

Item 5

7th October 2010



Glasgow City Council

Executive Committee

Date: 7 October 2010

Report by Councillor Matthew Kerr, Executive Member for Social Care

Contact: David Crawford, Executive Director Tel : 78853

Personalisation of Social Care

Purpose of Report:

To seek approval for the implementation of personalised social care services in Glasgow.

Recommendations: Committee is asked to approve:

- i. the implementation programme for personalisation of social care to ensure a fairer, more equitable, transparent and effective allocation of available social care resources;
- ii. the proposed application of a Learning Disability Resource Allocation System (RAS);
- iii. revenue support of £520,000 per annum from the Council between 2011-13 to support implementation;
- iv. the Council's position with respect to changes to ILF; and,
- v. that given the experience in England and current and projected future cost pressures and savings requirements, a working assumption of a 20% resource re-direction be applied in Glasgow, to be kept under review based on the particular experience here.
- vi. Note the commitment of the Executive Director to provide further detail on the assessment process and allocation of resources to a future Policy and Development Committee.

Ward No(s) :

Citywide:

Local member(s) advised: Yes No

consulted: Yes No

1. Purpose of report

- 1.1 This report seeks endorsement for the implementation of personalised social care services in Glasgow.

2. Definitions

- 2.1 The personalisation of social care services has been defined by the Scottish Government as being about improving outcomes for citizens, by providing choice, control and independence, through safe, sustainable and economically viable responses to support planning. Specifically, Self-Directed Support (SDS) is a term that describes the ways in which individuals and families can have informed choice about the way support is provided to them.
- 2.2 Service users are allocated an Individual Budget (IB) via a process explained at 2.3 below. The choice then may include taking that IB as a Direct Payment (DP), having a direct payment managed by a third party, or directing the IB to arrange support from the local authority or from a commissioned provider. The choice can also be for a combination of these. This allows people to purchase alternatives to traditional care supports; however, Individual Budgets must always be used to meet the outcomes identified in the person's support plan.
- 2.3 There is a range of technical terminology associated with personalisation. However, the most important concepts to be aware of are:
- i) Self Evaluation Questionnaire (SEQ): is the process through which a service user is supported by a relevantly qualified social care professional to evaluate their support needs. A draft SEQ is provided as appendix 1.
 - ii) Resource Allocation System (RAS): is the process through which funds are allocated in accordance with the individual's support needs. SEQ answers are then converted into an indicative financial value.
 - iii) Re-direction Potential: is the element of the total budget to be retained for re-direction. For example, to meet current and/or projected future cost pressures; savings; or, re-directed to other service priorities. The experience from England is that re-direction potential can be in the range of 20-30%. It is clear that in the current economic climate there will be significant savings for 2011-13 expected from this and other SWS budgets, the detail of which remains to be clarified and approved within the Council budget setting process. It is also acknowledged that there is known significant future demand which will be met through the personalisation agenda.

3. Background

- 3.1 Personalisation of social care services remains at an early stage in its development in Scotland, although there is a strongly shared commitment to its future application expressed in a number of places:
- i) Glasgow City Council Executive Committee Report (March 2008)
 - ii) Progress report to Policy Development Committee (September 2009)
 - iii) 21st Century Review of Social Work – Changing Lives report (February 2006)

- iv) Scottish Government draft personalisation strategy (February 2010)
- v) Scottish Government consultation on personalisation bill (expected to be introduced in September 2011)
- vi) COSLA Health and Wellbeing Committee (September 2009)

3.2 The key drivers for the implementation of personalisation in a Glasgow context are:

- i) The need to ensure fairness, equity and transparency in the allocation of finite resources in accordance with individuals' support needs. That is, only differences in need should explain differences within and between care groups, not for example, historical differences in the level of available Supporting People funding.
- ii) Evidence from England and elsewhere of IBs being associated with better overall social care outcomes for service users. The UK Government Department of Health commissioned an evaluation of its Individual Budgets pilot in 13 English authorities that found recipients of IBs were significantly more likely to report feeling in control of their daily lives, the support they accessed and how it was delivered. The evaluation also found that IBs have the potential to be more cost effective than standard care and support arrangements.
- iii) The desire to empower and enable individuals to take greater control over their own lives and the support they need.
- iv) Planned legislation in Scotland that is expected to make self directed support the default position for the provision of social care support in the future. This would require individuals to opt out of this form of support, as opposed to the current position where they proactively have to opt in. The Bill is expected to be introduced to the Scottish Parliament in September 2011.
- v) The projected reduction in social care budgets of 12% over the next 3 years and the accompanying increase in demand, in for example, learning disability services. The Council must adopt a financially prudent approach to responding to the challenge of volatile budgets.
- vi) Current approaches to managing the allocation of resources are unsustainable in the above context; for example, the 'new demand' process within Learning Disability.

3.3 In addition, it is important to be aware of our starting point here, namely the significant number of service users receiving long established, traditional packages of support, often borne of better financial circumstances associated with for example, the closure of Lennox Castle Hospital, the influx of Supporting People resources and Independent Living Fund (ILF).

3.4 The alternative to personalisation would be to adopt a more traditional approach to reducing budgets, either applying proportionate reductions to a range of services or cut some services in their entirety.

3.5 Committee is also asked to note that the Clyde Valley Collaborative formed in response to Sir John Arbuthnott's report on shared services is currently

exploring the scope for developing a collective approach to personalisation, drawing upon the work already being carried out in Glasgow and elsewhere.

- 3.6 Committee is also asked to note the position in England where local authorities have been set a Government target to get 30% of adult social care recipients on to personal budgets by April 2011.

4. Glasgow Implementation Plan

4.1 Glasgow has been pursuing a small scale pilot of personalisation for users of learning disability services in East CHCP. The pilot, supported by the Scottish Government as one of three test sites across Scotland, has seen 57 people participate in the process to date; 15 have their self directed support arrangement in place, with 15 others having in-principle commitments in place. Although still small numbers, the early indications are consistent with the findings from England of the potential for better outcomes for individuals and the more efficient deployment of available resources. Ideally there would be more time to test the model and the evidence relating to outcomes, but the forthcoming challenges preclude this.

4.2 The table at 4.4 below details the planned implementation of personalisation across social care groups, which is incremental to reflect the particular challenges, associated with personalisation faced by the different care groups. For example, adults with learning disabilities tend to be starting from a more advanced point in relation to personalised care packages than older people; or, the daily support requirements for adults with a physical disability tend to be more consistently predictable than those with episodic mental health problems.

4.3 The incremental timetable detailed below takes account of the need to tailor personalisation to individual care groups at this stage, with a medium term aspiration to evolve towards more converged arrangements. However, it should be stressed that financial imperatives underpin the proposal that Glasgow adopt an ambitious timescale for the implementation of personalisation. The proposed 'go live' date for roll out in Learning Disability is 18 October 2010.

4.4 The table below provides a summary timetable for concluding the roll out by care group:

Care Group	Number of Service Users	Implementation timetable	Comments
Learning Disability	1,800	By end of 2010-11	Already being developed in East CHCP. Implementation plan will prioritise wider roll out in LD across Glasgow. The initial RAS relates to Learning Disability, with some further work required to test its applicability to Physical Disability. Further work will take place in line with the timescales in this table to develop the RAS for other care groups.

Physical Disability	900	By summer 2011	Some initial work has taken place in relation to individuals with a physical disability. The pre-existing levels of personalised support and relatively small numbers make this a logical priority for implementation.
Children with Disabilities	3,000	By summer 2011	Similar to LD and PD in terms of relatively personalised support packages at present. Issues of inequity between children's and adult support packages make transitions problematic and this care group an early priority.
Mental Health	1,950	By end of 2011-12	Some initial work has been commenced around Mental Health, working with some of the main providers. Further preparatory work needed before roll out can commence.

4.5 Careful consideration would need to be given to the application of personalisation to Older People services and the timescale for that given the wider strategic reform agenda in that area, including re-ablement and shifting the balance of care.

4.6 Many individuals with an autism spectrum disorder (ASD) will be amongst the earliest recipients of self directed support given the priority attached to Learning Disability and Children with Disabilities in the above timetable.

5. Implementation Challenges

5.1 It should be stressed that rolling out what is a whole systems change around personalisation across the City represents a very significant challenge to Social Work Services. Some of the key challenges are summarised here:

- i) Development of a robust RAS – the failure to develop a RAS that adequately aligns resources to needs carries both financial and care management risks. A further challenge is the development of a single RAS that can be applied to all care groups, as is the need to ensure the RAS is viable for a satisfactory period of time before being reviewed and possibly re-set. Robust processes must be put in place to ensure that the RAS is consistent, fair and affordable (e.g. via screening group, monitoring processes etc).
- ii) Service users – need to build knowledge, understanding and confidence amongst service users that they can assume more control over how they are supported. Part of this will be overcoming a dependency culture that exists in parts of the care sector. A reasonable transition period will apply to allow service reductions to be managed. Members are asked to note the proposal that self directed support costs will not exceed current support costs unless there has been a significant change in the individual's needs.

- iii) Carers – as per service users there is a need to build confidence and understanding on the part of carers and incentivise personalisation as a positive choice. As there will be a re-distribution of resources across service users in line with the equity principle of personalisation, some element of carer resistance can be expected.
- iv) Assessment and care management staff – there is a significant learning and development challenge associated with bringing staff (Social Work, NHS, Education etc) up to a level of knowledge and technical competency around aspects of personalisation. This challenge is heightened by that fact that personalisation represents a significant cultural shift. There are associated workforce planning considerations given the shift in emphasis from initial assessment to care management and review. A key consideration is how to retain engagement of health staff in the assessment process following changes to the CHCP structure.
- v) Providers – as with other stakeholders, there is a need to build knowledge, confidence and capacity across what is a very broad and diverse sector in the City of circa 200 providers. Engagement to date has been generally positive with provider organisations currently engaged in testing the draft SEQ and RAS.
- vi) Staffing and financial resources – there is a significant challenge associated with resourcing this transformational change, both in terms of developing alternative models of service provision and building capacity across the stakeholders detailed in ii)-v) above. English local authorities received £520m of central government support to make this transformation. Glasgow is in the fortunate position of having received £520k per year for two years from the Scottish Government, but it is only a fraction of the £5.2m it would have received had English levels of funding been available and it ends in March 2011. The Council may want to consider at least continuing this level of support on an invest to save basis until at least 2012 to support the implementation timetable detailed above.
- vii) Independent Living Fund (ILF) – of relevance to the implementation of SDS is the financial impact from changes to the ILF, previously reported to Committee on 26 May. Were the Council to assume responsibility for meeting the resultant ILF shortfall, current estimates are that these changes create a potential pressure of £1.5 million within Social Work budgets in the City,. As noted in the 26 May report, the ILF changes are a UK issue, but there is growing disquiet about the implications within Glasgow, with the Council now in receipt of a number of formal complaints regarding the impact. Committee is invited to reinforce the Council position that it cannot accept what would effectively be a cost shunt from ILF.
- viii) Legal capacity issues – there are complex tensions between existing adults with incapacity legislative provisions and the Scottish Government policy on personalisation that the forthcoming Self Directed Support Bill should address.

- ix) Audit issues – based on the experience of direct payments safeguards will be needed to ensure probity in the use of public funds. A number of strands of activity are already in train in relation to this, including plans to introduce pre-payment cards that will help ensure individual budgets are used appropriately.
- x) Investment in technology – the Council is currently assessing the capital investment required to upgrade Social Work’s careFirst client information system. The roll out of personalisation and the associated savings is dependent on the upgraded system being in place in reasonably short order, given the increase in transactional activity that will accompany it. Another dependency relates to investment in e-learning capacity to ensure the appropriate learning and development investment in staff.

6. Service Implications

- 6.1 It is anticipated that the implementation of personalisation will impact on a number of strategically important aspects of current service provision:
 - i) Directly provided services – will need to be competitive in quality and cost terms, otherwise service users may choose to take their support from other providers.
 - ii) Direct payments – since direct payments are one form of personalisation the intention is to amend the existing direct payments scheme as part of a process of managing this under the wider personalisation umbrella, moving to a single administration system for individual budgets. This system will be developed and reviewed in conjunction with Internal Audit. In this context there are challenges for Cordia to be competitive in the market and ensure that they represent a positive choice for service users with greater choice over who supports them. The initial impact on Cordia can be expected to be relatively small given their limited share of the adult services market, but if significant numbers of older people choose to take an individual budget over time the impact could become more significant.

7. Financial Implications

- 7.1 In developing proposals for a Glasgow Learning Disability RAS we have been conscious of the very stringent savings targets that will apply across the public sector over the coming 3 years and beyond. We are also aware of the other significant cost pressures, including new demand, changes to ILF etc, which on current projections equate to circa £7.7million per annum.
- 7.2 In this context a judgement must be made regarding the size of the re-direction, which as indicated in 2.3, was in a range of 20-30% in England. The aim in Glasgow is to achieve a re-direction of some 20% over the two years 2011-13, which would meet existing and future budget pressures within Learning Disability. This would also allow for a manageable transition from existing support arrangements for individual service users.
- 7.3 A similar level of re-direction potential would be applied to the other care groups detailed at 4.4 in due course.

- 7.4 The net resource would then be allocated across service users in accordance with their RAS score. Some existing service users would lose resources, but in contrast to existing resource allocation processes that tend to discriminate against new people coming into the care system, the principles of fairness, equity and transparency would apply. The RAS system would also contain enough checks and balances to ensure that the Council meets its duty of care to all service users eligible for support.

8. Recommendations

8.1 Committee is asked to approve:

- i. the implementation programme for personalisation of social care to ensure a fairer, more equitable, transparent and effective allocation of available social care resources;
- ii. the proposed application of a Learning Disability Resource Allocation System (RAS);
- iii. revenue support of £520,000 per annum from the Council between 2011-13 to support implementation;
- iv. the Council's position with respect to changes to ILF; and,
- v. that given the experience in England and current and projected future cost pressures and savings requirements, a working assumption of a 20% resource re-direction be applied in Glasgow, to be kept under review based on the particular experience here.
- vi. Note the commitment of the Executive Director to provide further detail on the assessment process and allocation of resources to a future Policy and Development Committee.



APPENDIX 1 – DRAFT SELF EVALUATION QUESTIONNAIRE

Self Evaluation Questionnaire (SEQ)

(Version 4.0 – Jan 2010)

Name:

careFirst no:

1. Meeting personal needs

This part is about looking after myself – things like washing, getting up out of bed, going to the toilet, dressing, eating and preparing meals. It also includes taking medication and keeping healthy and well.

TICK THE BOX THAT FITS YOU BEST FROM A TO E



	OUTCOME	
A. I am able to meet my personal needs and do not require any support in this area.	Outcome met	
B. I am able to meet my personal care needs with occasional (not every day) physical / gestural / verbal support.	To maintain independence but ensure essential care needs are met.	
C. I need significant (every day) physical / gestural / verbal support from another to meet my personal care needs.	To have essential personal care needs met and remain free from harm.	
D. I need frequent (several times per day) intimate support to meet my personal care needs.	To have essential personal care needs met and remain free from harm.	
E. I need constant intimate support to meet my personal care needs.	To have essential personal care needs met and remain free from harm.	

ALSO TICK THE BOXES BELOW THAT FITS YOU



F. I need two people to meet my intimate personal care needs	To have essential personal care needs met and remain free from harm.	
G. I need frequent intimate support overnight.	To have essential personal care needs met and remain free from harm.	

Additional information

2. Relationships

This part is about friendships and people I know – not just my family.

TICK THE BOX THAT FITS YOU BEST



	OUTCOME	
A. I have relationships with people who are not paid to be in my life- the right number for me. I don't need support to keep them.	Outcome met	
B. I have relationships with people who are not paid to be in my life – the right number for me. I need a bit of support to keep them.	To maintain relationships.	
C. I do not have enough relationships with people who are not paid to be in my life. I need support to make relationships – and keep them.	To maintain current relationships and develop new friendships.	
D. I don't really have any relationships outside my family/paid support. I need support to make relationships – and keep them.	To make new friends and keep them.	

Additional information

3. Being part of the local community

This part is about doing things in my community – like using local shops, the library, going to the cinema, clubs, community centre, church or other place of worship, helping neighbours, or being involved in local organisations.

TICK THE BOX THAT FITS YOU BEST

	OUTCOME	
A. I do need/wish support in this aspect of my life	Outcome met	
B. I do lots of things in my community. I need occasional (not every day) support to do them and to explore new options.	To keep me part of my local community.	
C. Sometimes I do things in my community. I need regular (averaging 2-4 times per week) support to do more and to explore new options.	To support me develop links in my local community.	
D. I don't do much in my community. I need frequent and regular (several times per week) support to do more and to explore new options.	To support me use local community facilities and organisations regularly and develop links in my local community.	

Additional information

4. Work and Learning

This part is about the support I require to keep or get a job, learn new things and/or keep busy in line with my personal choices and aspirations.

TICK THE BOX THAT FITS YOU BEST



	OUTCOME	
A. I do not need any support in this area.	Outcome met	
B. I have a work role / job and I am enjoying my spare time. This gives meaning and purpose in my life and I need some occasional (not every day) support to keep this.	To keep work / leisure activities ongoing.	
C. I need support to take part in work, leisure or learning. I need frequent (several times per week) support to get more opportunities for work, learning or leisure.	To take part in work, leisure or learning.	
D. I need significant (every day) support to take part in work, leisure and learning and I have few or no chances for work, leisure or learning in my life.	To take part in work, leisure or learning.	

Additional information

5. Making important decisions about life

This part is about who decides important things in my life – things like where I live and who supports me.

TICK THE BOX THAT FITS YOU BEST



	OUTCOME	
A. I do not need any support in this area.	Outcome met	
B. I need support to make decisions but I have full control over all day-to-day and life changing decisions.	To maintain opportunities to make supported decisions.	
C. I need support to make decisions. I have control over most day-to-day decisions but less say in life changing decisions.	To have control over life changing decisions.	
D. I need support to make decisions about my life, but most day-to-day decisions are taken by other on my behalf.	To take more control over day-to-day decisions.	

Additional information

6. My role as a parent or carer

This part is about the support I need to care for someone else e.g. child, parent, partner.

TICK THE BOX THAT FITS YOU BEST

	OUTCOME	
A. I am not a parent/care Or I am able to fulfil my parenting/caring role without support.	Outcome met	
B. I need occasional (not every day) support with my parenting/caring role.	To fulfil my role with in my family	
C. I need some regular, significant (every day) support with my parenting/caring role	To fulfil my role with in my family	
D. I need frequent (several times per day) support with my parenting/caring role	To fulfil my role with in my family	
E. I always need constant support with my parenting/caring role.	To fulfil my role with in my family	

Additional information

7. Running and maintaining my home

This part is about the support I need to manage day to day tasks involved in running a home e.g. housework, shopping, gardening, routine maintenance, budgeting, and paying bills.

TICK THE BOX THAT FITS YOU BEST

	OUTCOME	
A. I do not need support in this aspect of my life.	Outcome met	
B. I need occasional (not every day) support to run and maintain my home.	To maintain my tenancy and manage the day to day tasks involved in running a home	
C. I often (e.g. at least once a week) need support to run and maintain my home	To maintain my tenancy and maintain day to day tasks involved in running a home	
D. I frequently (several times per week) need support to run and maintain my home	To maintain my tenancy and manage the day to day tasks involved in running a home	
E. I always need significant (every day) support to run and maintain my home.	To maintain my tenancy and manage the day to day tasks involved in running a home	

Additional information

8. Staying safe from harm

This part is about keeping safe while doing those things that are important to me. Staying safe is about different things for different people but may include using public transport, being in public places, using a gas cooker, or going down stairs.

TICK THE BOX THAT FITS YOU BEST



	OUTCOME	
A. I don't need support to stay safe. I'm happy and no-one says they're worried.		
B. I need occasional (not every day) support to stay safe in certain places or times. I'm happy and no-one says they're extremely worried.	To keep safe in identified situations.	
C. I need frequent (several times per week) support to stay safe some of the time. People worry about my safety at some times or in some places.	To support me develop ways of keeping myself safe and protect others.	
D. I need constant (all day/every day) support to stay safe all of the time. People worry about my safety.	To keep me safe and protect others.	

Additional information

9. Complex needs and risks

This part is about my actions/behaviour – the things I do, how this affects other people and the support I need to manage this. This may include forgetfulness, confusion, lack of understanding and other factors which give rise to actions

or behaviour that may have a negative impact on the safety of others. This part identifies the support you need to manage and minimise any negative impact.

TICK THE BOX THAT FITS YOU BEST



	OUTCOME	
A. I do not need support with this aspect of my life.		
B. I need occasional (not every day) support with this aspect of my life.	To support me maintain my current lifestyle.	
C. I need frequent (several times per day) support with this aspect of my life to manage the risks identified in my risk assessment and management plan.	To support me manage my life and support me develop ways of coping better.	
D. I constantly need support with this aspect of my life to manage the risks identified in my risk assessment and management plan.	To support me manage my life and support me develop ways of coping better.	

Additional information

10. Available social support

This part is about the support I have which is unpaid; for example from friends, family or neighbours.

TICK THE BOX THAT FITS YOU BEST



	OUTCOME	
A. I am able to get nearly all the support I need from my family and friends.	To maintain ongoing involvement and family relationships without placing an undue burden on them.	
B. I am able to get much of the support I need from family and friends and have or need occasional (not every day) paid support.	To keep existing support from family and friends without placing an undue burden on them and have occasional support of my choice.	
C. I am able to get some of the support I need from family and friends and need significant (every day) paid support.	To keep existing support and have access to significant support of my choice.	
D. I get little or no support at all from family or friends.	To form and keep relationships with people who are not paid to offer support and also have access to essential paid support.	

Additional information

11. Family carer and informal support

This part is for an unpaid carer (this is often a family member or close friend).
What does supporting me mean for my carer? What is their life like?

I currently do not have anyone who is my unpaid carer.

To the carer: This part is for you. Which of these statements
Best describes your current circumstances?

TICK THE BOX THAT FITS YOU BEST



A. I am able and willing to continue in my current caring role. My caring responsibilities have no negative impact on my daily life.	
B. I am able and willing to continue in my current caring role. My caring responsibilities have only a small impact on my daily life.	
C. I have some difficulty and stress in carrying out my day-to-day caring tasks. There is some impact on my lifestyles and playing this role leads to minor stress. I am willing to continue in my role as a carer.	
D. My caring role has a substantial impact on my lifestyle. Playing this role has led to high levels of stress and some health problems. I am willing to continue in my role as a carer.	
E. My caring role has a critical impact on my lifestyle – including a significant impact on my health and well-being. I am no longer fit or able or am unwilling to continue in the role as it currently is.	

I would like to receive a carer's assessment.

Additional information
