

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.

