

Putting People First: Measuring Progress

1 Introduction and context

'Putting People First', a concordat between national and local government, the third and private sectors, was published on the 10th December 2007. It sets out a clear intent to transform adult social care and support services:

"Across Government, the shared ambition is to put people first through a radical reform of public services, enabling people to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual needs for independence, well-being and dignity.

This ministerial concordat establishes the collaboration between central and local government, the sector's professional leadership, providers and the regulator. It sets out the shared aims and values which will guide the transformation of adult social care, and recognises that the sector will work across agendas with users and carers to transform people's experience of local support and services".

Department of Health

The Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA), both key partners in this change process, have recently undertaken a survey of Directors of Adults Social Services to measure and report on progress in implementing Putting People First over 2008/9, the first year of the programme. This report sets out a national overview of progress based on the results of that survey. It is also accompanied by a set of regional reports, describing the position in each of the nine government office areas of England.

2 Summary and key messages

All except two of the (150) English local authorities responded to the March 2009 ADASS/LGA survey to measure progress in Putting People First. A small number of councils did not respond to every single question; where total response numbers are given they do sometimes vary from question to question.

The findings can be summarised as follows:

At the end of the first year of the Putting People First programme widespread general progress is being made nationally to transform social care into a more personalised set of arrangements. Almost all councils have dedicated programme teams, funded by the government's Reform Grant, leading wide-ranging change.

Nearly all authorities report active engagement with provider organisations in planning for development of a vibrant market, but most do not yet feel this engagement to be strong enough. 4 out of 5 authorities feel that the range and flexibility of provision has already improved, and over three quarters believe that the development of preventative services in their area has significantly impacted on outcomes. 23 authorities are confident that current local information and advice services are widely available to everyone in their community, all councils report that these services are being developed.

On the 31st March 2009, almost 93,000 people were receiving Personal Budgets equating to over £681m of council expenditure. By the end of March next year it is expected this will rise to around 206,000 people. Based on current trends, this would commit nearly £1.5bn of Council funding, and mean that more than one in five people receiving non-residential council support will have a personal budget. The position of individual authorities varies widely. Variance is however less pronounced between whole regions, and, significantly, across the country over 40% of personal budgets now go to older people.

A number of key development areas have been identified in the survey. These will now form the focus of national and regional improvement activity involving ADASS, LGA, DH and a number of other key partner organisations.

Key headline messages:

Councils have a range of complex programmes in place to deliver the changes required by PPF, including the following:

- 9 out of 10 authorities have established dedicated Putting People First programme teams to address the major changes required.
- The great majority are considering significant changes to operating systems and business processes in a range of areas including initial contact, call centre and advice arrangements (88%), and assessment/ care management (95%).
- Virtually all authorities are engaged with regional best practice and personalisation networks which they find helpful.
- The majority (119 councils) have engaged with people who use services, their carers and stakeholders in developing their change programmes. Despite this, authorities perceive commitment to the PPF agenda to be much weaker amongst consumers and the private sector, than amongst voluntary/third sector organisations and, in most areas, the NHS. It is not clear why this is the case.
- More than three quarters (115 councils) believe that the development of preventative services in their area has significantly impacted (positively) on outcomes.
- Whilst only 23 authorities feel that current local information and advice services are widely available to everyone in their community and contain consistent content “to a great extent”, **all** feel this to be the case “to some extent”.
- This includes changes to ensure that everybody, regardless of whether they themselves or the council will be funding their ongoing care and support, needing such help is able to access it. 53% of respondents state that the same level of advice and support is already available for people receiving local authority assessment as those who do not, and 44% state that such services are in development, hopefully indicating an overall move towards more consistent national coverage.
- 141 authorities are considering significant changes to assessment and care management arrangements, affecting the majority of care management staff. About half of respondents state that it will affect all assessment and care management staff and about a further half a significant proportion of them.

- 80 authorities report that they currently operate supported self-assessment; 18 of these already have this in place for most people, and a further 62 for some. The remainder intend to have supported self assessment operating within the next 12 months.
- Six out of seven authorities have a reablement service in place, and more than half of these are jointly funded with the local PCT. This raises questions regarding the differing definition and focus of reablement at the local level.
- All authorities have developed or are developing new arrangements for the allocation of Personal Budgets. However less than half are currently operational, with only 19 in use in relation to all user groups. The majority are configured on points based systems.
- Nearly all authorities (144) say they are actively engaged with external providers in planning for development of the market at least “to some extent”, although only 40 of these feel confident that this is “to a great extent”. 4 out of 5 authorities feel that the range and flexibility of provision has already been improved, and all except one expecting further improvement over the next year.
- Less than half of authorities have current systems to capture information on existing consumer choice and needs, and only 10% say this includes information about privately funded activity. Nearly all authorities state they are working to improve this.
- Development of Local Area Workforce Strategies is so far very limited.
- Only one in three authorities is satisfied that their business model components are understood and costed, and only 47% are satisfied in their ability to forecast demand and cost.
- A total of 92,878 people were reported to be in receipt of Personal Budgets as at 31st March 2009. The figure is likely to be slightly higher than this as some authorities did not include one off payments in their return and a small number did not respond to this question. Over 38,000 (41%) of these personal budgets are going to older people.
- Personal Budget numbers are forecast to rise nationally to 117,591 by the end of September 2009, and then to over 206,152 by March 2010. This equates to approximately 14% and 21% of people respectively currently using community based services (i.e. not living in care homes).
- Almost £681m was reported as allocated in Personal Budgets at 31st March, with individual authority expenditure ranging between £0.5m and £55m. A small number of authorities did not respond to this question.
- As would be expected in year one the majority of the Reform Grant has been spent on programme teams, care management and internal process support. In addition £1 in every £6 of grant has been committed to market or provider development and £1 in every £7 to a range of other projects supporting implementation.

- The proportion of ongoing service users in receipt of Personal Budgets within individual authorities varies widely, from 1% to 31% for older people (averaging 5%.¹) and from 2 to 45% for 'other' user groups (averaging 14%).
- The proportion of local authorities' social care gross budgets committed via Personal Budgets ranges from 1% to 29%. The average is 5%.². Almost two thirds of authorities were committing 5% or less in this way, as at 31st March 2009, with six already allocating 10% or more of their gross budget via PBs.

¹ Based on 144 valid responses. The median was 4%.

² The median was 4%

3 Methodology

The survey was designed by ADASS/LGA in consultation with key stakeholders and sent out to all 150 English Directors of Adults Social Services in councils with social services responsibilities in March 2009. All but two responded. This was a very high response rate and reflects the perceived importance of this progress report and the programme overall. The survey was designed to cover a number of themes:

- Communication and Leadership
- Universal Services
- Operating systems
- Market Development
- Efficiency and effectiveness
- Facts and Figures
- Additional comments, including priorities for support and the identification of challenges and views of what would be helpful to address them.

At the beginning of each thematic group of questions a statement of principles and standards in relation to Putting People First was set out.

The survey was collated and analysed in April 2009.

This report sets out the key findings nationally based on each council's own judgements of their progress. Individual local authorities are not identified although regional variations are highlighted. However, there is generally more variation within regions than between them. A small number of councils did not respond to every single question, and so where total response numbers are given they do sometimes vary from question to question.

This is a relatively technical report and is written with the social care profession in mind. A vast amount of data and views were captured through the survey and many areas warrant further exploration to be carried out both regionally and nationally over the coming months.

4 Detailed Survey Findings

4.1 Communication and Leadership

Principles and standards:

Councils need to establish robust communication and leadership processes to ensure that the PPF vision is widely understood and 'owned' and that capacity is developed and maintained to consolidate progress. This involves ensuring strong public and user/carer involvement, political and managerial support and leadership, and key partner support and involvement. Within this there should be evidence of a clear programmed approach to change that involves all key stakeholders, including staff, and that all parties are well informed and understand the change agenda.

Networks

99% of respondents (147) councils report being linked into best-practice/personalisation networks in their local or regional area. These networks, in rank percentage order of frequency are:

- Regional Personalisation Network 97%
- In Control 79%
- In Control – Total Transformation 16%

Respondents were invited to indicate which (if any) of a further two networks they were engaged with. These are set out below. The numbers set out how often these were mentioned.

- Regional specialist groups, JIPs and RIEPs 27
- National specialist groups 22
- Sub-regional groups (notably so in London) 21
- PCT Staying in Control networks 10
- Commissioning 5
- ADASS Executive 5
- RiPFA 3
- CIPFA 3
- Workforce, Social Innovation and User networks 1 each

This networking was perceived as helpful in giving needed assistance by the vast majority. 144 described it as either helpful (85) or very helpful (59). It is likely that this range of groups engages both Directors and programme staff.

Capturing the views of people who use services, their carers and other stakeholders

Most local authorities (127 or 86%) now have systems in place to capture the views of people who use services, their carers and other stakeholders. In the regions this varies from 73% to 93% of authorities having these in place.

Of those that do have systems, 116 councils (91%) use these views for strategy or development and 110 (87%) use them for evaluation. Other uses to which they are put include for shaping the market and commissioning, involvement in development and/or design, keeping people who use services and their carers informed and developing case studies to find out what worked and what didn't. Some examples of respondents' statements are:

Information is used both directly & indirectly to influence our leadership development & communication. We are exploring the development of a leadership academy where judgements will be made by community representatives and an accredited personalisation practitioner whose practice would be validated by those they work with. The OU is helping us with this development.

We have a PPFB e-mail address, PPFB web page with form to complete, contact number for the public.

The Self Directed Care Steering Group membership includes representation from Users, Carers, Voluntary Organisations, Providers, Health, Children's and Adults Services. The role of this group is to inform, advise, guide and challenge the development of self directed care, to assist the programme achieve its objectives, receiving progress reports against agreed targets for the development of Self Directed Care along with qualitative information about how this makes a difference to people who use services

We are in the process of developing comprehensive outcome based performance monitoring to ensure we can capture the experiences and learning from the PPF developments. We will look at integrating the new measures to what works well currently to ensure we have a clear picture of the improvements through personalisation.

The real trick is working out what all the feedback means for commissioners. We are working on that.

Managing the change

128 councils had in place a dedicated Putting People First programme team. 88 (59%) had a whole system and 55 (37%) partial system change programmes in place. 119 of these programmes (83%) included undertaking engagement with people who use services, their carers and stakeholders. Regions varied from 73% to 100% of councils having undertaken such engagement. 86 programmes had been endorsed by the full cabinet; this represents 60% of those who had a full or partial change programme in place. It is not clear how the 20 or so councils who do not have a dedicated programme team are managing their change programme, and this will need to be followed up.

Commitment of partners

Respondents were asked to describe the commitment of partners to the Putting People First agenda (very strong, strong, neutral, weak, very weak or don't know).

Most respondents reported that they felt that support across partners was "strong" or "very strong" for all partners except for private sector/providers and consumers. The highest levels of perceived commitment to the Putting People First agenda were in voluntary and third sector organisations, followed by the NHS.

The results show that respondents feel that the lowest levels of commitment to the Putting People First agenda was in consumers and the private sector/ providers. It is not entirely clear as to the reason for this. However, there may be links to be made to the challenges described later in this report relating to public awareness as well as to the experiences of older people described in the Individual Budgets evaluation. This is likely to require further work. Clearly, however, there is a need identified to concentrate on tailoring communication and listening to consumers' aspirations in relation to personalisation.

The following sets out the ranked perception of strong or very strong levels of commitment to the Putting People First agenda in the given range of partners:

Strong or very strong levels of perceived commitment	
Voluntary and third sector organisations	75%
NHS	69%
Other Council Departments	64%
Consumers	38%
Private sector/providers	37%

In addition, 16 respondents cited others with neutral, strong or very strong commitments, including, for example, district councils, fire and rescue, young adults in transition, carers of people with low level packages, housing, external consultants, members and LINK.

4.2 Universal Services

Principles and standards

Councils need to ensure that cross-community universal services are in place and working together to provide an enabling, inclusive and safe environment for all; there should be evidence of a range of across the board preventative initiatives to support social inclusion, bringing into play council-wide and partnership approaches e.g. leisure, adult education, transport, employment, healthy living and health improvement (backed by targeted intervention). An increasingly wide range of housing and supported living options should be available. A whole community approach to safeguarding and risk awareness/reduction should be taken, linking community safety and consumer protection approaches to the Council's need to protect vulnerable adults. Information, advice and support to make informed choices in relation to these services and to care and support options should be widely available.

Universal Definition

In this section, by universal, we mean locally relevant, covering a range of services beyond social care and available to everyone in the community, not only potential service users.

General

The development of an integrated approach to universal services is reported to be reflected in key local agreements, such as the Local Area Agreement and other joint plans, by the vast majority of authorities ("to a great extent" by 35 and "to some extent" by 111 respondents).

115 authorities (78%) reported that they considered that the development of preventative services in their local area had significantly impacted in outcomes. Regions varied from 67% to 93% of councils reporting that this was so. Further examination as to why some regions are so much more positive than others would be helpful.

A vast array of preventative schemes was set out, frequently linked to housing support (repairs, gardening or Supporting People, for example) to health services (home from hospital or hospital at home, stroke and other condition related schemes) to telecare and daily living aids or to leisure and culture (exercise, music, reading groups or dance, for example).

Information and Advice

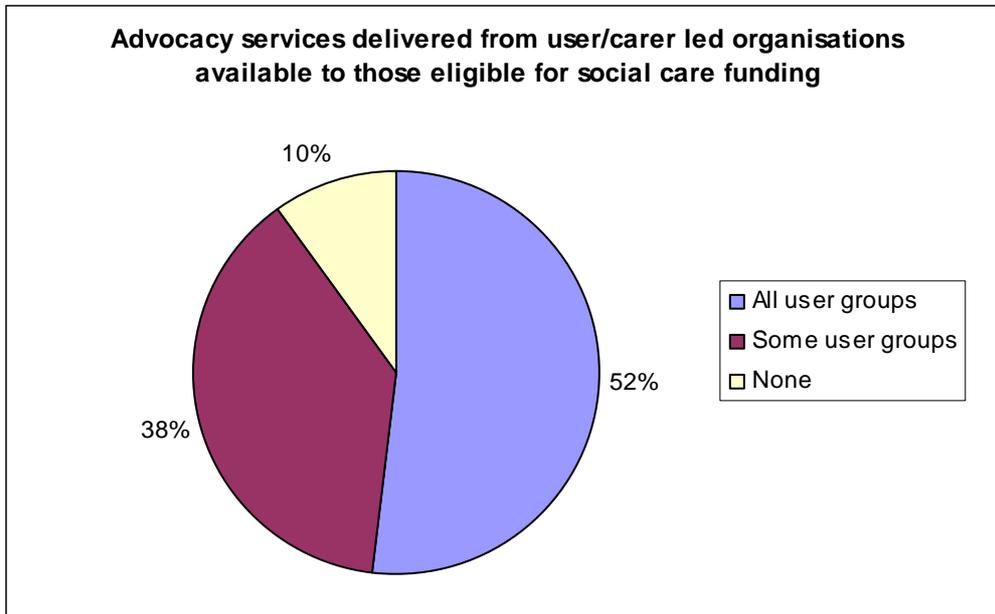
All but one of the respondents felt that they had ensured that local current information and advice services are widely available to everyone in their community and contain consistent content "to some extent", although only 23 authorities (16%) reported this as being the case "to a great extent". Regions varied from one where no council felt that this was the case "to a great extent" to one third of councils feeling that this was so.

There was differential availability of information and advice services reported for different groups of people using services, both based on their needs and based on whether they were eligible for social care funding or not.

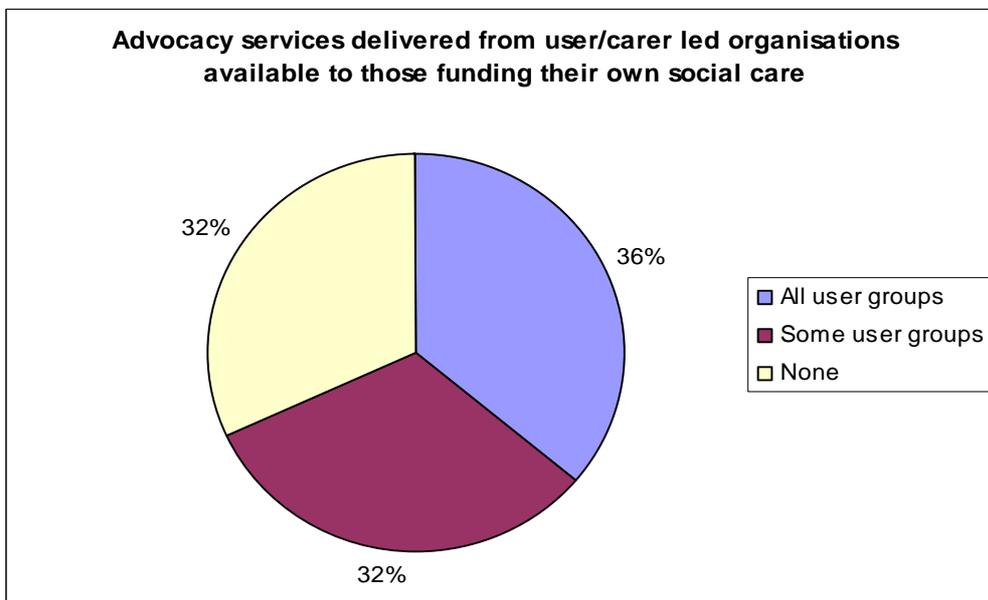
Advocacy and Support and Brokerage Services delivered by user and/or carer led organisations

The following section focuses on services that are delivered by user and/or carer led organisations³.

In relation to **advocacy** services delivered by user or carer led organisations for people who are eligible for social care funding, of 148 total respondents, 77 stated that these were available to all user groups, 56 to some user groups and 15 to none:

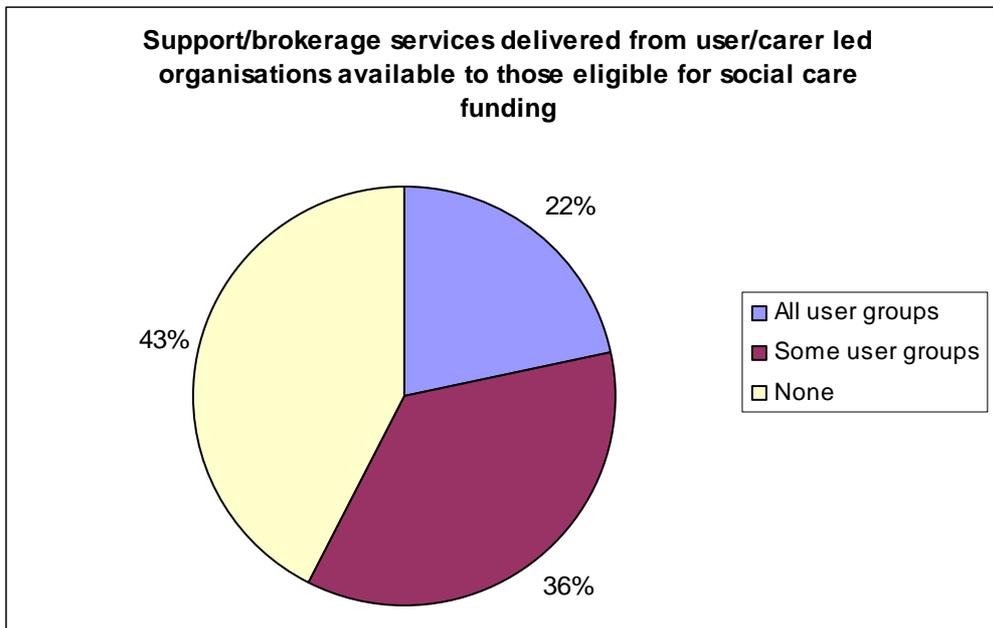


However, there is less availability for people who fund their own care, where 53 stated that it was available for all user groups, 48 for some user groups and 47 for no-one.

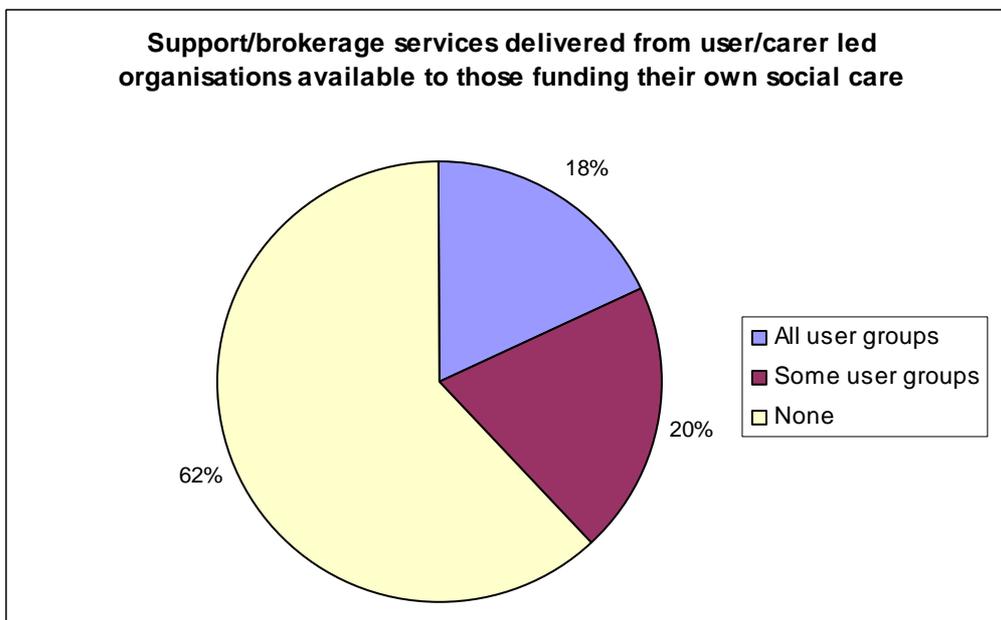


³ The definition given was as follows: "By user/carers led organisation, we mean one where the people the organisation represents, or provides a service to, have a majority on the management committee or board and where there is clear accountability to members and/or service users".

Support and brokerage delivered by these organisations for people who are eligible for social care funding was reported by 32 respondents as available to all user groups and by 53 to some user groups. 63 stated that no support and brokerage delivered by user or carer groups was available:



For people who fund their own social care, this was reported by 26 as being available for all user groups, by 30 for some and by 92 for no-one:



Respondents who identified that a service from user and/or carer led organisations was available to some user groups were asked to identify which user groups. The table below shows the proportion of these respondents identifying each group. This was reported as being more available for younger rather than older people and for more people eligible for social care funding than for people funding their own care. Overall, such services are more available for people with learning disabilities than for other groups. The following sets this out:

	Advocacy from user/carers led organisations		Support/brokerage from user/carers led organisations	
	People eligible for social care funding	People funding their own care	People eligible for social care funding	People funding their own care
Older people	50%	42%	38%	47%
Learning disability	93%	79%	85%	60%
Mental health	75%	50%	19%	23%
Physical disabilities	54%	50%	49%	63%
Other ⁴	18%	19%	19%	30%

⁴ Other was described as for carers, drugs and alcohol, direct payments users, the deaf community and mixed.

4.3 Operating Systems

Principles and standards

Councils need to establish operating systems that can deliver the new agenda. This means having a suitable operating model that addresses the needs of all members of the community (including all those not likely to receive ongoing public funding/PBs), in which business processes are underpinned by appropriate information technology, and understood by staff, public, users/carers, and partners; the operating model should incorporate access and assessment processes, targeted intervention/enablement programmes, and be designed to support the delivery of personal budgets and personalised care and support.

19 councils (13%) reported that they had completed a review of their operating systems and business processes to ensure that they meet the expectations of Putting People First and had formed a revised model. In addition, 127 reported that this activity was underway and only 2 that no such review was under consideration at the present time.

Of those 19 who had completed a review all had discussed the revised model with local authority staff and other stakeholders, (including health partners, other councils, the third and private sectors and some national organisations), and 17 had discussed this with people using services.

Contact, assessment, reablement and support

Local authorities are considering significant changes to their operating systems and business processes in a range of areas. 130 (88%) were considering significant changes to initial contact arrangements, including their referral points, call centres and initial information and advice.

141 (95%) are considering significant changes to assessment and care management arrangements. This will affect the majority of care management staff: 69 councils stated that it will affect all such staff and another 69 a significant proportion.

For people receiving local authority assessments, 78 respondents (53%) state that the level of advice and support is available whether such people are eligible for social care funding or not (this varies regionally from 33% to 75%). However, nearly all of the remainder, a further 65 authorities (44%), state that these services are being developed, suggesting much better coverage nationally if such developments materialise.

All local authority respondents reported that they either have already or are developing (“planned in the next 12 months”) processes that include supported self assessment. 18 councils (12%) have these already in place for most people who use services, and 16 (42%) in place for some.

Overall six out of seven authorities report having a re-ablement service in place. Within regions, this varies from **all** authorities having such a service, down to around only three-quarters. 80 such services are jointly funded, and 47 solely funded by the local authority⁵.

117 (79%) considered that person centred approaches to support planning are currently mainstream to their operating model “to some extent”, whilst 30 (20%) felt that this was already the case “to a great extent”. Regionally, those who felt that person centred approaches are mainstream “to a great extent”, varied from 8% to 33% of councils reporting this. One authority felt person centred approaches are not currently in any way mainstream to their operating model

Personal Budget Allocation

All local authorities report that they have either developed or are developing systems for the clear and transparent allocation of Personal Budgets to everyone eligible for local authority funded services.

19 councils (13%) already have systems in place for **all** user groups, and of these 4 believe that they have got to a stage where they can describe these arrangements as being in a “late stage of refinement”. 51 councils (34%) have systems in place for some people.

Where the system is in place **for some people only**, this is most likely to be the case for people with learning disabilities (90%), followed by people with physical disabilities (63%), older people (53%) and people with mental health problems (31%). One quarter of authorities also report this being in place for others, including carers, people with sensory impairments or young people at the transition to adulthood. Authorities describe a range of transition mechanisms, examples of which include having a system in place for new clients and at review for existing clients, or developing on a locality by locality basis.

Of the resource allocation systems being developed or already in place, 122 are or will be points based. 23 councils gave details of other types of systems as follows:

System	Number of councils
In development/ testing more than one	4
Based on hours/ unit costs of care	8
FACE	4
Outcomes based	2
Points based moderated with either outcomes, current costs or other factors	5

⁵ One authority reported that they have both single and jointly funded services

4.4 Market Development

Principles and standards

Councils need to ensure the development of a diverse and high quality market in care and support services to offer real choice and control to service users and their carers; councils should have strategies, based on the local JSNA, that in partnership with other local commissioners, providers and consumers of services both incentivise development of such services, and balance investment in prevention, early intervention/reablement with provision of care and support for those with high-level complex needs. User-led initiatives and a much wider range and scale of services to address local need should emerge, in a market that is increasingly populated by individual purchasers. Market access arrangements (for consumers) should be developed in tandem. A workforce strategy should be in place that begins to set out roles and responsibilities, likely employment routes and addresses capacity issues

Market development and commissioning strategy

Whilst only 6 authorities (4%) reported that they have a market development and/or commissioning strategy that fully aligns to Putting People First, 105 (71%) have one in part or in development.

Of concern is the fact that 37 authorities (25%) report they do not have such a strategy as yet.

117 (79%) authorities feel that the range and flexibility of service provision has already been improved “to some extent” and 4 (3%) “to a great extent”. In one region all local authorities felt that there had been some improvement already, whilst in considerable contrast, in another region only a one third of councils felt there had not yet been any improvement.

Virtually all respondents felt that the range and flexibility of provision will improve over the next year in line with PPF expectations. 59 feel that this will improve “to a great extent” and 88 ‘to some extent”. Only one respondent felt there wouldn’t be any improvement, however it is worth noting that this respondent had reported that the range and flexibility of provision had already improved to a great extent.

Nearly all (144) respondents are actively engaged with external providers to enable them to effectively plan for the impact of PPF on their delivery of services and further development of the market. However only 40 report this is the case “to a great extent”.

139 local authorities either have, or are developing systems for capturing information on purchasing choices and the needs of individuals to inform future market shaping. Only 5 councils believe that these are fully in place however. 58 state they are partly in place, and 76 in development.

Importantly, only 6 councils report having systems that capture “whole community” intelligence (including self funding patterns and needs and information in relation to informal support levels), with 44 stated that this is in development. Consequently around two thirds of councils will continue to be lacking in such information in the immediate future.

One council reporting a “whole community” approach gave an example of how this is happening: “a Joint Strategic Needs Analysis that included 1,000 voices, contracts that have been reshaped on

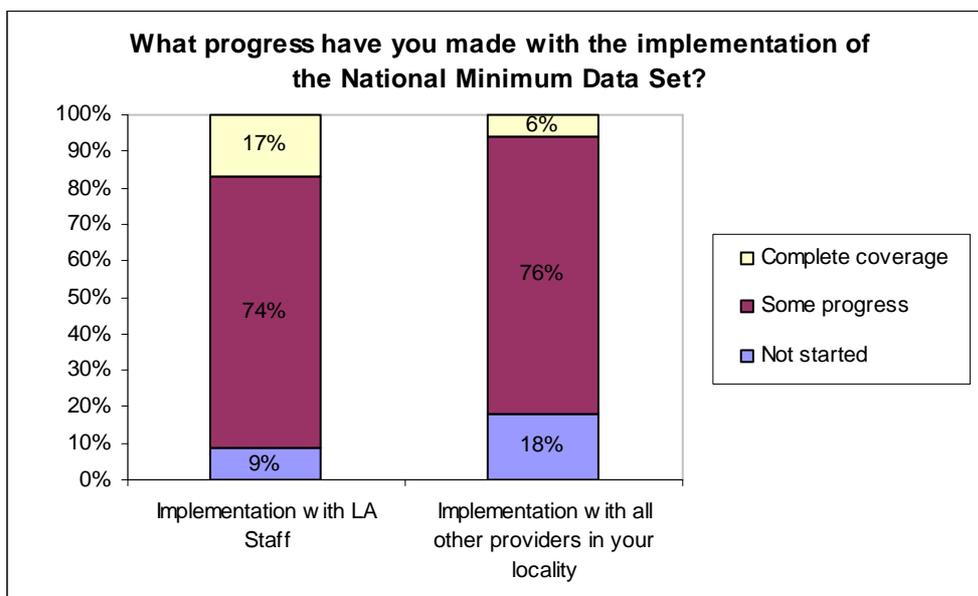
outcomes, outcomes data from early intervention work, including data on what works and makes a difference for people, information held from support planning for people with direct payments and from people who fund their own care but who have had a self assessment and contracting with a voluntary organisation to undertake this”.

Workforce

This section of the survey was introduced by the following statement:

Understanding the workforce in your locality across all sectors is essential in delivering PPF. Your JSNA is an important source of knowledge around the needs of your community and your workforce. Implementation of the National Minimum Data Set (NMDS) is a means of understanding who local workers are and where they come from as well as the skill gaps and learning needs to enable the delivery of PPF.

Few authorities have complete coverage of the NMDS. The following progress in implementing the NMDS was reported:



Of those who stated that they had not started work in relation to this, 4 stated that they had plans in relation to local authority staff, and 15 in relation to all other providers. This leaves 9 authorities with neither any progress nor plans in place in relation to local authority staff and 11 in relation to all other providers.

Only 5 councils stated that they already have in place an Integrated Local Area Workforce Strategy (InLaws) using data and information from the NMDS. 95 planned for this to be in place in the next twelve months and 48 in the next 2-3 years.

4.5 Efficiency and Effectiveness

Principles and standards

Councils need to establish systems to understand and measure the effectiveness and efficiency (including quality and safety) of programmes and services associated with the above domains. This needs to include a good understanding of costs, as well as good financial forward planning and forecasting for the new system. There should also be evidence of effectiveness regarding targeted 'interventions', and regarding outcomes for users, as well as the development of strong quality assurance and accreditation approaches for provided services. Outcomes should be regularly reported to key stakeholders, including via high level political and partnership forums and link to CAA work etc.

Respondents to this section of the survey were invited to choose a position that described themselves as very satisfied, satisfied, neither satisfied nor unsatisfied, unsatisfied or very unsatisfied in a number of areas. In terms of the themes addressed by this survey, this is the area in which **people chose most neutrally by stating "neither satisfied nor dissatisfied"**.

In relation to the question "how satisfied are you that all components of your current business model are fully understood and costed?" 69 authorities (47%) opted for "neither satisfied nor dissatisfied". A further 52 (35%) were "satisfied" or "very satisfied", and 27 (18%) either "unsatisfied" or "very unsatisfied". Regionally, councils opting for "satisfied" or "very satisfied" ranged from 20% to 58% of the total.

66 (45%) were "satisfied" and 3 (2%) "very satisfied" with their current ability to forecast future demand, including nature, volume and cost. 55 (37%) were neutral on this (i.e. neither satisfied nor dissatisfied), with 24 (17%) either "unsatisfied" or "very unsatisfied". This clearly requires some further exploration and support.

In relation to arrangements being in place to properly evaluate Putting People First outcomes, including efficiency, effectiveness and quality, again there was a tendency to neutrality in reporting progress. 9 (6%) were "very satisfied", 48 (32%) "satisfied", 67 (45%) neither satisfied nor unsatisfied and 24 (17%) were either "unsatisfied" or "very unsatisfied". On a regional basis, when those who are satisfied or very satisfied are combined, this varied from 22% to 60% of councils indicating positively in this area.

4.6 Facts and figures: Personal Budgets (PBs)

A range of facts and figures were requested to evidence progress. They all relate to information as at 31st March 2009. A small number of councils did not respond to **every** single question in this section. For clarity, the numbers of valid responses are set out in footnotes or in the tables.

Numbers (at 31st March 2009)

Local authorities reported that for both older people and other adults, a total of 92,878 Personal Budgets (including Direct Payments) were in place. The figure would be higher than this if all one off payments and the small number of local authorities that did not complete the two component questions were to have been included.

Local authorities reported that 37,962 Personal Budgets (including Direct Payments) were being provided for older people⁶, 41% of all Personal Budgets, and 54,916 budgets for all other service users. The Personal Budget information from individual local authorities demonstrated considerable variation across the country. However differing demography means that such number comparisons are not meaningful. Consequently the survey sought to identify the **proportion of ongoing service users** receiving personal budgets, which is a important and valid comparison.

Older People: Data from 144 councils shows that the minimum number of PBs at 31st March 2009 within an individual local authority area was 13, and the maximum 2357, with a mean average of 258.⁷ This represents a wide range from 1% to 31% of all older people receiving an ongoing service in their council, with a mean average of 5%.⁸

Most councils are in fact at 5% or less, but for 4 councils more than one in five of all the older people receiving ongoing support do so via a PB. The following sets out the spread:

Older people with PBs as proportion of older people receiving ongoing services: LA s	
Percentage banding	No. of authorities
0-5%	84
6-10%	44
10-20%	12
Over 20%	4

⁶ NB in relation to this total, 147 clean responses were included. 4 authorities included qualifying comments as follows: a) three LAs noted that the actual figure for DPs/PBs was considerably higher for the year as they had not included payments for one off purposes and there is also turnover and drop out and b) one authority adjusted their response upwards to reflect one off payments and turnover. The detail of the data cleaning process and validation is available on request.

⁷ Median 144

⁸ Based on 144 valid responses. The median was 4%.

There are considerable variations both within and between regions in relation to this. The following table sets this out and is based on the 144 valid responses to this question of the survey:

Older people with PBs as proportion of older people receiving ongoing services: Regions				
Region	Mean average	Maximum	Minimum	Median
A	8	30	1	4
B	6	17	1	4
C	6	31	1	3
D	6	29	1	5
E	5	29	2	4
F	5	10	1	5
G	5	11	2	5
H	4	13	1	4
I	3	7	1	3

Other Service Users: For all 'other' service users (excluding older people) a total of 54,916 PBs (including Direct Payments) were identified as being paid by 147 Local Authorities⁹, as at 31st March 2009. Ranges are from a minimum of 20 to a maximum of 2196 and with a mean average of 374.¹⁰

The figures indicate that between 2 and 45% of this 'other' user group getting an ongoing service from councils does so via PBs. Within these figures 35 authorities have proportions of 10% or less, and, at the other end, 22 have 20% or more. The average is 14%¹¹, significantly higher than the 5% average for the proportion of older service users receiving PBs. Only one region's results are the other way around, with more funding going proportionately to older than younger people.

'Other's with PBs as proportion of 'other' group receiving ongoing services: LA s	
Percentage banding	No. of authorities
0-5%	5
6-10%	30
10-20%	86
Over 20%	22

⁹ One LA queried what to include in this sum during the course of the survey and included payments for residential care.

¹⁰ Median 242

¹¹ The median was 12%.

Again there are differences both within and between regions, though not to quite the same degree as for older people. This is set out in the following table, which is based on the 143 valid responses to this question of the survey:

‘Other’s with PBs as proportion of ‘other’ group receiving ongoing services: Regions				
Region	Mean	Maximum	Minimum	Median
Y ¹²	16	45	5	14
X	16	33	7	13
W	15	32	3	12
V	15	33	5	15
U	14	26	7	13
T	14	24	6	12
S	13	28	3	12
R	12	22	5	9
Q	10	19	2	11
National	14	45	2	12

Funding committed via Personal Budgets (at 31st March 2009)

The total sum of money allocated at 31st March 2009 in personal budgets and direct payments¹³ as an annual commitment was £681,226,955¹⁴. This ranged from a minimum commitment in one local authority of £523,000 to a maximum in another of £55,257,485.¹⁵

As with numbers of personal budgets, the **proportion of adult social care expenditure** allocated via personal budgets is the relevant basis for comparison.

In this regard Personal Budgets account for a proportion of social care gross budgets ranging between 1% and 29%, with the average being 5%¹⁶. However two thirds (95) of authorities have committed 5% or less via Personal budgets, and 6 have committed 10% or more.

In terms of a proportion of gross budgets spent solely on people receiving ‘community services’ (i.e. excluding those in residential care), the range is much wider, from 1% to 73%, with an average of

¹² These letters indicate the regions and are different from the previous table simply because regions that did “best” for older people did not necessarily do “best” for all others and so the rankings were not consistent across the two groups

¹³ Based on 143 valid responses

¹⁴ 3 Local authorities added notes to their responses to the effect that a)one confirmed they had included assessment & care management and overheads b)this includes all grant funded expenditure and c)this figure is gross of everything i.e. client contributions, S28A funding, specific grants etc

¹⁵ Mean £4,763,825 and median £2,798,890.

¹⁶ The median was 4%

12%.¹⁷ Within this range 74 authorities commit 10% or less via Personal Budgets and 20 commit more than 20%.

Local authorities were asked what percentage of the total sum of money currently allocated in Personal Budgets and Direct Payments is given directly to the individual as cash direct payments. This ranged from zero to 100%, with an average of 86%.¹⁸¹⁹ This figure should be treated with caution however, as it appears high and may result from a misinterpretation of the question.

The survey then looked at the sums of money that individuals were getting in PBs. Of those people who received a Personal Budget (including Direct Payments) during the current financial year (2008/09), the following sets out the percentages of people by annual gross payment for the year²⁰:

The % of people receiving an annual gross payment by payment banding				
	Minimum	Maximum	Mean	Median
Below £1,000	0	83	21	15
£1,000 - £5,000	3	68	31	31
Above £5,000	0	94	47	47

Nearly half of all payments are more than £5,000, i.e. around £100 per week. One in five is below £1,000, the equivalent of £19 a week.

Future Expansion of Personal Budgets

Councils were asked what their forecasts were for personal budgets in six months and a year's time. The current number of service users receiving personal budgets is planned to rise from 92,878 to 117,591 at 30th September 2009 and to 206,152 at 31st March 2010.

For 30th September 2009, the anticipated average is 865 per authority and for 31st March 2010 this rises to 1,494. Councils differ considerably in their forecasts. The ranges are from 40 to 4,250 forecast Personal Budgets in September and from 60 to 10,505 in March 2010²¹. Clearly investigation will be necessary regarding those predictions that are very low.

The forecast is that this will be a national average of 21% of all people receiving community based services in March 2010.

¹⁷ The median was 9%. Responses were qualified as follows by 2 LAs in opposing directions: one that this includes assessment and care management and overheads and the other that it only includes Homecare and Day Care and omits all care management, transport costs, commissioning, respite etc.

¹⁸ Based on 138 valid responses.

¹⁹ The median was 100%.

²⁰ Based on 144 valid returns

²¹ Based on 136 and 138 valid responses respectively.

4.7 Facts and Figures: Social Care Reform Grant Expenditure

Information was asked for and provided in relation to how funds from the Social Care Reform Grant were allocated in 2008/9. The great majority of the Reform Grant has been spent 'internally' by authorities. Almost half has been spent on Programme teams, and a quarter on care management and internal process support. Around £1 in every £6 of grant has been committed to market or provider development.²²²³

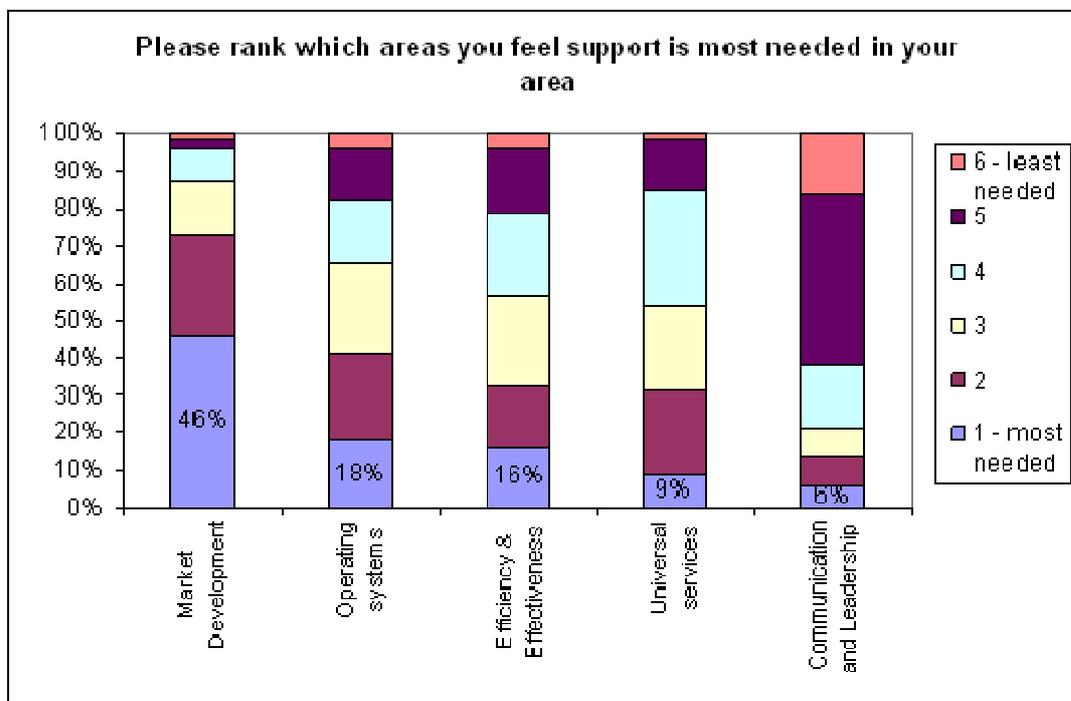
Allocation of funds from the Social Care Reform Grant				
	Mean	Maximum	Minimum	Median
In house change programme team	45	100	0	40
Independent sector investment/ market stimulation	16	90	0	10
Care management/ internal processes	24	100	0	20
Other	14	100	0	3

²² Three authorities emphasised that expenditure on the categories above was also taking place from core budget.

²³ Two authorities indicated that they hadn't included rollover

4.8 Challenges and future support

Respondents were asked to rank a number of categories in terms of support that is needed in their area. Support for market development was ranked highest by the largest number of respondents (46%). This was followed by operating systems (18%) and then efficiency and effectiveness (16%). The following graph sets out the results for this:



Challenges

Authorities were asked an open question about what the two main challenges are in taking forward Putting People First in their authority currently. A wide range of responses was elicited, grouped retrospectively into the following themes:

Capacity to manage and deliver changes:

- Managing concurrent changes
- Aligning change in Adult Social Care with other local government change (including local government re-organisation)
- Ensuring commensurate corporate change
- Integrating the change locally without buy-in from other national departments which would be evidenced by the ability to pool budget streams such as the Independent Living Fund and Disabled Facilities Grants

Resources:

- Resources for investment in both prevention and early intervention and the ongoing support for people with intensive needs
- Lack of alignment with other funding streams
- Achieving affordability, value for money and sustainability
- Managing resources in the current economic climate
- Shifting resources
- Managing financial risk

Raising awareness and achieving culture change:

This covered a range of stakeholders, including the public, departmental and corporate staff, partners and local politicians and included achieving buy-in from them.

Commissioning:

- Market development
- Changing the availability of provision and de-commissioning services
- Supporting innovation
- Ensuring interfaces with the labour market work, particularly during a time of recession
- Putting information, advice and advocacy in place
- Community development

Operating systems:

- Developing a resource allocation system that works, is equitable and is sustainable
- Financial modelling tools
- Need and demand projection tools
- Business process re-design
- IT systems that support transformation

Workforce

- Developing PA roles
- Skills development
- Workforce planning
- Closer links between national and local training providers

Other

- Strategic health authority awareness of local government

What would help

Authorities were also asked what would help in moving this forward. The following groups the open responses thematically (in order of frequency of themed response):

What would help	Number of responses
Good practice models, templates and exemplars	22
More shared learning, including regional events	19
National (or regional) marketing and PR of what self directed support is about and regular good news stories	12
A national RAS (and self assessment pro-forma)	11 (5)
Greater buy in from the rest of DH (to allow the transfer of health funding to the community) and from other government departments to enable the integration of funding (e.g. in relation to ILF, DFGs etc)	9
Additional resources to assist with the following: QA, work with the independent sector, an independent change agent, workforce planning or staff seminars	6
A clear and sensible national indicator set and reporting requirements	5
A knowledge of future funding and publication of the Green Paper	4

Other responses included clarification as to whether self assessments meet councils' requirements to assess; a collaborative template for IT development, streamlining the CRB system, extending the development period and the Social Care Reform Grant and guidance on the size and shape of universal services.

Other comments about progress in relation to Putting People First

Final comments from respondents included a wide range of observations, many of which reinforced points elsewhere in this report.

5. Survey Team

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