





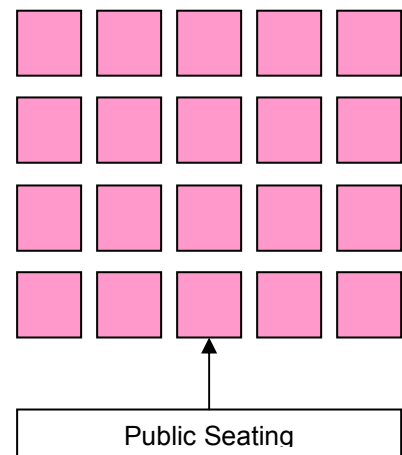
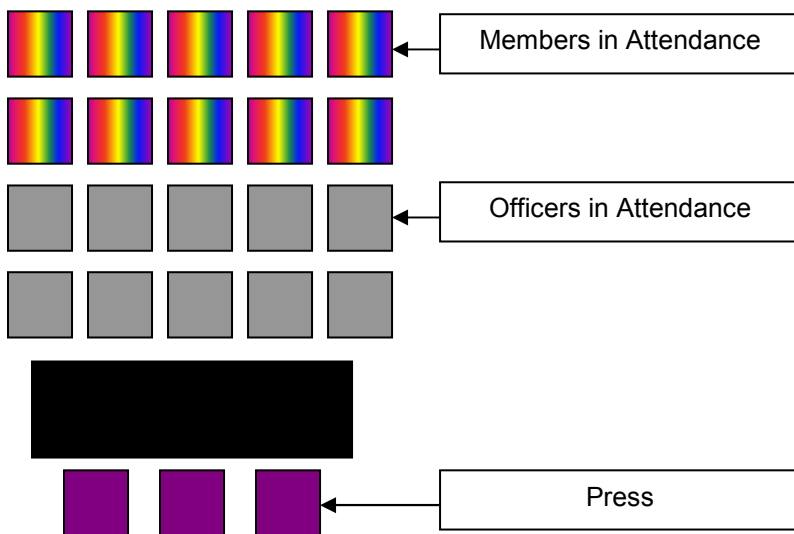
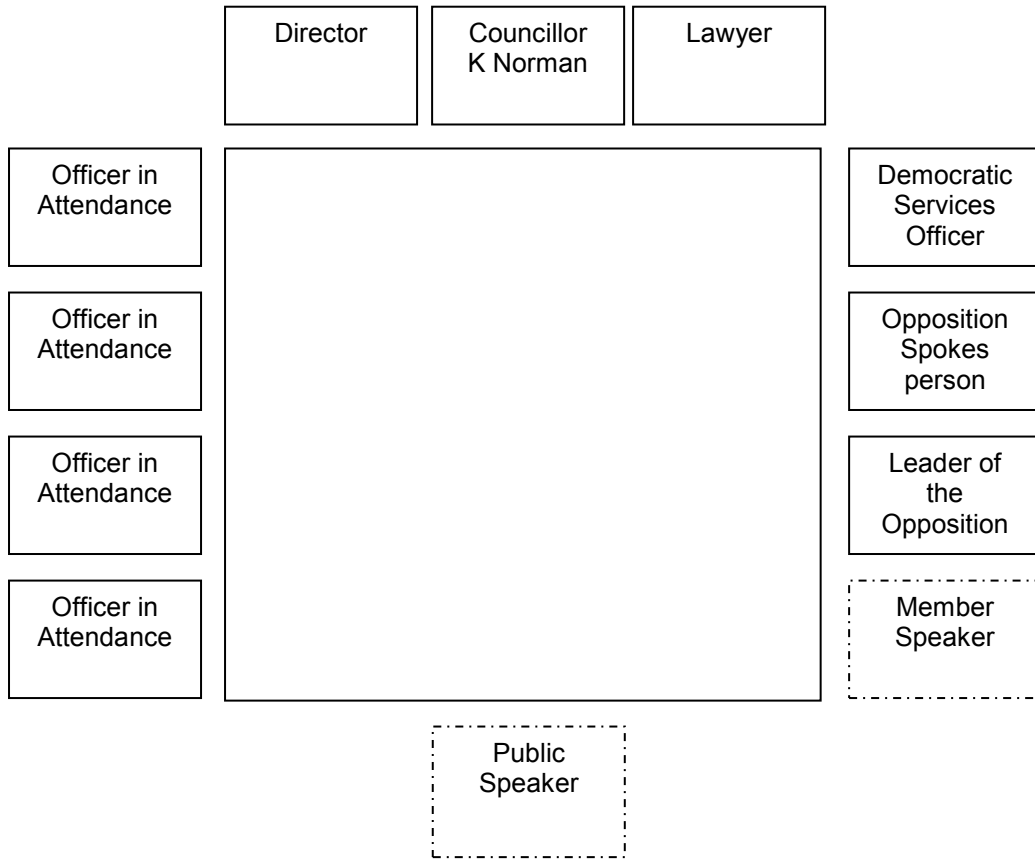
**Brighton & Hove
City Council**

Cabinet Member Meeting

Title:	Adult Social Care & Health Cabinet Member Meeting
Date:	11 September 2008
Time:	4.00pm
Venue	Great Hall Bar, Hove Town Hall
Members:	Councillor: K Norman (Cabinet Member)
Contact:	Caroline De Marco Democratic Services Officer 01273 291063 caroline.demarco@brighton-hove.gov.uk

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Democratic Services: Meeting Layout



AGENDA

15. PROCEDURAL BUSINESS

- (a) Declarations of Interest by all Members present of any personal interests in matters on the agenda, the nature of any interest and whether the Members regard the interest as prejudicial under the terms of the Code of Conduct
- (b) Exclusion of Press and Public - To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

NOTE: Any item appearing in Part 2 of the Agenda states in its heading the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.

A list and description of the exempt categories is available for public inspection at Brighton and Hove Town Halls.

16. MINUTES OF THE PREVIOUS MEETING

1 - 4

Minutes of the meeting of the Adult Social Care & Health Committee held on 16 June 2008 (copy attached).

17. CABINET MEMBER'S COMMUNICATIONS

18. ITEMS RESERVED FOR DISCUSSION

- (a) Items reserved by the Cabinet Member
- (b) Items reserved by the Opposition Spokesperson
- (c) Items reserved by Members, with the agreement of the Cabinet Member.

19. PUBLIC QUESTIONS

(the closing date for receipt of public questions is 12 noon on Thursday 4 September 2008) No public questions have been received.

20. WRITTEN QUESTIONS FROM COUNCILLORS

No written questions have been received.

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

21. PETITIONS

No petitions have been received.

22. DEPUTATIONS

No deputations have been received.

23. LETTERS FROM COUNCILLORS

No letters have been received.

24. NOTICES OF MOTIONS REFERRED FROM COUNCIL

No Notices of Motion have been received.

25. MATTERS REFERRED FOR RECONSIDERATION

No matters have been referred.

26. REPORTS FROM OVERVIEW & SCRUTINY COMMITTEES

No reports have been received.

27. FAIRER CONTRACTING.

5 - 10

Report of the Director of Adult Social Care & Housing, Brighton & Hove City Council and the Director of Strategy, Brighton & Hove City Primary Care Trust (copy attached).

Contact Officer: Jane MacDonald

Tel: 01273 295038

Ward Affected: All Wards

28. MODERNISATION OF DAY CARE SERVICES FOR OLDER PEOPLE

11 - 28

Report of the Director of Adult Social Care & Housing (copy attached).

Contact Officer: Anne Hagan

Tel: 01273 296370

Ward Affected: All Wards

29. SELF DIRECTED SUPPORT STRATEGY

29 - 56

Report of the Director of Adult Social Care & Housing (copy attached).

Contact Officer: Brigid Day

Tel: 01273 295374

Ward Affected: All Wards

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

The City Council actively welcomes members of the public and the press to attend its meetings and holds as many of its meetings as possible in public. Provision is also made on the agendas for public questions to committees and details of how questions can be raised can be found on the website and/or on agendas for the meetings.

The closing date for receipt of public questions and deputations for the next meeting is 12 noon on the fifth working day before the meeting.

Agendas and minutes are published on the council's website www.brighton-hove.gov.uk. Agendas are available to view five working days prior to the meeting date.

Meeting papers can be provided, on request, in large print, in Braille, on audio tape or on disc, or translated into any other language as requested.

For further details and general enquiries about this meeting contact Caroline De Marco, (01273 291063, email caroline.demarco@brighton-hove.gov.uk) or email democratic.services@brighton-hove.gov.uk

Date of Publication - Wednesday, 3 September 2008

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

Agenda Item 16

Brighton & Hove City Council

BRIGHTON & HOVE CITY COUNCIL

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

4.00PM, 16 JUNE 2008

ROOM 1, HOVE TOWN HALL

MINUTES

Present: Councillor K Norman, Cabinet Member for Adult Social Care & Health

Other Members: Councillor Lepper, Opposition Spokesperson.

PART ONE

1 PROCEDURAL BUSINESS

1a Declarations of Interests

1.1 There were none.

1b Exclusion of Press and Public

1.2 The Committee considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in Schedule 12A, Part 5A, Section 100A(4) or 100 1 of the Local Government Act 1972 (as amended).

1.3 **RESOLVED** - That the press and public be not excluded from the meeting.

2 TERMS OF REFERENCE

2.1 The Cabinet Member considered a report of the Director of Strategy & Governance concerning the Terms of Reference of the Adult Social Care & Health Cabinet Member Meeting (for copy see minute book).

2.2 **RESOLVED** – That the Terms of Reference be noted.

3 MINUTES

3.1 **RESOLVED** – That the minutes of the meeting of the Adult Social Care & Health

Committee held on 31 March 2008 be agreed.

4 CABINET MEMBER'S COMMUNICATIONS

- 4.1 The Cabinet Member welcomed everyone to the inaugural Adult Social Care & Health Cabinet Member Meeting.

Carers Week

- 4.2 The Cabinet Member had visited two carers in Patcham as part of Carer's Week. The visits had been worthwhile and had revealed the major difficulties the council encountered in providing a service to residents. Access in particular was a major issue. The Cabinet Member looked forward to making further visits in the future.

Vernon Gardens – Department of Health Bid

- 4.3 The Cabinet Member reported that a bid had been made for Department of Health funding for extra care housing for young adults with a physical disability. Vernon Gardens would be remodelled to provide 10 flats if the bid was successful. The bid had been submitted in April. An early indication was expected in June/July and the outcome would be known in the autumn of 2008.

5 ITEMS RESERVED FOR DISCUSSION

- 5.1 **RESOLVED** – All items were reserved for discussion.

6 PUBLIC QUESTIONS

- 6.1 The Cabinet Member reported that there would be a regular item on each agenda to deal with public questions. There were none for this meeting.

7 WRITTEN QUESTIONS FROM COUNCILLORS

- 7.1 The Cabinet Member reported that there would be a regular item on each agenda to deal with written questions from councillors. There were none for this meeting.

8 PETITIONS

- 8.1 The Cabinet Member reported that there would be a regular item on each agenda to deal with petitions. There were none for this meeting.

9 DEPUTATIONS

- 9.1 The Cabinet Member reported that there would be a regular item on each agenda to deal with deputations. There were none for this meeting.

10 LETTERS FROM COUNCILLORS

- 10.1 The Cabinet Member reported that there would be a regular item on each agenda to deal with deputations. There were none for this meeting.

11 NOTICES OF MOTION REFERRED FROM COUNCIL

- 11.1 The Cabinet Member reported that there would be a regular item on each agenda to deal with notices of motion referred from Council. There were none for this meeting.

12 MATTERS REFERRED FOR RECONSIDERATION

- 12.1 The Cabinet Member reported that there would be a regular item on each agenda to deal with any matters that had been referred to the meeting for reconsideration (relates to scrutiny call-in). There were none for this meeting.

13 REPORTS FROM OVERVIEW & SCRUTINY COMMITTEES

- 13.1 The Cabinet Member reported that there would be a regular item on each agenda to deal with any reports referred from Overview and Scrutiny Committees\ . There were none for this meeting.

14 RE-TENDERING HOME CARE CONTRACTS

- 14.1 The Cabinet Member considered a report of The Director of Adult Social Care & Housing which sought to secure the agreement in principle to proposals for re-tendering contracts for home care services (for copy see minute book). The report stressed that home care was an essential service which was key to supporting the national and local agenda of personalisation in social care. The tendering process needed to support this agenda, ensure quality and value for money and comply with the relevant tendering legislation.

- 14.2 The Cabinet Member stressed that the current contractual arrangements had worked well and had received commendations from different sources. The Director of Adult Social Care & Housing reported that the focus in re-tendering would be on quality of home care, as it had been in previous years.

- 14.3 The Contracts Manager reported that the council was experienced in re-tendering and most of the home care provided was rated as good or excellent by the Commission for Social Care & Inspection (CSCI). The work of the Contracts Unit was supported by the Independent Providers Forum.

- 14.4 **RESOLVED** – (1) That the district contracts for home care services be re-tendered during the financial year 2008-09 for the subsequent three years.

(2) That it is agreed that the re-tender will be for new cases arising during the contract period only and these will be subject to the new contract. The expectation is that existing work will come under the terms and conditions of the new contracts with each successful provider (as agreed in the previous two tendering processes).

(3) That a service user representative be included on the Tender Evaluation Panel.

(4) That the Director of Adult Social Care & Housing be authorised to approve the recommendations of the tender evaluation panel, after consultation with the Cabinet Member for Adult Social Care and Health, and the letting of contracts.

(5) That the Director of Adult Social Care and Housing be authorised to approve any other matters in connection with the tendering and contract award exercise,

including any necessary adjustments to the procedures outlined in the officer's report.

The meeting concluded at 4.16pm

Signed

Cabinet Member for Adult Social Care &
Health

Dated this

day of

2008

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING JOINT COMMISSIONING BOARD

Agenda Item 27

Brighton & Hove City Council

Subject:	Fairer Contracting		
Date of Meeting:	11 September 2008 15 September 2008		
Report of:	Joy Hollister Director of Adult Social Care and Housing		
	Amanda Fadero Director of Quality & Engagement Brighton & Hove Primary Care Trust		
Contact Officer:	Name:	Jane MacDonald Service Improvement manager	Tel: 01273 295038
	E-mail:	jane.macdonald@brighton-hove.gov.uk	
Key Decision:	Yes	Forward Plan No. 7 Digit Ref: ASC 3345	
Wards Affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 In March 2008 the Adult Social Care Committee and Joint Commissioning Board approved that Brighton & Hove City Council and Brighton & Hove City Teaching Primary Care Trust (PCT) will undertake joint work to produce a further Report on Fairer Contracting with recommendations to return to members. This is in line with recommendations in the Joint Commissioning Strategy for Older People 2007-10.

2. RECOMMENDATIONS:

- 2.1 This Report is seeking in principle agreement of the Cabinet member for Adult Social Care and Health to the proposals listed below:
- The new Joint Council and PCT pre placement contract for both residential care homes and care homes with nursing from 1 April 2009
 - The Preferred Provider Scheme which is included in the contract
 - Individually negotiated fees
 - The Incentive Scheme

3. RELEVANT BACKGROUND INFORMATION/ KEY INFORMATION

3.1. Background

3.2. *Quality*

Following lessons learned in local commissioning/contracting projects last year, it is clear that new processes are needed to drive up quality in care homes for older people and older people with mental health needs. Currently the Council and PCT pay those care homes that provide excellent or good care the same as those that are providing adequate or poor care. There is also a national impetus to improve users' experience in care homes. These initiatives coincide with unprecedented local activity in the care home market and it is expected that there will be improved bed capacity in the city within the next eighteen months. Monitoring of the market will continue, particularly in light of the current slowdown in the economy and impact on building projects.

3.3 *Fees report*

A Report with recommendations for Fee Rates to Care Homes will be presented later in the financial year and it is acknowledged that this will have a significant bearing on how Fairer Contracting is regarded by providers.

3.4 *National picture*

Around a quarter of local authority respondents to a recent survey (CCMN Annual survey of UK local authority baseline fee rates 2008-9) reported that they paid fees based on quality criteria. Laing and Buisson report that the actual number of local authorities with fees related to quality is likely to be closer to half and this may rise to three quarters by the beginning of the next financial year. (Laing and Buisson 2008)

3.5. Joint Council and PCT Contracts

The recommendation is for two new Council/PCT contracts, one for care homes with nursing and one for residential homes. These are based on an updated Council pre placement contract which includes details of the Preferred Provider Scheme. The updated contracts have new service specifications which are based on recommendations from the Care Service Improvement Partnership Agency.

3.6. Preferred Provider Scheme

3.7. *Overview*

The recommendation is for a Preferred Provider Scheme. This ranks care homes in the city according to quality. This quality is determined by the CSCI rating, and for nursing homes it will also include clinical standards as audited by the PCT.

Care homes on the Preferred Provider Scheme will be entitled to various benefits including preferred rates. The fees report, detailing the recommended fees to be paid to providers will be brought to Cabinet members later in the year.

A Prioritisation Protocol will be used to ensure that vacancies are filled using either the home that the service user requests or the best quality home available on the Preferred Provider Scheme. Details of the Preferred Provider Scheme will be published on the Council and PCT websites.

3.8. *Eligibility*

The Preferred Providers Scheme is open to all care homes for both older people and older people with mental health needs in the city. In order to be included on the Preferred Provider Scheme a care home must be rated **2** or **3 star** in their most

recent CSCI inspection. Additionally nursing homes must deliver clinical standards that are audited as good or excellent (**2 or 3 star**) by the PCT.

Nursing homes need to be rated **2 or 3 star** in CSCI **and** in their clinical standards to be accepted on to the Preferred Provider Scheme.

Care homes wishing to join the scheme must be able to agree the terms of the Council/PCT pre placement contract and willing to work in partnership with the Council/PCT. All care homes meeting the criteria will be accepted on to the Scheme as it becomes operational.

All care homes joining the Preferred Provider Scheme will be eligible for the Preferred rate for all **new** funded service users. Existing service users will remain at the previous rate. In April 2011 any service users at the previous rate in good or excellent homes will be transferred to the Preferred rate.

The intention is in time, to contract entirely with care homes on the Preferred Provider Scheme, unless a service user requests to be placed at a home rated as adequate. The Council and PCT will not place service users in poor homes. At present there are insufficient care homes rated 2 or 3 star to meet capacity, but this is expected to change by 2010.

Block contracts are not included in the Scheme. Currently there are three nursing homes where the Council block contracts a total of 88 beds. Two of the homes are rated good and the third is rated adequate. All care homes with block contract arrangements will be supported to improve/maintain the quality of care rating as good/excellent.

3.9. *Payments*

The same fees will be paid for both 2 and 3 star homes in order to keep the payments as straight forward as possible. This decision will be reviewed as the Scheme matures.

Preferred Provider rates will be paid for new residents from the date that a CSCI report, rating a home either good or excellent, is published. There is no differential rate between single and shared rooms on the Preferred Provider Scheme as the intention is to use single rooms whenever possible.

3.10. *Choice*

Self funders are able to choose the care home in which they are placed.

Council/PCT funded service users can elect to go to a specific care home rated with three, two or one stars. Their choice will take precedence over the Prioritisation Protocol. The Council/PCT will not make new placements at homes rated poor (with no stars). Service users will be made aware of the quality of care homes.

3.11. *Suspensions and re-admissions*

If a service provider ceases to be rated either 2 or 3 stars they will automatically drop from the Preferred Provider Scheme. This will result in placements not being prioritised and service users not placed at the Preferred Rate, although some service users may be placed at the non Preferred Provider Scheme rate.

If a care home is registered for both residential and nursing care, and there are issues with clinical standards sufficient to result in a suspension, the care home will be suspended from taking both nursing and residential placements.

If the home does not meet the requirement of the Scheme existing residents will continue to be funded at the rate at which they were placed. Similarly if a home rejoins the Scheme new placements will be made at the preferred rate with the existing residents' rates remaining at the rate at which they were placed.

If a care home does not conform to the Council/PCT's pre placement contract requirements, following all dispute resolution mechanisms, new placements will be suspended in the usual way.

3.12. Individually Negotiated Fees

Individually Negotiated Fees are agreed payments that reflect **specific** and **exceptional** care needs. There is an expectation that the majority of placements will be made at the set rate, however the care needs of an individual service user may merit an individual fee payable by either the Council (where it is a social care need) or PCT (for Continuing Healthcare).

If a home believes that they are entitled to these individually negotiated fees they must make the case to the appropriate commissioners, stating the reasons for the enhanced payment and the expected duration for it to be in place.

3.13. The Incentive Scheme

The Incentive Scheme gives Commissioners a tool to influence the market. It is based on the successful scheme operated by the Council's independent home care contracting. Homes engaging with specific initiatives such as promoting efficient hospital transfers or being part of a pilot scheme could be eligible for one off incentive payments. Homes rated as no star (poor), are not eligible for the Incentive Scheme; it is open to those rated one star and above. Incentive payments can be of varying size, and will be dependent on the specific task that is being incentivised.

4. **CONSULTATION**

4.1. Stakeholders

Stakeholders have been kept abreast of key developments in Fairer Contracting through regular briefing notes.

4.2. Care home providers

Throughout the Fairer Contracting process there have been regular meetings which have been attended by the Commission for Social Care Inspection, key care home providers and their representatives.

In May 2008 the Brighton & Hove Registered Care Homes Association hosted a meeting dedicated to Fairer Contracting that was attended by 34 care home owners/managers. A further meeting is planned for autumn 2008.

5. **FINANCIAL & OTHER IMPLICATIONS:**

5.1. Financial Implications

Forecast expenditure in 2008/09 on nursing and residential care for older people and older people with mental health needs is £14.8 million.

The Fairer Contracting process is expected to improve quality and achieve Value for Money and is on accordance with best practice.

Fee options are being modelled to assess the likely cost pressure on the budget for 2009/10 onwards and recommendations on fee levels will be made in a separate report alongside the Adult Social Care and Housing budget strategy for 2009/10.

Anne Silley Head of Adult Social Care Finance Services 07/08/08

5.2. Legal Implications

The contracts referred to in this report are 'Part B' services for the purpose of EU procurement law and UK procurement Regulations, and therefore not subject to the full application of either. The Council is nevertheless required to comply with EU Treaty objectives of non-discrimination and openness in procurement, as well as comply with its obligation to seek Value for Money. The proposal for moving current providers over to the new Fairer Contracting method is capable of complying with this

requirement, as long as the approach to pricing is capable of withstanding Value for Money analysis. The Council must take the Human Rights Act into account in respect of its actions but it is not considered that any individual's Human Rights Act rights would be adversely affected by the recommendations in this report.

Sonia Likhari Contracts Lawyer 08/08/08

The proposals will enable the Council to ensure best value and informed choice for its service users and will therefore make the best use of its resources in order to meet its statutory duties to older people with care needs.

Hilary Priestley Senior Lawyer 11/08/08

5.3. Equalities Implications

An Equalities Impact Assessment has been carried out, and recommendations heeded.

5.4. Sustainability Implications

The new contracts have included clauses on sustainability eg use of email rather than paper based correspondence.

5.5. Crime & Disorder Implications

There are no implications for crime and disorder.

5.6. Risk and Opportunity Management Implications

A risk log has been maintained since the beginning of the project. There have been risks around identifying the Council finances for the Scheme. Currently finances are being modelled and recommendations will be made in the Fees Report.

5.7. Corporate / Citywide Implications

Fairer Contracting meets the Council's new corporate priority, 'Better Use of Public money'. It also met the previous priority of, 'prosperity' which is about developing a prosperous and sustainable economy.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 Preferred Provider Schemes in use elsewhere in the country were examined. Providers' comments on alternative Schemes were considered.

6.2 There is the opportunity to do nothing. If this were the case it is unlikely that providers would have the resources or the impetus to drive up quality to the standards needed locally. The current good relationships between Commissioners and Providers would be damaged and the costs for Continuing Healthcare would remain high.

6.3 Fairer Contracting, by paying a fair rate with a fair contract is intended to secure local care home provision for local OP and OPMH. At the same time it is intended to drive up quality and make savings for the PCT. A cost pressure is likely to fall on the Council which will be assessed as part of the budget strategy for 2009/10, details will be provided in the planned Fees Report.

7. REASONS FOR REPORT RECOMMENDATIONS

- 7.1 The recommendation is for a Joint PCT/Council contract. This will drive up quality by rewarding care homes that provide the best quality of care, and to cease placing service users in poor homes. Clinical standards, additional to CSCI standards will be used to rate nursing homes.
- 7.2 Stakeholders have been consulted throughout the Fairer Contracting process and are aware and largely in agreement with the recommendations.

SUPPORTING DOCUMENTATION

Appendices:

None

Background Documents

1. Fairer Contracting Report to the Adult Social Care Committee on 03 03 08
2. Fairer Contracting Report to the Joint Commissioning Board on 31 03 08
3. Laing and Buisson (July 2008) [Baseline Fees Survey 2008/09 – CCMN Special Report] Community Care Market News Vol.15 (4) pp 100-101

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

Agenda Item 28
Brighton & Hove City Council

Subject:	Modernisation of Day Services for Older People		
Date of Meeting:	11th September 2008		
Report of:	Joy Hollister		
Contact Officer:	Name:	Anne Hagan/Sam Smith	Tel: 29-6370/29-1383
	E-mail:	anne.hagan@brighton-hove.gov.uk or sam.smith@brighton-hove.gov.uk	
Key Decision:	Yes	Forward Plan No. ASC 2192	
Wards Affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 The Cabinet Member for Adult Social Care is asked to agree the recommendations resulting from the Value for Money review of Day Services for older people.
- 1.2 A report updating Members' on progress and findings to date agreed by Adult Social Care & Health Committee on 31 March 2008.
- 1.3 The budget strategy for Adult Social Care includes efficiencies from the development of Older People's Day Services.

2. RECOMMENDATIONS:

- 2.1 Take forward plans to modernise the service, with a focus initially on day services for older people with mental health needs. Target service at older people with a higher level of need; Functional or organic mental health needs, carer relief, physical disability or requiring short term support/reablement
- 2.2 As part of the wider Adult Social Care Personalisation agenda develop short-term reablement day services
- 2.3 Develop voluntary sector/community provision for the Combined Day Services, with an initial focus on CDS West (Muriel House). Work with Housing Management and the third sector to build on the work taking place in the Local Area Agreement (LAA) areas and to develop alternative services
- 2.4 Develop business case for future transport options

3. BACKGROUND INFORMATION:

- 3.1 Older People's Day Services provides support to older people and older people with mental health needs from several establishments across the city. These are a combination of stand alone centres, resource centres, sheltered housing and commissioned services. Two of the establishments are for older people with mental health needs. An overview and map of individual centres is included in appendices 1 and 2. Currently 47 staff work in the service including the Day Service Manager, Senior Care Officers, Care Officers, Drivers (some with additional handyperson or attendant role), Cooks and Domestic staff. A number of posts are currently held vacant or filled by temporary Care Crew staff.
- 3.2 The CSCI review of the council's Adult Social Care services in 2006 recommended directly provided services, including day services, are reviewed. In addition to this recommendation there are a number of reasons why a review of older people's day services is necessary including; for example the national and local personalisation of care agenda, and the increasing level of need of service users.

Review findings

- 3.3 A range of service data has been analysed and comparisons have been made between centres, with other providers/councils and national best practice. Key issues identified in the review include:
- Occupancy in some of our centres has been low
 - There are excess places in mainstream centres
 - Unit costs are high in comparison to other authorities and providers
 - Mental Health centres are in high demand
 - The service model is in need of modernisation
 - Service users are referred mainly due to social isolation or carer relief
 - There are a core group of users for whom a service needs to be provided in a care environment
 - Service users needs are not always reviewed and consequently attend for a number of years
 - Service users, families and carers are generally satisfied with the level of care provided

Unit Costs

- 3.4 There is a relationship between low occupancy and the services high unit costs. Occupancy levels in day centres range from 46% to 69% based on average attendance in 2006/7. Occupancy is significantly lower than places booked; this is mainly due to service users being unable to attend (e.g. they are ill, in hospital or visiting family etc). There is a higher level of places booked in the specialist

mental health services (84% Ireland Lodge and 100% Wayfield Avenue) with a waiting list for Wayfield Avenue, however actual attendance levels are still below 70%.

- 3.5 Average unit costs for the service as reported to the Department of Health on the PSS EX1 return are £44 per person, per session or £88 per day for 2006/7. This varies between centres depending on their overall overheads and attendance level. The cost of transport also impacts on the unit cost. The highest unit cost for a directly provided centre is Tower House and the lowest Wayfield Avenue. When compared with other local authorities Brighton & Hove have the fourth highest unit costs out of fifteen councils in their comparator group in 2006/7 (NB PSS EX1 comparisons should be treated with caution due to differing reporting practices between local authorities). Commissioned services at St Johns and Somerset have significantly lower unit costs than those directly provided by the council, however it should be noted that these services are jointly funded by Health and the third sector partners.

Older People's Day Services Attendance and Unit Costs 2006/7, 2007/8 and May 08

	Days Open	Total Places (per wk)	Costs 07/08	Average occupancy 2007/8*	Unit Cost 06/07	Unit Cost 07/08	Unit Cost May 08**
Tower House	5	125	302,597	43%	107	91	80
Craven Vale	7	155	347,935	68%	62	67	58
Vernon Gardens	7	120	285,547	Now closed	80	88	Now closed
CDS East	7	95	204,921	66%	88	72	63
CDS West	1	20	75,467	38%	59	63	133
Ireland Lodge	7	154	374,668	63%	73	73	73
Wayfield Avenue	7	154	338,521	69%	59	54	61

Notes:

Unit costs for one day of day care (rather than per morning or afternoon session as reported in PSS EX1)

*% occupancy based on actual attendance

** Since changes at Vernon gardens and CDS West have been implemented

Progress to date

- 3.6 The service has already made changes in light of initial review findings and other factors. Services were re-provided from Vernon Gardens Resource Centre in April 2008 as a result of health & safety concerns. Users of the Day Service were consulted and had their individual needs assessed with the majority being transferred to Tower House. Occupancy figures at Tower House have therefore risen from 46% to 91% (average occupancy for week beginning 14/07/08). As well as realising savings from the closure of Vernon Gardens (£170K from the Day Service) this will significantly reduce the unit costs at Tower House and overall unit costs for the service should now compare more favourably with other providers.
- 3.7 Low occupancy in the Combined Day Services (CDS) in the West area of the city has led to the closure of the service except for Muriel House which provides a popular service 1 day per week. Service users have had their needs assessed and where relevant have been transferred to other services in the city. As well as realising savings this has again led to a reduction in unit cost in other services. The combined savings from the closure of Day Services at Vernon Gardens and changes in CDS West should meet the £200K savings target set for 2008/9.
- 3.8 The review revealed little evidence of outcomes for individual service users being set and measured. A new care plan has therefore been developed, and staff have received training on how to complete this, identifying, more robust, measurable outcomes, aims and objectives for those attending day services. The care plan was launched June 1st 2008.

The current service model

- 3.9 The current service model for directly provided services can be split into three elements:
- Specialist mental health services
 - Traditional mainstream day services
 - Combined day services
- 3.10 Charges vary depending on people's means. The maximum charge is £20 per day (if someone has over £22,250 in savings or over £44,500 for a couple), meals are £2.90 and transport is £1.80.
- 3.11 The review has identified that the centres have different strengths and weaknesses that have informed the recommendations. Mental health centres are in high demand and are providing a specialist service that is not available

elsewhere in the city. These services provide support for older people with a high level of need and a break for their carers. The centres provide a range of activities that are often therapeutic and stimulating to the service users. The service model is in need of modernisation and potential to provide more flexible opening hours, a wider range of activities and to develop links with the voluntary sector need to be explored. Places at Wayfield Avenue are in higher demand than those at Ireland Lodge and best practice should be shared between the centres. Operationally, managers have begun to address this issue.

- 3.12 The service provided from Tower House and Craven Vale are a traditional day service with users picked up in the morning, provided with a range of activities (possibly a trip out) and a hot lunch, they are then dropped home in the early evening. The service has become less popular in recent years (reflected in the low occupancy and high unit cost detailed above). Service users are most commonly referred for social isolation and carer relief and often have a high level of need (nearly 50% are 85+). The service is in need of modernisation with more stimulating and engaging range of activities, and more flexible opening hours.
- 3.13 Combined Day Services are run from sheltered housing schemes in the East and West of the city. Occupancy levels across the service are low. Although initially a successful initiative, the limited facilities in some sheltered housing schemes restrict the opportunities for activities or to take service users with a higher level of need. Due to a lack of demand the West service is now only provided on one day a week (from Muriel House). Both services are non-specialist and run at a high unit cost.

Proposed Service Model

Services for people with higher levels of need

- 3.14 Day services directly provided by the council should be more specialised and targeted at older people with a high/more complex level of need; particularly those fulfilling one or more of the following criteria; Functional or organic mental health needs, carer relief, physical disability or requiring short term support/reablement. There are a portion of service users, particularly in the 85+ age group, who may not fall under one of these categories, but who are too frail or unmotivated to participate in more mainstream activities (details of demographics of service users can be found in appendix 3).

Reablement

- 3.15 There is great potential to link the development of Older People's Day Services to the wider Reablement approach which is being developed within the Adult Social Care Personalisation Programme. Services could play a role in the reablement of individuals providing a short term day service which re-introduces people to social activity, and provides support and signposting to participating in other activities in the city.

Direct Payments and links to wider community activities

- 3.16 Support does not necessarily have to be in the form of a traditional day service, for example services could be provided within the home, support in attending other activities, direct payments or outings etc. As part of the wider Adult Social Care Personalisation agenda, older people will be encouraged to engage in wider community activities through the use of direct payments. Staff in day services could act as "brokers" to help people access community services.

Combined Day Services

- 3.17 Developments are taking place in the council to make sheltered housing "community hubs." In addition, extensive community development work has been carried out in specific areas in the city as part of the Local Area Agreement (LAA) with regard to engaging older people in their communities. Further work is needed to make the links between day services and these other local community initiatives to ensure best use of resources and to avoid duplication.
- 3.18 Options for transferring provision at Muriel House to community or voluntary control (in conjunction with Housing Management) need to be explored as soon as possible as the unit cost reached £133 per user in May 2008. In the medium term the service in CDS East should also be reviewed and the needs of current service users should be assessed.
- 3.19 It is anticipated that no more than 11 out of the 47 staff will be affected by the proposals for CDS services and any changes will be managed using the council's Management of Change policy.

Commissioned Services

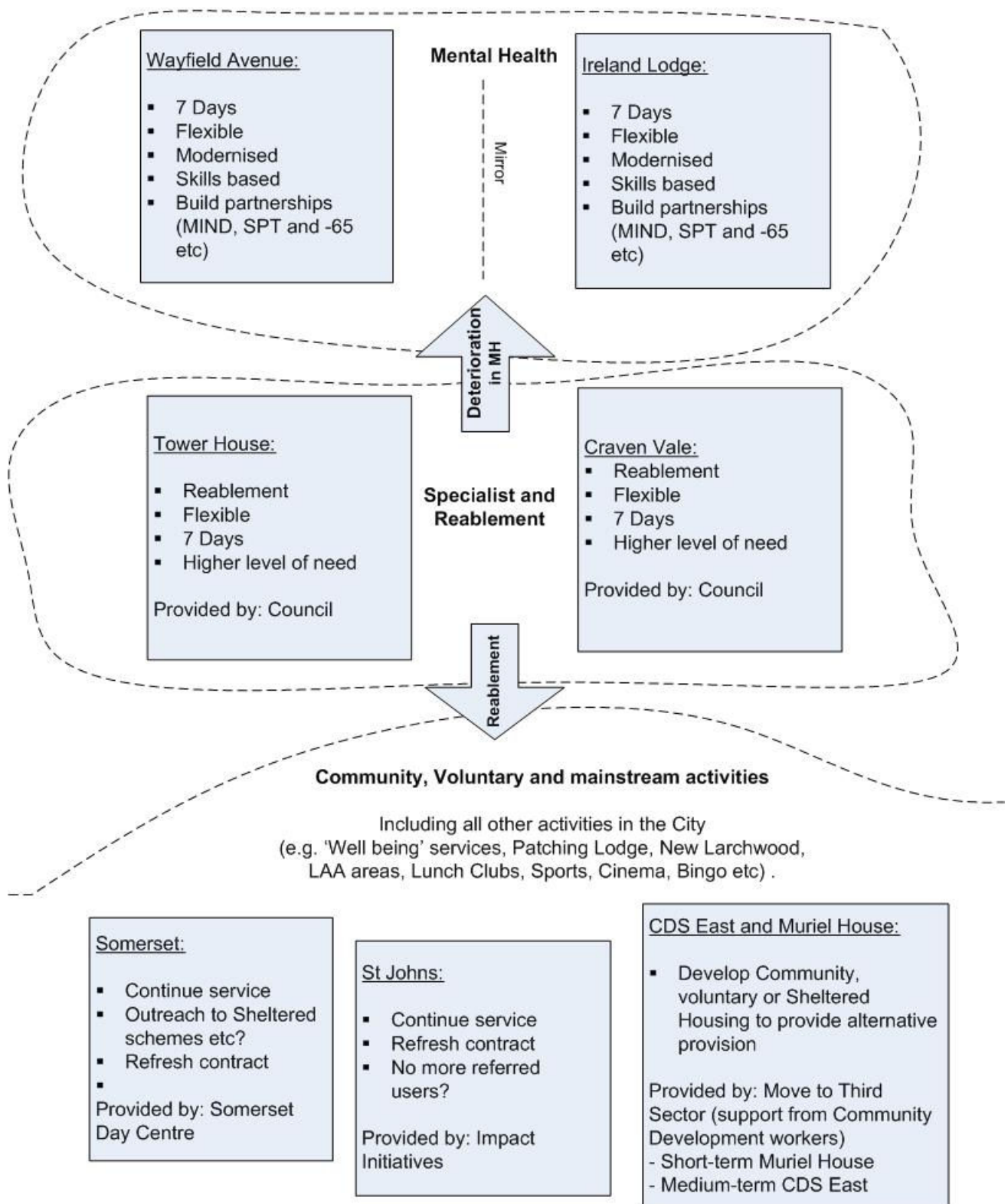
- 3.20 Services provided by third sector organisations have been effective and are provided at a lower unit cost than directly provided services (partly due to joint funding arrangements). These services should be reviewed to ensure that they fit with the new model of day services and support the wider personalisation agenda. Following the completion of the initial phase of service development

options should be considered for building on these partnerships and increasing the involvement of the third sector in the delivery of mainstream day services.

Service specification

- 3.21 A new service specification for day services (both directly provided and commission) needs to be developed to ensure that the service is meeting the strategic aims of the council and delivering effective outcomes for service users.

Future Vision for Older People's Day Services in Brighton & Hove



Transport

- 3.22 Transport has been raised as a key issue by staff and service users. Service users often have to spend a long time on a bus (sometimes over an hour) and transport was often cited as a factor that deters service users from participating in other (non-day service) activities. The service currently employs 9 drivers (some of whom also provide a handyperson or care officer function), and has 6 mini buses and 4 cars. The vehicles and drivers are currently attached to individual centres and the majority of service users in each centre are picked up in the morning and dropped in the evening. A business case should be developed presenting the costs and benefits of alternative options for the future of Older People's Day Services transport (e.g. centralising the transport service or combining with other service areas etc).
- 3.23 Some service users are dropped by their carers, friends or family and adopting a more flexible approach to opening hours should enable more to do so (e.g. drop on way to work). Options for using direct payments to enable some people to arrive by taxi should also be investigated.

4. CONSULTATION

- 4.1 Consultation has taken place with staff, service users, carers, families and officers from the council and partner agencies to find out their views on current service provision and future development (see appendix 4).
- 4.2 Representatives from Unison and GMB trade unions have been consulted on the review findings and this report.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 5.1 The day services budget for older people is £1,016,000 (expenditure budget of £1,880,000 less income of £664,000 and efficiency savings of £200,000). It is anticipated that the service will deliver efficiency savings in excess of the target for 2008/09 of £200,000. The unit costs of the day care services are high in comparison with other authorities and rose in 2007/08. As a result of the service changes achieved and changes in occupancy levels as outlined in paragraph 3.6-3.8 unit costs are expected to fall significantly in 2008/09. The recommendations should support the delivery of Value for Money, however these have not been fully costed at this stage and will form part of the budget proposals for 2009/10.'

Finance Officer Consulted:

Anne Silley

Date: 28/07/08

Legal Implications:

- 5.2 The report sets out the Councils proposals for implementing the modernisation of day services in line with the Value for Money Review and taking into account consultation with all relevant stakeholders. This should enable the Council to meet its statutory duties to service users in a way which better meets their individual assessed needs. It will also enable the Council to meet its fiduciary duties to the community at large by applying Best Value principles.

Lawyer Consulted: Hilary Priestley

Date: 20/08/08

Equalities Implications:

- 5.3 An initial Rapid Equalities Impact Assessment has been undertaken and a full assessment should be completed before major changes are implemented.

Sustainability Implications:

- 5.4 Any development of day centres should consider opportunities for reducing building energy consumption. Centralising transport should reduce overall journey number and distance covered.

Crime & Disorder Implications:

- 5.5 None

Risk and Opportunity Management Implications:

- 5.6 A risk workshop on the new model will be conducted as part of the implementation process.

Corporate / Citywide Implications:

- 5.7 The development of Older People's Day Services is part of the wider Personalisation transformation programme for Adult Social Care.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

Do nothing

- 6.1 Older People's Day Services have high unit costs, low occupancy and are in need of modernisation. If nothing is done to develop the service unit costs are likely to rise, occupancy is likely to fall and the service will not meet the needs of users. The service will also not develop in-line with the wider Personalisation agenda.

End service

- 6.2 There is currently a need to provide day services for people with a higher level of need in the city. There are limited alternative specialist mental health day services for older people in the city and attendance by service users who have carers provides important relief from their caring duties. Service users for all centres include those with a higher level of need for whom a level of support needs to be provided within a care environment.

Re-provide service by commissioning from third or private sector

- 6.3 Voluntary organisations have track record of delivering mainstream day services at a lower unit cost than those directly provided by the council, however further work would need to be undertaken to develop capacity within the third sector and align voluntary/community sector organisations with the Personalisation agenda. There is limited capacity and skills for delivering specialist services for older people with a higher level of need and mental health needs within the cities third and private sector organisations. The recommendations of this report will assist in the development of the third sector.

7. REASONS FOR REPORT RECOMMENDATIONS

- 7.1 To ensure that Older People's Day Services meet the needs of current and future service users, are modernised in line with the Personalisation agenda and provide good value for money.

SUPPORTING DOCUMENTATION

Appendices:

1. Information about current centres
2. Demographic information about service users
3. Consultation findings
4. Glossary

Documents In Members' Rooms Background Documents

None

Centres Overview

Tower House

Tower House is a stand alone mainstream day centre that is located centrally in the Preston Park area of Brighton & Hove. The service has low occupancy levels and this has resulted in a high unit cost. The building has great potential and has several under-utilised rooms that could be used to expand capacity (if considered appropriate) and provide a modernised service.

Combined Day Services

Combined day services are run from sheltered housing schemes in the East and West of the city. Occupancy levels across the service are low and continuing to decrease, this has led to a reduced service in the west area. Although initially a successful initiative, the CDS service has not always been fully welcomed by residents of sheltered schemes and the limited facilities restrict the opportunities for activities or to take service users with a higher level of need.

Craven Vale

Craven Vale is a resource centre which runs a mainstream day service for seven days a week in the east of the city. The residential service provides Intermediate Care and short term care beds. Potential to provide a short term day service which would provide a 'stepping stone' for service users leaving residential care has been examined, however it has been established that there is currently limited need for provision of this nature.

Somerset (Voluntary Sector)

The Somerset Day Centre runs a mainstream day service for three days a week in the east of the city. Service users have mixed levels of need and a wide range of activities are provided. The service runs at a considerably lower unit cost than directly provided centres and is partly funded by a

Appendix 1

charity. The service is hampered by the small premises which are only available three days a week. 20 places are funded by the council and these are currently taken.

St Johns (Voluntary Sector)

St Johns provides a mainstream day service in central Hove. Places and transport are provided for older people referred by the council and a drop-in service is also offered. The centre also operated a café and computer facilities which are both popular with users of the centre. The centre provides a range of trips and activities that are planned on a monthly basis. A room in the centre is also used by visiting masseurs and therapists etc.

Wayfield Avenue

Wayfield Avenue is a mental health resource centre in Hove. The centre provides day services for older people with organic mental health conditions 6 days a week and functional for 1 day per week. The service provides a range of activities which encourage mental stimulation and participation. There is a high demand for this service and there is a waiting list of 20 people. The residential unit is for older people with functional mental health needs.

Ireland Lodge

Ireland Lodge is a mental health resource centre in Woodingdean. The centre provides day services for older people with organic mental health conditions 6 days per week and functional for 1 day per week. The service provides a range of activities. The residential unit is for older people with organic mental health needs.



Demographic profile of service users

The table below shows that nearly half of the services users are over 85 years of age. This age group are more likely to have a carer and are less likely to participate in wider non-day care activities even with support and signposting.

65-74	75-84	85+
16%	35%	49%

Mapping of service users shows them to be geographically scattered across the city with larger clusters in Central Hove, Rottingdean, Patcham and Kemp Town. This is generally inline with the overall demographic profile of the city which shows clusters of older people in these areas. Further analysis also shows that service users usually attend the centre located nearest to their home unless they require a specialist mental health centre.

The table below shows that a high proportion of service users have a disability or use a mobility aid (overall 44% use a wheelchair or aid.) This reflects a core of service users who have a higher level of need and for whom transport can be a barrier to participating in wider non-day service activities.

Wheel Chair	Mobility Aid	Hearing Impaired	Visually Impaired
7%	37%	18%	26%

In terms of ethnicity a large majority of service users identify themselves as white with only 2% coming from other ethnic backgrounds. Five service users come are of non-Christian faiths. One service user is recorded as LGBT, however sexual preference has not been consistently recorded in all centres.

Consultation

Consultation has taken place with staff, service users, carers, families and other people who have a link to the service to find out their views about current day care provision.

A staff workshop was held in November 2007 which was attended by a range of staff from across the service who all participated to make it a lively and interesting event. Some of the issues raised included:

- There was a recognition amongst all staff that the service needed to change and develop
- There was a general view that the level of need of service users is rising
- Many staff felt that there is too much paperwork and that having access to computers would help to complete it
- Concerns about the time taken to complete financial assessments
- That the service should be more flexible in the future with a more diverse range of activities to meet the needs of individuals
- That staff treat service users with dignity and help promote independence

Questionnaire and interviews have been carried out with service users, carers and families. The headline findings include:

- The most important aspect of the service is a 'hot meal', closely followed by 'getting out of home' and 'socialising'.
- The most popular changes to the current service would be 'Other services at centre (e.g. nail cutting, exercise, chiropody)' and 'Wider range of activities (e.g. yoga, talks & discussion groups)
- The activities that people participated in most outside of day services were 'visiting family and friends' and 'going shopping'.
- Service users were asked which activities that they do not currently participate in, they would like to if they could – 'trips out', 'going for a meal' and 'going shopping' were the most popular.
- 'Transport' and 'poor mobility' are the major factors in deterring service users from participating in other activities
- 'Transport' and 'advice on what is available' were the most important factors that would help service users to become involved in other services activities

A number of managers from Brighton & Hove City Council and partner organisations have also been interviewed by the reviewers.

Glossary

Business Case: A document outlining the costs and benefits of alternative options for developing a service area

Care Plan: A document created when a service user joins a day centre detailing personal information, needs, life history and individual aims

CSCI: The Commission for Social Care Inspection is the national regulation, inspection and review body for Adult Social Care

Direct Payments: Direct payments are cash payments given by social services departments to people who have been assessed as needing services. This enables them to make their own decisions about how their care is delivered

Functional mental health: People with mental health problems that are not related to Dementia e.g. Depression and Schizophrenia

Organic mental health: People who have mental health problems relating to organic conditions e.g. Dementia and Alzheimer's

Personalisation agenda: Transforming services to enable people to make informed choices about the support that suits them and to achieve results that maximise their independence and quality of life

PSS EX1 return: Annual financial return to the Department of Health (DoH) detailing a variety of budget information and unit costs for personal social services. The DoH publishes this information annually including comparison tables

Reablement: Short term, intensive services for people to help them to regain skills and abilities to maximise their independence and quality of life

Resource Centre: Centre providing residential care, day and other services

Third sector: Community, voluntary and charitable organisations

Unit cost for day services: The cost of delivering day services for one person for one day. Unit cost of a full day is used in this report as sessions of day services are currently not offered in Brighton & Hove. Please note that PSS EX1 unit cost is based on a session e.g. morning or afternoon

ADULT SOCIAL CARE & HEALTH CABINET MEETING

Agenda Item 29
Brighton & Hove City Council

Subject:	Self Directed Support Strategy
Date of Meeting:	11 September 2008
Report of:	Joy Hollister, Director of Adult Social Care & Health
Contact Officer: Name:	Brigid Day, Interim Head of Adult Social Care
	Tel: 29-5031
	E-mail: brigid.day@brighton-hove.gov.uk
Key Decision: Yes	Forward Plan No. ASC 2191
Wards Affected:	All

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 Self Directed Support is a new way of delivering social care which forms a major part of the three year Adult Social Care personalisation programme
- 1.2 It is based on a new national policy initiative that is being piloted nationally and was introduced the Department of Health white paper 'Our health, Our Care, Our Say' (2006) and a subsequent concordat between local government associations, NHS, regulatory bodies, Association of Directors of Social Services, and care providers 'Putting people First' (2007)

2. RECOMMENDATIONS:

- 2.1 That the strategy is agreed
- 2.2 that work in developing an implementation plan is taken forward to deliver the strategy in stages over a three year period, with evaluation and review of each stage as it proceeds. A draft project outline is attached as an appendix

3. RELEVANT BACKGROUND INFORMATION/

- 3.1 Self Directed Support is a way of redesigning the social care system so that the people eligible to receive services take control over them.

The underlying principle is social care users having the same ability as other citizens to exercise choice and control over their lives and the social care they receive, enabling them to determine their own outcomes, make their own decisions and manage their own risks. Self Directed Support puts the 'customer' at the centre of assessing their needs, deciding how those needs might be best met and tailoring their care accordingly. Its aim is that people are clear about their entitlements to social care and other public funding and be appropriately supported to take as much control of their lives and services as possible

- 3.2 A substantial body of research shows that people identified as needing social care would prefer to have access to the funding for that care and contribute to how it is used rather than letting staff decide for them. They also wish to remain in their own homes for as long as possible.
- 3.3 Direct Payments are a key vehicle for making self directed support a reality. Brighton and Hove City Council already operates a Direct Payments service for social care users. If someone is assessed as eligible for adult social care and decides that they want to receive that in the form of a Direct Payment they are supported to do so by social care staff and via a support contract with the Federation of Disabled people. There is a clear audit trail and review within social care systems and they are also required to open a separate bank account. The Council achieved a challenging CSCI performance improvement target of 200+ users 2007/8. Targets are in place to further increase the number of Direct Payments in 2008-9 through systems change, staff training and performance management.
- 3.4 Self Directed Support builds on this existing system and takes it further through a personal budget with the purchasing power to enable recipients of services to become more active consumers. It widens the budgets available for use to include Supporting People, disabled facilities grants and benefits such as independent Living fund and Access to Work
- 3.5 People are told the level of their entitlement (i.e. budget) then plan how they will use their budget to get the support that best suits them. Robust new systems are required to ensure that the personal budget sum is fair and transparent, is enough to cover the support needed and is sustainable within the available budget. The national proposed model is a 'Resource Allocation System' (RAS) which ascribes monetary value to specific types of need and support and then consolidated into one overall budget figure. The RAS needs to be developed and tested locally to align with local costs and budgets. There is no national template for this, but the council is commissioning a prototype with a number of other authorities to test out locally on a 'dry run' early next year
- 3.6 The local authority ensures that the person has the necessary assistance to create their support plan and can take a direct role in providing this either directly or through advocates or 'brokers'. The local authority also ensures that the risks and responsibilities are understood and the person or their carer/ family are able to manage.
- The person is accountable to the local authority for how they spend the money, and the local authority has a duty to check that the support plan is meeting the needs and outcomes agreed and that the plan operates within the allocated budget.
 - People control their budgets to the extent they want – there will be a range of control options/levels – from direct payment to having services commissioned by the local authority

- People can use their money flexibly to achieve the outcomes identified and agreed as most important to them. They can use statutory services and other forms of support in the independent and private sectors. If they change their minds, they can re-direct their budget to alternative support
 - The aim is for people to use their money to achieve the outcomes that are important to them in the context of their whole life plus their role and contribution within the wider community
- 3.7 The Dept of Health has just concluded a pilot of Individual (personal) Budgets in 13 local authorities, the full report of which is expected in spring 2009. Up to 50 local authorities have already started to develop this area and a national organisation 'In Control' provides models and guidance. The council is a member of this.
- 3.8 A current local pilot of individual budgets in the Learning Disability service is underway using the community care budget (and utilising the In Control model) . It is testing out Personal Budgets with a small group of service users. A project group oversees the development of a bespoke Resource Allocation System and to work through the issues which inevitably arise as new practice is developed in action. This important first step is already providing vital learning and experience on which the broader, corporate self directed support strategy can be built. It will be vital to bring this experience into the overall Adult Social Care programme.
- 3.9 Self Directed Support is a priority and high profile theme within the new Local Area Agreement for Brighton and Hove. The specific National Indicator – NI 130, is included as one of the 35 for enhanced performance and close scrutiny by central government.
- 3.10 The Implementation Plan will set out plans for user and carer involvement and participation in the strategic governance and scrutiny structures for the Self Directed Support programme, as well as be partners in the inter-agency work groups taking forward elements of the work. The Council should ensure that users and carers have any support they may need to be a full part of these processes.

4. CONSULTATION

- 4.1 The draft strategy has been launched at a stakeholder event in April attended by a wide cross section of users, carers, health and third sector organisations including voluntary sector and independent providers and opened by the cabinet member for adult social care
- 4.2 The strategy has been approved by TMT and directorate management groups
- 4.3 The implementation plan will set out a programme to consult with and involve service users and carers at all stages in the development, practical delivery and monitoring/evaluation of the Self Directed Support strategy for the city

- 4.4 Longer term, the Council will work with its partners to build structures and systems which maximize sustainability of user involvement in the continuing development and improvement of self directed support and which deliver user led and directed support solutions – this includes the development of an Independent Living Centre for Brighton and Hove.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications

- 5.1 A measured approach is needed to planning for the financial impacts of a system shift to self directed support – integrating infrastructure and development costs into the annual budget setting process and making sure financial reporting and trend analysis is able to evaluate and forward forecast actual costs and savings
- 5.2 Self Directed Support is an evolving concept and some of the financial impacts are as yet unclear. However by taking a measured and gradual approach to its introduction the progress can be closely monitored at each stage and highlight any unforeseen cost pressures.

Finance Officer Consulted: Mike Bentley

Date: 29th August 2008

Legal Implications:

- 5.3 *The strategy proposed is in line with national guidance and will be implemented incrementally and reviewed at each stage in consultation with relevant stakeholders. The aim is to enable service users to have more personal choice, regarding how their services are provided, where they are able to exercise such choice. This principle is enshrined in the right to family life within the Human Rights Act.*

Lawyer Consulted: Hilary Priestley

Date: 29th August 2008

Equalities Implications:

- 5.4 An equalities impact assessment is scheduled for the autumn
- 5.5 The community care budget funds care to some of the most disadvantaged groups in the city and self directed support will enable its use to be more flexible in meeting needs of hard to reach groups and different communities

Sustainability Implications:

- 5.6 None

Crime & Disorder Implications:

- 5.7 None

Risk & Opportunity Management Implications:

- 5.8 the strategy will necessitate a re-examination and clarify the Council's changing role in terms of commissioning and social care market place development & management – which should include appraising creative options with partners and the encouragement of new and user led services to enable self directed support
- 5.9 the implementation of SDS will require a robust system of risk enablement and management as an explicit process, possibly through a specific panel to sign off personal budget plans

Corporate / Citywide Implications:

- 5.10 This strategy will impact on all social care users and social care providers across the city

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

- 6.1 None

7. REASONS FOR REPORT RECOMMENDATIONS

- 7.1 A draft implementation plan has not yet been formulated due to the tragic and sudden death of the strategy's author, Dave Nicholls in July. However it was felt to be important to recognise his work thus far and present this outline strategy as originally agreed with him.

SUPPORTING DOCUMENTATION

Appendices:

- 1. SDS Strategy
- 2. Proposed governance structure and workgroups

Documents in Members' Rooms

- 1. None

Background Documents

- 1. *Our Health Our Care Our Say (Dept of Health 2006)*
- 2. *'Putting people First' (2007)*

Self Directed Support Strategy Brighton & Hove

“For me, what we are embarked on is a revolution in the way we seek to offer services to people in this country...And the challenge now is to move from a series of experiments to an absolute understanding that this will be the mainstream of the social care system in this country starting this year and next year and over the next ten years. This will be a radical transformation of social care putting those who use services and their family members in the driving seat, providing control, choice and power. It will transfer power from organisations and professions to those who use services.... this is very exciting”

(Extract from speech by Ivan Lewis, Under Secretary of State, Care Services, 2007)

- *Everyone should be seen as an equal citizen*
- *Every citizen has a right to choice and control*
- *It is the job of public services to support people to get this*

(In Control's Vision statement)

1. Introduction

- 1.1** This paper aims to set out a radical new way forward for Adult Social Care in the city through a 'system shift' commitment to Self Directed Support that meets the strategic ambitions captured in Administration and corporate priorities as well as emerging national policy and in leading edge practice in health and social care.
- 1.2** Self Directed Support is central to our overarching commitment to modernise social care planning and provision for Brighton and Hove – the three year Adult Social Care Personalisation Programme. It dovetails with complementary and instrumental parts of that overall programme including: access point, re-ablement, self assessment, refocused approaches to care management and review and the promotion of health and well being for all.
- 1.3** The paper will describe some of the background to Self Directed Support and its rationale, discuss what the model actually involves and make initial proposals about strategic objectives and scope. It will address planning and implementation priorities and look at what the change process would need to entail for the City Council and its principal partners locally – which

necessarily includes challenges to present ways of thinking and working on several fronts.

2. Background and National Strategy

- 2.1** There is an emerging national debate on social care delivery and it's increasingly important role in an ageing population, changing expectations and standards and increasing costs. The current national policy supports a reform and transformation of the social care system into a system of Self Directed Support – a way of redesigning the social care system so that the people eligible to receive services take control over them. The underlying principle in the current push for the strategic development of self directed support is the desire to move to a system where social care users have the same ability as other citizens to exercise choice and control over their lives and the social care they receive, enabling them to determine their own outcomes, make their own decisions and manage their own risks – to become 'customers rather than clients'. Self Directed Support puts the customer at the centre of assessing their needs, deciding how those needs might be best met and tailoring their care accordingly.
- 2.2** It's aim is that everyone will be clear about their entitlements to social care and other public funding and will be appropriately supported to take as much control of their lives and services as they wish/is possible. Although this is being driven forward through Government policy, it has widespread support across the voluntary and independent sector.
- 2.3** Self Directed Support (which includes Direct Payments and Personal Budgets) is the first 'whole system' approach to focus on personal/individual outcomes and capacity building for social care users. Recent government policy has been consistently directed at greater personalisation and a belief that people will get better outcomes from the social care support they receive as a result. Wider public policy is encouraging organisations, including local authorities to find ways to enable users of services to direct the development of the 'social care marketplace' – as one way of driving up quality and value for money. This is backed up by a substantial body of research which shows that people identified as needing social care would prefer to have access to the funding for that care and contribute to how it is used rather than letting the Council decide. They also wish to remain in their own homes for as long as possible.

- 2.4** These themes have been developed in national publications and professional debate over the past five to ten years. The key principles and policy shifts are now embedded in legislation and best practice. Milestone documents have included:

Community Care Act (1996) – introducing Direct Payments

Improving Life Chances of Disabled People (Strategy Unit 2005) – introducing concept of Individual Budgets and the requirement for each area to have a user controlled organisation run along the principles of centres for independent living

Opportunity Age (Department of Work and Pensions 2005) – emphasising need for ‘whole system’ reform of approach to ageing

Independence, Well Being and Choice (DH 2005) – long term vision for reform of social care including strengthening user power and control, investment in prevention, extending the use of DPs and introducing intention to test Individual Budgets

Our Health, Our Care, Our Say (Department of Health 2006) – major re-alignment of community health and social care services in terms of joint planning, localised delivery and new ‘personal’ outcomes. Also announced Individual Budgets.

Commissioning Framework for Health and Well Being (DH 2007) – policy framework for commissioning for personalisation and independence

Putting People First – DH et al, Dec 2007 – ministerial concordat on ‘personalisation’

LAC January 2008 – setting out targets and expectations of Las in relation to mainstreaming of self directed support

- 2.5** Two main workstreams contributing to the evidence relating to Self Directed Support in this country. In Control (the national resource body on SDS, gathering and disseminating expertise, emerging best practice and learning) led their first pilot with six local authorities in 2003, extending this in 2005 in a second wave to over 50 local authorities. There are now over 100 local authority members of In Control. In addition, the Department of Health have just concluded a pilot of Individual Budgets in 13 local authorities, the full report of which is expected in the spring 2009. In addition to the pilot evaluation, a number of guidance

documents are being written to support local authorities. The City Council has become an In Control member and is also being actively supported by CSIP (Care Services Improvement Partnership) and CSED (Care Services Efficiency Directorate) in the development of SDS in Brighton and Hove.

- 2.6** There are a set of values and principles underlying SDS that redefine the relationship between the citizen and the state which place social care users as citizens with the same entitlements as anyone else – especially alongside those people with social care needs who are able to fund their own support.

The In Control website sets out these principles as:

- We each should be in control of our own lives and, if we need help with decisions, those decisions are kept as close as possible to us - self-determination
- We should each have our own path and sense of purpose to help give our life meaning and significance – direction
- We should each have sufficient money that we are not unduly dependent upon others and can live an independent life – money
- We should each have a home that is our own, living with people that we really want to live with – home
- We should each get support that helps us to live our own life and which is under our control – support
- We should be able to fully participate in and contribute to family and community life - community life
- We should have our legal and civil rights respected and be able to take action if they are not- rights

- 2.7** Self Directed Support turns those principles into action for individuals (including some of the most vulnerable adults.) Leading edge local authorities nationally are developing a new outcome focused culture, new sets of tools and processes , different ways to support people and new professional roles and practice to enable existing resources to be allocated and services developed to achieve this end.

3. What is Self Directed Support?

3.1 Self Directed Support builds on previous moves towards personalisation (e.g. direct payments, care management, person centred planning) and takes them much further. What the self directed support model adds to these techniques is the budget and the purchasing power to enable passive recipients of services to become consumers and resource managers.

It ensures that:

- Everyone is told their level of entitlement (their budget) and they decide the level of control they wish to take over it's use
- People plan how they will use their budget to get the help that's best for them and help to plan through advocates or brokers if they need them
- **The local authority ensures that the person has the necessary assistance to create their support plan and may take a direct role in providing this. The local authority also engages with the person and their supporters to ensure that risks and responsibilities are properly understood. Finally, the person is accountable to the local authority for how they spend the money, and the local authority has a duty to check at regular intervals with the person that the support plan is meeting the outcomes agreed and that the plan operates within the allocated budget.**
- **People control their budgets to the extent they want – there will be a range of control options/levels – from direct payments to having services entirely commissioned and managed by the local authority.**
- People can use their money flexibly and to achieve the outcomes identified and agreed as most important to them. They can use statutory services and other forms of support in the independent and private sectors. If they change their minds, they can quickly re-direct their budget.
- People can use their money to achieve the outcomes that are important to them in the context of their whole life and their role and contribution within the wider community.

- The local authority continues to check that people are managing can change the arrangements if people are not achieving the outcomes they want/ need to achieve and shares what has been learnt

3.2 An important innovation is that Personal Budgets combine funding streams from previously separate sources, allowing the make up of the financial package to better reflect a 'whole' picture of an individual's needs and situation. Eligible funding streams currently are:

- Council provided social care budgets
- Supporting People funds
- Independent Living Fund
- Disabled Facilities Grant
- Integrated Community Equipment Services
- Access to Work

3.3 Within the pilot authorities a number of essential steps have been identified to setting up an effective individual budget (although it is important to note that detailed solutions are still evolving across the country and will continue to do so.) Establishing the appropriate infrastructure, systems (financial, management, administration monitoring, risk management), staff competencies and commissioner/provider relationships to realise each of these steps for individual users represents a significant challenge for the Council and its commissioning and delivery partners. They will together comprise the main content of the Self Directed Support Implementation Plan which will drive delivery on this strategy.

The essential steps are:

4. Setting the Personal Budget

4.1 An initial assessment of need, using self-assessment questionnaires leads to the identification of an indicative budget sum which brings together the eligible funding streams and the provision of support to the individual to decide and manage the process.

4.2 Knowing the size of the budget is vital for the individual to be in a position to begin to design the support that suits their requirement. Robust new systems are required to ensure that the personal budget sum is fair and transparent, is enough for the person to get the support they need and is sustainable within the available budget. The model is known as a 'Resource Allocation System' (RAS) which, at its simplest, ascribes monetary value to specific types of need and support requirement, which are then consolidated into one overall budget figure. The RAS needs to be developed and tested locally in clear alignment with local costs and budgetary allocations. There is no national template for this and the specific model within different local authorities is a matter of constant adaptation and iteration. Nevertheless the RAS is the most important cornerstone to getting started on self directed support and its development is a major and priority task for the Council.

5. Planning the Support

5.1 Once aware of the level of funding, people need to work out how best to use it to meet their agreed support needs. A Support Plan is developed to set out the way forward. Support Plans will replace existing care plans and alter existing care management processes. The plan will describe what the person wants to change or maintain in their lives and how they will use their budget to do so. Good support planning will encourage people to build on the resources already in their life – such as their own interests, capabilities and gifts, what is already available in their local community and the roles family and friends may want to play – as well as what services/resources/opportunities they will need to buy in from outside these networks. Good support planning will also enable people to think creatively and flexibly about how their support needs and quality of life improvement goals can be met.

5.2 People will need differing levels and types of assistance with support planning. Some will feel confident to undertake this themselves but if people require or request help this could be available from care managers, independent support brokers, advocacy organisations, peer support arrangements or existing service providers. One of the key changes in the Council's role will be to ensure that the local environment is appropriately shaped and resourced to provide this diversity of support and an array of routes into self determination for social care users and self funders

6. Agree the Individual Support Plan

- 6.1** The individual's plan will need to be fully costed and demonstrate how it meets the outcomes and criteria for success established at the outset. When finally defined, the plan must also show that it can be brought in within the Personal Budget level allocated by the RAS – otherwise it can not be signed off by the Council and would need to be revised. The proposed plan would then need to be formally agreed by the Council – a process yet to be determined but probably involving a multi disciplinary panel with appropriate specialist expertise available to it - which would consider the plan, taking into account all relevant local authority responsibilities/duties including risk assessment, the protection of vulnerable adults and value for money. It would set out any specific recommendations or changes needed and then commit the Council (and other partners) to the Support Plan agreed. This is an area where the Council will need to grow it's expertise in practice – many of the judgements to be made may be different from those staff conventionally work with.

7. Managing the Personal Budget and Organising Support

- 7.1** A Personal Budget can be deployed in a variety of ways, giving people real choice in the level and type of involvement they have in managing the support. For many people taking some or all of the budget as a Direct Payment will be a ready means to maximise self determination. For others it allows for someone else to manage the budget on their behalf – perhaps a family member or someone paid to undertake such a role from, say, a local voluntary sector agency. Alternatively a care manager might arrange local authority services to fulfil the plan or contract manage and individually tailored service with a single provider or several. In some authorities committing to Self Directed Support, 'Individual Service Funds' (ring fenced budgets held and operated by a service provider) and Independent Living Trust models are also being explored.

8. Review and Learn

- 8.1** Consistent with a sharpened focus on review systems across the Adult Social Care Personalisation Programme, an individually tailored review system will need to be developed whereby the quality of the individual's experience of their Support Plan is evaluated alongside the effectiveness of the package in delivering on individually established outcomes. This too will need

to be undertaken as a partnership between the individual and the local authority and we will need to ensure that lessons learned from people's experience not only trigger improvements in the design or operation of the plan for that person but feed directly into the Council's continuing improvement of its Self Directed Support systems.

8.2 In summary a Personal Budget should:

- Give people a clear, up front idea of how much money is available to them for their support
- Make assessment simpler, more transparent and a real conversation with the individual
- Bring together support from various agencies and funding streams
- Offer people good support to plan what they want and organise it
- Let people use the money in ways that best suit their own situation and meet the outcomes they have prioritised and agreed
- Be dynamic and regularly reviewed
- Not cost the local authority any more

9. Challenges for Brighton and Hove

9.1 The kind of radical shift anticipated in this paper will require significant re-engineering of methods and tools currently in use in delivering social care and the nature of the Council's relationships with partners, suppliers as well as individual customers. It entails major changes in organisational culture in the Council and in significant partner agencies. Although it can be anticipated that these changes will be welcome to a majority of staff (returning social care to what many people perceive as its proper core values), the challenge is complex and demanding. Securing financial stability and business continuity while progressing change is critical to a smooth transition from the existing system to a new one. Although Self Directed Support should be achieved within existing resource levels, the change process will not necessarily be cost neutral in the shorter term. Part of the challenge will be to construct a strategic financial

plan whereby resources are transferred in a managed and progressive way between provided care and self directed support.

- 9.2** In particular a series of major considerations will need to be thought through and interwoven as strands of the Implementation Plan which will follow through on this strategy's intentions and objectives. These will include:

10. Implications for Market Management and Commissioning

- 10.1** Commissioners in the statutory sector will need to play a leading part in making self directed support work – both in terms of the type and scope of the contracts made with providers and in ensuring that the right range of supports (information, advocacy, brokerage, care management) are in place to enable people confidently to take purchasing decisions and plan and organise their support. This will be, to some extent, about extending customer led services that are already in place – those purchased by self-funders who bring their own resources. What people will need – and commissioners will have to facilitate, is access to good, accessible information about what they might buy and a genuine market place which offers a range services, none of which take away from the opportunity to be with friends, family and part of the community.
- 10.2** The Council will need to have plans for transforming the way directly provided services operate – they will need to be attractive to people to choose in a self directed support environment. Plans may need to be very carefully drawn up for reducing capacity in some services where demand falls because of individual choices to purchase elsewhere. Evidence from national pilots suggests that this is most likely to be in day services and, over time, in home care, respite and care homes.
- 10.3** For providers too, Self Directed Support is a challenge and an opportunity. Many of them are already working towards individualising their services but for many too the shift will provoke review of objectives and culture as well as operational development questions as to how they respond to growing demand for an increased number of options available to individual budget holders. As self-funders can do now, individual budget holders will be able to 'exit' a service if they are dissatisfied. Self Directed Support will bring business opportunities for new providers and new styles of agency such as social enterprises.

11 Support Planning

- 11.1** The Council will need to be clear about who will be doing the support planning - options will include care managers or an independent brokerage service – consumers might want these and other options to be available. Independent services may be commissioned by the local authority but with a view to them becoming self financing as they are offering support to people who will, in effect, be funding their own care. The Council may have a role too in supporting individuals and informal networks (friends, family) to gain the skills to help someone to plan support and manage a budget.
- 11.2** A great deal of work is going on currently to re-specify the support service for Direct Payment users and exploring with our partners, future options for a comprehensive independent living support service/centre for the city. Functions which are complementary: support, advocacy, brokerage must nevertheless be clear and distinct and able to operate objectively on a user's behalf. The Council and its partners will need to develop an integrated plan for how these functions are commissioned and work together to ensure best practice in maintaining choice and control for all service users – including self funders.
- 11.3** The Council will need to establish a robust process for statutory sign off of support plans and for agreeing risk enablement arrangements in all cases. It will also need to consider how this process links to Single Assessment Process, Carers Assessments and Supporting People Assessments.

12. Workforce and Systems Development

- 12.1** The Council will need to think through the changes involved for its staff and the staff of key partners in the move to Self Directed Support which will involve extensive consultation. Different roles will require new competencies - particularly for care managers. The training and development needs of staff, managers and partners will need to be identified and addressed systematically as an instrumental part of the shift in organisational culture which will be entailed putting self directed support at the centre of our work. This will be a key part in the forthcoming workforce development strategy.
- 12.2** It will be necessary to review current assessment and care management arrangements to ensure that they evolve to

facilitate the new agenda –ensuring that self directed support mechanisms are knitted into all relevant aspects changing policy and practice which are being developed as part of the ASC Personalisation Programme.

- 12.3** Self directed support and the resource allocation system in particular will necessitate amendments to the financial process and systems. It will also be incorporated into the redesign of the ICT Carefirst database and recoding system.

13. Performance Management

- 13.1** Consideration will also need to be given to how managing the quality of services and the collection of good data are maintained when services are chosen and controlled by individuals and delivered through a far more extensive network of new and established providers, micro agencies and through individually commissioned packages than has been the case hitherto. There will also be the challenge of reporting in against the new CLG Performance Framework for Local Authorities – the National Indicator Set – and through the LAA where Self Directed Support is one of the 35 high profile and close scrutiny targets in the newly negotiated LAA 2008 - 2010.

14. Communications

- 14.1** Given the scale and likely impact of the changes envisaged in this strategy a communications action plan will be developed as part of the overall implementation plan for the strategy. This will identify key audiences and messages and ensure that SDS is positioned as central to the 'new' service being developed through the Personalisation Programme. Emphasis on accessible, good quality information and support to use is critical to the success of self directed support.

15. Equalities Impact Assessment

- 15.1** A full EIA will be undertaken as an early priority. In addition it should be an underlying principle of the approach that ongoing EIA is in place to identify and challenge any adverse impacts on individuals or groups, ensuring consistent equality of outcomes for all service users. The communications plan for the strategy and programme should specifically address any identified minority audiences and make provision to ensure equality of information, appropriate support and access to such groups. The programme will consult with users and representative agencies to ensure that

such potential differential impacts are anticipated, quickly identified in practice and effectively monitored.

- 15.2** We can build upon the acknowledged positive impact Direct Payments have had on the lives of individuals from minority communities. Such as the ability to employ an individual who uses the same first language as the service user. Locally, we have a growing awareness of the needs of the Lesbian, Gay, Bi-Sexual and Transsexual communities, and some of the perceived fears of accessing Adult Social Care services. The ability to purchase a personal service, has been received positively as a preferred option for individuals. The personalisation agenda is directly linked to the goal of reducing inequalities in the city.

16. Governance and Programme Management

- 16.1** Robust leadership and governance arrangements will need to be in place to deliver a comprehensive model of self directed support. The broad changes identified in this strategy will need to be directed by a Partnership Board –to build on and integrate the work of the existing Direct Payments Implementation Group and chaired by the Director of Community Care. This cross sectoral Partnership Board will report to the Director of Adult Social Care and Housing to ensure the project is fully integrated into the overall Personalisation Programme and supportive of the Community Strategy and the Local Area Agreement. The Implementation Plan will detail the brief and make up of the inter-agency task groups which will undertake workstreams including: Information, Advice and Support for SDS Users, RAS and SDS systems, Workforce Development, Risk Enablement and Managing Choice, Commissioning, Contracting and Financial Planning, Performance Management Systems and Evaluation.
- 16.2** Neither the scale of the work involved in achieving the strategic objectives introduced in this strategy nor the complexity of some of the challenges involved to this Council, is to be underestimated. An early task should be a review of present internal resources within the relevant officer teams across the Council which will need to work together both at strategic and operational levels to deliver the transformation to self directed support. This means looking not only at the small established Direct Payments team located in Adult Social Care, but also at staff roles and infrastructure budgets in other Divisions and Directorates – most obviously in LD services and in CYPT. The objective must be to integrate developing work on Self Directed Support across the Council and build a dedicated lead team

with appropriate access to additional expertise and support to acquit the ambitious work programme involved.

17. Where are we now?

17.1 Brighton and Hove City Council already operates a Direct Payments service for social care users. If someone is assessed as eligible for adult social care and decides that they want to receive that in the form of a Direct Payment, they are supported to open a separate bank account and money is transferred into that account so that they can pay for the care provision of their choice. Support can be provided by a private or voluntary agency or they can recruit and employ their own carer(s). People are not able to use direct payments to pay for a Council service. The Council ensures support for people to help them take up the direct payments option through a commissioned user support service at the Federation for Disabled People.

17.2 Direct payments are proving popular nationally and proving cost effective for local authorities that are making a major commitment to their promotion and use. In Brighton and Hove progress has been slow however and we remain one of the poorer performing authorities in the country on this increasingly important and visible measure. There are currently 190 DP users in the city. However a successful improvement plan is in place.

17.3 The work to grow the scale and quality of the support service to DP users is well underway and once our strategic intentions for self directed support are clear and agreed, the scope of that development work will be extended accordingly. This will necessarily entail development consultations and discussions with a range of current and potential strategic and delivery partners, as well as the Federation.

17.4 This last year has also seen an exciting initiative on Personal Budgets within Learning Disability Services in the City Council where a pilot is underway to test out PBs with a small group of LD service users.

18. Carers

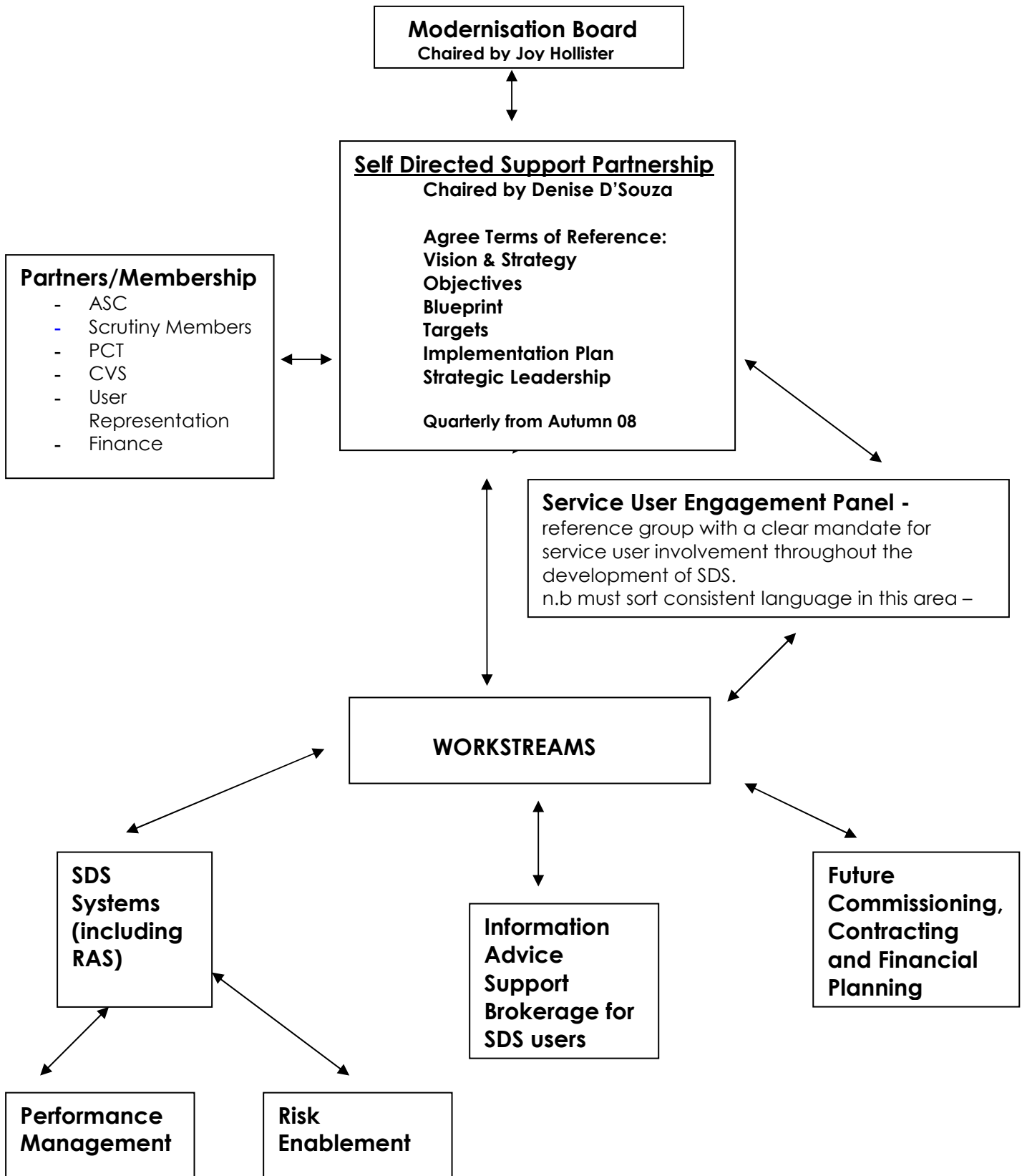
18.1 The personalisation agenda presents new challenges for carers and we will seek to ensure their needs are embedded in the practical development and implementation of this strategy. The general concerns being raised by carers groups nationally relate to the need to ensure that SDS does not increase their burden of

care. It will be essential that support services are available for those who request them, and not assume that a carer will take on the responsibilities of managing PB's or DP's. The potential positive impact for carers is that their needs can also be addressed through SDS as well as those of the person they care for. Personalised care options can be used innovatively to enable carers to return to employment as well as the more traditional care relief. It is vital that we work in partnership with carers and representative organisations locally, to make sure carers' needs are addressed and their perspectives integrated into self directed support development locally.

19. Active Involvement of Service Users

19.1 It is paramount that the voice of service users is heard and listened to within the development of this strategy – and at all levels. Their experiences of current services, including Direct Payments, will enable us to develop the strategy with a service user perspective. The challenge will be to provide a range of activities which will enable service users to influence the strategy. To move from a professional gift model to an empowerment citizenship model, without a full commitment to involving service users, would seriously undermine this strategy. We can build directly on the service user involvement facilitated for the improvement of Direct Payments locally, and grow a range of opportunities for service users and carers to be active partners. Arrangements are already being made to ensure user voices and issues are instrumental in partnership and governance structures that will drive how we set about the self directed support transformation in Brighton and Hove – to make sure that the way we deliver SDS in the city meets the distinct needs of our citizens and carries their support and ownership.

Self Directed Support Development Framework



Develop **Terms of Reference** for the Partnership Board:

- Articulate and promote clear **Vision** outlined within the SDS Strategy
- Identify Board and Work Group **Objectives** to be achieved within lifetime of the Partnership Board (– clearly related to the work streams)
- Agree and oversee delivery of Effective **Blueprint and Implementation Plan to fulfil SDS Strategy.**
- Performance Management of the SDS programme and LAA/CSCI targets
- **Evaluation and Monitoring** of the SDS programme
- **Strategic Champions** for SDS across the City

Key Roles for the SDS Partnership Board:

- Adopt and monitor Blueprint – ensuring all work streams have clear objectives and timescales/milestones.
- Act as strategic Champions for SDS, and communicate the key messages for SDS to relevant networks, partnerships agencies and the wider community
- Ensure that the progress of the SDS strategy is shared and actioned across all stake holders – e.g. that actions which need to be progressed by the PCT, are taken to the appropriate forum for progression, and reported back to the SDS Partnership Board
- Ensure that the principle of Equalities are upheld within the development of SDS, including the development of an Equality Impact Assessment
- Ensure that developments are Evaluated to identify benefits and areas for improvement
- Ensure that the work of the Learning Disabilities Individual Budget pilot is integrated into the overall SDS development
- Financial Planning, identify financial implications and ensure the principles of Best Value for Money.
- Development of targets and timetable

Self Directed Support Draft Vision – for SDS Partnership Board to develop

“All eligible Adult Social Care service users will be able to access a Personal Budget to purchase a range of support for their needs, and receive the level of support they wish in order to manage their self directed support options.” **By April 2011**

1st Priority - effective local systems which will enable SDS to be a reality for service users, and central to this commitment is the development of

a locally created and tested Resource Allocation System (**SDS Systems Group**)

Milestones – 2008/09:

- Establish Group + additional Sub Groups (Risk Enablement + Performance Management)
- August'08 implementation of pilot Overview Assessment to collect data for RAS programme
- Sept'08 establish SDS System Sub Group
- Oct'08 ensure that FACE have received all relevant data for RAS
- Dec'08 start testing RAS with ASC assessment teams
- March'09 receive outcome of testing RAS
- Reformation of current ASC systems to enable SDS to be embedded within ASC procedures – Financial Systems; and Assessment.
- Development of monitoring systems to ensure PI returns and evaluation of on going systems
- Establish Issues Log
- Self Assessment development

Milestones – 2009/10:

- April'09 implement new FACE Overview Assessment across all ASC assessment teams

Risk Enablement and Managing Choice Sub Group:

Development of a decision making process to work with service users to make choices in order to achieve their individual outcomes, and manage potential risks.

Milestones – 2008/09

- Establish Sub Group
- Development of a Risk and Choice Statement, which incorporates Safeguarding Adults, Child Protection, and Mental Capacity – in order to balance professional and service users responsibilities, and a consistent approaches to risk across SDS development
- Development of protocols which can be used across sectors, in order to manage potential risks
- Managing Money policy

Performance Management Sub Group:

Links with LAA + National Indicator Set performance framework; development of outcome measures regarding the service users journey within new SDS systems; and Evaluation of SDS development, including users and stakeholders perspectives

2nd Priority – Information and Support Group There will be a sufficient range of Information, Support, Advocacy, and Brokerage to enable ALL service users, and/or their carers, to take control - from assessment to managing their Personal Budgets

Milestones – 2008/09:

- Establish Group
- Continue with the Direct Payments programme to further develop the support service users will receive in order to effectively access DP's, from information to managing a DP.
- Development of a range of training programmes to ensure all relevant Council and partner agencies are fully trained/enabled to deliver choice and control to users.
- Exploration of the range of brokerage functions which need to be accessible to service users
- Ensure service user journey is accessible for all service users

Milestones – 2009/10:

- Delivery of a comprehensive training programme for all relevant staff

3rd Priority – Commissioning and Contracting Group There will be a genuine range of choices/services/opportunities available for service users to make informed decision for spending their Personal Budget

Milestones – 2008/09:

- Establish Group
- Continue with the development programme for Direct Payments, including increasing accessibility to employ Personal Assistants – enabling service users to choose who can support their individual needs and personal aspirations to improve their quality of life.
- Engage with Commissioners regarding SDS principles
- Analysis of current personal budget users spending – what are people buying who are self funded, what is in the market place already
- Unit costs, creation of pricing mechanisms.
- Financial planning for the shift from provided care to SDS option, with an explicit awareness of the need to recognise the costs of running dual systems while shifting to SDS.

Milestone – 2009/10:

- SDS as a clear priority within the Community Strategy, for the LSP and PSB.
- Consult with service users about the types of service they want to purchase
- Work in partnership with Providers to ensure they can deliver what individual want.

Milestones – 2010/11:

- Commissioning plans and practices in place to enable individuals to purchase rather than providers to be contracted to support homogenous groups of service users.
- Provision of a “menu” or “catalogue” of services/opportunities to support service users with their purchasing power – possible Shop4Support approach.
- Development of a plan to consider the feasibility of SDS across broader public service – health; leisure; education...

All service users accessing RAS and PBs**Range of support options for service users****SDS compatible systems/procedures/policies****Fit for purpose workforce**

A self sustaining stakeholder/cross sector governance structure for SDS, with a continuing investment plan for the future

