

Report to: **Adult Social Care and Community Safety Scrutiny Committee**

Date: **5 September 2013**

By: **Director of Adult Social Care and Health**

Title of report: **Update on the Self Directed Support Pathway within Adult Social Care (SDS)**

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

RECOMMENDATION

The Committee is recommended to consider and comment on the contents of this report.

1. Financial Appraisal

1.1 The implementation of Self Directed Support (SDS) was developed and supported through the Putting People First (PPF) Programme (since replaced by 'Think Local, Act Personal' TLAP) which was funded by Central Government through the 'Transforming Social Care' Grant (£5.3 million for East Sussex over three years). This grant has now come to an end and any future funding requirements will come from mainstream funding.

2. Background and Supporting Information

2.1 Self Directed Support (SDS) is the internal Adult Social Care pathway for the delivery of the part of the 'Think Local, Act Personal' programme which enables those people in need of care and support to have as much choice and control as possible over the support they need. Under the TLAP vision those people who would benefit from a period of intervention through a reablement package to support and promote their independence are offered this at the first point of delivery. After a reablement package many people either no longer require ongoing support after this or need much reduced support.

2.2 By March 2011 all Local Authorities were required by Central Government to have 30% of all people eligible for a Community Care service receiving a personal budget. East Sussex introduced Self Directed Support to all adult teams from April 2010 and by March 2011 41.98% of ESCC people in receipt of support had a personal budget. Steady progress has continued over the past two years and at the end of March 2013 this figure had reached 74 % (exceeding the locally set target of 60%). Direct Payments (DPs) continues to be the payment method which gives people the most choice and control over their support and ESCC has continued to see a steady rise in the numbers of people taking a Direct Payment. Over 2012/2013 there has been an increase in DP numbers from 19.86% in March 2012 to 24.28% at the end of March 2013 (exceeding the locally set 22% target). Steady progress continues to be maintained.

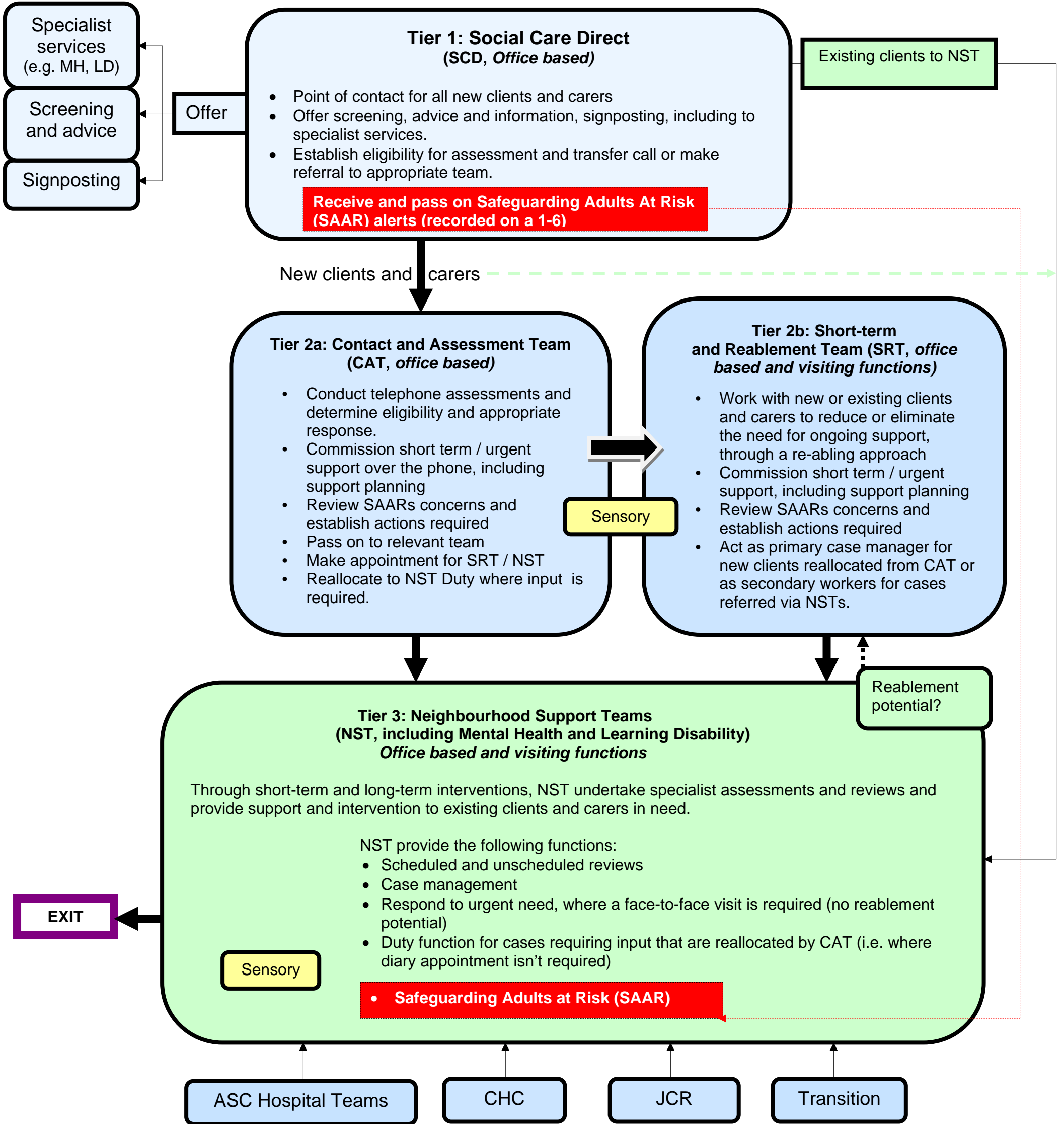
2.3 Work has continued to build on streamlining processes and systems within the SDS pathway through the implementation of 'Lean' systems across Adult Social Care. Following the successful implementation of the Lean prototype in Hastings and Rother (May to August 2011) a decision was made to implement this across all operational teams within ASC from September 2012. The changes made to the SDS service delivery model meant some revisions in systems, processes and in ways of working as well as the creation of some new roles. Project Pathway was set up to progress this work in September 2011 and included a full staff consultation (November 11 - March 2012.) The new service delivery model was introduced in September 2012 (see Appendix 1).

3. Update on Project Pathway and the New Service Delivery Model within Adult Social Care

3.1 The aims of the new of the new model are as follows:

- To shift the focus of front line services away from care and into reablement in order maximise independence for people as long as possible
- To position ASC teams ready for integration with health through Neighbourhood Support Teams (NSTs)
- To promote choice and control through creative support planning and use of direct payments

SDS Service Delivery Model



Sensory staff will work across all teams countywide, but remain a specialised service.

Mental Health (MH) and Learning Disability (LD) will remain a specialist service.

Safeguarding will be identified and responded to at all tiers.

Self funders may be identified throughout the pathway.

SDS service delivery model – explanatory notes

These notes are intended to provide an overview of the roles and principles of the teams and functions in the SDS Service Delivery Model.

General principles:

- Safeguarding is everyone's business – safeguarding will be considered by all teams and by all staff.
- Reablement (a time limited intervention to maximise independence and reduce or eliminate the need for ongoing support or services) will be considered for all clients at any stage of intervention, and will be ordinarily provided by Short-term & Reablement Team (SRT).
- Short-term and long-term refers to the *length of practitioner intervention* and not the person's needs.
- RAS activity will ordinarily be undertaken at Neighbourhood Support Team (NST).
- Direct Payments will always be considered and promoted for people in receipt of personal budgets.
- Financial information will be provided to clients by all teams.
- Primary case worker has overall responsibility for the case.
- Primary and secondary workers will communicate with each other on all aspects of the case.

Tier 1: Social Care Direct (SCD)

Role:

- First contact for all new clients, carers or referrals
- Information gathering
- Provide advice and information
- Internal and external signposting
- Determine likelihood of eligibility for assessment, i.e. person appears to be in need of community care support
- Determine next steps for person being passed for assessment / review, and direct accordingly
- Receive and pass on safeguarding alerts (on a 1-6). Where alerts are less obvious SCD will liaise with CAT before making an alert.

Tier 2: Contact and Assessment Team (CAT)

Role:

- Receive referral from SCD and undertake a holistic, person centred initial assessment over the telephone with all new clients or carers.
- Assess and determine needs and eligibility based on needs and risk, including for self-funders.
- Signpost, provide advice and information and / or refer to SRT or NST, Mental Health or Learning Disability services.
- Identify reablement potential.
- Identify and commission support that can be provided over the phone if required, or schedule an appointment / refer to appropriate team as required where face to face visit is required.

Tier 2: Short-term and Reablement Team (SRT)

Role:

- Work with new and existing clients and carers with reablement potential
- Undertake role as secondary worker for MH / LD / NST / Transition for existing clients.
- Undertake visits from SRT diary.
- Complete holistic and proportionate assessment of the person's needs.
- Assess and identify eligible social care needs, and commission support for short-term / urgent intervention, including for self-funders.
- Develop short-term / reablement focussed support plans.
- Establish if ongoing practitioner intervention and / or chargeable support is required. The case is formally reviewed and closed or passed to NST for ongoing intervention or annual review

Tier 3: Neighbourhood Support Teams (NST)

Role:

- Work with clients and carers with ongoing needs (but no reablement potential)
- Point of receipt for safeguarding alerts from SCD.
- Deal with complex / urgent assessments where a face to face visit is required
- Undertake safeguarding investigations
- Undertake scheduled and unscheduled reviews
- Identify reablement potential and refer to SRT to request secondary worker involvement.
- Assess, support plan, set up personal budget (through the RAS), commission support and services, including via Direct Payments and review.
- Consideration of independent support planning and brokerage.

Transitions – referrals will go straight to **NST** and be allocated to the most appropriate team.

Hospitals – Initial support planning and service commissioning is undertaken in the hospital. Once the client has been discharged the review is passed to the relevant NST, with the exception of clients going to LAHS. For clients being discharged into LAHS, the NST will be contacted by LAHS if an ongoing support is required following the period of reablement.

Sensory – Sensory workers based in SRT can carry out the role of primary or secondary worker, depending on primary need.

Safeguarding Adults At Risk (SAAR)

- SCD receive referral and determine if they are an alert, liaising with CAT where decision is unclear.
- Alerts received elsewhere would be passed to NST for a decision.
- All alerts passed to **NST**, who decide if referrals.
- Investigating managers will be based within **NST**.
- Investigating officers could sit at any tier.
- **Safeguarding is everyone's business.**

Lewes and Wealden Creative Support Planning Prototype

Evaluation report

September 2012

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Introduction

This report explores the evaluation of a pilot project aimed to explore and facilitate the use of Support with Confidence and Micro provider services to deliver creative solutions to meeting service users' identified needs and outcomes. The pilot was run as a prototype with the Lewes and North Wealden Assessment and Care Management Team and with representatives from the Countywide Reviewing Team for three months starting in May 2012.

Acknowledgements

The success of the Lewes and Wealden creative support planning prototype can be attributed to the dedication and commitment of the frontline operational staff involved: Jan Arie, Helena Murphy, Tricia Roussel, Wendy Fernley and Lesley Reeve. The support and proactive encouragement from Kellie Clarke, Richard Hayes and Laura Richardson was key to meeting the project objectives. Thank you to all.

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Report summary

Background

East Sussex launched Self Directed Support in April 2010. Success in changing culture and practice and increasing the numbers of people taking a Direct Payment has been only partial. A number of possible actions were identified locally which aimed to address the barriers and support service users and staff to plan for more creative solutions to meeting clients' identified desired outcomes. It was proposed that a pilot would be run with the Lewes and North Wealden Assessment and Care Management Team and with representatives from the Countywide Reviewing Team for three months.

The length of the pilot was slightly extended from the original dates proposed and ran a total of 20 weeks from 26 March 2012 to 10 August 2012. A Project Team was established to facilitate the involvement of all key stakeholders in the design, implementation and delivery of the project. A number of milestones were agreed and used to monitor progress and a 'Show Case' event for Support with Confidence and Micro providers and operational staff within the pilot area was held.

Findings

During the course of the pilot 28 approved support plans were reported to demonstrate use of more creative means of support. Upon further scrutiny 23 were confirmed as meeting the expected requirements. There was clear evidence of support plans incorporating use of micro-providers including some approved via Support with Confidence. There was a very significant uptake of Direct Payments (17 plans included DPs and only 4 were pre-existing DP recipients). This is concurrent with the expectation that more innovative support often necessitates the flexibility of a Direct Payment.

Frontline staff involved in the pilot identified that adopting a more creative approach to support planning been time-consuming, though rewarding. Timeliness of a financial assessment was also noted to be required to reduce the risk of clients declining agreed support once their level of contribution is known.

The pilot exceeded expectations with the number of creative support plans agreed within the timeframe. This led to a healthy range of choice for exemplars to use in staff training and guidance.

Next steps

Recommendations following an evaluation of the pilot include: Organising further showcase events; Facilitating peer support from pilot staff to share learning; Plan training to support wider roll-out; and target this towards Neighbourhood Support Teams as it is anticipated staff in this group are best placed to exploit creative options whilst support planning.

Why did we run the prototype?

East Sussex launched Self Directed Support in April 2010 (and into mental health from July the same year). However success in changing culture and practice to encourage and enable staff to work more creatively with service users and carers in delivering better and more cost effective outcomes has been only partial. Numbers of people taking a Direct Payment as a percentage of personal budget holders remained disappointingly low (by the end of November 2011 only 17.7% of all those on SDS had a Direct Payment).

A series of publications, including '*Re-thinking support planning*' and '*Improving Direct Payment Delivery*' were issued by Think Local Act Personal, in October 2011, which report on national findings from reviews into the progress that Local Authorities have made with developing personalisation plans. It is recognised that 'traditional approaches' are embedded within the culture of the workforce where skilled practitioners are committed to the work they do. The experience within East Sussex reflects this national picture.

A number of possible actions were identified locally which aimed to address the barriers and support service users and staff to plan for more creative solutions to meeting clients' identified desired outcomes. A Project Initiation Document was drawn up which outlined the proposal for a pilot project to explore and facilitate the use of Support with Confidence and Micro provider services to deliver creative solutions to meeting service users' identified needs and outcomes. It was proposed that the pilot would be run with the Lewes and North Wealden Assessment and Care Management Team and with representatives from the Countywide Reviewing Team for three months starting in May 2012.

At the start of the pilot there were 24 Support with Confidence members and 32 applicants currently going through the approval process, covering the Lewes and Wealden area. Several of these were well placed to assist creative support planning and meet service users' needs in flexible and innovative ways. Examples include Personal Assistant services, leisure services, outdoor educational and training activities, training in skills for independent living and biographical reminiscence DVDs for individuals with dementia. Although the ability of some member services (e.g. legal, security and financial services) are limited in facilitating more 'creative' ways of meeting service user need, it is recognised they may still contribute to individuals being enabled to remain independent for longer.

In addition to linking closely with the Support with Confidence scheme and ongoing Micro Market Development work, the project also linked with the Personal Assistant service development model in Hastings and Rother and work being undertaken with the ASC Contracts & Purchasing Unit as part of the move towards outcome based commissioning.

In respect of the Council's and Departments' plans and objectives, and local and national policy steers, it was hoped the pilot would contribute significantly to meeting a number of desired targets and outcomes. Details of those identified can be found in appendix 1.

What did we do?

The proposed scope of the project included:

The casework of specific staff within the Lewes and Wealden Assessment and Care Management Team, Assessment and Re-ablement Team and the Assessment and Care Management Countywide Reviewing Team, led by a Senior Practitioner within the Lewes and Wealden Assessment and Re-ablement team, to focus primarily on new clients as well as existing clients, and supported by a Senior Practitioner in the Assessment and Care Management Team to ensure wider learning.

The length of the pilot was slightly extended from the original dates proposed and ran a total of 20 weeks from 26 March 2012 to 10 August 2012. The pilot was governed through the overarching framework of Adult Social Care's Transformation and Personalisation work stream. OMT acted as Project Board, and the joint Sponsors for the project were the Assistant Director, Adult Social Care Operations and the Assistant Director, Strategy & Commissioning

A Project Team was established to facilitate the involvement of all key stakeholders in the design, implementation and delivery of the project. A number of milestones were agreed and used to monitor progress. Details of these can be found in appendix 2.

A 'Show Case' event for Support with Confidence and Micro providers and operational staff within the pilot area was held in Lewes Town Hall on 2 May 2012. Feedback from attendees was very positive and the time taken to learn and share was evident, both on the day and in subsequent support planning work.

What did we find out?

Support Plans

During the twenty weeks of the pilot 28 approved support plans were reported to demonstrate use of more creative means of support. Upon further scrutiny 23 were confirmed as meeting the expected requirements.

The themes of support activity noted include use of Personal Assistants, purchases of single items at a one-off cost, pursuit of leisure and educational interests and onward referrals to free services.

Use of alternative providers

The services of Micro-providers were recorded on 13 occasions and 5 different providers were either approved or applicants in progress via the Support with Confidence scheme.

Direct Payments

A significant focus for improvement to be tested in the pilot was on increasing the take-up of Direct Payments. Of the 23 support plans agreed 11 showed clients new to Direct Payments with a further 2 people receiving a one-off Direct Payment. By comparison, 4 were existing Direct Payment recipients, 5 were to receive council-managed support and 1 would be self funding. This significant uptake of Direct Payments is concurrent with the expectation that more innovative support often necessitates the flexibility of a Direct Payment.

Comparison with the Resource Allocation System

When planning spend of the indicative personal budget 16 support plans were finalised at an amount lower than the Resource Allocation System (RAS) figure and 5 were higher and even then 2 of these were only an additional commitment of less than £5 a week. 1 was the same and a RAS figure was not calculated for the self funding person.

ASC Staff input

Feedback from the frontline staff involved in the pilot identified that adopting a more creative approach to support planning been time-consuming, though rewarding. It is anticipated the time required will lessen somewhat as confidence grows and supportive resources such as EastSussex1space come on-stream however it is acknowledged the work can take longer and at times the role of an Independent Support Planner might be a preferred solution to be considered.

Eligible needs and market development

At times planning to meet FACS eligible (high) support needs proved challenging and it was recognised meeting low or moderate needs with innovative support was more straightforward. During the pilot a closer working relationship was developed between the staff teams and ASC managers working on market development, including micro market development, as well as the Support With Confidence Team to provide information on client needs and gaps in the market. This information has subsequently been used to target Support With Confidence applications.

Timeliness of financial assessment

Another aspect that was noted was the positive creation of an agreed support plan that was thwarted following the outcome of the financial assessment when the client cancelled the support provision due to the amount of contribution required. This happened on 2 occasions during the pilot and would be resolved by more timely financial assessment. The project pathway model of an initial period of reablement might go some way to resolving this problem, as will work being scoped to speed up the timeliness of the financial assessment.

Self funders and the Resource Allocation System

Some areas where practice seemed to differ between staff and also conflict with recent training included practitioners consistently asking 'the 5 finance questions' at the time of assessment or including minimum client contributions on the support plan and adding indicative support costs to the plan rather than just stating 'self funding' for example. Another aspect which appeared to be unclear was whether someone known to be going to pay full cost of any support should have a RAS completed.

A summary of the project objectives and how these were met is shown below,

Objectives	Progress
To ensure all staff taking part in the pilot have a comprehensive understanding of the aims and benefits of the Support with Confidence scheme and are aware what services can be sourced through it	<i>By mid-way through the pilot all staff involved agreed they understand the SWC scheme and the services available.</i>
To implement a leaner process for setting up Support with Confidence providers on back office systems to allow simple sourcing and payment	<i>During the pilot it was reported it was taking 4 to 6 weeks for monies to be released. This was raised with relevant team managers and the issues are being addressed.</i>
To develop guidance which clearly outlines the sourcing process for Support with Confidence providers and Micro providers for operational and back office staff	<i>Guidance was in place by May and available for use by all staff, not just those on the pilot. A staff Information briefing regarding this was issued by email on 31 May.</i>
To increase the number of 'creative' support plans proposed by staff taking part in the pilot	<i>The pilot produced 28 support plans proposed as creative.</i>
To increase the number of 'creative' support plans agreed within the pilot teams	<i>23 support plans were agreed with clients, funded and implemented.</i>

To increase the rate of Direct Payment uptake by service users assessed or reviewed by pilot teams	<i>17 of the 23 agreed support plans include an element of Direct Payments. 11 of these are new and ongoing packages of support.</i>
To develop a set of case studies which demonstrate that agreed creative support plans have met service users' assessed needs and desired outcomes	<i>A target of 8 case studies suitable for use in staff training was met and exceeded by over 50%.</i>
To implement a simple internal peer support and development programme within the pilot teams which focuses on creative support planning and could be replicated more broadly post-project	<i>Leads within the pilot staff group have been identified to be used for peer support amongst colleagues in Lewes & Wealden. A detailed roll-out and staff development programme, based on learning from the pilot, to be created following completion of the pilot evaluation.</i>
To implement networking events for Support with Confidence and Micro providers and operational staff within the pilot area	<i>A 'Show Case' event was held in Lewes Town Hall on 2 May 2012. Pilot staff suggested another showcase would be beneficial with new micro providers and that traditional agencies should be invited along to the next showcase to show how the department is moving forward and also staff to present case study examples to other staff.</i>
To stimulate applications to the Support with Confidence scheme from non-traditional service providers in the Lewes and Wealden area	<i>SWC staff report an increased interest in the SWC directory from ASC staff and have pursued potential new applicants following feedback from pilot staff and other colleagues. Pilot staff were also asked to identify potential local providers to be invited to market themselves on EastSussex1Space.</i>

In addition to the above objectives, specific to this pilot, the following objectives will also apply

<ul style="list-style-type: none"> ▪ To test and amend as appropriate the guidance relating to what personal budgets can and cannot be used for ▪ To test a revised simplified support plan template in order to: <ul style="list-style-type: none"> a) shift the focus to needs and 	<p>The Pilot has highlighted that people with an ASC Personal Budget will have high support needs as a result of FACS eligibility criteria. To be effective creative support planning needs to be about finding flexible ways to deliver outcomes for people with high support needs through the use of a diverse local market. The pilot highlighted a need to further develop the market and workforce in order to deliver more choice for ASC Personal Budget holders in how their needs get met. Feedback from Pilot staff, alongside other sources, will help shape any future amendments of the support plan</p>
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<p>outcomes and away from a 'service led' approach</p> <ul style="list-style-type: none"> b) test out a simplified 'personal budget costing page' c) review whether the current level of detail required on support plans is fit for purpose or whether this should be reduced/amended d) test out what happens if people want to change the way they meet their needs and outcomes by spending their personal budget differently e) test out what needs to happen if there is a change in needs <ul style="list-style-type: none"> • To test out streamlined support plan 'sign off criteria' and the revised Lean scheme of delegation to ensure that all service areas are using the same criteria for signing off support plans and to ensure that these are fit for purpose. • To improve the range and type of support offered to people from minority groups and to better understand and deliver areas required for market development 	<p>template.</p> <p>For example an aspect highlighted regarding the current Support Plan is that it does not allow space to show input from other professionals or services already in place – staff need to robustly record these details.</p> <p>This has been operational during the timescale of the pilot.</p> <p>The pilot has demonstrated some notable positive changes in practice to improve the support offered for people with diverse needs and this will be kept under review.</p>
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As a result of the pilot a greater number of creative support plans were developed and proposed because staff had a more comprehensive understanding of the local market, providers' ability to meet service users' needs, and how to source from these providers. Almost all of the creative support plans received agreed funding due to staffs ability to better demonstrate how proposed services will support service users to reach their agreed outcomes

A greater number of service users opted to take their Personal Budget as a Direct Payment, improving service user outcomes as a result of greater choice, control and flexibility of service delivery.

It was also noted how staff motivation, morale and confidence increased as a result of greater clarity and consistency of message in relation to creative support planning, creative plans being agreed, peer support provided and service user outcomes achieved. Learning and case studies from the pilot will provide a basis for stimulating an increase in creative supporting and in staff confidence and motivation across other operational teams through guidance produced and topic based workshops

Support with Confidence providers have benefited from the pilot by service users with a Personal Budget being enabled to spend their budget on those services and the showcase event which enabled them to promote their services to operational staff and subsequently to the service users they want to work with.

During the course of the pilot there was an increase in the volume and diversity of service providers in the Lewes and Wealden area who were approved by the Support with Confidence scheme, increasing service user choice and service quality.

As part of raising awareness of the pilot interim feedback was shared at the Practice Manager's forum in July. It was noted Practice Managers consider the newly qualified social workers (NQSW) to be key to influencing change in practice. Other work acknowledged to help support improved creative support planning were agreed as: Support Plan examples to be used in training and hospital discharges to consistently introduce Direct Payments which is to be followed up at 1st review. Creative Support Planning training is being held in Hastings & Rother in September and that locality will be sending a practitioner to the Support with Confidence networking event in September.

What are we going to do next?

As a result of the success of improving creative support planning in the Lewes & North Wealden locality a number of next steps are recommended:

1) Organise further showcase events to be held in different parts of the county and to extend invitation to include SWC providers, micro-providers, operational staff (particularly those working in Neighbourhood Support Teams), traditional providers and Service Placement team.

2) Develop a peer support methodology and roll out of learning from the pilot more widely. To harness interest already expressed by Practice Manager's in a hospital setting and in Hastings & Rother Assessment & Care Management – develop and agree an action plan.

3) Use the identified Support Plans as case studies for staff training to provide real examples of what can be delivered through a personalised approach to support planning, eg. less reliance on traditional services and more bespoke to the Personal Budget recipient.

Operational staff from the pilot have committed to attending 8 sessions of training between them to share learning on developing more creative support plans. This will particularly contribute to meeting the recommendations of 2) and 3) above.

4) With the imminent implementation of operational staff restructuring into the Project Pathway model it is expected the greatest evidence of creative support planning will be seen at Tier 3 amongst practitioners in Neighbourhood Support Teams. These staff will be a particular focus of the next steps outlined above.

5) Closer working arrangements developed as a result of the pilot between operational staff teams and managers responsible for market development and the Support With Confidence Team will continue. The intention is to replicate this closer working with operational teams across the county to support targeted market shaping and development at the local level.

The aim of this will be to find more solutions at the local level to fill gaps in services. Again, this could be to meet both low to moderate needs (i.e. non FACS eligible needs that will be paid for from people's own resources), as well as high level (FACS eligible) needs that can be met through stimulating a diverse and flexible local social care market where there are gaps in services. It is acknowledged that this will become increasingly important with the expectation that the Community Care budget will need to be carefully managed in the future in order to make best use of limited resources.

Appendix 1

“Think Local, Act Personal”

- Outcomes-based approaches to commissioning and procurement that support people to take choice and control;
- Provision of support planning and advisory services that make better use of user-led, independent and voluntary sector resources, which can secure creative support arrangements, increase take-up of direct payments and reduce reliance on traditional services;
- Personal budget holders need reasonable discretion in use of their funds (within the law). Personal outcomes should be agreed but focus is best placed on whether outcomes are met within an acceptable risk framework;
- Support professional development and equip staff so they can play their part in the shift to personalisation

Adult Social Care Outcomes Framework (ASCOF)

- Enhancing quality of life for people with care and support needs
- Delaying and reducing the need for care and support
- Ensuring that people have a positive experience of care and support.

East Sussex Strategic Partnership: Pride of Place, the Sustainable Community Strategy for East Sussex (2008-2026) strategic priorities:

- To reduce health and care inequalities within and between communities, and improve overall health and wellbeing
- To support older people and carers to have a healthy, active and independent life

ESCC promise to the residents of East Sussex is that we will, in partnership, make the best use of resources to:

- support the most vulnerable people;
- encourage personal and community responsibility; and
- be a voice for East Sussex, listening and answering to local people

ESCC Council Plan (2012/13) Adult Social Care Policy Steers

- To improve user and carer choice and control about how their needs are met, promoting the universal offer, including signposting, irrespective of their ability to pay.
- To commission collaboratively to stimulate a diverse local market and ensure that services are developed and improved in response to locally identified needs.
- Improve protection for vulnerable adults at risk from harm by working in partnership; including continuously enhancing workforce skills in prevention and early intervention
- Continue to make a strategic shift in Adult Social Care resources towards Older People’s Services over the next five years (2010-2015), to reflect our demography and to ensure our resources are fairly and equitably distributed

ASC Portfolio Plan measures 2012/13 to 2014/15) including (but not exclusively):

- The proportion of people who use services who find it easy to find information about services (Adult Social Care User Survey)
- Proportion of adults and older people receiving self directed support (Council Plan)
- Proportion of adults and older people receiving direct payments (Council Plan)

- The proportion of people who use services who have control over their daily life (Adult Social Care User Survey)

ASC Operational Management Team Business Plan objectives (2012/13)

- Increase use of Self Directed Support to offer the individual client or carer greater flexibility in how their support is provided and ensure that their care and support package is directly responsive to their individual needs and wishes.
- Improve the take up of independent support planning and brokerage as part of the SDS pathway

ASC Strategy and Commissioning Division Business Plan objectives (2012/13)

- Increase use of Self Directed Support to offer the individual client or carer greater flexibility in how their support is provided and ensure that their care and support package is directly responsive to their individual needs and wishes
- Increase the number of Personal Assistants and other service providers on Support with Confidence
- Work with existing and new contacts to increase the range of micro (0 – 5 employees) care and support services operating within the care and support market
- Improve access to Personal Assistants through new service models
- Improve and increase access to care, support and wellbeing services in East Sussex through the online resource directory (East Sussex 1 Space)

Appendix 2

Milestone 1: Sign off and issuing of Operational Guidance on sourcing from Support with Confidence and Micro providers; (March)

Milestone 2: Sign off of 'Letter of Agreement' for Support with Confidence and issue to all current members on the scheme (return deadline set) and issue of Support with Confidence Directory with indicative prices to staff; (March)

Milestone 3: Identification of needed and desired services in the Lewes and Wealden area and stimulation of the market/recruitment to the Support with Confidence scheme of providers able to meet these; to begin in advance of pilot start date with teams (April)

Milestone 4: Introduction and outline of project to staff falling within pilot scope – identification of roles, expectations and timescales and examples of agreed 'creative' support plans from a range of teams and staff attendance at Support with Confidence networking event; (March/April)

Milestone 5: Implementation (to include peer support/development facilitated by identified Champions/Leads); (May)

Milestone 6: Review meetings to check progress, identify issues and barriers and share successes to date; (May & June)

Milestone 7: Collation and analysis of outcomes (including successes and ongoing issues and barriers) – feed back to pilot team and creation of case studies and guidance to support roll out (August)

Appendix 3:

Independent Support Planning & Brokerage highlights

May 2013

Context

East Sussex Adult Social Care began fully implementing the self-directed support (SDS) care pathway in April 2010. It was acknowledged both at a local and national level that support-planning and brokerage functions would be integral to the long-term success of self-directed support. Support planning is expected to play a key part in unlocking reliance on the traditional menu of options associated with delivering social care and support; as a result fundamentally changing service users' experience of social care.

In East Sussex, the intention in the short to medium term was to offer service users both in-house and independent support-planning and brokerage options to facilitate choice for people with Personal Budgets. The aim was to make the most of existing resources, knowledge and roles within the county to test whether independent assistance with support planning could lead to alternative choices for support packages.

As part of mainstream implementation a project for offering a mixed model of support-planning and brokerage began in April 2010. A key element was developing a process which focussed on producing valued outcomes for the service user as well as being cost effective. Transformation Grant funding was committed to undertake this learning and development activity at no extra cost to service users.

Phase 1 of the learning project

An approved framework of 20 independent support-planning providers was set up which comprised a variety of individuals, voluntary, and independent organisations. The breadth included geographical coverage across the county and across all service user groups. The framework also included an in-house team, specialising in support-planning for people with Learning Disabilities, to test use of an internal market/team structure in this area.

Phase 2 of the learning project

Using the project learning gained in phase 1 further testing of options for independent support planning and brokerage were undertaken in phase 2 (July 2011 to March 2012). Phase 2 was designed to deliver a number of objectives including:

- A reduced number of Approved providers to aid real choice by not being too over-whelming in number (reduced provision from 20 providers to 6).
- Provision of better targeted Independent support planning & Brokerage through specialist provision for adults with a learning disability and peer support for people with mental health needs, in addition to creative provision for everyone in receipt of an indicative personal budget.

As at May 2013

Client options regarding how support planning can be undertaken continue to be described as they can complete their support plan with the Adult Social Care (ASC) practitioner or be referred to an outside agency or self-employed individual for assistance with completing their support plan. In some circumstances there could be a combination of the above options. It is also acknowledged some clients may opt to complete their support plan by themselves, perhaps with informal support.

The total spend on Independent Support Planning and Brokerage provision from April 2010 to July 2012 amounts to £25,377.40. A total of 71 clients, up to August 2012, were referred for independent support planning which resulted in 38 support plans being successfully completed.

Existing and previously approved Independent Support Planning and Brokerage providers as well as other potential service providers have been encouraged to consider application to the ESCC Support with Confidence scheme. As at May 2013 two Independent Support Planning and Brokerage providers have been approved by the scheme and seven other applications are at various stages of progression towards approval. The scheme fulfills a quality assurance role for independent support planning and brokerage that enables it to be accessible to both Personal Budget holders and the wider self-funding market.

Fee payment for Independent Support Planning and Brokerage provision continues to be an area of development resulting in a decision by ASC to link the fee to a percentage of the Resource Allocation System (RAS). This will recognise the link between the size of someone's indicative personal budget and the likely complexity of their needs which together will require more time to help with planning.

Beja Morrison
Project Manager

Scrutiny – Appendix 4

Project Title	Direct Payments Prepaid Card Accounts
Department	Adult Social Care
Author	Laura Salter
Date	Thursday 5 th September

1. What are Prepaid Card Accounts?

- A plastic card that looks like a debit card but is connected to a prepaid account owned by ESCC, rather than the client.
- Payments can be made by chip and pin, direct debit, and bank transfer in and out of the account. They can also be set up online or over the phone.
- Clients will no longer have to open a new bank account but will receive a Prepaid Card Account that their Direct Payment will be paid onto.

2. What are the benefits for Clients?

- No more 4-weekly monitoring forms for clients to complete.
- No need to set up a special bank account.
- Anyone can have a Prepaid Card Account even if they would not be able to open a bank account.
- Support available via the internet or the telephone.
- Clients can't become overdrawn.
- Instant access to account information online, over the telephone or sent in the post.

3. What are the benefits for ESCC?

- Direct Payment Monitoring Team will be able to see information in real time.
- Clients can set up a second card for the same account and the monitoring team can see what each person attached to the account is using the card for.
- The Direct Payments Monitoring will be able to react to unusual client spending more quickly and effectively as they will have more information available to them.
- Funds can be clawed back from Prepaid Card Accounts in real time and without the client's permission. This means money will spend less time sitting in client bank accounts not being used. The actual; process of claw back will also take less time for the DP monitoring team to administer.
- Prepaid Card Accounts will reduce the number of 3rd party managed accounts as the cards will be easier for clients to use.

- Agency only managed account will be brought into the DP monitoring team rather than a 3rd party managing the accounts due to the fast and simple set up and administration process for these clients.
- There will not be a need to increase the number of staff in the DP monitoring even though DP number will rise.
- The DP monitoring team will no longer look at every payment but be focussed on unusual spending including no spend to claw back more effectively.
- It is estimated that ESCC will make a saving in comparison to the current paper based system from the first year of implementation.

4. What is the plan for implementation?

In order to implement Prepaid Card Accounts a Prepaid Card Account provider has been selected called Advanced Payment Solutions, who have agreed to an 18 month contract.

A prototype will be run in Lewes with an estimated start date of Monday 30th September.

Clients who will receive a Prepaid Card Account as part of the prototype are:

- New clients who would like to self manage Direct Payments (who would of opened a bank account)
- Clients who are being reviewed and would like to change from a bank account to a Prepaid Card Account.
- New clients who would have an agency only managed account with A4e will have the account managed by the DP monitoring team on a Prepaid Card.
- Those who already have their own Direct Payments bank account and would like to take part in a prototype (clients who have signed up not in Lewes)

Depending on the success of the prototype we will start looking at a full tender process from January 2014 with the aim of having a contract with a provider from January 2015.

5. Estimated key dates

- August – End September 2013 – Finalise operational process
- August – End September 2013 – Create and test monitoring reporting and process
- 30th September 2013 – Start prototype
- January 2014 – If prototype is successful start full tender process
- January 2014 – Move more existing clients onto Prepaid Card Accounts
- February 2014 – Create plan to move all existing clients over to Prepaid Card Accounts
- January 2015 – Provider selected for contract
- January 2015 – Continue to move existing clients over to Prepaid Card Accounts

6. Examples of how the card can be used

How does the card work if a client is employing a PA?

- If a client needs to make a contribution it can be set up to be paid into the Prepaid Card account by direct debit or standing order
- The Direct Payment is paid into the Prepaid Card account in the same way as it to a bank account.
- Time sheets are still sent in the same way to the chosen payroll company.
- The payroll company send back the wage slips to the client
- The client can then pay their PA by bank transfer from your prepaid card account online or by telephone.

What if a client uses their Direct Payment for agency home care?

- A direct debit can be set up from the Prepaid Card account on the telephone or online
- Each month when the invoice comes in by post or email it is checked
- If everything is fine with the invoice the agency will take the payment
- If the invoice is not correct the direct debit can be stopped or amended by the client online or on the telephone

