Putting People First: Measuring Progress in the South West

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 South West based on the results of that survey. It is also accompanied by a national report 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 responded to the March 2009 ADASS/LGA survey to measure progress in Putting People First. All bar one responded in the South West. 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. 13 out of 15 authorities feel that the range and flexibility of provision has already improved and 14 out of 15 that the development of preventative services in their area has significantly impacted on outcomes. Both of these are the highest proportions of all of the regions. One authority is 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, 6,969 people were receiving Personal Budgets equating to around £55.5m of council expenditure. By the end of March next year it is expected this will rise to over 21,000 people. Based on current trends, this would mean that more than 16% of people receiving non-residential council support will have a personal budget, compared with 21% nationally. The position of individual authorities varies widely. Across the region 35% of personal budgets now go to older people, compared with 41% nationally.

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 Putting People First, including the following:

- 14 out of 15 authorities have established dedicated Putting People First programme teams to address the major changes required.

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

- The majority (12 councils) have engaged with people who use services, their carers and stakeholders in developing their change programmes. Despite this, authorities perceive commitment to the Putting People First agenda to be much weaker amongst consumers, than amongst other partners. It is not clear why this is the case. The South West is notable in that the perceptions of commitment from partners are highest of all the regions in terms of the NHS.

- 14 councils in the South West believe that the development of preventative services in their area has significantly impacted (positively) on outcomes, the highest proportion of all of the regions.

- Whilst only one authority feels 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 (12), and assessment/ care management (15). The latter will affect 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.

- 7 respondents state that the same level of advice and support is already available for people receiving local authority assessment whether they are eligible for ongoing local authority funding or not, and 8 state that such services are in development, hopefully indicating an overall move towards more consistent national coverage.

- 4 authorities report that they currently operate supported self-assessment; one of these already has this in place for most people and a further 3 for some. The remainder intend to have supported self assessment operating within the next 12 months. This is the highest proportion for all of the regions for authorities where this is in the planning stage only.
• Only one authority does not have a reablement service in place. 11 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. 6 have them in place for some people, but the South West is the only region that does not have any authorities with this in place across the board. Two thirds 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”, although only 5 of these feel confident that this is “to a great extent”. 13 authorities feel that the range and flexibility of provision has already been improved, the highest proportion of all of the regions, and all except one expecting further improvement over the next year.

• Most local authorities either have or are developing systems to capture information on existing consumer choice and needs, but only one says 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 five authorities is satisfied that their business model components are understood and costed, the lowest proportion of all of the regions, and only one third are satisfied in their ability to forecast demand and cost. Four were satisfied in their ability to evaluate the outcomes for Putting People First, including efficiency, effectiveness and quality.

• A total of 6,969 people were reported to be in receipt of Personal Budgets as at 31\textsuperscript{st} March 2009. The figure is likely to be slightly higher than this as some authorities did not include one off payments in their return. 2,466 (35%) of these personal budgets are going to older people. This compares with a national average of 41% going to older people.

• Personal Budget numbers are forecast to rise regionally to 11,298 by the end of September 2009, and then to 21,482 by March 2010. This equates to approximately 10% and 16% of people respectively currently using community based services (i.e. not living in care homes). The national averages are 14% and 21% respectively.

• Nearly £55.7m was reported as allocated in Personal Budgets at 31\textsuperscript{st} March, with individual authority expenditure ranging between around £1.2m and £10.3m.

• The proportion of ongoing service users in receipt of Personal Budgets within individual authorities varies widely, from 1% to 7% for older people (averaging 3%, the lowest of all the regions and based on 14 responses) and from 5% to 22% for ‘other’ user groups (averaging 12%, compared with the national average of 14% and again based on 14 responses).
• The proportion of local authorities’ social care gross budgets committed via Personal
  Budgets ranges from 2% to 7%. The average is 4% compared with the national average of
  5%. Two thirds of authorities were committing 5% or less in this way.

• 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.
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. 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.

15 authorities in the Region responded, 6 Shire Counties and 9 Unitaries, a response rate of 94%. Please note that the missing response relates to a very small authority and that therefore this will not impact majorly on the overall findings.

This report 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 Putting People First 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 respondents report being linked into best-practice/personalisation networks in their local or regional area. All are engaged with the Regional Personalisation Network and 80% are engaged with the In Control network. 11 respondents also reported being linked into other networks. These included RiPfA, IPC, RIEP, CSIP (2), Support Planning, Regional Commissioning Networks (2), RAS, Workforce, LD, Safeguarding and IDeA training

This networking was perceived as helpful in giving needed assistance. 6 described these as very helpful and 9 as helpful.

Capturing the views of people who use services, their carers and other stakeholders
Most local authorities in the South West now have systems in place to capture the views of people who use services, their carers and other stakeholders, however, at 73% this was the lowest proportion nationally and 4 authorities do not have such systems. Of those that do, 10 use these views for strategy or development and 9 use them for evaluation. Other statements on uses to which they are put were:

- Shaping and informing commissioning and services
- We are still in the early stages of stakeholder engagement and need to develop this more. We have a Putting People First e-mail address and web page with form to complete, contact number for the public. We have some effective stakeholder groups including a DP steering group and an Older Peoples Partnership Board, which looks at preventative issues in the main.
- Commissioned as user-led organisation to provide feedback on the development of self directed support
- 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 will 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.

Managing the change
Only one local authority did not have in place a dedicated Putting People First programme team. 9 had a whole system and 6 partial system change programmes in place. 12 of these included undertaking engagement with people who use services, their carers and stakeholders. 8 had been endorsed by the full cabinet.

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 and the NHS.

The South West is notable in that perceptions of commitment were highest of all the regions in terms of the NHS.

The results show that respondents feel that the lowest levels of commitment to the Putting People First agenda was in consumers. 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>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary and third sector organisations</td>
<td>80%</td>
</tr>
<tr>
<td>NHS</td>
<td>80%</td>
</tr>
<tr>
<td>Other Council Departments</td>
<td>53%</td>
</tr>
<tr>
<td>Private sector/providers</td>
<td>47%</td>
</tr>
<tr>
<td>Consumers</td>
<td>33%</td>
</tr>
</tbody>
</table>
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 seen as reflected in local agreements, such as the Local Area Agreement and other joint plans to a great extent by 6 and to some extent by 9 respondents.

14 local authorities in the South West reported that they considered that the development of preventative services in their local area had significantly impacted in outcomes. This was the highest proportion of all of the regions.

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 respondents felt that they had ensured to some extent that local current information and advice services are widely available to ALL people in their community and contain consistent content to some extent but only one local authority (7%) in the South West felt that this was 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 organisations¹.

In relation to advocacy services delivered by user or carer led organisations for people who are eligible for social care funding, 5 stated that these were available to all user groups, 8 to some user groups and 2 to none:

![Diagram](image1)

However, there is less availability for people who fund their own care, where 2 stated that it was available for all user groups, 9 for some user groups and 4 for no-one:

![Diagram](image2)

¹ 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”.

10
Support and brokerage delivered by these organisations for people who are eligible for social care funding was reported by 2 respondents as available to all user groups and by 3 to some user groups. 10 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 1 as being available for all user groups, by 3 for some and by 11 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 slightly more for people eligible for social care funding rather than for those funding their own care. 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>3</td>
<td>2</td>
</tr>
<tr>
<td>Learning disability</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Mental health</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Physical disabilities</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>2</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.

2 respondents to this survey from the South West 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. 13 reported that this activity was underway.

Of the 2 who had completed this review, both had discussed the revised model with, respectively, local authority staff and other stakeholders (users and carers, the NHS and provider groups were mentioned) 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. 12 were considering significant changes to initial contact arrangements, including their referral points, call centres and initial information and advice.

Every local authority is considering significant changes to assessment and care management arrangements. This will affect the majority of care management staff: 7 respondents stated that it will affect all such staff and 8 a significant proportion.

For people receiving local authority assessments there are currently 7 respondents who state that the level of advice and support is available whether they are eligible for social care funding or not. However, 8 state that such services are in development which would mean that nearly the whole of the region will be covered when these developments materialise.

All local authority respondents reported that they either have currently or have in development processes that include (supported) self assessment. One local authority has this is currently in place for most people who use services and in three this is in place for some. For the remainder this is planned within the next 12 months. This is the highest proportion of all the regions for authorities where this is in the planning stage only.

Only one authority now does not report having a reablement service in place as part of their operating model. 11 authorities report having a jointly funded service in place and 3 a local authority funded only service.

All respondents consider that person centred approaches to support planning are to some extent mainstream to their operating model. 2 felt that this was the case to a great extent.
**Personal Budget Allocation Systems**

All South West local authorities have either developed or are developing systems for the clear and transparent allocations of Personal Budgets to all people eligible for local authority funded services. 6 have them in place for some people currently but the South West is the only region that does not have any authorities with this in place across the Board.

Where the system is in place for some people only, this is most likely to be the case for people with learning disabilities (6), followed by people with physical disabilities (5), older people (4) and people with mental health problems (3). 2 local authorities also reported this being in place for others, including one who stated that the roll out would be on a locality basis or by priority groups such as carers and transitions.

10 of these systems are, or will be, points based. The remainder are described as a banding system, FACE RAS, a costed support model, one based on unit costs and one that is “needs driven and based on hourly costs”.

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 respondents in the South West reported that they have a market development and/or commissioning strategy that fully aligns to Putting People First, 73% have one in part or in development.

12 local authorities feel that the range and flexibility of provision has already been improved to some extent and 1 to a great extent. Combined, these are the highest proportional positive response of all the regions.

All bar one of respondents felt that the range and flexibility of provision will improve in the next 12 months in relation to Putting People First. 5 felt that this will be so to a great extent.

All respondents are actively engaged with external providers to enable them to effectively plan for the impact of Putting People First on their delivery of services and further development of the market to some extent and 5 report being so to a great extent.

Most local authorities either have partial systems or are developing systems for capturing information on purchasing choices and the needs of individuals to inform future market shaping. 5 are partly in place already and 8 are in development.

Of those that have systems partly in place, one local authority reports that this includes the whole community including self funding patterns and needs and information in relation to informal support.
**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 Putting People First. 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 Putting People First.*

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

![Progress made with the implementation of the National Minimum Data Set (number of councils)](image)

Of those who stated that they had not started work in relation to this, neither stated that they had plans in relation to local authority staff, but 2 (50%) stated that they did in relation to all other providers.

No respondents stated that they already have in place an Integrated Local Area Workforce Strategy (InLaws) using data and information from the NMDS. 10 planned for this to be in place in the next twelve months and 5 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.

The majority of respondents in the South West (9) chose the neutral option in relation to how satisfied they were that all components of their current business model were fully understood and costed. 3 were satisfied or very satisfied which was the lowest proportion of all of the regions and 3 unsatisfied.

5 were satisfied with their current ability to forecast future demand, including nature, volume and cost. None were very satisfied. 6 were neither satisfied nor unsatisfied and 4 unsatisfied.

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. 1 was very satisfied, 3 satisfied, 6 neither satisfied not unsatisfied and 5 were unsatisfied.

This is probably the area in which people report most neutrally, both nationally and regionally.
4.6 Facts and figures: Personal Budgets

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 6,969 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 2,466 Personal Budgets (including Direct Payments) were being provided for older people, 35% of all Personal Budgets compared to the national average of 41%, and 4,503 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: Data from 14 councils shows that the minimum number of Personal Budgets at 31st March 2009 within an individual local authority area was 32, and the maximum 442, with a mean average of 164. This represents a range from 1% to 7% of all older people receiving an ongoing service in their council, with a mean average of 3%, the lowest average of all of the regions, which varied from 3% to 8% with a national average of 5%.

Most councils are in fact at less than 5%, with four spending up to 10%. The following sets out the spread:

<table>
<thead>
<tr>
<th>Percentage banding</th>
<th>No. of authorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 5%</td>
<td>10</td>
</tr>
<tr>
<td>5-10%</td>
<td>4</td>
</tr>
<tr>
<td>10-20%</td>
<td>0</td>
</tr>
<tr>
<td>Over 20%</td>
<td>0</td>
</tr>
</tbody>
</table>

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 nationally:

2 Based on 14. The median was 3% regionally and 4% nationally.
For all ‘other’ service users (excluding older people) a total of 4,503 Personal Budgets (including Direct Payments) were identified as being paid by 15 Local Authorities, as at 31st March 2009. Ranges are from a minimum of 139 to a maximum of 650 and with a mean average of 300.

The figures indicate that between 5% and 22% of this ‘other’ user group getting an ongoing service from councils does so via Personal Budgets. Within these figures 8 authorities have proportions of 10% or less, and, at the other end, 2 have 20% or more. The average is 12% compared with the national average of 14%, significantly higher than the 3% average for the proportion of older service users receiving Personal Budgets. Only one region’s results are the other way around, with more funding going proportionately to older than younger people.

### Others with Personal Budgets as proportion of ‘other’ group receiving ongoing services: LA s

<table>
<thead>
<tr>
<th>Percentage banding</th>
<th>No. of authorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5%</td>
<td>0</td>
</tr>
<tr>
<td>6-10%</td>
<td>8</td>
</tr>
<tr>
<td>10-20%</td>
<td>4</td>
</tr>
<tr>
<td>Over 20%</td>
<td>2</td>
</tr>
</tbody>
</table>

---

3 Based on 14 valid responses

4 The median was 9% regionally and 12% nationally.
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 nationally:

<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 31\(^{st}\) March 2009)**

The total sum of money allocated at 31\(^{st}\) March 2009 in personal budgets and direct payments\(^6\) as an annual commitment was £55,659,225. This ranged from a minimum commitment in one local authority of £1,233,500 to a maximum in another of £10,273,607.

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 2% and 7%, with the average being 4%, compared to the national average of 5%\(^7\). However two thirds (10) of authorities have committed less than 5% via Personal budgets.

---

\(^5\) 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.

\(^6\) Based on 15 valid responses.

\(^7\) The median was 4% both regionally and nationally.
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 4% to 29%, with an average of 12%, the same as the national average. Within this range 8 authorities commit 10% or less via Personal Budgets and 2 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 87%. 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 Personal Budgets. 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 year:

<table>
<thead>
<tr>
<th>The % of people receiving an annual gross payment by payment banding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below £1,000</td>
</tr>
<tr>
<td>£1,000 - £5,000</td>
</tr>
<tr>
<td>Above £5,000</td>
</tr>
</tbody>
</table>

An average of 41% of all payments is more than £5,000, i.e. around £100 per week. One in four 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 6,969 to 11,298 at 30th September 2009 and to 21,482 at 31st March 2010.

For 30th September 2009, the anticipated average is 753 per authority and for 31st March 2010 this rises to 1,494. Councils differ considerably in their forecasts. The ranges are from 200 to 1,600 forecast Personal Budgets in September and from 300 to 4,624 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 10% of all people receiving community based services in September 2009, compared with a national average of 14%, and a regional average of 16% compared with the national average of 21% in March 2010.

---

8 The median was 10% regionally and 9% nationally.
9 Based on 13 valid responses.
10 The median was 100% both regionally and nationally.
11 Based on 15 valid responses
12 15 authorities responded to this question
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. 41% has been spent on Programme teams, and 30% on care management and internal process support. Around £1 in every £6 of grant has been committed to market or provider development.

<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>41</td>
<td>95</td>
<td>0</td>
<td>40</td>
</tr>
<tr>
<td>Independent sector investment/ market stimulation</td>
<td>18</td>
<td>41</td>
<td>3</td>
<td>17</td>
</tr>
<tr>
<td>Care management/ internal processes</td>
<td>30</td>
<td>82</td>
<td>0</td>
<td>27</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>47</td>
<td>0</td>
<td>5</td>
</tr>
</tbody>
</table>
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 operating systems was ranked highest by the largest number of respondents (7). This was followed by market development and then efficiency and effectiveness. The following graph sets out the results for this:

![Ranked areas where support is most felt to be needed in the area](image)

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 change

Capacity was identified by two authorities as a challenge. Specifically this related to integrating the transformation agenda across the entire market and workforce and to dealing with current operational pressures.

Resources

Resources were identified as a key challenge by five councils. These included upscaling transformational programmes for all citizens and client groups and the cost implications which are untested, resources to deliver in the context of increasing demand (mentioned by three) and economic uncertainty. One also mentioned the resources required for the introduction of SAP by our strategic partner and the replacement of their client record system.
Raising awareness and achieving cultural change

Eight councils cited this as a challenge. This included the full range of internal and external stakeholders.

Commissioning

Six authorities identified commissioning and market development as a challenge. Specific comments included:

• Getting advocacy services right - ensuring that there is a range of advocacy services at different levels to support people and their carers
• Getting to grips with developing and supporting the "new" markets which PUTTING PEOPLE FIRST has the potential to generate
• Managing provider concerns about the possible loss of guaranteed business in the current economic climate.
• Developing Prevention and whole Community operations from a low base.
• In particular cost effective over night support.

Operating systems

Six authorities saw the development of operating systems as a challenge. Aspects included:

• Mainstreaming self directed support systems and person centred approaches.
• The need to evaluate the programme and performance in a range of ways, both qualitative and quantitative and ensuring there are robust models and tools to capture and realise the benefits (particularly to predict the benefits of investment, which supports a strategic shift)
• Outcomes measurement/evaluation
• Rolling out SDS/PB during 09/10, getting process including RAS right so that it becomes part of the normal way to deliver services rather than a pilot or the exception.
• Devising a single self-assessment process which is relevant to all customers while being financially robust and sustainable.
• Ensuring that the Personal Budgets process is valid for all, including those with moderate levels of need, and for carers.

Workforce

Three councils identified challenges in the form of the workforce, including planning, accounting for an increasing number of personal assistants, capacity and workforce development.
What would help

Authorities were also asked what would help in moving this forward. The following sets out responses:

- Sharing best practice with other authorities and development of training resources
- Quality assurance of the business case, the target operating model for SDS and the overall blueprint for PUTTING PEOPLE FIRST.
- Innovation and leadership support for the 3rd sector regionally.
- Skills for care support for personal assistants and workforce planning support for localities.
- Support in working with the independent sector
- More time (mentioned by two respondents)
- Guidance sharing models of best practice would be very welcome. This was mentioned by two respondents, one of which identified System Dynamic Models specifically.
- Guidance which addresses issues of standardisation of PBs across and within groups.

5. Survey Team

Jeff Jerome: National Director for Social Care Transformation
Linda Doherty: Survey co-ordinator
Kate Hills, LGAR: Data analysis
Cathie Williams: Report

April 2009