1 Introduction and context

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

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

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

Department of Health

The Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA), both key partners in this change process, have recently undertaken a survey of Directors of Adults Social Services to measure and report on progress in implementing Putting People First over 2008/9, the first year of the programme. This report sets out an overview of progress in the West Midlands based on the results of that survey. 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. All West Midlands authorities responded.

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 in the West Midlands to transform social care into a more personalised set of arrangements. The majority of councils have dedicated programme teams, funded by the government’s Reform Grant, leading wide-ranging change.

All West Midlands authorities say they are now actively engaged with external providers in planning for development of a vibrant market, although only 2 out of 14 are confident that this is yet strong enough. 12 authorities feel that the range and flexibility of provision has already been improved to some extent. Over three quarters (11 councils) believe that the development of preventative services in their area has significantly impacted on outcomes.

Whilst no councils feel that current local information and advice services are widely available to everyone in their community and contain consistent content “to a great extent” (the lowest of all the regions), all feel this to be the case “to some extent”.

12,381 people in the region were in receipt of Personal Budgets as at 31st March equating to over £72m of council expenditure. By the end of year two it is expected this will rise to around 22,664 people. On the basis of existing trends this would mean around one in six people receiving non-residential council support would have a personal budget.

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 these changes, including the following:

- 10 out of 14 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.

- All but one local authority in the West Midlands now have systems in place to capture the views of people who use services, their carers and other stakeholders. This was the highest proportion of all the regions.

- 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. It is not clear why this is the case.

- More than three quarters (11 councils) believe that the development of preventative services in their area has significantly impacted on outcomes.

- Whilst no councils feel that current local information and advice services are widely available to everyone in their community and contain consistent content “to a great extent” (the lowest of all the regions), all feel this to be the case “to some extent”.

- 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. 13 are considering significant changes to assessment and care management arrangements.

- 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 there are currently only 5 councils stated that the same level of advice and support is available whether they are eligible for social care funding or not. However, nearly all of the remainder (8 councils) state that such services are being developed, 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 already or have in development (“planned in the next 12 months”) processes that include (supported) self assessment. None of these are yet in place for most people who use services in the West Midlands, but in 6 this is the case for some.

- Thirteen out of fourteen authorities report having a reablement service in place. 11 are jointly funded services.
All West Midlands authorities considered that person centred approaches to support planning are mainstream to their operating model to some extent. Only one felt that this was the case “to a great extent”, however, and this was the smallest proportion in all regions.

All authorities have developed or are developing new arrangements for the allocation of Personal Budgets and 2 already have these operating for all user groups. Where the system is in place for some people only, this is the case in two councils for older people, in three for people with learning disabilities and in one for people with physical disabilities. The majority are configured on points based systems.

All West Midlands 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. Only 2 report this is the case “to a great extent”, however.

12 local authorities feel that the range and flexibility of provision has already been improved “to some extent” and 2 report no improvement to date. None felt that there had been improvement “to a great extent”. However, all expect further improvement over the next year.

No local authorities feel that they have systems fully in place for capturing information on purchasing choices and the needs of individuals to inform future market shaping.

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

Less than one in three authorities is satisfied that their business model components are understood and costed, and only 4 out of 14 are satisfied in their ability to forecast demand and cost.

12,381 people in the region were in receipt of Personal Budgets as at 31st March totalling £72,223,630. 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. Under half of these (45%) were for older people.

In the West Midlands this represents between 2% and 11% of all older people receiving an ongoing service in their council, with a mean average of 5% (the same as the national average) and between 7% and 26% of all other service
users (excluding older people) receiving an ongoing service (as at 31st March 2009), with an average of 14%, the same as the national average.

- The numbers of service users receiving personal budgets is anticipated to rise to 14,509 on the 30th September 2009 and to 22,664 on the 31st March 2010. The forecast is that this will be a regional average of 16% of all people receiving community based services in March 2010 compared to a national average forecast of 21%.

- The majority of the Reform Grant has been spent ‘internally’ by authorities. About half has been spent on Programme teams and around a sixth on care management and internal process support. Around £1 in every £10 of grant has been committed to market or provider development. The West Midlands invested the lowest average proportion of the grant on care management and internal processes of all the regions.
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 West Midlands based on council’s 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. The report highlights some areas where the region collectively reports most or least highly compared to others. 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: 4 Shire Counties, 3 Unitaries and 7 Metropolitan Districts. 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 respondents report being linked into best-practice/personalisation networks in the West Midlands. All are engaged with the Regional Personalisation and 10 with In Control but none with In Control Total Transformation networks. 4 respondents also reported being linked into other networks. These included the JIP, CSIP, Risk Task and Finish Group, Mapping Voluntary Organisations, Staying in Control, CSED and ADASS Executive.

This networking was perceived as helpful in giving needed assistance: half described this as helpful and half as very helpful.

Capturing the views of people who use services, their carers and other stakeholders
All but one local authority in the West Midlands now have systems in place to capture the views of people who use services, their carers and other stakeholders. This was the highest proportion of all the regions.

10 councils use these views for strategy or development and 11 use them for evaluation. Other uses to which they are put that councils cited include quality assurance, commissioning and recruitment, the design and implementation of specific work streams and services. One council stated that “We have provided updates to the Partnership Boards and held meetings with Service Users and Carers on specific areas such as RAS development and self assessment questionnaire.”

Managing the change
10 out of 14 councils had in place a dedicated Putting People First programme team, the lowest proportion of all of the regions. 9 had a whole system and 4 partial system formal change programmes in place. One had neither. 12 of these programmes (92%) included undertaking engagement with people who use
services, their carers and stakeholders. Regions varied from 73% to 100% of councils having undertaken such engagement. 7 of these 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 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 in relation to consumers 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>
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</thead>
<tbody>
<tr>
<td>Voluntary and third sector organisations</td>
<td>85%</td>
</tr>
<tr>
<td>NHS</td>
<td>78%</td>
</tr>
<tr>
<td>Other Council Departments</td>
<td>64%</td>
</tr>
<tr>
<td>Consumers</td>
<td>43%</td>
</tr>
<tr>
<td>Private sector/providers</td>
<td>36%</td>
</tr>
</tbody>
</table>

In addition, 2 respondents cited others with strong commitment, including the Local Strategic Partnership and Housing.
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 West Midlands councils (“to a great extent” by 4 and “to some extent” by 10 respondents).

More than three quarters of local authorities (11 or 79%) 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”, but none reported this as being the case “to a great
extent”. This was the lowest position of all of the regions, with variations from this position to one where a third of councils felt that this was so “to a great extent”.

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 that are available to people who are eligible for social care funding through user or carer led organisations, 8 councils state that these are available for all user groups, 5 for some and 1 for no-one.

For advocacy services delivered from user/carer led organisations available to those eligible for social care funding through user or carer led organisations, 6 councils stated that these are available for all user groups, 4 for some and 4 for no-one.

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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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1
Looking at support brokerage delivered from user/carer led organisations for those that are eligible for social care funding, one stated that this was available for all user groups, 6 for some and 7 for no-one.

Support brokerage available from such organisations for people funding their own care was reported as available to all user groups by 2 councils, to some by 2 and to no-one by 10.
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 numbers of these respondents identifying each group. This was reported as being more available for younger rather than older people and for more people eligible for social care funding than for people funding their own care. 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>3</td>
<td>1</td>
</tr>
<tr>
<td>Mental health</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Physical disabilities</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
6 Operating Systems

Principles and standards
Councillors 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/PBPs), 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 it had completed a review of its operating systems and business processes to ensure that they meet the expectations of Putting People First and had formed a revised model. In addition, 12 reported that this activity was underway and only 1 that no such review was under consideration at the present time.

The council that had completed a review had discussed the revised model with local authority staff and other stakeholders and had discussed this with people using services.

Contact, assessment, reablement and support
Local authorities are considering significant changes to their operating systems and business processes in a range of areas. 12 were considering significant changes to initial contact arrangements, such as referral points, call centres and initial information and advice.

13 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 5 a significant proportion.

For people receiving local authority assessments there are currently only 5 (36%) councils stated that the same 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, nearly all of the remainder (8 councils) state that such services are being developed, 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 already or have in development (“planned in the next 12 months”) processes that include (supported) self assessment. No council in the West Midlands yet has processes in place for most people, but in 6 this is the case for some.
Thirteen out of fourteen authorities report having a reablement service in place. 11 are jointly funded services and 2 funded just by the local authority. Across the regions the variation goes from all councils having a reablement service to this only being the case in three quarters.

All West Midlands authorities considered that person centred approaches to support planning are mainstream to their operating model to some extent. Only one felt that this was the case “to a great extent”, however, and this was the smallest proportion in all regions.

**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 5 have them in place for some people.

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

Where the system is in place for some people only, this is the case in two councils for older people, in three for people with learning disabilities and in one for people with physical disabilities.

12 of these systems are, or will be, points based. Other systems were described as outcomes focused assessments and a banding system.
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 one authority reported that they have a market development and/or commissioning strategy that fully aligns to Putting People First, 8 have one in part or in development. 5 do not have one as yet.

12 local authorities feel that the range and flexibility of provision has already been improved “to some extent” and 2 report no improvement to date. None felt that there had been improvement “to a great extent”. Across the regions this varies from all local authorities feeling that there had been some improvement already. At the other extreme, in one other region one third of councils felt there had not yet been any improvement.

All respondents felt that the range and flexibility of provision will improve in the next 12 months in relation to Putting People First, however. 3 feel that this will improve “to a great extent” and 11 “to some extent”.

All West Midlands 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. Only 2 report this is the case “to a great extent”, however.

No local authorities feel that they have systems fully in place for capturing information on purchasing choices and the needs of individuals to inform future market shaping. 8 councils state that these are partly in place and 6 in development.
Four also said that they were developing 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 have complete coverage of the NMDS. The following progress in implementing the NMDS was reported:

The council that stated they had not started work in relation implementation with all other providers stated that they do have plans in place to ensure compliance with NMDS-SC in this area.

No council 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 4 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.

The majority of respondents (6) chose the neutral option in relation to how satisfied they were that all components of their current business model were fully understood and costed. None were “very satisfied”, four were “satisfied” (29%), and four either “unsatisfied” or “very unsatisfied”. Regionally, statements that councils were satisfied or very satisfied ranged from 20% to 58% of the total.

None were either “very satisfied” or “very unsatisfied” with their current ability to forecast future demand, including nature, volume and cost. 6 were “neither satisfied nor unsatisfied” and 4 “satisfied” 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. None were “very satisfied”. 4 (29%) “satisfied”, 8 “neither satisfied nor unsatisfied”, 2 were “unsatisfied” and none “very unsatisfied”. On a regional basis, when those who are satisfied or very satisfied are combined, this varied from 22% to 60% of councils indicating positively in this area.
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 31\textsuperscript{st} March 2009, local authorities reported that for both older people and other adults, a total of 12,381 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 5,581 Personal Budgets (including Direct Payments) were being provided for older people\textsuperscript{2}, 45\% 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 36 and the maximum 1,662, with a mean average of 399.\textsuperscript{3} This is above the national average of 258.

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. In the West Midlands this represents between 2\% and 11\% of all older people receiving an ongoing service in their council, with a mean average of 5\% (the same as the national average).\textsuperscript{4} For 7 councils in the West Midlands this is 5\% or less. In one council 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\%                     | 6               |
| 10-20\%                    | 1               |

\textsuperscript{3} Median 272

\textsuperscript{4} The median was 5\% also.
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:

<table>
<thead>
<tr>
<th>Region</th>
<th>Mean average</th>
<th>Maximum</th>
<th>Minimum</th>
<th>Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>8</td>
<td>30</td>
<td>1</td>
<td>4</td>
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<tr>
<td>B</td>
<td>6</td>
<td>17</td>
<td>1</td>
<td>4</td>
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<tr>
<td>C</td>
<td>6</td>
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<td>3</td>
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<td>1</td>
<td>3</td>
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</tbody>
</table>

For all other service users (excluding older people), a total of 6,800 Personal Budgets (including Direct Payments) were identified as being paid. Again there was variation. These ranged from a minimum of 156 to a maximum of 1293 and with a mean average of 486 (the national average was 374). This represents between 7% and 26% of all other service users (excluding older people) receiving an

5 The median was 299 and nationally was 242
ongoing service (as at 31st March 2009), with an average of 14%, the same as the national average.  

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 than younger people.

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 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>
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<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>
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<td>W</td>
<td>15</td>
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<td>10</td>
<td>19</td>
<td>2</td>
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<tr>
<td>National</td>
<td>14</td>
<td>45</td>
<td>2</td>
<td>12</td>
</tr>
</tbody>
</table>

6 The median was 13% in the WM and 12% nationally.

7 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.
The survey then explored what this meant in financial terms. The total sum of money allocated at 31st March 2009 in personal budgets and direct payments as an annual commitment was £72,223,630. This ranged from a minimum commitment in one local authority of £1,583,000 to a maximum in another of £22,019,224.⁸

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 2% and 8%. The average is 4%, compared to a national average of 5%.⁹ 8 local authorities committed 5% or less via Personal budgets.

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 20%. The average is 11%, compared to a national average of 12%. ¹⁰ 5 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 54% to 100%, with an average of 93%.¹¹

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>The % of people receiving an annual gross payment by 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>3</td>
<td>83</td>
<td>34</td>
<td>26</td>
</tr>
<tr>
<td>£1,000 - £5,000</td>
<td>10</td>
<td>62</td>
<td>30</td>
<td>26</td>
</tr>
<tr>
<td>Above £5,000</td>
<td>0</td>
<td>78</td>
<td>36</td>
<td>36</td>
</tr>
</tbody>
</table>

Just over a third of all payments are more than £5,000, the equivalent of £96 a week. Around a quarter are below £1,000, the equivalent of £19 a week.

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⁸ Mean £5,158,831 and median £2,722,529.
⁹ The median was 4%, the same as nationally
¹⁰ The median was 11%.
¹¹ The median was 99%.
Finally, councils were asked what their forecasts were for personal budgets in six months and a year’s time.

The numbers of service users receiving personal budgets is anticipated to rise to 14,509 on the 30th September 2009 and to 22,664 on the 31st March 2010.

For 30th September 2009, the anticipated average is 1,116 and for 31st March 2010 this rises to 1,743. Councils differ considerably. The ranges nationally are from 40 to 4250 forecast Personal Budgets in September and from 60 to 10,505 in March 2010.

The forecast is that this will be a regional average of 16% of all people receiving community based services in March 2010 compared to a national average forecast of 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 majority of the Reform Grant has been spent ‘internally’ by authorities. About half has been spent on Programme teams and around a sixth on care management and internal process support. Around £1 in every £10 of grant has been committed to market or provider development. The West Midlands invested the lowest average proportion of the grant on care management and internal processes of all the regions.

<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>50</td>
<td>100</td>
<td>0</td>
<td>47</td>
</tr>
<tr>
<td>Independent sector investment/ market stimulation</td>
<td>11</td>
<td>33</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Care management/ internal processes</td>
<td>16</td>
<td>58</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>23</td>
<td>100</td>
<td>0</td>
<td>2</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. 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 and what would help. A wide range of responses was elicited, grouped retrospectively into the following themes:

Capacity to manage and deliver changes:
- Four authorities highlighted capacity to deliver the change required within the required timescales as challenging

Resources:
- Programme and change management resources are not readily available
- Transitional costs linked to operating two systems in an economic downturn
• Affordability was mentioned by three respondents, sustainability by another and efficiency and value by a further one each

**Raising awareness and achieving culture change:**

• Engagement with people using services

• Embedding an effective approach that both enables people to exercise choice and control and provides safeguards and reassurance for those who find this challenging

• Changing the attitudes of staff

• Raising expectations

**Commissioning:**

• Market management

• Further work with the NHS to shift resources to earlier intervention

• Two councils identified working with providers to develop more neighbourhood or micro provision/businesses.

• Forecasting demand for traditional contracts as opposed to self directed support.

• Two authorities mentioned universal services and the broader place shaping agenda, and identified that ensuring access was a challenge

**Operating systems:**

• Effective assessment and care management systems are already in place but processes will have to be re-worked to meet PPF requirements.

• Changing business processes
What would help

Authorities were also asked what would help in moving this forward.

<table>
<thead>
<tr>
<th>What would help</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help with developing commissioning strategy</td>
</tr>
<tr>
<td>Examples of best practice/ templates</td>
</tr>
<tr>
<td>More shared learning, including regional topic groups like the RAS leads group</td>
</tr>
<tr>
<td>Supplier templates</td>
</tr>
<tr>
<td>Further clarity from DH on priorities</td>
</tr>
<tr>
<td>A national definition of universal services and the envisaged size and shape of them</td>
</tr>
<tr>
<td>A clear national approach to risk management and risk enablement</td>
</tr>
<tr>
<td>Addressing capacity pressures through strong electronic systems and the use of keyworkers</td>
</tr>
<tr>
<td>A stable financial environment</td>
</tr>
</tbody>
</table>

11 Survey Team

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Linda Doherty: Survey co-ordinator

Kate Hills, LGAR: Data analysis

Cathie Williams: Report

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