

Personal Budgets: Implementation of the National Resource Allocation System and the Wider Implications for the Adult Social Care Pathway & Personalisation

Context

This report provides an update on the implementation of the National Resource Allocation System for Personal Budgets. It follows reports to Wellbeing Policy Development & Scrutiny Panel in September 2012 and to Cabinet in October 2012 (both reports titled: "*Personal Budgets: Review of Policy Framework & Resource Allocation - Progress Report*").

This paper summarises progress in implementing the new RAS, including early findings. This paper also sets out the complementary work that is underway to adjust the focus of the current social care pathway to ensure that the new Resource Allocation System (RAS) is effective as possible and, also, supports the further development and embedding of the personalisation of adult social care.

National Resource Allocation Scheme Implementation Update

A Resource Allocation Scheme (RAS) is used to calculate an approximate amount of money that the council may make available for an individual who has been assessed under *Fair Access to Care Services* (FACS) to be eligible for personal social care. This "estimated" Personal Budget is the indicative amount that an individual can spend on meeting their social care needs. The individual is then asked to plan (with support where needed) how they would wish to meet their needs and the Support Plan is submitted for agreement and the final Personal Budget amount agreed.

In September 2012 following the completion of a RAS Financial Modelling exercise it was agreed that the best way to move forward with the implementation of the RAS would be to pilot the new system with Sirona's Bath social work team to test out the new Resource Allocation Questionnaire and the other new documentation associated with it. Alongside the pilot a period of consultation was carried out through October to December 2012 to raise awareness of proposals to adopt the national RAS and, also, to gather feedback to inform the approach to implementation. These events took place with local people in Bath, Midsomer Norton and Keynsham as well as at the Carers Centre in Radstock.

The piloting of the RAS "tools" was carried out with the Bath Social Work Team between October 2012 and January 2013. During the pilot a great deal of work was carried out to adapt the tools so as to be fit for local usage and to incorporate them into the Care First IT system. The pilot also offered the opportunity to further test if the RAS financial modelling had resulted in the RAS assessments generating appropriate amounts of funding.

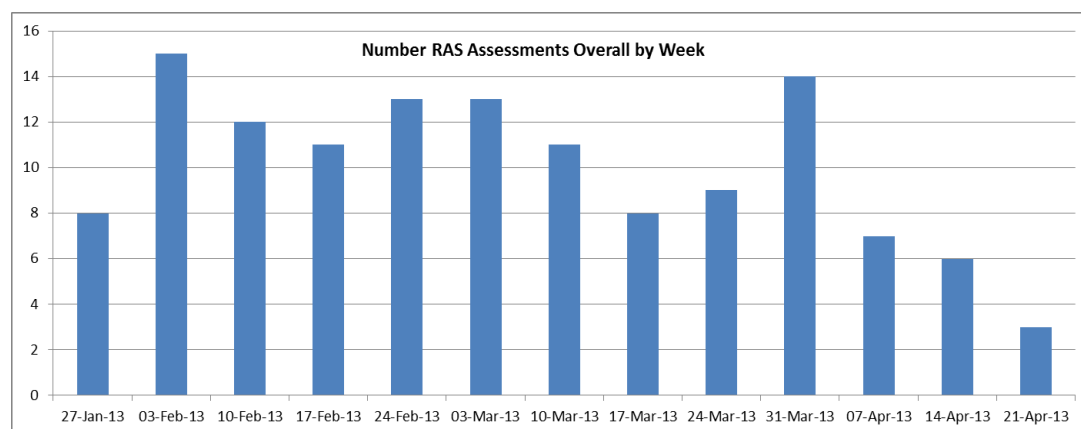
Following a review of progress, including early findings from the pilot, it was agreed that a staged approach to implementation of the RAS was more appropriate than large scale roll-out over a relatively tight timescale. This more staged approach would allow the Project Team time to develop operational Guidance for staff in use of the new system. It would also allow further time to review the RAS documentation – Resource Allocation Questionnaire, Support Plan and Review - and how the final versions would be incorporated into the Care First IT Operating system.

At the same time, a formal project management and governance structure was established to ensure clear communication and decision-making processes. As part of this project management and governance structure, oversight of the implementation of the National RAS and review of the adult social care pathway, which is outlined later in this report, is undertaken by the Strategic Planning Group for adult social care. Membership of this group includes the Cabinet Member for Wellbeing and relevant Senior Commissioning Manager.

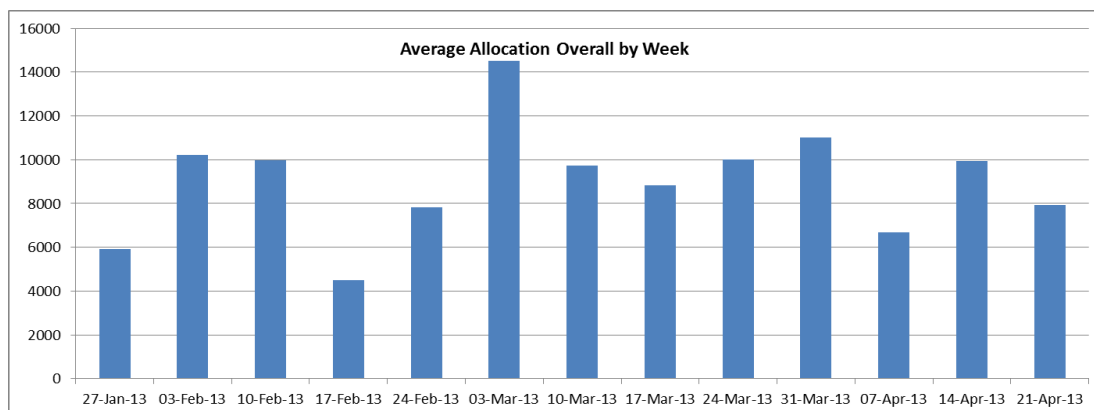
Implementation – First Phase

The Bath social work team started “live” implementation on the 21st January and this was closely monitored. During the first two weeks of the implementation monitoring and review resulted in changes to the RAS documentation and supporting process. For example, changes resulted in social workers being encouraged and supported to consider preventative approaches such as Reablement, Telecare and Community Equipment services prior to assuming that people would require on-going social services funded through a personal budget. This is important because, as explored later in this report, there is a great deal of evidence that the access to preventative, early intervention and enablement services has the dual benefit of achieving better outcomes for people and, also, helping local authorities manage the costs associated with demographic growth by enabling people to remain as independent as possible within their own homes.

The following data gives some useful information on progress in introducing the new RAS between Jan 21st and April 21st 2013.



This chart shows the amount of “Support Assessments” carried out between January 21st and April 21st 2013. The “Support Assessment” is an integral part of the new RAS and has the same purpose as the former Community Care Assessment. Not all of the Support Assessment progress to the Resource Allocation stage and a good number result in no services at all. This further highlights the need to adapt the current social care pathway as many of these cases could have been supported through enhanced information and advice services and others through a short term intensive enablement service without the need for a full assessment.



For those people requiring on-going support services following a “Support Assessment” this chart show the average annual personal budget amount allocated during the weeks that the new RAS has been operational.

Recent analysis of financial data in relation to the new RAS shows that of 30 new referrals into adult social care 27 (90%) individuals were supported to purchase their support within the “estimated budget” generated by the RAS.

Further evidence shows that where there has been a change in the level of need requiring an “unscheduled review” 17 of 24 individuals (71%) were able to purchase their care and support within their new “estimated budget”. However, in the majority of these cases (19) the costs of the new support packages are greater than the costs of the packages pre-RAS reflecting an increase in the individual’s level of need.

In order to be able to generate even more useful financial data to assess the impact of the RAS we are exploring the use of new Management Information systems that will enable us to capture timely, relevant and accurate financial data. In particular, it is hoped that these will enable us to capture the following information:-

- a. Cost of package prior to the RAS being applied
- b. New Estimated Budget
- c. Agreed post-RAS Budget i.e. what was actually agreed at the support plan stage

Implementation – Phase 2

In preparation for the implementation of the new RAS by other social work teams in Sirona a training programme was put in place. The training ran from April 22nd to 20th May and, on completion, will have resulted in over 100 practitioners and managers being trained in operating the new system.

Prior to the training key members of the Project Team visited the staff teams to, provide an update on progress with the RAS, introduce the RAS tools and provide a Questions and Answers opportunity. These sessions were very well received and the feedback has been positive.

The introduction of the new RAS into Mental Health Teams will require a separate approach. This is partly due to the fact that AWP use a different client record system (RIO). This means at the moment that Mental Health social workers cannot access the new Resource Allocation Questionnaire and therefore cannot work out the “estimated personal budgets” for service users. A dedicated Project Group is looking at the options for establishing a cost effective interface between the two client record systems so that Mental Health social workers are able to access the necessary RAS Tools.

Alongside this a small Project Group is working to develop Guidance, plan training and support and ensure that the RAS is applied effectively as it is roll-out within the Mental Health service.

An update on progress of Phase 2 implementation including roll-out of the RAS within the Mental Health service will be provided in the next progress report.

Adult Social Care Pathway & Personalisation

The “Putting People First” concordat and the subsequent “Think Local Act Personal” Partnership, both highlight the need for significant transformation in order to deliver the personalisation of adult social care. Whilst there has been a strong focus on the “Personal Budgets” element that provides “eligible” service users with more choice and control, it is also recognised that the principles of personalisation require an equally strong focus on supporting the wider community to continue to live their lives as independently as possible within their own communities, therefore preventing the need for people to access statutory services.

The chart below (Fig. 1) highlights the areas of social care where it is proposed that we focus our attention as we adjust the social care pathway in a way that will mean individuals and communities can be supported to be more resilient and the need for formal social care services provided through Personal Budgets will only be required by those who are most in need or vulnerable.



Fig. 1

- **Universal services** – Through the further development and enhancement of quality information and advice services and approaches, all adults with social care needs and their carers will receive assistance to access a range of services that are available to all including services outside of adult social care such as transport, leisure, health and education.
- **Social capital** – through the community and voluntary sector review our aim will be to support local people to make use of all resources available to them in the community, including personal networks (family and friends), community groups, the voluntary sector and other informal support
- **Prevention and early intervention**
By increasing capacity to deliver “enablement” services such as reablement and assistive technology we aim to support more people to remain as independent as possible thereby delaying or reducing the need for social care services whilst also increasing our effectiveness in supporting hospital discharge and reducing hospital admissions.
- **Choice and control (Personal Budgets)** – For those people who meet the council’s eligibility criteria we will be increasing the choice and control that people have over the services by supporting people to get the most out of their personal budget through effective support planning.

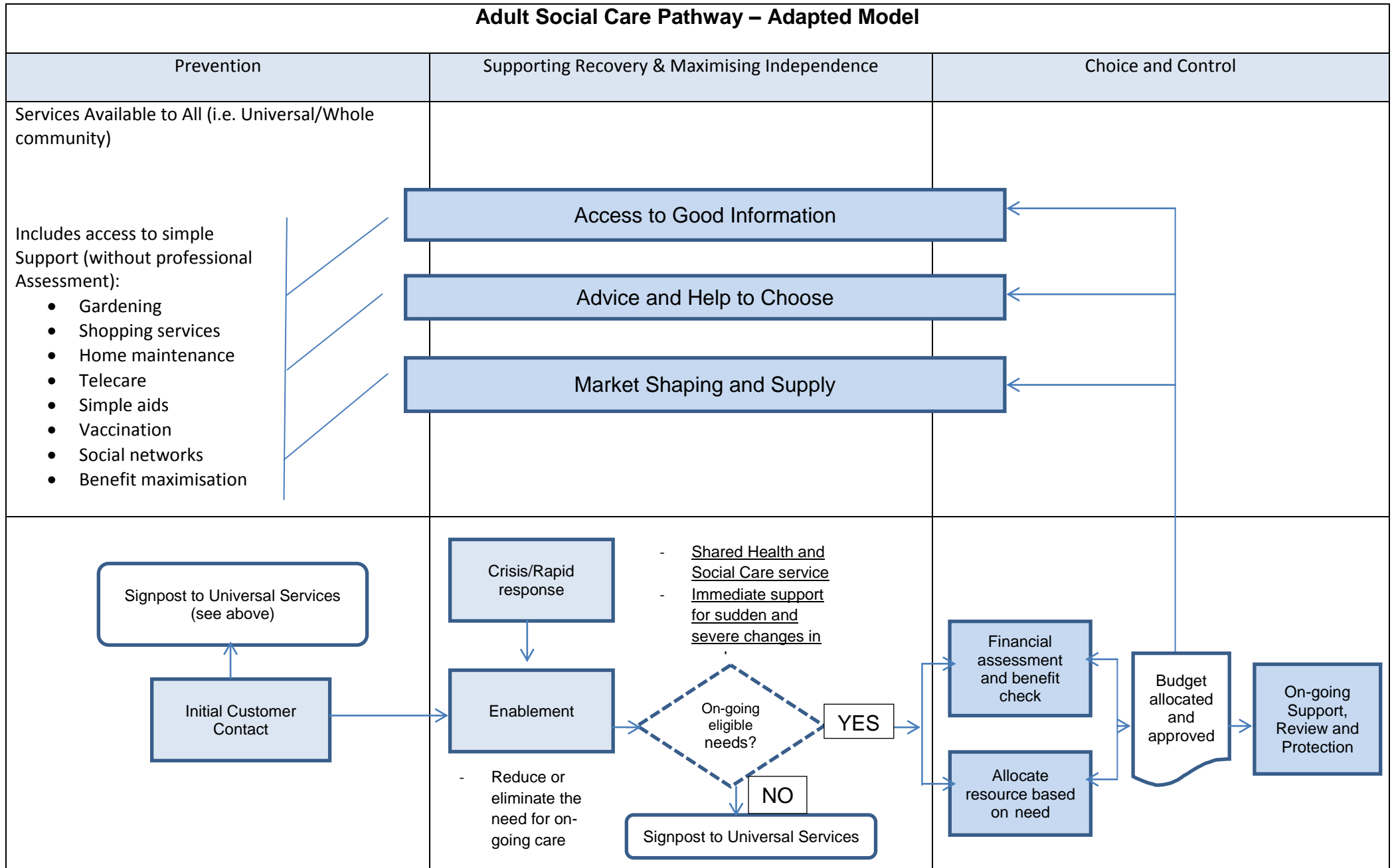
It will be necessary to build all these elements into a revised social care pathway that ensures people are able to access the right support at the right time and only when all alternatives have been explored will it be necessary to provide on-going social services.

The current social care pathway can lead practitioners to look to traditional, mainstream social care service solutions far too early in the process. The revised approach will ensure that more people are supported through an “enablement” approach, to remain as independent as possible through the provision of enhanced information services and access to short term interventions.

Enablement services have been shown to offer considerable benefits for many people who have been supported to regain skills rather than be 'cared for' in a traditional sense. An intensive period of coordinated 'enabling' support focusing on outcomes and drawing on the expertise of a number of professionals, which might, for example, involve home care staff working in tandem with physiotherapists, occupational therapists and other health professionals, can achieve positive results, both for the person, and for local authorities.

Up until recently reablement has been seen as a single service, usually one directly provided by statutory organisations, for a narrowly defined group of people. But in times of considerable change in society and public services, as well as increased expectations from citizens, we will need to consider the most effective approach. Enablement is increasingly being seen as achieving the twin aims of achieving improved outcomes for individuals and, also, as one of councils' main tools in managing the costs of an ageing population. There is a growing body of evidence about what works and this has been useful in starting to consider the type of enablement model that would best meet our local needs and how to ensure that there is enough capacity to make this type of support service available to many more people. This developing model is described below (*Adult Social Care Pathway – Adapted Model*).

Adult Social Care Pathway – Adapted Model



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