

Personalisation and Disabilities with Reference to Transition

Report of the Social Services, Health & Housing Policy Overview & Scrutiny Committee



Members of the Committee

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Contents

Chairman's Foreword	Page 2
Summary of Recommendations	Page 3
Background	Page 5
Objectives	Page 9
Information and Analysis	Page 11
Evidence and Enquiry	Page 12
Closing Word	Page 35
Appendix 1	Page 36
Appendix 2	Page 40

CHAIRMAN'S FOREWORD



First and foremost, our review highlighted the positive difference that personalisation is making and how increased choice and control is improving resident's daily lives.

This Committee previously looked at the Transformation Agenda in 2009/10 and specifically looked at three particular areas. These were:

1. *Best practice and the organisational learning from the national series of pilot studies conducted by In Control*
2. *Commissioning and Market Development*
3. *An assessment of Safeguarding and Monitoring practice and how this will need to change and adapt to meet new market conditions*

Our current review not only sought to examine the progress made in these areas, but also to consider how we as a Council are delivering personalisation for those persons with disabilities and those in the transition (16 to 19) age group. To address these key questions we took evidence from a wide variety of sources including services users and carers, feedback arising from the ongoing Officer consultations and the Disability Association of Hillingdon. We also listened to Hillingdon Carers and Look Ahead who shared their experiences about innovative care planning and how this could be safe and liberating for users. All these views were used to inform ways in which personalisation can be enhanced in Hillingdon.

My view is that the proposals in this review, together with the developments that Officers have already put in place, indicate that Hillingdon is on track to meet the Government target and deliver personalised budgets to all service users by April 2013. Reshaping services and delivering these in innovative ways will also ensure the Authority is better placed to address demographic change and the challenge posed by an ageing population.

Finally, on behalf of the Committee, I would like to thank the external witness who contributed to our review, and also the officers who advised on the main issues from the Council's perspective. I commend the report and recommendations to Cabinet.



Social Services, Health and Housing Policy Overview Committee

Summary of Recommendations

This review examines the progress made in the delivery of Social Care with particular reference to: youth in transition and supporting adults with disabilities. Following the evidence received, we make the following recommendations to Cabinet:

- 1. That Cabinet welcome the positive difference that personalisation is making to individuals lives within the borough.**
- 2. That Cabinet notes the Committee's endorsement of the depth and range of consultations undertaken by officers to develop personalisation in Hillingdon and concur these need to be concluded within an agreed timeframe so certainty can be provided to Service Users and Carers.**
- 3. That Cabinet notes the Committee's endorsement of the approach taken by officers to ensure personal budget review periods are sufficiently flexible to meet needs – i.e. address any problems encountered during a) transition and b) associated with a more creative approach to budgets to ensure that the support plans are sufficiently flexible thereby reducing potentially unnecessary interim reviews.**
- 4. That to ensure that service user's needs can be met as they change over time, Cabinet be requested to ensure a mix of buildings based and activities centred service provision is available.**
- 5. That Cabinet recognise that a range of appropriate supported living units are integral to the success of the reduction in traditional buildings based day services.**
- 6. That Cabinet request that Officers ensure that market co-ordination and the development of a commissioning marketplace is incorporated into existing officer roles and therefore within existing budgets.**
- 7. That Cabinet request Children and Families and Adult Social Care officers undergo training and development in order to promote a culture of service users choice that enables responsible, supported and shared decision-making so that reasonable, every day risks, can be taken with confidence, to achieve positive outcomes for the service user. This positive risk taking within a supported framework of safeguarding will introduce a cultural change to the way the Council has previously viewed safeguarding concerns**

- 8. That Cabinet request that Officers be asked to investigate those opportunities to improve processes (e.g. information sharing / transfer between Children and Families and Adult Social Care) to ensure a smooth transition for a) young people to adulthood and b) users of personal budgets**
- 9. That Cabinet be requested to endorse the approach taken by officers in developing a market portal to ensure that relevant up to date information regarding services / activities across the Borough are available for residents, support planners, and care managers to access and enable them to develop effective support plans.**
- 10. That Cabinet be requested to endorse the approach taken by officers to develop support planning within the Voluntary Sector to promote choice and control and encourage the move away from statutory services to more flexible solutions wherever appropriate.**
- 11. That Cabinet acknowledge the valuable work conducted by carers and that their essential contribution to the development of the personalisation agenda will be facilitated by a) a separate carer's assessment and b) separate targeted advice for carers.**

BACKGROUND

Overview: What is the Personalisation agenda?

The personalisation agenda is about giving people who require social care services more control in their lives. Empowerment enables people to make their own decisions and choose the support which best meets their needs.

Personalisation sees each person as an individual with their own strengths and preferences and particular set of circumstances including their support network / resources, family and friends. Each individuals' circumstances will dictate whether they have their own funding sources or be eligible for state funding.

As a result, every person who receives social care support from the Council or funded by themselves will be able to shape the services they receive irrespective of how they receive it. It is hoped that this will lead to social care working more effectively and providing better value for money through the creation of a more competitive marketplace.

Why is the Personalisation Agenda Important?

In a nutshell, the personalisation agenda is important as it represents a response to what people need. For example, people need:

- Access to information and support (quickly and easily)
- Services that respond to their cultural and religious beliefs
- More choice and control
- To be treated with dignity and respect
- To maintain their independence
- To receive support at an early stage to avoid a crisis response such as a stay in hospital.

It is also important to consider the context of the social care transformation. Significant advances in science and technology together with demography mean that an increasing number of people are living longer, but with more complex conditions such as chronic illnesses and dementia. The Government Paper, Putting People First¹ has suggested by 2022, 20% of the English population will be over 65 and that by 2027 the number of over 85 year-olds will have increased by 60%. Older people, disabled people and people with mental health needs demand equality of citizenship in every aspect of their lives and the vast majority of people value and want to live independently for as long as possible so it is clear a reassessment is required to meet the growing pressure on service provision.

¹ Putting People First – A shared vision and commitment to the transformation of Adult Social Care

To address these needs social care and wider local government services need to work with a variety of partners including the NHS, the voluntary, community and independent sector to harness the capacity of the whole system. To be successful, personalisation needs to shift the focus of care and support, across the spectrum of need, away from intervention at the point of crisis to a more pro-active and preventative model centred on improved wellbeing, with greater choice and control for individuals.

Delivery of the national policy agenda for personalisation

All Local Authorities in England are responsible for the delivery of personalisation, as initiated by ***Putting People First: A shared vision and commitment to the transformation of adult social care*** (Department of Health, 2007). This paper set out the expectation that all Local Authorities would transit to a service delivery model for adult social care that was anchored around the provision of choice and control to service users through personal budgets.

Following the completion of the Putting People First period, progress has been achieved locally and nationally. However, it is acknowledged there remains some way to go until the agenda has been fully implemented.

The Coalition Government has reiterated the importance of personalisation and expressed its support for the successor to Putting People First, the partnership document ***Think Local, Act Personal: A sector-wide commitment to moving forward with personalisation and community-based support*** (January 2011).

In addition to this, the Government published ***A Vision for Adult Social Care: Capable Communities and Active Citizens*** (November 2011). The vision builds on the Government's commitments to:

- Break down barriers between health and social care funding to incentivise preventative action;
- Extend the greater rollout of personal budgets so that by April 2013 all social care users are in receipt of one; and
- Use direct payments to carers and better community-based provision to improve access to respite care.

A White Paper for Adult Social Care is planned for Spring 2012, which will set out further requirements for the delivery of personalisation, as well as measures for the future funding of long-term care and support.

Supporting Youth in Transition

A number of young people receiving Children's Services, including young people with disabilities and mental health problems, continue to need services when they are adults. This involves transferring responsibility for assessing needs and providing services from Children's Services to Adult Social Care. The process of transfer is referred to as Transition.

Personal budgets for young adults (16-19) provide a number of opportunities for support at an important point in their lives. Traditional social care services such as buildings-based day support, home care and residential care are often inflexible support solutions. Nationally, adults with learning and/or physical disabilities have a proportionately higher take-up of personal budgets than other care groups, as they are a way of accessing more personalised support packages.

Supporting social care service users to access non-traditional services through a Personal Budget

The total number of Personal Budgets delivered by councils across England **doubled in the last year to 339,000 in March 2011**. In March 2010 168,000 were being delivered and in March 2009, 93,000.

One third of approximately 1 million eligible people supported in community settings by English councils therefore now receive a personal budget, and half of these people are over 65 years of age. The rate of increase in personal budget delivery was much faster in the 2nd half of 2010/11 (rising by 100k) than the first (70k increase), indicating that the move to personal budgets is picking up speed.

Nearly all of the increase has been in 'managed' personal budgets, with no significant increase in direct payments numbers in the last year. The challenge nationally and in Hillingdon is to support increases in the number of individuals accessing direct payments, as this is the primary means of accessing non-traditional social care services such as Personal Assistants and integrated day opportunities.

The National Personal Budget Survey 2011 indicates that service users with direct payments report more positive outcomes than those with managed personal budgets,

The development of a market in non-traditional service providers, such as Personal Assistants, will be a key prerequisite of an effective system for personalisation.

Previous Review: The Transformation Agenda and Direct Payments in Hillingdon 2009/10.

The Social Services, Health and Housing Policy Overview Committee undertook a review of The Transformation Agenda and Direct Payments in Hillingdon 2009/10. This report proposed the following recommendations:

- 1. To note the implementation of the personalisation agenda will not change the eligibility criteria for those seeking adult social care.**
- 2. That Officers be requested to develop a comprehensive marketing strategy to ensure universal information, advice and guidance is available to all adults in need of adult care services.**
- 3. That Officers be requested to work in partnership with external organisations, and in particular within the West London Alliance when commissioning services, to deliver best value through economies of scale, whilst maintaining quality of service.**
- 4. That Officers be requested to ensure that at each stage of developing a personal budget for an individual, as well as reviewing the effectiveness of services purchased using this budget, the potential for abuse or exploitation is identified and minimised.**
- 5. That Officers ensure robust safeguarding and monitoring systems are in place that respond quickly and in a timely manner in order to protect clients, carers and providers from instances of abuse to avoid the Council potentially becoming liable for the acts or omissions of the service provider.**
- 6. That the Committee revisit this topic in 12 Months time to assess the progress made by the Council and for the Officer report back to the Committee to include any cases where there have been allegations of abuse within the pilot schemes.**

All the recommendations were accepted by Cabinet on 18 March 2010.

THE CURRENT REVIEW

The current review not only reflects on the progress which has been made in key areas such as market development, commissioning and safeguarding, but also examines the specific progress in delivering personalisation to youth in transition and adults with disabilities.

Social Services, Health and Housing Policy Overview Committee

OBJECTIVES

The main objective of the review was to review the progress in delivering the agenda for personalisation in the delivery of Social Care with particular reference to:

1. Youth in Transition between Children's and Adult Social Care
2. Supporting Adults with Disabilities to access non-traditional social care services through a Personal Budget

The review will inform the delivery of the personalisation agenda in Social Care, Health & Housing, which is part of the Business Improvement Delivery (BID) Medium Term Financial Forecast (MTFF) transformation programme. There will be linkages and implications relating to the commissioning of services.

The **Terms of Reference** of the review were as follows:

1. To monitor the progress in developing personalisation in the two areas above.
2. To understand the issues relating to social care service provision for the Disabilities and Transition client groups.
3. To identify opportunities to develop innovative options in the provision of services.
4. To make recommendations that will help officers and partners undertake effective monitoring and safeguarding.
5. To make recommendations to Cabinet/the Cabinet Member to address any issues arising from the above investigations

Supporting the Cabinet & Council's policies and objectives

Personalisation is a core part of the "Improving Health and Wellbeing" theme of the Hillingdon Partners Sustainable Community Strategy. It is also integral to the Health and Wellbeing Strategy for the borough.

The delivery of personalisation is central to the Social Care Health and Housing (SSCHH) Business Improvement Delivery (BID) Medium Term Financial Forecast (MTFF) programme and a modern and effective social care service.

To achieve the above objectives, Members held four meetings on 31 August,

Social Services, Health and Housing Policy Overview Committee

12 October, 8 November and 8 December when a series of reports and evidence were received to assist Members in formulating the review's findings.

The information, evidence and findings of the review are set out in the next sections under the following headings:

1. Information and analysis
2. Evidence and enquiry
3. Recommendations

INFORMATION AND ANALYSIS

The review's first meeting took place on 31 August 2011 when the Head of Transformation provided Members with an overview of the recent progress made in the personalisation agenda since the last review. This update also included information on a number of training and development work streams which were currently underway.

As a result of the initial meeting Members identified a number of key issues which the review would examine:

- Delivery of the personalisation agenda in Hillingdon
- The customer journey for Youth in Transition
- Views of customers who have accessed the service
- Increasing access to Direct Payments
- Increasing access to non-traditional community services
- Developing the market for personalisation
- A safety net for those not able to maximise their opportunities

To enable Members of the Social Services, Health and Housing Policy Overview Committee to have a greater understanding of the personalisation agenda, a background material was provided to the Committee to give it further insight into the key issues. This included:

Personalisation Agenda – background documents

Vision for Adult Social Care –

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121508

Think Local, Act Personal Partnership Agreement -

http://www.thinklocalactpersonal.org.uk/library/Resources/Personalisation/TLAP/THINK_LOCAL_ACT_PERSONAL_5_4_11.pdf

National Personal Budgets Survey –

<http://www.incontrol.org.uk/media/92851/national%20personal%20budget%20survey%20report.pdf>

10 Questions To Ask If You Are Scrutinising the Transformation of Adult Social Care -

<http://www.cfps.org.uk/what-we-do/publications/cfps-health/?id=111>

Issues facing Youth in Transition – information resources

Transition Information Network – a website for parents, carers and people who work with and for disabled young people in transition to adulthood.

Transition Support programme – website for the National Transition Support team for disabled children

Social Services, Health and Housing Policy Overview Committee

EVIDENCE & ENQUIRY

For the witness sessions held on 31 August, 12 October and 8 November and 8 December 2011, the review received evidence from:

- Linda Sanders – (Corporate Director of Social Services, Health and Housing)
- Neil Stubbings – (Deputy Director of Social Services, Health and Housing)
- Helen Taylor – (Head of Audit and Enforcement)
- Gill Vickers (Interim Head of Transformation – out going)
- Helen Miller (Interim Head of Transformation – in coming)
- Sharon Townsend – (Head of Disability and Mental Health Services)
- Gary Collier - (Commissioning Service Manager)
- Jody Hawley – (Customer Engagement Manager)
- Chris Hampson – Look Ahead, Executive Director of Strategy, Performance and Operations
- Colum Friel – Look Ahead, Head of Operations Mental Health Services
- Ceri Sheppard – Look Ahead, Transformation Manager
- Angela Wegener Chief Officer, DASH
- Claire Thomas, Chief Executive, Hillingdon Carers
- Witness A, a service user and their carer
- Witness B, a service user and their carer
- Witness C, a carer

A general summary of the issues arising from those witness sessions are included as Appendix 1 to this report.

This report integrates the information provided by officers with the findings from the witness sessions and addresses each of the terms of reference in turn.

1. What progress has been made in developing personalisation with particular reference to a) Youth in Transition and b) supporting adults with disabilities?

Demographic information

In August, the Committee were informed that at the end of Quarter 1 2011/12, 21.3% of people accessing community services received a personal budget [based on full year figures].

Snapshot information as at 11th August 2011 indicates that 1,038 users were accessing a personal budget or a direct payment. 703 have been through an SDS process, of which 335 have accessed a direct payment.

Service users aged 18+ receiving direct payments and/or self directed support at 11 August 2011

Service	Ethnic Group	Male	Male	Female	Female	Total Persons
		18-64 Years	65+ Years	18-64 Years	65+ Years	
Direct Payment	Asian	14	10	31	31	86
Direct Payment	Black	5	3	15	5	28
Direct Payment	Chinese or Other Ethnicity	3	1	4	4	12
Direct Payment	Mixed	1		3	1	5
Direct Payment	Refused to disclose			1		1
Direct Payment	White	37	21	92	53	203
SDS	Asian	20	24	21	31	96
SDS	Black	6	6	6	7	25
SDS	Chinese or Other Ethnicity	4	4	2	4	14
SDS	Mixed	1	1	1		3
SDS	Refused to disclose		1			1
SDS	White	54	129	66	333	582
Total Persons		144	198	238	458	1038

Of these clients, just under 200 people with disabilities currently have a direct payment/personal budget. At present, there are 20 younger people aged between 16 - 19 years in receipt of a direct payment.

The Committee heard that in the period 1 Oct 2011 to 31 December 2011, there was an increase of 126 people in receipt of a self-directed support service and percentage increase had changed from 23% to 24% of people receiving an adult social care service in receipt of a self-directed support service. Officers reported that they expected the percentage take-up of service to increase as Self Directed Support is extended.

Based on the progress made during the course of the review and the experiences of service users, the Committee recommended:

That Cabinet welcome the positive difference that personalisation is making to individuals lives within the borough.

Personalisation – Position Statement and Update (since the 2009/10 review) -

Phase 1 (*Personal Budgets for people with learning disabilities, people with physical disabilities and older people*)

Phase 2 (*Personal Budgets for people with mental health issues and Carers*)

At the outset of the review, the scoping report suggested that the Resource Allocation System Phase 1 (*Personal Budgets for people with learning disabilities, people with physical disabilities and older people*) would be launched on 1st November 2011 and would include the necessary updates to system and operational processes to support this.

The intention of the launch included the introduction of payment cards (which operates like a debit card) so that personal budget holders could buy services from providers or get cash to pay for their needs. At the time, Officers explained that the cards had already been trialled and a group of 26 volunteers would be trying out the payment cards from a personal budget perspective in the next few weeks.

The scoping report also suggested that Resource Allocation System Phase 2 (*Personal Budgets for people with mental health issues*) would launch on 1st January 2012. Integral to this approach would be Carers who would also receive personal budgets to ensure their needs were clarified and avoid mix-up with service user needs.

The scoping report explained it was anticipated that two projects would be running alongside these phases to support full personalisation. These included:

1. Tiered case allocation system - a review and realignment of staffing skills mix;
2. Development of the marketplace – involving commissioners working with independent and voluntary organisations to provide services based on number of people rather than blocks of service - (*see later in the report*).

During the course of the review (between August and December 2011), the Committee were informed that the implementation of Phase 1 had moved from November 2011 to January 2012 and Phase 2 had changed from

January 2012 to possibly June 2012. Officers explained these timescales had been revised because:

1. Further work was required to update the IAS Information Technology system to ensure there was more robust support of the Personal Budget process.
2. An initial pilot for the pre-payment card identified functionality issues with the Citibank card not having the functionality to pay personal assistants in a cashless manner.
3. Work conducted by the Customer Engagement Team with Members also identified a range of issues (such as payment and safeguarding concerns) which were used to inform and training and development processes for staff.
4. An outsourced provider with significant adult social care experience had been brought in to continue the pilot bringing an improved functional solution.

During the October witness session, the Look Ahead organisation suggested that one of the key barriers to the adoption and development of personalised budgets was the risk aversion mentality of many Local Authorities and in particular the safeguarding concerns which were prevalent in managing cash for clients with either disabilities or mental health needs. The Committee heard that it was essential to develop a new organisational mindset which was less risk averse and this freedom would enable the commissioning market to truly develop. To ensure this was the case, the Committee requested that the necessary steps be taken to encourage cultural change to occur:

That Cabinet request Children and Families and Adult Social Care officers undergo training and development in order to promote a culture of service users choice that enables responsible, supported and shared decision-making so that reasonable, every day risks, can be taken with confidence, to achieve positive outcomes for the service user. This positive risk taking within a supported framework of safeguarding will introduce a cultural change to the way the Council has previously viewed safeguarding concerns

The November witness session (attended by the Chief Executive of Hillingdon Carers) also affirmed how important it was to pursue further work with Carers and specifically to address the disjunction between the policies for service users and carers. The Committee heard that the current literature on assessments and the types of help which might be available did not explicitly state *the level of anticipated support would be means tested*. It was also significant that it was unclear that there was no absolute entitlement to a Carer's assessment. The Committee agreed it was important to highlight the valuable role played by Carers in delivering the personalisation agenda and that it was necessary to ensure information about Carer's Assessments were both clear and readily available:

Social Services, Health and Housing Policy Overview Committee

That Cabinet acknowledge the valuable work conducted by carers and that their essential contribution to the development of the personalisation agenda will be facilitated by a) a separate carer's assessment and b) separate targeted advice for carers.

Pre-paid Cards

The Committee heard that pre-paid cards were central to the delivery of personalisation. Direct payments onto a card rather than into a bank account allowed:

- a secure and convenient alternative to carrying around cash.
- a controlled spending tool, with a full transaction history available
- improved processing costs and times.

Pre-paid cards allow the allocation of the appropriate funds to the nominated cards effectively and efficiently, 24 hours a day. The diagram below illustrates how transactions and the associated technology have evolved over time. The right hand column underlines the advantages associated with the latest pre-payment cards.

Traditional Invoiced Accounts	Direct Payment Bank Accounts	Outsourced Budget Management Services
<ul style="list-style-type: none"> • Paid Gross • Risks • Debt potential • Inaccurate invoicing • Labour/system intensive • Needs expensive monitoring system • Delays in payments • Customer complaints • Provider complaints 	<ul style="list-style-type: none"> • Paid Gross/Net • Requires individual separate bank account • Risks with cash • Loss of funds to LA • Inefficient reclaim • Higher risk of fraud • Difficult to collect info on spend • Labour/system intensive • Manual records • Additional Burden on PB holder/family 	<ul style="list-style-type: none"> • Paid Net • Card order guaranteed • Funding account • Reduced risks • Improved reclaim • Management info • Improved audits • Safer/No loss of funds • Less debt potential • Immediate closedown • Automated records • Simple and easy to use • Telephone support

The Committee heard that due to the limited Banks Automated Clearing System (BACS) functionality of the Citibank card, the timescales for pilot had been extended. During the October meeting, the witness explained that they had been unable to use the card so alternative solutions had to be found. To

Social Services, Health and Housing Policy Overview Committee

improve the functionality of the card, officers explained that further piloting would take place in February 2012.

Personalisation Development Targets

Hillingdon's targets are based on national targets – which are 30% of service users are to be operating personal budgets by 2012. Officers reported that they were optimistic these would be achieved. The Committee heard that many councils had claimed they had exceeded these targets however there are other councils who are in exactly the same position as Hillingdon. Officers explained the national target for 2013 was to ensure all eligible service users had a personal budget in some form. The Committee was pleased to learn that officers thought this was a realistic target and work streams were on track to achieve this.

Officers explained that to achieve these targets, they would be looking at a variety of innovative options in addition to current service provision (e.g. day services). However, the Committee heard that based on experiences elsewhere, the process was going to be gradual. To date, many councils had found that alternative services per se actually were not required – rather than look to traditional solutions, officers had found through experience that it was about the imaginative use of existing community resources and what was available to the community generally at large.

How will personalisation deliver efficiencies?

The key goal of personalisation is to deliver increased choice, control independence and dignity. However, there are opportunities to deliver efficiencies by releasing funds tied up in building based services e.g. like day centres, which could then be utilised to meet the needs of more service users.

Alongside this strategy it would be possible to look at existing supported living units with a fresh approach and find innovative ways of using communal facilities to provide services. The Committee accepted there was a strong case to examine how existing facilities could be used differently, but Committee were concerned that steps would be required to ensure residents were aware that communal facilities might be opened to non-residents.

Officers acknowledged that they would need to investigate the terms of tenancy agreements as currently the use of communal areas was dictated by the clauses within the agreement and may not identify that additional organisations or persons not living in the supported housing unit are able to use these areas.

It was noted that the number of individuals with disabilities and older people was growing and personalisation was seen as a practical way to address the

increasing demand on social care. However the way in which personalisation is implemented needs to be efficient.

The Committee heard that in the long term there were no additional costs anticipated at this stage but in the short to medium term there would be costs associated with implementation. It was noted that these costs were supposed to be covered by the transformation grant so councils could in effect 'break even' but in many cases this often hasn't happened.

2. What are the key issues relating to social care provision for these client groups?

There was general consensus amongst the witnesses that the journey into adult life for any person was a time of profound psychological and social change and as a result, was a challenging time for most young people and their families. It was noted that for those young people with disabilities, important changes in the care they need and the ways in which that care was provided, often made this transition period more difficult. One of the findings from the DASH's Transitions Project was that a person's age (as well as disability) was also very significant. DASH had found that service user's levels of expectation was significantly higher the younger they were and one of their key concerns was the desire for work experience. Witnesses also explained that the role of the young person in managing their disability was also likely to change. Often they would want to take a more proactive role and learn to be more independent of their parents.

The Committee highlighted that some groups might need a period of experimentation while they found the best way of using a personal budget. The Committee suggested that one way of doing this might be by offering the service user the opportunity to "try before you buy" so they could make an informed assessment about whether the service provision met their needs.

It was therefore suggested that a flexible approach over time which allowed for longer support and closer monitoring would be advisable to ensure they could maximise their potential and the value of their personal budget as much as possible. With these points in mind, the Committee thought it was important to recognise that user's needs would change over time and that innovative options would need to be available so that informed choices could be made:

That to ensure that service user's needs can be met as they change over time, that Cabinet be requested to ensure a mix of buildings based and activities centred service provision is available.

The Committee were aware that historically, many young people and their families had found it difficult to access the help and support they required from health and social services which were needed at this time. If the services provided fell short of their needs, their health might well suffer. For those who plan health and social services, a key challenge centred on ensuring there was continuous care through the transition from child to adult services. It has been shown that continuity of care enhances the effectiveness of the care and improves outcomes, as well as helping to minimise the uncertainty and distress for young people and their families.

During the transition phase young people, their families and those providing care are faced with a number of challenges. Although this list is not exhaustive, some of the key issues include:

- Maintaining lines of communication between services and professionals
- Assisting the younger person to develop as an individual, into a person who can take ownership in his or her own care to the maximum of their ability
- Continuity of care can break down at several levels – vital information can be lost during the transition phase if departments do not transfer records or there is a delay to the information transfer.
- Losing contact with key workers with whom the young person and their family has built up a significant relationship
- In some cases, the care provided for adults may be less proficient than the care which the young person has been used to receiving from children's services.
- Understanding the often complex issues about who provides and the funds the care. Both during and after the transition, and the point at which a young person is ready and able to transfer to adult services.
- Managing relationships between the young person and their families and peers as it is impossible to separate their physical, social and emotional development from transition.
- The way in which the every person will react differently to the changes they face. Whereas some will want to take ownership themselves and break free from the control of their families, others may rebel against their circumstances, their condition and those providing care.
- Healthcare and Social Services professionals will need to balance the young person's wish and ability to take control, with their safety, the quality of care they receive and the needs of their family.

As a result, it is essential that care providers identify the key issues for each particular group of young people and their families, integrate these issues into the respective care plans and ensure there is sufficient flexibility to resolve these:

That Cabinet notes the Committee's endorsement of the approach taken by officers to ensure personal budget review periods are sufficiently flexible to meet needs – i.e. address any problems encountered during a) transition and b) associated with a more creative approach to budgets to ensure that the support plans are sufficiently flexible thereby reducing potentially unnecessary interim reviews.

How realistic is it to have 100% clients on self directed support? What proportion of people say they'd prefer a managed budget, and why?

Officers explained that all service users would receive a budget based on FACE Resource Allocation System (RAS)². How each service user chooses to implement will vary; initially it is anticipated that most will want a managed budget due to the fear that doing it for yourself is more difficult / more time consuming or simply just different from what they are used to. However, this apprehension is likely to diminish over time as individuals see what others are doing with their budgets, learn from their experiences and begin to see the choice and flexibility it provides and how easy it can be to manage for themselves. Pre-paid cards will be easier to manage and using these will help determine whether true³ or mixed⁴ are used as opposed to managed⁵. The development of voluntary sector support planning (discussed in greater detail later in the report) will also evolve which will provide greater resources, assurance and assistance to service users during the support planning phases of personalisation.

Service Users Involvement to develop personalisation in Hillingdon

² The monetary amount for a Personal Budget will be calculated using an automated Resource Allocation System (RAS) developed by a company called FACE. The FACE RAS uses algorithms to allocate the funds that LBH has available according to needs identified during assessment. The RAS algorithms are based on data collected nationally and fine-tuned for LBH demographics and resources. The RAS generates an Indicative Personal Budget i.e. an indicator – in monetary terms – of the maximum amount available to support an individual's eligible social needs.

³ A 'true' or 'full' Personal Budget is where an individual is paid the monetary amount of the personal budget.

⁴ A 'mixed' Personal Budget is where an individual has some needs met by services arranged and paid for by the Council and the remainder of funds available for their needs paid to them

⁵ A 'managed' Personal Budget is where no payment is made to the individual. The Council arranges and pays for services to meet eligible needs of an individual.

Social Services, Health and Housing Policy Overview Committee

The Committee heard that a number of consultations had taken place, were planned or ongoing and it was important that these were not extended indefinitely as it would increase uncertainty amongst service user, their family and Carers:

That Cabinet notes the Committee's endorsement of the depth and range of consultations undertaken by officers to develop personalisation in Hillingdon and concur these need to be concluded within an agreed timeframe so certainty can be provided to Service Users and Carers.

Officers explained that a number of Strategic (Service User) Groups had received multiple presentations on personalisation and proposals to change existing services. The Committee welcomed the news that the comments made in these events had been included in the consultation summaries and responded to by the relevant services:

- Older Persons Assembly OPA and steering group
- Black and Minority Ethnic Elders Forum
- Disability Assembly and steering group
- Partnership Board (previously Valuing People now Group)
- Learning Disabilities Forum

The Committee heard that a Personal Budget Service User Group (this group was currently being set up). The draft Terms of References circulated for comment propose:

Purpose:

- To give people who are in receipt of a Personalised Budget the opportunity to share their views on how Personalised Budgets are working in Hillingdon
- To develop outcomes and agree ways to measure Personalised Budgets and review progress
- To support the value, purpose and principles of Personalised Budgets
- To review the guidelines for Personalised Budgets
- To work with Government and key agencies outside of the User Group to support delivery of Personalised Budgets

Further information was provided on the following events:

1. Service User Event - 17 August 2011

To discuss issues that relate to current policies and procedures with Direct Payments and to gather feedback to help officers ensure Personal Budgets are developed and delivered with the expert experience of Service Users. The purpose of the event also included to discuss and promote the use of the pre-paid cards and confirm the Council's intentions. This event was attended by

Social Services, Health and Housing Policy Overview Committee

over 30 users, chaired and facilitated by Cllr Kemp and the comments provided have been used to improve the way the Council are working.

2. Service User Event - 23 February 2012

A follow up event is scheduled to give service users the opportunity to tell officers if the actions taken as a result of the meeting held in August 2011 have improved service users experience and whether there are any outstanding issues remaining.

Engagement/consultation to inform commissioning intentions December 2010 to January 2011

Personalisation aims to provide service users with more choice and control over the services they require. Traditionally, this has been provided across a range of provision including buildings based services. Day care provision was reviewed with a view to modernise services to better reflect the personalisation agenda and ensure the most effective use of council resources. From December 2010 to January 2011, 197 service users and carers spoke to Community Peer Researchers, either face to face or over the telephone. This gave them the opportunity to share their concerns, tell the Council what they needed officers to do to support them through the modernisation of services and enable officers to provide an overview of personalisation and the wider agenda. The journey of young people through transition from children and families to Adult Social Care Services was an important aspect of these discussions. The surveys were designed to give respondents the maximum opportunity tell the Council what was important to them and for this reason the majority of the questions were open ended:

That Cabinet recognise that a range of appropriate supported living units are integral to the success of the reduction in traditional buildings based day services.

That Cabinet request that Officers be asked to investigate those opportunities to improve processes (e.g. information sharing / transfer between Children and Families and Adult Social Care) to ensure a smooth transition for a) young people to adulthood and b) users of personal budgets

Strategic Engagement/consultation that relates to commissioning intentions (ASC Personalisation and Commission Plan and Disabilities Commissioning Plan) September to December 2011

The table below shows all of the engagement/consultation that relates to the ASC Personalisation and Commission Plan and Disabilities Commissioning Plans. This engagement specifically talks about personalisation and the

Social Services, Health and Housing Policy Overview Committee

specific role of personal budgets. The views and opinions of over 300 individuals have been taken into account, including:

- service users
- carers
- service providers who work with relevant groups including
- the Disabled Association for Hillingdon
- Age UK
- the Local Involvement Network
- the Association for Multiple Sclerosis
- The Stroke Association
- Hillingdon Centre for Independent Living
- Ear4U and Perfect Start.

Date w/c	Consultation Activity
w/c 26 Sep 11	Key themes and frequently asked questions documents published
w/c 26 Sep	Easy read version of key themes and frequently asked questions published
3 rd October	Disabilities Commissioning Plan published on the 'Have Your Say' web pages with email link sent to over 900 stakeholders
5 th October	Consultation with Council staff affected by the proposals
7 th October	Information presented at the Learning Development Provider Group
7 th October	2 consultation meetings with Council staff affected by the proposals
14 th October	All carers/service users written to with information on how to access the information on line and how to request a paper copy
10 th October	Consultation with the Disability Assembly (92 people attended)
18 th October	Consultation with the Learning Disability Service User Forum – key themes presented in easy read version (30+ people attended)
20 th October	Consultation with the Adult Learners with Difficulties and Disabilities Forum – key themes presented in easy read version (20+ people attended)
25 th October	Consultation with Partnership Board / Valuing People Now Group – key themes presented in easy read version (15+ people attended)
1 st November	Consultation with the Parent Carer Reference Group
9 th November	Parent-Carer meeting at the Phoenix Day Service
10 th November	Special meeting of the Disability Assembly to discuss key themes from disabilities plan (120+ people attended)
16 th November	Service user meeting - Woodside Day Centre
17 th November	Parent-Carer meeting - Woodside (23 people attended)
18 th November	Service user meeting - Charles Curran House
21 st November	Parent-Carer meeting - Parkview (9 people attended)
22 nd November	Parent-Carer meeting - Charles Curran (17 people attended)

Social Services, Health and Housing Policy Overview Committee

Date w/c	Consultation Activity
22 nd November	Service user meeting - Phoenix Day Centre
23 rd November	Carers Meeting (35 people attended)
22 nd December	Meeting with Parents and Carers of children in Transition (51 attended)

Service Users Involvement to develop personalisation in Hillingdon - Outcomes

Committee Members attended several of the engagement activities and heard that Service Users and Carers had been given the opportunity to provide the Council with their views on personalised budgets. Based on the feedback from the service user involvement activities which included events, face to face interviews and phone interviews the Committee were pleased to learn that a number of positive themes had emerged in relation to what personal budgets had enabled some people to do including:

- Have increased independence in their lives
- Recruit and employ staff, leading to a greater continuity of staff
- Employ people who have the right skills and training to meet their identified need
- Enable access to universal services such as community activities, libraries, swimming and other leisure services
- Encourage the development of services and support being offered in the community that may not have been available before
- Provide access to employment
- Provide access to training and education
- Enable people to have travel training with a view to achieving independent travel (where possible)
- Pay for specialist services that may not be offered in the London Borough of Hillingdon
- Pool money to create greater economies of scale

In Look Ahead's experience, they had found that service user's experiences with personalised budgets had been mixed. They agreed the innovative uses of personalised budgets had been beneficial to service users and cited a case where a client had chosen to spend part of their allowance on attending 'gigs' for increased social interaction. At the other end of the spectrum, there had of course been some cases where a personalised budget had not markedly changed a service users circumstances.

The Committee heard that many DASH users felt empowered and more confident when they attended activities with limited assistance. Members heard that assistance with travel training and learning how to use mobile telephones were important skill sets to allow service users to assert their own independence.

3. Opportunities to Develop Innovative Options in the Personalisation of Services (examples of how the Authority are working with providers and partners)

During the course of the review, the Committee learnt that officers had run several training sessions to ensure providers and partners had a core understanding of personalisation. Officers explained that they were about to begin a support planning pilot with the voluntary sector to increase awareness of what assistance service users might need. In addition, officers reported that they were aware that service providers would require support, and so as part of developing marketplace, officers would be taking steps to identify what further assistance providers would need.

Developing the Voluntary Sector

Support Planning by the Voluntary Sector

Support planning refers to the planning, organisation and management of a person's Personal Budget and support package. The support planning process encompasses a number of key tasks people need to consider when directing their own support; how best to use a personal budget to meet persons eligible need and desired outcomes; to design and cost a plan to meet the Council's authorisation requirements. Following authorisation of the plan services these are then purchased to meet the identified need and outcomes stated in the plan this part of the process is called support brokerage. A range of ways of providing support planning will be available, one of which will be through the West London Alliance.

The West London Alliance (WLA)⁶ is confident that provider organisations have the ability and skills to deliver an innovative model of support planning which will improve outcomes for service users. The key question is how to ensure the operating model will ensure best possible value. The WLA Framework has a robust outcomes based Support Planning Service Specification to ensure that this happens but to gain some invaluable early learning. A Voluntary Sector Planning Pilot for 6 months is being planned in order to establish proof of concept and suitability of external support planning to deliver improved customer experience and outcomes. The pilot will provide a solid platform for the implementation of the external support planning process utilising the WLA framework which will be available from May/June 2012 onwards.

Pilot outline:

1. The pilot has a value base rooted in Person Centred Planning and will follow

⁶ The West London Alliance (WLA) was formed in 1998 and includes the London Boroughs of Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon and Hounslow. This aims to promote the economic, environmental and social well being of the West of London community.

- the principles Self Directed Support promoting greater choice and control.
2. The pilot will involve 20 service users including older people and people with a physical and/or a learning disability.
 3. The pilot will go live in March and consist of individuals from the voluntary sector who wish to gain more experience in support planning and are willing to volunteer to be part of the initial pilot that LBH will conduct.
 4. LBH will engage a Supporting Planning Expert who will train, support and provide challenge to the volunteers to ensure they are supporting and facilitating service users to develop the skills and confidence to manage as much of the Support Planning process themselves.
 5. The pilot approach will promote and actively encourage service users to maximise their ability to produce, control and direct their own plan by developing local support planning resource to compliment national resources, for example Peer Support.
 6. An important aspect of this will be to ensure that the support planning approach and process has integral to it contingency analysis / planning and ensures that in every case the service user has robust fallback options. All support planning will consider any potential risk associated with activities outlined in the plan.

The Committee agreed with officers views that a combination of the innovative use of the voluntary sector and innovative commissioning was required if the market was to develop at a quicker pace:

That Cabinet be requested to endorse the approach taken by officers to develop support planning within the Voluntary Sector to promote choice and control and encourage the move away from statutory services to more flexible solutions wherever appropriate

Developing the marketplace to support personal budgets

Developing the market place is essential. To stimulate this and address the under development of the current commissioning market place, the Look Ahead representative explained that ensuring the market developed and there were sufficient market coordinators in place was one of the greatest challenges facing all Local Authorities. Officers agreed that ensuring support plans were up to date and were flexible was also key to developing the marketplace so that the market could grow in response to clients changing needs. It was recognised that new models and approaches for meeting respite care needs would be likely to develop from the implementation of personalisation.

Developing and launching suitable activities within the community that Hillingdon residents could choose as viable alternatives to current day centre services was becoming critical as personal budgets start to roll out in mid January 2012. There have been several presentations and user group

sessions; however current officer thinking was now focused towards coordinated action leading to tangible results.

The following key issues and questions will need to be addressed during the planning phases: How do residents know what they really want? In the past there was little choice and residents only know what they have experienced to date; day centres and other council managed services. How will I know what I want unless I can try different things then choose? What is the point of choice if there are only limited options or the current options aren't close to where I live?

The next stage is to trial a marketplace development initiative which will coordinate a pilot programme of activities across the Council delivered by the voluntary sector and the community. This pilot programme will seek to establish;

- gaps in the marketplace;
- activities that deliver the right outcomes and are preferred by residents;
- areas where the voluntary and private sector excel;
- areas where the voluntary and private sector require further support and guidance.

Elements of the trial will include:

- A calendar of activities utilising successful ideas from other boroughs/councils and current/ planned initiatives within the borough
- Coordinate voluntary and private sector providers to deliver pilot calendar of activities. This will include providing a simple set of templates and guidance to support the voluntary sector in developing, running and monitoring performance and outcomes
- Coordinate and contribute to development and promotion of the WLA portal to ensure information held is extended and improved
- Generate/stimulate involvement of local corporate social responsibility – volunteering by local companies. This will involve brokering relationships with the voluntary sector and promoting the use of the slivers of time facility within the WLA portal. It will also include developing a simple set of templates and guidance that companies can use to support them in setting up, managing a CSR scheme that delivers results
- Ensure personal assistant/carer numbers are grown to support rollout of personal budgets via support of pa agencies

Look Ahead explained that conventional thinking indicated that market development would be driven by the individual client. However, their experience had suggested that market development would be driven through a combination of support plans and brokerage and the market responding to these needs. The Committee suggested that service users might be given the opportunity to try services before these were bought as a block of provision. This approach would provide the service user with confidence that they would receive the services they needed and enable them to share and listen to the experiences of other service users. During the consultation, Members of the

Social Services, Health and Housing Policy Overview Committee

Committee heard that service users had suggested that a 'try before you buy' scheme in relation to supported housing would be helpful.

It was suggested that every Local Authority would need to experience the market place and make a series of judgements as to where they thought there were gaps in service provision. One way of doing this would be by ensuring providers worked in partnership with the Local Authority to create a Directory of Services. By doing this, it would not only effectively catalogue which services were available to Service User and Carers and provide an alternative source of information to the paper based leaflets, but by the same token, clearly identify where additional marketing and development activity was required. The Committee agreed that a Service Directory needed to be accessible and incorporate user feedback, detailing what people had used in the past to help inform user's choices and decisions.

The witness session also illustrated how important it was to ensure there were sufficient avenues for information sharing. Angela Wegner highlighted how recent work by DASH had included establishing closer ties with Hillingdon Mind and linking health and relaxation courses in Yoga to luncheon facilities based at Christ Church. The Committee agreed that these facilities were very important to provide service users with real world examples of what people had done in the past to help inform user's choices and decisions. The Committee recognised that the newly refurbished libraries across the borough were also a valuable resource which could be used as drop-in centres for networking purposes. This was especially true as the Committee heard most younger users of DASH did not attend Day Centres and did not go on to use Council Social Services when they reached adulthood.

Members agreed that managing the change programme was a significant challenge and advocated that incremental change was the most sensible way forward:

That Cabinet be requested to endorse the approach taken by officers in developing a market portal to ensure that relevant up to date information regarding services / activities across the Borough are available for residents, support planners, and care managers to access and enable them to develop effective support plans.

An issue of particular concern to the Committee was the sustainability of care provision. Members were aware that some care providers had closed down which had created a degree of uncertainty amongst service users and so the Committee sought reassurance on a number of points including:

- What responsibility would the Council have when personal budgets packages break down?
- Would there be a difference between packages that the Council have brokered and those that have been independently selected?
- What measures would be in place to ensure potential crisis situations are avoided and would personal budget holders be given clear, written information about what to do in such a situation?

In response, Officers assured the Committee that during support planning, adequate consideration would be given to planning and budgeting for unexpected events. This would include events that might preclude an individual or their carer and/or family from responsibly managing their personal budget. In addition, Officers explained that a plan of action would be included in the support plan in the event that an unexpected event or emergency might negatively impact on their ability to manage their personal budget. The Council will put the plan into action as necessary.

The Committee heard the Council would be responsible for identifying and responding to Customers who, for whatever reason or length of time, lacked the capacity to manage their personal budget.

It was noted that the Council still had a statutory duty to carry out a care assessment before Officers allocated funds and was responsible for authorising the budget and Support Plan that it applied to.

When completing the cost analysis in the Support Plan we will ensure that all eligible needs are covered. The resources chosen need to be effective to meet the agreed outcomes and be affordable.

How commissioning has changed since the last review?

What we said we would do	What has happened
Local Perspective	
Undertake a community mapping exercise.	In partnership with the voluntary sector, mapping of services has been undertaken. The results of this have been uploaded onto the Directory of Information database developed by the WLA which is currently known as <i>Careplace</i> . This is due to go live in Q4 2011/12.
Actively work in partnership with the voluntary sector to ensure that they are aware of SDS and will invite to bite size training sessions for providers.	Many events have taken place since the Committee's last review seeking to increase awareness of SDS. Feedback from some organisations suggests that there is still a lack of understanding, which may be related

	to the delay in the implementation of Personal Budgets. Planning for a range of events for providers to take them through the implications of Personalisation is in progress with the intention of delivery in March/April 2012.
Regional Perspective	
Hillingdon will be using the WLA to deliver large scale contracts, e.g. domiciliary and residential care	Hillingdon has been a part of collaborative tender arrangements for the following high spend areas: <ul style="list-style-type: none"> • Home care. This has resulted in savings of £1.5m over three years. • Residential care - Cabinet approval was sought for the Accreditation, Procurement and Contracts (APC) scheme which seeks to achieve agreed prices and quality standards for residential and nursing accommodation. • Community equipment – worked initially with 5 London councils and will result in a saving of £150k over three years. 7 more councils have joined since the procurement exercise resulting in equipment costs reducing.
The WLA will present an opportunity to generate economies of scale	It is projected that WLA initiatives such as the community equipment tender, homecare framework, APC for residential care and residential and nursing care supply management will save the Council £6.4m between 2010 and 2015. These savings are reflected in MTFE targets.

	<p>Utilising the collective purchasing power of the WLA the Council is currently working with WLA partners to commission:</p> <ul style="list-style-type: none"> • A market portal that will contain a comprehensive directory of information about services and providers. • Support Planning and Brokerage service to support users and carers through the Personal Budget process. • Advocacy
<p>There will be a reduction in the number of block contracts</p>	<ul style="list-style-type: none"> • After 31/03/12 the only block contract for residential and nursing that the Council will have will be for intermediate care. • Cabinet decisions in October and December 2011 will see the personalisation of supported housing services for people with mental health needs as well as those for people with learning disabilities. There will also be a reduction in the number of block residential contracts with third sector providers as these are reconfigured into supported housing on a core and flexi model.
<p>WLA could provide an opportunity for a central WLA commissioning and contracting team to emerge.</p>	<p>This has so far not progressed, although the possibility of the Council's Care Service Inspection Team providing an inspection service on behalf of the WLA for APC scheme providers.</p>

Another key development since the last report is the extensive supported housing programme. This is seeking to achieve an extra 422 units of supported housing (including extra care) to be developed over the next three years as a realistic alternative to residential care. Care and support services will be provided on a core and flexi model in order to maximise the level of choice and control that residents have.

How have we involved service users (from strategic development to individual budget)? What feedback do we have from the above?

Residents are involved in the development of commissioning plans at a strategic level through the Health and Wellbeing Board. There are resident representatives from the Disabilities Assembly and also the Older People's Assembly who are members of the Board. There are also resident representatives on the Long-term Conditions and Mental Health Delivery Groups that are sub-groups of the Board and have responsibility for delivering on the priorities identified by the Board. There are other multi-agency strategic planning groups such as the Carers' Strategy Group, the Learning Disability Partnership Board and the Learning Disability Parent-Carer Reference Group that include resident representatives.

There are a range of resident forums that are used to develop commissioning plans and consult on commissioning proposals, e.g. Older People's Assembly, Disabilities Assembly, Learning Disabilities' User Forum, Mental Health User Group.

The views of users of services are canvassed in other ways as well, including the use of surveys and focus groups. Surveys can tell us how well a service is working, e.g. community equipment survey issued with every delivery and focus groups enable much more detail to be obtained. For example, a focus group of residents of Hayes Park Lodge and Hamlet Lodge in July 2011 showed that although residents were happy with the service, they wanted to have greater choice about their key worker. This has helped to inform the specification for the care and support services for these schemes which is based on a more personalised model. The specification for the Respite at Home Service was informed by a focus group of carers who told us that this should not simply be a sitting service but should provide meaningful activities for the cared-for person that is linked to their interests, such as visits to the cinema, walks and trips to the hairdresser.

Residents are also involved in the actual procurement process. For example, residents were involved in the interviews of potential providers in the community equipment tender, the tender for the Respite at Home Service and also the Carer Support Service. Provision will be made in the forthcoming WLA tenders for Support Planning and Brokerage and advocacy for residents to also be involved in provider interviews.

How have we calculated future need for supported housing?

There are a number of factors that we have looked at in developing our estimates and these include:

- Projecting Older People Population Information (POPPI) and Projecting Adult Needs and Service Information (PANSI) projections. This is a tool developed by Oxford Brookes University and the Institute of Public Care on behalf of the Department of Health.

- Trends regarding the numbers of people accepted as being eligible for community care services
- Numbers of people in transition, i.e. young people moving from Children's to Adults' Services
- Numbers of people currently in residential care homes
- Rate of turnover, e.g. number of people leaving the service because of death, leaving the area, qualifying for Continuing Health Funding

That Cabinet request that Officers ensure that market co-ordination and the development of a commissioning marketplace is incorporated into existing officer roles and therefore within existing budgets.

4. Safeguarding and Monitoring

During the Committee's previous review, Member's identified, (in their recommendations), the need to ensure robust arrangements were in place for adults using personal budgets. This was with a view to ensure the monitoring of the effectiveness of services in meeting need, and to identify and minimise, as far as possible, any potential risks of abuse or exploitation. It was also the case that where allegations were raised, the Council could respond quickly and appropriately in order to protect adults and thereby protect the Council's potential liability for acts or omission of care providers.

The last review identified that the key stage in the process of ensuring protection was incorporated was when the support plan was drawn up. The Committee heard that had to be "signed off" by the care manager as the agreement between the Council and the person receiving the personal budget on how their needs were going to be met. Officers need to encourage a reasonable level of positive risk taking to achieve whatever outcomes have been identified, but balance this with adequate protection.

Officers explained a risk enablement framework had been drawn up to guide them in evaluating what risks were present in the way a person chooses to have their needs met in their support plan. This framework, based on tried and tested models of risk evaluation, quantifies the risk and this forms the basis for discussion with the person on what actions can be taken to manage and reduce this risk to acceptable levels.

Where agreement cannot be reached, officers highlighted that there was there was an escalation procedure to the line manager, in the first instance. If the matter still cannot be resolved a risk enablement panel would be convened of relevant operational managers to look at the risks presented, both in terms of risk to the person, any others, and any potential risk to the Council. The panel will decide on whether the needs of the person can be met in the way they are requesting. Should the person be unhappy with the decision of the panel, they can use the Council's complaints procedure to address their concerns.

Social Services, Health and Housing Policy Overview Committee

The Committee were pleased to learn that the monitoring of individual budgets will be straight forward for those adults who opt for the Council to manage their care arrangements. Where the adult chooses to manage their individual budget it is anticipated pre-loaded payment cards will be the main way of purchasing care. As explained earlier in the report, pre-loaded cards incorporate a number of advantages including the ability to monitor expenditure in real time and generate reports providing details on expenditure as they are used. This is a distinct advantage over, for example, Direct Payments, which relied on people submitting bank statements on a quarterly basis.

The Committee were assured to learn that there had been no significant increase of referrals to the safeguarding adult's service of adults who were managing their own budgets currently.

Closing Word

By April 2013 all social care users should be in receipt of a personal budget; and it is anticipated that direct payments to carers and improved community-based provision should improve access to respite care.

Our review has shown that personalisation, by delivering choice and control is already improving individual's lives within the borough. To ensure service user's needs are met as they change over time, it is essential that support plans are adaptable and personal budget review periods are sufficiently flexible to meet user's needs during transition.

We heard that interim reviews had been a source of stress to family members and carers in the past and were pleased to learn that support planning had developed in the intervening period since the Committee's transformation review which meant these were less likely to occur.

The review has shown that a depth and range of consultations has been undertaken by officers to develop personalisation in Hillingdon and we agreed these need to be concluded within an agreed timeframe so certainty can be provided to Service Users and Carers.

Innovative thinking, partnership working with the voluntary sector and the creative use of existing resources to provide services differently will be integral to the success of personalisation. To encourage these changes the Committee recognised a degree of positive risk taking within a supported framework of safeguarding will be necessary to introduce a cultural change to the way the Authority has previously viewed safeguarding concerns.

The review also highlighted how important the often unsung work of carer's was and their essential contribution to the development of the personalisation agenda. We were therefore pleased to learn that carers would receive a separate carer's assessment.

Finally, the review identified that although support is available, there is scope for officers to improve access to information, advice and guidance to ensure that we, as an Authority, do all we can to help clients make informed choices and monitor the services provided to mitigate risk. The review examined the steps currently under way to develop a market portal. This should ensure that relevant up to date information regarding services and activities across the Borough will be available for residents, support planners, and care managers and enable them to develop effective support plans.

**General points arising from the witness sessions held on:
12 October, 8 November and 8 December 2011**

- Personal budgets only applied to those clients which were FACS (Fair Access to Care) eligible
- Look Ahead explained that personalised budgets for Mental Health clients were not as advanced as those for clients with disabilities but were catching up quickly.
- In response to a question about the under development of the current commissioning market place, the Look Ahead representative explained that ensuring the market developed and there were sufficient market coordinators in place was one of the greatest challenges facing all Local Authorities.
- Ensuring support plans were up to date and were flexible was also key to developing the marketplace so that the market could grow in response to clients changing needs.
- One of the key barriers to the adoption and development personalised budgets was the risk aversion mentality of many Local Authorities and in particular the safeguarding concerns which were prevalent in managing cash for clients with either disabilities or mental health needs. Only when risk aversion could be overcome would the commissioning market truly develop. To overcome these barriers, Look Ahead explained that a change of organisational culture was required and a sea change of attitude amongst staff, to enable staff to take more informed risks than they had been used to doing previously. It was noted that this issue was a regular experience across all Authorities as all staff were naturally aware of statutory and personal responsibility they had to manage when assisting every client.
- Every Local Authority would need to 'experience' the marketplace and make judgements about where there were gaps in service provision to assist service providers. One way of doing this would be to ensure providers worked with Authorities to ensure a Directory of Services was maintained which could be used to identify where additional marketing activity was required.
- Look Ahead explained that conventional thinking indicated that market development would be driven by the individual client. However, their experience had suggested that market development would be driven through a combination of support plans and brokerage and the market responding to these needs.
- Look Ahead had found tremendous resistance amongst some Social Workers and especially those from block contract backgrounds. Members agreed that managing the change programme was a significant challenge and advocated that incremental change was the most sensible way forward.
- A further factor influencing the speed of market development across Authorities was the culture at each organisation. Whereas some would be

target driven, others might focus on the build up of relationships and the importance of developing infrastructure. Members were conscious that any risk assessment approach would need to ensure both users and staff were protected and there were protocols in place to support social workers. This also underlined the importance of thorough support planning and for this to be effective, ensuring risks were identified at an early stage.

- It was important that risk assessments were regularly reviewed and maintained as 'living documents'
- Officers highlighted it was important to note the Statutory Duty of Care had not changed. Look Ahead explained that one of the difficulties faced by staff was there was often reluctance amongst clients to speak out when their support plan was formulated and so to enable support plans to be as effective as possible clients would need to be encouraged to speak out in future.
- DASH's Transitions Project had found that disability was not the sole driver (for change) and a person's age was also very significant. DASH found that the level of expectation was significantly higher when people were younger and one of their key concerns was the desire for work experience.
- Most younger users of DASH did not attend Day Centres and did not go on to use Council Social Services when they reached adulthood.
- Recent work by DASH included establishing closer ties with Hillingdon Mind and linking health and relaxation courses in Yoga to luncheon facilities based at Christ Church.
- The innovative use of the voluntary sector was required to lessen the reliance on statutory services.
- Service directories (which Look Ahead and DASH had both mentioned) needed to be accessible and show users real examples of what people had done in the past to help inform user's choices and decisions.
- A personal budget was used to purchase additional care services
- Personalisation had enabled life skills to be developed such as doing laundry / bedding, to go shopping and enhance their reading skills. Greater choice and control had enabled the service user to pursue further education, develop self-confidence and to become more independent.
- Direct payments had provided families with the flexibility to pursue group activities such as cycling which had been very important for the emotional health of the family.
- On leaving school, a transitional social worker had provided help and support. Council officers had helped the Witness's carer by providing information and guidance which had then enabled the transitional social worker to be set up through DASH.
- To acclimatise to the services on offer, witnesses and their carers had visited a care home for afternoon tea as part of an initial visit to meet staff and view the premises, and this had developed further to include over night stays. This experience had enabled the witness to interact with other people and in doing so, develop their social skills.

- Needs assessments had to be flexible and adapt to service user's needs as they changed over time.
- In terms of managing a personal budget, the Committee heard that funding was deposited in an account in Witness's name but the carer could also access the account with a separate pin number.
- In terms of the personalisation experience to date, the Committee heard that the Witness felt supported and had confidence in backup services.
- Officers explained that to stop the abuse or fraud of preloaded cards, a facility existed whereby the Authority could set up a system of alerts to trace all transactions made on pre-loaded cards. Careful monitoring could then establish what likely purchase patterns might be and highlight any purchases which did not fit the user profile.
- Care plans needed to recognise the types of activity which the user might pursue. It was recognised that in some cases, it might be more beneficial for a service user to purchase additional time with a carer than use day centre facilities.
- Care plans needed to be flexible and a range of options had to be available to users.
- The option to purchase Day Centre places for a user was an important means of providing respite for carers. It was noted that Carers needed to be proactive about using care services at an early stage so the transition from children's to adult's services would be easier
- In addition to the service user having a needs assessment to help them access choice and control, Members heard that carers needed to have a separate assessment conducted.
- Increased choice / control and independence for the service user arising from personalisation was not necessarily positive for the carer.
- The role of the carer within the personalisation process needed further clarification. Many carers were simply not aware if they had an assessment (requirement).
- Dementia was a growing national concern with significant resource implications.
- A one size fits all approach to assessment would not work especially in some mental health scenarios, where in some cases the person suffering may fail to recognise that a problem existed and as such would not recognise the role played by their carer.
- It was important to recognise that the transition phase was a long process and to assist this group it was suggested that support needed to be built into this phase.
- It was noted that the transition phase may well amount to a whole life change for the carer and although Day Centres could provide some of the answers, they by no means provided them all.
- With reference to the transition age group, it was noted the automatic assumption was that someone became more independent the older they became. However, from a carer's perspective the reverse was often the case as care requirements increased as people got older.
- To assist carers, it was requested that the Council provide greater clarity and more easily understood information for carers. For example the

Social Services, Health and Housing Policy Overview Committee

current literature on assessments, and the types of help which might be available did not explicitly state that the level of anticipated support would be means tested. There was also no absolute entitlement for a carers assessment. These points must be overtly stated. Readily accessible information directories needed to be developed.

- Direct payments were adaptable and could be increased at times of greater need
- Processing the paperwork for direct payments was time consuming, repetitious and frustrating. Pre-loaded cards would overcome these difficulties
- Planning for respite care services was always complex and would pose a commissioning challenge.
- Officers had conducted a number of consultations with service users, carer's and partner organisations to measure people's perceptions of how personalisation was developing and these would continue into the New Year.

Glossary of Terms / Definitions

The Council will estimate the funding available to support an individual's eligible social care needs. This estimate will be based upon the results of their assessment and is calculated using the Resources Allocation System (RAS). It will be called the **Indicative Personal Budget**. It is the maximum amount in monetary terms available to support an individual's eligible social needs.

Following the assessment a plan will be drawn up, by the individual or someone chosen by them, that describes the support the individual needs for their eligible social care needs and outcomes to be met. This plan is called a **Support Plan**.

A financial assessment will be undertaken to establish whether an individual, under the Fairer Charging Policy, will need to contribute financially towards all or some of their assessed eligible needs. The funds PB Guidelines January 2012/3 that the Council allocates to implement the support plan is called the **Personal Budget**.

If an individual does not need to make a contribution towards their eligible needs **the indicative personal budget will be the same monetary amount as the personal budget**.

If an individual does need to make a financial contribution to their eligible needs the indicative personal budget amount is reduced by the value of their contribution and **the personal budget will be a lower monetary amount than the indicative personal budget**.

A 'true' or 'full' Personal Budget is where an individual is paid the monetary amount of the personal budget.

A 'mixed' Personal Budget is where an individual has some needs met by services arranged and paid for by the Council and the remainder of funds available for their needs paid to them

A 'managed' Personal Budget is where no payment is made to the individual. The Council arranges and pays for services to meet eligible needs of an individual.

Where the Council manages a personal budget on an individual's behalf and the individual needs to contribute financially there will be a charge for that element that the individual needs to fund.

Reablement is a short period of targeted coaching, assistance and support to provide individuals with skills (new or re-learned) that will enable them to live more independently and with less reliance upon social care as far as is practical and safe

Social Services, Health and Housing Policy Overview Committee

Brokerage - A support broker supports someone with an *estimated* personal budget to work out the best way to meet their social care needs and get the life they want. They can then support the individual to create a support plan to show how they would use their *estimated* budget to choose the right support to meet their eligible social care needs.