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To: Adult Social Services Policy Overview and Scrutiny Committee –
21 September 2010

Subject: **SELF DIRECTED SUPPORT (TO COVER PERSONAL BUDGETS AND DIRECT PAYMENTS)**

Classification: Unrestricted

Summary: This report summarises the Department of Health Putting People First transformation programme and outlines KCC's response to this. The report also describes how personal budgets and direct payments are progressing in Kent and how Kent is working well towards meeting key Putting People First milestones. It concludes with some issues that Members may wish to note and discuss further.

FOR DISCUSSION

Background

1. (1) The national Putting People First (PPF) programme commenced in April 2008, following the publication of "Putting People First" in December 2007 and the subsequent Department of Health Local Authority Circular in January 2008. These describe the 3 year programme that demanded the total transformation of all adult social services departments to deliver more personalised support.

(2) The LAC also stated that "In the future, all individuals eligible for publicly-funded adult social care will have a personal budget (other than in circumstances where people require emergency access to provision); a clear upfront allocation of funding to enable them to make informed choices about how best to meet their needs. A person will be able to take all or part of their personal budget as a direct payment."

(3) Putting People First describes personalisation as covering four broad areas of activity:

- Early intervention and preventative services e.g. enablement and telecare
- Self Directed Support (this includes personal budgets and support planning)
- Universal services e.g. access to advice, information, housing services, public transport
- The development of community capacity e.g. recognising the role of carers, families, volunteering, the role of the community and voluntary sector – the "Big Society"

(4) This programme has been supported by the £520m Social Care Reform Grant. Of this, KASS has received £12.4m over the course of the three years (2008-11).

Kent's response

2. (1) The Self Directed Support (SDS) Project commenced in May 2008 as a key element of the Active Lives for Adults programme (ALfA), which itself started in August 2007. The ALfA programme also includes:

- The Good Day Programme
- Older Person's Services Modernisation
- Whole Systems Demonstrator Programme
- Better Homes, Active Lives
- Flexible and Mobile Engagement
- Ecommerce, E Tendering, Client billing

(2) The primary aims of the project were to:

- Ensure that everyone has the opportunity to choose and control the support they need to live life as they want; and
- Increase access to enablement services.

(3) Self Directed Support means that people are able to design the support or care arrangements that best suit their specific needs, with as much or as little assistance as they would like.

(4) Within KASS, the key elements of the project were agreed to be:

- Kent Contact Assessment Service (KCAS) – developed from the County Duty Service to deliver contact assessments and access to other time limited services on initial entry to KASS;
- Enablement – reducing dependency through short term focussed interventions;
- Personal budgets – a transparent allocation of money based on a community care assessment which determines eligibility;
- Assessment and enablement teams – new teams focused on assessment, provision of enablement services for people with complex needs and allocation of personal budgets to people who need an on-going social care service; and
- Co-ordination Service – teams focused on support planning and reviews and separate from the personal budget allocation process.

Personal Budgets

3. (1) The Department of Health defines three criteria to be met in order for councils to allocate personal budgets to people:

- i) The person (or their representative) has been informed about a clear, upfront allocation of funding, enabling them to plan their support arrangements
- ii) There is an agreed support plan making clear what outcomes are to be achieved with the money
- iii) The person (or their representative) can use the money in ways and at times of their choosing

(2) This data is collected for the National Indicator 130 (Social care clients receiving Self Directed Support) and is used to calculate the percentage of **all** clients and carers receiving a service, irrespective of their service. There have been many issues raised with the detail of this definition over the last two years, because it assumes that everybody should receive a personal budget – yet there are certain circumstances where they would not. For example, the more successful Kent is at enabling people to stay at home and live independently without any support, the lower the number of remaining people with personal budgets.

(3) The Department of Health monitoring programme for PPF expects milestones to be achieved in every Local Authority at six monthly intervals. One milestone for April 2011 expects that at least 30% of all eligible service users will have a personal budget. KASS started allocating personal budgets from April 2009. As at 31st July 2010, there were 4582 people with a personal budget (achieving the NI130 definition at 10%).

(4) In addition to the Department of Health monitoring, ADASS have also been monitoring progress. Their definition is more appropriate, as it only expects personal budgets to be allocated to people with ongoing needs for services, and also excludes carers. Using this definition, Kent's percentage as at 31 July is 16%, based on the last return.

(5) Kent and Medway Partnership Trust started to allocate personal budgets to mental health service users from August 2010.

(6) In general terms there are two ways that someone can take their personal budget:

- Direct payment
- Managed personal budget

(7) There are numerous mechanisms that KASS may use to deploy a personal budget. For direct payments examples include directly into a bank account, using the Kent Card, using the KASS Client Money Service.

(8) A managed personal budget means that KASS (usually) arranges and pays for "traditional" support (e.g. domiciliary care or day care) and uses local authority contracting means. This will increase transactions for the local authority as people begin to choose to spend their personal budgets on alternative solutions that do not fall within standard contracts (see section 7 below).

(9) A public information leaflet is available to explain these options and can be found at:

http://www.kent.gov.uk/adult_social_services/leaflets_and_brochures/personal_budgets.aspx

Direct payments

4. (1) As stated above, a direct payment is one way of taking a personal budget. Direct Payments are nothing new and have been around for over 13 years. The Community Care (Direct Payments) Act 1996 came into force on 1 April 1997, empowering social services to make cash payments in lieu of direct service provision. The Health and Social Care Act (2001), which came into effect in 2003 set in place a mandatory duty to offer direct payments to all eligible people. The scheme was further

extended in November 2009 to people who lack capacity to consent and to people with mental health problems who are subject to mental health and certain criminal justice legislation.

(2) As at 31 July 2010, 2823 people were in receipt of a direct payment.

(3) For the first time, the National Health Service (Direct Payments) Regulations 2010 will allow certain primary care trusts to make direct payments in lieu of direct health care services as part of the personal health budget pilots which run until 2012. Eastern and Coastal Kent is one of the 8 authorised PCTs and is piloting their use in continuing healthcare, end-of-life care, maternity and mental health.

Calculating the personal budget

5. (1) The terminology, used nationally, for arriving at a personal budget is known as a Resource Allocation System (RAS). ADASS have published a RAS framework that local authorities may use when devising their RAS. The first RAS' was developed by In Control and was based on a simple point scoring system, relative to need. KASS piloted a system like this in Learning Disability Services during 2007 but concluded that it was not sensitive enough to enable a fair allocation of resource and did not allow KASS to manage the financial risk to the directorate.

(2) Since then, KASS has developed an alternative method, based on the cost of traditional services (see below). KASS has also started to investigate more sophisticated solutions, for example, the Functional Assessment in a Controlled Environment (FACE) RAS, which is directly linked to assessment information gathered by practitioners

(3) The estimated personal budget is calculated by an assessing practitioner using the KASS Cost Setting Guidance Policy and associated tool. The sum arrived at (i.e. the likely approximate cost of meeting eligible social care needs) is directly related to the assessment and the sum that it would otherwise have cost the council to have arranged the services directly.

(4) The actual personal budget is agreed after the individual has developed their support plan and has costed out the actual cost of the support they have chosen to use. The actual personal budget may be less than or greater (within agreed tolerances) than the estimated personal budget.

(5) The directorate recognises the critical role of assessment in this process and also recognises that the current cost setting guidance will not be robust enough to meet future working practices. Work is on-going to determine how a more sustainable resource allocation system can be developed.

Supporting staff and service users to manage risk

6. (1) KASS has committed to priority training for staff and service users to help support them in the minimisation of risk.

(2) *Training for staff:*

- Positive Risk Management which follows the KASS positive risk policy. Training took place 2009-2010 and is ongoing.
 - KASS and CFE provided joint workshops on Risk Taking in Uncertain Times.
 - Support Planning training for all front line staff, again links to Positive Risk Policy and personnel budgets. Service users co-train with KASS trainers. Training provided throughout 2009-2010 and ongoing.
 - Assessment and Review training throughout 2010 and ongoing for all operational staff. Includes personal budget, positive risk.
 - Training in 2009-10 addresses financial risk of Direct Payments, including the Kent Card.
- Personal Budget Training is being delivered during 2010 using a modular approach. Staff will attend modules relevant to their role. These all relate back to Positive Risk and cover financial risk:
 - training includes-
 - Overview of Personal Budgets
 - Cost Setting Guidance
 - Direct Payment – ways to secure support and pay for it
 - Direct Payment financial reviews.

(3) *Training for service users:*

In addition to the work done by KASS operational staff in giving advice on managing direct payments, KASS provides training to service users and personal assistants.

This is provided through e-learning which is free to all service users and personal assistants, and covers a range of topics from moving and handling to safeguarding. There is also formal training available through Training 4 Care. Again this covers a range of subjects and is available at a subsidised cost.

Recently, KASS has been able to make the Skills for Care PA Toolkit available to people who employ Personal Assistants.

Progress to date

7. (1) There are currently 5 key PPF milestones set by the DH. A new set of milestones is expected to be published in the autumn.

(2) KASS expects to achieve the key deliverables against each of the following milestones by April 2011:

- Effective partnerships with people using services, carers and other local citizens – including an active user led organisation
- Self-directed support and personal budgets – at least 30% of eligible service users / carers have a personal budget
- Information and advice – the public are informed about where they can go to get the best information and advice about their care and support needs

- Local commissioning – stakeholders are clear on the impact that purchasing by individuals will have on the procurement of councils and PCTs in such a way that the right kind of supply to meet local needs is available

(3) KASS believes the following fifth milestone is likely to be more difficult to evidence:

- Prevention and cost effective services - to be able to evidence that 4% cashable savings have been realised through preventative strategies. Any cost avoidance will be of benefit to both KASS and the NHS. There is no standard methodology to measure the financial impact of preventative services like enablement. However national studies strongly suggest that preventative services like enablement do save councils and the health service money in the longer term. The model that we have developed to evaluate the cost effectiveness of enablement provides evidence that it is delivering a 'return on investment'.

Conclusion and Recommendation

8. (1) Members are asked to note and discuss:

- KASS is changing its focus from a directorate which could be seen to be “doing for” people to a directorate that is “letting go” and recognises that citizens should be taking more responsibility for themselves as regards their own social care and health needs. This requires a huge cultural shift for staff, partners and members of the public.
- The duty to manage risk and safeguard adults. KASS has a number of mechanisms in place to assist with this including (but not exclusively) the positive risk policy and the risk based approach to review. There are a number of processes in place to mitigate risk to KCC and to service users in relation to direct payments. These include:
 - a. The use of the Kent Card.
 - b. A financial risk assessment tool which is applied when people opt to use a direct payment. This relates to the frequency with which KASS carries out full financial reviews.
 - c. Support plans must be signed off by KASS before a direct payment is given. The management of risk must be evidenced within a support plan for it to be approved by KASS.
 - d. KASS advises service users about employment law and of their responsibilities and liabilities associated with taking a direct payment.
 - e. KASS provides a CRB service for people who wish to employ a personal assistant using a direct payment.
 - f. Training for service users and staff is made available. See Section 6 for detail.

- The potential increase in transactions for the local authority if people choose not to take their personal budget as a direct payment but choose 'non-traditional' care and support services
- The additional time (and associated costs) of support planning vs. care planning

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Background documents: None