

ADULT SOCIAL CARE – CHOICE AND CONTROL

Purpose of Report

1. This report seeks Cabinet approval to proceed with the next phase of implementing self-directed support to give people who use social care services more choice and control. This phase includes the introduction of a Resource Allocation System (RAS) which is used to calculate the indicative amount for a personal budget.

Background

2. Self directed support has been described as the most significant change to social care in a decade. It is a change to the way that social care assessment, care planning and service delivery is made available so that more choice and control is given to service users and carers.
3. The principles of personalisation and self directed support are described in two key government documents: *Putting People First* (Department of Health, 2008) and *Transforming Social Care* (Department of Health, 2008). These documents set out the requirements on authorities to implement self-directed support and give greater choice and control for people eligible for statutory support.
4. Self directed support aims to improve social care in three ways:
 - I. It ensures that when the council assesses people who need social care, the assessment focuses on what the person wants in order to improve their life. This is different from some traditional approaches to social care assessment which placed more emphasis on selecting from a small range of traditional services without first considering what those services are intended to achieve and if the achievements (or 'outcomes') could be met more effectively by other types of services. It introduces the concept of greater personal responsibility and for individuals to draw on their own resources as well as those available through statutory and other services to identify and meet their needs in the best possible way for them.
 - II. It provides a more transparent way of funding individuals' care, which involves a significant change to the way in which the Council calculates peoples' funding for care and support. This new approach is called a Resource Allocation System (RAS), which calculates an allocation of money for a personal budget.
 - III. It gives people more control over how the council's contribution to their funding is used. Once an allocation of funding has been agreed to meet eligible needs – a personal budget – people can decide for themselves who will provide their care and support and how that care and support will be organised. Care and support may be arranged by the council, or provided as a direct payment for people to organise themselves or with support from outside the council.
5. Many councils have now implemented self directed support and personal budgets, and there has been a large national pilot study of 13 local authorities. There is, therefore, a range of different experiences to draw upon. Some have

found that there has been a need to streamline existing business processes to reduce bureaucracy in the system. In Wiltshire, this work has already been achieved through the FOCUS project undertaken last year, and teams are now already working in a customer-focused way which supports the introduction of self directed support. Other councils have highlighted awareness and attitude change as being a constraint to introducing self-directed support. In Wiltshire, the work we have been undertaking to equip people (staff and colleagues in partner organisation) with person-centred thinking skills has been driving this awareness and attitude change. In the last year, over 700 people in Wiltshire have received training in these skills, and are working in a way which is already fully consistent with self directed support. In Wiltshire, therefore, the introduction of a Resource Allocation System (RAS) to provide an up-front indicative allocation of budget to meet a customer's needs, is one of the remaining few steps for delivering self directed support.

Main considerations

Developing the RAS

6. A Resource Allocation System (RAS) is a system for allocating an indicative financial sum for an individual with which they will purchase their care and support. It is a points-based system, where each point equals an amount of money that a person will have available to spend, and gives freedom for the person to decide how and when to spend this allocation based on their needs. It is not intended for the RAS to give a precise allocation of funding, but rather be a tool which is sufficient to produce a ballpark figure for the majority of customers. The 'indicative allocation' calculated by the RAS can be adjusted up or down accordingly, depending on individual circumstances. The actual personal budget will be agreed when the support plan that meets eligible social care needs is completed and signed off. The introduction of the RAS will lead to a fairer, equitable and transparent distribution of resource across different user groups, taking account of individual needs and will smooth out any potential disparities amongst people with similar needs.
7. During 2009, the Council supported a pilot project, designed with current users of services, with 20 volunteer service users to help us understand how personal budgets can be made to work. Also, last year the Council tested a Resource Allocation System. This involved completing 200 assessment questionnaires which generated scores. These scores are 'translated' into a financial sum by the Resource Allocation System into an indicative personal budget by taking the total current care costs for the sample and dividing it by the total number of points for the completed questionnaires. This then arrives at a '£ per point' figure.
8. In October 2009, the Association of Directors of Adult Social Services (ADASS) developed and launched a Common Resource Allocation System. Whilst this system is generic, every council needs to determine a financial framework, based upon costs within the current system, to translate the final score from the assessment questionnaire into an indicative resource allocation.
9. We are continuing to test how this Common RAS works in Wiltshire with 200 existing service users over the next few months, and will model this information

to enable this calculation for Wiltshire, again by taking the total current care costs for the sample of people and dividing it by the total number of points for the completed questionnaires to arrive at a '£ per point' figure.

10. The final personal budget allocation is agreed after a support plan has been completed and signed off as an agreement between the customer and the council. This is to ensure that the allocation is an adequate amount to meet a customer's eligible needs in a way which is safe, legal and cost-effective. The aim, for effective use of resources, is to minimise the variance between the RAS indicative allocation and the final agreed personal budget figure.
11. The modelling of the RAS over the next few months will also allow us to establish a level of contingency which will provide a fund that can be used for an interim period where customers are not able to meet their needs from the indicative budget. An authorisation process will be adopted to ensure that any potential increases above anyone's indicative budget are investigated and handled in a consistent way. All changes will be closely monitored and the RAS will be updated if the results demonstrate that this is required.
12. Learning from other councils has been that the development of the RAS needs to be an ongoing, iterative, process, and the monitoring of the RAS will be an ongoing activity, with an annual review in line with budget setting and changed spending patterns. The pounds allocated for each point given by the RAS may change through the year, as more information about needs and the costs of support is fed into the system. Once a customer's support plan and personal budget has been agreed, however, it would not be changed without first reviewing their needs and outcomes.

Efficiencies

13. It would be a mistake to see the RAS as a simple mechanism for making budget savings. Whilst it would be possible to reduce the '£ per point figure' and apply this reduced figure to all new customers (or existing customers, following a review), the council retains a duty to ensure that needs are met within our current eligibility criteria – i.e. we need to be assured that a support plan to meet a customer's eligible needs can be purchased with any reduced allocation from the RAS.
14. If the indicative allocation provided by the RAS were to be reduced in future by a percentage to meet budget savings targets, savings would need to be achieved through a combination of creative and person-centred support planning (i.e. to ensure that people can make the most effective use of their local support networks) and through commissioning and managing the market so that a range of services that people wish to buy for their support is available at an affordable price.
15. The continuing monitoring and recalibration of the RAS to adjust the '£ per point' calculation to reflect changes in need, practice and market, will therefore *reflect* rather than *drive* efficiencies within the social care system.

Ensuring appropriate use of money

16. Local practice guidance is being developed on what personal budgets may be spent on. This will be based on national guidance and work in other councils and will aim to be as least restrictive as possible. Essentially, personal budgets can be spent on any form of service that helps achieve an outcome and meets an eligible need. Personal budgets cannot be spent to meet health needs that should otherwise be met by NHS healthcare services). They cannot be spent on illegal activities.

Support planning and sign off

17. Support plans address the needs that have been identified, and outcomes which will address those needs. They are produced by the customer, with support as they wish from the council, family and friends and/or user led organisations. The plan must consider areas of concern or risk and show how these have been mitigated and backed up with contingency plans. The process of support planning is person-centred and focuses on achieving the outcomes that are important to the customer, taking full account of the role of carers in providing ongoing support, and of other forms of informal support available to a person.
18. A sign-off process has been developed for the council to ensure that support plans are outcomes-focussed, viable, reasonable, legal and promote independence and value for money.
19. If, at the point of agreeing a final support plan, an increased indicative allocation is required then this will be signed off by a senior manager at the appropriate level. The contingency element in the financial framework will enable this to be affordable and sustainable.

Environmental impact of the proposal

20. There is no known environmental impact

Equality and diversity impact of the proposal

21. Operating a single RAS for all user groups will be a tool to help identify and reduce unfairness and discrimination. It will mean that needs are identified in the same way for everyone without reference to any label of specific disability or 'client type'.

Risk assessment

22. The extent of the changes required to deliver self directed support to meet the government policy and requirements is significant. Changes are being introduced in line with all other English authorities. Changes are also being delivered at a time when public expenditure is under increasing pressure. The Adult Care Transformation Steering Group is overseeing and monitoring the programme of change for self directed support.
23. To reduce risk and avoid destabilising the system, a measured approach is being taken to implementing change, whilst continuing to monitor and re-calibrate the RAS, starting with new customers from October 2010.

24. Risk will be an inevitable consequence of people making decisions about their lives. People using personal budgets will need access to user-led support services and advice and guidance about issues such as Criminal Records Bureau checks. The support plan sign-off will be an opportunity to ensure that risks have been identified and mitigated, and, if necessary, undertake more frequent reviews of a customer's needs and outcomes.

25. Financial risks are referred to in more detail below.

Financial implications

26. The introduction of a RAS makes more transparent the differences in current patterns of spending, with costs for older people likely to be lower than for younger adults. The ways of addressing this, over time, will be through creative support planning to look at other options (for example, lower use of paid staff and more appropriate use of telecare), and through more responsive commissioning.

27. It is anticipated that the range and diversity of services on offer to people to purchase with their personal budgets will expand as new players enter the market. Through its commissioning activities, particularly through the Help to Live at Home project, the Council is encouraging market development and a more equitable cost structure as well as reducing the fixed costs of block contracted services.

28. The RAS will require ongoing monitoring and adjustment to ensure that the right amount of money is calculated to generate sufficient funds to support individuals' needs in a way that is affordable for the Council. Should the price per point be set too high, there is a risk that personal budgets will not be affordable within current budgets. Adjusting the price per point and weightings will ensure the right balance between affordability and meeting people's needs. This process will continue over time as needs change and as the public and the council continue to shape the social care market.

29. The implementation of self directed support is not anticipated to require any changes in roles or additions to staffing levels, since the new way of working is consistent with changes made last year by the FOCUS project. Staffing levels will continue to be monitored as self directed support is implemented.

Legal implications

30. The legislative framework for social care remains the same. The Council retains its legal responsibility around assessment and provision of services for those with eligible social care needs.

Options considered

31. The implementation of personalisation, which includes self directed support and the adoption of a RAS, is a requirement of the Department of Health. The option to do nothing has not, therefore, been considered.

32. Some authorities have implemented separate resource allocation systems for different groups of people and services (e.g. learning disabilities; mental health). However, this does not overcome one of the principles that the RAS should promote equity of resource allocation, regardless of 'client type' label.
33. Some authorities, particularly those that adopted self-directed support early, have worked with consultants to develop their own RAS. However, many are now reviewing the national RAS on the basis that it provides a common framework of resource allocation that can be understood across many local authority areas.

Conclusion

34. The implementation of self directed support, and specifically the Resource Allocation System is a key factor in improving choice and control for people who use social care services. It also represents a fundamental change in the way the council allocates funding for people who need support. Changes are being implemented gradually, and with close monitoring of implications.
35. Members are requested to
 - note the work described above to implement self directed support
 - approve the adoption of a single Resource Allocation System across all client groups as set out above
 - authorise the Corporate Director to proceed with the implementation of these proposals, including delegated authority to agree the final version of the RAS

Background papers

The following unpublished documents have been relied on in the preparation of this report: NONE
