



City of Westminster

Family and People Services Policy and Scrutiny Committee

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Classification: General Release

Title: Personalisation and Direct Payments for people with mental health support needs

Report of: Chris Greenway,

Cabinet Member Portfolio Family Services and Public Health

Wards Involved: All

Policy Context: Caring and fairer city

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1. Executive Summary

- 1.1 This paper will provide a response to Healthwatch's request that the Family and People Services Policy and Scrutiny Committee undertakes an investigation into the personal budget and direct payment system in Westminster for people with a mental health support need.

Following this request Scrutiny has requested detailed information on personal budgets and direct payments processes used in Westminster and for an overview of the development of the Adult Social Care Personalisation strategy.

2. Key Matters for the Committee's Consideration

This paper asks that the committee consider that the following points have been sufficiently responded to:

- Is the committee clear about personal budgets and direct payments?
- Is the committee clear about how personal budgets and direct payments are administered in Westminster?
- Does the committee have any questions with regards the key areas of development in the Personalisation strategy?

3. Background

- 3.1 Adult Social Care commissioning received an Freedom Of Information (FOI) request on 12 June 2018 with regards the Westminster day opportunities and support services – see appendix 1 for a copy of the FOI. The FOI specifically asked for clarification on the following points:

Safe Spaces: Clarification on the purpose of the Safe Spaces¹ and information on plans to ensure that people were not left without day provision or support.

Support when experiencing mental ill health: Information on the number of former Recovery Support Service (RSS) clients who do not have an allocated Care Co-ordinator or lead mental health professional; and how Westminster Council intends to work with Central and North West London NHS Foundation Trust (CNWL) to support former RSS clients.

RSS was a day service for people with mental health support needs. It consisted of two building based services and offered arts and crafts, woodwork activities and safe spaces. The service closed at the end of April 2017. Former service users were assessed and offered personal budgets to help them attend activities of their choice to support their mental wellbeing. In the main, this has been successful with service users able to access a range of different services.

Personal budgets: issues were related to three cases a) not being able to change activities, b) non-payment through the personal budget system to activity providers, c) a lost direct payment card

A response to the FOI was provided in July 2018 and no further requests for information were made, see appendix 2 for a copy of the response. In addition, to ensure that matters were resolved several follow up meetings were held with effected service users and professionals including the lead director for CNWL around specific cases; the team leader for direct payments with regards the direct payments card issue and the Head of Personalisation with regards the direction of travel around personalisation. Feedback from Healthwatch to Adults' commissioning at the time of writing this report is that things are working more positively. In addition, Healthwatch are part of the steering group overseeing Kensington and Chelsea's day opportunities remodel, and are involved with the Personalisation Collaborative group which was established to facilitate greater working with users and providers.

- 3.2 At the Family and People Services Policy and Scrutiny Committee in October 2018 Healthwatch informed the Committee that they are still of the view that the current system is not providing the support needed to facilitate access to day opportunities for service users with mental health support needs. To illustrate this the paper referenced the three cases used in July's FOI. No new evidence was provided.

The Head of Personalisation spoke with Healthwatch (19 November 2018) around this matter. Healthwatch confirmed that the case studies set out in October's report are for illustrative purposes only and the issues have been addressed. Therefore, the remainder of this paper will set out current processes with regards to personal budgets and direct payments, and an overview of the Personalisation strategy

3.3 **Personal budgets and direct payments**

A personal budget is an agreed amount of money that is allocated to a person by the council following an assessment of that person's care and support needs. A direct payment is one way of receiving a personal budget, but there are other ways too:

1. **A managed account:** the local authority manages a persons' personal budget in line with their wishes as agreed in the care plan. They look after the money, make arrangements for a person's care and support, and pay fees out of the personal budget.

¹ Safe Spaces are supportive peer groups that can help people improve their mental health and wellbeing

2. **An account managed by a third party:** This is similar to a managed account, except a third party, manages a person's personal budget. This can be a support / care service provider or a provider who is completely independent of delivering care / support. These arrangements are often referred to as 'Individual Service Funds' or ISFs.
3. **Direct payments:** The person is given the personal budget money to spend themselves in meeting their care and support needs, in line with their care plan, in the way that suits them best. This is via a pre-paid card (like a debit card but with the money pre-loaded onto it) or can be put into a specially set up bank account.

3.2 Process: how to access services and change activities

- 3.2.1 Personal budgets and direct payments are administered via Adult Social Care with regards to non-mental health needs, or for residents with a mental health support needs are administered via our Health Care Trust (CNWL) who deliver our Community Mental Health Teams service (CMHT) in Westminster.

Where a service user's needs are being identified for the first time they will require a full Care Act assessment. If they are an existing user, who already has a package of care / support in place, they will require a review of needs. The process is seven steps which are described below and appended as a flow diagram - see appendix 3.

1. A referral will begin to identify if a person is eligible and screen what their needs are
2. If eligible and in need an assessment will be completed by the social worker / care coordinator in this instance. They will also check to see if the person is under section 117 which relates to aftercare. NOTE - after-care' means the help a person gets when they leave hospital. Section 117 after-care is free to that individual. If this is not the case the person will have a financial assessment to identify their contributions
3. The indicative budget is generated which gives a rough idea of the level of funding that will be allocated to an individual, in their personal budget, to meet their eligible needs.
4. A Care Coordinator and service user meet and discuss financial contribution if the person is not section 117, universal services, and existing block-contracted services. These are then subtracted from the indicative personal budget and the care and support plan is drafted with the remainder of the indicative personal budget.
5. The final personal budget is generated.
6. The practitioner will finalise the support plan and speak to the user about how they would like to receive the personal budget. See 3.3 above for options to receive.
7. Information – services and the support plan are input into Mosaic or JADE (service user case management systems) and the user starts to access services.

Although the process is smooth, things can always be improved. The case referred to in the Healthwatch report was experiencing difficulties with her care coordinator (which is a service delivered by CNWL) keeping appointments for review and budget sign off. CNWL have had difficulties with recruiting staff, however, they are committed to supporting the Personalisation programme and on working with us to unpick and improve on processes. In addition, the Personalisation team is developing the measures below to offer improvements and safeguards against issues such as this reoccurring.

- Training has been developed for social workers, care coordinators, providers and service users around:
 - Direct Payments; and
 - Personalisation
- A personalisation steering group has been established, which includes the attendance of senior CMHT staff. This group will look to develop a set of measures to review the effectiveness of the training and access and review pathways
- Standard Operating Processes (guidance for social workers) have been rewritten to enable them to deliver an improved service with regards direct payments and support planning.

3.3 Strategy development

An adult social care Personalisation strategy is being developed in partnership with stakeholders including internal staff, service users and providers. The skeleton draft has been completed and circulated for feedback. Further work to finish the document will take place over the next quarter with the strategy moving to sign off process by April 2019.

Key sections in the strategy and a progress update are summarised below.

3.3.1 Market Shaping

This is where the local authority works closely with providers of care and support services to ensure that there are enough providers, offering sufficient choice in the type of care and support available and that providers are running viable businesses

Work is taking place to develop clear market shaping plans to increase the number and variety of suppliers for service users to purchase provision from using their personal budgets. Work is focussed on addressing identified gaps based on data and feedback from residents who have said there are gaps around the number of personal assistants, and in the number of providers offering niche activities. As a result, work is orientated towards developing the 'micro provider market'² – so smaller providers who can deliver bespoke opportunities to service users that are typically more attuned to their needs, and to developing a 'pool' of personal assistants that can help with a wide range of tasks including care and therapeutic activities.

We have:

- Completed 50% of market analysis – mapping services, locations, pricing, risks, uniqueness and identifying gaps in provision
- Started provider engagement events to understand what support they would need from the council to deliver services in a more personalised way and to attract new market entrants
- Talked to different councils to identify best practice
- Developed a needs assessment.

Over the next quarter, we will:

- Draft a market shaping section of the strategy based on the findings from the analysis and what help we will offer to the market. This will be published online so it can be updated in 'real time'
- Work with service users to identify and build in access requirements to the market
- Work with specialist organisations to build the micro market.

² A micro provider is a provider that employs five or less staff including the owner

3.3.2. Digitalisation

The Personalisation team is leading on the development of a new digital platform in order to modernise the way we deliver social care to residents. The vision includes an innovative, inclusive way of working with stakeholders, making full use of digital technology which will encompass a range of tools including a service user web portal, e-marketplace and self-service. Residents have told us they want information and advice, to undertake self-assessments, request services/products, and interact with their personal data, using the device of their choice.

Additionally, digital developments will utilise business intelligence data and predictive analytics technologies in order to work in a more effective and preventative way, as well as increasing the efficiency of our staff by offering a more strategic approach to social care, managing demand and increasing resident's control.

We have:

- Completed soft market testing with potential suppliers
- Drafted a commissioning and procurement approach.

Over the next quarter, we will:

- Host a digital visioning day on 26 November to start formalising our approach and to share our requirements with providers. There has been an exceptional level of interest in working with the Bi-Borough with global companies, such as IBM, Hitachi and Microsoft, expressing a keen interest to work with Bi-Borough
- Deliver a procurement exercise in the New Year to select our preferred provider following which a new digital platform build will commence.

3.3.5 Training and development

Feedback from practitioners and residents suggests that the workforce needs Personalisation development to help staff to work from a more 'asset-based' perspective, so looking at a person's own capabilities to maximise independence.

The strategy includes a training offer for staff, providers and service users to start in December. It is focussed on two core areas and will be delivered by external organisations. The areas are:

- Direct Payments: the legalities and how to offer them to people
- Personalisation: This will be delivered by the Social Care Institute for Excellence (SCIE) lead for personalisation. Learners will gain an understanding of personalisation and will be able to recognise that individuals with control and choice when accessing support, funding and care are more likely to report better outcomes.

3.3.6 Increasing collaborative working opportunities

Collaborative working with all stakeholders (provider, service users and social care and health) is key to driving Personalisation. A collaborative working group with local providers and service users to help develop the strategy has been setup and will take forward the key actions / work.

The group meets monthly and so far have:

- Developed a tiered approach to collaborative working to provide clarity around how we can work together and to manage involvement opportunities so that they are meaningful
- Co-designed the market shaping work and the workforce development programme.

3. 3.7 Information advice and guidance

Residents and staff have asked that information, advice and guidance to be refreshed so that people have the right tools to be able to make informed choices about their health and social care and help people to take more control over their lives. This will help rebalance investment and interventions to keep people well and living in the community for longer. A review of information, advice and guidance will take place in the New Year.

3.3.7 Increasing the range of financial products for residents to offer greater choice in how they deploy their personal budgets

Staff and service users have asked for the range of financial products and support available to them to use personal budgets as direct payments to be increased. Such support could include assistance in managing payments and payroll related matters where a person has decided to take a personal budget and to directly employ their carer as part of a person support package. Support will enable people to exercise more choice and control and will help us to increase the number of residents in receipt of a direct payment by providing the right support and the right products³. We have targets attached to the number of people on direct payments and this will help the upward trajectory towards this.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact Sharon Grant x5092 sgrant2@westminster.gov.uk

APPENDICES:

Appendix 1: FOI request HealthWatch

Appendix 2: Response from ASC to HealthWatch

Appendix 3: Direct Payments Process

BACKGROUND PAPERS

None