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

Date: **9 June 2011**

By: **Director of Adult Social Care**

Title of report: **Summary Report on the Implementation of Self Directed Support within Adult Social Care (SDS)**

Purpose of report: **To provide a progress report for members on the implementation of Self Directed Support**

RECOMMENDATION

The Committee is recommended to:

1. Consider and comment on the contents of this report and request an update on Self Directed Support and 'Access' to Adult Social Care in a year's time in order to review progress made with Self Directed Support.

1. Financial Appraisal

1.1 The implementation of Self Directed Support (SDS) was developed and supported within the Access and Self Directed Support Workstream (ASDS). This is one of the four workstreams contained within the Putting People First Programme (PPF) which was funded by the Government's Social Care Reform Grant (£5.3 million for East Sussex over three years).
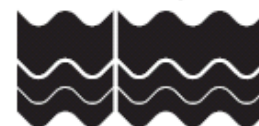
2. Background and Supporting Information

2.1 Self Directed Support (SDS) is the internal Adult Social Care pathway which enables the delivery of part of the 'Putting People First' vision by giving people in need of support as much choice and control as possible over designing the support needed to go about their daily lives. People eligible for support from Adult Social Care are provided with an 'upfront' indicative budget allocation to enable them to plan for their care and support so that they can spend this money (their personal budget) to meet their needs and improve their quality of life in a way that suits them. The aim of this change was to shift the focus away from a prescriptive 'menu' of services to allow people to have real choices over how to meet their needs in different and often far more creative ways than had been possible previously. The Guide to Self Directed Support contains some helpful background information to the project (Appendix 1)

2.2 The requirement from central Government was that by March 2011 at least 30% of all people eligible for a community care service would be in receipt of a personal budget. In order to achieve this target the implementation of Self Directed Support required a complete redesign of the Adult Social Care pathway and the development of new person centred tools and assessment documents to enable people to have as much control as possible over the whole process.

2.3 The programme started in January 2009 and the first year was spent on redesigning the Adult Social Care pathway (Appendix 2) and developing the SDS tool set (Self Assessment form, the Resource Allocation System (RAS) and Support Plan) and guidance for staff and service users. At the same time (February 2009) a small personal budget pilot was set up with six service users to test out the early thinking around the tools and processes needed to support the vision.

2.4 The SDS pathway was agreed in July 2009 and the tools were finally ready for testing by October 2009. These were tested over a three month period between October and December 2009 in the 'demonstrator site' in Lewes and Wealden Adult Care Management teams. The aim was to roll out the pathway and tool set to the rest of the Adult Social Care teams (excluding mental health teams) in April 2010 and to mental health teams from July 2010.

2.5 Experience from the demonstrator site, however, highlighted a number of significant areas which needed urgent redress in order to be able to respond to the level of demand on Adult Social Care in time for the full roll out (Appendix 3). As a consequence some significant changes were made both to the

pathway and to the tool set between January and March 2010. The main aims of these changes were to reduce the length of the assessment documents and build in a way to respond to urgent and 'simple' needs through the introduction of 'simple personal budgets'. The timetable for making these changes and at the same time providing training for staff was extremely challenging.

2.6   In spite of the challenging timetable outlined above SDS was introduced as planned to all teams as planned from April 2010. In view of the amount of changes and the tight timescales being worked towards it was recognised that the first year of implementation would necessarily be a year of development and incremental change as more experience was gained and staff, service users and carers had more opportunities to feed into the whole process and influence developments. A series of different groups have been set up to include practitioners, managers, service users and carers, all of whom now feed into developments and improvements.

2.7   By the end of March 2011 activity to support the key national indicator (NI130) had reached 40.60% thus exceeding the national target of 30%. Between April 2010 and March 2011 a total of 5,741 service users and 1,674 carers had received a personal budget. For a breakdown of deployment methods see Appendix 4. The past year has been challenging because of the significant amount of change that has been required and because cultural change has been needed to shift both practitioners and service users and carers towards a more empowering culture where users and carers really do have control and choice. Many service users and carers still opt for very traditional services and it will take time to encourage people to think differently about how needs can be met. Developments within the market place will help this cultural shift. Reflective learning through topic-based workshops and team based training have been introduced as a more effective way to respond to the demands of individual teams than class room style training.

2.8   The introduction of independent support planning and brokerage through third party agencies has introduced some valuable learning into the support planning process.

2.9   The aims over the next year (2011- 2012) are set out below :
➢   to consolidate the learning from the past year and build on good practice that has been developed in partnership with staff, service users and carers
➢   to continue to work closely with staff, service users and carers to develop and streamline the SDS pathway, increase the numbers of people taking a direct payment and increase support to carers
➢   to consolidate the SDS tool set which has been streamlined and to continue to work in partnership with FACE, (a national organisation specialising in the development of assessment tools and a national RAS programme) in the ongoing development of tools
➢   to ensure that everyone likely to need a chargeable service will be put through the RAS to ensure the equitable distribution of resources
➢   to consolidate the learning from the support planning and brokerage pilots and ensure that more time is allowed within the pathway for support planning. This will include access to independent brokerage being made available where required.

Much of this will be achieved through the Lean project to ensure the SDS pathway delivers in a timely, proportionate manner with service users and carers being at the forefront of all these developments. This, alongside the developments within the market place, will enable real transformation to take place in line with the original PPF vision.

3.   Conclusion and Reasons for Recommendation

3.1   SDS is now ongoing work that will be continuously improved and developed over time. It is recommended that Scrutiny could have a useful role in reviewing the ongoing developments of the SDS pathway by requesting an update on 'Access' to Adult Social Care in a year's time.

KEITH HINKLEY
Director of Adult Social Care

Contact Officer: Name : Mark Stainton (AD Operations)   Tel No. 01273 481238
                        Jane Goldingham (SDS Head of Service)   Tel No 01273 335512

East Sussex
County Council

Information Summary
Adult Social Care

Background Guide to Self-Directed Support

Document author	Susanna Wallace
Version control	V1.0
Approval date	March 2010
Approval by	Jane Goldingham
Implementation date	March 2010
Review date	September 2010

Document Control Sheet

Title of the document	Background Guide to Self-Directed Support
Purpose of the document	To provide background information around the introduction of Self-Directed Support
Type of document	Information Summary
Target Audience	Adult Social Care
Implementation Date:	March 2010
Action required:	ASC staff to familiarise themselves with the document
This document supersedes:	None
This document should be read alongside:	SDS policy, Risk Policy and pathway stages Operational Guidance
Lead Director:	Jane Goldingham
Document Lead/Author:	Susanna Wallace
Project Team:	PPF
Date:	March 2010

Contents

1. Introduction

This guide sets out the most important information about Self-Directed Support (SDS), a key part of the Putting People First programme. The guide gives a summary of the work that has been done around SDS in East Sussex over the last year, and outlines plans for the next year.

The introduction of SDS in East Sussex is a journey, and we are very much at the beginning. Although it will be introduced into most teams from April 2010, it will be continually developed and reviewed until April 2011 and beyond. It is therefore vital that you, along with service users and carers, help to shape and develop it.

SDS has already been introduced in a small way over the last few months. Since February 2009 we have been running a pilot with a group of 6 service users. Since October 2009, the SDS demonstrator site in Sussex Downs and Weald has introduced SDS for older people and people with physical disabilities. The site has been instrumental in informing the SDS pathway and tools for April 2010 (see section 8).

From April 2010, the roll-out of SDS will be operationally-led, with the Putting People First programme team continuing to support the roll-out and future developments.

2. What is Putting People First?

Putting People First (PPF) is the government policy which describes how social care will be delivered in the future. In East Sussex, the PPF programme vision is:

People will have maximum choice and control over the support they receive.

We will do this by:

- **transforming how we work;**
- **working with the people who use social care services, families and carers, the staff who provide the services, local communities, the NHS, voluntary and independent sector service providers, housing providers, District and Borough Councils and other East Sussex County Council (ESCC) departments.**
- **Continuing to make sure that we get the best value out of public and personal funding.**

Nationally, PPF has four main goals:
- Preventing problems and helping early on (prevention and early intervention)
- Making sure everyone can easily find out about all the different types of support available (universal services)
- Helping people to use support networks (social capital)
- Developing Self-Directed Support (choice and control)

This guide will focus on the development of Self-Directed Support.

3. What is Self-Directed Support?

SDS gives people more choice and control over the support they need, to go about their daily lives. People will be told early on about the amount of social care money allocated to meet their social care needs (their Personal Budget). They can then plan how they want to spend the money to meet these needs and improve their quality of life.

SDS responds to current changes in society including that as people are living longer, more people need support to improve their quality of life; the rising expectations of people who depend on social care; and the increasing number of people with caring responsibilities.

In practice Self-Directed Support means:

- Enabling people to have much more influence over their assessment; although initially the Supported Self Assessment (SSA) will still be professionally led, service users will be actively involved in putting their views forward as part of the process.

- A simplified assessment process for people in urgent need or crisis, people with simple needs or those needing a period of reablement.

- Introducing Personal Budgets (PBs) to give people a clear statement about how much money will be allocated for their support.

- Introducing personal support plans which people can develop themselves to reflect their choices, hopes and needs. The choice available will gradually increase as the market develops and service users tell us what they want. Service users may choose to manage the support themselves, or choose to have somebody else manage it for them – this is still Self-Directed Support.

4. What is Reablement?

Reablement aims to help individuals achieve control and autonomy in their lives by working with them to make the most of their abilities within their home environment. This reduces the need for help from others; it is an approach that works with individuals and their carers to find ways to resolve difficulties in carrying out essential activities of daily living. Examples of this may be managing personal care, domestic chores, participating in leisure activities and / or accessing the local Community.

In East Sussex, the reablement process is a function of a number of services, not a service in its own right. A service that has the aim of helping people to adjust to their illness/residual deficits by helping them to learn or re-learn skills necessary for daily living, could be classed as a reablement service. It usually takes place where the individual is going to live.

The services available within ESCC that currently provide a reablement function are:

1) **The Adult Social Care (ASC) Occupational Therapy (OT) Service** – including recommending adaptations to the home, providing equipment and technology, providing advice on managing day to day activities, teaching new ways to undertake tasks, or looking at how lost skills can be regained.
2) **The Directly Provided Living at Home Service (LAHS)** – this is a short-term (up to 6 weeks) outcome focused home care service that helps people 'to do' rather than 'doing to or for' people.
3) **Sensory Impairment Service** – providing support to adults with a sensory impairment, including advice on how they can manage day to day activities, teaching new ways to undertake tasks, or looking at how lost skills can be regained, and providing equipment and technology.

A case study from the SDS demonstrator site about reablement

Mrs B, 87, recently had a brain tumour removed. She'd been advised by her consultant not to bend down, and was having difficulty with showering and housework.

Mr B, her main carer, was happy to support her with showers and cooking, but was struggling to manage all the domestic and practical tasks. She was referred to Adult Social Care and her case went through the Self-Directed Support pathway in the demonstrator site.

Mrs and Mrs B were clear they didn't want someone in every day long-term; they wanted to go back to being independent.

Mrs B had an intensive period of reablement and Occupational Therapy to help the couple regain independence. It included putting equipment in place so that Mrs B could sit and have a shower, and giving practical support with housework, such as a technique which allowed her to vacuum whilst sitting down. Mr and Mrs B also each had a lifeline put in.

This has all helped increase their independence significantly; they now just need one hours' practical support each week.

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5. What have we done in the last year – at a glance

January 2009: SDS delivery team started, 4 practitioners who focused on the introduction of SDS, including supporting the Personal Budget pilots.

February 2009: Personal Budgets pilot started with a group of service users.

April 2009: High level SDS pathway signed off by Programme Board.

April 2009: PPF Advocacy project started – including piloting independent advocacy for older people, disabled people and carers.

April to July 2009: Development of the detailed SDS Pathway. Consultation with ASC staff and providers.

May 2009: Mental Health Pilot (In Control) started, focusing on day opportunities.

June and July 2009: Workshops on brokerage for ASC staff and partner agencies.

July 2009: Testing prototypes of SAQ (Self Assessment Questionnaire) and RAS (Resource Allocation System) started.

July 2009: Indicative Personal Budgets for people using homecare was introduced.

July 2009: PPF staff engagement events.

July 2009: Detailed SDS pathway signed off by Programme Board.

August 2009: CareFirst 6 training and upgrade rolled out to all staff.

August – Sept 2009: Consultation on the SAQ (now called the Supported Self-Assessment (SSA)).

October 2009: Feedback from the Personal Budget pilot service users.

October 2009: Interim tools agreed and systems developed for the SDS demonstrator site.

October 2009: SDS demonstrator site began in Sussex Downs and Weald, testing out the pathway and interim tools, processes and guidance.

October 2009: Development began of new framework agreements for homecare to offer more choice from October 2010.

October 2009: New project set up with East Sussex Disability Association (ESDA) to support new user-led organisations and disabled consultants.

October – December 2009: Worked with Trading Standards to expand the scope of 'Buy with Confidence' to include the social care market – this will be called 'Buy Support with Confidence'.

December 2009: Learning from the demonstrator site led to substantial changes in the pathway and tools (see section 8).

December 2009: Development model agreed for mixed provision of support planning and brokerage.

December 2009 – March 2010: Training for operational managers and staff.

6. What's happening between January and April 2010?

January 2010
- Agreement of SDS pathway and tools for roll out in April 2010
- Departmental Management Team (DMT) approval of resource decisions to implement business change
- SDS practitioner Training (ongoing until March)
- Communication of key messages (ongoing until March)

February 2010
- Finalise systems to support SDS tools and pathway for roll out
- Identify lead practitioners in localities and Learning Disabilities (LD) teams
- Start SDS operational managers' Forum
- Personal Budget Pilot evaluation
- Demonstrator Site evaluation

March 2010
- Finalise operational guidance
- SDS workshops for Managers
- CareFirst training

April 2010
- Go live on 6th April for all teams apart from Mental Health and Substance Misuse.
- Confirm arrangements in place for dealing with ongoing queries from 6th April.

7. What's planned between April 2010 and April 2011?

- **Quarterly / 6 monthly** – Revision of guidance, tools and pathway – minor revisions made quarterly with more substantial revisions after 6 months.
- **April 2010 – March 2011 –** Interim support planning and brokerage model – to broaden support planning and brokerage options.
- **July 2010 –** Mental Health start to introduce SDS and Personal Budgets.
- **July 2010 –** Launch of comprehensive independent advocacy services.
- **September 2010 –** introduction of pre-payment cards.
- **September 2010 onwards** – Consultation as required with internal workforce and unions on any required changes to deliver the SDS pathway and wider PPF changes.
- **October 2010** – New homecare contracts to start.
- **March 2011** – Electronic support plans and review documents to be available in CareAssess.
- **April 2011 –** Support planning and brokerage to move from an interim model to a mainstreamed service.

8. Key learning from the SDS Demonstrator Site

Since October 2009, a mixed team of practitioners from the Duty and Assessment Team (DAT), Assessment and Care Management (ACM) and OT in Sussex Downs and Weald have been running the SDS demonstrator site. This introduced SDS for older people and people with physical disabilities (new clients) in the Wealden and Lewes area.

The demonstrator site tried out new ways of providing support, and looked at what it meant for those involved – service users, carers as well as staff and other agencies and partners. They tested out the SDS tools – the Assessment tools, Resource Allocation System (RAS), Support Plans and Risk tools – as well as the pathway, guidance, processes and IT systems. The learning has informed key decisions on the development of SDS tools, and pathway for April 2010 and April 2011. For April 2010 these include:

- Informing the development of a simplified and quicker assessment process, for those in urgent need or crisis; people with simple needs, such as community meals or lifeline or; those needing a period of reablement. For these people, we'll use the new version 6 Background Information Contact Assessment (BICA).

- Revision of the 'Supported Self Assessment' (SSA, previously known as the Self-Assessment Questionnaire – SAQ) to be used for people with longer term needs and to support Personal Budgets.

- Increasing the number of people who will receive reablement services upfront, to help them to live as independently as possible, and reduce the need for ongoing social care support.

- Involving Occupational Therapy (OT) earlier on so that the equipment needs of service users can be identified earlier – this service is a reablement function (see section 4). This can make a real difference to service users and reduce interim care arrangements. OT practitioners will also be involved in arranging Simple Personal Budgets.

9. Key learning from the Personal Budget pilot

The Personal Budget (PB) pilot started in February 2009. Around 20 service users were identified, and contacted to assess their willingness to be involved in the pilot. Six went on to develop a support plan and get a PB, with help from the SDS Delivery Team. In the absence of a RAS, the PB was the value of the current package.

The learning from the PB pilot has helped shape Self-Directed Support by:
- developing and testing assessment and support plan documentation;
- identifying staff guidance and training required;
- developing key principles for how people can spend their Personal Budget – what is, and is not considered acceptable;
- recognising the need for a decision making framework;

- challenging Direct Payment (DP) process and guidance, and;
- assessing the impact and experience for service users.

A case study from the Personal Budget Pilot – Paul

Before joining the Personal Budget pilot, Paul already used Direct Payments. He feels he is now able to be more active in his community.

"Now the Personal Budget is sorted out I can see how I can use the hours in a beneficial way. I'm not sitting here vegetating."

His PA provides a wide variety of personal care support, as well as help to take his son to school, with gardening, and developing cooking skills. His PA also supports him to pursue leisure interests such as rejoining the Lions Group, and visiting Royal Horticultural Society sites and garden centres as well as manning display stalls for voluntary organisations in the local community. Paying his PA to support him on short breaks away makes it a lot easier and more comfortable, as he has someone who already knows him and understands his needs.

Paul's Personal Budget has also enabled him to put raised beds in his front garden so he can do gardening unassisted. He has also bought annual membership for the local leisure centre (where his PA helps him to use the machines), as well as for Herstmonceux Observatory, the RSPB and the RNIB.

Paul still stays at home one day a week, often in bed, when sometimes friends help him around the house, for example, by getting meals.

"Personal Budgets do not offer any more money than a Direct Payment, but you can use it differently. It provides more opportunities. I'm able to use my social care money in a more imaginative way and be more involved in my son's life."

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10. Independent Advocacy

Advocacy can be defined as an individual being 'formally' supported on a one-to-one basis to express views, communicate choices and receive services or participation as a result. This can help people to exercise more choice and control, and receive support personal to them.

Under SDS, social care professionals will continue to carry out advocacy on behalf of service users. However, there will be circumstances when it is appropriate to suggest an independent advocate be involved. For example, if service users have difficulty expressing themselves, or where a situation leads to conflicts of interest. This could be about eligibility criteria, resource allocation issues, or support to have a voice during specific procedures, such as a safeguarding or a complaints process.

Currently independent advocacy is available in East Sussex for people with learning disabilities, people with mental health needs, travellers and gypsies,

and for those who need bilingual advocacy. The PPF team has also commissioned pilot independent advocacy services until June 2010 for Older People (Age Concern), Disabled People (East Sussex Disability Association) and Carers (Care for the Carers).

Comprehensive independent advocacy services will be launched from July 2010. Further information will be made available directly to staff and will also be on the ESCC website.

For more information about independent advocacy, please contact Angela Yphantides (angela.yphantides@eastsussex.gov.uk) or see the Independent Advocacy Services Briefing paper on the intranet.

11. Support Planning and Brokerage – developing options

Support planning and brokerage are fundamental aspects of SDS. As more and more individuals are given a PB, they will need help with identifying their outcomes and arranging services and support to achieve them.

April 2010 to March 2011 will be a learning phase for ASC as we get to grips with mainstreaming the SDS pathway. It is clear that we will need to offer some degree of choice for service users, and at times, some additional support for practitioners, with support planning and brokerage.

Between April 2010 and March 2011, a project will be set up to oversee an interim arrangement for delivering support planning and brokerage. This will be done in partnership with organisations and individuals outside of ASC, taking learning from the Mental Health (In Control) Pilot. We will set up an approved list of organisations and individuals interested in working with ACM teams to support people with PBs, to identify outcomes and arrange services. The focus of the interim model will be about:
- offering more choice for service users about how they get assistance with support planning and brokerage,
- developing the role of user led organisations in support planning and brokerage, and
- care and support solutions based on resources in local villages and neighbourhoods, drawing on informal and formal networks.

The idea will be to start small from April 2010 to March 2011, and evaluate the strengths and weaknesses of different approaches, and their impacts on assessment and care management as more people go through the SDS pathway. A full service definition will be developed for April 2011.

For more information about the interim support planning and brokerage model, please contact Vicky Smith (vicky.smith@eastsussex.gov.uk) or see the Support Planning and Brokerage Briefing Paper on the intranet.

12. Mental Health Pilot (In Control)

The use of Self-Directed Support in mental health services is being tested through the East Sussex Staying in Control pilot, one of 30 national pilots.

The focus is on implementing PBs jointly with social care and the NHS. Working with people with mental health problems of working age in need of day, and vocational services, it aims to give them the chance to buy activities or services that promote independence, choice and control. 18 service users in the Eastbourne area have completed Self-directed Assessment Questionnaires (SAQs) and support plans and are receiving Personal Budgets (PBs) as a Direct Payment (DP). The pilot has now extended into rural East Sussex, enabling a further 15 people living in rural parts of the county with additional challenges such as travel and social isolation, to experience SDS through PBs.

This pilot is due to be completed with a report available in May 2010.
For more information, contact Kenny MacKay
(kenny.mackay@eastsussex.gov.uk) or visit www.in-control.org.uk/health.

13. Direct Payments

As with current practice, service users can choose to meet some or all of their identified outcomes using Direct Payments (DP). DPs enable service users to have more flexibility and more choice and control over the support they receive, including how it is provided and who by. In East Sussex, it has been agreed that in particular circumstances, a DP could be used to pay family members living in the same home when agreed through line management.

DPs also involve the service user, or their representative, taking on a greater role in arranging and paying for support. We have a contract with a company called A4e who can support service users with, for example, recruiting staff, their responsibilities as an employer and/or managing the DP money. From April 2010, some of the costs for support with DPs will need to be met from the service user's PB. Detailed operational instructions on DPs will be available in April 2010.

Practitioners will play a key role in ensuring that risks are managed properly if a service user chooses DPs. For example, risks around financial management or appropriate support services not being secured. Practitioners will also have a key role at review, in ensuring that DPs have been spent appropriately and that agreed outcomes are being met. As with current practice, service users should always be offered DPs although it is their choice whether or not to take them up.

How Direct Payments link with Personal Budgets
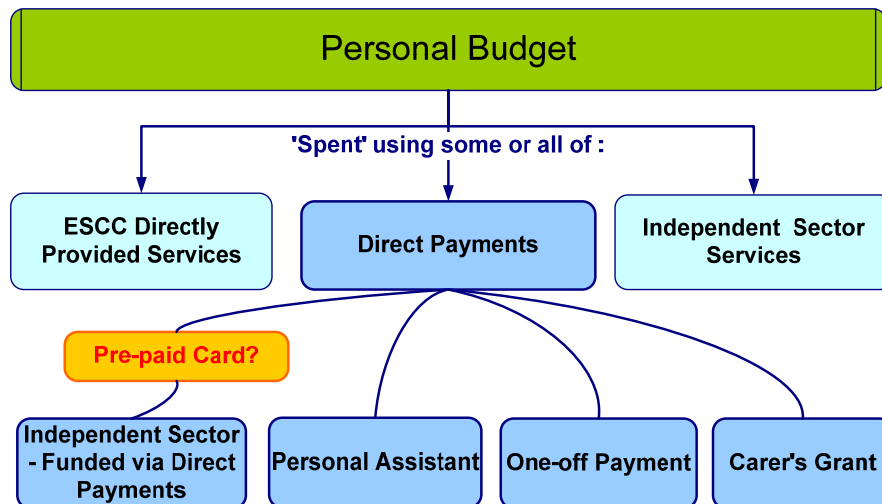
For more information about DPs, contact Frood Radford (frood.radford@eastsussex.gov.uk) or see the DP Factsheet on the ESCC website, and DP guidance available by April 2010.

Direct Payment Training

We have been providing a learning support service for service users in receipt of DPs and their Personal Assistants (PAs). This has included the development of an e-learning programme, as well as other training materials that can be accessed or provided in the service user's home. We have been developing options for accessing further training for any PAs that may be interested, including some already available to the independent care sector as well as more bespoke training as required. We are also about to introduce a half day workshop for 'new employers' using DPs on 'soft' management skills in partnership with A4e.

Contact Renee Jasper-Griffiths (renee.jasper-griffiths@eastsussex.gov.uk) for any further information.

14. Workforce and Training

Training

SDS Consultancy is providing training to support the implementation of SDS in East Sussex. They have already trained the demonstrator site staff in September 2009 and Operations Managers, Senior Practitioners and Practice Managers in December 2009. From late January to March 2010, they are delivering two half-day courses to all relevant practitioners. In late March, East Sussex will be doing a couple more days' training with managers.

To complement the training, there is an e-learning programme that provides an excellent introduction to SDS. It can be accessed by any member of staff. Log onto:

- www.kwango.co.uk
- enter **SDSescc** as the user name,
- enter **escc004** as the password.

There is also updated CareFirst training during March, in line with the new systems, tools and processes being introduced.

Workforce

The purpose of the PPF Workforce workstream is to identify the impact of PPF on ASC staff, both within ESCC and externally. It also works with the Adult Social Care Management Team to support and develop the workforce to deliver the transformation. New ways of working are currently being tested at the demonstrator site through the Self Directed Support pathway. The wider staff group will have the opportunity to work with the new pathway as it is implemented in each team from 6th April 2010.

While the roll-out of SDS will be operationally led, the PPF team will co-ordinate the learning and issues that arise over the following months. During this period of change, we will be regularly communicating with staff including through SDS training and operational team meetings, to ensure that staff are kept fully informed about developments.

We are also looking at ways to ensure that operational staff have plenty of opportunities to feed back on their experience of introducing SDS, as we continually develop and improve the SDS approach. This will include ongoing forums for dialogue between operational staff and managers and the SDS team. This process will inform decisions about changes to the pathway, tools and practice.

For more information on workforce and training, contact Jo Murfin (jo.murfin@eastsussex.govuk)

15. Developing the Market, Increasing Choice and Flexibility

Developing the market, to enable service users to have more choice about how they spend their money, will be a gradual process over the next few months and years. As SDS is introduced, it will be important to capture feedback from service users about what they would like to buy to meet their needs, and what is not yet available. We are also working with service providers to encourage more flexible ways of delivering services.

For example by April 2010, the ASC section of the website will have been developed with improved links to health information and renamed "Adult Social Care and Health".

April 2010 – March 2011

Over the next year, the following resources will be in development.

- We will put in place stronger engagement, with independent and voluntary sector providers. This includes provider forums and events and a regular newsletter, so that we can develop a market and workforce driven by choice and flexibility.

- We are working with local organisations, led by service users (known as User Led Organisations – ULOs), to look at how they can help other service users to know what support they could choose to meet their needs. A toolkit for ULOs will be launched in April 2010.

- We are developing electronic and paper-based tools to support service users in using their Personal Budgets, including extending the Council's current Buy With Confidence Scheme to include social care providers.

- We are working to modernise and develop a range of day opportunities for older people in the community. For example, we are planning to open a community hub at the Isobel Blackman Centre, Hastings in July of this year. We are also working on projects to modernise day and vocational / employment opportunities for working age adults.

- We are re-tendering our home care block contracts into outcomes-based framework agreements. This will give people more choice over which organisation provides support, and more control over the support, to ensure services that are more responsive to people's need and preferences. The new framework agreements are expected to start in October 2010.

- We are planning to work with NAAPS (National Association of Adult Placement Schemes) to develop a Homeshare scheme in East Sussex and also a project to support and grow very small providers of services and support (micro-enterprises) so that they can contribute to extending the range of choices available.

- We are exploring options with corporate colleagues to secure long-term sustainability of voluntary sector services, particularly those supporting people with low to moderate needs.

- We are working with Trading Standards to extend the scope of the Council's Buy with Confidence scheme, to include more unregulated care and support providers, so that care managers/workers and service users can be reassured about quality and safety. The new scheme will be fully launched in October 2010.

For more information about developing the market and increasing choice and flexibility, please contact Vicky Smith (vicky.smith@eastsussex.gov.uk)

16. Stakeholder Consultation, Engagement and Communication

Over the last 18 months, we have been involved in extensive consultation, engagement and communication with stakeholders, including staff, service users, carers and providers.

Staff Engagement Events on PPF were held in 2008 and 2009. Last year's events focused on the SDS pathway, part of an extensive consultation of staff and external stakeholders on the pathway. Over 450 staff were consulted in team meetings, brokerage workshops, through two sessions with Heads of Service, and through comments given on our posters.

Staff and external stakeholders were also consulted on the development of the Self Assessment Questionnaire (now called Supported Self Assessment, SSA).

We have also established specific PPF groups. These include the Inclusion Advisory Group (IAG) which is helping us to get PPF right on equality issues and the PPF Older People's Reference Group, which is key in ensuring the voices of older people are heard in the development of PPF.

In developing SDS over the next year, service users and carers will be involved in:
- giving feedback on their experiences of tools and processes,
- sharing stories of what works and does not,
- taking part in staff training, and
- developing reference groups to ensure service users and carers can advise on paperwork and processes.

17. Glossary of Acronyms

ACM – Assessment and Care Management
ASC – Adult Social Care
DAT – Duty and Assessment Team
OT – Occupational Therapy
PB – Personal Budget
DP – Direct Payment
PPF – Putting People First
RAS – Resource Allocation System
SAQ – Self Assessment Questionnaire
SDS – Self-Directed Support
SSA – Supported Self-Assessment

For definitions of PPF words and phrases, please see the PPF Jargon Buster on the intranet, or email us on peoplefirst@eastsussex.gov.uk and we can send you a copy.

18. How can I feed in my views?

It's really important that you are involved in shaping and developing SDS over the next year or so. If you would like to feed in your views, please send an email to: peoplefirst@eastsussex.gov.uk or phone us on: 01273 335670. Below are individual contact details for the PPF team if you would like to talk to someone about a particular issue.

We will also be setting up forums for operations staff to enable you to discuss with the PPF team, your experience of introducing SDS in East Sussex.

19. Useful Contacts and Resources

The Putting People First Team:

General enquiries: 01273 335670, peoplefirst@eastsussex.gov.uk

David Liley, PPF Programme Manager, david.liley@eastsussex.gov.uk, Tel: 01273 336761

Jane Goldingham, Access & Self Directed Support (ASDS) Workstream Manager jane.goldingham@eastsussex.gov.uk, Tel: 01273 335512

Vicky Smith, Choice, Market Development & Engagement (CMDE) Workstream Manager vicky.smith@eastsussex.gov.uk, Tel: 01273 482036

Simon Jones, Business Systems, Processes & Infrastructure Workstream Manager simon.jones@eastsussex.gov.uk, Tel: 01273 481601

Jo Murfin, PPF Project Manager - Workforce Workstream jo.murfin@eastsussex.gov.uk, Tel: 01273 481253

Nikki Laugharne, SDS Project Manager, nikki.laugharne@eastsussex.gov.uk, Tel: 01273 482857

Nicky Saynor (until the end of March 2010), SDS Project Manager, nicky.saynor@eastsussex.gov.uk, Tel: 01273 335721

Angela Yphantides, CMDE Project Manager, angela.yphantides@eastsussex.gov.uk, Tel: 01273 336599

Bianca Byrne, CMDE Project Manager**,** bianca.byrne@eastsussex.gov.uk, Tel: 01273 336656

Charity Thrussell, Business Manager, charity.thrussell@eastsussex.gov.uk, Tel: 01273 335307

Sarah Crouch, PPF Performance & Service Development Manager
sarah.crouch@eastsussex.gov.uk, Tel: 01273 481110

Claire Debenham, PPF Equalities Manager,
claire.debenham@eastsussex.gov.uk, Tel: 01273 481386

Mike O'Driscoll, PPF Finance Manager,
michael.o'driscoll@eastsussex.gov.uk, Tel: 01273 482282

Gill Haw, PPF Service Accountant, gill.haw@eastsussexcc.gov.uk;
Tel: 01273 482545

Susanna Wallace, PPF Programme Support Officer
susanna.wallace@eastsussex.gov.uk, Tel: 01273 481352

Claire Caddick, PPF Admin Support Claire.caddick@eastsussex.gov.uk
Tel: 01273 335670

For more information about SDS and the wider PPF programme in East Sussex:

PPF site on the intranet -
http://esccintranet/home/socserv/PuttingPeopleFirst/index.asp
PPF site on the internet - www.eastsussex.gov.uk/puttingpeoplefirst

For more information about SDS and PPF nationally:

Useful websites

- **Personalisation Network and Toolkit**
www.dhcarenetworks.org.uk/personalisation/index.cfm
An on-line resource to support councils to plan and deliver the transformation of their social care systems as set out in Putting People First.

- **Department of Health personalisation web pages**
www.dh.gov.uk/en/SocialCare/Socialcarereform/Personalisation/index.htm
The Department of Health (DH) website pages dedicated to personaliation.

- **Prevention and early intervention**
www.dhcarenetworks.org.uk/Prevention/index.cfm
An on-line resource to support local authorities and health partners make the kind of strategic shift to prevention and early intervention envisaged in Putting People First.

- **In Control website** www.in-control.org.uk
A voluntary sector organisation, initially involved in the early pilots of individual budgets for people with learning disabilities; now involved in developing and promoting the principles of SDS in the UK.

- **SDS4me website** www.sds4me.org.uk
A resource of additional information regarding Self-Directed Support.

- **Independent Living Fund (ILF)** www.ilf.org.uk
A national organisation dedicated to providing financial support for disabled people, enabling them to live independently.

- **Being the Boss** www.beingtheboss.co.uk
A support and information sharing website about the experiences of disabled people who employ their own Personal Assistants (PAs).

Publications

- **Rough Guide to Personalisation**
http://www.scie.org.uk/publications/reports/report20.asp
Produced by Social Care Institute for Excellence this guide aims to tell the story so far about the personalisation of adult social care services.

- **PPF Concordat** www.dh.gov.uk/en/DH_081118
A Department of Health publication, setting out the vision for transforming adult social care services

- **Local Authority Circulars – Transforming Social Care – 2008**
(http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/DH_081934)
The Local Authority Circular 2008 sets out information to support the transformation of social care.

- **Local Authority Circulars – Transforming Social Care – 2009**
(http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/DH_095719
The Local Authority Circular 2009 builds on the first circular and updates the information and support available to councils to drive the transformation of adult social care. Both give details of the Social Care Reform Grant (SCRG).

- **Evaluation of the Individual Budget pilot programme report**
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089505
This report evaluates the national Individual Budget pilot which was conducted over two years from 2006-2007 and involved 13 local authorities. It focuses on the impact on service users.

- **Evaluation of the Individual Budgets pilot projects: impact and outcome for carers**
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_095420
This report examines the national Individual Budget pilot and its impacts on and outcomes for carers.

- **PPF - The Whole Story**
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089665
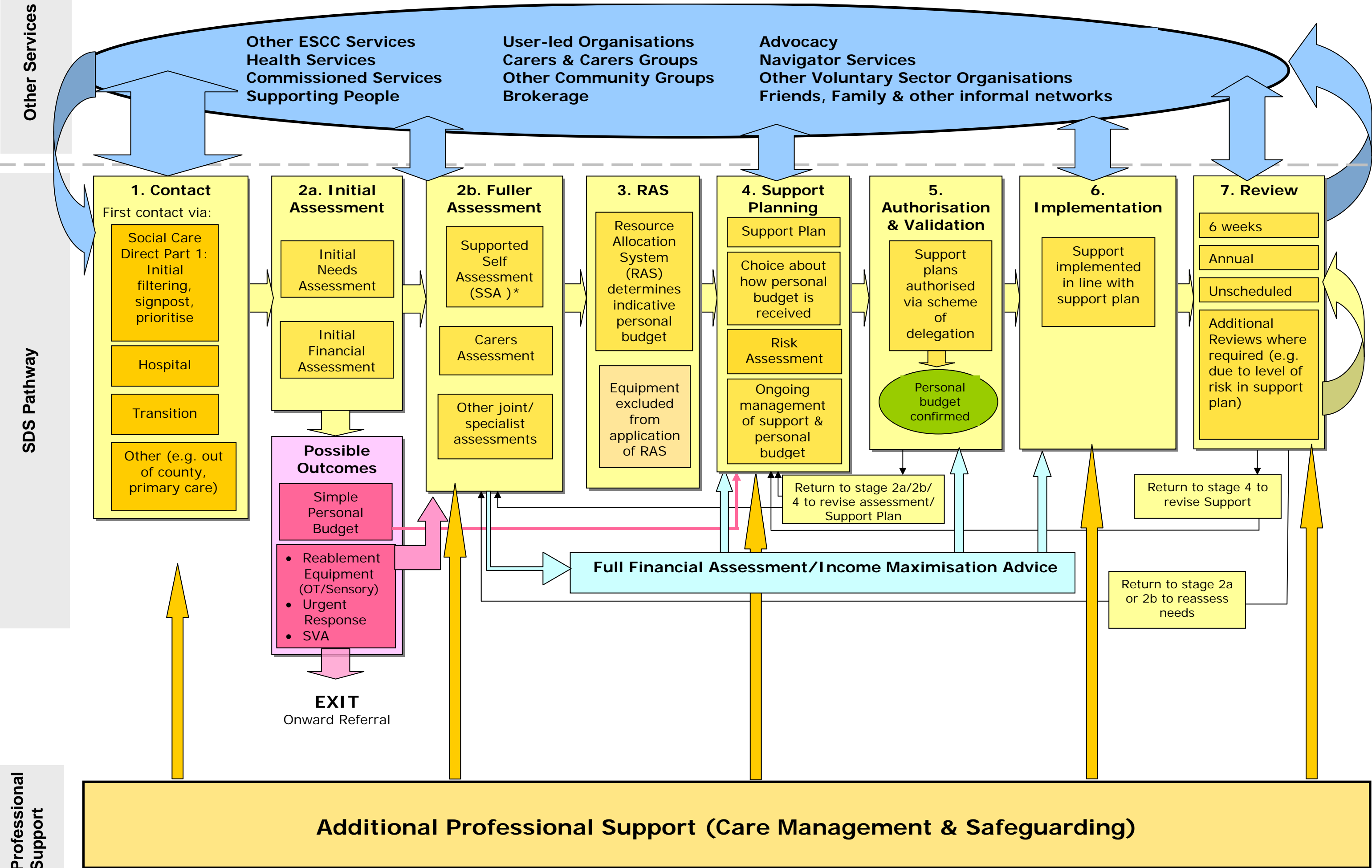This document, in plain English, describes at a practical level the kind of society which   successful transformation of social care might bring.

- **Self-directed support Myth Buster**
 http://www.in-control.org.uk/site/INCO/Templates/General.aspx?pageid=33&cc=GB
A page on the In Control website busting myths about self-directed support and answering frequently asked questions.

Self Directed Support Detailed Pathway January 2010

Appendix 2

Other Services

Other ESCC Services	User-led Organisations	Advocacy
Health Services	Carers & Carers Groups	Navigator Services
Commissioned Services	Other Community Groups	Other Voluntary Sector Organisations
Supporting People	Brokerage	Friends, Family & other informal networks

SDS Pathway

1. Contact
First contact via:
- Social Care Direct Part 1: Initial filtering, signpost, prioritise
- Hospital
- Transition
- Other (e.g. out of county, primary care)

2a. Initial Assessment
- Initial Needs Assessment
- Initial Financial Assessment

Possible Outcomes
- Simple Personal Budget
- Reablement Equipment (OT/Sensory)
- Urgent Response
- SVA

EXIT
Onward Referral

2b. Fuller Assessment
- Supported Self Assessment (SSA)*
- Carers Assessment
- Other joint/ specialist assessments

3. RAS
- Resource Allocation System (RAS) determines indicative personal budget
- Equipment excluded from application of RAS

4. Support Planning
- Support Plan
- Choice about how personal budget is received
- Risk Assessment
- Ongoing management of support & personal budget

5. Authorisation & Validation
- Support plans authorised via scheme of delegation
- Personal budget confirmed

6. Implementation
- Support implemented in line with support plan

7. Review
- 6 weeks
- Annual
- Unscheduled
- Additional Reviews where required (e.g. due to level of risk in support plan)

Return to stage 2a/2b/4 to revise assessment/Support Plan

Return to stage 4 to revise Support

Return to stage 2a or 2b to reassess needs

Full Financial Assessment/Income Maximisation Advice

Professional Support

Additional Professional Support (Care Management & Safeguarding)

*NB: Replaces Self Assessment Questionnaire (SAQ)

Self-Directed Support Demonstrator Site
Evaluation Report Executive Summary

1   Background to the demonstrator site

In July 2009 the East Sussex PPF Programme Board approved the detailed SDS care pathway. They also agreed a number of projects, including a demonstrator site, to enable the full SDS care pathway to be integrated into Adult Social Care from April 2010.

The demonstrator site was located within the Sussex Downs and Weald Team, based in Sackville House, Lewes. The team was a mixed team of practitioners from Duty and Assessment (DAT), Occupational Therapists (OTs) and Assessment and Care Management (ACM).

The SDS care pathway was introduced to the demonstrator site through a four week phased implementation from 12th October 2009. The demonstrator site went live on the 2nd November and ran until January 2010. It tested the SDS process for new service users (older people, people with physical disabilities and / or sensory impairment) who were referred to DAT via Social Care Direct. It did not test the pathway for people with learning disabilities, mental health issues or those who contacted adult social care via a hospital team.

2   Demonstrator site activity

Between November 2009 and January 2010, 211 people were referred to the SDS demonstrator site. 61% of people referred were female and 37% were male (2% not recorded), 21% of people referred were working age, 79% were older people.

Most service users did not complete the SDS pathway. Only 58 service users (27%) completed a Self-directed Assessment Questionnaire (SAQ), and 39 service users referred during this period went through the Resource Allocation System. This was largely because it was quickly identified that the majority of service users either needed an urgent response or they had simple support needs; therefore it was inappropriate for them to have the detailed assessment the SAQ documentation was developed for. In these instances, service users were transferred to DAT for their needs to be met.

3   Establishing the demonstrator site project

3.1   What worked well
*   Testing the SDS tools, pathway and guidance to inform changes for wider roll out.

*   Testing the accuracy of the Resource Allocation System.

*   Having operational managers leading the process enabled issues to be dealt with in a timely and pragmatic manner, and ensured practice was embedded rather than being programme led.

*   The onsite support from the SDS and PPF team ensured someone was always available to co-ordinate, log and manage the issues, including co-ordinating actions to be taken such as changes to guidance and tools.

*   Involving the wider team in meetings such as representatives from Social Care Direct, DPS, finance and systems development, enabled issues to be resolved expediently, and ensured consistency in approach.

*   Using ongoing feedback to adapt processes during the demonstrator site ensured staff felt their views were listened to and changes to processes could be tested. For example, making changes to enable proportionate assessment and improving the format of team meetings to enable more practitioner led shared learning.

*   It provided the opportunity to test out CareAssess on a smaller scale and start to understand what it can provide.

3.2 What could have worked better

- The demonstrator site set out to test the SDS vision for 2011, but not all the associated processes and team structures were in place to do this properly, such as the contact centre and an independent brokerage function. This was known prior to the demonstrator site starting, so learning about the SDS pathway was always going to be restricted.

- The demonstrator site was unable to test the full self-directed support process following early learning from the testing. For example, service users were not provided with their indicative personal budget in advance of support planning because of identified inconsistency in completing the assessment.

- The scoping of the number of service users likely to go through the self-directed support process was inaccurate because the SAQ was not proportionate for people requiring simple support packages. Therefore the testing of the self-directed support process was significantly reduced.

- Clearer and more consistent change control and decision making processes should have been in place from the outset, in terms of who can make changes and at what point decisions are finalised. It has highlighted the need for a change management group going forward to work systematically through issues and jointly agree amendments to processes and systems. The input of frontline operational staff alongside senior management is recognised as invaluable to making informed decisions.

- The interface between different PPF work streams wasn't as well structured as it could have been. There was discord between the timeliness of changes to the pathway and process and the impact on systems.

- Inadequate time was given to implementation which meant setting up the demonstrator site felt rushed, it put pressure on getting systems such as CareAssess ready on time, and practitioners felt anxious and unprepared. Changes in work stream management at the start of the demonstrator site, and case law emerging about self assessment resulted in last minute changes to process which further impinged on the set up time.

- Practitioners in the demonstrator site were not solely working on self-directed support, and retained some of their caseload using current practice. This made it more difficult for the practitioners as they were switching between different processes, particularly for OTs who had more of a significant shift in practice in the demonstrator site. Also, running dual systems meant there was room for service users to fall between the two systems. For example, where a service user went through the SDS process but their carer didn't because the carer assessment wasn't part of the SDS process.

- For such a large change management programme, insufficient time has been allocated post demonstrator site to embed the lessons learnt, incorporate changes to the tools and pathway, and test the changes. The demonstrator site officially ended two months before the rollout of SDS, which significantly restricts the opportunity to test amended tools, such as the self-supported assessment, and operational guidance. Practitioners in the demonstrator site are testing these amendments, but capacity to do this is reduced as they are preparing for full rollout.

4 Impact for service users and carers

- Practitioners reflected there was no shift of power to the service user, but there was a bit more creativity, and choices had opened up with regards to day opportunities and respite. It was felt an increased use of Personal Assistants in future would lead to more control.

- Service user questionnaires were disseminated in February 2010 and will be incorporated into the findings once returned.

5   Impact for staff

- The different staff groups (ACM, DAT and OT) all felt they had benefited from working more closely together as it gave them a much better understanding and appreciation of other people's roles, and in particular, the OT service felt less disconnected.

- DAT staff felt comfortable with carrying out the self assessment questionnaire over the phone. They relished the prospect of getting to know their service users better, working with service users through to the review stage, and finding out how the support they've helped to put in place is working in practice.

- ACM staff were used to having a lot of information about the service user available to them before making contact, so they felt uncomfortable about carrying out the self-directed assessment over the phone with very little prior knowledge in front of them.

- The SDS process was a steeper learning curve for OTs as the demonstrator site tested the role of OTs as envisioned for 2011, where OTs will provide more of a care management role. For April 2010, it has been agreed that OTs will be supporting service users requiring simple support packages but they will not be involved with setting up complex packages.

- Staff felt the new process was more than just a change in tools and documentation and practice was shifting, but there was some way to go as the demonstrator site did not test the full self-directed support pathway.

- Staff guidance changes as a result of testing in the demonstrator site varied from minor systems issues, RAS development issues, and changes to the authorisation process to reflect difficulties resulting from senior practitioner shortages. New guidance was developed to describe how referrals should be made to the Living At Home service for reablement, and how to work with cases requiring OT.

- Practitioners suggested the questions asked by Social Care Direct (SCD) at the initial contact stage should be changed to enable more effective signposting. As a result, the OT management team are working with SCD and ACM DAT to support them to identify cases more appropriately at the front end where service users would benefit from some initial input from the OT service.

- There was additional work for the admin team initially, largely because clarification was still being sought as to what the processes were for various case scenarios. This resulted in a number of abandoned cases, which is administratively time consuming. As clear guidance and systems are put in place, admin staff envisage the process will become easier and more streamlined, although it still feels as if there are more admin processes for the SDS pathway than there are currently

6   Impact on performance

- Demonstrator site performance was monitored against key national indicators and compared to overall departmental performance. The number of service users going through the SDS process was low so it is not possible to draw conclusions about the impact of SDS on performance. However no significant changes to performance indicators were identified except for NI 130: SDS, which identified a recording issue within Carefirst. For 2010/11 the outcomes recorded at events in Carefirst are being revised to align with the SDS pathway so they are more intuitive for practitioners to complete.

7   Self-directed Assessment Questionnaire (SAQ)

- The average total assessment time (including write up) was 2 hours 45 minutes for a face to face, and 1 hour 55 minutes for a telephone assessment (although recorded assessment times ranged from 25 minutes to 4 hours 15 minutes).

- Feedback from demonstrator site staff quickly identified the need for a more proportionate assessment for service users requiring simple support packages. The assessment tool for wider SDS roll out has therefore changed significantly. The BICA will be used for simple assessment and the SAQ has been replaced by a 'Supported Self-Assessment' (SSA) for complex cases.

- Staff also felt quite strongly that the SAQ didn't work as its purpose was not clear: it was neither a tool for doing a person-centred assessment or a questionnaire to work through each question and statement with service users. As a result, the assessment documentation has been changed to the 'Supported Self-Assessment' which defines more clearly the role of the professional.

8   Resource Allocation System (RAS)

- Between November 2009 and January 2010, 39 service users went through the Resource Allocation System (RAS). The value of the indicative personal budget ranged from between £0 and £454.

- The RAS was initially tested through a desk top exercise with 14 existing service users with an ongoing support package in place. From this, and the testing in the demonstrator site, Strategic Finance staff are confident that the RAS is accurate and can work for the service user groups tested.

- However, the testing in the demonstrator site highlighted inconsistency amongst practitioners in the completion of assessments and interpretation of FACS, and the resulting impact this has on the RAS indicative budget.

- A system is currently being developed which will provide a web based front-end in CareAssess for practitioners to use to check the indicative personal budget value before final completion of the assessment within CareAssess. This should help ensure consistency with completion of the assessment. However, it also comes with the risk that the integrity of the process is compromised. The role of senior practitioners will therefore include agreeing indicative personal budgets before they are shared with the service user.

9   Support planning and choice

- During November 2009 to January 2010, 26 support plans were identified in CareFirst. The average recorded time for support planning was 1 hour 20 minutes (including write up).

- The average number of outcomes identified by an individual was four. As would be expected, outcomes relating to personal care were the most commonly identified, followed by housework, nutrition and medication.

- The support planning process was restricted because, for the demonstrator site, the indicative personal budget was not shared with the service user. Most service users accessed traditional support services and there are few examples of creativity. Examples of more creative support include:
  o accessing anger management therapy
  o a couple using Bluebird community transport to achieve their outcome to 'enjoy each other's company and meet other people'
  o employing a personal assistant to enable the service user "to get out of the house with their dog, so they are less isolated and feel less anxious".

- Practitioners found older people were not asking for alternatives to current services. Their priorities were being warm, fed, and comfortable and they did not generally have a preference about how this was achieved. The difficulties that required addressing were when agencies couldn't go in at the time service users wanted them too. The current home care retender is looking to develop more choice and flexibility in homecare provision, and the Service Placement Team will be supporting assessors to procure simple support packages from April 2010, along with other support identified by service users within their support plans.

- Concern was raised about whether there was sufficient support available to someone having difficulties with their Personal Assistant, including managing dismissal situations. A designated post has been appointed to review what Personal Assistant training and support is required (both for the employer and employee). A4e also provide support to service users who use their Direct Payments to employ staff, including how to deal with more difficult situations.

- The authorisation process for support plans has also changed as a result of testing in the demonstrator site. There will now be a validation process for the indicative personal budget before the assessment is finalised. There will not be a finance panel, although there will be an escalation process to consider exceptional cases relating to risk and risk enablement. The role of operational managers is to ensure service user outcomes are met by the support set out in their plan and that it is within budget.

10 Risk and safeguarding

- Staff felt their practice had not changed in relation to enabling risk, as the same values, principles and attitudes to risk for older people were still applicable. However, it was recognised that each case should be treated on an individual basis, and for the cases managed through the demonstrator site, no unfamiliar issues related to risk had arisen.

- Practitioners also felt that not discussing an indicative personal budget with service users as part of the support planning had limited the opportunity to explore approaches to encourage positive risk taking.

- Practitioners found managing assessment discussions about risk with service users difficult so had addressed this by using the SAQ as a tool to facilitate discussion, rather than going through each risk question and statement line by line.

- The risk sections within the assessment and support plan documentation have been amended to incorporate feedback given by demonstrator site practitioners. The feedback has also led to a revised process for escalating concerns about risk, and an ESCC Risk Policy and detailed Risk Operational Guidance are being developed for rollout in April 2010.

11 Reablement

- Nine service users were referred to the DPS Living at Home Service (LAHS) for reablement, and 7 were accepted on to the caseload between November 2009 and January 2010. Although many referrals required an element of reablement, a lot of hours were for maintenance calls and ongoing support.

- There are concerns about the capacity of the Living at Home service to provide reablement across the county because the service also provides services for crisis intervention, prevention of hospital admission and facilitating hospital discharge. It is difficult to anticipate the capacity required to meet demand for SDS reablement interventions. The LAHS is currently recruiting staff to ensure it is running at full capacity from April 2010.

- The Living at Home service is also revising its service specification to reflect the reablement requirements of SDS. Detailed criteria will be included in operational guidance.

12 Copies of the full evaluation report

A full evaluation report of the demonstrator site is available from the PPF team at: peoplefirst@eastsussex.gov.uk or 01273 335670.

Self Directed Support (April 2010 to March 2011)

Between April 2010 and March 2011 a total of 5,741 clients (excluding carers) received self directed support.

The table below shows the breakdown by age group, and primary client type of those who have been through the Self Directed Support process, therefore those who have a personal budget.

A personal budget is a notional amount of social care funding for an individual's support some of which may be taken as a direct payment.

There are several deployment options available which allow an individual to decide how to use their personal budget in order to tailor the delivery of their care. The deployment options can be described as either:

Direct payments, or Service arranged and paid for by the council (directly provided services)

Individuals may choose to use any combination of these two approaches.

Self Directed Support process				
	Direct payment only	Services arranged or paid for by Adult Social Care only	Both direct payments and services arranged	TOTAL
Aged 18-64				
Physical Disability	138	620	391	**1,149**
Mental Health	95	85	66	**246**
Learning Disability	12	229	100	**341**
Substance Misuse	1	3	2	**6**
Other vulnerable person	8	21	3	**32**
Unknown Client Type	12	5		**17**
Total 18 – 64	**266**	**963**	**562**	**1,791**
Aged 65 and over				
65 – 74	48	555	94	**697**
75 – 84	60	1222	135	**1,417**
85 and over	75	1533	226	**1,834**
Total 65 and over	**183**	**3,310**	**455**	**3,948**
Unknown age	2			
TOTAL 18 AND OVER	**451**	**4,273**	**1,017**	**5,741**

As shown above the most popular deployment method was services arranged or paid for by Adult Social Care, which equated to 4,273 people (74%), 1,017 people (18%) received both direct payments and services arranged, and 451 people (8%) received direct payments only.

Between April 2010 and March 2011 a total of 1,674 carers received self directed support.