

Report to: **Adult Social Care Scrutiny Committee**

Date: **13 June 2006**

By: **Director of Adult Social Care**

Title of report: **Direct Payments - Final Report**

Purpose of report: **To provide Scrutiny Committee with an up-to-date assessment of the progress made in implementing the recommendations set out in the Direct Payments Scrutiny Review dated November 2004. This includes a summary of other related developments designed to promote the take-up of Direct Payments.**

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## RECOMMENDATIONS

The Scrutiny Committee are recommended to:

1. note the updated response of the Director of Adult Social Care to the recommendations approved by the Scrutiny Committee and submitted to Cabinet on 1 February 2005;
  2. review the achievements made since September 2005 to implement the Action Plan prepared by the Director of Adult Social Care, to promote and develop Direct Payments in East Sussex.
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### 1. Financial Appraisal

1.1 There are no additional financial implications that have arisen as a result of the progress made in implementing the Adult Social Care (ASC) Action Plan arising from the Scrutiny Review of Direct Payments (DPs) that have not already been included in the approved Budgets for 2005/6 and 2006/7.

### 2. Background and Supporting Information

2.1 The period since the Scrutiny Committee considered the six month update report on Direct Payments has been notable for the need to build and consolidate the infrastructure to support the increasing number and range of eligible clients who choose to obtain their social care through Direct Payments. Consequently, progress to meet all the recommendations contained in the Scrutiny Committee's original report in November 2004 has been solid, but also balanced; to ensure that growth in the promotion and number of DPs is underpinned by the appropriate procedures and support mechanisms.

2.2 Since September 2005, there has been a 12% increase in the number of adults using DPs, and a 19% rise in the number of children under 18 years of age receiving DPs. The current totals are: 225 and 38 respectively, which includes the parents of a disabled child using DPs. In respect of the specific target groups highlighted by the Scrutiny Committee for particular improvement in the take-up of DPs, (*Recommendation 7c of the updated Action Plan refers*), the increases from September 2005 to May 2006 are as follows:

- Learning Disability: 9 recipients to 12
- Mental Health: 6 recipients – no change
- Older People: 27 recipients to 34

While increases have occurred, the progress has been limited and our performance, although achieving '3 blobs' in our CSCI Performance Assessment Framework, can only be regarded as adequate.

2.3 Our progress has been limited by the need to address key developmental and infrastructure issues. Developmentally, it has been necessary to undertake careful work on the particular issues of consent and capacity for those with mental health problems or learning difficulties, which includes the need to establish independent trusts in some circumstances. Further, there are significant complications in freeing funding for service users from these client groups to purchase their care independently when the majority of our care is linked to buildings-based day centre-type provision. The shift to modernise this type of provision is underway but it is complex and has not moved at a pace which has yet allowed significant funding to be released for DPs. Mental Health services have also struggled with tightening eligibility criteria which has meant

that packages for other than intensive services have not been approved and intensive services cannot be provided by an alternative provider using a direct payment. However, a Mental Health Direct Payment Action Plan that has recently been formulated by the Mental Health - lead PCT and ASC, focuses specifically on measures designed to increase the number of clients with mental health problems who access direct payments.

2.4 In infrastructure terms, of particular significance for older people, has been the development of an alternative model of DP which allows people to simply use a home care agency rather than employ staff themselves. Because the standard DP rate is insufficient to purchase care through an agency, this development has needed careful financial modelling to be undertaken and the formulation of a special rate mechanism for those who wish to use an agency. This work has been completed and staff will be trained on the new model in early June. It is envisaged that this will make significant impact on older people's uptake of DPs. Additionally, the DP support service contract has been re-specified to provide more flexible, proportionate types of support which will better address the needs of different client groups in the future and will also be more cost-effective. Although originally planned for 1 October, it has recently been decided to delay the re-tender to 1 January 2007 to ensure correct alignment with the re-tendering of home care contracts as it is envisaged that this process will result in an even greater number of older people in particular, electing to use a DP rather than change their home care provider.

2.5 The future strategy and development of DPs across the County is now co-ordinated by the *Direct Payments Strategic Development Group*, which is in the process of formulating a three year Action Plan that will incorporate any outstanding or continuing work arising from the recommendations made by the Scrutiny Committee. This includes further research and development of procedures and mechanisms designed to enable more people to be able to choose DPs as their preferred option, such as those described in 2.3 and 2.4 above.

2.6 The Council's information and publicity on DPs has been significantly enhanced as a result of the revised corporate Information Leaflet (IL13) and the introduction of a new 'easy read' guide to DPs aimed primarily at people with learning disabilities, but also with a broader public appeal. The ESCC web pages and intranet have also been updated to improve the content of, and access to, DP-related information. Nevertheless, some caution has been exercised by ASC to limit the further promotion of DPs until the required infrastructure and support mechanisms are in place, so that any significant growth in the take-up of DPs can be properly and cost effectively managed.

2.7 Improved uptake of DPs is featured in the East Sussex Local Area Agreement, where it is included in Outcome 9 ("Improved independence, well-being and choice for older people, people with physical disabilities, learning disabilities and mental health problems and those living with long-term conditions") as part Target 9.1 which is a stretch target.

### **3. Conclusion and Reasons for Recommendation**

3.1 Alongside the rapidly developing DP scheme, ASC is now carefully considering the impact of the proposals contained in the Government's White Paper '*Our health, our care, our say*' to introduce 'individual budgets' for service users by 2009/10. At this stage it would seem that eligible clients would still be able to choose to receive DPs from their agreed budget, in order to arrange their own personal assistance or support. Any actions arising from this work will be incorporated into the DPs Action Plan now being formulated by the DPs Strategic Development Group.

3.2 In light of the supporting information set out above, the Scrutiny Committee is recommended to endorse the updated Scrutiny Report Action Plan set out in **Appendix 1**, and to approve ASC's proposal to progress any further work arising from the original recommendations of the Scrutiny Committee through the framework of the three year DP Action Plan.

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BACKGROUND DOCUMENTS: Scrutiny of Direct Payments- Updated Action Plan  
Government's White Paper – 'Our health, our care, our say'