



Implementing self directed
support in Cumbria



in Control Total

May 2009

Implementing self directed support – planning the next phase

On 23 April, the in Control Total Programme Board agreed on the next phase of implementing self directed support. Last year, the Board decided to use an incremental, phased approach to its implementation work.

The first phase, which began in January 2009 was to implement new person centred assessments and encourage service users to engage in support planning. Use of the new assessments – Short Assessment Questionnaire (SAQ) and Common Assessment Tool (CAT) – is well established. As of 18 May, 1412 SAQs had been completed and 672 CATs meaning that 1592 service users had had a person centred assessment.

Since January, through the use of the SAQ and CAT, we have been collating information about real cases in order to help us develop a Resource Allocation System for Cumbria. Work on the development of our RAS is about to start. We will include an update on this in a future newsletter.

The second phase of implementing self directed support is planned to begin on 16 November 2009. In this phase, we will start using our new Resource Allocation System. This will enable us to tell service users the maximum amount of funding that could be made available to meet their assessed needs. Service users will then be able to plan their support in the knowledge of the funding that could be made available to fund this. You'll find more details on the second phase of implementation on pages 2 and 3 of this newsletter.

Also, in this double length newsletter you will find feedback on the recent support planning training for practitioners and an update on the Care Sector Alliance Cumbria training programme for private and voluntary providers. There is also a description of National Indicator NI 130 which measures progress with implementing self directed support.

Newsletter contents

- **Planning for Phase Two of the implementation**
- **Changes to in Control Total Programme structure**
- **What is NI 130?**
- **Training – updates and feedback**
- **User consortium events**
- **Feedback from change champions**

Personal Health Budgets - Cumbria approved for 'provisional pilot status'

Cumbria's expression of interest to be a Department of Health Pilot of personal health budgets has been approved.

The DH received 74 applications and 68 were approved to go through to the next stage including Cumbria.

We have been given feedback on our application and will undergo a 'pilot progress check' by the DH in the autumn.

For more information, contact Chris Torn, Interim Project Manager by email at: chris.torn@cumbriapct.nhs.uk.

Planning the next phase of implementing self directed support

The second phase of implementing self directed support is planned to begin on 16 November 2009. In this phase, we will begin using Cumbria's Resource Allocation System. The **Resource Allocation System** achieves three things:

1. It has an assessment that enables practitioners to establish if the individual is eligible for social care and support from the council.
2. The assessment also enables the practitioner and individual to identify what their social care and support needs are. From this a **statement of needs** is produced.
3. It identifies the maximum amount of funding that could be made available to pay for social care and support to meet the individual's needs as identified in the statement of needs. We call this the **maximum indicative amount**.

Once the resource allocation is complete, the individual, with support from others if they need this, can then start to plan their support. To help them do this, they will have their statement of needs and know their maximum indicative amount.

The implementation of the Resource Allocation System will be a major step towards self directed support. In our first phase of implementation, we did not have a Resource Allocation System so the indication of funding we were able to give individuals was based on our direct payments process. This meant that the indication of funding was based on a practitioner's view of what services the individual might need. The Resource Allocation System steps away from services and identifies the maximum indicative amount from the level of need identified in the assessment. This distinction may seem small but it is an important one.

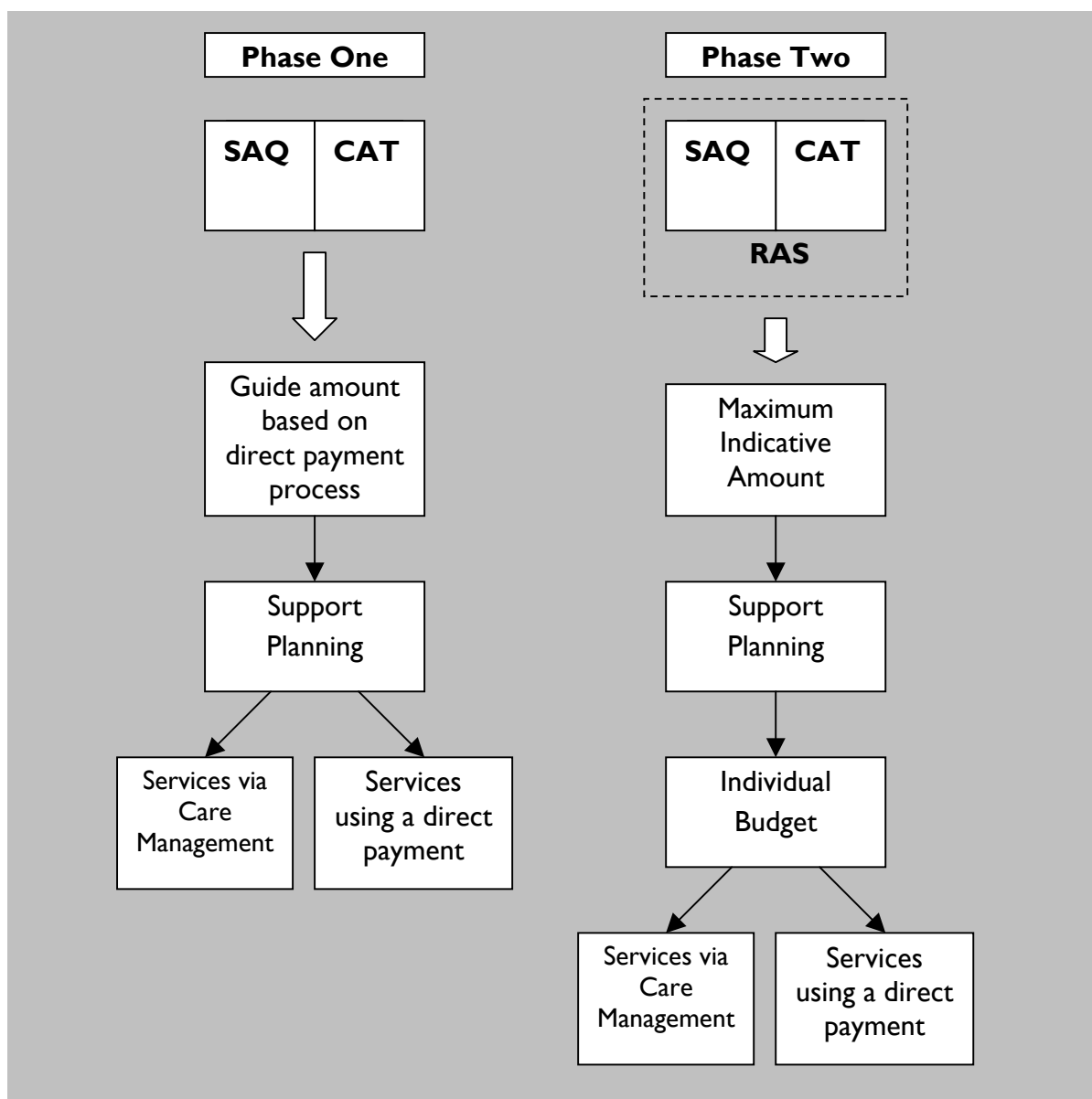
The diagram on the next page compares Phase One and Phase Two of our implementation of self directed support.

In order to achieve our second phase of the implementation, the In Control Total Programme Board identified what needed to be in place. These were:

- Implement social care Resource Allocation System for social work cases for older people, physical disability and learning disability.
- Guidance for service users and staff on what individual budgets can be spent on.
- Protocol for practitioners on reviewing existing cases.
- Support plans to be completed for all self directed support cases.
- Clear 'customer journey' for self directed support defined.
- Clear 'business process' for self directed support defined.
- Legal review and support for implementation.
- Interim process to enable us to record NI 130.
- Clear messages to communicate.
- Integrated Adults System operational.
- Implementation plan for 16 November 2009.

The Integrated Adults System (IAS) is a new version of the Single Assessment Process computer system used by the council's practitioners. It is clear that the additional facilities available in IAS are necessary in order to achieve the second phase of the implementation of self directed support. The planned implementation date of IAS is 16 November which in turn set our planned implementation of Phase Two.

Comparing Phase One and Phase Two of our implementation of self directed support



In identifying what is needed for Phase Two, the Board also identified tasks which will be progressed during 2009/10 but are not essential for Phase Two. These include:

- Resource Allocation System for mental health cases.
- Resource Allocation System for carers.
- Enabling individuals to self assess.
- Revised charging and contributions policies and procedures – these are tied to national requirements which are to be implemented from 1 April 2010.

During Phase Two, for cases involving a carer, the Resource Allocation System will be used for the assessment of the service user (the person the carer looks after) and existing carer's assessment processes will be carried out separately for the carer.

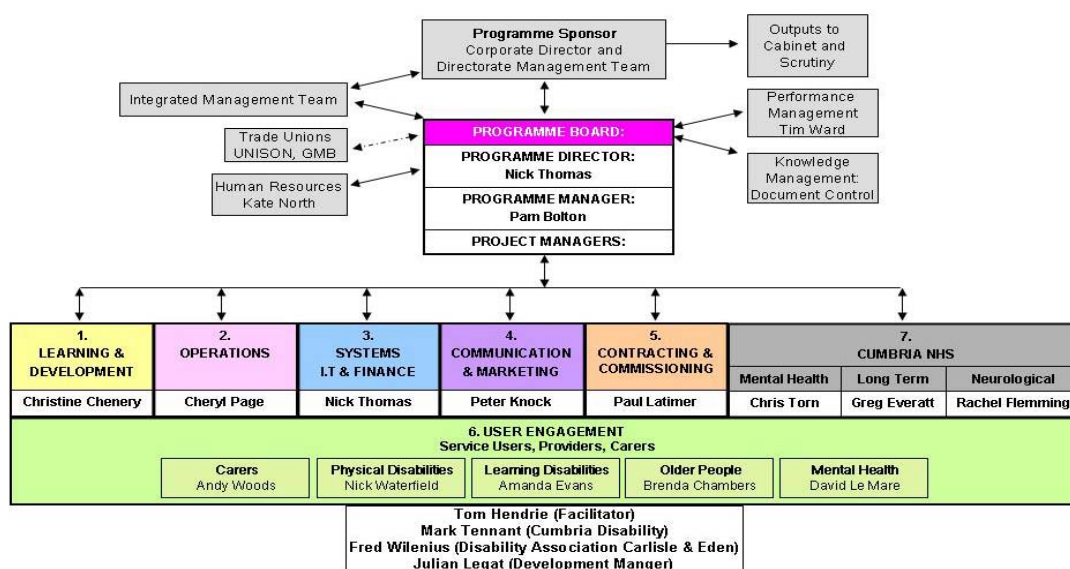
Changes to in Control Total Programme structure

Nick Thomas, Acting Head of Service (Customer Support) has taken over as in Control Total Programme Director and chair of the Programme Board. Nick will retain the role of Project Manager for the in Control Total Systems Project.



There have also been some changes to the representation of NHS Cumbria on the programme.

Here is the revised in Control Total Programme structure:



What is NI 130 and why is it important?

NI 130 is a national performance indicator which is included in the Cumbria Local Area Agreement. The indicator is specifically about the implementation of self directed support and is a measure of a council's performance in this area. It replaces the original target of the in Control Total projects to achieve '50% of service users with individual budgets' within two years.

For 2008/9, NI 130 was a measure of the number of people receiving support through use of direct payments per 100,000 of population. Cumbria had 963 people receiving direct payments which represents a NI 130 of 234.9 against a target of 530 (which represents 2100 people with direct payments).

For 2009/10, NI 130 uses a different definition and measures the number of adults receiving self directed support as a percentage of all service users receiving community based services (excluding residential placements). Users receiving self directed support must be getting a direct payment or have in place another form of personal budget which meets all the following:

1. the user (or their representative) has been informed about a clear, upfront allocation of funding, enabling them to plan their support arrangements; and
2. there is an agreed support plan with clear outcomes to be achieved with the funding; and
3. the user (or their representative) can use the funding in ways and at times of their choosing.

The Cumbria LAA targets are: 2009/10 36% and 2010/11 42%.

Feedback on Support Planning Training

As part of the in Control Total Learning and Development Project, support planning training was delivered countywide to 283 staff, between August 2008 and March 2009.

The sessions were aimed at social workers, occupational therapists, social care workers and rehabilitation officers for visual impairment. The learning outcomes were that attendees would be able to:

- demonstrate understanding of the government's transformation agenda and the Cumbrian context;
- know that there were seven essential criteria in a support plan; and
- practice preparing and agreeing a plan.

Feedback from the training was largely positive, with staff saying how useful it was to learn more about the transformation agenda and Cumbria's plans to move forward with self directed support. Other feedback highlighted that there is still much work to do to regarding the detail of how things will work in practice as we get further along the journey.

The in Control Total Programme Board will consider the full impact of feedback from the training and will be using staff comments to inform future work.

Thank you to everyone who attended and for sharing their experiences and enthusiasm for the values that underpin self directed support.

Future plans for the Learning and Development Project include:

- a rolling programme of support planning for new staff and/or those who have not yet been able to attend and
- liaison within Cumbria Care to establish training need.

If you have ideas or questions regarding learning and development please contact Jacqui Sjenitzer, Learning and Development Manager on 01228 221460; Mobile: 07824 307315; or email:

Jacqui.sjenitzer@cumbriacc.gov.uk.

Update on training for private and voluntary care providers

The first module of this programme run by Care Sector Alliance Cumbria took place in Carlisle at the end of May. The programme is designed to help private and voluntary care providers embrace the introduction of self directed support

Thirty people from 17 organisations attended the session which explored the national and local context of personalisation and looked at ways that care providers could prepare themselves for the inevitable changes they need to make. This included:

- considering how ready they are as organisations,
- creating a vision for their future development,
- identifying key success indicators for their strategies and
- starting to produce organisational action plans.

Update on training for private and voluntary care providers (continued)

Feedback from people at the end of the training included 'very beneficial and informative' and 'although very tiring it was excellent and has got us both planning'.

The 'Marketing' module will run on 18 May at CREA, Penrith and be repeated on 19 May at the Crooklands Hotel, Kendal. There are still places available. To book please ring Helen Turner on 01228 227164 or email her at helen.turner@cumbriacc.gov.uk.

The 'Train the Trainer Support Planning' module which is running in June is already full but Care Sector Alliance Cumbria expects to arrange a further one later in the year. Additionally they will be announcing dates for the 'Understanding Support Functions – Human Resources' and 'Understanding Support Functions – Finance and Contracts' module when these have been agreed. Updates will be included in future editions of this newsletter.

Independent living in Cumbria: User involvement and engagement workshops

The in Control Total User Consortium is holding a series of three user involvement and engagement workshops in May and June. Titled 'Independent living in Cumbria', the workshops are for service users, carers and individuals who would be eligible for social care. The workshops will look at:

- What does independent living mean to me?
- What do the council do now and what do we plan to do to support independent living, choice and control?
- What do local people need to know about this?
- What information is currently available and what is planned?
- What information is needed in the future?

The workshops are at:

Lantern House, Ellers Lane, Ulverston
Wednesday 20 May 10.45am to 3.30pm

Cumbria Centre for Independent Living, Port Road Business Park, Carlisle
Wednesday 27 May 10.45am to 3.30pm

Allerdale Disability Association, The Curzon Centre, Curzen Park, Workington
Wednesday 3 June 10.45am to 3.30pm

Invitations have been sent out to local organisations for nominations but individuals who would like to attend should contact Mark Tennant to see if places are still available:

Mark Tennant, Development Manager, Cumbria Disability Network
Email: mark.tennant@tiscali.co.uk; Telephone: 0870 7664125; Mobile: 07967 487420.

Feedback from Change Champions

The change champions are working hard with their teams and offices, answering queries and raising issues that need to be addressed across the county. Here are some recent examples of the issues they've raised:

Support Planning

Practitioners should no longer be using the Integrated Care Plan.

Occupational therapists and rehabilitation officers for visual impairment should be completing the Statement of Need which is the first three pages of the full Support Plan.

For all other staff when dealing with new cases and reviews where change in care plan is needed, the Statement of Need and Support Plan should be completed. Please note when completing the Support Plan:

1. Page 4 of the Support Plan 'support plan details' and page 8 of the Support Plan must be completed.
2. There will be part of the Support Plan that cannot be completed on the finances section until we have individual budgets in place.
3. There are other sections of the Support Plan which can be completed as required and as appropriate to provide additional information for/about the service user and their package of support.

Creating a Person on the Single Assessment Process SAP system

From 1 April 2009, all social care practitioners at Review must create the person on the SAP system, if they have not previously been created, in order to complete the SAQ. Please note if you are unsure how to do this, the Electronic Social Care Record (ESCR) project workers will be happy to show you or run short demonstrations with teams.

For occupational therapy practitioners, separate guidance on this is being produced and circulated.

Short Assessment Questionnaire (SAQ) and Common Assessment Tool (CAT)

The SAQ is mandatory for all cases. The CAT is not mandatory although in some situations it will be good practice to complete the CAT proportionate to the assessment.

Forms that are no longer in use

There are a number of forms which due to the implementation of self directed support are no longer in use. These include the overview assessment, leaning disability overview, the integrated individual care plan. These will be removed from the SAP system shortly.

Feedback from Change Champions (continued)

Good idea from Copeland – many thanks to Dean Graham and Sandra Purdy

As a council, we have to collectively demonstrate to the Care Quality Commission how we are meeting the seven outcomes of the Department of Health White Paper 'Our Health, Our Care, Our Say'. Therefore, for each individual we are working with, we need to demonstrate how we are improving on the outcomes.

Dean has recognised that the actual desired outcomes are defined on the SAQ (some practitioners may not have cottoned on to this) and can be cut and pasted onto the Support Plan. The outcomes will be able to go automatically across once we are on Integrated Adults System.

The seven outcomes are as follows:

1. *Improved Health and Emotional Wellbeing* – Enjoying good physical and mental health (including protection from abuse and exploitation). Access to appropriate treatment and support in managing long-term conditions independently. There are opportunities for physical activity.
2. *Improved Quality of Life* – Access to leisure, social activities and life-long learning and to universal, public and commercial services. Security at home, access to transport and confidence in safety outside the home.

The other outcomes are:

3. *Making a Positive Contribution* – Maintaining involvement in local activities and being involved in policy development and decision making.
4. *Increased Choice and Control* – Through maximum independence and access to information. Being able to choose and control services and helped to manage risk in personal life.
5. *Freedom from Discrimination and Harassment* – Equality of access to services. Not being subject to abuse.
6. *Economic Wellbeing* – Access to income and resources sufficient for a good diet, accommodation and participation in family and community life. Ability to meet costs arising from specific individual needs
7. *Maintaining Personal Dignity and Respect* – Keeping clean and comfortable. Enjoying a clean and orderly environment. Availability of appropriate personal care.