

REPORT TO: Healthy Halton Policy & Performance Board
DATE: 4 March 2010
REPORTING OFFICER: Strategic Director – Health & Community
SUBJECT: Update on Resource Allocation System
WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To update members of the Healthy Halton Policy & Performance Board on the implementation of a resource allocation system (RAS).

2.0 RECOMMENDED THAT:

Members of the Healthy Halton Policy & Performance Board:-

(1) Note the contents of the report.

3.0 SUPPORTING INFORMATION

3.1 Background

‘Personalisation’ is the vision for the future of social care provision. We need to enable people to have more choice and control about what services they want, need and when. Whilst Halton has been successful at introducing Direct Payments (second highest performer in the 2008-09 definition of NI 130 having 868.8 adults and carers per 100,000 population being given self directed support via direct payments, this equates to 14.1 per cent of all service users) it needs to introduce Individual Budgets for people and streamline funding streams into one budget that people can access including funds from Supporting People.

3.2 The National Indicator Set, Performance Indicator N1 130, is seen as an important link to the self-directed support strand of Putting People First. Halton will need to achieve a 30% take up of PBs by March 2011.

3.3 Unlike Direct Payments a Personal Budget can be used to purchase Local Authority services, and therefore a package of care may be a mixture of Local Authority services and services provided by Personal Assistants or provider agencies, e.g. an older person may receive home care provided by the Local Authority and a meal provided by a local pub.

3.4 As with Direct Payments, Halton Borough Council's internal audit will undertake audits of how people receiving a personal budget are spending this money.

3.5 Comparison of traditional service model and proposed model

Table 1 compares the proposed model for self-directed support with the traditional service model for delivering social care.

Table 1

Traditional service model	Proposed model
Assessment by professionals	Early supported self-assessment
Lack of transparency in the process of allocating resources; budget decided at the end	Transparency in resource allocation; budget decided at the start
Care plan decided by professionals	Support plan designed by individual with people or professionals of their choice
Money managed by local authority	Money managed by individual or nominated person or organisation
Services commissioned by local authority	Services commissioned by individual
One-off planning process, with yearly review	Reflexive process; support plan constantly reviewed and learned from
No flexibility in spending	Flexibility in spending
Responsibility for risk lies with local authority	Responsibility for risk lies with the individual and the local authority
Individual receives services from the state – no incentive to innovate	Individual designs and commissions their own services – opportunity to be creative and innovative
Individual as part of public services machine	Individual as empowered community member

3.5 As can be seen from the table above one of the main changes to be adopted is the provision of an up front allocation of budget, prior to the design of a support plan which addresses how a clients' needs

will be met. Halton has decided on a points based system for calculating an indicative budget. A short presentation to describe this system will be given as part of this report.

4.0 POLICY IMPLICATIONS

4.1 Over the next 5 years, Personalisation is likely to substantially affect the way in which people receive services and will require political support.

5.0 FINANCIAL/RESOURCE IMPLICATIONS

5.1 There are no financial implications at present, and it is expected that the introduction of the RAS will be cost neutral.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Personal Budgets have been used by some councils to support young people with disabilities in transition from Children's to Adult's Services and this is at early stages of development in Halton. It will be important to ensure Children's and Adult's services work closely to ideally develop a single process for individualised budgets.

6.2 Employment, Learning & Skills in Halton

None identified.

6.3 A Healthy Halton

It is clear that the Government anticipates that the use of Personal Budgets will lead to health gains and further work is needed on the interface with Health services.

6.4 A Safer Halton

None identified.

6.5 Halton's Urban Renewal

Not applicable

7.0 RISK ANALYSIS

7.1 Failure to introduce the RAS quickly may delay the up-take of PBs and may result in HBC not meeting the NI 130 targets set for March 2011. However, good progress has already been made in meeting this target.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 Equitable policies and practice will need to be introduced for all client groups.