

**PERSONALISATION AND DISABILITIES WITH REFERENCE TO  
TRANSITION : WITNESS SESSION 1**

**Contact Officer:** Helen Miller  
**Telephone:** x 8631

**REASON FOR ITEM**

To hear from witnesses, as part of the Committee's 2011/12 review of the progress in delivering the agenda for personalisation 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

**OPTIONS AVAILABLE TO THE COMMITTEE**

To question the witnesses about the delivery of the personalisation agenda in Hillingdon. (Suggested questions attached as Annex A).

**INFORMATION**

1. The Committee is responsible for undertaking the 'policy overview' role in relation to Social Services, Health and Housing. This role is outlined at the start of the agenda.
2. Previous experience from both Hillingdon and other Councils indicates that the Committee can have the greatest impact by focusing on a particular topic at one or several meetings.
3. Following discussion at the Committee's meeting on 31 August 2011, Members decided to review Personalisation and disabilities with reference to transition during 2011/12.
4. This is the first witness session for the review. This will explore the progress in developing personalisation in the two areas above, Council working with providers and partners and how future change is likely to impact upon market development.

5. The following will be attending to give evidence to the Committee about their experiences in general and also with reference to other Local Authorities only :
  - **Chris Hampson – Look Ahead, Executive Director of Strategy, Performance and Operations**
  - **Colum Friel – Look Ahead, Head of Operations for Mental Health Services**
  - **Ceri Sheppard – Look Ahead, Transformation Manager**
6. Questions (attached as Annex A) have been sent to the witnesses in advance. Members are not constrained by these and may wish to ask supplementary questions.

**Attachments:**

Annex A: Questions for the witnesses  
Annex B: Copy of the scoping report

**SUGGESTED COMMITTEE ACTIVITY**

- Question the witnesses, adding supplementary questions as appropriate.
- Start to identify possible conclusions and recommendations from the evidence given.
- Identify issues that the Committee should investigate further as part of the review.

## Annex A

### QUESTIONS FOR THE WITNESSES

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#### Service Providers

- What progress has been made generally in developing SDS market place in a) Youth in transition b) Supporting Adults with disabilities?
  - What are the key lessons both positive and negative to be drawn from development of the personalisation market place?
  - Based on experience in other Local Authorities, what role might the Council play in the market place?
  - How will personalisation deliver efficiencies?
  - How do you perceive the market place will develop generally in the future?
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#### Officers (Agenda Items 6 and 7)

- What progress has been made in developing SDS in a) Youth in transition b) Supporting Adults with disabilities?
- How does this compare with targets (ours/National) and are the targets realistic?
- What training and development needs have been identified for Council officers?
- What model do we have for evaluating/balancing priorities in making decisions?
- How good is our market awareness (and therefore our procurement/commissioning)? Including an assessment of what is out there – what effect does the use of one supplier/provider have on smaller specialist providers?



# HILLINGDON

LONDON

## Social Services, Health & Housing Policy Overview & Scrutiny Committee Review Scoping Report 2011/12

### **OBJECTIVE**

#### **Personalisation and Disabilities with reference to transition**

##### **Aim of review**

To review the progress in delivering the agenda for personalisation in the delivery of Social Care with particular reference to:

3. Youth in Transition between Children's and Adult Social Care
4. 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.

##### **Terms of Reference**

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

## **Reasons for the review**

### 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.

### Personalisation – Position Statement and Update

A programme and communications plan has been developed to manage the progress of the personalisation programme in a timely and effective manner.

#### **Phase 1**

Will launch on 1st November of Personal Budgets for people with learning disabilities, people with physical disabilities and older people. Updates to system and operational processes have been made to support this.

The launch includes the introduction of payment cards (operates like a debit card) so that personal budget holders can buy services from providers or get cash to pay for their needs. The cards have already been trialled and a group of 26 volunteers will be trying out the payment cards from a personal budget perspective in the next few weeks.

There will be a significant amount of work around performance and outcomes focussed culture and both individual staff and team performance will be linked to outcomes outlined in support plans. There will be a clear risk enablement and management framework to enable service users to branch out to achieve more independence choice and control in a safe and considered manner.

## **Phase 2**

Will launch on 1st January 2012 of Personal Budgets for people with mental health issues. Carers will also receive personal budgets to ensure their needs are clarified and avoid mix-up with service user needs.

There will be two projects running alongside these phases to support full personalisation

- tiered case allocation system - a review and realignment of staffing skills mix;
- development of the marketplace - commissioners working with independent and voluntary organisations to provide services based on number of people rather than blocks of service

On 19th September there will be a seminar on 'Personalisation - Thinking Differently in Adult Social care. This session will provide an understanding of what Personalisation means for members and their constituents.

## 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.

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.**

## INFORMATION AND ANALYSIS

### **Key Issues**

- 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*

### **Remit - who / what is this review covering?**

The review extends primarily across the remit of the Cabinet Portfolio Holder for Social Care, Health & Housing and that of the Cabinet Portfolio Holder for Education and Children's Services.

- Disability and Mental Health Services

- Transition
- Children with Disabilities
- Older People's Services
- Hillingdon Social Care Direct
- Commissioning, Contracts and Supply
- Direct Payments

Connected work (**recently completed, planned or ongoing**)

- **Social Care, Health & Housing Transformation of Adult Social Care programme – ongoing**
- **Adult Social Care Commissioning Plan**
- **Day Services Strategy Consultation**
- **Children with Disabilities Transformation - ongoing**
- **SCHH 2009/10 POC Review: The Transformation Agenda And Direct Payments In Hillingdon - completed**

### **Key information required**

- Performance monitoring data – personal budgets
- Demographic/care group information regarding the use of personal budgets
- Professional and manager views
- Service user views
- Parent/carer views
- Partner organisation views

## **EVIDENCE & ENQUIRY**

### **Witnesses**

Proposed witnesses for the review:

- Sharon Townsend, Head of Disability and Mental Health
- Colin Sowerby, Service Manager - Disability
- Helen Miller, Interim Head of Transformation
- Merlin Joseph, Deputy Director Director of Children and Families
- Mark Ainsworth, Programme Manager – Children with Disabilities Transformation
- Davina Skinner, Team Manager, Transition
- Paul Feven, Head of Commissioning, Contracts and Supply
- Angela Wegener, Chief Executive, DASH
- Expert(s) by experience (to include users / carers)
- Providers of services



## **Intelligence**

### **What are Personal Budgets?**

There is often confusion between the terminology '*Direct Payments*' and '*Personal Budgets*':

#### **Direct Payments**

'Old style' *Direct Payments* were set up with the Community Care (Direct Payments) Act (1996) which came into force in April 1997 and were initially available only to certain groups of people qualifying for social care. The Act gave local authorities in Britain the powers to make cash payments to disabled people. Initially, this was confined to people under age 65 years with physical and sensory impairments, learning difficulties and mental health problems. It was later amended to include older people, 16 and 17 year olds, parents of disabled children and carers. There were a number of restrictions on what the direct payment could be spent on and onerous requirements for recording expenditure and keeping receipts for audit purposes.

#### **Personal Budgets**

The central government policy in '*Putting People First: a shared vision and commitment to the transformation of Adult Social Care*' (Department of Health, 2007) placed the responsibility for delivering Personalisation on all local authorities in England.

As part of Personalisation, individuals take part in a supported assessment which informs the allocation of an 'Indicative Budget'. The personal budget is the allocation of money that the Council provides directly to individuals who are FACS – Fair Access to Care - eligible to enable them to take control of their lives and make decisions about what support they receive to meet their needs.

Individuals can take their personal budget as a direct payment (paid into a separate bank account in their name or loaded onto a pre-paid card) and the money can be used very flexibly to enable them to have choices when arranging and paying for their own care and support instead of receiving them directly from the local council.

There is also the possibility for individuals to use their personal budget to have a mix of council provided services and support they purchase themselves.

A third option is for individuals to ask for their personal budget to be managed by the council and to continue to receive council commissioned services. You will usually hear this form of support referred to as 'Managed' or 'Virtual' budgets.

There are many different type of support citizens can choose to support them. For example:

- employing a personal assistant to help to undertake certain activities and also provide personal care
- joining a voluntary group or a new course to help learn new skills and meet new people
- pooling part of a personal budget with others to fund a course or activity

### What personal budgets cannot be used for?

Unless the council decides that exceptional circumstances make it necessary, they cannot be used by the individual to pay for a service from:

- a spouse (husband or wife)
- a civil partner
- a close relative with whom they live, or the spouse or partner of that close relative

### Demographic information

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 11<sup>th</sup> 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
<b>Total Persons</b>		<b>144</b>	<b>198</b>	<b>238</b>	<b>458</b>	<b>1038</b>

*Note: The sum of the figures in the age/gender columns exceeds the figures shown for the 'Total Persons' row. This is because some people receive both DPs and SDS and have therefore been counted twice. The last row is a correct count of the total numbers of service users in each category, with no double counting.*

Work is currently being undertaken to develop performance reports that categorise information on service users who have gone through Self-Directed Support into 4 categories:

- Users receiving “true” Personal Budgets (new style Direct Payments),
- Users receiving a Managed Personal Budget (traditional services directly commissioned by the council),
- Users receiving a mixed Personal Budget (managed services and a new Direct Payment)
- Users receiving an “old style” Direct Payment (governed by the previous Direct Payments policy)

These performance reports will provide an improved perspective on the development of personalisation in Hillingdon.

#### Hillingdon – Demos “What support do you want?” consultation

Over the period December 2009 to March 2010, 89 social care customers in Hillingdon were surveyed by the London Borough of Hillingdon in partnership with the think tank Demos.

#### Personalisation – background documents

Vision for Adult Social Care –

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_121508](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](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

## **Consultation and Communications**

No further consultation currently planned.

## **Lines of enquiry**

- What progress has been made in developing SDS in a) Youth in transition b) Supporting Adults with disabilities?
- How does this compare with targets (ours/National) and are the targets realistic?
- What model do we have for evaluating/balancing priorities in making decisions?
- What use do we make of partners assessments of services?
- How good is our market awareness (and therefore our procurement/commissioning)? Including an assessment of what is out there – what effect does the use of one supplier/provider have on smaller specialist providers?
- What role might the Council play in the market place?
- What alternatives to current provision of services have we looked at?
- How will personalisation deliver efficiencies?
- What are the key issues relating to Social Care provision for these clients (in relation to personalisation)
- How have we involved Service Users and what feedback do we have?
- How are we working with providers and partners?
- What other policy changes might impact upon delivery?

## **PROPOSALS**

Emerging reflections from the Committee have been reflected in the line of questioning above,

## **LOGISTICS**

### **Proposed timeframe & milestones**

<b>Meeting Date *</b>	<b>Action</b>	<b>Purpose / Outcome</b>
31 August 2011	Agree Scoping Report	Information and analysis
12 October 2011	Witness Session 1	Evidence & enquiry
8 November 2011	Witness session 2	Evidence & enquiry
8 December 2011	Draft Final Report	Proposals – agree recommendations and final draft report

*\* Specific meetings can be shortened or extended to suit the review topic and needs of the Committee*

### **Risk assessment**

No risks identified to the completion of the review. The review should note, however that there is a White Paper for Adult Social Care planned for the spring 2012 which will have implications for Personalisation.

### **Equality Implications**

The Council has a public duty to eliminate discrimination, advance equality of opportunity and foster good relations across protected characteristics according to the Equality Act 2010. Our aim is to improve and enrich the quality of life of those living and working within this diverse borough. Where it is relevant, an impact assessment will be carried out as part of this review to ensure we consider all of our residents' needs.