Putting People First: Measuring Progress in the North East

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 fist year of the programme. This report sets out an overview of progress in the North East region based on the results of that survey. It complements a national and 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 and all of those in the North East 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.

All authorities report active engagement with provider organisations in planning for development of a vibrant market, but none yet feel this engagement to be strong enough. Three quarters of authorities feel that the range and flexibility of provision has already improved, and two thirds believe that the development of preventative services in their area has significantly impacted on outcomes. 2 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 5,773 people were receiving Personal Budgets equating to over £30.3m of council expenditure. By the end of March next year it is expected this will rise to around 11,600 people. Based on current trends, this would mean that 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 region over 41% of personal budgets now go to older people.

A number of key development areas have been identified as a result of 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:

- 11 out of 12 authorities have established dedicated Putting People First programme teams to address the major changes required.

- Virtually all authorities are engaged with regional best practice and personalisation networks which they find helpful.

- The majority (10 councils) have engaged with people who use services, their carers and stakeholders in developing their change programmes. Respondents perceived commitment to the Putting People First agenda as strongest in the NHS and other council departments and weakest in the private sector/providers. Commitment from consumers was perceived as the second weakest amongst a given group of stakeholders. However, the perceived commitment from consumers scored higher in the North East than in any other regions.

- Two thirds of councils (the lowest proportion of all the regions) believe that the development of preventative services in their area has significantly impacted (positively) on outcomes.

- Whilst only 2 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”.

- 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 (9), and assessment/care management (10). In relation to assessment and care management, 4 respondents state that it will affect all assessment and care management staff and 6 said a significant proportion of them.

- 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. For people receiving local authority assessments, 9 respondents (75%) state that the level of advice and support is available whether such people are eligible for social care funding or not. **This is the highest proportion of all of the regions.** All of the remainder, a

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1 Two authorities did not respond to this question
further 3 authorities, state that these services are being developed, suggesting even better coverage regionally if such developments materialise.

- Six authorities report that they currently operate supported self-assessment; one of these already have this in place for most people, and a further 5 for some. The remainder intend to have supported self assessment operating within the next 12 months.

- Three quarters of authorities have a reablement service in place. This is the lowest proportion of all of the regions. Seven of the nine in place are jointly funded with the local PCT. This raises questions regarding the differing definition and focus of reablement at the local level.

- 10 respondents considered that person centred approaches to support planning are currently mainstream to their operating model “to some extent”, whilst only one (8%) felt that this was already the case “to a great extent”, the lowest proportion of all of the regions.

- All authorities have developed or are developing new arrangements for the allocation of Personal Budgets. However only a quarter are currently operational, with only one in use in relation to all user groups. Two further councils have systems in place for people with learning disabilities only. The majority are configured on points based systems.

- All authorities say they are actively engaged with external providers in planning for development of the market at least “to some extent”, one felt that this is the case to a “great extent”, the lowest proportion of all of the regions. 9 authorities feel that the range and flexibility of provision has already been improved, and all expect further improvement over the next year.

- 11 out of 12 councils in the North East either have, or are developing systems to capture information on existing consumer choice and needs. None believe that these are fully in place, however. Only one says this includes information about privately funded activity, with 2 stating that they are working on this.

- Development of Local Area Workforce Strategies is so far very limited.

- The North East region is most positive of all of the regions in relation to 7 authorities (58%, compared with 35% nationally) stating that they are satisfied that their business model components are understood and costed. However, less than half are satisfied in their ability to forecast demand and cost.

- A total of 5,773 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. 2,389 (41%, the same as nationally) of these personal budgets are going to older people.

- The proportion of ongoing service users in receipt of Personal Budgets within individual authorities varies widely, from 1% to 31% for older people (averaging 6% compared to the national average of 5%) and from 3% to 32% for ‘other’ user groups (averaging 15%, compared to 14% nationally).

- Personal Budget numbers are forecast to rise regionally to 7,701 by the end of September 2009, and then to 11,597 by March 2010. This equates to approximately 20% (compared with 21% nationally) of people respectively currently using community based services (i.e. not living in care homes) at the end of March 2010.

- Almost £30.5m was reported as allocated in Personal Budgets at 31st March, with individual authority expenditure ranging between £1.4m and £8.3m.

- The proportion of local authorities’ social care gross budgets committed via Personal Budgets ranges from 1% to 23%. The average is 5%, the same as the national average\(^2\). 11 authorities were committing 10% or less in this way, as at 31st March 2009, and one commits over 20% of their gross budget via Personal Budgets.

- 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. Across the region there has been a greater proportion of investment in market or provider development than other regions: £1 in every £5, as opposed to £1 in every £6 nationally. It may therefore be worth reflecting on the reported (comparatively) lower levels of engagement with the market and the low commitment levels reported in the private sector/providers.

\(^2\) The median was 3%
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 bar two responded nationally. All responded in the North East region. 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 is attached as Appendix 1. It was collated and analysed in April 2009.

This report sets out the key findings regionally 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 report includes responses from 2 shire counties, 5 unitaries and 5 metropolitan districts. It is a commentary on the “state of play” for the region. However, as all the regions are small, the disaggregated data should not be taken to be statistically significant.

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

All bar one council report being linked into best-practice/personalisation networks in their local or regional area. These networks and the number of authorities involved in them are:

- Regional Personalisation Network  11
- In Control                      9
- In Control – Total Transformation 3

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  5
- National specialist groups              3
- Staying in Control network             1
- Carers Think Tank                      1
- Citizen Leadership Academy             1

This networking was perceived as helpful in giving needed assistance by all. 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 (9 or 75%) 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, 9 councils use these views for strategy or development and 8 use them for evaluation. One council also uses them for “understanding customer satisfaction with current services and to inform future information and communication methodology”
Managing the change
11 out of 12 councils had in place a dedicated Putting People First programme team. 6 had a whole system and 6 partial system change programmes in place. 10 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. 6 programmes had been endorsed by the full cabinet. It is not clear from a national perspective how the council which does 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 the NHS and other council departments (unlike the national picture, where the highest levels of perceived commitment were in voluntary and third sector organisations).

The results show that in the North East respondents feel that by far the lowest levels of commitment to the Putting People First agenda was in the private sector/providers (the second lowest of all the regions). Commitment from consumers was the second lowest group (although this is low nationally and actually ranks highest of all the regions in the North East) 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:

<table>
<thead>
<tr>
<th>Strong or very strong levels of perceived commitment</th>
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<tbody>
<tr>
<td>NHS</td>
<td>75%</td>
</tr>
<tr>
<td>Other Council Departments</td>
<td>75%</td>
</tr>
<tr>
<td>Voluntary and third sector organisations</td>
<td>67%</td>
</tr>
<tr>
<td>Consumers</td>
<td>50%</td>
</tr>
<tr>
<td>Private sector/providers</td>
<td>17%</td>
</tr>
</tbody>
</table>

In addition, 1 council qualified their response to the extent that “some voluntary sector organisations and service providers are committed to the PPF agenda but this is not reflected across all the market”.

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 all authorities ( “to a great extent” by 2 and “to some extent” by 10 respondents).

Two thirds of authorities (the lowest of all the regions) 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). The full list appears as Appendix 2.

Information and Advice
All 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 2 authorities (17%) 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 organisations. In relation to advocacy services delivered by user or carer led organisations for people who are eligible for social care funding, 9 stated that these were available to all user groups, 2 to some user groups and 1 to none:

However, there is less availability for people who fund their own care, where 7 stated that it was available for all user groups, 2 for some user groups and 3 for no-one.

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3 The definition given was as follows: “By user/carer 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 4 respondents as available to all user groups and by 4 to some user groups. 4 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 3 as being available for all user groups, by 3 for some and by 6 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. Overall, such services are more available for people with learning disabilities than for other groups. The following sets this out:

<table>
<thead>
<tr>
<th></th>
<th>Advocacy from user/carer led organisations</th>
<th>Support/brokerage from user/carer led organisations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>People eligible for social care funding</td>
<td>People funding their own care</td>
</tr>
<tr>
<td>Older people</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Learning disability</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Mental health</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Physical disabilities</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
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/personal budgets), 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.

One council 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. All the others reported that this activity was underway.

The council that had completed a review 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 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. Three quarters were considering significant changes to initial contact arrangements, including their referral points, call centres and initial information and advice.

All councils are considering significant changes to assessment and care management arrangements. This will affect the majority of care management staff: 4 councils stated that it will affect all such staff and another 6 a significant proportion.

For people receiving local authority assessments, 9 respondents (75%) state that the level of advice and support is available whether such people are eligible for social care funding or not. This is the highest proportion of all of the regions. All of the remainder, a further 3 authorities, state that these services are being developed, suggesting even better coverage regionally 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. One council has these already in place for most people who use services, and 5 have them in place for some.

Overall three quarters of authorities report having a re-ablement service in place. This is the lowest proportion of all of the regions which vary from this level to all authorities having such a service. 7 such services are jointly funded, and 2 solely funded by the local authority.

4 2 councils did not respond to this question
10 respondents considered that person centred approaches to support planning are currently mainstream to their operating model “to some extent”, whilst only one (8%) felt that this was already the case “to a great extent”, the lowest proportion of all of the regions. One authority felt that this was “to no extent” the case, and this requires following up.

**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.

One council already has systems in place for all user groups, and believes that they have got to a stage where they can describe these arrangements as being in a “late stage of refinement”. 2 councils have systems in place for some people, both of which are for people with learning disabilities only.

Of the resource allocation systems being developed or already in place, 11 are, or will be, points based.

**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 no authorities reported that they have a market development and/or commissioning strategy that fully aligns to Putting People First, 10 have one in part or in development.

Of concern is the fact that 2 authorities report they do not have such a strategy in any form as yet.

9 authorities feel that the range and flexibility of service provision has already been improved “to some extent”, though none feel that this is the case “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.
All respondents felt that the range and flexibility of provision will improve over the next year in line with PPF expectations. 3 feel that this will improve “to a great extent” and the remaining 9 “to some extent”.

All 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 one reports this is the case “to a great extent”, the lowest proportion of all of the regions.

11 out of 12 local authorities either have, or are developing systems for capturing information on purchasing choices and the needs of individuals to inform future market shaping. None believe that these are fully in place however. 3 state they are partly in place, 8 are in development and one council has neither a system in place nor one in development. The North East is one of three regions that have made least progress on this dimension of their operating systems.

Importantly, only one council reports having systems that capture “whole community” intelligence (including self funding patterns and needs and information in relation to informal support levels); with 2 stating that this is in development. Consequently around three quarters of councils (compared with two thirds nationally) will continue to be lacking in such information in the immediate future. One council reported that “self-funding information is captured as part of mainstream Swift information where people are provided with self-assessment.”

**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.*

No authorities have complete coverage of the NMDS. The following progress in implementing the NMDS was reported:
No councils stated that they already have in place an Integrated Local Area Workforce Strategy (InLaws) using data and information from the NMDS. 8 planned for this to be in place in the next twelve months and 4 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 nationally people chose most neutrally by stating “neither satisfied nor dissatisfied”.

However, in relation to the question “how satisfied are you that all components of you current business model are fully understood and costed? “the North East was the most positive of all the regions. 7 (58% compared to 35% nationally) were “satisfied” or “very satisfied” and 5 authorities opted for “neither satisfied nor dissatisfied”. Regionally, councils opting for “satisfied” or “very satisfied” ranged from 20% to 58% of the total.

4 were “satisfied” and one “very satisfied” with their current ability to forecast future demand, including nature, volume and cost. 7 were neutral on this (i.e. neither satisfied nor dissatisfied), with none 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. One was “very satisfied’, 3 “satisfied”, (33% of councils when these categories are combined), 7 neither satisfied nor unsatisfied and one was “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 5,773 Personal Budgets (including Direct Payments) were in place. The figure would be higher than this if all one off payments were to have been included.

Local authorities reported that 2,389 Personal Budgets (including Direct Payments) were being provided for older people, 41% of all Personal Budgets (the same as the national percentage), and 3,384 budgets for all other service users. The Personal Budget information from individual local authorities demonstrated considerable variation across the region. 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 an important and valid comparison.

**Older People:** The minimum number of Personal Budgets at 31st March 2009 within an individual local authority area was 18, and the maximum 760, with a mean average of 199. 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 6%, compared to the national average of 5%.

Most councils are in fact at 5% or less (and for one this is less than one per cent), but for one council more than one in five of all the older people receiving ongoing support do so via a Personal Budget. The following sets out the spread:

<table>
<thead>
<tr>
<th>Percentage banding</th>
<th>No. of authorities</th>
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<tbody>
<tr>
<td>0-5%</td>
<td>9</td>
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<tr>
<td>6-10%</td>
<td>1</td>
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<tr>
<td>10-20%</td>
<td>1</td>
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<tr>
<td>Over 20%</td>
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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 nationally to this question of the survey:

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5 Based on 144 valid responses nationally. The median was 3% regionally and 4% nationally.
Other Service Users: For all ‘other’ service users (excluding older people) a total of 3,384 Personal Budgets (including Direct Payments) were identified as being paid as at 31st March 2009. Ranges are from a minimum of 143 to a maximum of 600 and with a mean average of 282.6

The figures indicate that between 3% and 32% of this ‘other’ user group getting an ongoing service from councils does so via Personal Budgets. Within these figures 2 authorities have proportions of 10% or less, and, at the other end, 3 have 20% or more. The average is 15%, compared with 14% nationally7, significantly higher than the 6% average for the proportion of older service users receiving Personal Budgets. Only one region’s results are the other way around, with more Personal Budgets going proportionately to older than younger people.

<table>
<thead>
<tr>
<th>Region</th>
<th>Mean average</th>
<th>Maximum</th>
<th>Minimum</th>
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<td>A</td>
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</tbody>
</table>

The median was 240

7 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 nationally to this question of the survey:

<table>
<thead>
<tr>
<th>Region</th>
<th>Mean</th>
<th>Maximum</th>
<th>Minimum</th>
<th>Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>16</td>
<td>45</td>
<td>5</td>
<td>14</td>
</tr>
<tr>
<td>X</td>
<td>16</td>
<td>33</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>W</td>
<td>15</td>
<td>32</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>V</td>
<td>15</td>
<td>33</td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td>U</td>
<td>14</td>
<td>26</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>T</td>
<td>14</td>
<td>24</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>S</td>
<td>13</td>
<td>28</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>R</td>
<td>12</td>
<td>22</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Q</td>
<td>10</td>
<td>19</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>National</td>
<td>14</td>
<td>45</td>
<td>2</td>
<td>12</td>
</tr>
</tbody>
</table>

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

The total sum of money allocated at 31st March 2009 in personal budgets and direct payments as an annual commitment was £30,335,993. This ranged from a minimum commitment in one local authority of £1,383,748 to a maximum in another of £8,312,000.  

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 23%, with the average being 5%, the same as the national average. However, ten authorities have committed 5% or less via Personal budgets, and one has committed more than 20%.

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 43%, with an average of 10% compared to 12% nationally. Within this range 9 authorities commit 10% or less via Personal Budgets and one commits 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 70%, compared with 86% nationally.

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8 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.

9 Mean £2,527,999 and median £2,094,362.

10 The median was 3% regionally and 4% nationally.

11 The median was 12% regionally and 9% nationally.

12 Based on 138 valid responses nationally.

13 The median was 96% regionally and 100% nationally.
The % of people receiving an annual gross payment by payment banding

<table>
<thead>
<tr>
<th>Payment Banding</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below £1,000</td>
<td>5</td>
<td>50</td>
<td>20</td>
<td>17</td>
</tr>
<tr>
<td>£1,000 - £5,000</td>
<td>25</td>
<td>41</td>
<td>34</td>
<td>36</td>
</tr>
<tr>
<td>Above £5,000</td>
<td>21</td>
<td>68</td>
<td>46</td>
<td>45</td>
</tr>
</tbody>
</table>

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 5,773 to 7,701 at 30th September 2009 and to 11,597 at 31st March 2010.

For 30th September 2009, the anticipated average is 642 per authority and for 31st March 2010 this rises to 966. Councils differ considerably in their forecasts. The ranges are from 140 to 2,120 forecast Personal Budgets in September and from 280 to 2,473 in March 2010. Clearly investigation will be necessary regarding those predictions that are very low.

The forecast is that this will be a regional average of 20% of all people receiving community based services in March 2010 (the national forecast average is 21%).

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. 70% has been spent on Programme teams, and on care management and internal process support. Across the region, there has been a greater investment in market or provider development than the national picture: £1 in every £5 of grant has been committed to this, compared to around £1 in £6 nationally. Therefore it may be worth reflecting on why people perceive that the engagement with the market has been comparatively low (section 4.4) and that the commitment of the private sector/providers is reported as relatively very low (section 4.1).
<table>
<thead>
<tr>
<th>Allocation of funds from the Social Care Reform Grant</th>
<th>Mean</th>
<th>Maximum</th>
<th>Minimum</th>
<th>Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>In house change programme team</td>
<td>43</td>
<td>100</td>
<td>0</td>
<td>42</td>
</tr>
<tr>
<td>Independent sector investment/ market stimulation</td>
<td>20</td>
<td>55</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>Care management/ internal processes</td>
<td>27</td>
<td>100</td>
<td>0</td>
<td>23</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>40</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

14 One council added that these proportions will change as new projects come on line, particularly in relation to more funding for market stimulation
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 (6). This was followed by operating systems (3) and then efficiency and effectiveness (2). 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 a number of themes.

Capacity to manage and deliver change

- Developing capacity to deliver operational changes (e.g. support planning skills) and provider capacity to deliver bespoke services
- Local government review coupled with current financial climate.
- Managing Risk and Transition
- Freeing up operational capacity to lead and implement change in the context of increasingly lean management structures.
- Capacity and resources linked to the balancing acts of maintaining business as usual
Resources

- Ensuring new services are equitable, affordable and are deliverable.
- Managing within significant financial constraints at a time of rising demand.

Raising awareness and achieving cultural change

- Pace of change and cultural shift across whole council and partners.
- Need to continue to raise awareness of the wider PPF agenda and how SDS fits within this, and influencing PPF implementation across all partners.
- Helping the organisation to become person centred
- Cultural change - particularly linked to workforce development, supporting the voluntary sector to develop new roles and working with service users/carers to change attitudes towards service provision.
- Cultural change at all levels across the organization including a greater understanding of the impact of the personalisation agenda from health commissioners and providers.

Commissioning

- Market development and supporting micro commissioning.
- Market development in rural communities.
- Developing the market to meet the future needs and aspirations of customers and therefore commissioners will require careful and timely market development and management. This will need to link to evidencing outcomes and general performance management. These developments will not be isolated to individual authorities therefore a regional or sub-regional approach would be aspirational.
- Market development and market stimulation - planning the market around individual needs, supporting work around de-commissioning block contracts and issues around TUPE.
- Awareness of the implications on PPF on business models across providers (in private and Third sectors) in the region seems to be variable across providers. Whilst some providers are actively developing their businesses to shape around these new opportunities, this is not the case across the market. To address this, the PPF Programme includes a Managing the Market Project to specifically explore and support providers in this time of transition.
Operating systems

- RAS + balance of efficiencies
- Developing the RAS - already linked into regional work and learning.
- Operating systems - developing and implementing new systems, processes, procedures and working practices to deliver PPF.

Workforce

- Workforce planning and development - equipping the social care workforce to understand and embrace the fundamental cultural shifts required to deliver PPF.
- Developing the Social Care, and wider workforce, to meet the demands on the Personalisation agenda. This is resource intensive and requires system as well as cultural change to many areas of our business.
- The regional workforce strategy will need to link with the national workforce strategy when launched.

What would help?

Authorities also identified a number of areas of support that they would find helpful as follows:

- Targeted work with lead providers on specific service realignment, in light of PPF.
- Need to develop people's capacity and skills to be micro commissioners through investment in User Led Organisations and support services.
- Positive action in the green paper and consideration of local challenges
- Encourage other agencies / departments to support access to universal services for e.g. economic development, creating business & job opportunities
- Support with whole scale organisational change.
- Joined up communications strategy at national and regional level with clear and consistent messages for workers, voluntary organisations and users/carers would support culture change.
- Toolkits to support market development.
• Joint approach to commissioning with the NHS to achieve a significant shift of investment to reablement and preventative services.

5. Survey Team

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Kate Hills, LGAR: Data analysis

Cathie Williams: Report

April 2009