ADASS Report on Personalisation Survey September 2011

Executive Summary

This important milestone survey targeted a representative group of councils, as well being open to all councils and aimed to capture:

- experiences and progress on implementing personal budgets
- commitment, confidence and actions to rolling out personal budgets by 2013
- communication and workforce development to encourage awareness and take up of self-directed support or direct payments
- risk management approaches
- financial accounting systems, and
- market shaping capabilities.

The survey concluded “councils are generally making good progress towards universal personal budgets by 2013 and are confident they will achieve this target”, with councils indicating that there is now significant promotion and communication of direct payments and that they have taken structured measures (mainstreaming, re-engineering of services, identified new suppliers and staff training and development) to achieve this.

Underpinning this headline, there are seven key messages for further consideration through the mechanisms of sector-led improvement supported by ADASS and TLAP. The seven key messages are:

- councils have pointed out the restrictions of the definition of the NI130 denominator which needs adjustment to realistically reflect all eligible clients
- most councils lack the evidence base for the cost effectiveness of advisory and brokerage support services, though indicators for outcomes are well articulated
- there is proactive investment in communication plans, staff training and development to ensure that individuals are aware of the universal offer
- some councils encourage a positive risk-taking culture, but there was a paucity of information on mitigating measures
- financial accounting capability to individual levels is patchy. Whilst trying to achieve fully integrated accounting systems some respondents felt these pose both challenges and risks to the service
- some councils do not fully understand market development and confuse market analysis with market shaping. The spectrum of market activity is broad, but the majority of councils are stimulating new models, whilst some are encouraging new market players. It is noted that this council viewpoint on the supply and range of personalised support needs to be checked against the perception of service users
- some councils have not extended brokerage and advocacy services to self-funders.
1. Introduction to the survey on personalisation

1.1 Context

In August 2011, Peter Hay, President of ADASS wrote to all councils in England with a statutory remit for adult social care, inviting them to participate in a survey to gauge sector-led activity on individual and personal budgets.

Personal budgets for all by 2013 is a challenging sector ambition which ADASS and its members have signed up to. Personalisation is a major policy priority for the current government and ADASS accepts that as a national professional body for leaders of adult social care services, it should position itself to support and demonstrate the effective implementation of government policy. ADASS has committed itself to leading within councils and in the sector led work with Think Local Act Personal (TLAP) to achieve these aims.

The survey into individual personal budgets is one aspect of a wider, two-stage process to examine how councils are applying personal budgets and direct payments, and the impact this is having on outcomes for citizens.

The survey is the first stage of the process, and will be followed up by a second stage focusing on outcomes (this latter work is still in its development phase) and any areas that merit further analysis arising from the survey itself.

1.2 Building on existing data

ADASS has continually held the view that personalised care and support is a tool to deliver better outcomes. The aim of the survey was to undertake research that would not only give an insight into councils' understanding of the mechanics of personal budgets, but also the extent to which personal budgets and direct payments are achieving real change in outcomes and improved quality of life.

More than 338,000 people are now managing their own support through personal budgets. This is double the number of people from this time last year. The total amount of money allocated in personal budgets overall has now passed the £1.5bn mark, representing almost £1 in every £7 spent by councils directly on adult care and support services.

A fifth of personal budgets have a value of less than £1k per annum, but a quarter are for £10k or more. This is a significant amount of money in a growing market.

An ADASS survey in earlier this year (March 2011) secured 132 responses from councils and noted that the majority of councils (83) said they were delivering personal budgets to a third or more of eligible people, and 27 of those councils gave personal budgets to over half of their eligible target group. The rate of increase in personal budget delivery was much faster in the second half of the 2010 -11. Indeed, a key headline from these findings is that those councils who were on track, were accelerating their personal budget take up, with some councils stating that they are already delivering to 60% or more of people eligible for personal budgets.

1.3 The aims of this report:

All councils are working towards the Government target of all eligible users to receive personal budgets by April 2013 and this survey analysis is an important marker in understanding progress and a timely opportunity to share practice. The aims of this survey are to capture:
• experiences and progress on implementing personal budgets
• commitment, confidence and actions to rolling out personal budgets by 2013
• communication and workforce development to encourage awareness and take up of self-directed support or direct payments
• risk management approaches
• financial accounting systems, and
• market shaping capabilities.

1.4 The route map of this report

The purpose of this report is to present initial findings. The first sections introduce the study, outline the methodology and describe the profile of the participating group of councils. The sections that follow outline the key headlines and messages by the subject area of the survey questions.

Throughout, practice or views of respondents that may be of interest to other councils or has sector-wide significance, is directly quoted. And to illustrate the range of approaches, some good or emerging practice is provided by illustrative ‘spotlight on service practice’ vignettes.

1.5 Methodology

The findings presented below are derived from an initial stage one analysis of primary research undertaken by ADASS in August 2011.

The research activity consisted of a questionnaire survey that was emailed directly to every council, with a statutory remit for providing adult social services in England, with an invitation to participate in this important sector-wide survey on an anonymised basis. In order to ensure a representative sample, 20 councils were specifically selected and targeted by personal invitation to complete the survey.

Participants were asked to completed the questionnaire outlining their strategic approach to achieving 100% take up of personalised budgets by 2013, targeting and monitoring actions, the promotion of direct payments, communication etc.

The survey was undertaken on the basis that councils would not be identified individually. The confidentiality of respondents is protected, and throughout the process from fieldwork to report, anonymity is ensured.

Participants of the research were also encouraged to submit examples and tools of work they have already developed, and this constitutes a compendium of practice.

By the survey closure date of 9 September 2011, 58 responses had been received.

1.6. Cohort profile

152 authorities were invited to participate in this important research. 58 self selecting councils chose to take part (a response rate of 33%) This is an excellent return rate for a sector led examination of a challenging issue. It bodes well for the sector’s willingness to engage in transparent conduct and to play a serious part in the sector led improvement agenda.

The 58 councils responding were:
• 10 from Greater London
• 8 from the South East Region
• 6 from Eastern Region
• 3 from East Midlands Region
• 4 from North East Region
• 7 from North West Region
• 7 from South West Region
• 8 from West Midlands Region
• 5 from Yorkshire and Humber Region.

Of which:
• 10 were London boroughs
• 17 were county councils
• 7 were metropolitan councils
• 34 were borough/unitary councils

2. Findings on Personal Budgets

2.1 Objectives and milestones towards universal personal budgets

Of the 58 respondents, 57 (98%) have a clear strategic approach for meeting the 2013 ambition of personal budgets through direct payments for everyone. One council did not provide any information on objectives towards this universal personalisation.

Of the 57 who responded to this question, 55 (97% of the total cohort) say they are on target, but two councils (3% of the cohort) participating in the survey have admitted that progress is slow, or that their action plan is on track but the level of progress is 'disappointing'.

29 councils (50% of the cohort) clearly state or imply that current take up of personal budgets stands at less than 60%, and 23 councils (40%) state or imply their current take up level is at 60% or above. Six councils either did not respond, or did not provide sufficient information to allow for further deductive analysis.

Three councils suggest that they are on target for a 100% take up by the end of 2011-12.

2.2 Confidence in identifying the target group for personal budgets

57 responses (98%) are confident that they have accurately identified the target group for achievement of universal personal budgets by 2013. Only one respondent (2%) is not confident about this.

The number of people eligible varies from council to council. For instance large counties typically have eligible target group populations of more than 15,000 users or potential users, whereas some London Boroughs cited target groups of less than 5,000.

Given that respondents are overwhelmingly confident about identifying the target group, the findings assume that the size of the target group/scale of the number of eligible people for personal budgets has no influence on levels of confidence, as this was high across the vast majority of cohorts.

2.3 How councils identify the target group

Respondents are using a number of different methods for identifying the target groups eligible for personal budgets. For some this is a basic, straightforward numerical analysis of people receiving on-going care from the council, or more broadly those receiving services in the community and
carers. The majority of respondents say they follow the structured approach following the statutory RAP return as the main source of assessment.

For most councils participating in the survey, the projection is based on demographic trends, taking the number of clients in receipt of community support services and carers receiving services (home care, day services, community support and supported living) in 2009/10 and then projecting the required performance, based on population projections for 2011-2015 (for people with community based services, councils include people receiving home care, direct payments, adult placement, various ongoing services for MH, transport).

Some councils noted that monitoring increased demand on mental health support is also used (but usually not professional support or telecare).

In general, the majority of respondents anticipate a change in the profile of community service users as a result of the shift in emphasis on early intervention, prevention and reablement for all.

A handful of councils have thrown up issues around National Indicator 130 (NI130) and the denominator which include services that are not eligible for personal budgets (e.g. reablement, intermediate care, and sensory impairments) which, in reality, will make it impossible to achieve 100% under the current definition. A leading practice council has said that under this current definition, it will achieve 65% take up by 2013 so the definition needs to change. As another council says:

‘we believe that further discussion is required in relation to the calculation of indicator NI130, as the denominator used currently includes customers who may not be eligible for self directed support, but are receiving community based services funded by the council.’

The limitations of the definition of NI130 have been discussed elsewhere, but the findings indicate that this is an on-going issue for councils working towards universal personalisation, and provide yet more evidence that action is required to make this more relevant to the reality of personalisation for councils. (See conclusions).

3.1 Actions to increase personal budgets

Since the publication of the Vision for Adult Social Care (2010) to increase personal budgets, councils have taken a range of actions to make the vision a reality. Without exception respondents state that they have followed national resource assessment procedures, and undertaken reviews of values, strategy and operational delivery. On the latter, there have been a series of new projects and reviews such as home care re-tendering, reconfiguration of day care and review of learning disability clients in long term placements.

A significant number (more than half) of respondents said that they had mainstreamed personalised budgets across the service. They have done this by:

- re-designing the care process (‘the customer journey’) with on-going review of successes
- investing in staff engagement, training and development e.g. using qualitative techniques and an appreciative inquiry approach
- promoting and communicating personal care budgets
- reassessing existing clients at follow up reviews
- boosting capacity by recruiting additional social workers.
Within the cohort, some respondents were early adopters of self directed support, so as expected, the progress in these councils is more advanced and they are now implementing the results of, for example, a comprehensive review and moving all existing service users onto personal budgets. Another council says ‘customer journey has been developed to embed personalisation and the offer of personal budgets, as the new business operating model for adult social care’.

### 3.2 Increasing the proportion of these personalised budgets as direct payments

The findings indicate that nearly all respondents have, and continue to pro-actively promote direct payments at the same time as personalised budgets:

Actions cited by respondents include:

- access to multi disciplinary team with direct payment officers
- pre-loaded payment card
- introduced a support planning and brokerage service and looked for flexible options
- reduced assessment times
- compressed the length of time it takes to receive direct payment down to an average of 6 weeks
- revised assessment tool with input from staff to ensure fit for purpose rigorous reviews result in allocations for personal budgets and direct payments
- reviewed operating model to ensure minimal duplication and hand-offs.

**Spotlight on service practice**

‘The direct payments team have been fully aligned with the financial inclusion team ensuring that direct payments users get full financial advice and we have set up free banking arrangements with a credit union. All staff involved in assessment and care management have received training in personal budgets. This training is delivered by a user of direct payments.’

### 3.2 Streamlining processes for personal budgets

More than half of respondents stated they had streamlined or re-engineered specific or whole systems processes where personal budgets and direct payments are integrated, with all staff offering direct payments as standard.

Most respondents indicated that they had taken some sort action to streamline processes relating to the delivery of personal budgets. Examples of streamlining activities include:

- commissioning local user led organisations (ULOs) to deliver aspects of the service
- support planning and brokerage
- staff development and training
- appointment of change agents e.g. ‘self directed support champions’ or ‘personalisation co-ordinators’
- introduction of pre-loaded payment cards (the ‘Empower Card’)
- targeting resources on an assessment threshold (e.g. only packages of £200+ are considered)
- enhanced information, communication and guidance packs for the public and staff.

**Spotlight on service practice**

‘The Empower card enables the customer to manage their PB and in doing so streamlines the way they manage their money. They can access their balance 24hrs a day and make payments online and over the phone. The customer has the added benefit that all
transactions are recorded and therefore the need to keep records for audits is kept to a minimum.'

'To ensure lean processes for the customer and the business we are implementing a pre-paid card scheme with a set target of the DP being with the person within 2 days of the support plan being authorised. Financial monitoring will be more 'light touch' with information being available to the service user and the business in real time'.

The findings suggest that the Vision for Adult Social Care has given the sector the autonomy and confidence to lay the foundations of creative, varied local practice and sector-led improvement on personalisation by councils, some of which has the potential to be scaled up and transferred. The sector will now need to look at how it supports the transfer of good practice across local government.

4. Advisory and Brokerage Services

4.1 The Direct Payment offer

Every respondent stated that their council offered specific advisory or brokerage services for recipients of direct payments.

4.2 User groups

These advisory or brokerage services are available to all of the main user groups of adult social services, including: older adults, people with a physical disability and/or learning disability, and to mental health patients.

4.3 How advisory and brokerage works

Not surprisingly, the way advisory or brokerage services work can differ from one council to the next, although some common trends emerge across the cohort:

- all direct payments are specified as part of a Service Level Agreement (SLA) or contract to an internal direct payments team, an externally commissioned body or user-led organisation (ULO)
- the vast majority of councils responding said that their services were available to people funding their own care
- in most cases, customers who fund their own care are signposted to the locally commissioned ULO or third sector providers, if they would like brokerage support.

4.4 Availability to self funding users

Eight councils (14% of the cohort) said their advisory or brokerage services did not extend to self-funding users and this position would suggest that further investigation is required to understand how to take forward the universal offer to all citizens and to build upon the good practice examples detailed in section 4.3.

4.5 Evidence of cost effectiveness of local advisory or brokerage services

As outlined above, the majority of councils participating in the survey stated that their services had been streamlined to increase the number of people receiving personal budgets, and also had taken action to increase the proportion of personal budgets taken as direct payments. Every respondent council offers specific advisory or brokerage support across a wide range of direct payments recipients.
Interestingly, when asked about the evidence of cost effectiveness of these brokerage services, there was a mixed response:

- seven councils did not respond (12% of the cohort)
- five respondents clearly stated they had no systematic evidence of cost effectiveness (9% of the cohort)
- three said that the cost effectiveness was ‘not known’ (5% of the cohort)
- one authority stated that its measures of cost effectiveness were still in the development stage (2% of the cohort).

The remaining respondents gave a spectrum of qualitative responses that included the following measures as ‘evidence’ or proof of the cost effectiveness of the brokerage service provided:

- anecdotal evidence (3)
- improved customer satisfaction and feedback – ‘generally people’s overall experience rather than a cost-benefit analysis’ (7)
- increased uptake of the service without increased resources (2)
- review and market testing exercises that indicated the cost effectiveness of an external provider (8)
- performance targets for the brokerage service level agreement fulfilled (2)
- intuition: e.g. ‘cost/value is cheaper than before (but not quantified)’.

Generally, the answers to this question are either vague or confused. This could be because the survey provides a ‘snapshot in time’ of councils’ experiences and progress, and thus reflects a period of transition. Indeed, a third of respondents (16) said that the cost effectiveness was ‘currently being evaluated’ or ‘under review’.

However, at the other end of spectrum, five councils had clearly developed their cost-benefit analysis, and were able to provide evidence of a more quantitative nature, that is benchmarked against other councils and services:

‘The unit cost of services provided by the council has been benchmarked and is £150 per person cheaper than services in three neighbouring authorities’

or the cost of previous case loads:

‘Our modelling would suggest that the community pathway could offer significant back office efficiencies, over three years of approximately £2.5 million, just on social work time/posts alone. We will need to validate this as the community pathway develops over time’.

Other councils have been able to evidence cost effectiveness by moving away from block contracting to unit cost. Three councils were able to cite an hourly unit cost under £20 per hour. Two provided the brokerage in-house, and one externally:

‘Our third sector consortium of support plan brokers are paid on an hourly basis. The current hourly rate is £14.00 an hour. We expect support plans to be developed as a standard within 2 hours and the more complex ones within 5 hours.’

Overall, the pattern of total responses seems to indicate that whilst councils participating in the survey are almost unanimously confident they will meet the target of 100% personal budgets by 2013, they are less certain about how they can evidence the cost effectiveness of the advisory/brokerage services.

Nevertheless, as one respondent admits, although the cost efficiencies are ‘not known, take up of personal budgets and direct payments would be considerably worse without them.’
5. Communications

5.1 Informed staff, informed customers

In this section of the questionnaire, councils were asked about their information and communication activities for staff to ensure that people entitled to on-going council funding know that they will receive this via a personal budget which can be taken in the form of a direct payment.

The underlying foundation of personal budgets is choice. Choice is only meaningful for a user or potential user of a service if it is informed choice. Councils have indicated that they are using a number of methods to inform customers.

These are characterised by the retention of direct, face-to-face verbal communication, whilst being balanced with published, printed and electronic or on-line channels of communication.

For nearly all councils responding to the survey, the point of contact for assessment is the main and most frequently used direct method of communication on personal budgets and direct payments to service users, carers and providers.

Generally speaking, respondents said the assessment process outlines:

- the nature of need
- what a person can get
- what quality standards they can expect (and an assurance of safeguarding)
- who supplies services to meet their needs, and
- where the client can access them (suppliers).

Similarly, two thirds of participating councils state that informing clients of the option of direct payment is done thorough:

- annual reviews
- other performance monitoring and satisfaction/feedback consultation with users.

These are embedded in professional instruction notices, policies, procedures and detailed user guidance, and enable services to deliver a direct payment agreement:

**Spotlight on service practice**

“This is done in partnership with our Communications department who will be leading a campaign designed to increase public awareness and take up...the Direct Payment Officer role is currently being reviewed to ensure that all staff fully understand, receive training and are confident to be able to actively promote and offer Direct Payments to people currently receiving services/personal budget by a different route, to ensure that all people have the same opportunities, choice and control. When offering a personal budget, staff should discuss the different deployment options with service users, one of which is Direct Payments’.

5.2 Local information

Other forms of communication used to offer and explain direct payments to service users, carers and providers include:

- local involvement groups
- websites (links were provided, and many are clear, eye-catching and comply with user-friendly guidance and protocols)
- accessible leaflets (in a variety of accessible formats including Braille, different
communities’ languages) which are available from, and distributed in local outlets (e.g. libraries, GP surgeries, supermarkets etc.)

- fact sheets and frequently asked questions sheets
- DVDs and information packs
- ‘Shop4support’ one stop information centres
- advertisements in the local media
- regular (e.g. monthly or quarterly) staff bulletins and briefings
- ‘ask the expert’ sessions
- special events such as staff engagement road shows
- making use of contact for user consultation, feedback and complaints
- an “app” for the Iphone

It is well known that take-up and participation rates of social and health care services is improved by the ‘demonstration effect’, when users can see how peers have benefited, or they get anecdotal, positive word of mouth recommendations from carers, family and friends.

The survey results reveal that some councils are making good use of testimonial marketing of real users, and ‘Living my life’ customer journey case studies to provide information on direct payments, and explain the process for receiving them.

Councils participating in the survey made a choice to take part. It is therefore not surprising that the respondents are at a fairly developed stage of universal personalisation - where everyone is now being offered a personal budget as direct payment – in what is a mature front-line service that is known to constantly evolve and innovate to respond to existing and emerging social needs. Generally, such experience and progression was reflected in the consistency, creativity and variety of communication.

6. More about Direct Payments

6.1 Workforce development for direct payments
The majority of respondents (except for one council) consider that they have mainstreamed direct payments sufficiently for relevant members of staff to know that it is their responsibility to routinely offer direct payments to eligible users.

Each of the councils who had mainstreamed direct payments stated that they had raised awareness and expertise of staff through continued professional and workforce development of staff. This was done in many ways.

For instance, staff had been prepared as part of structured personalisation change programmes, the re-engineering of processes, or the integration of care, direct payment and finance teams.

6.2 Staff training and development
Other (not exhaustive) examples of workforce training and development include:

- detailed induction modules
- direct payment learning days
- peer support group discussions
- access to and support of key personnel such as direct payment champions
- 2-day accelerated pathway days
- master classes
- investment in direct payment officer posts.
Spotlight on service practice

‘In addition to Personalisation and Self-Directed Support Training, which was attended by 92 staff at 11 sessions from Nov 10 - Mar 11, 249 social work staff attended 7 Self-Directed Support "Master Classes" between April and June 2011. This involved a step-by-step approach to completing the SDSQ and featured service user case studies, showing the outcomes achieved following receipt of personal budgets and direct payments.’

It is clear from the range of activities that councils have made significant investment in the area of personal budgets and direct payments (one pioneering authority had done so since 1993), and continue to do so:

‘Since May of last year 173 members of staff have undergone support planning training. This training consisted of two full days and was delivered across Mental Health, Learning Disabilities and Adults. Additionally 32 briefings have been delivered to partner and community organisations about personalisation and the transformation of social care. For a period of 4 months regular meetings were held with practitioners to look at issues and consolidate learning.’

The findings outline how structured workforce development is systematically integrated into quality standards by councils, and enables staff to effectively audit welfare and benefits, the cost of the service, and satisfaction levels.

7. Restrictions on direct payments

7.1 The extent of restrictions

52 (90%) of respondents have some form of restriction on the use of direct payments. The remaining 6 (10%) councils stated that they have none.

Broadly speaking, direct payments have to be lawfully signed off. The main condition is that users should use the direct payment in accordance with the agreed plan and must contribute to achieving the outcomes of that support plan.

7.2 The nature of restrictions and exclusions on direct payments

Exclusions for direct payment commonly cited are activities such as: long term residential care, long term health care (or the purchase of equipment funded by National Health Service (NHS)/any other government department), or for family or friends with whom the service user is living.

Given the paucity of affordable housing, and the increase in co-habitation trends over the past thirty years, there is recognition that this latter restriction could cause hardship for vulnerable users. Older people in particular may be isolated, with their circle of contacts reduced to their partner and close family members.

Respondents indicate that other restrictions are made to ensure that the direct payment is not used for alcohol, drugs or other addictive substances, gambling, or the employment of sex workers. In some cases it ‘cannot be used for takeaways or other food and drinks apart from those agreed as part of the support plan’.

In addition, direct payments cannot be used to purchase capital goods or as evidence of financial income to secure a loan, credit card application, mortgage, commercial venture or any similar financial arrangement. The main consideration is that the authority is not put at legal or reputational risk.
**Spotlight on service practice**

'We have three clear rules for staff to follow that determine how people use their Direct Payment: 1) Is the plan on spending the individual budget legal? 2) Is the plan on spending the individual budget going to bring the local authority into disrepute? 3) Effective outcomes for people: will it work?'

All councils participating in the research state that the use of direct payments is monitored by all councils through quality assurance processes. But it is clear that for some respondents, this is an area for on-going development:

'Following the release of the ADASS summary paper relating to increasing the take up of direct payments, we acknowledge there is work to do and this needs to be done in partnership with people who are eligible for personal budgets, carers, external partners and organisations from the private, voluntary and faith sectors.'

8. **Managing Risk**

Because of the nature of adult social care regulations, the survey did not ask explicitly if councils manage risk but assumed that councils already have a risk management remit and procedures.

8.1 **Types of risk**

Obviously, the three main categories of risk for adult social care services are:

- customer
- operational and
- reputational risks.

Responses tended to focus on the first two types of risk.

8.2 **Risk management activity**

The most frequently cited aspects of risk management cited were:

- safeguarding users and potential users (e.g. CBR checks)
- accurate needs assessment (e.g. satisfying the user's three wishes) and quality assurance audit. Arrangements for direct payments to be paid from a specific financial account for probity and data transparency
- data collection and integrated information technology systems (see findings in Section 10)
- building in contingency cover (e.g. if the support plan breaks down or circumstances change)
- defensible decisions to protect the council's reputation.

Additionally, by cross referencing responses, it is clear that the restrictions to direct payments (cited in the findings in the previous section of the report) are in part intended to minimise the risk to the council.

All councils participating in the survey state that the key vehicle for risk management is the initial assessment of need (section 47.1 Community Care Act).

A risk matrix approach was most commonly favoured, with level of possibility, impact and mitigations considered, whilst 17% (10) of respondents explicitly promote a positive risk taking culture.

Risk management is underpinned by decision-making, governance and monitoring mechanisms such as:

- risk enablement strategy and panels (4 councils)
• empowered care manager/workers
• real-time intelligence from brokerage service on emerging issues and risks.

**Spotlight on practice**

“We have a policy which supports staff to enable positive risk taking. There is also a Risk Enablement Board which can be convened if any party feels there is an issue regarding risk which cannot be resolved.”

The findings on this section of the research reveal that there is a paucity of information from respondents on modes of mitigation, but those with more developed services felt that their risk management practices are well established and personalised budgets have not driven a significant change in this area.

However, two councils stated that they do not have a risk approach for personal budgets and would need to embed risk management around personal budgets (though this could also mean they do have a general risk approach but not one for personalisation that is isolated from the wider Community Care Act).

Only one council did not respond or offer any information on their risk management.

It is clear that the current restrictions on direct payments for residential care and for family and friends with whom the service user is living, will cut out a large proportion of service users who could benefit considerably. We welcome plans and pilots to extend eligibility and recommend that these restrictions are reviewed. While they remain they limit the “eligible” group to whom direct payments can be extended.

9. Monitoring and measuring outcomes

In this part of the survey, the questions explored further how councils were monitoring and measuring improved outcomes for those individuals in receipt of personalised budgets.

9.1 Regular monitoring and measurement of outcomes

55 (95% of the cohort) respondents confirmed that they regularly monitor outcomes, using reviews typically undertaken on a 6 weekly, 12 weekly and annual basis. The aim of the review is to test outcomes against the agreed support plan.

9.2 Other methods used

Other indicators councils said they used to monitor and measure outcomes are:

- anecdotal evidence
- consultation findings (e.g. surveys and feedback (qualitative and quantitative))
- complaints and compliments data
- audit and visits
- IT and databases (but its challenging to collate different sources of data, across different provider organisations and sectors
- user quality of life returns
- the number of people living independently in the home.

From the findings, it is clear that councils have embraced personal budgets as a tool for improved care and social outcomes. They have taken a number of approaches to promote the take up of personal budgets and direct payments, and using different indicators to monitor and measure their progress against agreed customer and service outcomes.
10. Accounting

10.1 Accounting for individuals

44 (76% of the cohort) respondents said that their current finance and accounting systems delve down to individual level, 13 (22%) of the cohort respondents said they did not, and just one council did not respond (2% of the cohort).

The majority of the thirteen who lacked this level of financial capability admitted that this is an area for further development and in most cases they had already identified the changes required but did not yet have the functionality. Case management systems were being implemented imminently (October 2011) by a couple of councils.

10.2 Accounting for transition

Those councils that said their financial accounting systems did not go down to individual level were asked what plans they have to make the transition, moving towards the universal target by 2013. Only one out of those who did not have this financial capability did not offer information on their transition plans.

Details of transition plans provided by the eight councils who responded include client-based tracking systems that follow the types of service each individual is receiving and monitor the financial expenditure against each service user (e.g. FrameworkI), who have a unique purchase order number allocated to them.

Another council is preparing to implement an assessment information system, which has features that allow practitioners and customers to manage personal budgets directly on the social care central database, and output from this will feed into the council's financial system.

Elsewhere, one council has indicated that its current finance system and sub-system record payments at the individual level are only available for services provided independently. In this case, services managed by the council are recorded on separate spreadsheets. But the intention in the future is that the capacity to integrate these two data sets data will be built into finance and accounting systems procured for the council.

The issue of integrating different data sets was a common theme for half of the councils who lack financial systems that can drill down to individual level. One council says that its existing supporting systems are currently being reviewed to determine whether they could accommodate interfaces from service-source systems into the main, corporate accounting system so that detailed information can be captured and retrieved to give timely added-value to decision making and allocations.

Importantly, two respondents were ambivalent about corporate financial systems vis-a-vis social service cost centre systems. One council stated: 'We currently have no plans to make this transition as we do not feel that the accounting and finance system is the most appropriate part of the council's IT systems to hold this data.'

Similarly, another council raises a crucial query about the interface of individual level service data with corporate level systems compromising the Data Protection requirements.

From the responses on financial accounting systems, the conclusion is that the majority of respondents have this capability but for those who do not, they are aware of the need to develop their systems. A couple of councils are undertaking reviews to determine the most effective way to achieve the interface between service cost centre and corporate financial accounting systems and to assess the risks to Data Protection.
11. Market development for personalisation

To understand how respondents perceive their local market for personalisation, they were asked to rate the supply and range of personalised support available locally, using a numerical Likert scale from 1 to 5, where 1 denoted poor, 2 average, 3 good, 4 very good and 5 excellent. Every council answered this question.

11.1 Ratings of local markets

Overall, councils have positive perceptions of supply in local support markets. None of the respondents rated the supply and range of personalised support as poor. 4 respondents (7%) rated them as average; 46 respondents (79%) rated them good; 7 respondents (12%) said the local support for personal budgets was very good, and 1 respondent (2%) perceived them as excellent.

11.2 Market shaping

To conclude the survey, councils were asked how they are addressing the market to ensure there is sufficient supply and range of personalised support in the future.

The spread of responses was varied and inspiring. Councils are innovating approaches to personalisation within a mature market, and seeking to transfer and scale-up personalisation in other services. They are doing this in a variety of ways which might loosely be characterised under the following headings:

**Widened and Informed choice, widened market:**
- market review and population trend analysis
- expanding advisory and brokerage support
- supplier directories and business-to-business marketplace
- mixed economy of quality suppliers
- working and networking with business sector stakeholders, including Chambers of Commerce, to match supply with demand.

**Developing the market through entrepreneurship**
A few councils are seizing the opportunities of the current economic climate to innovate and create demand and new modes of supply. Some councils are investing pump prime funding in service prototypes to create business models and are developing a personal budget consortia with existing and emerging providers.

**Spotlight on service practice**

‘Adult Social Care runs a Keeping House market development programme with two key strands... a directory of quality assured services, including personal care and other services is provided to help people make informed choices about which services to buy.... The second strand is the business support and investment fund to assist people in setting up socially enterprising services. The fund assists existing third sector organisations and social enterprises, and social entrepreneurs to respond to identified gaps in the market place for personalised services. In 2011/12 financial year it is anticipated that the fund will invest in a further 20 new business ideas’.

‘We are also growing community capacity... through our contract with The Campaign Company to deliver 'Engaging Communities, Expanding Choices'. This contract aims to increase the number of micro businesses, ULO's and social enterprises to meet people’s
needs differently. We are participating in the JIP funded e-marketplace which will be in place before April 2012. This will enable staff and people within … To access a range of information on traditional and non traditional personalised services... we have in place a Transformation Partnership Board"

Innovation barometer

Other examples of market shaping and service innovation cited by respondents are:

- use of supplier /provider champions to help shape and stimulate the market (e.g. who are spreading personal budget to other council services)
- use of JSNA and responsive supply
- co-production – working with users to enable them to co-design and deliver services
- harnessing the insights of leading users through regular meetings with providers
- procurement and new modes of commissioning (ULOs and third sector providers, and prioritising the individual as the commissioner)
- promoting quality standards – e.g. the charter mark, kite standards on the supplier side and framework agreements
- social services departments setting up independent trading companies.

One council noted that it had plenty of room for improvement in its market shaping role: 'It is recognised that further work is required to manage and develop new services to meet individual needs, but a lack of information is restricting our ability to deliver this at present'. In cases such as these, there may be a facilitative role to play with knowledge transfer and the sharing of peer practice.

12. Conclusions

The survey on personalisation offers a snapshot based upon the experience of 58 councils, but given the in-built representational spread, the survey analysis provides a robust proportional position nationally, with the headline that:

"councils are generally making good progress towards the ambition of universal personal budgets by 2013 and are confident they will achieve this target, with councils indicating that there is now significant promotion and communication of direct payments, and that councils have taken structured measures (mainstreaming, re-engineering of services, identified new suppliers, and staff training and development) to achieve this."

Underpinning this headline, the research findings have identified seven key messages for further consideration and development: namely:

12.1 Although confidence about achieving universal personalisation is high, councils have pointed out the restrictions of the definition of the NI130 denominator needs adjustment to realistically reflect all eligible clients in a consistent and transparent way.

12.2 Despite the high levels of competence in delivering personal budgets, most councils lack the evidence base to demonstrate cost effectiveness of the underpinning advisory and brokerage support services, though indicators for monitoring and measuring outcomes are well articulated.

12.3 Respondents have proactively invested in structured communication plans, staff training and development to ensure that people eligible for personal budgets and direct payments are aware of the universal offer.

12.4 Councils have well developed approaches to managing customer, operational and
reputational risks. Some council encourage a positive risk-taking culture, but there was a paucity of information on mitigating measures.

12.5 Financial accounting capability to individual levels is patchy. Whilst trying to achieve fully integrated accounting systems some respondents felt these pose both challenges and risks to the service.

12.6 All councils rate the current supply and range of local personalised support favourably. But some councils do not fully understand the market development role and confuse market analysis with market shaping. The spectrum of market activity is broad, but the majority of councils are stimulating new modes or models of supply, whilst some are encouraging new market players through social enterprises, or independent trading companies. It is noted that this council viewpoint on the supply and range of personalised support needs to be checked with the perception of service users.

12.7 Some councils identified that they have not extended brokerage and advocacy services to self-funders and further exploration is recommended to understand how to ensure the universal personalisation offer to all citizens is fair and equitable across all councils.

13. **Next Steps:**

As noted, phase 2 of this survey will take forward the understanding on improved outcomes as a consequence of increased personalisation as well as considering how to respond to the seven key messages.

ADASS, TLAP and councils themselves are well positioned to take this work forward and it is likely that further advice, guidance and support tools will be developed in response to the seven key messages, with a strong emphasis upon the facilitation of knowledge transfer and peer support and challenge in the context of sector-led improvement.

These key messages, give us a unique insight into the experiences of authorities implementing personal budgets, and their sense of ownership, commitment and creative implementation of policy in times of great challenge.

Finally, this is an important piece of work, with significant messages. Our thanks go to those councils who agreed to participate and for the willingness of councils to engage and share their practice for the mutual benefit of all.