

**REPORT TO:** Health Policy & Performance Board  
**DATE:** 11 January 2011  
**REPORTING OFFICER:** Strategic Director, Adults & Community  
**SUBJECT:** Personalisation

**1.0 PURPOSE OF REPORT**

1.1 The purpose of the report is to update the Health Policy & Performance Board on the Personalisation agenda and highlight the current barriers and risks to full implementation on the personalisation programme.

**2.0 RECOMMENDATION**

**i) The Self Directed Support and Resource Allocation Policy be noted and Members provide comments of the report.**

**3.0 SELF DIRECTED SUPPORT**

3.1 Halton Borough Council is committed to increasing the number of people who receive Direct Payments and Personal Budgets. This is in line with national priorities and the shift to Self Directed Support (SDS) so that clients and carers have greater choice and control over the support they receive and how it is delivered.

3.2 Self directed support is a central plank of the Government's approach to the delivery of health and social care services. The Government strategy recognises the need for services and supports to be flexible and to empower individuals to be more involved in the delivery of service to them. This places considerable emphasis on values and principles; ownership and leadership; choice and control; and the appropriate use of resources.

3.3 The local transformation of adult social care has progressed significantly and Halton are committed to offering all people in Halton SDS and we are in the process of implementing the changes necessary to achieve the target of 1,996 people with a personal budget by 2011.

3.4 SDS is a term used to describe how people can exercise choice and control over their lives and the services they receive. This requires people to be aware of the financial value attributed to meeting their needs. This is known as an individual budget and allows them to make an informed choice about how this is used.

3.5 SDS includes the use of direct payments and the delivery of individualised person centred services. Attached at Appendix 1 is a draft SDS policy which embraces these mechanisms and applies them across all client group areas.

3.6 The SDS policy provides clarity for all existing self directed support arrangements in Halton and underpins our commitment to supporting personalisation throughout the Authority. It provides a clear framework to support new activity and creates clear guidance for both staff and service users.

#### 4.0 **RESOURCE ALLOCATION SYSTEM**

4.1 The Resource Allocation System (RAS) outlines the new system for allocating resources through personal budgets and is based on a person's assessed need taking into account all their circumstances. The personal budget system is a robust system of fair funding and provides equality across all service areas. Attached at Appendix 2 is a draft RAS.

4.2 The RAS also explains how individuals who are eligible for social care will take the lead (with support from family, friends or professionals) in making the following key decisions:

- Determining their needs and the outcomes that they wish to achieve
- Deciding whether they want to take full control of the Personal Budget, arranging their own services, or whether they would like the statutory organisations to manage this on their behalf, or a mix of both of these options.

4.3 It is important to note that this is **not** a financial apportionment system but a policy to describe how needs are assessed and resources considered.

#### 5.0 **RAS SYSTEM**

5.1 The current pilot system for operating the RAS continues to be utilised. A risk enablement panel considers the higher cost packages.

5.2 The Personalisation team currently consists of:

- 1 x Senior Officer
- 1 x Direct Payments Officer
- 1 x Client Finance Officer
- 1 x part-time Clerical Assistant
- 2 x further officers funded from the Transformation grant.

- 5.3 The current post holder who audits the system and provides the resultant Individualised Budgets and adjusts the system is funded part time until March 2011 from the Council's Transformation grant. The increase in Individualised Budgets, their inputting and IB creation is therefore not sustainable in the long term by this post. Work is being undertaken to consider models which would enable other staff to adjust the system. This requires an appropriately trained employee.
- 5.4 Indicative budgets as part of the pilot are calculated by the RAS are at present only provided to clients where they are new to the service and have no existing package of care, or where their needs have increased and an increased package of care is required. In all other cases the indicative budget is based on the cost of their existing package of care, thus the package of care following the SDS process should be no more than the cost of a traditional package.
- 5.5 It was originally anticipated that a carers RAS would be developed, however, there has been no work undertaken on this project. Carers are currently receiving funding via a Direct Payment and therefore offered choice.

## 6.0 **PERSONAL ASSISTANTS**

- 6.1 With a sudden increase in the number of "employers" in the sector (each responsible for the employment of a very small number of workers), the workforce becomes increasingly difficult to both monitor and regulate and it is important to understanding how Direct Payments are impacting on the nature of the workforce within the sector.
- 6.2 As in all services supporting people to live independent lives, risk management is about achieving a balance between risk mitigation and informed risk taking. Direct Payments are about making informed decisions to ensure that we are meeting people's aspirations about choice, independence and care arrangements that suit the individual and their lifestyle. Training for personal assistants should therefore be seen as an important contribution towards ensuring a quality service and managing risks to the health and safety of service users and personal assistants alike.
- 6.3 It is important therefore that personal assistants have access to relevant supports, including training, which will help them care for the person being cared for safely and appropriately.
- 6.4 In supporting service users to directly arrange their own care provision, we need to ensure the service user is aware of
- The skills, competence and standards of care required to support service users' assessed needs;

- Recommend minimum training and/or qualifications to assure safe and appropriate care to meet assessed needs;
- Information on access to relevant training for directly employed personal assistants to assist them to develop the required skills and competence and
- Implications for health and safety of service user and personal assistant if relevant requirements and standards of care are not met.
- Implications of contracting with Agency Providers who are not contracted with the Local Authority.

6.5 A number of new booklets have been devised a “Guide to Employing your own Personal Assistants” and a “Guide to Choosing an Agency Provider” which will further enhance the series of Direct Payments guidance booklets.

## 7.0 **TRAINING**

7.1 There are still areas of people who have not received the training e.g. Rapid, Access & Rehabilitation Services, wardens and new staff starters. Long term there is not an identifiable budget to continue the funding and the Council will need to consider ways of providing ongoing training to all staff.

## 8.0 **POLICY IMPLICATIONS**

8.1 These are highlighted within the report.

## 9.0 **SAFEGUARDING IMPLICATIONS**

9.1 An Adults Safeguarding Audit Tool has been completed and is subject to review by the Policies and Procedures Sub Group of Halton’s Adults Safeguarding Board.

## 10.0 **FINANCIAL IMPLICATIONS**

10.1 At this stage within the pilot it is envisaged that the additional costs will be to accommodate the increase in the number of new people and extended packages of care.

## 11.0 **EQUALITY AND DIVERSITY ISSUES**

11.1 An associated Community Impact Review & Assessment (CIRA) has been completed and will be subject to review by the Directorate Equalities Group.