Putting People First: Measuring Progress in the South East

1 Introduction and context

Putting People First was published on the 10th December 2007. It was a concordat contributed and signed up to by national and local government, the third and private sectors and set out the intent to transform adult social care and services. It set in train a change process that covered all aspects of service.

“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

As partners of the Transforming Adult Social Care Board for England, ADASS, and LGA undertook to measure and report on progress in implementing Putting People First over 2008/9 based on a survey of Directors of Adults Social Services. This report sets out the results of that survey in the South East. It is also accompanied by a national report.
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. This includes all of the South East authorities. 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. Key findings for the South East are as follows:

At the end of the first year of the Putting People First programme widespread general progress is being made regionally 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 over half do not yet feel this engagement to be strong enough. 15 authorities feel that the range and flexibility of provision has already been improved and 16 believe that the development of preventative services in their area has significantly impacted on outcomes. 3 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 in place to some extent.

On the 31st March 2009, 14,569 people were receiving Personal Budgets equating to over £71m of council expenditure. By the end of March next year it is expected this will rise to around 21,372 people. Based on current trends, this would mean that nearly one in five people receiving non-residential council support will have a personal budget. The position of individual authorities varies widely. Over 40% of personal budgets now go to older people.

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

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

• All bar one authorities have established dedicated Putting People First programme teams to address the major changes required.
• The great majority are considering significant changes to operating systems and business processes in a range of areas including 17 in the areas of initial contact, call centre and advice arrangements, and all in relation to assessment/ care management.

• All South East councils report being linked into best-practice/personalisation networks in their local or regional area, which the vast majority find helpful.

• Most local authorities (17 out of 19 or 89%) now have systems in place to capture the views and experience of people who use services, their carers and other stakeholders.

• The majority (14) have engaged with people who use services, their carers and stakeholders in developing their change programmes. Despite this, authorities perceive commitment to the PPF agenda to be much weaker amongst consumers and the private sector, than amongst voluntary/third sector organisations and, particularly in this region, other council departments. It is not clear why this is the case.

• More than three quarters (16 out of 19 councils) believe that the development of preventative services in their area has significantly impacted (positively) on outcomes.

• Whilst only 3 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”.

• One of the key changes in train is to ensure that everybody needing such help is able to access it, regardless of whether they themselves or the council will be funding their ongoing care and support. 10 respondents state that the same level of advice and support is already available for people receiving local authority assessment as those who do not. The remainder state that such services are in development, hopefully indicating an overall move towards more consistent regional coverage.

• All South East authorities are considering significant changes to assessment and care management arrangements, affecting the majority of care management staff. 8 state that it will affect all assessment and care management staff and another 10 a significant proportion of them.

• 15 authorities report that they currently operate supported self-assessment; 2 of these already have this in place for most people and a further 13 for some. The remainder intend to have supported self assessment operating within the next 12 months.

• Sixteen authorities have a reablement service in place, and more than half of these (9) are jointly funded with the local PCT. This raises questions regarding the differing definition and focus of reablement at the local level.
All authorities have developed or are developing new arrangements for the allocation of Personal Budgets. However less than half are currently operational, with only 2 in use in relation to all user groups. Of those that have a system in place for some user groups only, this is most likely to be the case for people with learning disabilities (10), followed by people with physical disabilities and older people (7 each). The majority are configured on points based systems.

All authorities in the South East say they are actively engaged with external providers in planning for development of the market at least “to some extent” although only 7 felt that this was the case “to a great extent”. 15 authorities feel that the range and flexibility of provision has already been improved, and all expect further improvement over the next year. The South East region reports the highest proportion of councils of all the regions that are developing market development or commissioning strategies that align to Putting People First.

17 authorities are developing or have partial current systems to capture information on existing consumer choice and needs, and 7 say this will include information about privately funded activity.

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

Whilst no councils were “very satisfied” with their current ability to forecast future demand, 13 authorities in the South East were “satisfied” in this respect, and this makes their combined positive satisfaction the highest of all the regions.

7 authorities were satisfied that all components of their business model were fully understood and costed, 7 were neutral and 5 unsatisfied.

A total of 14,569 people were reported to be in receipt of Personal Budgets as at 31st March 2009. The figure is likely to be slightly higher than this as some authorities did not include one off payments in their return and a small number did not respond to this question. 6,094 (42%) of these personal budgets are going to older people.

15 authorities were able to forecast Personal Budget numbers for the end of September 2009 and these totaled 13,528 by the end of September 2009. 16 did so for March 2010 and totaled 21,372 by March 2010. This equates to approximately 11% and 17% of people respectively currently using community based services (i.e. not living in care homes).

Around £71.5m was reported as allocated in Personal Budgets at 31st March, with individual authority expenditure ranging between £1m and £11.5m.

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 £10 (compared to one in six nationally) of grant has been committed to market or provider development.
• The proportion of ongoing service users in receipt of Personal Budgets within individual authorities varies widely, from 1% to 10% for older people (averaging 5%) and from 5% to 33% for ‘other’ user groups (averaging 15%).

• The proportion of local authorities’ social care gross budgets committed via Personal Budgets ranges from 3% to 7%. The average is 4% (compared to the national average of 5%). 10 local authorities committed 5% or less and 6 committed 6% or more.

3 Methodology
A survey was designed by ADASS members 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 analysed and a set of reports written in April.

This report sets out the key findings for the South East based on councils’ own judgements of their progress. As this is a developmental stage, a commitment was given not to identify any individual local authorities and this is reflected in the report. In some instances regional variations from the national or with other regions are highlighted. However, more often than not there was more variation within than between regions. A small number of councils did not respond to every single question and so in this report where total response numbers are given they do vary slightly.

All authorities in the Region responded: 7 Shire Counties and 12 Unitaries. 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 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 South East councils report being linked into best-practice/personalisation networks in their local or regional area. These networks, in rank order mentioned are:

- Regional Personalisation Network 17
- In Control 16
- In Control – Total Transformation 3

Respondents were invited to indicate which (if any) of a further two networks they were engaged with. 8 authorities set out a wide range of these as follows:

- Regional specialist groups, JIPs and RIEPs
- Sub-regional groups
- Other councils and the PCT
- ADASS Executive
- RIPfA
- CIPFA
- Research capacity tracking nationally and internationally

This networking was perceived as helpful in giving needed assistance by the vast majority. 15 described it as helpful and 2 as very helpful. 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 (17 out of 19 or 89%) now have systems in place to capture the views and experience of people who use services, their carers and other stakeholders. Regions vary in this from 73% to 93% of authorities having these in place.

Of those that do have systems, 16 councils use these views for strategy or development and 15 use them for evaluation. Other uses to which councils stated they are put included for commissioning (mentioned by two authorities). One set out the following:

“We have a newly formed Citizen Leadership Group that will feed into the development of the Putting People First Programme Plan. Their input will affect strategic development and play an important role in the evaluation of outcomes from the programme. The aim is to provide support so that a representative from this group will sit on the PPF Programme Board”

Managing the change

All bar one council had in place a dedicated Putting People First programme team. 12 had a whole system and 5 a partial system change programmes in place. 14 councils stated that these programmes (82%) included undertaking engagement with people who use services, their carers and stakeholders. Regions varied from 73% to 100% of councils having undertaken such engagement. 11 programmes 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, followed by other council departments. Nationally, the highest levels were perceived as voluntary and third sector organisations followed by the NHS.

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

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

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<thead>
<tr>
<th>Organisation</th>
<th>Percentage</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Voluntary and third sector organisations</td>
<td>74%</td>
<td>14</td>
</tr>
<tr>
<td>Other Council Departments</td>
<td>69%</td>
<td>13</td>
</tr>
<tr>
<td>NHS</td>
<td>64%</td>
<td>12</td>
</tr>
<tr>
<td>Consumers</td>
<td>42%</td>
<td>8</td>
</tr>
<tr>
<td>Private sector/providers</td>
<td>37%</td>
<td>7</td>
</tr>
</tbody>
</table>

In addition, 4 respondents cited others with neutral, strong or very strong commitments, including staff and LINK.
5 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 by all authorities (“to a great extent” by 3 and “to some extent” by 16 respondents).

16 out of 19 local authorities in the South East (84%) 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.

A vast array of 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 that local current information and advice services are widely available to everyone in their community and contain consistent content “to some extent”, although only 3 authorities 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 general there is more advocacy than support brokerage availability from user and/or carer led organisations, and this is more available for people eligible for social care funding than for those who fund their own care.

In relation to advocacy services delivered by user or carer led organisations for people who are eligible for social care funding, 8 stated that these were available to all user groups, 10 to some user groups and 1 to none:

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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”.

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However, there is less availability for people who fund their own care, where 4 stated that it was available for all user groups, 12 for some user groups and 3 for no-one.

Support and brokerage delivered by these organisations for people who are eligible for social care funding was reported by 5 respondents as available to all user groups and by 8 to some user groups. 6 stated that no support and brokerage delivered by user or carer groups was available:
Again there was less availability for people who fund their own social care. This was reported by 4 as being available for all user groups, by 4 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 much more available for younger rather than older people. In general the South East was unusual amongst regions in having advocacy from user and/or carer led organisations nearly equally available for people irrespective of their finances. This was not the case for support brokerage. 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>4</td>
<td>4</td>
</tr>
<tr>
<td>Learning disability</td>
<td>8</td>
<td>9</td>
</tr>
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<td>3</td>
</tr>
<tr>
<td>Physical disabilities</td>
<td>4</td>
<td>4</td>
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<tr>
<td>Other ²</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

² Other was described as for carers.
6 Operating Systems

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

All councils reported that they had a review of their operating systems and business processes to ensure that they meet the expectations of Putting People First underway and were forming a revised model. None had yet completed it.

Contact, assessment, reablement and support
Local authorities are considering significant changes to their operating systems and business processes in a range of areas. 17 were considering significant changes to initial contact arrangements, such as referral points, call centres and initial information and advice.

All are considering significant changes to assessment and care management arrangements. This will affect the majority of care management staff: 8 councils stated that it will affect all such staff and another 10 a significant proportion.

For people receiving local authority assessments there are currently only just over a half (10 or 53%) of respondents who state that the level of advice and support is available whether they are eligible for social care funding or not (this varies regionally from 33% to 75%). However, the remainder state that such services are being developed, which would mean that the whole of the region will be covered when these developments materialise.

All local authority respondents reported that they either have already or have in development (“planned in the next 12 months”) processes that include (supported) self assessment. In 2 councils these are already in place for most people who use services and in 13 these are in place for some.

16 out of 19 authorities (84%) in the South East report having a reablement service in place. 9 are jointly funded services and 7 funded just by the local authority. On a regional basis the variation goes from all councils having a reablement service to only three quarters.

16 councils considered that person centred approaches to support planning are mainstream to their operating model to some extent whilst 3 (16%) felt that this was the case “to a great extent”. Across

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3 One council noted that they have both a solely funded home care reablement service, and an intermediate care service jointly funded with NHS.
all regions, those who felt that person centred approaches are mainstream “to a great extent”, varied from 8% to 33% of councils.

**Personal Budget Allocation Systems**

All local authorities have either developed or are developing systems for the clear and transparent allocation of Personal Budgets to everyone eligible for local authority funded services. 2 councils already have systems in place for everybody and 10 have them in place for some people.

Of those who have a system in place for all, both describe them as being in an early stage of refinement.

Where the system is in place for some people only, this is most likely to be the case for people with learning disabilities (10), followed by people with physical disabilities and older people (7 each) with least implemented people with mental health problems (4).

16 of these systems are, or will be, points based. Some councils gave details of other types of systems as follows:

- Moderated points system
- Direct payment cost setting agenda
- Still testing more than one
7 Market Development

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

Market development and commissioning strategy
Whilst only 2 authorities in the South East reported that they have a market development and/or commissioning strategy that fully aligns to Putting People First, 14 have one in part or in development. 3 do not have one as yet. The South East region reports the highest proportion of councils of all the regions that are developing market development or commissioning strategies that align to Putting People First.

15 (79%) local authorities feel that the range and flexibility of provision has already been improved “to some extent” although none in this region felt that this was the case “to a great extent”. Four councils did not feel that there had yet been improvement. To contextualise this, in one region all local authorities felt that there had been some improvement already. At the other extreme, in one other region one third of councils felt that there had not yet been any improvement.

However, all respondents felt that the range and flexibility of provision will improve in the next 12 months in relation to Putting People First. 6 feel that this will be the case “to a great extent”.

All respondents in the South East 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. Only 7 report this is the case “to a great extent”, however.

17 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 state that these are fully in place, but 9 that they are partly in place and 8 in development. 7 also said that it is planned that this will include whole community intelligence (including self funding patterns and needs and information in relation to informal support levels).
**Workforce**

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

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

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

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

Of those who stated that they had not started work in relation to this, 2 stated that they had plans in relation to local authority staff, and 4 in relation to all other providers. This leaves 3 authorities with neither any progress nor plans in place in relation to local authority staff and 1 in relation to all other providers.

No councils stated that they already have in place an Integrated Local Area Workforce Strategy (InLaws) using data and information from the NMDS. 9 planned for this to be in place in the next twelve months and 10 in the next 2-3 years.
8 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 that this survey has explored, this is the area in which people reported most neutrally and chose to say that they were neither satisfied nor dissatisfied.

7 respondents (37%) chose the neutral option in relation to how satisfied they were that all components of their current business model were fully understood and costed. 7 (a further 37%) were satisfied or very satisfied and 5 (26%) were unsatisfied. Regionally, statements that councils were satisfied or very satisfied ranged from 20% to 58% of the total.

Whilst no councils were “very satisfied” with their current ability to forecast future demand, including nature, volume and cost, 13 authorities in the South East were “satisfied” with their ability in this respect, which makes their combined positive satisfaction the highest of all the regions.3 were neither satisfied nor unsatisfied and a further 3 unsatisfied.

In relation to arrangements being in place to properly evaluate Putting People First outcomes, including efficiency, effectiveness and quality, 1 (5%) were very satisfied, 8 (42%) satisfied, 8 (42%) neither satisfied not unsatisfied and 2 (11%) were 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, with the South East reporting 47%.
9 Facts and figures
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.

Personal budgets, including direct payments
At 31st March 2009, local authorities reported that for both older people and other adults, a total of 14,569 Personal Budgets (including Direct Payments) were in place. The figure would be higher than this if all one off payments and the response of one authority that did not return valid data in relation to older people were to have been included.

Local authorities reported that 6,094 Personal Budgets (including Direct Payments) were being provided for older people, 42% of all Personal Budgets.

Responses from local authorities demonstrated variation across the region. The minimum number of such payments within an individual local authority area was 49 and the maximum 1,114, with a mean average of 339, higher than the national average of 258.5

As councils vary in size considerably, the survey then sought to find out what proportion of all the older people who have ongoing services are now getting personal budgets. 18 councils responded to this and of these, this represents between 1% and 10% of all older people receiving an ongoing service in their council, with a mean average of 5%, the same as the national average.6 For most councils in the South East this is 10% or less. For 3 councils over a tenth of all the older people who have ongoing services are now doing so through a personal budget. The following sets out the spread of proportions:

| Proportion of older people receiving an ongoing service through Personal Budgets |
|---------------------------------|----------------|
| Percentage banding              | No. of authorities |
| 0-5%                            | 7               |
| 6-10%                           | 8               |
| 10-20%                          | 3               |
| Over 20%                        | 0               |
| Total valid responses           | 18              |

4 Based on 18 valid responses
5 Median regionally was 137 and nationally 144
6 Based on 144 valid responses nationally. The median was 5% for the South East and 4% nationally.
There are considerable variations both within and between regions in relation to this. The following sets this out and is based on the 144 valid responses to this question of the survey nationally:

For all other people who use services, a total of 8,475 Personal Budgets (including Direct Payments) were identified as being paid by 18 Local Authorities. Again there was variation. These ranged from a minimum of 115 to a maximum of 1442 and with a mean average of 471. This represents between 5% and 33% of all other service users (excluding older people) receiving an ongoing service (as at 31st March 2009) based on 18 responses to this question. The average was 15%, compared to the national average of 14%.

The average use of personal budgets including direct payments is overall higher for people other than older people. Only one region’s results are the other way around, with more payments for older that younger people.

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<th>Region</th>
<th>Mean average</th>
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</tbody>
</table>

For all other people who use services, a total of 8,475 Personal Budgets (including Direct Payments) were identified as being paid by 18 Local Authorities. Again there was variation. These ranged from a minimum of 115 to a maximum of 1442 and with a mean average of 471. This represents between 5% and 33% of all other service users (excluding older people) receiving an ongoing service (as at 31st March 2009) based on 18 responses to this question. The average was 15%, compared to the national average of 14%.

The average use of personal budgets including direct payments is overall higher for people other than older people. Only one region’s results are the other way around, with more payments for older that younger people.

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7 Median 249 for the region and 242 nationally
8 The median was 15% for the region and 12% nationally.
Again there are differences both within and between regions, though not to quite the same degree as for older people. This set out in the following, which is based on the 143 valid responses 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>

The survey then explored what this meant in financial terms. The total sum of money allocated at 31\textsuperscript{st} March 2009 in personal budgets and direct payments\textsuperscript{10} as an annual commitment was £71,592,080\textsuperscript{11}. This ranged from a minimum commitment in one local authority of £1,085,700 to a maximum in another of £11,500,000.\textsuperscript{12}

As the size of councils varies considerably, the survey then asked questions about the proportions of adult social care budgets that were allocated as personal budgets.

Personal budgets represent a percentage of local authorities’ social care gross budgets of between 3\% and 7\% based on 16 valid responses. The average is 4\% compared to 5\% nationally\textsuperscript{13}. 10 local authorities committed 5\% or less via Personal budgets and 6 committed 6\% or more.

In terms of a proportion of gross budgets just for people receiving community services, that is, excluding people who are in residential care, this represents between 5\% and 32\%. The average is 12\%, the same as nationally\textsuperscript{14}. 8 authorities commit 10\% or less via Personal Budgets and 2 commit more than 20\%.

\textsuperscript{9} 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.

\textsuperscript{10} Based on 19 responses.

\textsuperscript{12} Mean £4,763,825 and median £2,798,890.

\textsuperscript{13} The median was 4\% the same as nationally.

\textsuperscript{14} The median was 10\% regionally and 9\% nationally.
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 83%, just slightly less than the national average of 86%.

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 percentage of people who had an annual gross payment for the year in the following bandings:

<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>1</td>
<td>54</td>
<td>27</td>
<td>25</td>
</tr>
<tr>
<td>£1,000 - £5,000</td>
<td>13</td>
<td>68</td>
<td>34</td>
<td>33</td>
</tr>
<tr>
<td>Above £5,000</td>
<td>0</td>
<td>73</td>
<td>39</td>
<td>36</td>
</tr>
</tbody>
</table>

The majority of all payments are more than £5,000, the equivalent of £96 a week. An average of 17% are below £1,000, the equivalent of £19 a week.

Finally, councils were asked what their forecasts were for personal budgets in six months and a year’s time.

15 authorities were able to forecast Personal Budget numbers for the end of September 2009 and these totaled 13,528 by the end of September 2009. 16 did so for March 2010 and totaled 21,372 by March 2010. For the 15 authorities with full data (i.e. data for each date) the sums are 11,908 (March 09) to 13,528 (September 09) to 20,372 (March 10).

For 30th September 2009, the anticipated average is 902 (compared to the national anticipated average of 865) and for 31st March 2010 this rises to 1336 (compared to the national anticipated average of 1494). Councils differ considerably. The ranges are from 200 to 2650 forecast Personal Budgets in September and from 300 to 3,380 in March 2010.

The forecast is that this will be a regional average of 11% of all people receiving community based services in September 2009 and 17% March 2010. The national forecast for March 2010 is a little higher at 21%.

**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

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15 Based on 16 valid responses regionally and 136 nationally.
16 The median was 99% regionally and 100% nationally.
17 Based on 17 valid returns
18 Based on 19 valid response.
authorities. Around £1 in every £10 of grant has been committed to market or provider
development, compared to the national average of £1 in every £6.

<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>5</td>
<td>35</td>
</tr>
<tr>
<td>Independent sector investment/ market stimulation</td>
<td>9</td>
<td>35</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Care management/ internal processes</td>
<td>25</td>
<td>76</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>Other</td>
<td>23</td>
<td>91</td>
<td>0</td>
<td>10</td>
</tr>
</tbody>
</table>
10 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 ranked highest, followed by efficiency and effectiveness and then operating systems. The following graph sets out the results for this:

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**Areas where support is identified as most needed in the area**

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**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**

- The scale of whole systems changes and the timescales.

**Resources**
• Running current and new systems at the same time (two authorities mentioned this and both also mentioned that it is a particular challenge for small authorities who still have to develop the same number of systems and processes).

• The lack of alignment with funding streams outside of social care funding.

• The impact of the economic downturn.

Raising awareness and achieving cultural change

• Change Management- supporting staff, partners and customers/members of the public to understand and embrace the changes being made and help people understand the opportunities here (4 authorities)

• Stakeholder engagement: the need for close partnership working locally and regionally

• Aligning drivers, priorities and capacity.

Commissioning

• Market development (five authorities mentioned this)

• Developing user led organisations/capacity

• Market facilitation

Operating systems

• Resource Allocation System (five authorities mentioned this)

• Financial modelling to assess affordability, enable capacity planning and future needs and trends

Workforce

• Workforce – four authorities highlighted this as a challenge, one particularly in the private and voluntary sectors. New roles were also highlighted and the challenge of developing those together with maintaining service delivery.

One other challenge was highlighted in the form of disconnects between different government department policy and practice.
What would help

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

<table>
<thead>
<tr>
<th>What would help</th>
<th>Number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>More shared learning, including regional events, good practice models, templates and exemplars</td>
<td>7</td>
</tr>
<tr>
<td>National marketing and PR of what self directed support is about and regular good news stories</td>
<td>2</td>
</tr>
<tr>
<td>A national RAS (and self assessment pro-forma)</td>
<td>2 (1)</td>
</tr>
<tr>
<td>Clarity around national / Dept of Health position around legal framework of implementing PBs and outcomes of legal challenge</td>
<td>2</td>
</tr>
<tr>
<td>Additional resources to assist with the following: organisational development, support planning and brokerage and to work through new roles with staff</td>
<td>1 each</td>
</tr>
<tr>
<td>A consistent national indicator set and reporting requirements</td>
<td>1</td>
</tr>
<tr>
<td>Wider scope of what user led organisations could mean in context of 'universal'.</td>
<td>1</td>
</tr>
<tr>
<td>Additional funding</td>
<td>1</td>
</tr>
</tbody>
</table>

11 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