

Report to: **Adult Social Care Scrutiny Committee**  
 Date: **27 March 2008**  
 Title of report: **Direct Payments**  
 By: **Director, Adult Social Care**  
 Purpose of report: **To update on progress since the 2004 Scrutiny Review of Direct Payments**

---

## **RECOMMENDATION:**

**The Committee is recommended to review progress on Direct Payments and consider and comment on the Year 2 implementation activity on pages 25-29 of the Direct Payments Strategy.**

---

### **1. Financial Appraisal**

1.1. The current spend for Direct Payments 2007/8 is £4,050,000 which represents some 5.4% of the overall Community Care budget.

1.2. A4e the new Direct Payment Support Service (DPSS) provider was awarded a 3 year contract in February 2007 at a total cost of £695,813 (£231,937 per year) to support 870 service users by 2010.

### **2. Supporting Information**

2.1 A Scrutiny Review of Direct Payments took place in 2004 which reviewed progress to date and recommended the development of a number of improvements to increase the take-up Direct Payments.

2.2 In accordance with the Scrutiny Review Action Plan and after consultation with service users and other stakeholders, a 3 year Direct Payments Strategy (see appendix 1) was agreed to deliver DMT performance requirements of 'blob banding' 4 by 2010 from an initial position of 'blob banding' 2 (see Appendix 2 for further explanation).

2.3 The areas identified for performance improvement within the strategy were:

- Improvements to support and processes
- Current Direct Payment models (Employment and Independent Living Trusts)
- Proposals for new models (The Independent Provider Option and One-Off payments)
- Improved publicity/leaflets and electronic communication systems

#### 2.4 Improvements to support and processes

In February 2007, a new DPSS contract was awarded to a national provider, A4e. At this time there were in the region of 270 service users on Direct Payments. Currently there are 540 service users receiving Direct Payments (see appendix 2 for more details) which represents a 100% increase.

2.5 Early work was carried out with A4e to streamline complex interactions between service users, assessors and the support service. This resulted in the removal of what had been a lengthy waiting list. Consequently, 90% of service users now receive Direct Payments within 8 weeks from confirmation of funding.

#### 2.6 Current Direct Payment models (Employment and Independent Living Trusts)

The 'employment' model has been the most popular route to Direct Payments. This model allows service users to employ personal assistants who offer care and support in lieu of directly provided services. To date there are 343 service users receiving Direct Payments via this route. The employment model is the cornerstone of self-directed support and will be a key factor in the initial success of Personal/Individual Budgets.

2.7 Recent work ensures that with support from A4e, an Independent Living Trust (ILT) can be readily established for people requiring additional support to manage Direct Payments. It is

anticipated that ILT's will combine well with other models of self-directed support such as Personal Budgets and help to facilitate for example, Direct Payments for young people undergoing transition from Children's Services, including those who cannot consent (subject to proposed changes to legislation).

#### 2.8 Proposals for new models (the Independent Provider Option and One-Off payments)

The Independent Provider model has been particularly successful, with 250 existing service users expected to take up this option by the end of the financial year. This key innovation allows service users to use Direct Payments to purchase care from any CSCI-registered home care agency rather than employ their own staff. Implemented as part of the transfer process to new home care contracts in autumn 2007, it has proved to be particularly useful for older people who may not want the responsibility of employing their own personal assistants.

2.9 Levels of Direct Payments also increased because of the availability of One-Off Payments across all service areas. One-Off Payments are flexible, usually low value (under £500) to help service users to access social, leisure, learning, work-related activities or community equipment. To date 75 service users have utilised these payments and this approach will now be further embedded in mainstream processes.

#### 2.10 Improved publicity/leaflets and electronic communication systems

To underpin the work of the Direct Payment Strategy Group a new range of information and leaflets (both electronic and paper) will be available by the summer of 2008.

2.11 As a result of these innovations, overall targets for the 3 year strategy (to achieve 4 blobs) have been delivered in this first year, with 2 blobs being reached as at end February - a step change in performance against a key indicator.

#### 2.12 Service User Impacts – see Appendix 3

#### 2.13 Future Activity

Development of Direct Payments will continue in 2008/9 and targets are set to consolidate performance well into 'blob banding' 4, with the new models and support improvements being embedded into daily assessment practice. Success with Direct Payments will support new developments with Personal and/or Individual Budgets. Collectively, these service models are known as 'self-directed support' and the implementation of the Assessment & Care Management Strategy through 2008/9 will be the key means of introducing Person Budgets and converging the models. In the meantime, Direct Payments will remain an important means of providing choice and control to service users and a continued focus for improved performance.

### **3. Environmental Issues**

There are no environmental issues arising from this report.

### **4. Community Safety Issues**

There are no community safety issues arising from this report.

### **5. Human Rights Act Implications**

There are no Human Rights Act implications arising from this report.

### **6. Recommendation**

That the Committee review progress on Direct Payments and consider the Year 2 Implementation activity on pages 25-29 of the Direct Payments Strategy.

CHIEF OFFICER: Keith Hinkley - Director of Adult Social Care

Contact Officer: Jaine Huntley - Service Development Manager      Tel No. 01273 481471

BACKGROUND DOCUMENTS – None

Local Members - All



# **EAST SUSSEX DIRECT PAYMENTS STRATEGY 2007 - 2010**

**This strategy is available in electronic format and large print. Please ring 01273 482329 for more details.**

# CONTENTS

	PAGE
1.0 Background & Context	3
2.0 Financial Commitment	5
3.0 Consultation & Involvement	7
4.0 The Development of Direct Payments in East Sussex	8
41. Aims of the Direct Payments Strategy	8
4.1 Where we are now	8
4.2 Where we want to get to	9
4.3 Planned increases and percentage increases in number of users receiving Direct Payments by User Group	11
5.0 Leadership	12
5.1 Increasing the Uptake of Direct Payments	12
i) Physical Disability	12
ii) Learning Disability	12
iii) Mental Health	13
iv) Older People	14
v) Carers	14
vi) Children's Services	15
5.2 Increasing Diversity	15
5.3 Develop and Improving Partnership Working	16
6.0 Comprehensive Support	18
6.1 Developing support models for Independent Living	18
i) Independent Living Trusts	18
ii) Advocacy	18
iii) The Employment Model	19
iv) Access to Community Equipment & Adaptation	19
v) Independent Provider Option	19
vi) One-Off Payments	20
7.0 Communication	21
7.1 Accessible Information	21
7.2 Improving Customer Satisfaction & Outcomes	21
8.0 Learning and Development	22
8.1 Improving Understanding of Direct Payments for social care professionals	22
9.0 Commissioning	23
9.1 Increasing Flexibility of Services	24
10.0 Straightforward Systems	24
10.1 Review of Administration, Financial and Audit Processes	24
11.0 Governance	25
12.0 Action Plan & Targets	26
13.0 Glossary	30

# 1.0 BACKGROUND AND POLICY CONTEXT

The Direct Payments Strategy sets out how East Sussex County Council will develop the Direct Payments Service to increase the benefits of the self directed support to our service users. The Strategy conforms to the requirements of the Health and Social Care Act 2001.

The Government requires evidence of increased uptake of Direct Payments & Department of Health guidance states that direct payments should always be considered when deciding how to meet a person's care needs. The Secretary of State for Health stated *'We expect to see the uptake of Direct Payments grow further and faster, as the number of people who currently benefit is only a fraction of the number who could'* (*'Our Health, Our Say, a New Direction for Community Services' 2006.*)

Success for Local Authorities around Direct Payments is not just measured by an increase in the quality of life of individuals who utilise the service, but is recorded as a Department of Health performance indicator. Performance is reported through annual returns and the number of users contributes to the authority's Department of Health star rating.

Through its inspection of service for older people in mid-2007, the Commission for Social Care Inspection (CSCI) noted that ESCC has a relatively low number of Direct Payment users in comparison to similar authorities and expects that Direct Payments will be increased.

ESCC has responded to this by identifying Direct Payments as a key development area in the Business Plan & Adult Social Care (ASC) Three Year Plan. The following local strategic documents, some of which are still in development, all support the Council's commitment to Direct Payments:

- Joint Commissioning Strategy for Older Peoples Services
- Joint Commissioning Strategy for Learning Disability Services
- Commissioning Strategy for Physical Disability Services
- Commissioning Strategy for Mental Health Services
- Children & Young People's Plan
- Carers' Services Commissioning Strategy

The wider picture is also reflected in this document through reference to key national documents. The framework of this document adopts the six recommended areas (Leadership, Comprehensive Support, Communication, Learning and Development Commissioning, & Straightforward Systems) set out in the document *'Increasing the Uptake of Direct Payments'* (Care Services Improvement Partnership (CSIP) 2006) and also links directly to the outcomes of the white paper *'Our Health Our, Care, Our Say' a new direction for Community Services* (Department of Health 2006) which are:

- Improved health & emotional well-being
- Improved quality of life
- Making a positive contribution
- Increased choice and control
- Freedom from discrimination
- Economic well-being
- Maintaining personal dignity and respect

From 2007 our performance will be measured by the extent to which our services support improvement in our users achievement of these outcomes.

The provision of Direct Payments also links to the *Every Child Matters* (the 2004 'children's white paper') outcomes framework:

- Be healthy
- Stay Safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well being

## 2.0 FINANCIAL COMMITMENT

The Health and Social Care Act 2001, S57 created a duty for local council's to make Direct Payments to people who are eligible and choose to receive them. This requirement means that council's must ensure that it has effective systems in place to ensure that Direct Payments are offered to all potential users and support available to those who take them up.

In discussing the financial commitment to Direct Payments, the distinction needs to be made between the cost of the care packages provided as a Direct Payments and the cost of the Direct Payments support service which provides the additional support and information needed by users to set-up and manage their care arrangements.

The total cost of Adult Social Care Direct Payments care packages (excluding support costs) in recent years was as follows:

Year	Total Expenditure
2004/5	<b>£2,085,383</b>
2005/6	<b>£2,543,184</b>

The total financial activity in relation to Direct Payments in **2006/7** was as follows:

Client Group	Gross Expenditure	Income from standard client contribution	Net Expenditure
<b>Older People</b>	£633,418	-£26,076	£607,342
<b>Older People Mental Health</b>	£6,516		£6,516
<b>Learning Disability</b>	£222,825	-£2,050	£220,774
<b>Mental Health</b>	£84,622		£84,622
<b>Physical Disability</b>	£2,349,169	-£44,737	£2,304,432
<b>Total Expenditure</b>			<b>£2,677,086</b>

In addition, Children's Services spent £123,500 on Direct Payments for disabled children and families in 2006/7 and have made a further commitment in the region of £200,000 for 2007/8.

This financial commitment represents 2% of the overall ASC Community Care budget which covers the costs of care provision across all our adult client groups and includes residential and nursing care, home care, day centres & rehabilitation programmes.

The following resources have been committed to the Direct Payments Support service from a total budget of £278,000 for 2007/08.

<b>Support Service</b>	<b>£ 2007/08</b>	<b>£ 2008/09</b>	<b>£ 2009/10</b>
Adult Social Care	237,000	237,000	237,000
Children's Services	30,000	30,000	30,000
<b>Total</b>	<b>267,000</b>	<b>267,000</b>	<b>267,000</b>

The balance of £11,000 in 2007/08 has been earmarked for a One-Off Direct Payments pilot for users with Learning Disabilities.

As resources within the Community Care budget are extremely limited this means making best use of them. Direct Payments can be cheaper than conventional forms of Community Care but this is not always the case, particularly in regard to smaller care packages. Here the Support Service costs can be disproportionately high in comparison to larger packages.

Our strategic position is that overall, Direct Payments should be cost neutral; costing no more or no less than our direct provision or commissioned services. This is the most equitable position to adopt because it supports our ambition to provide more independence, choice and control to service users but will not disadvantage those who will not or cannot take up the option of Direct Payments. The additional cost of the support service will also be factored into our financial modelling.



## 3.0 CONSULTATION & INVOLVEMENT

We have engaged in a significant amount of training & development work around Direct Payments, running workshops for Care Managers, Assessors & our Support Service as well as involving Direct Payments Users and other relevant stakeholders in a formal consultation day. Ideas and suggestions from these workshops & the consultation day have been included in this strategy and now form the basis of our aims that are outlined below. However, this is only a small part of an ongoing consultation process. For example we are aware that we need to complete a formal Equality Impact Assessment and provide more consultation & involvement with service users with Learning Disabilities who were under represented at our consultation day. The table below provides an overview of what service users, carers and Council staff have told us and how this links to the Direct Payments Strategy. The table also shows how these comments have been integrated into the framework of the document as recommended in the CSIP document *'Increasing the Uptake of Direct Payments' (2006)*

Leadership	Comprehensive Support	Communication	Learning and Development	Commissioning	Straightforward Systems
<p>"Work needs to be carried out to Identify why some community &amp; minority groups are under represented."</p> <p>"There should be locality based Peer Support Groups which provide face to face information/support/advice."</p> <p>"Links with other professions such as Health and Housing should be improved."</p> <p>"The process of applying for Direct Payments should be speeded up."</p> <p>"Adequate systems should be in place to deal with the concept of 'capacity'."</p>	<p>"Consideration should be given as how to provide support when dealing with tension and or conflicts with a PA."</p>	<p>"There should be wider publicity of Direct Payments such as GP surgeries, chemists, advice centres, libraries, hospitals, benefit agencies and other local support groups."</p> <p>"Information about Direct Payments should be updated to ensure it is as simple and jargon free as possible e.g. posters and leaflets and available in a range of formats."</p> <p>"There should be an accessible web site. "</p>	<p>"Awareness &amp; knowledge of Direct Payments should be improved in Adult Social Care."</p> <p>"Practitioner knowledge &amp; confidence needs to be improved so that Direct Payments are embedded in practice."</p>	<p>"The conflict (in terms of best value) between current Commissioning of services and Direct Payments should be examined."</p>	<p>"Long term service users should benefit from reduced audit requirements."</p> <p>"Alternative methods of submitting information should be offered e.g. via telephone or electronically."</p> <p>"Consider reducing the amount of paperwork and level of detail required."</p>

## **4.0 THE DEVELOPMENT OF DIRECT PAYMENTS IN EAST SUSSEX**

### **4.1 Following consultation with Service Users, Carers and Professionals, our aims are:**

- To maintain & increase the number of Direct Payments users by removing barriers to uptake & increasing choice and control across all service areas.
- To increase the diversity of users accessing Direct Payments
- To develop, improve & support partnership working
- To develop support models which promote independent living.
- To offer a more accessible & broader range of information about Direct Payments.
- To improve outcomes & customer satisfaction.
- To improve and develop the understanding of Direct Payments for social care professionals.
- To increase flexibility of services.
- To review current administrative, financial and audit processes.

### **4.2 Where We Are Now:**

A Direct Payments option has been available in East Sussex since 1997. Early implementation was focussed on the development of the initial service model, operational detail and the support service. Initial users were predominantly physically disabled adults, a strongly motivated user group, often readily able to take on the administrative management responsibilities and realise the benefits of managing their own care arrangements. Legislative changes now enable all service areas, including Children's Services to benefit from Direct Payments. The need now is for a long-term coherent approach to the continued roll-out of Direct Payments across all service areas.

A steady rise in numbers has been achieved since the Direct Payments service was established. Fluctuations have occurred where service users have discontinued Direct Payments.

<b>Service Area</b>	<b>Number of Direct Payments Users (April 2007)</b>	<b>Service area as a % of uptake</b>
<b>Physical Disability</b>	<b>166</b>	<b>58</b>
<b>Learning Disability</b>	<b>15</b>	<b>5</b>
<b>Mental Health</b>	<b>8</b>	<b>3</b>
<b>Older People</b>	<b>50</b>	<b>18</b>
<b>Children Services</b>	<b>47</b>	<b>16</b>
<b>Total</b>	<b>286</b>	<b>100</b>

There have also been around 450 One-Off Payments made to Carers. Although these are not counted as Direct Payments (because they are counted as Carers service and the Department of Health requires that they can only be counted once) they replicate models for one-off payments that are offered to other service users and are invaluable in supporting care packages.

Direct Payments have predominantly been delivered through the 'Employment Model' of support but recent developments have included additional support models such as Independent Living Trusts, Independent Provider Options and One-Off Payments (see Glossary)

### **4.3 Where We Want To Get To:**

The aim is to increase the number of Direct Payments users to meet & exceed the national Performance Assessment Framework (PAF) indicators set by CSCI. CSCI uses the indicators as part of the evidence to inform assessments of Council's performance ratings and also to assist with planning and monitoring performance throughout the year. It also forms the start of a transition process towards an aligned social and health care framework from 2009. The targets have been set on the basis of an extra 50 service users each year in the age bracket 18-64; and then an extra 15 service users each year in each of the following age brackets: 65-74, 75-84, and 85+. The 18-64 age bracket is currently our highest with 176 service users in receipt of Direct Payments (January 2007) with 14, 17 and 15 in the other age brackets respectively.

The table below shows the overall number of Direct Payments users required to meet these targets and will take East Sussex County Council from performance band Three ('Acceptable but with room for improvement') to performance band Four ('Good') by year two of the Direct Payments Strategy in line with our national comparator authorities. Children's Services are not included within these figures.

<b>Year</b>	<b>Total Number of Users Required (not including Children Services)</b>
2007/8	317
2008/9	412
2009/10	507

#### 4.4 Planned increases and percentage increases in number of users receiving Direct Payments by user group.

PAF indicators were set for Direct Payments in January 2007. However, by April 2007 additional users had taken up Direct Payments (239 by April 2007) and individual service areas have also set their own targets for an increased uptake of Direct Payments. Lower overall increases in Children Services targets reflect the ongoing net loss of children undergoing Transition into Adult Social Care. These targets exceed PAF requirements and are reflected in the table below alongside separate targets for Children's Services:

SERVICE AREA	NO OF USERS APRIL 2007	NO OF USERS APRIL 2008	% INCREASE	NO OF USERS APRIL 2009	% INCREASE	NO OF USERS APRIL 2010	OVERALL % INCREASE
Physical Disability	166	200	20	234	40	266	60
Learning Disability	15	25	67	35	133	50	233
Mental Health	8	14	75	20	150	28	250
Older People	50	95	90	140	180	185	270
<b>OVERALL</b>	<b>239</b>	<b>334</b>	40	<b>429</b>	80	<b>524*</b>	120
<b>(CHILDREN)</b>	<b>(47)</b>	<b>(50)</b>	(6)	<b>(54)</b>	(15)	<b>(60)</b>	<b>(28)</b>

We may exceed these planned increases as there are several innovative models of support in place to assist with the uptake of Direct Payments. Direct Payments have predominantly been delivered through the 'Employment Model' of support but recent developments have included additional support models such as Independent Living Trusts, Independent Provider Options and One-Off Payments. (see glossary) We will monitor the impact of these models on uptake of Direct Payments over the next three years.

\* The overall uptake profile matches growth targets identified in the Direct Payments Support Service contract. Growth will be monitored against our committed financial expenditure for the three year period to 2010 as growth must be delivered within the fixed contract sum.

## 5.0 LEADERSHIP

### ***5.1 To maintain & increase the number of Direct Payments users by removing barriers to uptake & increasing choice and control across all Service areas.***

From information we already hold, we know that there has been a slow but gradual increase across all services areas. We intend to accelerate these increases by identifying barriers to uptake. Although excellent progress has been made in terms of supporting individuals to receive payments, there are many areas of work that could be developed to increase the uptake of Direct Payments in East Sussex. The issues differ across our different service areas and so our intended developments will be discussed according to service area.

#### **To increase the number of users across all service areas we will:**

- ✓ *Examine the reasons why people do not take up or discontinue Direct Payments*

#### **i) Physical Disability**

Currently the majority of Direct Payments Users in East Sussex are working age adults with a physical disability. **To increase the number of users with a Physical Disability we will:**

- ✓ *Look at ways to increase the uptake for this group particularly in the areas of Acquired Brain Injury, HIV/AIDS & people with sensory impairments*

#### **ii) Learning Disability**

Consultation has shown that this is one area where we could improve our service. **To increase the uptake of users with Learning Disability we will:**

- ✓ *Carry out additional consultation with Learning Disability Service users.*

One of the barriers to uptake is the difficulty in establishing capacity and the ability to consent by a client with a Learning Disability. To overcome this **we will:**

- ✓ *Promote the Communication Toolkit that assists in assessing capacity and ensure consent is given.*
- ✓ *Encourage Direct Payments 'champions' within each assessment team.*
- ✓ *Evaluate the ongoing impact of the Communication Toolkit.*

We recognise the success of One-Off Direct Payments in other service areas such as Mental Health and Carers services. These payments are expected to complement our day care & specialist provision. One-Off Direct Payments are seen as more flexible alternatives because they can meet a particular need either as a complement to a larger care package for those who do not want an ongoing Direct Payment or for those who will not receive ongoing care as their needs do not require it. **Therefore, we will:**

- ✓ *Ring fence £11,000 in 2007/8 to pilot One-Off payments for Learning Disability Service Users.*
- ✓ *Evaluate the impact of the scheme*

### **iii) Mental Health**

Nationally, and locally the number of individuals with Mental Health needs who receive Direct Payments is very low. In East Sussex we believe this is due to well regarded directly-provided services meaning that fewer users want to organise their own care. Additionally the sporadic nature of many of the needs which do not always easily fit a Direct Payments Employment-based model. To tackle this, Adult Social Care ring-fenced £10,000 in 2006/7 which provided over 70 users with a one-off payment to maintain their care plans. Examples include the provision of computers & college course fees. An assessment of the success of this pilot revealed that the majority of recipients reported an improved quality of life which enabled them to achieve independent living and avoid or reduce the use of residential or respite care.

This evaluation assisted with similar funding being allocated for a pilot for learning disability services. **We will continue to:**

- ✓ *Ring fence £10,000 to support One-Off payments for Mental Health Service Users in year two.*
- ✓ *Further evaluate the impact of the scheme*

#### **iv) Older People**

Nationally, Older People have reported that managing Direct Payments can be overwhelming and demanding because of the need to recruit and directly employ staff (if an employment-based model is used). As a result the number of Older People who receive Direct Payments is fairly low in comparison to the number of individuals who receive an eligible service. In East Sussex the number of individuals over 65 who are using the Direct Payments is less than 50. Nationally the response to this has been to enable access to Direct Payments via an Independent Provider or agency who will organise and provide care to people in their own homes, thereby negating the need to recruit and employ staff.

#### **To increase the numbers of Older People on Direct Payments we will:**

- ✓ *Promote the Independent Provider Option (IPO) which will enable service users to use Direct Payments to engage an agency to manage and provide their care and support.*

#### **v) Carers**

Over 450 Carers have benefited from a highly successful one-off payments scheme. This has been particularly successful in maintaining existing care packages and helping people avoid the use of residential care. **To increase the number of Carers benefiting from one-off payments we will:**

- ✓ *Continue to improve links with Carer groups.*
- ✓ *Further evaluate the impact of the scheme*
- ✓ *Provide training for assessors to support Carers to access One-Off Payments*



### **vi) Children's Services**

For many parents of disabled children, Direct Payments are an excellent way to obtain support in the home or enable their son or daughter to access leisure activities or short breaks. Work is now required to increase the number of East Sussex parent carers using Direct Payments and in particular the number of young people aged 16-19 accessing Direct Payments in their own right. Direct Payments can be useful in developing independence skills at Transition (the period in which the care of a young person transfers from Children's Services to Adult Social Care), as young people can use them to gradually take on responsibility for their own support package. Uptake of Direct Payments in Children's Services has sometimes been restricted because of the scarcity of personal assistant who are willing to commit to short and ad-hoc working hours, often required by children and their families.

#### **To increase the number of parents of disabled children and disabled young people accessing Direct Payments we will:**

- ✓ *Provide information about Direct Payments that is accessible and 'young person-friendly'*
- ✓ *Consider the option of a one-off payments pilot for families should resources become available*
- ✓ *Explore ways of increasing the uptake of Direct Payments by disabled young people in transition*
- ✓ *Support wider initiatives to ensure that the Transition process to Adult Social Care is a seamless process.*
- ✓ *Consider how to encourage more personal assistants into employment supported by Direct Payments*

## **5.2 To increase the diversity of users accessing the Direct Payment Service**

East Sussex has a small but important range of cultural diversity. Currently 3% of the county's population is made up of people from Black and minority ethnic (BME) groups. This compares favourably with the uptake of Direct Payments among BME groups (3.5%). We expect that as the number of people on Direct Payments increases the proportion of users from BME & other under represented groups should also increase.

### **To improve diversity of users we will:**

- ✓ *Complete an Equality Impact Assessment*
- ✓ *Identify & engage further with the marginalised users and minority groups.*
- ✓ *Improve publicity, training and information for under represented groups*
- ✓ *Target geographic areas of low take-up*

## **5.3 To develop, improve & support partnership working**

Our Direct Payments Support Service is delivered by A4e who we consider to be one of our key partners in delivering and increasing the number of Direct Payments users in East Sussex. We will be working closely with A4e to ensure our Direct Payment Support Service is locally sensitive and delivers the best possible service for the people of East Sussex.

### **To develop and improve this partnership we will:**

- ✓ *Review current practice and procedures to reduce process times*
- ✓ *Consider geographical targeting through revised working practices*
- ✓ *Review our 3 year support service contract on an annual basis, including capacity issues on an ongoing basis*

We also recognise the important role of our other partners and stakeholders. External influence has so far been focussed on a few key partners which now will be increased.

**To broaden our range of partners and to bring in external ideas and expertise we will:**

- ✓ Widen the membership of the Direct Payment Strategy Group to relevant parties, and include for example, user and carer representatives.
- ✓ Identify & develop links with user-led, voluntary and community organisations.
- ✓ Develop & formalise a partnership with a Peer Support Group of Direct Payments users.
- ✓ Discuss the service development potential with other professional partners such as Health and Housing

## 6.0 COMPREHENSIVE SUPPORT

### *6.1 To develop support models which promote independent living.*

In order to continually move the service forward we will need to offer a range of support mechanisms. In East Sussex there are a number of support mechanisms in place or under development and these are:

#### **i) Independent Living Trusts**

Work was carried out in 2006 to provide comprehensive guidance on the development of Independent Living Trusts. Our Care Management Guidance now includes full details on how to set up an Independent Living Trust. **To increase the number of Independent Living Trusts we will:**

- ✓ *Use our revised training programme to provide further support for assessors to set up an Independent Living Trusts when appropriate.*
- ✓ *Undertake an annual review of the number of Independent Living Trusts*

#### **ii) Advocacy**

Direct Payments users identified that an advocacy service might be useful in the event of difficulties with Personal Assistants; we expect our support service to manage these occasions. Other difficulties might include the way service users experience the way support is provided by the support service. In East Sussex this experience has been extremely rare. Furthermore, revised working arrangements documented in the new contract and care management guidance leads us to believe that the need for a dedicated Direct Payments advocacy service at this stage is unjustified. **This situation could change so we will:**

- ✓ *Review the need for an Advocacy service in 2008/9.*

### iii) The Employment Model - Safeguarding & Risk

When a service user employs personal assistant to deliver a care package this is known as the 'Employment Model'. This model carries all the responsibilities and risks associated with employing staff. **To support service users to take up this choice with an acceptable level of risk in partnership with our support service we will:**

- ✓ Encourage the use of Criminal Records Bureau (CRB) checks via the Direct Payments Support Service (to align with Children's Services)
- ✓ Formalise training around moving and handling for personal assistants

### iv) Access to Community Equipment & Adaptations

There have been limited requests to access Community Equipment via Direct Payments. This is likely to be because of the relatively low cost of equipment, effectiveness of current equipment provision and lack of large scale promotion. There is also an opportunity for the use of Direct Payments to enable service users to have greater choice in the area of adaptations

**To increase the number of Direct Payments for Community Equipment & Adaptations we will:**

- ✓ *Investigate the benefits and viability of promoting this option through the Occupational Therapy Service led initiative to offer five individual Direct Payments in year one of the Direct Payments Strategy*

### v) Independent Provider Option

The Independent Provider Option has been developed to provide choice to Direct Payments users who wish to choose their own Home Care Provider. Our Independent Provider Option (IPO) is aimed particularly at service users who would prefer to have an agreement directly with an agency, which will then arrange and manage all of the care and support that they have been assessed as needing by the Council. **To ensure everyone has the opportunity to consider Direct Payments for Home Care we will:**

- ✓ *Support new and existing Direct Payments users wishing to choose their own home care provider.*

## **vi) One-Off Payments**

The principal model in East Sussex for Direct Payments since they were introduced in 1997 has been through the employment of personal assistants. The Council is now offering one-off payments to some client groups to enable more eligible users to access Direct Payments. These options include:

- One-Off Payments for Carers. In order for carers to access support that will enable them to continue their caring role.
- 'One-off' Direct Payments for clients with mental health issues. To enable them to purchase specific support, e.g. computer skills course, gym membership etc.
- One-Off Payments for clients with a learning disability as a new initiative from 2007/08

**To further understand and utilise the benefits of One-Off Payments we will:**

- ✓ *Evaluate the impact of One-Off Payments in different service areas.*
- ✓ *Align One-Off payments with current care management processes across other client groups by providing formalised guidance to practitioners.*

## 7.0 COMMUNICATION

### **7.1 To offer a more accessible & broader range of information about Direct Payments.**

We are committed to developing appropriate forms of information for all individuals who will benefit from it, but we wish to make sure what we develop will have the maximum impact on individuals.

#### **To improve our communication & information we will:**

- ✓ *Increase the amount of information that is available electronically.*
- ✓ *Review all our current information including the Easy Read Guide, information leaflets, website & other written formats.*
- ✓ *Provide simple formats in the form of posters and DVD's*
- ✓ *Provide information about Direct Payments to a wider range of relevant services and sites such as GP surgeries, hospitals and chemists*

### **7.2 To improve outcomes & customer satisfaction.**

We will continue to improve the Direct Payments service in order to maximise the support available to our Direct Payments users.

#### **To ensure continuous improvement and customer satisfaction we will:**

- ✓ *Use feedback from the proposed Direct Payments Peer Support mechanisms.*
- ✓ *Lead ongoing consultation with users and potential users*
- ✓ *Ensure that our Support Service A4e carry out a customer satisfaction questionnaire that feeds directly into the review of the Strategy.*

## 8.0 LEARNING AND DEVELOPMENT

### ***8.1 To improve and develop the understanding of Direct Payments for social care professionals.***

Consultation with both users and Assessors identified a need to improve and increase the knowledge of social care professionals.

#### **To improve practitioner knowledge & understanding of Direct Payments we will:**

- ✓ *Review our Direct Payments training programme*
- ✓ *Deliver an agreed Training Programme*
- ✓ *Promote & regularly update Direct Payments information in the ASC Care Management Guidance.*
- ✓ *Encourage Direct Payment 'champions' within each assessment team*
- ✓ *Promote training to service areas where take up is lowest such as Older People, Learning Disability and Mental Health.*



## 9.0 COMMISSIONING

### 9.1 Increase Flexibility of Services

Nationally, there is a trend in moving away from buildings-based, service-led 'traditional' day services towards community-based support options. With this trend it is intended that there will be an increase in the use of Direct Payments and that individuals will experience more control over the services they receive. Consultation with our service users and carers indicates that day services are highly valued by some whereas others view them as overly institutional.

From a Direct Payments perspective, we will contribute to overarching commissioning strategies to support long-term change and modernisation that will underpin the concept of self-directed support and independent living. This recognises that there are frequently tensions in both the cost-effectiveness of buildings-based services and in the fact that some users and carers are strong supporters of this type of support.

Therefore any change will occur in a carefully planned process so the complexities of disinvesting from traditional services into more flexible and modern ones can be managed. Over time, the commissioning strategies will lead to changes to the overall mix of service provision and additionally will increasingly support market changes that will develop the range and type of care and providers.

An example of this type of work is the re-tendering of Home Care contracts. These block contracts now offer improved efficiency and value for money while simultaneously offering more choice to service users through the Independent Provider Option (see Glossary)

The Learning Disability Commissioning Strategy also identifies support tools to assist people to take up Direct Payments. These provide additional choice to well received commissioned services. Examples include the Communication Toolkit, One-Off Payments and Independent Living Trusts.

Additionally, a two year review of all our Directly Provided Services is now underway and this process provides an extended opportunity to consider the strategic issues as they apply to specific aspects of service provision, including Direct Payments.

**To increase flexibility of services we will:**

- ✓ *Link with relevant Commissioning Strategies to promote the development of Direct Payments within intended commissioning processes*
- ✓ *Link those involved with Directly Provided Services review with the Direct Payments Strategy Group.*

## **10.0 STRAIGHTFORWARD SYSTEMS**

### ***10.1 To review current administrative, financial and audit processes***

Consultation revealed that most users are satisfied with the level of audit associated with Direct Payments. However, there was support for less stringent auditing for long-term Direct Payments users who are in receipt of established, long-term care packages. A new system will move away from a 'policing' mechanism and will be proportionate to the risk involved. There is recognition that that making mistakes and learning is an inherent and important part of people having greater control and responsibility. Users need support to ensure they establish appropriate systems to manage and account for their spending of what are public funds.

**To improve our audit systems we will:**

- ✓ *Create a 'light-touch' system for some users' that could be replicated in the implementation of Individual Budgets.*
- ✓ *Investigate different models of submitting audit information*

A Single Assessment Process is now in place across the county. This provides the opportunity to collect and collate information relevant to the uptake of Direct payments.

**To maximise the benefits of this system we will:**

- ✓ *Ensure that Direct Payments are considered as part of this process*

In the long-term the Government has indicated that it will be necessary to provide the opportunity for service users to access an Individual Budget by 2010. There are a number of pilot sites nationwide that have begun to develop models of good practice. Detailed feedback from these pilots will be available from 2008.

**In preparation for Individual Budgets we will:**

- ✓ *Liaise with similar authorities to establish models of good practice for Individual Budgets.*
- ✓ *Scrutinise & develop our existing systems in preparation for the administration of Individual Budgets*

## **11.0 GOVERNANCE**

This strategy will be reviewed and evaluated throughout its lifespan, and updated where appropriate. This will be carried out by the Direct Payment Strategy Group. Action plans and targets will be updated as met, or altered to remain relevant. The Strategy will reflect national and local changes, trends, and procedures, in order to remain forward-thinking, focussed on individuals and continuing to innovate.

**We will:**

- ✓ *Ensure that the Direct Payments Strategic Development Group meet quarterly to ensure that the strategy is monitored and reviewed & further consultation & involvement occurs on an ongoing basis.*
- ✓ *Annually report progress and changes to the ASC Departmental Management Team.*
- ✓ *Provide exception reports to ASC Departmental Management Team as required*

<b>DIRECT PAYMENTS</b>	<b>ACTION PLAN</b>				
<b>AIM</b>	<b>ACTION</b>	<b>Year One</b>	<b>Year Two</b>	<b>Year Three</b>	<b>Lead</b>
<b>a) To increase &amp; maintain the number users receiving Direct Payments.</b>	1) Examine why people do not take up or discontinue Direct Payments	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Direct Payments (DP) Team & DP Support Service (DPSS)
<b>Physical Disability</b>	1) Broaden target areas to include those with HIV/AIDS and sensory impairments		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Direct Payments Strategy Group
<b>Learning Disability</b>	1) Carry out consultation with LD user groups	<input checked="" type="checkbox"/>			Learning Disabilities (LD) Sub Group
	2) Promote Communication Toolkit via assessment team 'champions'	<input checked="" type="checkbox"/>			LD Sub Group
	3) Evaluate impact of Communication Toolkit	<input checked="" type="checkbox"/>			LD Sub Group
	4) Ring fence funding to provide One-Off Payments	<input checked="" type="checkbox"/>			LD Sub Group
	5) Evaluate the impact of One-Off Payments	<input checked="" type="checkbox"/>			LD Sub Group
<b>Mental Health</b>	1) Ring fence funding for One-Off Payments	<input checked="" type="checkbox"/>			Mental Health
	2) Further evaluate the impact of One-Off Payments		<input checked="" type="checkbox"/>		Mental Health
<b>Older People</b>	1) Promote availability of Independent Provider Option through Home Care transfer process and with assessment teams	<input checked="" type="checkbox"/>			DPSS & DP Team
<b>Carers</b>	1) Improve links with Carer Groups	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Carers Team
	2) Evaluate impact of One-Off Payments	<input checked="" type="checkbox"/>			
	Provide training for assessors regarding One-Off Payment for Carers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Personnel and Training (PAT) & DP Team

<b>Children</b>	1) Ensure Direct Payments information is 'young person-friendly'	<input checked="" type="checkbox"/>			Children's Services
	2) Consider use of One-Off Payments	<input checked="" type="checkbox"/>			Children's Services
	3) Explore ways of increasing the uptake of direct payments by disabled young people in transition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Children's Services
	4) Review & develop Transition processes with ASC.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Children's Services
	5) Consider how to encourage more personal assistants into employment supported by Direct Payments	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Children's Services
<b>b) To increase the diversity of users accessing the Direct Payments Service</b>	1) Complete formal Equality Impact Assessments.	<input checked="" type="checkbox"/>			DPSS
	2) Engage with marginalised users and minority groups	<input checked="" type="checkbox"/>			DP Team
	3) Improve publicity, training and information for minority and other community groups.		<input checked="" type="checkbox"/>		DP Team
	4) Target geographic areas of low take up			<input checked="" type="checkbox"/>	DP Team & DPSS
<b>c) To Improve &amp; Support Partnership Working</b>	1) Develop improved process systems with DPSS	<input checked="" type="checkbox"/>			DPSS
	2) Consider geographic targeting of DPSS	<input checked="" type="checkbox"/>			DP Strategy Group
	3) Review our 3 year support service contract	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DP Team and CPU
	4) Widen membership of Direct Payments Strategy group.	<input checked="" type="checkbox"/>			DP Strategy Group
	5) Develop links with user-led, voluntary and community organisations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DPSS
	6) Develop a Direct Payments Peer support group	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		DP Strategy Group
	7) Promote Direct Payments to other professional groups	<input checked="" type="checkbox"/>			DP Strategy Group

<b>d) To provide and increase the range of Direct Payments Support Mechanisms</b>	1) Increase number of Independent Living Trusts (ILT's) through revised training	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DPSG
	2) Undertake annual review of ILT's	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DP Team
	3) Review the need for an Advocacy Service		<input checked="" type="checkbox"/>		DP Team
	4) Encourage the use of CRB checks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DP Team & DPSS
	5) Formalise training for PA's	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DP Team, PAT & DPSS
	6) Investigate the benefits of promoting Community Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OT Service
	7) Promote IPO to Home Care Users	<input checked="" type="checkbox"/>			DP Team
	6) Evaluate impact of One-Off Payments	<input checked="" type="checkbox"/>			DPSG
	7) Provide assessor guidance for One-Off Payments	<input checked="" type="checkbox"/>			DP Team
<b>e) To offer a more accessible and broader range of information about Direct Payments</b>	1) Increase electronic information		<input checked="" type="checkbox"/>		DP Team and DPSS
	2) Review all current information	<input checked="" type="checkbox"/>			DPSG
	3) Provide information in simple formats		<input checked="" type="checkbox"/>		DP Team and DPSS
	4) Provide information to a wider range of organisations			<input checked="" type="checkbox"/>	DPSG & DPSS
<b>f) To improve outcomes and customer satisfaction</b>	1) Incorporate Peer Support feedback	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DP Team
	2) Lead ongoing consultation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DP Team & DPSS
	3) Ensure review of DPSS customer satisfaction	<input checked="" type="checkbox"/>			DP Team & DPSS

<b>g) To develop a better understanding &amp; raise awareness of Direct Payments for users and social care professionals.</b>	1) Review current training programme.	<input checked="" type="checkbox"/>			PAT/DPSS & DP Team
	2) Deliver agreed Training programme.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	3) Promote & Update Direct Payments Guidance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DP Team
	4) Encourage Direct Payments Champions within teams	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DPSG
	5) Consider targeted training in service areas of low take up			<input checked="" type="checkbox"/>	DPSG
<b>h) To increase flexibility of services</b>	1) Link Direct Payments Strategy Group with DPS modernisation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Service Development Team
	2) Link with relevant commissioning strategies	<input checked="" type="checkbox"/>			
<b>i) To review of current administrative, financial and audit processes</b>	1) Create a 'light touch' system for users in agreed circumstances		<input checked="" type="checkbox"/>		Finance/Exchequer Team
	2) Investigate alternative means of information submission		<input checked="" type="checkbox"/>		Audit Team
	3) Link & promote Direct Payments via Single Assessment Process development		<input checked="" type="checkbox"/>		DP Team
	4) Consider good practice models of Individual Budgets		<input checked="" type="checkbox"/>		DP Team
	5) Develop systems for Individual Budgets		<input checked="" type="checkbox"/>		DP Team, Audit, Exchequer & Finance Teams

## 13.0 GLOSSARY

**Adult Social Care** helps people who need extra support, or vulnerable people to live as independently as possible. This is achieved by joint working with health services, voluntary groups and private care organisations to arrange services.

**Advocacy** is taking action to help people to say what they want, secure their rights, represent their interests and obtain services they need. It is most effective when carried out by someone independent of services

**Audit** is a process that involves the examination or review of practices, processes or performances in a systematic way to establish the extent to which they meet predetermined criteria.

**Black and minority ethnic (BME)** refers to groups of the population not readily identified as indigenous to the UK who hold cultural and traditional values derived at least in part from their country of origin.

**Champions** are people with a desire to improve services and are willing to work together and use their influence to stand up for the interests of a particular user group. They have a role in ensuring people have access to information about local services and plans.

**Commissioning** is the process of specifying, securing and monitoring services to meet assessed needs.

**Communication Toolkit** is a process by which capacity to consent is determined this could include the use of 'talking mats' which use pictorial information to establish capacity and consent.

**Community Equipment Services** provide the equipment that plays a vital role in enabling disabled people to maintain their health and independence.

**Consultation** is actively seeking the views of the people who receive services.

**Criminal Records Bureau (CRB)** - This service enables organisations in the public, private and voluntary sectors to make safer recruitment decisions by identifying candidates who may be unsuitable for certain work, especially that involve children or vulnerable adults.



**Day Centre** is facility, run by social care, health or a voluntary organisation, that provides care for people who need support during the day. It provides care, stimulation, and activities for the individual.

**Direct Payments** are monetary payments by local councils direct to individuals who have been assessed as needing certain services, including those that find themselves caring for others. Day-to-day control of the money and care package passes to the person who has the strongest incentive to ensure that it is spent properly on the necessary services, and who is best placed to judge how to match available services to needs.

**Disability** - the Disability Discrimination Act 1995 defines disability as: 'a physical or mental impairment that has a substantial and long term adverse effect on a person's ability to carry out normal day-to-day activities'.

**Equality Impact Assessment** is a way to make sure individuals and teams think carefully about the likely impact of policies or procedures, strategies, functions and services, to identify any unmet needs, and to provide a basis for action to improve services where appropriate.

**Extra Care Housing** and a range of other terms (such as very sheltered housing) are used to describe a style of housing and care for older people that falls somewhere between established patterns of sheltered housing, and the accommodation and care provided in traditional residential care homes.

**Home Care** is care that is provided to an individual in their own home. Also known as **domiciliary care**.

**Independent Living** is a person centred approach that offers the person choice and flexibility to make decisions about the support and care they need so that they can take control of their life.

**Independent Living Trusts** are a means by which person centred decisions are made by a Trust on behalf of a Direct Payment recipient. The Trust consists of a minimum of 3 people who manage Direct Payments on behalf of a service user (this is most often in the form of an Indirect Payment)

**Independent Provider Option** enables eligible clients to use their Direct Payments to buy their personal care support from their chosen agency/ home care provider.

**Individual Budgets** are the alignment of a variety of funding streams (such as social care, Disabled Facilities Grants, & Independent Living Funding) to enable self-directed support

**Learning Disability** includes the presence of a significantly reduced ability to understand new or complex information (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which started before adulthood with a lasting effect on development. See also **disability**.

**One-Off Payment**

One of payments are non repayable cash payments to enable service users or carers to maintain their Direct Payments package and to avoid the use of residential care

**Social Care** is provided by statutory (including health and social services) and independent (including voluntary) organisations, and describes a wide range of activities that support and help people live their daily lives. It can include intimate personal care, managing finances, adapting housing conditions, attending leisure pursuits etc.

**Stakeholder** is a person who has an interest in an organisation, its activities and its achievements, including those receiving services, carers, partners, employees, shareholders, owners, Government and regulators.

**Star Ratings** The annual grading system by which certain health and social care organisations are measured against a range of **performance indicators**.

**Transition** is the process through which a child's care package moves from the responsibility of Children's Services to Adult Social Care

**Voluntary Sector** A term covering a range of organisations set up on a 'not-for-profit' basis. This includes registered charities, as well as housing associations and many religious organisations.

## Appendix 2 -

### Additional service data and explanation of Performance Assessment Framework bandings

- 1) Breakdown summary of ASC and Children's Services service users receiving DP funding and supported by A4e:

▪ DP (employment)	= 343
▪ DP (IPO/agency)	= 190
▪ DP (IL Trust)	= 5
▪ Other	= 2
▪ <b>Total</b>	<b>= 540</b>

- 2) Breakdown by client classification:

▪ Physical/sensory/frailty	= 439
▪ Learning Disability (adults)	= 26
▪ Mental Health	= 16
▪ Children's Services (incl. LD)	= 59
▪ <b>Total</b>	<b>= 540</b>

The above figures are based on information provided by A4e in respect of the position on 31.01.08, and do not include those people on Direct Payments who have chosen not to receive support from A4e. This figure is estimated approx. 10 – 12 maximum.

- 3) DP Expenditure, year to date (11.02.08):

▪ £4,050,000	= DP spend
▪ £75,000,000	= Community Care budget spend
▪ 5.4%	of CC budget currently spent on Direct Payments

- 4) One-Off payments, year to date:

▪ £31,000	= LD & MH spend (DP)
▪ £340,000	= Carers grant (not counted for DP)

- 5) Explanation of Performance Assessment Framework (PAF) bandings

#### PAF C51 Blob Bandings for 07/08:

5 = V good	150+
4 = Good	120 - 150
3 = Acceptable, but possible room for improvement	90 - 120
2 = Ask questions about performance	60 - 90
1 = Investigate urgently	0 - 60

#### PAF C51 Blob Bandings for 08/09:

5 = V good	160+
4 = Good	130 - 160
3 = Acceptable, but possible room for improvement	100 - 130
2 = Ask questions about performance	70 - 100
1 = Investigate urgently	0 - 70

### **Appendix 3 Service User Impacts**

A4e has recently launched a service user satisfaction questionnaire. Just 40 responses are available at this stage. Results are as follows:

97% of people regarded their understanding of Direct Payments 'Good to Excellent'  
97% of people regarded their support regarding Direct Payments as 'Good to Excellent'  
16% of people felt they could have been better prepared before receiving Direct Payments  
95% of people felt their queries were dealt with at a 'Good to Excellent' rate of response.

#### **People said:**

*'My experience of Direct Payments has been good.....So many people could be feeling safer in their homes knowing that a P.A. is coming.'*

*'After the death of my husband your help has been wonderful. Thank you.'*

*'The service is easy to use but a little complicated to start with. But with the help from Lizzie (A4e) it was easy to sort things out.'*

*'Direct Payments has been a blessing, giving my daughter and myself things to do we like to do. Now we can choose the times we require help. There were teething problems but it was because of changes in the office set up. Also most of your staff have first hand knowledge, so are well equipped for any questions you might have.'*

*'Direct Payments have changed my life completely and are brilliant. I can make my own choices of who I want to help me and what I want to do. I am much more able to be independent from my mum and dad but know I am safe. Direct Payments are mega brill!!!'*

*'I am over the moon to have had Brett's (A4e) help to set up DP's. I didn't think I could do it as it sounded overwhelming but it isn't at all with the support from A4e.'*

*'Direct Payments has been a purely positive experience for myself and my mum.'*