

BRIEFING NOTE

TO: SOCIAL CARE AND INCLUSION SCRUTINY AND PERFORMANCE PANEL
DATE: 24 MARCH 2011

RE: PERSONALISATION WORKING GROUP

Purpose

To receive the report of the Personalisation working group established by the Panel at its meeting on 10 June 2010.

Background

The Panel agreed to re-establish the working group which had operated during the previous municipal year, 2009 – 2010. The working group considered a number of issues, including the management of individual budgets, the auditing of individual budgets and supporting planning.

The Panel are asked to consider the final report and approve the recommendations for submission to Cabinet.

Recommendations

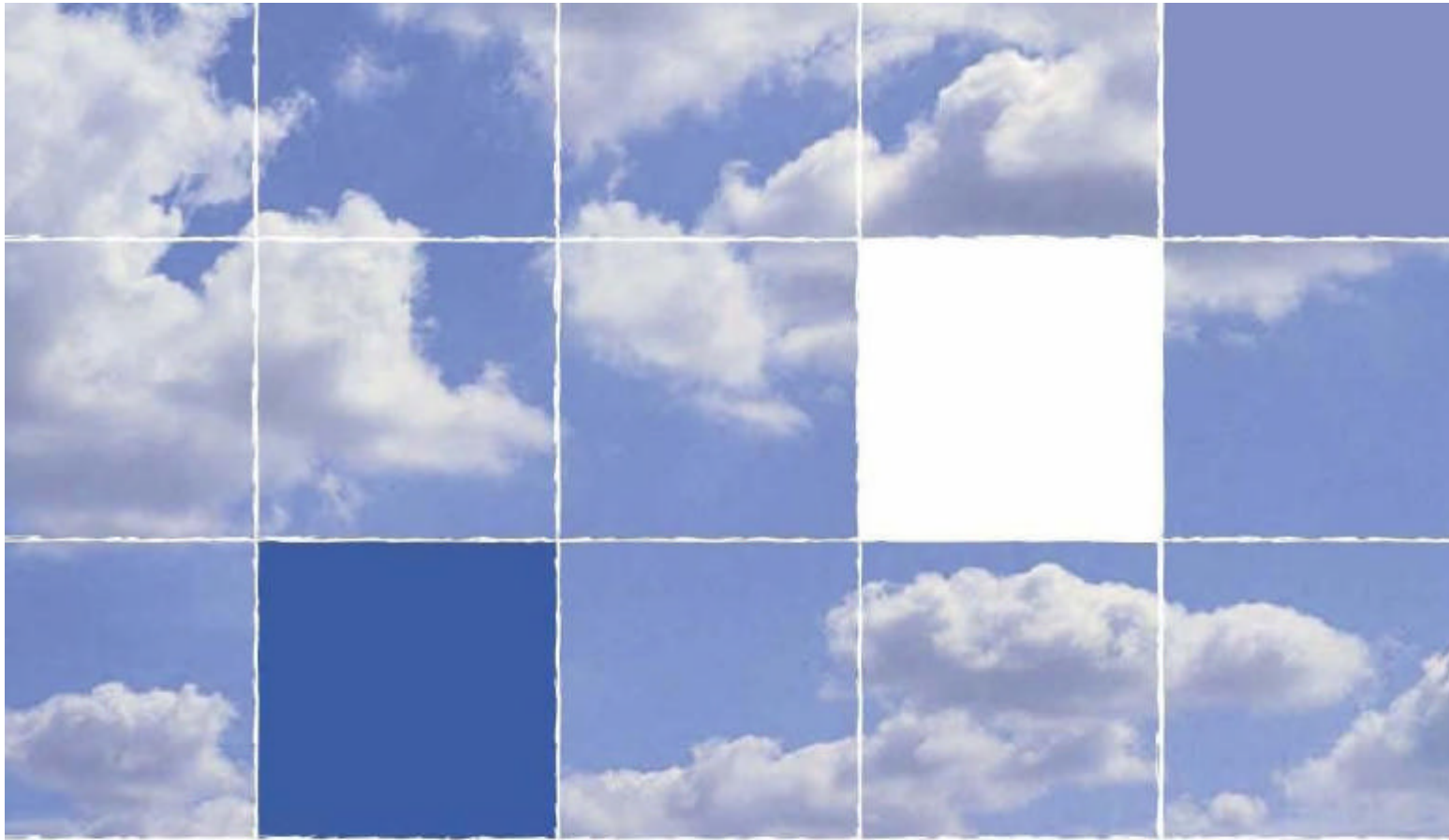
That:

- 1. all Members are invited to receive guidance in the operation of support plans;**
- 2. the auditing of individual budgets is proportionate;**
- 3. that further work is undertaken to link Personalisation with other services across the council, with regular guidance provided to relevant Portfolio Holders;**
- 4. that the Personalisation working group is re-established in the next Municipal Year, and that the Panel receive regular updates on the ongoing implementation of Personalisation in Walsall.**

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Personalisation in Walsall

**Report by the Personalisation
working group**

**To be presented to the Social Care and Inclusion Panel
– 24 March 2011**



Walsall Council

Chair's Foreword

The introduction of Personalisation represents a significant change to the way many Walsall residents receive support. The working group was established during the previous municipal year to consider both the opportunities, as well as the risks, that Personalisation could present for both residents and council services.

It was agreed that the working group be re-established during the 2010-2011 municipal year to further consider action being undertaken to introduce Personalisation in the borough.

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, as well as John Fell, Head of Strategic Development and Vicki Merrick, Strategic Lead, Self-Directed Support.



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



*Councillor Val Woodruff
Vice Chair, Health Scrutiny and Performance Panel*

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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.

It was a recommendation of the Panel, subsequently approved by Cabinet, that the working group should continue during the 2010/11 municipal year in order to consider further developments in the introduction of Personalisation.

Terms of Reference

The working group held an initial meeting in January 2011 to review its terms of reference from the previous year.

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 keen to focus on the local framework for auditing individual budgets, together with consideration of individual support plans.

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



Membership

Councillor Alan Paul *Lead Member, Conservative*
Councillor Val Woodruff *Liberal Democrat*

The working group was supported by John Fell, Head of Strategic Development.

Methodology

To support their activity the working group held three meetings. This included discussions regarding key issues with officers.

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 citizens 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 focusing on the whole life of the person. It captures the idea of “getting a life not a service”, and identifies how to achieve the desired outcomes using all possible available resources. Personalisation enables people to live the life they want, as citizens in their own communities utilising all the strengths, networks and resources of that community. Personalisation encourages individuals to be creative in reaching desired goals and to demand flexibility from those engaged in their support.

A further objective of Personalisation is the re-ablement of citizens 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.

Personalisation in Walsall

Officers explained that by April 2011 at least 30% of all eligible citizens within the borough will be in receipt of a individual budget.

The working group heard that amongst the challenges there was a requirement to redesign the current assessment and care management process, shift financial resources to prevention, early intervention and enablement services, market shape and develop current community and voluntary sector.

Choice and Control

Part of the Personalisation agenda is to increase choice and control for those citizens that are eligible to receive a social care service through a self directed support approach. This will be achieved by offering those citizens an individual budget. This means that once a citizen has been identified as requiring a social care service they will be informed how much social care money will be allocated to them. The citizen will then be able to plan how they want to deploy (spend) their budget to meet their agreed support needs and outcomes. This can be done in several ways e.g. by asking social care to manage the individual budget and arrange commissioned services on their behalf or the citizen to receive a direct payment which is cash in lieu of a commissioned service or a combination of both. The citizen will then need to complete a support plan, with assistance if required, to show how they will spend their budget.

This approach is person centred and gives the citizen as much or as little control over how they want their outcomes to be met. Once the support plan is completed it will then be submitted to social care for validation (approval). Once the support plan is validated services or payments will be arranged for that citizen.

The management of Individual Budgets

The working group wanted to understand what approach would be taken in respect to the financial management of individual budgets. Officers explained that there are 6 deployment options:

1. Managed by the eligible citizen	Cash in lieu of service is given directly to the eligible citizen in the form of a direct payment. The responsibility for managing funds and arranging care/ support is with the citizen
2. Managed by a representative of the eligible citizen.	Cash in lieu of service is given to a representative of the eligible citizen in the form of an indirect payment. The responsibility for managing funds and arranging care/ support is with the representative and the citizen
3. Legal trust funds	Cash in lieu of services is held in a trust and the trustees (two or more people) will act in the best interest of the eligible citizen. The trustees will manage the cash and arrange the care/ support. This is a legal document and requires a constitution and a trust deed to be drawn up by a solicitor.
4. Independent organisation	Funds are given to an independent organisation on behalf of the citizen, which have the responsibility for managing funds and arranging care/ support. This is a type of brokerage service
5. Service provider	Funds are given to the organisation that provides the support/care to the citizen. This can be in the form of an Individual Service Fund.
6. Professional	Funds and services are managed and arranged by social care.

Currently options 1,2 & 6 are available, work is planned to develop the other 3 deployment options.

The local context:

Auditing individual budgets

The working group heard that officers were keen to develop a light touch approach to the audit of individual budgets. A key element of this approach is to prevent significant public funds being committed to a burdensome and ineffectual process. Officers are instead proposing an approach which would result in between two to three hundred individual budgets being audited annually, representing around ten percent of all citizens that have chosen to deploy part or all of the budget by receiving a direct payment. The working group agreed that this approach would be proportional and is consistent with Chartered Institute of Public Finance Accountancy (CIPFA) guidance.

The working group agreed that this type of compliance check would be efficient with the deterrent of these spot checks acting to discourage abuse of the system. However, the working group emphasised that it would be important for officers to be able to react accordingly to evidence of fraud.

The working group were concerned regarding the stress that citizens may experience as a consequence of having to manage individual budgets. Officers explained that they were confident that the approach being implemented did not place any unnecessary burden on the citizen. There are also a number of community and voluntary sector organisations that will offer support, information and advice on direct payments to citizens, people acting in the best interest and carers

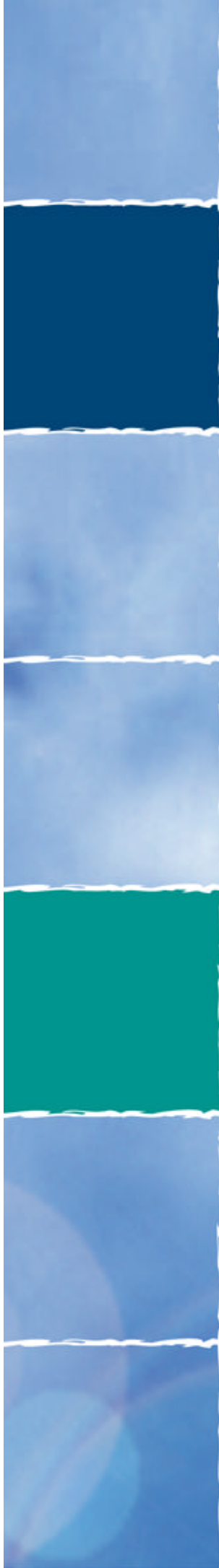
Maintaining independence

The shift of financial resources to develop a range of preventative and early intervention services will enable citizens to stay independent for longer within their own home and community without the requirement for ongoing care or support. This will be supported through a range of accessible, high quality up to date information which will inform citizens what services are available from statutory, community and voluntary organisations.

If long term support or care is required from social care a self directed support (SDS) approach within assessment and care management is key. To facilitate the SDS approach the main areas of development are:

1. Development of a Resource Allocation system (RAS)
2. Development of a Self Directed Support Questionnaire (SDAQ)
3. Development of a Support Plan document.

These key areas will support a person centred approach ensuring that citizens that access social care services will be able to determine their outcomes with an individual budget that is allocated in a fair and equitable way. The budget can be managed in a range of ways that will



ensure that individual outcomes can be achieved. Throughout the self directed support process social care have key responsibilities:

1. Approve the assessment and agree individual need
2. Determine level of funding within the individual budget
3. Validate support plans
4. Review support plans.

This mix of responsibilities, choice and control between the council and citizens accessing social care services is crucial to the implementation of Personalisation. Enabling citizens, or those acting in the citizens best interests, to make informed choices about how, when and who support is received from will lead to a higher quality service with greater customer satisfaction.

The Resource Allocation System (RAS)

The RAS is a key component of Personalisation. Its purpose is to tell citizens how much financial support they can reasonably expect to be made available in their individual budget. The RAS is a calculation type tool that is able to interpret the responses provided from the self directed assessment questionnaire which will then calculate from a complex set of formulas what the allocation of funds for the notional individual budget. One of the key reasons for there being a RAS, is that it provides an 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 assessment questionnaire will need to be completed for all citizens whose needs would appear to fall within the Fair Access to Care Services (FACS) eligibility criteria- substantial and/or critical and that the Council has agreed it will provide financial support to meet those identified assessed needs once this new approach is implemented later this year.

The RAS will also highlight areas where alternative funding resources could be accessed and will ensure a best value approach is prompted inline with the working smarter programme.

The SDAQ is a simple tick box document with additional space to capture free text, which firstly enables the citizens to identify what their support requirements are, secondly captures the outcomes for the citizen and thirdly calculates a notional budget from the indicated areas.

This form can be completed by the citizen or with assistance from a person acting in the best interest of that citizen e.g. family member, carer, social worker. Officers explained that the objective of this was to ensure that the views of the citizen are properly reflected and they shape their own outcomes. This new approach will ensure that the outcomes are individual and captured within the assessment process. It will also capture support that is given by informal carers and what impact this has on their lives.

However, prior to any allocation of funds information that is provided within the SDAQ will be cross referenced and validated against other sources of information e.g. professional assessments, receipt of benefit and if necessary will be escalated to the multidisciplinary risk enablement panel

Support Plan

The working group was informed that once an individual budget had been identified this would be used to arrange support and documented on a support plan. The group received guidance in how support plans would operate and the difference between existing care plans, example case studies were circulated to the group and compared to care plans. The group were informed that the Council will not validate a support plan that isn't affordable (within the identified budget) legal or effective (does not meet the assessed needs and agreed outcomes) The Support Plan is regularly reviewed to ensure that outcomes are being met and the correct level of budget is in place to reflect the current presenting needs.

Support plan training for social care staff has been delivered. The objective of the training was to understand and apply a person centred approach, think creatively about how support can be arranged, link into to what is available within the community, build on social support and consider what contingency plans would need to be in place if support arrangements were to breakdown.

The principal of support planning is to ensure that individual outcomes are been achieved not to focus on how or what the delivery of that service is.

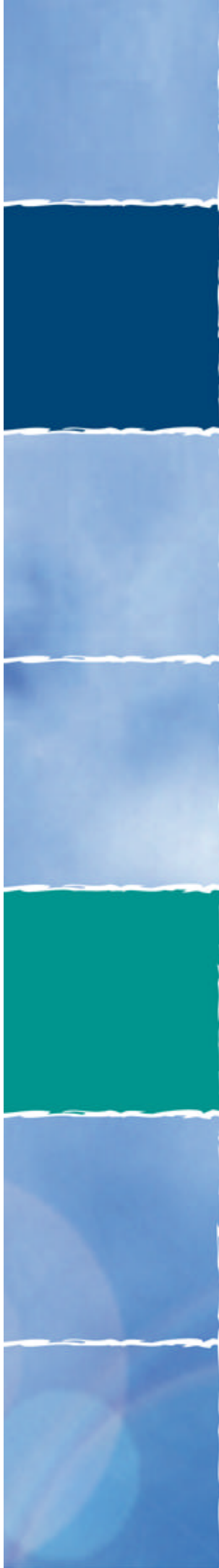
The working group recommended that Members be invited to either receive a presentation on support planning or be offered the opportunity to experience the support plan training officers receive.

Risks & safeguarding

If risks are identified within a Support Plan more frequent reviews would be carried out. However, evidence from the Pilot Study suggests that very few people have been placed at risk or require safeguarding measures as a result of the new self directed support process. The working group heard that where appropriate management of and citizen's budget can sit with the Council. A contingency plan is also included to safeguard against care arrangements breaking down.

A robust framework will support the validation of support plans ensuring that social care staff and managers can escalate any concerns of risk to a multi disciplinary risk enablement panel, ensuring that all risks are addressed prior to the support plan going live.

A significant change in culture is required to enable citizens to take everyday risks to remain in their own home. This will be supported by



providing appropriate information so a positive risk taking approach can be determined.

Monitoring of vulnerable service users

The working group heard that in respect of monitoring vulnerable citizens, if the Council perceives them as vulnerable they will be asked a number of direct questions. However, there is little that can be done if a citizen does not indicate issues that highlight their potential vulnerability. For example, where a citizen 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 or organisation that is documented on the support plan.

Officers explained that Personalisation relies on the citizen being upfront and willing to acknowledge any problems that would enable the Council to identify them as vulnerable. 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 a citizen does not have sufficient mental capacity an advocate can be appointed to make decisions regarding suitable care arrangements on their behalf.

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 citizens continue to receive the appropriate level of support to assist them in meeting their health and well being outcomes. They also highlighted the importance of ensuring that the most vulnerable citizens are not disadvantaged under the new financial arrangements.

Personalisation across the council

The working group heard that it would be important to seek to link the work undertaken in delivering Personalisation with other services. For example, work is currently underway to place day centres and luncheon clubs within existing library facilities. Elsewhere, aids and adaptations and Disabled Facility Grants (DFGs) have been utilised to help imbed individual support plans. For example, the introduction of ramp access outside an individual's home.

The working group recommended that further work was undertaken by officers to link Personalisation with other services across the organisation. It was also recommended that an invitation was made to the Portfolio Holders for Social Care and Inclusion and Finance and Personnel to receive regular guidance regarding this activity, as well as regular updates to the Panel.

Recommendations

That:

- 1. all Members are invited to receive guidance in the operation of support plans;**
- 2. the auditing of individual budgets is proportionate;**
- 3. that further work is undertaken to link Personalisation with other services across the council, with regular guidance provided to relevant Portfolio Holders;**
- 4. that the Personalisation working group is re-established in the next Municipal Year, and that the Panel receive regular updates on the ongoing implementation of Personalisation in Walsall.**

Appendix 1

Work Group Name:	Personalisation Agenda Working Group
Panel:	Social Care and Inclusion
Municipal Year:	2010/11
Lead Member:	Cllr A Paul
Lead Officer:	John Fell
Support Officer:	Matthew Underhill
Membership:	Cllr Paul (Lead) Cllr Woodruff

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 Personalisation Agenda 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 Personalisation Agenda Programme.
3.	Scope
	<p>This will include:</p> <ul style="list-style-type: none"> • Re-design of business support; • Move to benefits based charging policy; • Changing role of community • Introduction of supported self-assessment, resource allocation system, individual 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 Personalisation Agenda 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 maintenance of local arrangements in support of Personalisation.
7.	Risk factors
	The development of “Putting Personalisation Agenda” strategies in respect of Personalisation will also be relevant to other service areas within Adult Social Care.

Date Agreed:	January 2011
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