to be appropriately made. This new approach will require a realigning of the current workforce and some skills updates and training for staff, to support the achievement of these required changes.

The local context:

Early success for Walsall's elderly population brings new challenges

The working group heard that Personalisation was set to arrive in a context of a growing dependency from an increasingly elderly population on social services. The number of people in this category is set to increase over the next ten years, with a 45% increase in the number of over eight-five year olds in the next three years. The working



group were impressed that Adult Services along with health colleagues have successfully increased average local life expectancy by four years. However, officers acknowledged that the quality of life enjoyed by elderly residents during those additional years is not particularly good. A further related challenge is that the increase in life expectancy has also significantly added to the instances of dementia. Many of those now entering the eighty-five plus category with the associated increases in dementia would have previously relied upon friends, family as well as neighbours, who will find it significantly more difficult to cope with mental health care needs. In addition, some of those carers themselves will become increasingly elderly and will be less able to cope with the demands of caring for others. In practice this means it is more difficult to enable people with these type of care needs to remain independent and in their own homes. A number of further challenges exist in seeking to meet the increasing expectations of this group. For example, a common experience is that elderly recipients of acute hospital based treatment do not want to move from residing at home within the community in to a care home on discharge from a hospital environment. However, the difficulty is that currently both the capacity and in some instances the appropriateness of approach and quality of home care services are not conducive to support this approach.

Young Adults with learning disabilities

The working group heard that an increase in the life expectancy of young adults with disabilities is also being witnessed as a result of medical improvements. Current projections estimate that there will be an increase of 20% of people who would fall within this group across the borough over the next few years. In practice this means that there will be a significant increase in the number of service users with high need and expectation levels, who wish to remain as independent as possible and remain within a community setting.

What Personalisation means for care recipients

The objective of offering personal budgets will be to enable a service user to one, understand what the financial equivalent amount the council will provide following an assessment. Secondly the service user can then determine how they would like to receive this financial support, a direct payment or the provision of commissioned services or a combination of both. Thirdly how and what type of services or support they will utilise and from where as identified in their support plan, to achieve the agreed outcome of the assessment. This approach means that service user's will have a greater understanding of the real financial support they are receiving from the council, as often they have only equated the figures to the amount of Attendance Allowance/Disability Living Allowance they are in receipt of, when in fact much higher levels of financial support are being provided to meet the holistic support needs identified. They will also, where they wish to, be able to exercise a much greater level of autonomy about how they can utilise this to meet their needs and promote their own independence. The working group wanted to understand what the impact would be on service users, officers gave the example of a current user who is already known to the Council that they visited during the undertaking of some shadowing


work as part of a personal budget pilot. This service user was in receipt of the Attendance Allowance and the Council were providing a meals-on-wheels service and the opportunity to attend a day centre once a week and use supported transport services. The working group heard that in reality when offered the opportunity to change their current care plan, the care recipient preferred not to attend a day care centre but instead would rather go out on trips with a friend. Following this discussion alternative types of support services were considered and it was arranged that a personal assistant would be secured who would take them once a week to a bingo hall instead. This outcome delivered a far better outcome for the service user and was actually more cost-effective than the traditional day service provision we had been providing. In respect of the meals-on-wheels provision, officers explained that these cost around £6 per meal/ per day, however, care recipients only pay a flat rate contribution £2.75 per meal as the council heavily subsidises this service provision. Under the arrangements which would be in place as a result of the introduction of Personalisation an individual might be given a set amount of money to better meet this outcome, For example, meeting a group of friends for lunch at a local pub. In the view of officers the cost of meals-on-wheels at present did not represent good value for money for the Council, as it did not use resources effectively and considerably limited the choice afforded to the care recipient.

The working group acknowledged the importance of the efficient use of resources in the achievement of outcomes for care recipients. However, it was also important that provision, for example, meals-on-wheels, was in place for those who wished to continue using the service.

A new approach

The working group heard that those residents eligible for the scheme will be required to provide a support plan. For example, assistance will be provided through various approaches if required. As part of the new self directed support approach service users will be advised how much certain types of services usually cost, so they can use this information when they exercise their choice and control in respect to how they utilise their personal budget to arrive at their support plan. In effect, the new arrangements for support/care provision consist of three main elements: 1. Complete proposed support plan and submit for council sign off ; 2. Implementation of a programme of support, enabling people to live their lives; 3. Review of the support plan to ensure that the outcomes are being achieved and the current level of support being provided is still appropriate to current needs.

All service users will have a review undertaken at least on an annual basis or as a result of a significant change in circumstances, when a reassessment may need to be carried out. For example, due to a care recipient becoming ill or following a hospital discharge they may require a high level of support for a short period of time, but this may require a reduction once the service user becomes more confident and capable



of independently undertaking more for themselves. Officers have recognised the importance of ensuring that as part of the new scheme an inclusive approach is taken towards care recipients to enable them to feel that they are being supported rather than having arrangements imposed upon them. To that end while the new Support Plan is far more detailed than the existing version it is less intrusive and its focus is much more on the individual having a greater say of how and when they will be supported and by who .

The Supported Self Assessment Process

The new process is intended to be smarter with potentially five outcomes being achieved using one supported assessment tool. Officers explained that the objective of the Self-Directed Support Form was to ensure that the views of care recipients are properly reflected and they appropriately shape the assessment outcomes. They have been designed to enable an individual to complete them on their own or with the support of a social worker if required. This new approach should ensure that what the service user considers is important to them is appropriately captured within the assessment process. It will also help carers by providing guidance in terms of work being undertaken that they may not recognise as being a care support provision, for example, where a relative frequently assists someone in getting in and out of a chair. The working group heard that the new assessment approach means that there is more independent completion of the questionnaire. It will also seek to be a “whole of life” assessment. Key questions are posed including, “how will you meet the requirements identified?”, and “how can the identified services be accessed?” The working group heard that it was possible for someone using self-directed support to use family members or other individuals to provide their care. However, the Council must agree the Support Plan and ultimately determine the budget allocation. The Council can also challenge a Support Plan if it considers a particular service identified does not contribute to achieving the agreed assessed outcomes, or insufficient contingency arrangements are in place etc. The Support Plan is regularly reviewed to ensure that outcomes are being met and the correct level of personal budget is in place to reflect the current presenting needs.

The Resource Allocation System (RAS)

The RAS is a key component of Personalisation. Its purpose is to tell people how much financial support they can reasonably expect to be made available in their personal budget. The RAS is a calculation type tool that is able to interpret the responses provided from the self directed support tool and then calculate from a complex set of formulas what the upfront notional personal budget will be. One of the key reasons for there being a RAS, is that it provides an up front allocation that enables someone to make informed decisions about what type of services and at what cost when they are designing their Support Plan to meet their agreed outcomes as identified in their assessment. A self-directed support form will need to be completed once this new approach is implemented later this year. For all individuals whose needs would appear to fall within the Fair Access to Care Services (FACS) eligibility

criteria that the Council has agreed it will provide financial support to meet those identified assessed needs.

Determining an individual's contribution to the cost of their care

The working group were provided with an example regarding the calculation for a "Client who is single and aged 67" – see appendix 2. Officers explained that the example was complex but not unusual. It set out the Benefit Maximisation* taking account of a range of factors including basic income support plus a 25% buffer, as well as the level of savings, with a threshold of £14,000. A calculation is then made regarding the maximum contribution that the client can be asked to make against the level of financial support or services we have agreed to provide to meet the identified assessed needs.

**Officers explained that this process involves a detailed benefit check to establish whether an individual is entitled to any additional benefits, and whether any existing benefits are being paid at the correct rate. If a client refuses Benefit Maximisation they may be required to meet the full cost of their care.*

Means Testing & the Fairer Charging Policy

The working group heard that currently a separate piece of work is being undertaken in respect to this area of work, as it is a government requirement that council's have a fit for purpose Fairer Charging policy if personal budgets are to be introduced. However, there are those within the local community who it is anticipated will be required to meet the full cost for any chargeable services provided due to their financial position, these are often referred to as 'self funders'. Equally those people who refuse to provide the required financial information as part of the financial assessment to determine what their contribution may be if the council are to provide support will also be required to meet the full costs of any chargeable services that the council has agreed to provide. Officers have also acknowledged that it is important that work is undertaken to ensure that individuals claim all the benefits to which they are entitled and are supported where necessary. Finance officers are meeting with colleagues across the region to discuss their approaches to fairer charging in respect of what percentage contribution level is to be set and against type of services and if flat rate charges are to be used etc to avoid a postcode lottery outcome across the West Midlands region. Work around the introduction of entitlement ceilings was discussed and a determination needs to be made as to what resources will or won't be included within a personal budget. Proposals in respect to the revised Fairer Charging policy are due to go to Cabinet in early 2010.

The working group were pleased with the work being undertaken by officers. They also highlighted the importance of ensuring that the most vulnerable service users are not disadvantaged under the new financial arrangements.



The provision of care

There are also plans to maintain a record where carers operate consistently in specific areas. This will enable an approach to be developed where recipients are cared for by the same people or person on a regular basis rather than by different people. However, the working group heard that it is possible that a large independent organisation may enter this newly created market and “mop up” a significant proportion of local demand.

Community Response

The working group learnt that a further benefit of Personalisation is that care recipients from within a range of local communities will be able to recruit the most appropriate or suitable carers. This will support those members of some communities who traditionally do not access services and prevent them from going into long-term care at a much earlier stage than necessary. However, officers acknowledge that some challenges remain in accessing hard-to-reach and Black and Minority Ethnic (BME) communities.

The working group recognised the opportunities as well as challenges for the community in building a response to the introduction of Personalisation. The working group also highlighted the opportunity that Personalisation offered for seeking to access all members of local communities. This was particularly important as part of the effort to prevent a dependent care “time-bomb” being created in the future.

Risks & safeguarding

If risks are identified within a Support Plan at an early stage more frequent reviews would be carried out. However, evidence from the Pilot Study (discussed later in the report) suggests that very few people have been placed at risk or require safeguarding measures as a result of the new scheme. The working group heard that where appropriate management of an individual’s budget can sit with the Council. A contingency plan is also included to safeguard against care arrangements breaking down.

Monitoring of vulnerable service users

The working group heard that in respect of monitoring vulnerable service users, if the Council perceives an individual as vulnerable they will be asked a number of direct questions. However, there is little that can be done if an individual does not indicate issues that highlight their potential vulnerability. For example, where a service user is given money for the onward payment of services, but they fail to inform the Council when these services are not being provided by the identified person on the support plan, be it a personal assistant or a relative etc. Officers explained that Personalisation relies on the care recipient being upfront and willing to acknowledge any problems that would enable the

Council to identify them as vulnerable individuals. The working group agreed that Personalisation will provide the opportunity for a family member acting as a carer to earn additional income. However, it was apparent that there will also be a need to ensure appropriate monitoring of such arrangements. The working group also learnt that if an individual does not have sufficient mental capacity an advocate can be appointed to make decisions regarding suitable care arrangements on their behalf.

Pilot Study

In relation to risk management and safeguarding, in Hartlepool, one of the authorities where a trial of the scheme is being undertaken, personal budget spending has been closely monitored as part of the effort to mitigate against any problems. Overall the pilots undertaken have demonstrated that the majority of individuals have much greater control and were enjoying a “better deal”.


The working group were encouraged by the safeguarding activity being undertaken by officers. The group also emphasised the importance of ensuring that the monitoring arrangements were effective at identifying the most vulnerable service users.

The management of personal budgets

The working group wanted to understand what approach would be taken in respect to the financial management of Personalisation. Officers explained that consideration is being given to the development of a facility that would mean that an individual within the scheme would receive their personal budget as a direct payment. In addition, a payment card is being considered which would enable the direct purchase for example, of equipment or meals-on-wheels. A further possibility of a carer being paid either by bank transfer or cash is also being contemplated while the potential of internet banking is also being explored. The working group heard that it would be possible for transactions to be undertaken by an advocate on behalf of a care recipient, for example, a neighbour or relative.

The cost of Personalisation

The working group expressed concerns regarding the introduction of Personalisation at a time of significant financial constraints. Officers explained that Social Care and Inclusion has a budget of £72m which is applied to around 4,000 service users. A further pressure is the requirement for £5.5m of savings to be achieved coupled with issues relating to changing demographics. This challenging situation has been compounded by the fact that the Council has also had to manage the high cost level for the provision of services for those with learning disabilities. Officers also suggested that the Council has possibly been over generous with the provision of care for some residents. For example, where an individual potentially requires one to two day care



days, instead they have been receiving up to four or five days. There is also evidence in a number of instances of pre-paid day care not being taken up by care recipients. The decisions that the Council now has to make will be based on what it can afford e.g. fund a percentage of the cost rather than fully-fund services. Other choices include consideration of flat rate charges for assistive technology and transport (see below). The overall position has been compounded by Social Care and Inclusion not being granted funded uplifts in line with demographic growth. The Acting Director for Social Care and Inclusion is producing an “Entitlement” report that will consider how best to manage the current financial budget pressures, while still be able to offer an equitable service to all our adult social care service users. Officers are proposing that the new arrangements be framed as, “choice and control with limits”.

The true cost of care & the Fairer Charging Policy

The working group learnt that care recipients do not have an accurate perception of the cost of current services and are likely to be shocked that a care package might cost £30,000 - £40,000 per year. Officers explained that the Fairer Charging Policy is currently being reviewed – key decisions will include those services for which in the future the Council does or does not charge. However, on going activity with the third sector (discussed later in the report) to develop a range of providers is expected to mean that the Council will not be required to meet all the costs of the scheme.

The financial risks of Personalisation

Both national and regional work has been undertaken to better understand the potential impact of Personalisation. However, it is proving difficult to forecast the likely costs as the RAS is still being built. If the RAS was to fail it would could leave many individuals potentially vulnerable and possibly bankrupt the Council. The working group were keen to understand the comparative cost of the existing system against the new arrangements. Officers explained that if the new approach is effective it is certain to identify other needs and so place further demands on Council resources.

Benchmarking service charges

The working group heard that in relation to local benchmarking: Birmingham City Council offers no free services. As already discussed in this report Walsall Council also provides significantly subsidised meals-on-wheels, whereas Dudley Metropolitan Borough Council does not offer this service now, while Wolverhampton City Council has significantly increased the cost to service users.

The working group agreed that the ability of the Council to deliver the new approach within the existing budget envelope will be determined by its ability to re-shape existing resources. However, it was also important that service users continued to receive the

appropriate level of support to assist them in meeting their health and well being outcomes.

Making Personalisation work in Walsall: Existing challenges


In terms of issues that have been identified within the current process: up to a one hundred day delay from first assessment to invoice. The added difficulty that this creates is that legally backdated or retrospective invoices cannot be issued. The working group agreed that neither is it equitable or fair to demand up to three months worth of charges. One of the difficulties is that the current system is slowed by being paper-based. Officers explained that work is currently underway to identify the most suitable approach to achieving a more efficient and effective approach, with an electronic system being considered. It is anticipated that if such a system was introduced it would enable improved accuracy as well as speedier confirmation that information is correct. The working group have also heard that some council's now have Department of Work and Pensions (DWP) officers based in civic buildings to support a more efficient process. However, such an approach requires a protocol and consent from clients.

Early success

A further difficulty of the current approach is that a service user's ability to pay has to be known before the amount for which they will be invoiced is determined. However the financial assessment is not undertaken until after a care assessment has been carried out and a care plan introduced. Officers explained that some progress has been made towards improving arrangements. For example, the original referral now goes to the benefits team at a much earlier stage. As a result often the benefit maximisation and financial assessment is undertaken and completed before a social worker has visited a service user to complete the required social care assessment and agreed a care plan.

Sharing of information between partner organisations

The working group heard that in terms of how local partners communicate the Electronic Single Assessment Process (eSAP) is being developed to support the multi-agency approach to assessment and care management. The system will allow partners to view certain sections of a resident's health records. However, the amount of shared/accessible information is limited. It would be difficult and costly to upgrade the current social care system. In addition, further difficulties are caused as in a number of instances the different Information Technology (IT) systems, including the Patient Centred Information System (PARIS), are not streamlined and do not speak to each other. This creates further inefficiencies as staff are compelled to undertake lower grade administrative activity rather than participate more directly in the provision of social care related activities. Some work is already underway to look at the possibility of linking service and partner IT



systems with the NHS national spine database. The working group felt it was important to work to release inefficiencies in the system to enable staff to operate more effectively on the front line.

The working group acknowledged the action being taken to improve existing systems to better support the introduction of Personalisation. However, the working group also emphasised the importance of ensuring that any approach always recognised the individual financial circumstances of service users.

The working group also highlighted the need for the wider promotion of Personalisation amongst health and social care professionals. This would then enable them to signpost services to service users where appropriate.

Meeting with Walsall Voluntary Action and Walsall Disability Forum and the Role of the Third Sector

The working group met with Ian Willets of Walsall Voluntary Association (WVA) and Andrew Moulton, Walsall Disability Forum. Ian Willets explained that the purpose of the third sector is to deliver support and inform a range of activities & services including:

- Information Advice and Guidance
- Social and Leisure Activities
- Care Services
- Advocacy
- Well Being
- Healthy Living
- Brokerage
- Consortium based delivery
- Financial Services
- Mediation
- Mentoring
- Developing Social Capital
- Supporting Local Enterprise
- Individual Support e.g. (befriending)
- Interpreting Services
- Transcription Services

The third sector relies on their pillar (WVA) to be its conduit for development and commissioning support. In order for this to effectively take place WVA needs to deliver development support including:

- Full Cost Recovery
- Managing payments and individual contracts
- Marketing
- Business models (Sustainable)
- Quality assurance
- Communications
- Developing consortium based delivery
- Supporting Consortium based delivery

- Governance Support
- Training packages for organisations
- Financial services e.g. (Accounts, payroll, Auditing etc.)
- Develop social capital
- Showcase events to inform sector
- Capacity building e.g. (volunteering, Empowering communities)
- Advocating on behalf of the third sector

Other activity includes, developing the market place by supporting new / existing smaller providers; working with commissions sharing knowledge and developing the market place; work in accordance to the local COMPACT. (The agreement that sets out shared principles and guidelines for effective partnership working between the Council and the third sector).

- Ian Willets explained that the third sector is made up of a number of small, locally funded services. The working group heard that the local third sector has a general awareness of Personalisation. Historically they have not been opened up to wider opportunities and at present are delivering to a different model than is suited to the delivery of services under the new arrangements. WVA have helped develop social capital by assisting in the set-up a number of local organisations, for example, providing guidance as to how to access funding and how to develop business plans. However, they lack detailed knowledge of key criteria, for example, what type of services personal budget holders are able to spend funding on. Ian Willets explained that there is also a need for further information as to whether there will be a flat rate charge for services or a percentage contribution. For example, it would not be possible to operate a transport service where a flat rate is charged for journeys of significantly different lengths. Before a clearer picture emerged it was not possible to for WVA to advise organisations as to how to re-shape services. He also expressed the view that there is a danger of a lack of investment in achieving the objective of a greater role for the third sector in the delivery of services. There is a risk that any services developed locally may fall down because they have not been set-up properly. It was critical that Council provides the voluntary sector with greater guidance regarding the introduction of Personalisation;
- Ian Willets explained that the third sector and WVA have been responding to the Council and other public sector organisations increasing focus on commissioning of services. However, the third sector has encountered a number of challenges including instances of limited flexibility in relation to the local application of EU procurement legislation. He suggested that a strengthened partnership working and a shared approach to risk would offer a potential solution. It was also important to acknowledge the changing relationship between the third and public sector, marked particularly by the shift from grant funding to the full cost recovery basis;

- Ian Willets also explained that the third sector has acknowledged that there is a need to better promote the services it offers and a better relationship with the media and press. In November 2009 WVA launched a site which informs visitors as to what services are available locally. Promotional material is also being developed to assist in the marketing of these organisations. It is this kind of activity that could be built on to support the introduction of Personalisation;
- Andrew Moulton explained to the working group that the Disability Forum had previously undertaken a review of its approach in response to the impending introduction of Personalisation. Two years ago the Forum decided to employ a consortia based approach to winning and delivering local service contracts in the public sector. For example, a recent successful tender involved seven different organisations whose contribution would be dependent on their skills match. He also emphasised the importance of third sector organisations responding to the switch from the grant-funded approach to the full cost recovery basis. Please also see Appendix 3, Examples of good practice and Appendix 4, Model of a Consortia based approach in Walsall;
- There was agreement between officers and Ian Willets that a key role of the WVA was to support and develop voluntary organisations to ensure that they operate in a sustainable way. This in turn would act as an approval process for service users to indicate an organisation's fitness for purpose;
- Using the example of transport, officers explained that there will be a need to move away from large vehicles towards the development of something closer to a taxi service. This will better reflect the wider range of options for achieving health outcomes that will be available for service users, for example, visiting a bingo hall rather than a day care centre;
- It was also the view of officers that the WVA would need to act as a repository of good practice and policy, as well as acting as a sign-posting service. The WVA might also have a brokerage role or even act as advocate on behalf of service users;
- The working group heard that the private sector had also woken up to the opportunity of Personalisation and there was a danger that the voluntary sector will lose out in the provision of services.
- Ian Willets also summarised the assumptions being made by the third sector in relation to the introduction of Personalisation:
 - There will be a sliding scale re transition into personalisation;
 - Third sector will have flexibility on pricing;
 - Informing Effective information e.g. (sharing best practice models);
 - Public sector will treat the third sector as equal partners (co-production);
 - Public sector will promote the third sector services on an equal basis;
 - Effective brokerage will include all services and activities etc in the borough not just those in the public sector;

- Within three years the third sector expects that the point of access and the brokerage will be run by the third sector.

Further support for the third sector

The People First Programme is working with Walsall Voluntary Action (WVA) to encourage them to provide an increasing proportion of local services. This includes guidance and support towards developing infrastructure that enables the third sector to operate using a more conventional business model. Officers have been encouraged by the appointment of a new Chief Executive at Age Concern with early signs that there will be improved communication which will assist with more joined-up service provision and support the way in which future commissioning will be undertaken.

The working group recognised that the third sector is a vital element of local care arrangements. It will be important that the third sector responds and meets the gaps created by the lower levels and reduced service provision that will be available from the Council. The working group felt that the third sector tends to better understand the needs of the local community and the Council's care services rely on the third sector to help identify those needs. Officers recognised that it will be critical to develop the voluntary sector to help reach those in the local community who often have significant support needs but are reluctant to seek assistance from local public-sector service providers. However, to assist in meeting these needs it will be important for the voluntary sector to be robust, focussed and pro-active. The working group heard that this in turn will lead to an element of transformation for the Council which would move from operating as a provider of services to one which sign posts to care recipients the services of other organisations. The working group heard that this approach was important as it would provide care recipients with the opportunity of making use of non-Council service provision, while critically alleviating the burden that is currently placed on the Council to provide services. At present the Council only provides for critical and substantial needs. As a consequence there are a number of existing gaps which work is being undertaken with the third sector to meet. However, officers acknowledged that it will also be important for the Council to develop some areas of existing service delivery. For example, the limited number of providers of services for those with learning disabilities means that they are free charge what they wish. Further development of the provider market is anticipated to reduce the cost of these services.

The working group identified the need for a high level of cooperation and partnership working between the Council and third sector. It is important that a shared approach to the introduction of Personalisation is developed. The working group welcomed proposals for discussions to take place between senior



officers and senior managers of local voluntary sector organisations.

Conclusion

It was very apparent to the working group that a significant amount of activity is being undertaken by the Council as part of its response to the introduction of Personalisation. During this municipal year the working group has considered some of the key areas that are being developed to ensure that service users are given the appropriate level of support and the widest range of opportunities to achieve their health and well-being outcomes.

Members also expressed the intention to highlight to the Social Care and Inclusion Panel the importance of re-establishing the working group in the next municipal year. This would enable the group to understand how the preparations currently underway have responded to the introduction of Personalisation from April 2010, as well as continue to assist in identifying solutions and opportunities in working towards the effective and efficient introduction of the new arrangements.

Key areas from the working group's activity during this municipal year:

What Personalisation means for care recipients

The working group acknowledged the importance of the efficient use of resources in the achievement of health and well being outcomes for care recipients. However, it was also important that existing provision, for example, meals-on-wheels, was maintained for those who wished to continue using the service.

The financial risks of Personalisation

The working group agreed that the ability of the Council to deliver the new approach within the existing budget envelope will be determined by the ability to re-shape existing resources. However, it was also important that service users continued to receive the appropriate level of support to assist them in meeting their health outcomes. . They also highlighted the importance of ensuring that the most vulnerable service users are not disadvantaged under the new financial arrangements.

Community Response

The working group recognised the opportunities as well as challenges for the community in building a response to the introduction of Personalisation. The working group also highlighted the opportunity that Personalisation offered for seeking to access all members of local communities. This was particularly important as part of the effort to prevent a dependent care "time-bomb" being created in the future.

Risks & safeguarding

The working group were encouraged by the safeguarding activity being undertaken by officers. The group also emphasised the importance of

ensuring that the monitoring arrangements were effective at identifying the most vulnerable service users.

Making Personalisation work in Walsall: Existing challenges

The working group acknowledged the action being taken to improve existing systems to better support the introduction of Personalisation. However, the working group also emphasised the importance of ensuring that any approach always recognised the individual financial circumstances of service users.

Promoting Personalisation

The working group highlighted the importance of ensuring that health and social care professionals were made fully aware of the introduction of Personalisation to enable them to advise care recipients and signpost services.

Role of the third sector

The working group identified the need for a greater level of cooperation between the Council and third sector. It is a clear that an urgent timetable exists for the development of a shared approach to the introduction of Personalisation. The working group welcomed proposals for discussions between senior officers and senior managers of local voluntary sector organisations.

Recommendations

That:

- 1. the Social Care and Inclusion Panel continues with the Personalisation working group in the next municipal year 2010-2011;**
- 2. service users continue to receive the appropriate level of support to assist them in meeting their health and well-being outcomes;**
- 3. there is an efficient use of resources in the achievement of outcomes for care recipients includes seeking to maintain existing services where required;**
- 4. the most vulnerable service users are not disadvantaged under the financial arrangements introduced under Personalisation;**
- 5. there was effective identification and monitoring of the most vulnerable service users;**
- 6. work continues into accessing all members of local communities to prevent future pressure on dependent care services;**
- 7. health and social care professionals were made fully aware of Personalisation to enable them to advise care recipients and signpost services;**

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8. the development of an effective relationship between the Council, and the third sector continues to assist in the production of a shared approach to Personalisation.

Appendix 1

Work Group Name:	Personalisation Agenda Working Group
Panel:	Social Care and Inclusion
Municipal Year:	2009/10
Lead Member:	Cllr C Ault
Lead Officer:	Elaine Carolan; Mark Pitcher;
Support Officer:	Matthew Underhill
Membership:	Cllr Ault (Lead) Cllr Paul Cllr Robertson

1.	Context
	The Personalisation Agenda Working Group has been re-established from last year. It was created to look at implementation in Walsall of the personalisation agenda. (A national programme aimed at creating more individual choice in the way people receive their care). The Department of Health has stated, "personalisation of social care services means that every person who receives support whether provided by statutory services or funded by themselves, will have choice and control over the shape of that support in all care settings".
2.	Objectives
	<ul style="list-style-type: none"> • To receive regular updates on progress around the People First Programme and make recommendations to the SCI Panel regarding specific issues raised within the working group; • To play an active part in understanding the implications of personalisation for a range of current policies, procedures and strategies; • To give direction to the SCI Panel with regard to key recommendations arising from the People First Programme.
3.	Scope
	<p>This will include:</p> <ul style="list-style-type: none"> • Response Centre project; • Introduction of personal budgets; • Fairer charging policies; • Commissioning; • Process, procedure, policy and strategies around personalisation; • Introduction of supported self-assessment, resource allocation system, personal budgets and support plans; • Organisational design and infrastructure.
4.	Equalities Implications
	The working group will have the opportunity to review completed and emerging Equality Impact Assessments completed as part of the project documentation for the People First Programme. These have been undertaken to ensure new policies, procedures, services and strategies recognise and reflect the services equalities duties.
5.	Who else will you want to take part?
	Other key stakeholders might include:

	<ul style="list-style-type: none"> • NHS Walsall; • Third sector partners; • Special interest groups or forums.
6.	Timescales & Reporting Schedule
	The working group will seek to support the ongoing development of the People First Programme and with the introduction of personal budgets in April 2010.
7.	Risk factors
	The development of “Putting People First” strategies in respect of personalisation will also be relevant to Domiciliary Care.

Date Agreed:	28 July 2009	Date Updated:	
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Appendix 2

How the Council currently determines what a client contributes

An example

- Client single aged 67 - Income fully maximised
- DLA care £70.35 DLA mobility £49.10
- State Retirement Pension £95.25
- Occupational Pension £32.00
- Pension Credit guarantee £41.60
- Pension Credit savings element £20.40
- Rent £60.00 (Nil) Council Tax £13.54 (Nil)
- Savings £17000.00
- Total Income including benefits = **£382.24 p/wk**

CALCULATION

1	Relevant Weekly Income SRP £95.25 + FEP £32 + Tariff inc £6.00 + DLA £47.10 + PCg £41.60 =	£221.95
2	Less: Basic Income Support + 25% Buffer £130.00 + 25% (£32.50)	£162.50
3	Less: Disability Related Expenditure (DRE)	£24.12
4	Less: Housing Costs	£0.00
5	Equals = Maximum Available Income	£35.83
6	Charge of Care Package Received by Service User Home Care 14 x £5.19 = £72.66 Day Care 1 x £16.19 = £16.19	£88.85
7	Equals = Maximum Contribution (LA pays £53.52 towards care)	£35.33
8	Service Users Contribution = Lesser of Maximum Available Income (line 5) and Maximum Contribution (line 6)	

Appendix 3

Examples of good practice

Andrew Moulton provided the working group with some case studies highlighting the work undertaken by the third sector in anticipation of the changes to the delivery of services to local residents:

Walsall Disability Forum Consortium recently won a bid for short term funding, this is a consortium with agreed terms of reference and a group of service delivery organisations who are working together to deliver a Council project to older people in Walsall. Walsall Disability Forum Services Ltd have worked hard in partnership with their member organisations and the project is now in place delivering a good practice model of partnership work. (See Diagram 1). He expressed the view that it is examples such as this that could be further developed to respond to Personalisation together with working with individual providers.

Appendix 4: Model of a Consortia Based Approach in Walsall

