HILLINGDON
LONDON

Social Services, Health & Housing Policy Overview Committee

THE TRANSFORMATION AGENDA AND DIRECT PAYMENTS IN HILLINGDON
Final Report

2009/10

Members of the Committee:

Cllr Judith Cooper (Chairman)
Cllr Pat Jackson
Cllr Peter Kemp
Cllr John Major (Labour Lead)
Cllr Michael Markham (Vice Chairman)
Cllr Anthony Way

INVESTOR IN PEOPLE

The Transformation Agenda and Direct Payments in Hillingdon

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Backing Documents:

Annex A
- Four fictitious case studies to investigate how Self-Directed Support (SDS) would work for the individuals in question and how this might differ from the current care management system.

Annex B
- January 2010 - Support, Choice and Independence – the transformation agenda in Hillingdon – Position Statement

CHAIRMAN'S FOREWORD

The Government led Modernisation Programme heralds a radical change in the delivery of adult Social Care. Their intention is that Councils will introduce Self-Directed support which will transform all aspects of social care and significant social care markets. This presents challenges to service users, providers and the Council. The Government's vision, set out in "Putting People First" proposes that all sectors provide a wide variety of personalised services to improve the lives of those people needing low level to complex needs. I am pleased to report that Hillingdon has already made important progress and Officers are working hard to implement the changes required under the transformation agenda.

The Committee's aim is to highlight key areas which would support Officers in moving the modernisation agenda forward. Based on discussions with Officers at our June meeting we agreed to focus on 3 areas:

1. *Best practice and the organisational learning from the national series of pilot studies conducted by in Control*

2. *Commissioning and Market Development*

3. *An assessment of Safeguarding and Monitoring practice and how this will need to change and adapt to meet new market conditions*

To address these questions we took evidence from a number of sources including the pioneering organisation in Control, who were early innovators and who conducted the initial pilot studies on self-directed support (SDS.) It will be apparent from the report that this is "a work in progress" which will continue to need close monitoring to ensure that effective systems are in place. For example, part of the work of Commissioning and Market Development will be to develop a universal information and advice service for *all* residents. This may well form part of a further review.

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My view is that the proposals in this review, together with the developments that Officers have already put in place, provide an opportunity to improve the way in which the Council delivers adult social care services and for the Authority to be in a better position to assist the ageing population of the Borough in the long term.

Finally, on behalf of the Committee, I would like to thank the external witness who contributed to our review, and also the officers who advised on the main issues from the Council's perspective. Particular thanks to Dave King and the Transformation Team for his comprehensive briefings on this topic. I commend the report and recommendations to Cabinet

Judith V Cooper

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Summary of Recommendations

This review examines the progress made on the Transformation Agenda and Direct Payments in Hillingdon. Following the evidence received, we make the following recommendations.

1. **To note the implementation of the personalisation agenda will not change the eligibility criteria for those seeking adult social care.**

2. **That Officers be requested to develop a comprehensive marketing strategy to ensure universal information, advice and guidance is available to all adults in need of adult care services.**

3. **That Officers be requested to work in partnership with external organisations, and in particular within the West London Alliance when commissioning services, to deliver best value through economies of scale, whilst maintaining quality of service.**

4. **That Officers be requested to ensure that at each stage of developing a personal budget for an individual, as well as reviewing the effectiveness of services purchased using this budget, the potential for abuse or exploitation is identified and minimised.**

5. **That Officers ensure robust safeguarding and monitoring systems are in place that respond quickly and in a timely manner in order to protect clients, carers and providers from instances of abuse to avoid the Council potentially becoming liable for the acts or omissions of the service provider.**

6. **That the Committee revisit this topic in 12 Months time to assess the progress made by the Council and for the Officer report back to the Committee to include any cases where there have been allegations of abuse within the pilot schemes.**

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Introduction

Background and Importance

Overview: What is the Transformation Agenda?

The transformation agenda is about giving people who need social care services more control in their lives *(personalisation)*. Empowerment will mean that people can be responsible for making their own decisions and choices to fashion the support, which suits them. To enable people to do this, people will require access to the right type of **information, advice and guidance.**

This personalisation refers to viewing the person as an individual with their own strengths and preferences and particular set of circumstances and who may have a network of support and resources, including family and friends. They may have their own funding sources or be eligible for state funding. Personalisation reinforces the concept that the individual is best placed to assess the services they need and how those needs can be best met.

As a result, every person who receives social care support from the Council or funded by themselves will be able to shape their own lives and the support they receive irrespective of how they receive it. The hope is that this will lead to social care working more effectively and providing better value for money through the creation of a more competitive, marketplace. In the future, it is expected that personalisation will be extended to other areas including Health and Welfare, where personal budgets are currently being trialled.

Why is the Transformation Agenda Important?

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

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

It is also important to consider the context of the social care transformation. Significant advances in science and technology together with demography

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mean that an increasing number of people are living longer, but with more complex conditions such as chronic illnesses and dementia. The Government Paper, Putting People First[1] has suggested by 2022, 20% of the English population will be over 65 and that by 2027 the number of over 85 year-olds will have increased by 60%. Older people, disabled people and people with mental health needs demand equality of citizenship in every aspect of their lives and the vast majority of people value and want to live independently for as long as possible so it is clear a reassessment is required to meet the growing pressure on service provision.

Historically, many councils have found it difficult to invest in approaches aimed at promoting independence such as prevention, early intervention or re-ablement programmes (although this is often the best use of resources in the longer-term), which will be necessary to promote well-being and meet the population challenges. Social care and wider local government services need to work with the NHS, the voluntary, community and independent sector to harness the capacity of the whole system. It needs to shift the focus of care and support, across the spectrum of need, away from intervention at the point of crisis to a more pro-active and preventative model centred on improved wellbeing, with greater choice and control for individuals.

What are the implications of the Transformation Agenda for Hillingdon?

Currently, Adult Social Care Services in Hillingdon provide care and support for over 6,000 individuals. By 2011 the Government expects all Local Authorities to have made significant progress and implemented the first phase of the transformation agenda.

Reasons for the review

Nationally, there is a strong expectation on all Local Authorities to provide more personalised services. The Department of Health's commitment to this has been reiterated and developed through a sequence of major policy documents, including:

1. *Improving the Life Chances of Disabled People* (Prime Minister's Strategy Unit, January 2005);

2. *Opportunity Age* (Department for Works and Pensions, March 2005);

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

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3. ***Independence, Well-being and Choice*** (Green Paper, Department of Health, March 2005);

4. ***Our Health, Our Care, Our Say*** (White Paper, Department of Health, January 2006);

5. ***Putting People First: a shared vision and commitment to the transformation of adult social care*** (Department of Health, 2007)

The fifth of these papers, Putting People First, set out the expectation that all Local Authorities would transit to a service delivery model for adult social care that was anchored around the provision of the greatest possible choice and control to service users through personal budgets or Self-Directed Support.

A new performance target has now been introduced - the National Indicator NI 130, 'Social care clients receiving Self Directed Support'. 2009-10 is the baseline year for the indicator, and the government has made it clear it expects "significant progress" by the year 2011-12.

NI 130 Definition/Criteria

NI 130 is defined as the 'number of adults, older people and carers receiving self-directed support and carer's specific services in the year to 31st March. To be counted, the person (adult, older person or carer) must:

1. Be getting a direct payment; or

2. Have in place another form of personal budget, which meets the following criteria:
   - ➢ The person (or their representative) has been informed about a clear, upfront allocation of funding, enabling them to plan their support arrangements.
   - ➢ There is an agreed support plan making clear what outcomes are to be achieved with the money
   - ➢ The person (or their representative) can use the money in ways and at times of their choosing.

The guidance states councils will need to evidence that these criteria are met through local monitoring of outcomes (paying heed to the preventative agenda) and satisfaction, as outlined in Putting People First.

Self-Directed Support

Self-Directed Support marks a definite shift from the care management system by focusing on providing social care customers with a transparent

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allocation of money at the very start of the process, and being focused on the customer taking control.

Fig. 1

Clients & service users

A new operating system - citizens & customers
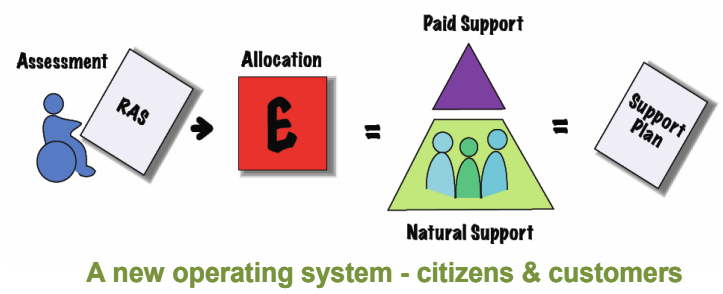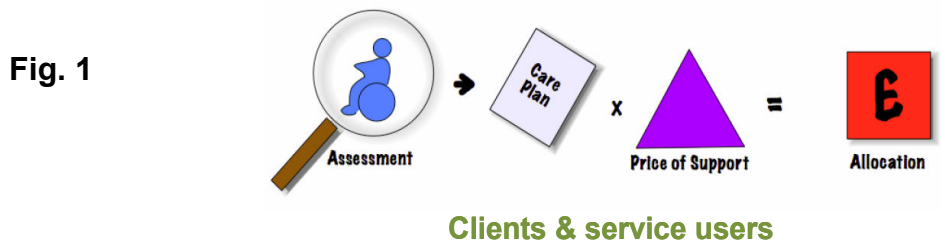
Under Self-Directed Support, the customer journey can be summarised in this way:

Fig. 2

MY MONEY – FINDING OUT HOW MUCH?

MY PLAN

GETTING MY PLAN AGREED

ORGANISING MY MONEY

ORGANISING MY SUPPORT

LIVING LIFE

SEEING HOW IT WORKED

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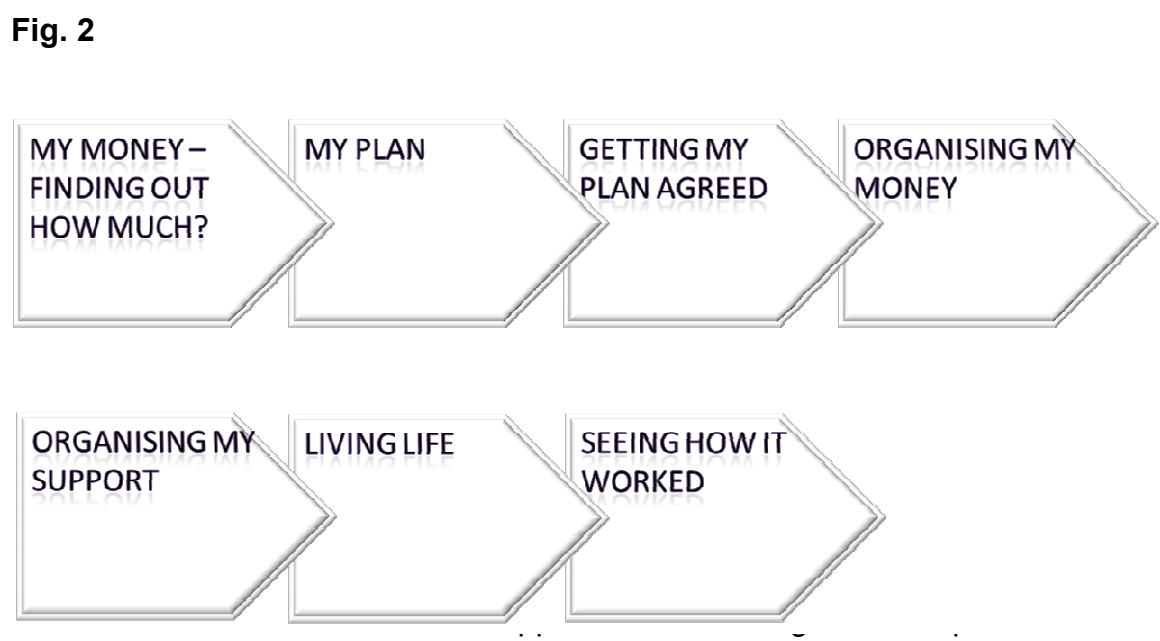
delivery of all elements of social care and beyond.

There are very significant implications for the social care workforce. It is likely that the care management role will be refocused towards assessment, person-centred planning, brokerage and safeguarding.

In addition, both Council provision and independent sector services will need to be fit for purpose and adapted to the personal needs of citizens, otherwise personal budgets will be spent elsewhere.

There are also clear implications (i.e fit for purpose and addressing a specific need) for other services that provide more universal and targeted responses, such as leisure, transport, libraries, housing and benefits.

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Connected work (recently completed, planned or ongoing)

The Transformation of Adult Social Care in Hillingdon is part of the Adult Social Care, Health and Housing Improvement Programme.

Within the Improvement Programme, there are two ongoing major projects connected:

Project	What are the links to this project?
Transforming Housing	• Achieving the common programme outcomes of support, choice and independence for customers • Ensuring an integrated approach to service transformation across the Adult Social Care, Health and Housing directorate • Aligning activities to avoid duplication, achieve synergies and understand any areas where the two programmes are dependent on each other
AIS Modernisation	• Ensuring the modernised information systems in Adult Social Care (and particularly Liquid Logic's Protocol) have the appropriate functionality to support new service delivery models under Self-Directed Support. Additional ongoing work is highlighted in Annex B

Key issues and Terms of Reference

Key issues

1. Choice

Choice is central to the concept of personalisation. Holders of a personal budget must be able to choose how the Self-Directed Support process will work for them. This includes how the assessment, support planning, budget management and brokerage of support options takes place. In addition, there must be true choice reflecting the concerns of carers and users in the market place to permit truly personalised, innovative and cost-effective solutions to be found.

2. Commissioning

The Local Authority's commissioning role will undergo a major change under Self-Directed Support. The contractual relationship between care provider and the Local Authority will shift to a relationship between the care provider

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and the individual. This will mean the Local Authority will increasingly focus on strategic market development rather than direct contract management.

3. Market Development

For personal budgets to provide true flexibility and choice, the external market must be sufficiently developed and rich in both small and large providers. The introduction of individual budgets is a major opportunity for voluntary and private sector providers to develop new services that truly fit the needs of social care customers. Local Authorities will have to engage in market management at local and pan-regional levels to facilitate and influence this process.

4. The 'right support' and access to support

In order for our social care customers to make the most of the increased flexibility and personalisation that a personal budget allows them, they need to receive as much support as necessary to navigate the new system and choose the best package of support options for them. This support needs to be clearly available and take the form the customer prefers.

5. Monitoring services and safeguarding

The Local Authority's responsibility to vulnerable adults will remain under Self-Directed Support, and so there will be a continued emphasis on the development of appropriate safeguarding controls to keep vulnerable people safe. Associated to this is the need to develop an effective approach to accreditation and service monitoring for individuals and organisations that social care customers choose to contract with.

<u>Aim of the Review</u>

To review the progress in delivering the new agenda for self directed support in the delivery of Social Care with particular reference to:

1. The development of the " Universal Offer" for service users

2. Ensuring services are in place to meet individual need and choices

3. Systems of monitoring standards and safeguarding vulnerable people in the new system.

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Terms of Reference

1. *To monitor progress developing Self Directed Support (SDS) in these 3 distinct areas (as above).*

2. *To identify opportunities to develop innovative options in the provision of services.*

3. *To make recommendations that will help officers and partners undertake effective monitoring and safeguarding.*

4. *To make recommendations to Cabinet/the Cabinet Member to address any issues arising from the above investigations*

Methodology

In the current year we used five meetings to examine this issue. In June 2009, officers from Adult Social Care provided a verbal report on the background to the transformation agenda and direct payments.

We also held four witness sessions to discuss and receive evidence relating to the review.

Meetings held in September and October with a further two in November involved taking evidence from a range of witnesses:

First Witness Session: 2nd September 2009

Transformation Team Manager
*   Liselotte Tork

Transformation Change Manager
*   Sam Taylor

The first witness session examined a number of case studies in detail to: isolate and think through the key issues involved against both theory and the larger comparative environment, identify appropriate strategies for the resolution of the 'case', weigh the pros and cons of the remedial options / strategies and recommend and present a rationale for the best resolution. This approach assisted the Policy Overview Committee (POC) to develop key questions to use at later witness sessions (see Annex A).

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Second Witness Session: 14th October 2009

Regional Manager South East of England, in Control
- Julia Woods

Interim Head of Transformation
- Dave King

The second session explored the potential lessons of good practice from other Individual Budget Pilot Authorities. Julia Woods attended from in Control, the leading organisation for Self-Directed Support who had run two national programmes of pilots. They have published a succession of research reports drawing on this bank of evidence. This meeting provided POC with a non-partisan view on the successes, failures and blockages to the progress of transformation across the country.

Third Witness Session: 4th November 2009

Head of Commissioning, Adult Social Care
- Paul Feven

Interim Head of Transformation
- Dave King

Interim Director, Head of Adult Social Care
- Brian Doughty

The third session took a twin focus on commissioning / market development The Head of Commissioning (ASCHH) presented the key issues for commissioning, contracting and market development under the new system of adult social care. In addition, the Interim Head of Transformation presented information on the current and future plans on these issues.

Fourth Witness Session: 17th November 2009

Interim Director, Head of Adult Social Care
- Brian Doughty

Adult Safeguarding Manager
- Nick Ellender

The final witness session focused on safeguarding. The Deputy Director (ASCHH) and Service Manager for safeguarding presented their findings on a) the principal areas in which Hillingdon's safeguarding services will have to

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adapt in future and b) the new checks and controls that are being built in to the Self-Directed Support model for Hillingdon.

The next section of the report provides presents the main findings and concerns arising in the evidence. We then make recommendations to Cabinet, which we believe will help address these issues.

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Findings & Recommendations

At the June meeting, Officers provided an overview of the transformation agenda including its aims and objectives. Referring to Department of Health guidance, the Committee heard that by 2011 all 152 councils will be expected to have made significant steps towards reshaping their adult social care services by ensuring that most of the following building blocks are in place: *(paragraphs 1 to 9 from LAC (DH) (2009) 1)*

1. **An integrated approach to working with the NHS and wider local government partners**. Moving to harness resources from across the whole system, with a strategic shift in the focus of care and support away from intervention at the point of crisis to a more holistic, pro-active and preventative model centered on improved well-being. This might include focus on specific outcomes such as hospital discharge, intermediate care, transition to adulthood and co-location of services.

2. **A commissioning strategy**, which includes incentives to stimulate development of high quality services that treat people with dignity and maximise choice and control whilst balancing investment in prevention, early intervention/re-ablement and providing intensive care and support for those with high-level complex needs. Evidence of how councils might approach this is available in the DH homecare reablement work. This should have the capacity to support third/private sector innovation, including social enterprise and where appropriate be undertaken jointly with the NHS and other statutory agencies such as the Learning and Skills Council.

3. **Universal, joined-up information and advice available for all individuals and carers**, including those who self-assess and fund, which enables people to access information from all strategic partners. Councils could do this using the learning from the Partnership for Older People Pilots and LinkAge Plus Programmes. Links to advocacy and support services will need to be considered where individuals do not have a carer or in circumstances where they require support to articulate their needs and/or utilise the personal budget. Equally, this type of support may be necessary where there are potential conflicts of interest between the needs of the user and the family carer and/or other family members.

4. **A framework for proportionate contact and social care needs assessment** to deliver more effective, joined-up processes. Greater emphasis on (assisted) self assessment, enabling social workers to undertake more appropriate assessments and spend more time on support, brokerage and advocacy to ensure users experience a 'no wrong door' service.

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M **For people eligible to receive council-funded support**:
- Person centered planning and self-directed support to become mainstream, with individuals having choice and control over how best to meet their needs, including through routine access to telecare.
- A simple, straightforward personal budget system, which will lead to maximum choice and control being in the hands of people who use services as well as support to increase the uptake of direct payments, where people choose to take their personal budget as cash. The *Personalisation Network* provides a range of resources, tools and examples gathered from councils across the country.

5. **Mechanisms to actively involve family members and other carers as expert care partners**, with appropriate training and practical support to enable carers to develop their skills and confidence.

6. **An enabling framework to ensure people can exercise choice and control** with accessible advocacy, peer support and brokerage systems with strong links to user led organisations. Where user led organisations do not exist, a strategy to foster, stimulate and develop these locally.

7. **An effective and established mechanism to enable people to make supported decisions built on appropriate safeguarding arrangements**, e.g. risk boards and corporate approaches to supporting individual choice and risk management. Supported by a network of "champions", including volunteers and professionals, promoting dignity and respect in local care services for both service users and their carers.

8. **Effective quality assurance and benchmarking arrangements**. This will include active membership of the local/regional networks to support transformation to ensure access to the latest information, advice and support. Effective local information systems to capture inputs/outputs and outcomes for individuals to support local quality assurance.

9. Councils will also be expected to have started, either locally or in their regions, to develop:

   I. **A market development and stimulation strategy**, either individually or on a wider regional basis with others, with actions identified to deliver the necessary changes. This may include a transformed community equipment service, consistent with the retail model.
   II. **A local care workforce** with the capacity and capability to deliver choice and support individual control, with staff who are appropriately trained and empowered to be able to work with people to enable them to manage risks and resources and achieve high quality outcomes.

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III. **An approach that demonstrates an effective use of the available resources** and meets the 3% efficiency targets.

During the course of the presentation, Officers also highlighted a number of key risks and challenges. These included:

1. Balancing the needs of carers with those of the citizen with the individual budget.
2. The opportunities for positive risk taking and enablement by all parties with vested interests in the transformation agenda.
3. The crucial area of safeguarding and monitoring and the challenge of building on experience and improving current systems.
4. The need to manage the inherent tension between providing choice and control at the same time and assisting customers with their support. The difficulty of market expansion and possibility that customers may choose to use unregulated services and provision.
5. Commissioning and decommissioning.
6. Community resources and market development.
7. The role of the Comprehensive Area Assessment, performance ratings and recording/monitoring.
8. The considerable implications for finance and resource planning and the essential task of financial forecasting.
9. Managing staff and workforce planning to deliver services.
10. Citizen engagement in the change process (and the role of marketing in this)
11. The key consideration - All Local Authorities are at different stages in the process – *no one has the definitive answer*.

Having heard the degree of change required *(as outlined above)*, the Committee agreed that implementing the transformation agenda would be challenging and would require fundamental organisational change. Members raised a number of additional points. These included:

- Whether the Council had the manpower to deliver the services anticipated under SDS and what the implications might be for front line service delivery.
- The importance of process and the need to ensure Audit trails are monitored to ensure money from individual budgets is not misspent.
- Support Plans and concerns that these are reviewed regularly
- For support plans to be effective they require sufficient financial resources and regular monitoring.

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Witness Session 1. –

Learning Points arising from the Case Studies

At the first witness session the Committee considered three fictitious case studies. These examples set out how Self Directed Support (SDS) might work in each scenario, how this approach differed from the current Case Management System and highlighted the opportunities SDS provides.

The first message to emerge from the witness session was the reinforcement of the key themes explored in May, namely that the government paper – *Putting People First* sets out an expectation on all Local Authorities to provide more personalised services centred on choice and the empowerment of service users.

Officers explained that in order for the transformation agenda to be successful, the introduction of SDS would need to be open and transparent to ensure residents are clear about the choices available to them (be it individual budgets or current service provision).

We heard that SDS would not provide extra money but was about using existing resources in a more effective way.

One of the key concerns we had was about the eligibility criteria and whether any new requirements would need to be met to receive an individual budget. We were pleased to learn that the introduction of SDS will not be used as a mechanism to change the eligibility criteria for care services.

Recommendation:

To note the implementation of the personalisation agenda will not change the eligibility criteria for those seeking adult social care.

While we heard that SDS is still in an early stage of development the Committee were concerned about those customers which did not meet the eligibility criteria and what help and support would be available to this group. We were told that clients who might be considered *'borderline cases'* i.e. their needs can be met in a variety of ways through different services or providers, would be less likely to 'fall through the net' due to the generic process of the transformation agenda would mean that a shift in focus away from intervention at the point of crisis to a more holistic, pro-active and preventative model centered on improved outcomes meant that customers would be helped at an earlier stage.

The case studies highlighted a number of further important issues:

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- The important role of support plans and advocates within SDS to safeguard the decision making of vulnerable clients.
- The Council obligation to ensure best value. This must also take account of the costs associated with 'managing the money' of vulnerable clients by third parties.
- At present, many clients are reliant on a variety of services to deliver the services they need. Under the Transforming Social Care Agenda with the changing roles of carers and social workers the Council has to ensure systems are in place to manage and monitor the performance of *inter-agency relationships.*
- Officers will need to investigate the use of' charged up cards' and other *innovative funding models* as a method of payment for people who receive self-funding for the purchase of care, to enable payments to be tracked.
- Officers informed the Committee that after a care budget had been determined, service users who opt for SDS have a choice of where to purchase care from. Safeguarding and monitoring of services will be very important especially since officers explained that the largest take up (so far) of SDS has come from clients with learning disabilities.
- The Committee were informed that Housing provision and its fit with SDS will be a core issue for the Council to address. Housing Services will need to assess all the housing options available and be as innovative as possible so that clients can be advised how to maximise the funding streams available to them outside adult social care.
- The Committee highlighted transportation provision as a key issue the Council will need to address under SDS.

The key themes and issues arising from the witness session were:
- SDS and provision for 'borderline cases'
- The importance of managing pre-service costs
- The importance of strong Interagency Relationships
- Different types of funding models
- Resource allocation and monitoring / prevention
- Housing issues
- Transportation issues
- Access to funding streams outside adult social care
- Safeguarding and monitoring

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Witness Session 2. –

The potential lessons of good practice from other Individual Budget Pilot Authorities.

Our October meeting was attended by *Julia Woods*, Regional Manager, South East and London from 'in Control'. Ms Woods explained her role as Regional Manager - London and South East for in Control and how the early work on the Pilots had progressed. During the course of the witness session the following issues were raised:

Background and role of in Control
in Control is an organisation that was created to transform the current social care system into a system of Self –Directed Support. Its mission is now to create a new welfare system in which everyone is in control of their lives as full citizens.

in Control was set up in 2003 as a social enterprise by a number of partners including the Department of Health. The primary role of in Control was to propose ways in which the current system of social care might be reformed and in particular to develop a universal model of self directed support (SDS) to advance the personalisation agenda. Further information can be found at the following website - see: www.**in-control**.org.uk

Local Authority Pilots
Between 2003 and 2005 in Control conducted phase 1 of its investigations through pilot studies in 6 local authorities in England. This work focused on people with learning disabilities and included a small-scale evaluation (15 people in each local authority were allocated a personal budget, given a support plan and arranged support to address their specific needs) of the impact of SDS on the lives of the people using it. To avoid nugatory work each pilot authority focussed on a particular aspect of the transformation agenda in order to maximise learning:

1. **Essex** – *support brokerage*
2. **Gateshead** – *reproviding a hostel*
3. **Redcar and Cleveland** – *modernisation of a day service*
4. **South Gloucestershire** – *people in and out of authority placements*
5. **West Sussex** – *people with high support needs*
6. **Wigan** – y*oung people in transition from childhood to adulthood*

We heard that the pilots had produced the following findings:

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Essex –Brokerage was successful in helping people achieve desired changes in their lives but in some cases the role of brokerage was unclear which led to some resistance amongst care managers.

Gateshead – This pilot showed the use of a resource allocation system to set personalised budgets was very useful. This allowed them to allocate funds to people leaving a hostel and assisted them develop more appropriate services. One of the major challenges was achieving a shared understanding of what this new approach would mean for families and staff. Gateshead also supported a provider forum that aimed to ensure that people without strong family connections would be able to move out of the hostel into arrangements with strong support networks.

Redcar and Cleveland – This pilot found that after a system for creating personalised budgets had been established, significant progress was made in people either leaving or making much less use of the day centre service. This pilot highlighted the importance of working effectively with the PCT.

South Gloucestershire – This pilot found that working to include people hundreds of miles outside the authority proved very difficult. This issue requires further attention. This pilot focused on people wanting to change their home situation.

West Sussex – This pilot was successful in helping young people at the end of their school years to gain control with family members acting as their agent. However the pilot showed it would be difficult for people living in NHS residential places to move to alternative accommodation.

Wigan – This pilot showed that the Learning Skills Council, the Local Education Authority and local College could work well in partnership and underlined the importance of achieving corporate buy-in from the Chief Executive as an important step in ensuring a potentially difficult arrangement became a productive partnership.
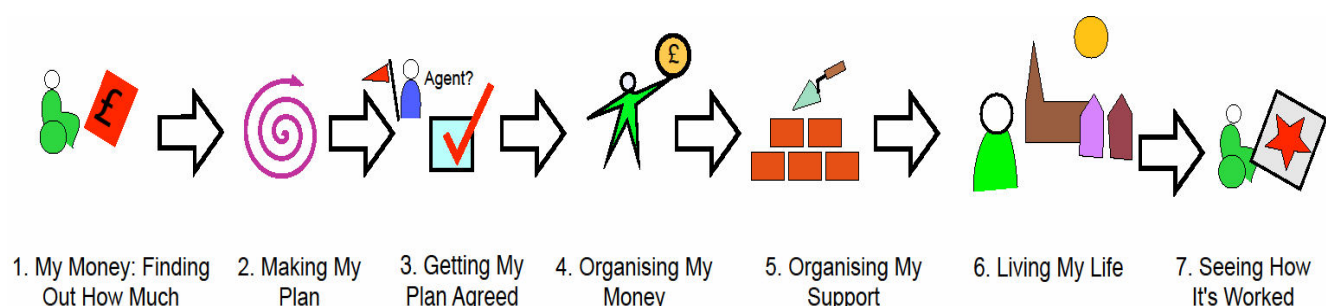
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In Control system to deliver SDS

We heard that stemming from the pilots, in Control developed a system comprising of 7 steps. These are:

1. **Setting a personalised budget**
2. **Plan support**
3. **Agree plan**
4. **Manage personalised budget**
5. **Organise support**
6. **Live life**
7. **Review and learn**

The universal model is shown below:

1. My Money: Finding Out How Much
2. Making My Plan
3. Getting My Plan Agreed
4. Organising My Money
5. Organising My Support
6. Living My Life
7. Seeing How It's Worked

Following phase 1, in Control set up a membership programme for local authorities and phase 2 began.

Feedback from the Phase 2 programme
We heard that Phase 2 pilots aimed to identify ways of ensuring that its model (the in Control system) was sufficiently robust so that it could be applied to all socials care groups.

To test the effectiveness of the model, in Control surveyed 196 people using SDS about their experiences and the following points emerged:

1. *health and well-being* – 47% of people reported improvements (48% reported no change[2]). People were more likely to feel the benefits of SDS if they had been using SDS for more than one year and had support from family / friends to plan their support.

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[2] A Report on in Control's Second Phase 2005 – 2007 pages 17 to 22

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2. *relationships* – 55% of people reported improved relationships with people they liked (42% reported no change).

3. *quality of life* – 76% of people reported improvements in their quality of life (23% reported no change)

4. *opportunities to take part in or contribute to their community* – 64% reported improvements in the extent to which they participated in the community (34% reported no change)

5. *choice and control over important things* – 72% reported improvements to the choice and control in their lives (27% reported no change)

6. *feeling of security at home* – Only 27%of people felt more positive.

7. *personal dignity in support*- 59% of people reported improvements (41% reported no change)

8. *economic well being* – Only 36% of people reported improvements.

9. *life as a whole* – Overall the results are encouraging. Only a very small number of participants reported matters getting worse and in mot areas there were signs of tangible improvement

in Control work has begun to show that self –directed support does not have to cost more than traditional services when based on an effective resource allocation system. In the pilots, individual satisfaction levels increased significantly and customers saw real benefits in exercising more control n their lives. In addition, evidence from the Partnership for Older People Projects (POPPs) pilots appears to indicate that a shift to early intervention and re-enablement allows resources to be spent in a more cost effective way.

Funding Streams for in Control
In response to member's questions about funding, we were told that in Control is primarily funded by personal memberships.
- Further finding is received from the following streams:
    1. The Department of Health
    2. Section 2 grants from Section 64 money
    3. The Families and Professionals grant
    4. The Carers Grant

Members noted that In Control's survey was based on a small sample size and it's findings are therefore interesting but not statistically reliable.

Members asked about brokerage and what steps could be taken to ensure significant amounts of money were not spent on managing individual budgets.

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Officers explained that a free in-house brokerage system will stop these charges but if a client chose to use an external broker this should not amount to more than 15 hours or 2% of the personalised budget.

The Committee enquired about monitoring and the opportunities for people to possibly take advantage of and make money from vulnerable people. In response, Officers explained that a regional accreditation scheme and value for money scheme will need to be set up and the Local Authority has an obligation to provide value for money.

To enable finance packages to be transferred from the user to the provider, individual service design can be used and this would be managed by the Local Authority. Alternatively, families have the option of using a Trust or circle of friends / relatives to manage this process. Officers explained that further protection will be given to customers through the full needs support plan which will incorporate a pre-payment scheme.

The Committee agreed that clear sign posting was vital to ensure that clients are aware of the different types of support available and how to access these. The Committee agreed that the Authority will need a clear strategy to provide information and advice through a combination of printed leaflets and electronic media. This requirement is reflected in the following recommendation:

Recommendation:

That Officers be requested to develop a comprehensive marketing strategy to ensure universal information, advice and guidance is available to all adults in need of adult care services.

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The witness explained that one of the roles of in Control was to assist Local Authorities manage the national advice and information and produce organically grown locally information.

Officers confirmed that as with other Council services, there was a generic need for information and at present officers were investigating the steps required to provide a single point of access service. Officers agreed that the Internet will have significant role to play in providing information.

Members enquired how long in Control had been assisting Local Authorities and whether this had been operating long enough to expose problems. The witness explained that some financial abuse had been uncovered (but there were no comments on the extent of this). However, as the personalisation agenda was still a relatively new area, all the organisations involved are learning as the system develops.

The Future for in Control?
- 80 Authorities are members of in Control and have started to implement SDS across the whole social care system.
- The Government commitment to the SDS has ensured that its partnership with in Control has developed.
- The following organisations are partners of in Control:
    1. First Step
    2. Foundation for People with Learning Disabilities
    3. Helen Sanderson Associates
    4. Inclusion North
    5. Know what I mean
    6. Mencap
    7. Moveable Feast
    8. National Association of Adult Placement Schemes
    9. North west Training and Development Team
    10. Older People's Programme
    11. Paradigm
    12. Valuing People's Support Team.

This partnership faces 2 distinct challenges:

1. only First Step is a user-led organisation and
2. currently there is an over dominance by organisations who are expert in learning disabilities, in Control must work to ensure that SDS is not limited to any particular group.

To develop SDS in Control's will be involved in a number of programmes with its partner organisations including:

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- o Making technical changes to the in Control model of SDS e.g. gathering the lessons and data from the Resource Allocation System and using these to develop RSA.
- o Supporting LAs through the induction programmes, network events and regional forums
- o Sponsoring the creation and development of a brokerage network
- o Using in Control's organisational learning to the transition of young people from childhood to adulthood
- o Further work with providers to reshape their services to respond to individual action plans
- o Further work to develop community building tools as part of the strategy to assist disabled people both to contribute and access support from their local communities
- o Supporting the development of family and self-advocate leadership
- o Developing on-line resources to help individuals with the control of their support and LAs with the development of SDS.
- o The production of further key publications e.g. A Resource Guide for Families.

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Witness Session 3 –

Commissioning and Market Development

In early November we heard from Officers about the progress so far on commissioning and market development under the self directed support agenda.

We heard that the commissioning of services by the Local Authority and change under self directed support (SDS) is a new area for officers and there are no fixed answers at this point. However, the commissioning of services under SDS will in essence not be fundamentally different. The needs of the Local Authority (LA), national priorities, local priorities, and the needs of service users will remain the same. However, there are significant differences in practice relating to the delivery of more choice.

Officers explained that as SDS is a relatively new concept, there will inevitably be a lag time before the impact of choice is recognised and the market reacts to this change. Most notably we were told that *the degree of choice will be the greatest transformation of SDS and also one of its greatest challenges.* We heard that under SDS the procurement process will undergo significant change. Purchases currently made on a block contract basis will need to move to a system where the council can provide some guarantees in terms of quality and price but without the guaranteed occupancy for providers.

Officers suggested some of the greatest challenges under SDS will include:

1. Controlling prices
2. Market change including its development and maintaining stability
3. Providing new innovative services for users.
4. Monitoring providers to ensure users are confident in providers signposted by the Council

And to promote choice to end users a number of factors will need to be examined including:

1. Cost, quality and value for money
2. A change of approach, moving away from a continued focus on details and instead focusing on outcomes.
3. Shaping the market to make it more flexible to budgets (both regional, sub-regional and the individual) and the services required
4. Services will need to adapt to ensure they enable the individual to take control.
5. Access to information. Ensuring users have the necessary information to enable them to make informed choices.

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6. Investigating how users spend their budgets and ensuring this is fed back to service providers.

Officers explained that in the first formal agreement of its type, six west London Councils (including Hillingdon) had joined forces to procure and commission adult care services worth about £220 million in the hope of driving down cost and driving out providers offering poor value for money out of the market. The West London Alliance consisting of:

1. Brent
2. Ealing
3. Hammersmith & Fulham
4. Harrow
5. Hillingdon
6. Hounslow

The West London Alliance believe that significant savings could be made in residential and domiciliary care, and self directed support. We learnt that officers anticipate that Framework agreements will become increasingly important as mechanisms to deliver choice and that to ensure value for money, service providers will be required to undergo quality checks to determine whether their prices are reasonable and then LAs can decided whether they wish to draw off this fund.

Recommendation:

That Officers be requested to work in partnership with external organisations, and in particular within the West London Alliance when commissioning services, to deliver best value through economies of scale, whilst maintaining quality of service

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The West London Partnership consists of 6 Local Authorities. Hillingdon is leading on the purchase of residential care including legal requirements, development of the contract specification and the drafting of a new set of outcomes for Service Users.

The West London partnership is also looking at developing brokerage schemes and a wide range of other joint projects linked to commissioning and procurement of adult social care.

Strategic information is passed to partners through the JSNA – Joint, Strategic, Needs, Assessment

From a local perspective, a fundamental change under SDS will entail individuals holding a contractual relationship with service providers and maintaining this new relationship. Officers reported that the control of users should increase as the market develops i.e. service provides will have to adapt and provide better services to retain their customers.

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Members were concerned about the service provider accreditation process and suggested that accreditation should not be an automatic right.

To develop private and voluntary sector markets and deliver choice under SDS the Local Authority is undertaking a number of steps:

1. <u>From a local perspective</u> – The LA is undertaking a full community mapping exercise and actively working in partnership with the voluntary sector to ensure they are aware of the opportunities afforded by SDS.
2. Officers will be inviting voluntary sector organisations to bite size training sessions for providers.
3. Paradigm shift - In the past there was an expectation the LA would lead on major change programmes. SDS has seen a shift and some voluntary sector organisations like Age Concern and the Citizens Advice Bureau are managing change themselves.
4. <u>From a regional perspective</u> – Hillingdon (as a member of the West London Alliance WLA) is / will be using the WLA Partnership to deliver large-scale contracts for example Domiciliary and Residential Care.
5. The Chief Executive Officers and Leaders of the WLA have recognised large shifts are occurring under SDS and instead of using block contracts; Hillingdon will purchase services under the umbrella of the WLA to provide even better economies of scale and more cost effective services.
6. The move towards WLA procurement will have an impact on the procurement departments (including the commissioning and contract teams within each LA) but acting as the WLA could provide an opportunity for a central WLA team to emerge, managing and tapping into the new and emerging market place.
7. Members asked what might happen if Hillingdon had a difference of opinion with other WLA members and what could be done to guarantee standards. Officers explained that where Hillingdon is leading on a project (such as the purchase of residential care) it also leads all boroughs on the development of contractual terms and operates within its legal and procurement framework. Disagreements tend to centre on details rather than outcomes and can be resolved by working closely in partnership.

The Committee asked how monitoring would work under SDS. Officers explained that Hillingdon is leading or involved on a number of projects including:

1. Brokerage
2. Advocacy
3. Personal Assistants Projects
4. Pricing

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     5. A negotiating Team
     6. New model of care and extra care.

The outcomes of these projects will start to be seen in the spring / summer of 2010.

Members were encouraged to hear about the amount of collaborative learning occurring through the WLA and were pleased that officers from Hillingdon are leading on a variety of projects, including the Director of Adult Social Care. Health and Housing who will be acting as a sponsor for other LAs.

To ensure a brokerage service is available the LA is developing an in-house brokerage system, which will be free of charge to all SDS customers. Customers will also have the option to out source this (using their personal budget) to accredited brokers should they so wish.

We heard that there are a number of implications of moving away from current practice of direct contract management towards strategic market development. The challenges include:

- Focusing on outcomes rather than details and having confidence about monitoring the outcomes.
- As Local Authorities become more consumerist and public access to information improves (e.g. through the Internet) there will be greater scope for citizen based monitoring.
- The Committee expressed concern that external monitoring might become more subjective and less reliable.
- The Committee raised concerns about delivering proper market choice and the delicate balance between offering choice and overcapacity. Officers explained that not every service provider would be ready to provide services at the same time and the Local Authority would need to develop the marketplace over time. Officers highlighted there was a strong reliance on Nursing Homes and Residential Care services and the Authority would need to explore several options in the future such as Extra Care and telecare to help deliver alternatives to these forms of institutional living.
- Framework agreements will become more commonplace in service delivery to provide better services and better value for money.
- To help staff prepare for the changes under SDS, the Authority is:
  1. Working on a Corporate Communications and Stakeholder Engagement Strategy.
  2. Providing drop-in sessions for staff
  3. Conducting workshops with staff
  4. Providing regular updates through Team meetings

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Numerous areas will be affected by commissioning and market development under SDS. SDS is promoting greater joint working between the LA and its partners like the PCT as demonstrated by the recent crosscutting work compiling lists of vulnerable persons at risk from the flu pandemic.

Although the Committee was encouraged to hear about recent examples of joint working, they were also concerned about those areas where there was scope to improve whole-scale service delivery such as residential care. Officers explained that SDS provides opportunities for transforming the whole social care system and ensure that the right level of support is available to help customers make informed choices.

In terms of the timetable for implementation, Officers explained that the transformation process will start with the existing client base so officers area aware of their specific needs and then extend this to new clients. Officers are currently concentrating on setting the parameters for the whole of social care and once these are agreed they will be applied to all social care customers.

It is important to note that Hillingdon will undergo a full system transformation.

The relationship between customers and providers will undergo significant change. Providers will need to rely on their relationship with individual customers and not just the LA especially as individual customers can decide to withdraw from their provider. The following points were raised:

- The Committee expressed concern about the level of support available to smaller providers and the voluntary sector
- Early intervention and prevention is a key area, which is being investigated. At present services, information, advice and guidance are being assessed.
- The Committee were concerned that gaps in service provision should be minimised.
- Housing needs will be examined in tandem with care requirements and a more holistic approach will be taken. The Committee highlighted the issue of entitlement and the importance of managing expectations. Officers explained that a key area under investigation included an investigation of a fully integrated assessment process might be introduced to improve services in the future.

Future Plans of the Commissioning and Transformation Teams to Commission services under personalisation.

Officers will be investigating how customers spend their budgets to see how they can assist them in future. HCOP – Hillingdon's Committee for Older People will be used to ascertain feedback on personalised budgets and as a mechanism to shape commissioning for Hillingdon.

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Witness Session 4. –

Safeguarding and Monitoring

At our final witness session we heard from Officers about the principal areas in which Hillingdon's safeguarding services will have to adapt in future and also the new checks and controls that are being built in to the Self-Directed Support model for Hillingdon.

Officers have considerable experience in processing a mix of both Direct Payments and individual payments and so the introduction of individual budgets will not be a completely new concept. Officers said that from their experience, most safeguarding issues were likely to arise around the support network and we were pleased to learn that under the direct payments scheme there have been very few safeguarding concerns. In most cases, when intervention has been required this has been limited. For example resolving paperwork or unpaid bills and has focused on helping users keep on track rather than guarding against cases of fraud or exploitation.

Officers described how the generic process of the Transformation Agenda and the focus on outcomes had introduced its own safeguards by checking and rechecking data throughout its step-by-step process. The 3 steps involve:

1. The Supported Assessment Questionnaire that has to be agreed and 'signed off' by the Care Manager.

2. The Support Plan where there has to be agreement on how needs are going to be met and any risks identified and resolved.

3. The Monitoring of care where the ways a service user has chosen to meet their needs can be reviewed as to whether they meet the desired outcomes and ensure their safety

We welcomed the news that support plans will include a section about risk and how these will be managed or eliminated altogether. During the course of discussions, the Committee raised the matter of financial controls and the processes envisaged with the implementation of the transformation agenda. A specific concern included what steps would be in place to assist those (i.e. suffering with dementia or with mental health needs) who may find managing an individual budget a particular challenge. Officers explained that the type of response would be governed by the support model chosen by the user and whether they were using a:

The Types of Budget Available

1. a lump sum of money
2. a 'shadow budget'

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3. a pre-payment scheme.

To explain what would happen under the changes proposed by the transformation agenda, Officers compared the current practice under direct payments with those anticipated under SDS. Officers explained that the same process would be in place for all individuals but confirmed that an increased level of support would be available through pre-payment cards. Pre-payment cards have the advantage over other payment systems as they only allow users to spend on certain products from approved providers. We learnt that by closely monitoring the account, Officers would be able to establish whether there had been a significant overspend or under spend and so determine whether the user needed further support.

Another serious concern raised by the Committee included whether the Authority had sufficient manpower and what the training implications might be for the Authority to be in a strong position to cope with the increased monitoring role envisaged under SDS. Officers explained that the Authority has a Direct Payments Administration Scheme which checks that the correct payments are being made and that users would be required to provide monitoring information such as utility bills to make this task easier.

We heard that at present, officers manage the accounts of about 400 people using Direct Payments. However, as SDS is an evolving area the resource implications of ensuring there will be sufficient monitoring is not known at this stage.

The Committee asked about the use of technology and the role this might have in monitoring and safeguarding. Officers explained that they anticipated technological advances would make a significant difference by making checks and monitoring less labour intensive through the use of database management techniques and ability to cross reference various user accounts in real time. Officers also referred to the widespread use of the care management system and how this had brought about improvements.

The Committee also expressed concern about capacity issues and the difficulties some people face in remembering security codes in the current 'chip and pin' culture and whether officers thought this problem might be exacerbated through the increased use of pre-payment cards. Officers explained that there was a legal requirement to set up and use a separate account for the pre-payment card but that at the end of the day, using chip and pin would be a choice the user would have to make. The Committee were assured that the capacity of the customer would be addressed through their support plan and any significant risk factors would be identified at the planning phase, long before any resources were available.

The Committee were encouraged to learn that a dedicated Resource Team would be in place to assist customers with Direct Payments and this would act

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as a significant safeguard against financial abuse. The Committee also took the opportunity to raise the concerns of carers and the onus they felt that administering a direct payments scheme might place on them. We heard to counter this issue, the Authority would make a free brokerage service available but that the customer could chose whether or not to use a small proportion of their available budget to procure independent brokerage.

We heard that one of the key changes of the transformation agenda will be the explosion of choice through the creation of a new marketplace. Members expressed concern that this might provide opportunities for sole traders (rather than Limited Companies) to take advantage of vulnerable people. To safeguard against this possibility, Officers explained that all providers will need to be registered with the Care Quality Commission, which will ensure that the Authority compiles a list of approved providers. Officers confirmed that this accreditation would be transferred to any succeeding body.

Brokerage –
Officers confirmed that as each client will have different requirements the market will adapt and brokerage services will increase in number. To enhance safeguarding procedures all brokerage services will need to be accredited. Personal Assistants will be able to offer advice and guidance although ultimately the final decision is taken by the client and a neighbour might be nominated. The Support planning process signs off the Action Plan. Each individual plan has to be signed off and this process includes providers and companies.

Officers reiterated the importance of the support plan and explained that this document identifies the risk factors.

Monitoring –
Members asked about the different types of monitoring environments and how frequently action plans were looked at**.** Further issues included whether the process for monitoring care homes as opposed to private individuals i.e. neighbours was different.

Officers confirmed that a key aspect of the transformation process was the automatic access to the review process. A needs assessment will be conducted to inform the support plan, budgets will be checked and then further assessments will be conducted to check whether needs are being addressed.

Abuse –
The following observations were made:
* Based on past experience, officers reported that most cases of abuse were instances of neglect originating from some form of institutional care and not from Direct Payments. Members were assured that Direct Payments users often had good support

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networks, either from family or the LBH contract of support for direct payment users. They are also more likely to be in a better position to assume personal control of their budgets.

- Officers said that one of the key challenges would be   ensuring safeguarding within a fragmented social care market but this was one of many aspects that would be covered by the programme of pilots. However, officers were also mindful that any environment encouraging choice would involve some degree of risk taking and that in making choices service users would therefore also be encouraged to identify and manage any potential risks (risk factors will be identified in support plans)

- Officers confirmed that customers would not receive a lump sum of money but would receive regular payments for on going care needs. For example, on a monthly payment. Officers assured the Committee that the ways in which this money was spent would be monitored and a profile of expenditure would be created to see if this changed.

An individual budget challenge -
- Members asked whether there was any process in place for customers to challenge their allocated budget should they feel this was insufficient. Any challenge will be referred to the Interim Director ASC, H and Housing for determination. In such cases the role of the broker would be scrutinised. Under the Transformation Agenda, self-directed support seeks to address outcomes and whether an individuals needs were being supported rather than the mount of money available.

To assist customers that fall outside the eligibility criteria Officers explained that it would be necessary to provide:
1. *universal advice and guidance*
2. *a preventative agenda* to assist those vulnerable people which do not meet the eligibility criteria.
3. *community support* which is key work stream for the Council and PCT who are working in partnership on this.

Having highlighted a number of key concerns, the Committee made the following recommendations:

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> **Recommendation:**
>
> **That Officers be requested to ensure that at each stage of developing a personal budget for an individual, as well as reviewing the effectiveness of services purchased using this budget, the potential for abuse or exploitation is identified and minimised.**

> **Recommendation:**
>
> **That Officers ensure robust safeguarding and monitoring systems are in place that respond quickly and in a timely manner in order to protect clients, carers and providers from instances of abuse to avoid the Council potentially becoming liable for the acts or omissions of the service provider .**

As work is ongoing on a number of fronts we felt that it was appropriate to revisit the topic in 12 months time to assess the progress made. We therefore recommend that:

> **Recommendation:**
>
> **That the Committee revisit this topic in 12 Months time to assess the progress made by the Council and for the Officer report back to the Committee to include any cases where there have been allegations of abuse within the pilot schemes.**

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Closing Word

By 2011 the Government expects all Local Authorities to have made significant progress and implemented the first phase of the transformation agenda. These changes will directly affect over 6,000 individuals currently in receipt of care and support from Adult Social Care Services and so we must do as much as we can to assist our residents affected by this transition.

Our review has shown that in response to the transformation process, a new marketplace will form over time to deliver choice and control to users and the emergence of this will simultaneously provide both the greatest challenge and opportunity facing the successful implementation of the change agenda.

To meet the challenges ahead, it will be necessary for the Authority to work in partnership with a series of external organisations and within consortia like the West London Alliance when commissioning services to ensure best value can be achieved.

Our recent review on adult safeguarding highlighted those steps the Authority is currently taking to improve services. Delivering personal choice through individual budgets will not be without risks and so a key aspect of delivering the transformation agenda will be the need for officers to review the effectiveness of the services provided and ensure customers are not abused or exploited. To do this, robust safeguarding and monitoring systems will be necessary which can respond quickly in order to protect clients.

Finally, the review identified that although support is available, there is scope for officers to improve access to information, advice and guidance to ensure that we, as an Authority, do all we can to help clients make informed choices and monitor the services provided to mitigate risk. Good communication, ensuring the innovative use of technology and signposting of services are therefore vital.

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Four fictitious case studies to investigate how Self-Directed Support (SDS) would work for the individuals in question and how this might differ from the current care management system.

CASE 1

Male, late 30's. Severely physically disabled with degenerative condition. No independent mobility in trunk and legs. Limited mobility and strength in arms and neck. Weakened immune system. Prone to chest infections. Was hospitalised twice last winter with severe bronchitis.

Intelligent – 5 good GCSE's despite interrupted schooling. Enjoys using a computer, once it has been set up for him. Also enjoys photography, but needs lightweight equipment. Enjoys outings – has an electric wheelchair for indoor-outdoor use. He loves animals and children, but is not allowed to keep pets in his Housing Association flat.

Has firm ideas about dress, personal appearance, food – likes to direct the cooking of his own meals. Doesn't like "meals on wheels".

Appears to be cheerful and easy-going, but has unresolved anger issues and can be aggressive. He chooses to live independently because of tensions at home and parents apparent wish to control him. He has a 24 hour care package in an adapted ground floor flat.

Father, in his late 60's has angina (stress-related). Mother in mid 60's has arthritis and has started having panic attacks. Parents are known to be in debt since their son moved into his flat and controls his own budget.

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CASE 2

Female, late teens' MLD – disorganised, difficulty sequencing, poor memory except for "magpie vocabulary". This creates a misleading impression of capability. She failed basic skills maths, but passed English.

She can't sustain friendships – overfamiliarity creates wrong impression and is therefore vulnerable to sexual abuse. She tries to buy friendship and is therefore also vulnerable to financial abuse. She was considered to be a "school refuser" because of irregular attendance. School consistently failed to recognise her level of need because of poor attendance. She has a tendency to anorexia.

She has had a number of jobs which she can't sustain – gets out of her depth and walks away from them.

She is passionate about travel – gets on buses and trains and (usually) travels to the end of the line. Then she gets lost, panics, sleeps rough until picked up by police – or Mum if she can trace her movements.

Dad is a petty criminal – community service and short prison sentences – nothing very serious – he presents as a charming rogue. There is one younger sibling who is a model pupil, currently taking GCSE's and expected to go on to Sixth form.

Mum has lost *another* job because of the need to take time off to help her daughter. Now in difficulty with the mortgage. Dad's had enough – he wants her out of the house. Mum is torn between her wish for the marriage to succeed and her daughter's continuing need for support. Mum was also anorexic; there were complications at birth and the daughter was starved of oxygen. Mum feels guilty.

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CASE 3

Male, early 30's, autistic with MLD; obsessive, ritualistic behaviour. Has coped with Day Centre. Likes being driven around in a car but won't get out unless the place is familiar to him and he is with known and trusted people. Social Services have been trying to introduce him to respite are and to short trips out with a known carer.

If over-stretched or surprised he freezes; it can happen anywhere. Shopping is difficult. Fortunately he always wears the same type of clothes and uses the same range of toiletries. His Day Centre has just closed. He has reacted badly to this. It was not possible to prepare him effectively for the change. Neighbours who used to help out by "sitting" on a regular basis can no longer cope with his behaviour.

His parents, who have coped until now, are still working – equity gap means they still have a mortgage. They are both in pensionable jobs, but have gaps because of periods when they needed to support their son. Neither can afford to retire early because of the impact on their pensions. Their current employers have been very understanding for the last 6 months while they were trying to sort out alternative systems for their son, but in the present economic climate are tightening up and have warned that what had been, first paid leave, and is now unpaid leave will no longer be acceptable.

Both parents are showing signs of extreme fatigue and stress and their son is reacting badly to this as well as to the changes in his routine. So far his parents have been able to control or diffuse his outbursts and have been unwilling to talk to Social Services about the extent of their difficulties.

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CASE 4

Male, mid 40's with mental health problems. Manic-depressive exacerbated by drink problem and dabbling in drugs.

Divorced from wife in early 30's after a turbulent 9 year marriage. Was homeless and sleeping rough until his problems were recognised. (His ex-wife took a hand because she was concerned about his welfare.)

During a "good spell" and with support from Mind he was housed with a private landlord – he took his medication, stayed off the booze and appeared to be OK

It turns out he thought a reconciliation was on the cards, but his ex-wife has now re-married and he has reverted to unpredictable behaviour. He has had problems with neighbours – Community Support has been involved. He forgets to pay bills during bad periods, tries to sort them out during good periods. HB is now being paid direct to his landlord by the Council. Electricity is now on a pay-as-you-go meter. During the last winter he was often unable to use it – cold house, cold water. He'd stay in bed for days. He will choose alcohol rather than food and his health is deteriorating.

He has an "on-off" relationship with Social Services, often refusing help of any sort, but he will go to the soup kitchen in the winter months. He will also, during a "good spell" contact Social Services and ask for support – sometimes the good spells last long enough to get him started at AA and to get his bills sorted out.

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January 2010 - Support, Choice and Independence – the transformation agenda in Hillingdon – Position Statement

Introduction

Support, Choice and Independence (SCI) is Hillingdon's programme to deliver the transformation of Adult Social Care in accordance with Putting People First.

The SCI programme is an extensive, whole systems approach to transformation that will ensure the full implementation of Self-Directed Support (SDS) and a recalibration of resources towards universal information, advice and advocacy as well as preventative services and a mainstream reablement service.

SCI is led by the full-time, multi-disciplinary Transformation Team, which includes a mix of practitioners and project specialists with responsibility for the redesign of our business processes, technology infrastructure and the engagement of all local stakeholders.

The programme contains 25 projects in all and is governed by the Transforming Adult Social Care Board with high-level representation from across Adult Social Care, Health and Housing and key partners.

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Timescales

Activity	Date
Transition Services and Brokerage Pilots	Underway
Transforming Adult Social Care Board sign off proposed end-to-end SDS process	January 2010
Submission of first version business process to Liquidlogic for full integration into our case management system Protocol	January 2010
Testing of the system/process with 10 customers	February 2010
Testing of the system/process with 40 customers	April 2010
Readiness period	June/July 2010
Full implementation of SDS for existing customers receiving domiciliary/day care at the point of their next review	August 2010
Full implementation of SDS for all new customers	April 2011

Key headlines

Significant progress is being made across the SCI programme, which is on track to deliver according to the timescales set out above. Key headlines are:

- The Transition Pilot is currently underway, mainstreaming SDS for young people in transition. The first personal budget was agreed in December 2009.
- The draft new end-to-end business process for SDS has been developed, including new tools and forms for the Supported Assessment Questionnaire (SAQ), Support Plan, Brokerage and Review
- The new processes and tools are being fully integrated into our IT and Finance systems
- The SAQ is being introduced into all new assessments carried out by all social workers. This is feeding in to a Comparative Budget Exercise aimed at refining our existing draft Resource Allocation System (RAS)

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- Hillingdon is using an in-house Brokerage Team which has gone through a robust training programme
- Hillingdon is playing a key role in developing the market for personalisation through the West London Alliance – including the PA market, advocacy, brokerage and residential care
- The Joint Commissioning Team and leads from the Primary Care Trust are contributing to a Commissioning for Personalisation strategy, which will encompass a shift towards universal information services, prevention and reablement
- The Department of Health is working with us to provide consultancy support in developing a business case for a mainstream, multi-disciplinary reablement service
- Joint work is being taken forward with Central North West London Mental Health Trust to integrate SDS with the Care Programme Approach locally

Stakeholder engagement

Workforce

Within the SCI programme there is a central focus on developing the staff culture to support new working practices under SDS, particularly greater creativity and risk enablement focused on outcomes, not activities.

A systematic engagement programme has involved direct face-to-face work with over 600 staff through a programme launch event, 10 SCI bitesize training sessions with staff and very regular attendance at team meetings and forums from August 2008.

Over 160 staff have been directly involved in co-designing the new ways of working by participating in four large-scale workshops ("Invent Events") in November 2009.

Over 2010, a full training programme and another series of SCI bitesize training sessions are being put in place to ensure SDS becomes embedded in practice.

Customers

Within our programme plan, we are now at a point where customer engagement is a major priority to ensure local service users can influence practice in Hillingdon under SDS and new systems reflect their priorities..

A launch event and a series of bitesize sessions are taking place from March-April 2010 to facilitate the co-design of working practices.

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A priority one Communications Campaign and a full stakeholder engagement and training programme are in place to raise awareness of SDS across all stakeholder groups.

A consultation is taking place with the think tank Demos to understand customers' views of SDS and help predict the services they will seek to buy with their personal budget.

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