

CABINET MEMBER FOR HEALTH & SOCIAL CARE

Venue: Room 2, 3rd Floor, Bailey House, Rawmarsh Road,
Rotherham. S60 1TD

Date: Tuesday, 9th March, 2010
Time: 10.00 a.m.

A G E N D A

1. To determine if the following matters are to be considered under the categories suggested, in accordance with the Local Government Act 1972 (as amended March 2006)
2. To determine any item which the Chairman is of the opinion should be considered later in the agenda as a matter of urgency.
3. Apologies for Absence
4. Minutes of the previous meeting held on 22nd February 2010 (herewith) (Pages 1 - 4)
5. Personalisation: Self Directed Support (herewith) (Pages 5 - 96)
6. Adult Services Revenue Budget Monitoring Report 2009/10 (herewith) (Pages 97 - 102)
7. Adult Services Capital Monitoring Report 2009/10 (herewith) (Pages 103 - 107)

CABINET MEMBER FOR HEALTH & SOCIAL CARE
Monday, 22nd February, 2010

Present:- Councillor Doyle (in the Chair); Councillors Gosling and P. A. Russell.

Also in attendance were Councillors Barron, Jack and Walker.

H89. MINUTES OF THE PREVIOUS MEETING HELD ON 8TH FEBRUARY 2010

Resolved:- That the minutes of the meeting held on 8th February 2010 be approved as a correct record.

H90. MILLENNIUM DAY CENTRE – TALKING NEWSPAPERS

The Director of Health and Wellbeing presented the submitted report in respect of the closure of the Millennium Day Centre, the impact of service delivery and the way forward for this service over the next year. The report also set out proposals for the relocation of the Talking Newspaper Service to alternative premises by April, 2010.

The Millennium Day Centre relocated to Parklea as a result of the closure of the substantive worksite on the 22nd December 2009. The relocation had been successfully undertaken despite some limitations with the building for delivering rehabilitative services. The Learning Disability Services were due to vacate the premises by the end of February, 2010, which would enable the rehabilitation service to be delivered in accordance with the service level agreement and specification set out by the Joint Commissioning Team.

The NHS Rotherham Capital Board had indicated that they were prepared to release £300,000 in capital funds to assist with the upgrade of the Millennium Day Centre subject to remedial works being completed by the Local Authority on the water and the heating at a cost of £125,000. To date no schedule of dilapidations had been served on the Council. The schedule of dilapidations would set out the remedial requirements that the Council may be liable for under the terms of the lease.

The circumstances in relation to the lease arrangements for the Millennium Centre and the Talking Newspaper tenancy were as follows:-

- The RMBC lease of the Millennium Day Centre will expire on 31st March 2010.
- The Talking Newspaper occupied this centre based on a licence that coincided with the above leasing arrangements.
- Talking Newspaper's occupation of the premises ceases on 30th March 2010; although it was not a requirement to give them official notice, it was felt that it would be courteous to do so.

- The Talking Newspaper had a legal right to remain in occupation until 30th March, 2010. The room they occupied had been specially adapted to enable them to function, including a separate recording studio that was sound proofed and additional electrical sockets had been installed to enable them to deliver their core business. Any move to another building would take up to 2-3 months to facilitate, at an indicative cost of around £15,000.
- It was proposed that they remained in occupation of the rooms at the Millennium Centre until 30th March, 2010 and a decision was made on their future; they had been advised to use bottled water and toilet facilities had been made available for them at the adjacent Breathing Space building.
- This would provide them some security for the centre until it was handed back to the NHS/PCT officially in March, 2010 and any heating and rental cost would be offset against any potential relocation costs for moving the Talking Newspapers operation with immediate effect.
- Weekly checks had been put in place to review the situation and to ensure that the building was maintained and we meet our obligations under the lease.

Discussion took place on the possible availability of alternative premises which might be suitable as permanent accommodation for the Talking Newspaper in the future. It was noted that the release of appropriate funds was first required to facilitate the relocation of this service by the beginning of April, 2010.

Resolved:- (1) That the report be received and its contents noted.

(2) That the action taken in respect of the closure of the Millennium Day Centre, as now reported, be noted.

(3) That, subject to approval being obtained for the release of the appropriate funding and capital requirements, the relocation of the Talking Newspaper service from the Millennium Day Centre to the alternative premises now discussed, by the beginning of April, 2010, be agreed.

(4) That, subject to the satisfactory outcome of the relocation referred to at (3) above, arrangements be made for an official opening of the Talking Newspaper's new premises.

(THE CHAIRMAN AUTHORISED CONSIDERATION OF THE FOLLOWING ITEMS TO ENABLE THE MATTERS TO BE PROCESSED)

H91. E LEARNING COURSE ON SAFEGUARDING

The Cabinet Member for Health and Social Care reported that he had recently completed the Council's e learning course on Safeguarding.

It was agreed that all Members of the Council be offered the opportunity of studying this course.

H92. PROSTATE CANCER - AWARENESS RAISING

The Cabinet Member commended the arrangement, implemented after the idea had been raised via the Council's employee suggestion scheme, whereby information posters are displayed in the male toilets in Council-owned buildings to raise awareness of prostate cancer and providing a contact telephone number for medical advice.

H93. EXCLUSION OF THE PRESS AND PUBLIC

Resolved:- That, under Section 100A(4) of the Local Government Act 1972 of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 (information relating to financial or business affairs).

H94. SETTING IN HOUSE RESIDENTIAL ACCOMMODATION CHARGES 2010/11

The Strategic Director for Neighbourhoods and Adult Services presented the submitted report in respect of setting in-house residential accommodation charges for 2010/11.

The Council has a statutory duty to set a maximum charge for residential accommodation provided in Local Authority homes which had to reflect the costs of providing residential care including expenditure such as running costs and management overheads.

The report detailed the proposals for increasing the charge to service users for the provision of in-house residential care for the 2010/11 financial year, taking account of inflation.

Resolved:- (1) That the charges for in-house residential accommodation, set out in Appendix 1 of the report now submitted, be agreed.

(2) That these charges be effective from the 4th April, 2010.

H95. CARE QUALITY COMMISSION (CQC) INSPECTION - PROGRESS UPDATE

Further to Minute No. H71 of the meeting of the Cabinet Member and Advisers for Health and Social Care held on 7th December, 2009, discussion took place on the progress made against the recommendations of the 2008 social care Annual Performance Assessment (APA) inspection and process for Rotherham conducted by

the Care Quality Commission (CQC). Specific reference was made to:-

- budget and service-related issues (eg: occupational therapy);
- the inspection's recommendation relating to the number of people with a physical disability and/or sensory impairment who are helped to live at home;
- partnership working with NHS Rotherham.

Resolved:- That the progress update be noted.

| |
|---|
| ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBER |
|---|

| | | |
|----------|------------------------|---|
| 1 | Meeting: | Cabinet Member for Health & Social Care |
| 2 | Date: | 9th March 2010 |
| 3 | Title: | Personalisation: Self Directed Support |
| 4 | Programme Area: | Neighbourhoods and Adult Services |

5 Summary

5.1 Self Directed Support (SDS) is a new approach which aims to put customers in control of the support they need to live their life as they choose.

5.2 To fulfil the requirements of a SDS process, new documentation must be introduced; these documents include:

- Individual Social Care Assessment
- A Resource Allocation System
- Support Plan
- Risk Policy

6 Recommendations

It is recommended that the new SDS documentation and operating framework in which this sits is approved.

7. Background

- 7.1 Personalisation is becoming a key part of many government policies, including social care. It is a general term used to describe attempts to make sure that every person who receives care and support should be supported to shape their own lives and the type of support they receive.
- 7.2 It applies to both people who have support funded by councils as well as people who pay for their own support and will result in people having personalised support and services.
- 7.3 SDS describes new approaches in the social care system that puts people in control. The main aim of putting people in control is to help them to design their own personalised support.
- 7.4 SDS moves away from professionals making decisions about the support people can have and who will provide it to a person centred approach which encourages the customer to have more control.
- 7.5 A key part of the SDS process is the introduction of a personal budget. Built into the new system is a process for working out the level of resources a customer can access to pay for the support they require to meet their needs. Exactly how the customer chooses to spend their personal budget is flexible and in their control and is documented in a support plan.
- 7.6 In Rotherham, the Self Directed Support and Personal Budgets group formed in October 2009 and has met on a regular basis since this time. The group has been very active and has made significant progress towards introducing self directed support and meeting the milestones set by ADASS. Key achievements are as follows:
- Created a toolkit of documentation to support the SDS process
 - Produced Policy documentation to compliment the toolkit
 - Constructed an Operating Framework in which the toolkit is to be used
 - Engaged with staff during the production of the documentation
 - Tested the toolkit
 - Formed an Implementation Plan to roll out the SDS process
 - Formed links with other authorities and national leading bodies to share good practice

8. Proposals and Details

The operating framework (appendix 1)

- 8.1 This has been designed to support the principles of SDS and clearly demonstrates a new assessment and care management model to fulfil these.
- 8.2 With the new model come several changes to the structure of assessment and care management. The role of the care manager is proposed to refocus on identifying the needs that determine the allocation under the Resource Allocation System. This entitles the customer to know their indicative personal budget entitlement. With SDS, the customer is then empowered to develop their own support plan. The responsibility of the care manager therefore becomes to check and approve the support plan and in which doing so challenge and improve the plan, identify and manage risks and agree the actual personal budget. In addition, the care manager will ensure that the customer is able to achieve their desired outcomes.
- 8.3 Another difference between current practice and the new model is support brokerage. This has the potential to become disaggregated, enabling different people to be responsible for different components of the brokerage function, including the individual, family or friends, community organisation, support providers, independent brokers or care managers.
- 8.4 As the customer has more control in the process, whether or not they are achieving their outcomes will be identified once they have made decisions about how to use their funding. The reviewing stage of the new process therefore becomes a key function for care managers. An outcomes focussed review document is currently being developed and will be presented later.

The documentation that enables the SDS process will now be introduced individually.

The Individual Social Care Assessment (Appendix 2)

- 8.5 The Individual Social Care Assessment (ISCA) is a needs based assessment tool which assesses eligibility under Fair Access to Care Services criteria.
- 8.6 To fulfil the duty to assess needs, the care manager will complete the ISCA with the customer. The document has been written in a way that ensures the customers needs, aspirations and desired outcomes are at the centre of the assessment.
- 8.7 The ISCA has been combined with the Resource Allocation System and therefore completion of the document allows an indicative personal budget to be calculated. This is an indication of the level of resources a customer may need to live life as an equal citizen and achieve some or all of their personal outcomes which sit within the 'Outcomes for Adults' framework.

Resource Allocation System

- 8.8 The aim of a Resource Allocation System (RAS) and Allocation Framework (appendix 3) is to provide a clear and rational way to calculate the level of resources an eligible person is likely to need to arrange support. Based on the nationally recognised ADASS model it includes a number of domains based on needs, such as personal care and community involvement needs. Within each domain there are several statements and, based on the level of need, the appropriate statement is chosen. Each statement has a number of points attached to it and therefore the overall score calculated is based on the customer's level of need.
- 8.9 Within each domain, the level of support a person receives informally is considered. Based on the ADASS model, a person's allocation is reduced as the level of support provided informally increases. It is important to note that the Guidance Notes instruct staff to consider whether or the person providing the informal support is willing and able to do so.
- 8.10 It is not intended for the RAS to give a precise allocation of funding but rather be a tool for which is sufficient to produce a ballpark figure for the majority of users. The 'indicative allocation' calculated by the RAS can

be adjusted up or down accordingly depending on individual circumstances.

8.11 It is intended that the actual amount is not agreed until a support plan that meets eligible social care needs is completed.

8.12 To ensure equality, a single RAS will be operated for all groups. In the first instance, this may involve adjusting the indicative allocation to reflect current market costs of providing support but it is predicted that as the market develops in line with personalisation this will lessen.

8.13 In order to reduce budgetary risks the RAS and the Allocation Framework was tested between December 2009 and January 2010. A range of Social Workers from each customer group completed face to face testing with 'live' cases of which were existing customers awaiting review. This gave a comparison between current spend and estimated spend under the new self directed support process. Care packages were costed using current unit costs excluding management overheads.

8.14 90 samples proportionate to the current caseload were tested, including 42 older people, 10 mental health, 20 physical disability, 6 sensory impairment and 20 learning disability cases.

8.15 Results Overview:

- In each of the customer groups, on average, the RAS allocation is half of the cost of the current care package.
- In most cases the RAS allocation varied significantly with the cost of the care package. In only 3 cases was the difference less than 10%.
- The average pound per point across service user groups was different, for example -

Older People and PDSI £4.38 and £4.39 per point

Learning Disability £6.32 per point

- Three older people with reasonably high care packages were allocated no points in the RAS. This was due to carers being recorded as meeting all care needs.
- For six older people the RAS allocation was higher than the cost of the current care package.

8.16 Progressing from this stage, Service Managers were involved in deeper analysis of individual cases and from this the following was recommended:

- Amend the Allocation Framework by increasing each point allocation by 20% to reflect Rotherham's spend and or costs.
- Strengthen the Guidance Notes to ensure that staff complete the 'Informal Carer' table with in each of the domains accurately to reflect the customer's circumstances (analysis showed that informal care was overstated by some staff causing an inaccurate allocation).
- Ensure the Guidance Notes (appendix 4) are fit for purpose by sharing them with the Personalisation Champions.
- Introduce an implementation plan that enables cases to be carefully monitored.
- Use the support planning process to amend the indicative allocation appropriately. This includes accounting for Continuing Health Care and Independent Living Fund contributions (particularly within Learning Disability services) as this may be the reason for the higher pounds per points.
- The RAS is not intended to be a precise allocation and comparable with existing care packages. It is an indicative allocation which will be used to develop the support plan and until this is completed an actual personal budget will not be agreed.
- Be mindful that RMBC Adult Social Care may be too generous with spend on care plans and that currently the cost of services varies radically amongst customer groups. The monitoring period

must be used to amend the allocation framework appropriately as the market changes.

Support Plan (Appendix 5)

- 8.17 A customer's needs and the outcomes they wish to achieve are identified during the assessment process and recorded within the ISCA. The support plan is to map how a person will meet their needs creatively to achieve their outcomes and who will support them in this. The support plan also identifies how the person will manage their resources.
- 8.18 The support plan must be agreed and signed off by the care manager.

Financial Assessment - Charging

- 8.19 The Fairer Contribution Charging Policy will be updated to state that customers will be charged 100% of the RAS (refer to Statutory Guidance). This policy decision will be reviewed on a regular basis.

Risk Policy

- 8.20 It is important to recognise that risk is an inevitable consequence of people making decisions about their lives. The risk policy will highlight the arrangements that RMBC Adult Social Care will put into place to address complex risk situations. The policy will include a risk assessment tool and the process for managing risk which involves criteria for referring cases to a Risk Enablement Panel.
- 8.21 The risk panel will exist to guide, advise and support individuals to minimise risks and manage complex risk situations; it will provide a forum where staff can share risk decision making. The panel will aim to seek positive solutions and outcomes for individuals and resolve issues regarding the sharing of risk between individuals. It will be the responsibility of the panel to provide a consistent approach to managing complex risk situations and to take the final decision on issues involving risk. Safeguarding is a key element of personalisation, and the Risk Enablement Panel will have a key role in preventing abuse, and protecting vulnerable adults from abuse.

- 8.22 An implementation and monitoring plan to roll out the new documentation will be produced and agreed by the Self Directed Support and Personal Budgets group. The group proposes a planned roll out to avoid a negative impact on performance during a critical time of the year. Personalisation Champions within the Physical Disability Team and Sensory Impairment Team will be the first to use the documentation with new customers allocated to them as of 1st March 2010. As of 1st April 2010, the new documentation will be further rolled out to all teams within Assessment and Care Management including the Learning Disability Team.
- 8.23 The documentation, including the RAS will be monitored and reviewed regularly by the Self Directed Support and Personal Budgets group and appropriate amendments will be made.

Review

- 8.24 A new person centred review format is being produced and will be presented in the near future. The review document will be designed based on the '3 wishes' approach that Oxfordshire and Kent have developed. This approach has the potential to become a new performance indicator, aimed to measure outcomes for customers. This approach is focussed on collating qualitative data that is meaningful to the person and adds value for people using social care services.

9 Finance

- 9.1 The production of these documents has been completed by the Transformation Team, with assistance with regards policy from the Policy and Strategy Team.
- 9.2 The new SDS process will be implemented by existing staff within assessment and care management. The service will be restructured appropriately to support the new SDS process.
- 9.3 Staff will require training on the new process and documentation which will be funded out of the Social Care Reform Grant (the amount accessible for workforce development reaches a total of £50,000).

- 9.4 The ADASS milestone, 'social care to deliver a minimum of 3% cashable savings' is to be delivered by April 2011, mainly through effective commissioning that focuses on prevention and cost effective services. However it is envisaged that introducing a RAS will help to achieve this target.

SCIE (2009) reports research findings that personal budgets 'have the potential to be more cost-effective than standard care and support arrangements' partly due to 'efficiency gains or cost savings through reduced overheads and increased competition between providers'.

- 9.6 Part of signing off the support plan is for staff to take into account in decision making whether the proposed support arrangements are cost effective.

10 Risks and Uncertainties

- 10.1 Budgetary risks - Overspend will be reduced due to the implementation and monitoring plan.
- 10.2 Staff ownership – the training plan will ensure the staff take ownership of the documentation.
- 10.3 Timeliness – the documentation is ready to be used from 1st March 2010; the first ADASS milestone is therefore on target to be achieved.
- 10.4 Control - the implementation plan will ensure that the new process and documentation is rolled out methodically and in a controlled manner.

11. Policy and Performance Agenda Implications

- 11.1 New policy documentation to support the recommendations and proposals to implement new SDS documentation has been written.
- 11.2 The implementation of the new documentation will enable RMBC Adult Social Services to achieve the specific milestones set by ADASS. These are as follows:

April 2010

Introduce personal budgets which are being used by existing or new service users.

October 2010

All new service users are offered a personal budget.

All service users whose care plans are subject to review are offered a personal budget.

April 2011

30% of eligible service users have a personal budget.

12 Background Papers and Consultation

- 12.1 The documents were first introduced to staff during the personalisation week in December 2009.
- 12.2 During the testing phase, staff were encouraged to submit any feedback to one central point and necessary amendments were made to the documents following this.
- 12.3 Further to this the Self Directed Support and Personal Budgets Group are in the process of liaising with the Customer Insight and Workforce Development groups to ensure that customer are consulted and their feedback will be used to further improve the documentation. .
- 12.4 There has been vigilant version control of each of the documents and the documentation has been ratified by the Self Directed Support and Personal Budgets group prior to this report being submitted.
- 12.5 The report has been discussed and agreed with the Strategic Director of Finance.

13 References

ADASS (December 2009) Common Resource Allocation Framework
http://www.adass.org.uk/index.php?option=com_content&view=article&id=328:relevant-documents&catid=95:national-director

Care Services Improvements Partnership (CSIP July 2007) Personalisation of Social Care and the Future of Care Management, reflections from a Seminar

Department of Health (July 2009) Statutory Fairer Contributions Guidance

Kent County Council (January 2010) 'Personal Outcome Approach' paper

Oxfordshire Council (February 2010) '3 wishes' Pilot Approach Paper

Personalisation Overarching Milestones (November 2009) Action Plan and Key Performance Indicators

Putting People First (September 2008) Risk Enablement Policy, Essex County Council

Sense: Information Services (16.2.10)

www.sense.org.uk

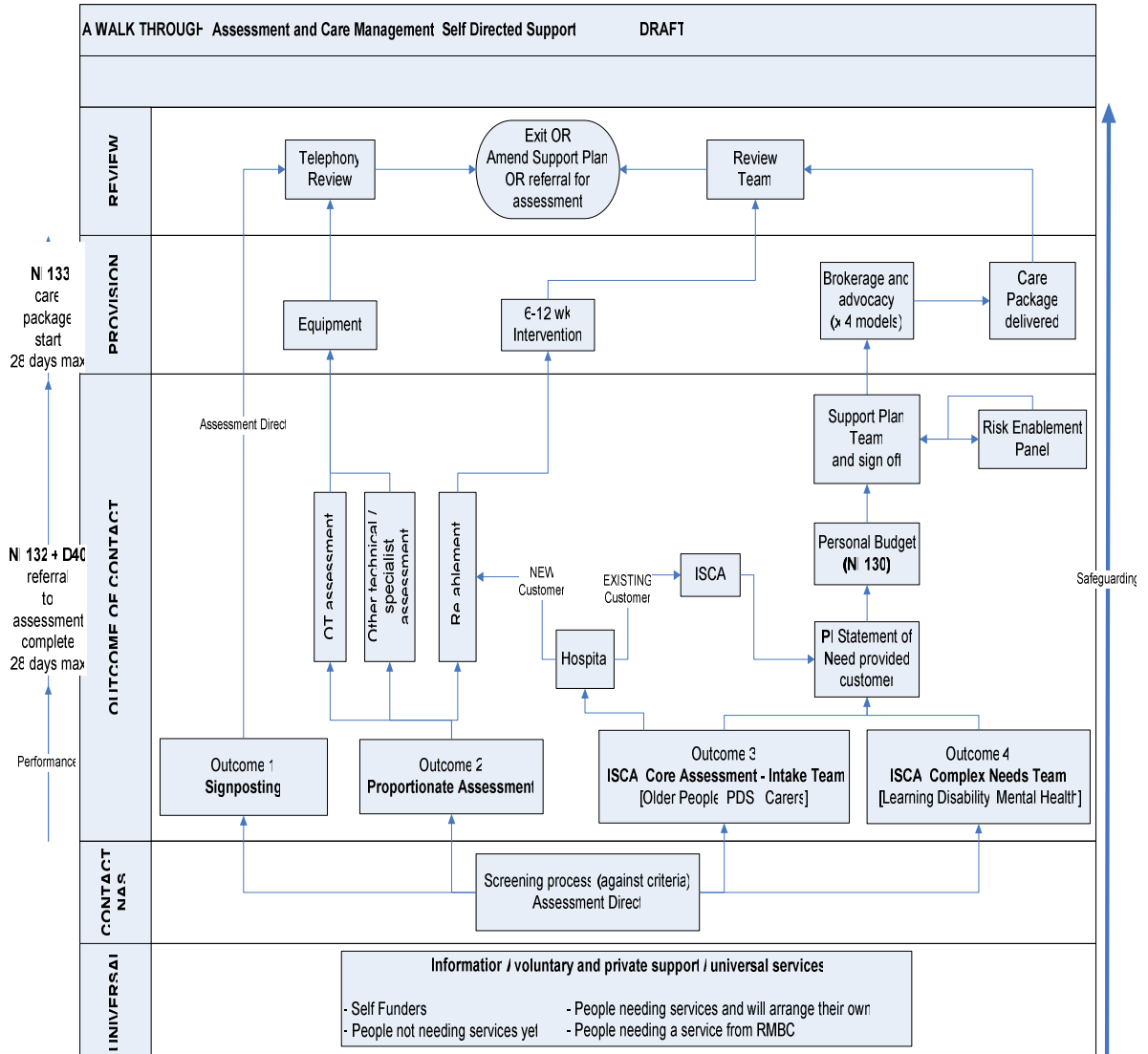
Social Care Institute of Excellence (17.2.10) Research briefing 20: The implementation of individual budget schemes in adult social care

<http://www.scie.org.uk/publications/briefings/briefing20/index.asp>

Contact Name: **Shona McFarlane, Director of Health & Wellbeing**
Telephone: **(01790) 823928**
E-mail: shona.mcfarlane@rotherham.gov.uk

Appendix 1

Operating Framework



Rotherham Neighbourhoods and Adult Services

Individual Social Care Assessment

General Information

Name

Address

Postcode

Home Telephone

Mobile Telephone

Date of Birth

Age

Ethnicity

Language

Is an interpreter required?

Was interpreter service used during assessment?

Swift / Maracis Number

NHS Number

GP / Health Practitioner

Accommodation

Type (house / bungalow / flat)

Tenure (owner / occupier / private rent / housing association)

Landlord Name:

Address:

Warden Controlled (yes / no)

Rehousing applied for (yes / no)

Notes: (i.e. access / live alone / Rothercare / Key holder)

Employment

Status (drop down options – unemployed / paid employment – see below:

- Working as a paid employee or self employed (16hrs to less than 30 hrs per week)
- Working as a paid employee or self employed (more than 0 to 4 hrs per week)
- Working as a paid employee or self employed (more than 4 to less than 16 hrs per week)
- Working as a paid employee or self employed (30 hrs or more a week)

Supported employment – see below:

- Working regularly as a paid employee or self employed but less than weekly? (e.g. fortnightly, monthly or on some other regular basis)

Assessor

Involvements

Health professional

Name.....

Contact details.....

Occupational Therapist

Name

Contact details.....

Other

DRAFT

Relationships

Name

Relationship

Address

Postcode

Telephone/Mobile

Emergency contact

Next of Kin

Date of Birth

Age

Vulnerable dependent

Key Worker

Principal Carer

National Insurance Number

Communication Agreement

Favoured method of communication

Brief History of Needs

i.e. previous needs and services received

Benefits

DLA: Care / Mobility

Attendance Allowance

Income Support

DRAFT

My current Support

I currently get support from:

TICK THE BOXES THAT APPLY:



| | |
|---|--------------------------|
| <ul style="list-style-type: none"> ▪ Family, friends or neighbours | <input type="checkbox"/> |
| <ul style="list-style-type: none"> ▪ Adult and Community Services | <input type="checkbox"/> |
| <ul style="list-style-type: none"> ▪ Health Services | <input type="checkbox"/> |
| <ul style="list-style-type: none"> ▪ Other <p>Please specify</p> | <input type="checkbox"/> |

Notes

About my health and wellbeing

Do you have any health needs/disabilities/sensory needs?

TICK THE BOXES THAT APPLY:



| | | | |
|------------------------------------|--------------------------|----------------------------|--------------------------|
| Visual Impairment | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> |
| Hard of Hearing, Deaf | <input type="checkbox"/> | Breathing Problems | <input type="checkbox"/> |
| Sensory Needs | <input type="checkbox"/> | Heart Condition | <input type="checkbox"/> |
| Physical Disability | <input type="checkbox"/> | Memory Problems | <input type="checkbox"/> |
| Learning Disability | <input type="checkbox"/> | Mental Health | <input type="checkbox"/> |
| Health Needs | <input type="checkbox"/> | Communication Difficulties | <input type="checkbox"/> |
| Have you recently suffered a fall? | <input type="checkbox"/> | Smoker | <input type="checkbox"/> |

Has a Falls Risk Assessment (FRAT: AS70) been completed and submitted to the Integrated Falls Service?

Yes

No

Notes

(inc. Medical History / height and weight)

DRAFT

1.1 Meeting your personal care needs during the day

Assessment:

Risks:

Views:

FACS:

| | Please tick one box that best describes you | Customer Outcomes | Outcomes Framework | |
|---|---|-------------------|--------------------|--------------------------|
| A | I do not need any support with my personal care | | | <input type="checkbox"/> |
| B | I need occasional support / encouragement with my personal care (e.g. once or twice a week) | | | <input type="checkbox"/> |
| C | I need some support / encouragement with my personal care to take care of myself (e.g. at least once a day) | | | <input type="checkbox"/> |
| D | I often need support / encouragement with my personal care (e.g. at least twice a day) | | | <input type="checkbox"/> |
| E | I need frequent support / encouragement with my personal care (e.g. several times a day) | | | <input type="checkbox"/> |

If you answered B, C, D or E please indicate how many people you need to support you

| | | |
|---|---|--------------------------|
| A | I need one person to support me with my personal care | <input type="checkbox"/> |
| B | I need two people to support me with my personal care | <input type="checkbox"/> |

| Unpaid / informal support | | |
|---|--|--------------------------|
| All my support is provided by unpaid / informal support | | <input type="checkbox"/> |
| Some of my support is provided by unpaid / informal support | | <input type="checkbox"/> |
| I receive no unpaid / informal support | | <input type="checkbox"/> |

Section 1.1 score:

1.2 Meeting your personal care needs during the night

Assessment:

Risks:

Views:

FACS:

| | Please tick one box that best describes you | Customer Outcomes | Outcomes Framework | |
|---|---|-------------------|--------------------|--------------------------|
| A | I do not need any support with my personal care | | | <input type="checkbox"/> |
| B | I need occasional support / encouragement with my personal care (e.g. once or twice a week) | | | <input type="checkbox"/> |
| C | I need some support / encouragement with my personal care to take care of myself (e.g. at least once a day) | | | <input type="checkbox"/> |
| D | I often need support / encouragement with my personal care (e.g. at least twice a day) | | | <input type="checkbox"/> |
| E | I need frequent support / encouragement with my personal care (e.g. several times a day) | | | <input type="checkbox"/> |

If you answered B, C, D or E please indicate how many people you need to support you

| | | |
|---|---|--------------------------|
| A | I need one person to support me with my personal care | <input type="checkbox"/> |
| B | I need two people to support me with my personal care | <input type="checkbox"/> |

| | |
|---|--------------------------|
| Unpaid / informal support | |
| All my support is provided by unpaid / informal support | <input type="checkbox"/> |
| Some of my support is provided by unpaid / informal support | <input type="checkbox"/> |
| I receive no unpaid / informal support | <input type="checkbox"/> |

Section 1.2 score:

2. Eating and Drinking

Assessment:

Risks:

Views:

FACS:

| | Please tick one box that best describes you | Customer Outcome | Outcome Framework | |
|---|---|------------------|-------------------|--------------------------|
| A | I am able to eat, drink and prepare meals without support | | | <input type="checkbox"/> |
| B | I often need support to eat, drink and / or prepare my meals (e.g. at least once a day) | | | <input type="checkbox"/> |
| C | I always need support to eat, drink / or prepare my meals (e.g. several times a day) | | | <input type="checkbox"/> |

| | |
|---|--------------------------|
| Unpaid / informal support | |
| All my support is provided by unpaid / informal support | <input type="checkbox"/> |
| Some of my support is provided by unpaid / informal support | <input type="checkbox"/> |
| I receive no unpaid / informal support | <input type="checkbox"/> |

Section 2 Score:

3. Running and maintaining my home

Assessment:

Risks:

Views:

FACS:

| | Please tick one box that best describes you | Customer Outcome | Outcome Framework | |
|---|--|------------------|-------------------|--------------------------|
| A | I am able to run and maintain my home without support | | | <input type="checkbox"/> |
| B | I need occasional support to run and maintain my home | | | <input type="checkbox"/> |
| C | I often need support to run and maintain my home (e.g. at least once a week) | | | <input type="checkbox"/> |
| D | I frequently need support to run and maintain my home (e.g. several times each week) | | | <input type="checkbox"/> |
| E | I regularly need support to run and maintain my home | | | <input type="checkbox"/> |

| | |
|---|--------------------------|
| Unpaid / informal support | |
| All my support is provided by unpaid / informal support | <input type="checkbox"/> |
| Some of my support is provided by unpaid / informal support | <input type="checkbox"/> |
| I receive no unpaid / informal support | <input type="checkbox"/> |

Section 3 score:

4. Practical aspects of daily living and making decisions

Assessment:

Risks:

Views:

FACS:

| | Please tick one box that best describes you | Customer Outcome | Outcome Framework | |
|---|---|-------------------------|--------------------------|--------------------------|
| A | I am able to make decisions and organise my life without support | | | <input type="checkbox"/> |
| B | I need occasional support to make decisions and organise my life | | | <input type="checkbox"/> |
| C | I often need support to make decisions and organise my life (e.g. at least once a week) | | | <input type="checkbox"/> |
| D | I frequently need support to make decisions and organise my life (e.g. several times each week) | | | <input type="checkbox"/> |
| E | Other people always make decisions and organise my life for me | | | <input type="checkbox"/> |

| Unpaid / informal support | |
|---|--------------------------|
| All my support is provided by unpaid / informal support | <input type="checkbox"/> |
| Some of my support is provided by unpaid / informal support | <input type="checkbox"/> |
| I receive no unpaid / informal support | <input type="checkbox"/> |

5. Relationships / being part of the local community / Leisure

Assessment:

Risks:

Views:

FACS:

| | Please tick one box that best describes you | Customer Outcome | Outcome Framework | |
|---|---|------------------|-------------------|--------------------------|
| A | I am able to participate in my local community as much as I want to | | | <input type="checkbox"/> |
| B | I need occasional support to be part of my local community | | | <input type="checkbox"/> |
| C | I often need support to be part of my local community (e.g. at least once a week) | | | <input type="checkbox"/> |
| D | I frequently need support to be part of my local community (e.g. several times a week) | | | <input type="checkbox"/> |
| E | I want to be part of my community and regularly need a lot of support to do this (e.g. daily or several times each day) | | | <input type="checkbox"/> |

| | |
|---|--------------------------|
| Unpaid / informal support | |
| All my support is provided by unpaid / informal support | <input type="checkbox"/> |
| Some of my support is provided by unpaid / informal support | <input type="checkbox"/> |
| I receive no unpaid / informal support | <input type="checkbox"/> |

Section 5 Score:

6. Occupation / Education / Employment

Assessment:

Risks:

Views:

FACS:

| | Please tick one box that best describes you | Customer Outcome | Outcome Framework | |
|---|--|------------------|-------------------|--------------------------|
| A | I do not require support with work or learning opportunities currently. | | | <input type="checkbox"/> |
| B | I need occasional support to work or learn or both (e.g. once a week) | | | <input type="checkbox"/> |
| C | I often need support to work or learn or both (e.g. several times each week) | | | <input type="checkbox"/> |
| D | I would like to work or learn or both and regularly need support to do this (e.g. daily or several times each day) | | | <input type="checkbox"/> |

| Unpaid / informal support | |
|---|--------------------------|
| All my support is provided by unpaid / informal support | <input type="checkbox"/> |
| Some of my support is provided by unpaid / informal support | <input type="checkbox"/> |
| I receive no unpaid / informal support | <input type="checkbox"/> |

Section 6 score:

7. Keeping myself safe

Assessment:

Risks:

Views:

FACS:

| | Please tick one box that best describes you | Customer Outcome | Outcome Framework | |
|---|---|------------------|-------------------|--------------------------|
| A | I am able to keep myself safe all of the time | | | <input type="checkbox"/> |
| B | I need occasional support to keep myself safe | | | <input type="checkbox"/> |
| C | I often need support to keep myself safe | | | <input type="checkbox"/> |
| D | I always need support to keep myself safe | | | <input type="checkbox"/> |

| Unpaid / informal support | |
|---|--------------------------|
| All my support is provided by unpaid / informal support | <input type="checkbox"/> |
| Some of my support is provided by unpaid / informal support | <input type="checkbox"/> |
| I receive no unpaid / informal support | <input type="checkbox"/> |

Section 7 score:

8. My role as a parent or carer

Assessment:

Risks:

Views:

FACS:

| | Please tick one box that best describes you | Customer Outcome | Outcome Framework | |
|---|--|------------------|-------------------|--------------------------|
| A | I am not a parent or carer or I am able to fulfil my parenting / caring role without support | | | <input type="checkbox"/> |
| B | I need occasional support with my parenting / caring role | | | <input type="checkbox"/> |
| C | I need some support with my parenting / caring role (e.g. at least once a day) | | | <input type="checkbox"/> |
| D | I often need support with my parenting / caring role (e.g. at least twice a day) | | | <input type="checkbox"/> |
| E | I frequently need support with my parenting / caring role (e.g. several times a day) | | | <input type="checkbox"/> |

| Unpaid / informal support | |
|---|--------------------------|
| All my support is provided by unpaid / informal support | <input type="checkbox"/> |
| Some of my support is provided by unpaid / informal support | <input type="checkbox"/> |
| I receive no unpaid / informal support | <input type="checkbox"/> |

Section 8 score:

Total Score:

9. My role as a parent / my involvement with children continued

Does your health and wellbeing impact on a child / children?

Yes

No

Notes:

Are there any safeguarding issues relating to children?

Yes

No

If yes, provide detail of the action you have taken

10. Family carer and informal support

Assessment:

Risks:

Views:

FACS:

| | Please tick one box that best describes you | Customer Outcome | Outcome Framework | |
|---|--|------------------|-------------------|--|
| A | There is no identified carer involvement | | | |
| B | It causes me no concern in my daily life | | | |
| C | It causes me some concern and has some affect on my daily life | | | |
| D | It causes me significant concern and has a significant affect on my daily life | | | |
| E | It has a critical impact on my daily life and affects my health and wellbeing | | | |

As a carer, you have the right to a Carer Assessment. This is a chance to talk about these issues and find out what support is available.

- I would like a Carer Assessment
- I do not want to a Carer Assessment
- I have already had a Carer Assessment

.....

Has Assistive Technology been considered and used as part of this assessment

Yes

No

If you answered yes and Assistive Technology was not implemented state why

Or

If you answered no state why Assistive Technology was not suitable

Assessment Summary

Aspirations:

Tasks to be undertaken by customer:

Support provided by informal carers:

Ongoing support provided by professionals:

Support from Social Services:

Expected outcomes to be detailed in the Support Plan:

Other information issued:

Direct Payments

Outcome of discussion:

Other information issued:

Planned Review

Due date:

Type:

Location:

Declaration – Personal Data

The information that you have provided, which is written down in this assessment document, may be shared with others involved in your care.

Do you consent to this information being shared with our partner agencies (for example, Health, e.g. your G.P.?):

Yes

No

Information sharing will be on a strictly 'need to know' basis.

If you answered 'No' who do you not want to have this information?

Name/Organisation:

Any social care services to be provided are subject to a charge. The actual sum charged will be decided following a Financial Assessment. This assessment will be undertaken separately by a Financial Officer.

Your needs and the services provided to meet them will be subject to review. This may result in changes being made to your Support Plan. We will not alter your Support Plan without discussion with you first.

We may use your information to help plan for future demand and services, monitoring of services and research but the information will be made anonymous for this purpose.

Agreement

Do you agree to the declaration?

Yes

No

If no, please comment

.....

.....

| Signatures | |
|---|--|
| Service User: | <input type="text"/> Date <input type="text"/> |
| Carer (if Service User unable to sign): | <input type="text"/> Date <input type="text"/> |
| Worker: | <input type="text"/> Date <input type="text"/> |
| Manager: | <input type="text"/> Date <input type="text"/> |



As part of the Falls Care Pathway, all patients/clients who fall will have an initial assessment undertaken.

AS70: Falls Risk Assessment Tool – FRAT Assessment of Falls Risk in Older People

INITIAL ASSESSMENT AND REFERRAL

Tool for use by any personnel who have contact with older people.

Definition of a Fall – An event whereby an individual comes to rest on the ground or another lower level with or without loss of consciousness (NICE 2004).

Notes for Users:

1. Complete the assessment form below with the patient/client.
2. If the answer is yes to three or more of the questions on the form, the higher the risk for falling. Please consider interventions for certain risk factors, record in Action Column and refer to Falls Service.
3. Some Clinicians using the tool may feel able to undertake further assessment and appropriate interventions at the time of the assessment.
4. All forms to be sent to the Integrated Falls Service for referral and/or audit purposes.

Name of Patient: _____ **Date of Birth:** _____
Address: _____
Contact No.: _____ **Ethnicity:** _____
G.P. Practice Name: _____
SWIFT ID: _____ **NHS No.:** _____

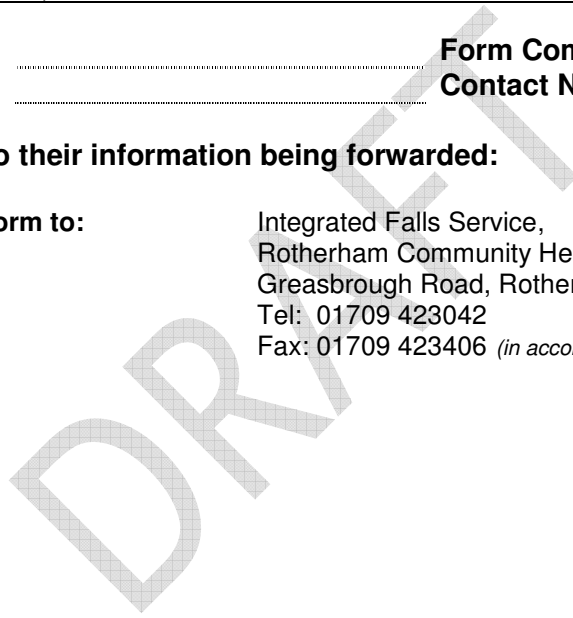
| | | NO | YES ACTION TAKEN |
|---|---|----|------------------|
| 1 | Is there a history of any fall in the previous year? How assessed? Ask the person | | |
| 2 | Is the patient/client on four or more medications per day? | | |
| 3 | Does the patient/client have a diagnosis of stroke or Parkinson's Disease. How assessed? Ask the person | | |
| 4 | Does the patient/client report any problems with his/her balance? | | |
| 5 | Is the patient/client unable to rise from a chair of knee height? (How assessed? Ask the person to stand up from a chair of knee height without using their arms) | | |

Date of Assessment: **Form Completed By:**

Designation: **Contact No.:**

The patient consents to their information being forwarded:

Please send completed form to: Integrated Falls Service,
Rotherham Community Health Centre,
Greasbrough Road, Rotherham, S60 1RY
Tel: 01709 423042
Fax: 01709 423406 *(in accordance with Safe Haven fax policy)*



Appendix 3

Allocation Table

| Score | £ | Score | £ | Score | £ | Score | £ | Score | £ |
|-------|-----|-------|------|-------|------|-------|------|-------|--------|
| 1 | £6 | 21 | £70 | 41 | £252 | 61 | £556 | 81 | £978 |
| 2 | £6 | 22 | £76 | 42 | £264 | 62 | £574 | 82 | £1,002 |
| 3 | £7 | 23 | £82 | 43 | £277 | 63 | £592 | 83 | £1,027 |
| 4 | £8 | 24 | £89 | 44 | £290 | 64 | £611 | 84 | £1,052 |
| 5 | £10 | 25 | £96 | 45 | £304 | 65 | £630 | 85 | £1,078 |
| 6 | £11 | 26 | £103 | 46 | £317 | 66 | £649 | 86 | £1,103 |
| 7 | £12 | 27 | £112 | 47 | £330 | 67 | £670 | 87 | £1,128 |
| 8 | £14 | 28 | £120 | 48 | £344 | 68 | £690 | 88 | £1,154 |
| 9 | £17 | 29 | £128 | 49 | £359 | 69 | £710 | 89 | £1,181 |
| 10 | £19 | 30 | £137 | 50 | £373 | 70 | £731 | 90 | £1,207 |
| 11 | £23 | 31 | £145 | 51 | £389 | 71 | £751 | 91 | £1,235 |
| 12 | £26 | 32 | £155 | 52 | £404 | 72 | £773 | 92 | £1,262 |
| 13 | £30 | 33 | £164 | 53 | £420 | 73 | £794 | 93 | £1,290 |
| 14 | £34 | 34 | £174 | 54 | £436 | 74 | £816 | 94 | £1,318 |
| 15 | £37 | 35 | £185 | 55 | £451 | 75 | £839 | 95 | £1,345 |
| 16 | £42 | 36 | £196 | 56 | £468 | 76 | £862 | 96 | £1,374 |
| 17 | £47 | 37 | £206 | 57 | £485 | 77 | £884 | 97 | £1,403 |
| 18 | £52 | 38 | £217 | 58 | £502 | 78 | £907 | 98 | £1,432 |
| 19 | £58 | 39 | £228 | 59 | £520 | 79 | £930 | 99 | £1,462 |
| 20 | £64 | 40 | £240 | 60 | £538 | 80 | £954 | 100 | £1,500 |

Scoring Framework

Question 1.1: Meeting your personal care needs during the day

A = 0 B = 4 C = 6 D = 9 E = 16

| Unpaid / informal support | A | B | C | D | E |
|---|-----|-----|-----|-------|-----|
| All my support is provided by unpaid / informal support | - 0 | - 4 | - 6 | - 9 | -16 |
| Some of my support is provided by unpaid / informal support | - 0 | - 2 | - 3 | - 4.5 | - 8 |
| I receive no unpaid / informal support | - 0 | - 0 | - 0 | - 0 | - 0 |

Indicate how many people are needed to provide support:

A = 0 B = 7

| Unpaid / informal support | A | B |
|---|-----|-------|
| All my support is provided by unpaid / informal support | - 0 | - 7 |
| Some of my support is provided by unpaid / informal support | - 0 | - 3.5 |
| I receive no unpaid / informal support | - 0 | - 0 |

Question 1.2: Meeting your personal care during the night

A = 0 B = 4 C = 6 D = 9 E = 16

| Unpaid / informal support | A | B | C | D | E |
|---|-----|-----|-----|-------|-----|
| All my support is provided by unpaid / informal support | - 0 | - 4 | - 6 | - 9 | -16 |
| Some of my support is provided by unpaid / informal support | - 0 | - 2 | - 3 | - 4.5 | - 8 |
| I receive no unpaid / informal support | - 0 | - 0 | - 0 | - 0 | - 0 |

C = 5 D = 12

| Unpaid / informal support | C | D |
|---|-------|------|
| All my support is provided by unpaid / informal support | - 5 | - 12 |
| Some of my support is provided by unpaid / informal support | - 2.5 | - 6 |
| I receive no unpaid / informal support | - 0 | - 0 |

Question 2: Eating and drinking

A = 0 B = 7 C = 11

| Unpaid / informal support | A | B | C |
|---|-----|-------|-------|
| All my support is provided by unpaid / informal support | - 0 | - 7 | - 11 |
| Some of my support is provided by unpaid / informal support | - 0 | - 3.5 | - 5.5 |
| I receive no unpaid / informal support | - 0 | - 0 | - 0 |

Question 3: Running and maintaining my home

A = 0 B = 2 C = 4 D = 5 E = 9

| Unpaid / informal support | A | B | C | D | E |
|---|-----|-----|-----|-------|-------|
| All my support is provided by unpaid / informal support | - 0 | - 2 | - 4 | - 5 | - 9 |
| Some of my support is provided by unpaid / informal support | - 0 | - 1 | - 2 | - 2.5 | - 4.5 |

| | | | | | |
|--|-----|-----|-----|-----|-----|
| I receive no unpaid / informal support | - 0 | - 0 | - 0 | - 0 | - 0 |
|--|-----|-----|-----|-----|-----|

Question 4: Practical Aspects of daily living
No points attached

Question 5: Relationships / being part of the local community

A = 0 B = 3 C = 5 D = 6 E = 8

| Unpaid / informal support | A | B | C | D | E |
|---|-----|-------|-------|-----|-----|
| All my support is provided by unpaid / informal support | - 0 | - 3 | - 5 | - 6 | - 8 |
| Some of my support is provided by unpaid / informal support | - 0 | - 1.5 | - 2.5 | - 3 | - 4 |
| I receive no unpaid / informal support | - 0 | - 0 | - 0 | - 0 | - 0 |

Question 6: Occupation / Education / Employment

A = 0 B = 2 C = 3 D = 8

| Unpaid / informal support | A | B | C | D | E |
|---|-----|-----|-----|-------|-----|
| All my support is provided by unpaid / informal support | - 0 | - 4 | - 6 | - 9 | - 8 |
| Some of my support is provided by unpaid / informal support | - 0 | - 2 | - 3 | - 4.5 | - 4 |
| I receive no unpaid / informal support | - 0 | - 0 | - 0 | - 0 | - 0 |

Question 7: Keeping myself safe

A = 0 B = 5 C = 8 D = 17

| Unpaid / informal support | A | B | C | D |
|---|-----|-------|-----|-------|
| All my support is provided by unpaid / informal support | - 0 | - 5 | - 8 | - 17 |
| Some of my support is provided by unpaid / informal support | - 0 | - 2.5 | - 4 | - 8.5 |
| I receive no unpaid / informal support | - 0 | - 0 | - 0 | - 0 |

Question 8: My role as carer or parent

A = 0 B = 3 C = 6 D = 8 E = 12

| Unpaid / informal support | A | B | C | D | E |
|---|-----|-------|-----|-----|------|
| All my support is provided by unpaid / informal support | - 0 | - 3 | - 6 | - 8 | - 12 |
| Some of my support is provided by unpaid / informal support | - 0 | - 1.5 | - 3 | - 4 | - 6 |
| I receive no unpaid / informal support | - 0 | - 0 | - 0 | - 0 | - 0 |

Question 9: My role with a parent / my involvement with children continued
No points

Question 10: Family carer and informal support
No points attached

Individual Social Care Assessment

Guidance Notes for Staff

Draft Version 1

Contents

1. **Introduction**
 - **What is an Individual Social Care Assessment ISCA?**
2. **How to complete an ISCA**
3. **Domains within the ISCA**
4. **The format of each domain**
5. **Resource Allocation System**
6. **Informal / unpaid Support**
7. **General Points**

Appendix 1: ISCA

Appendix 2: Allocation Table

Appendix 3: Scoring Framework

1. Introduction

What is an Individual Social Care Assessment?

1.1 The Individual Social Care Assessment (ISCA) is a needs based assessment. The aim of the ISCA is to give an indication of the level of resources a customer may need to live life as an equal citizen and achieve some or all of their personal outcomes which sit within the following Outcomes for Adults Framework:

1. Improved health and emotional wellbeing
2. Improved Quality of life
3. Freedom from discrimination and harassment
4. Dignity and respect
5. Improved economic wellbeing
6. Making a positive contribution
7. Increased choice and control

1.2 The ISCA combines an assessment with a Resource Allocation System (RAS) which functions to calculate a customer's Personal Budget. Refer to section 5 for more detail about the RAS.

1.3 The assessment document has 10 domains based on needs, which include:

- Meeting my personal care needs during the day
- Meeting my personal care needs during the night
- Eating and drinking
- Running and maintaining my home
- Practical aspects of daily living and making decisions
- Relationships / being part of the local community/ leisure
- Occupation / education / employment
- Keeping myself safe
- My role as a parent or carer
- My role as a parent / my involvement with children continued
- Family carer and informal support

The information to be included in each domain is provided in section 3.

2. How to complete the ISCA

- 2.1 The language and wording employed by the ISCA has been carefully chosen to ensure that the customer is central in the assessment process. The document is written in the first person to reflect this. When recording information, both in the free text and the scoring parts, it should be customer focussed, to capture the needs and aspirations of the customer.
- 2.2 'General Information' will be captured at first point of contact by Assessment Direct. You must however be mindful that some of this information may require completing or updating as appropriate after the initial contact has been passed.
- 2.3 The Communication Agreement should be used to record the preferred method of communication between customer and professional. It can also be used to record if there are any communication issues between the customer and a family member / carer.
- 2.4 The Assessment Summary at the end of the document includes important headings such as aspirations, summary of support, tasks to be undertaken and expected outcomes, for example. The summary provides a snap shot of the assessment.

3. Domains within the ISCA

3.1 Indicated below is the type of information that should be recorded in each of the different domains. An assessment should be a discussion with the customer about their needs and not a set list of questions. It is therefore critical to consider the following lists as a prompt rather than a finite list of questions.

3.2 Personal Care

e.g. daily living skills, diet , nutrition, self care, keeping environment clean, self neglect, sleep pattern, behavioural challenges, mental health.

3.3 Eating and Drinking

e.g. eating, drinking, nutrition, diet, specialised diet.

3.4 Running and Maintaining my Home

e.g. Shopping, cleaning, laundry, finances, bills, correspondence, type of property, budgets, benefits, communication difficulties, advocacy.

3.5 Practical aspects of daily living and making decisions

No score is given for statements in this section.

3.6 Relationships / Being part of the community / Leisure

e.g. Community centre, local organisations, place of worship, access to local resources, spiritual needs, hobbies.

3.7 Occupation / Education / Employment

e.g. Voluntary work, paid work, college.

3.8 Keeping myself safe

e.g. behavioural, forensic, mental health, offender history, substance misuse, physical disability.

This section exists for you to record any risks that have not been identified in any other domain throughout the ISCA. It should be used to record details of a customer that may have no care needs but whom puts themselves in risky situations.

For example an individual with autism who may be independent, requiring no practical support with personal care but puts him/herself in dangerous situations.

It is important to remember that the RAS table in this section should NOT be filled in if an identified need (regarding keeping safe) has been identified elsewhere in the assessment.

3.9 My role as a parent or carer

Consider if the customer is a parent or carer and assess what their needs are with regards providing this care.

3.10 My role as a parent / my involvement with children continued

As part of completing a holistic review, it is important to consider the health and wellbeing of any children that may be present in the customer's life.

If any safeguarding issues relating to children are identified, you must document this and inform the customer that a referral to the appropriate team within Children and Young People's Service will be made.

On returning to the office, ensure that appropriate action is taken.

3.11 Family carer and informal support

This domain is about the carer. If the customer does not have a carer, record this appropriately.

Recording information about the carer in the ISCA does not negate the need to complete a Carer Needs Form. A discussion should be held with the carer as to whether or not they would like to have their needs assessed and this should be indicated appropriately on the ISCA.

Either box indicating that the customer has 'some' or 'all' of their support provided informally / by unpaid support must NOT be ticked if the carer is not willing or able to provide this care. Details of this should be noted appropriately in the free text part of the section.

For example, although an informal carer is providing some or all of the support currently to the customer, this may not be sustainable for different reasons, such as:-

- Informal carer is not willing to continue with providing care / support
- Informal carer is unable to continue to provide care due to limiting health conditions of their own

4. The format of each domain

4.1 You will notice that each domain has a similar layout and includes:

- Sections for free text
- A scoring table known as the 'Resource Allocation System'
- An 'Informal / unpaid support' section

Each of these will be explored in more detail below.

Sections for free text:

- Assessment
- Risks
- Views
- Fair Access to Care Criteria (FACS)

These four fields are for free text, allowing you to record in appropriate levels of detail, information that is important to the assessment. These free text parts also exist for you to justify why you have scored the customer against a certain statement within the RAS table.

4.3 **Assessment:**

You are expected to holistically assess the customer's needs

4.4 **Risks:**

Clearly identify what risks are present. Consider the risk(s) identified in a matrix, thinking about the likelihood of the risk occurring, the frequency and the significance – i.e. the impact of the risk to the customer / people involved. Use this to record the level of risk and incorporate in to this section the management of the risk.

4.5 **Views:**

Record any conflicting views of the professional(s) involved with that of the customer and the carer / significant other / family member.

4.6 **FACS:**

Use the section to justify eligibility, using current Fair Access to Care Criteria – Low, Moderate, Substantial or Critical.

5. Resource Allocation System (RAS)

- 5.1 A RAS is used to calculate a Personal Budget. Each statement has a set number of points allocated to it. The number of points scored in each domain are added together to calculate a total score. This score is then translated into an Indicative Personal Budget using the Allocation Framework (see appendix 2)
- 5.2 The Personal Budget at this early stage of the self directed support process is an indicative amount. This is the estimated amount it will cost to obtain the customer's required support; it should be an approximate figure (that can be adjusted up or down) to inform the Support Planning stage.
- 5.3 The final amount of the Personal Budget should only be agreed once there is a completed Support Plan that meets eligible social care needs.
- 5.4 Only one box in the RAS table should be ticked; this must be the box containing the statement that best describes the customer's situation.
- 5.5 The RAS table also includes two 'outcome' boxes. The first, the 'Customer Outcome', must be an outcome that is personal to the customer. The second, the 'Outcome Framework', enables you to identify which of the 7 Outcomes for Adults the customer's personal outcome fits into. The 7 Outcomes for Adults are listed above in section 1.

6. Informal / Unpaid Support

- 6.1 Throughout an assessment of need, it is important to take into account how much informal support a customer receives.
- 6.2 Informal support is that provided free of charge. It is support that may be provided from a family member or friend.
- 6.3 Within each of the domains there is a table for you to capture how much informal support the customer receives. In each domain you must judge whether the customer receives **all** of their support informally, **some** of their support informally or **none** of their support is provided informally.
- 6.4 One of the three boxes must be filled in so that the overall score and personal budget can be calculated accurately to reflect the customer's needs.

7. General Points

7.1 Mobility is to be assessed and recorded throughout the assessment. You should assess how the customer's mobility problems affect their needs or how they are able to manage in each of the domains. For example, assess how being restricted to a wheelchair affects the customer's personal care needs or ability to access the community.

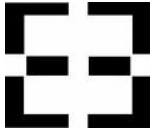
7.2 Communication is to be recorded throughout the assessment document. You should assess how the communication problems affect their needs or how they are able to manage in each of the domains. For example, assess how the customer's visual impairment affects their eating and drinking needs or their ability to access employment.

Any safeguarding issues are to be recorded throughout the assessment document in the appropriate domain.

7.3 It is important to record whether or not Assistive Technology has been considered as part of the assessment.

7.4 The ISCA ends with an Assessment Summary. It is important to capture the customer's aspirations in this section.

Following completion of an ISCA a Support Plan is to be completed with the customer as the next stage of the self directed support process. This will detail how the customer will spend their personal budget to meet their needs and achieve their outcomes (as identified through the assessment process).



Rotherham Metropolitan Borough Council

My Support Plan

This guide will help you to build your Support Plan in **5 easy steps**

1. Support Plan - Important things to me
2. Options - My outcomes and how I will achieve them
3. My action Plan
4. Budget - How my Personal Budget will help me
5. Contingency Plan

You may decide to fill in your support plan on your own or with help from your partner, family or friends or with support from your local authority or an independent person.

Remember, it is essential that you:

- Are treated with respect
- Are included in discussions and decision making about your life
- Stay in control

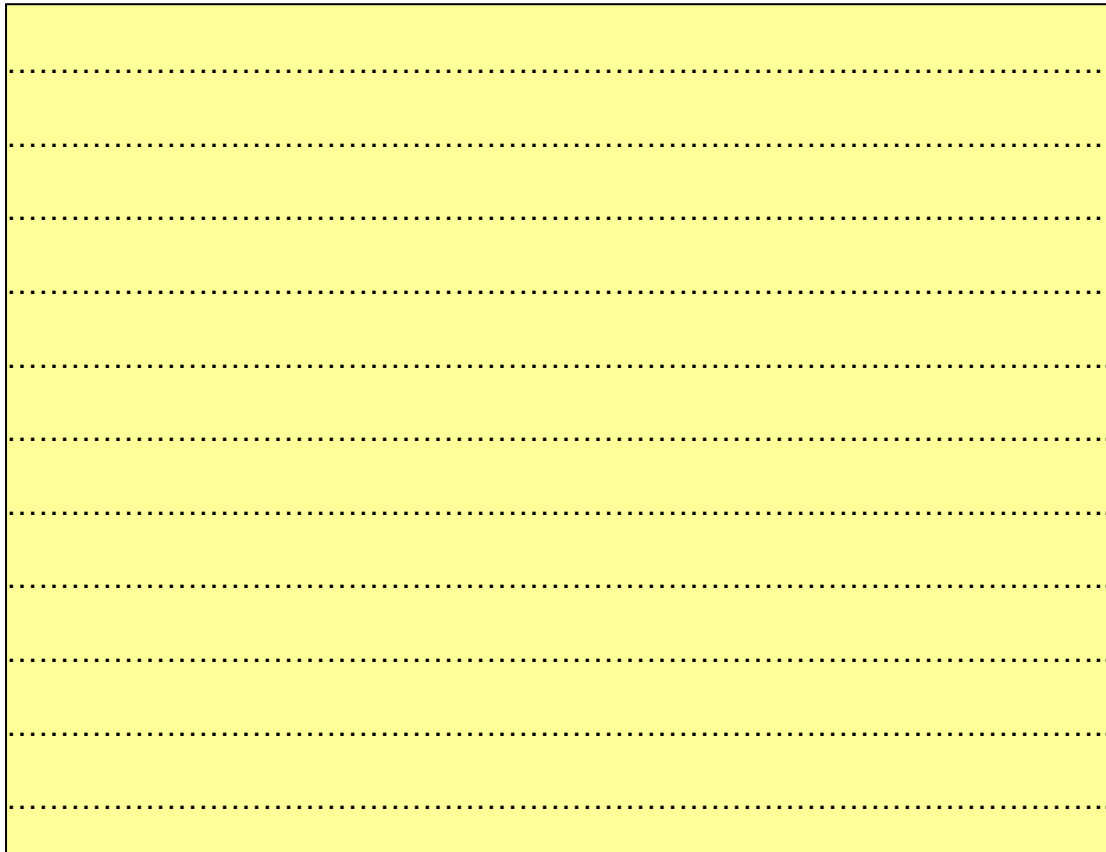
This Support Plan will become part of the contract between you and anyone that provides you with support.

If you are going to take your Personal Budget as a direct payment or an indirect payment, you will probably be thinking of employing people to support you with this.

1. Support Plan - Important things to me

Think about what is important to you in your life. This might be:-

Work, interests, hobbies, holidays, achievements, family and friends, religion and culture

A large yellow rectangular area with horizontal dotted lines, intended for writing. The area is divided into 12 horizontal rows by dotted lines, with a solid top and bottom border.

2. Options - My outcomes and how I will achieve them

During your assessment, you will have discussed with your Social Worker how your life might be made better. The benefits you experience from making changes to your life are called outcomes.

You may need some help to make changes to your life and achieve your outcomes.

There are different types of support to help you do this.

You may need support from:

- Family or friends may provide support
- A Personal Assistant
- Equipment and technology
- Transport

| This is what we agreed to do and why | This is how often it will happen | This is where it will happen | This is how long we plan to do it for | This is the person who will do it or make sure it is done |
|--------------------------------------|----------------------------------|------------------------------|---------------------------------------|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

3. My Action Plan

Now that you have completed the 8 step guide, you should be able to start thinking about what needs to happen next.

| | What needs to happen? | Who will do it? | When does it need to be done by? |
|---|-----------------------|-----------------|----------------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

4. Budgets - How my Personal Budget will help me

Your personal budget can be used to help make your life better and you can decide who controls it, this could be:

- You, your care manager or an Individual Service Fund

My Personal Budget is £

My contribution is £

| | The outcome I will achieve | How I will meet this outcome | How much it will cost |
|---|----------------------------|------------------------------|-----------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

5. Contingency Plan

As you think about having more choices and control in your life there may be risks to consider.

It is important to think about what will happen if a risk occurs.

| | Description of risk (what might go wrong) | How will the contingency plan be achieved | When will the contingency plan become effective | Responsibility |
|---|---|---|---|----------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

Appendix 6

Neighbourhoods and Adult Services

Policy Document

SDS Resource Allocation System Policy

Lead Director:

Policy approved by:

Date Policy approved:

Implementation Date:

Review Date:

Status:

Version no:

Document Control Sheet

| | |
|--|--|
| Title of Policy: | SDS Resource Allocation System Policy |
| Purpose of Policy: | To confirm the policy on Resource Allocation in relation to self directed support for Adult Social Care in Rotherham |
| Type of Policy: | Operational policy |
| Target Audience: | Practitioners and Managers, especially those involved in assessment, support planning, care management and review of service users in relation to self-directed support in Adult Social Care |
| Implementation Date: | |
| Action required: | Adoption of this policy as the framework for the resource allocation system for self-directed support in Adult Social Care. |
| This policy supersedes: | n/a |
| This policy should be read alongside: | |
| Lead Director: | |
| Policy Author: | |
| Project Team: | |

SDS Resource Allocation System (RAS) Policy

1. Policy Statement

1.1 Rotherham MBC (RMBC) has a duty to facilitate the provision of social care services to those individuals who qualify under its eligibility criteria. This policy applies to those individuals eligible for support under the system of Self-Directed Support (SDS).

1.2 Under SDS, following a supported self-assessment, service users with eligible assessed needs will be allocated a personal budget which will enable them to meet those assessed eligible needs in accordance with a validated support plan.

1.3 The Resource Allocation System (RAS) is the system by which resources will be allocated to service users and carers with eligible assessed needs.

1.4 This policy provides the framework for the way in which the RAS will allocate resources to service users and carers to meet their eligible assessed needs. Eligibility is defined by the criteria under Fair Access to Care Services (FACS). The threshold for eligibility will be that set from time to time by the authority in line with the Fair Access to Services Guidelines.

1.5 The RAS supports the overarching policy objectives of the Putting People First approach which are to promote the independence, health and wellbeing of individuals while improving their choice and control over the support they receive.

2. Guiding principles

- Ensuring that the Council is meeting the eligible needs of service users by modelling the RAS in accordance with the Fair Access to Care Services (FACS) criteria.
- Providing service users with more control in the process of assessing their needs.
- Allowing available resources to be fairly allocated in a transparent way to individuals on the basis of assessed eligible needs, regardless of gender, age, ethnicity or impairment.
- Enabling a personalised response to need by providing individuals with an indicative personal budget within which they can plan to meet their assessed eligible needs.

- Facilitating the Council to monitor and manage the resources available in accordance with its financial and budgetary responsibilities.

3. Outcomes

3.1 To deliver a Resource Allocation System which enables available RMBC NAS Adult Social Care resources to be allocated fairly and services delivered, in a consistent and transparent way.

4. Scope and exclusions

4.1 This policy applies to all users of Adult Social Care in Rotherham who have been assessed as eligible to receive services. It is envisaged that following establishment of the SDS model, this policy will be rolled out to all service users through a controlled implementation programme.

4.2 In order to arrive at an indicative personal budget that will meet the eligible assessed needs of service users and carers, the RAS calculation takes account of the need to meet the costs for a number of services. However, there are some services which are outside the scope of the RAS calculations. Initially the following budgets are proposed to be excluded. This will be reviewed through the transitional period and some of these budgets, particularly residential and nursing care, will be phased into the RAS as commitments and demand levels change:-

- Management and Administration
- Assessment and care management
- Reablement, Intermediate care and other preventative budgets E.g. Rothercare, Wardens, Equipment and Adaptations, Millennium Day Centre
- IT and other related infrastructure budgets
- Long Stay residential and nursing care budgets
- Information, advice and brokerage budgets.

5. Regulatory and policy context

5.1 The Government, through the Department of Health, sets the strategic direction of adult health and community wellbeing in England and provides the legal and policy framework and funding to local authorities to enable them to operate effective services. While Government sets the strategic direction, it does not have direct responsibility for delivering services. Rotherham MBC has responsibility for meeting local adult health and community wellbeing needs.

5.2 Accordingly, Rotherham MBC has issued a number of policies and practice guidelines that govern the administration of adult health and community wellbeing in Rotherham, of which this policy forms a part. These documents complement the policy

documents that have been released by central government which set out the guiding principles and objectives to be fulfilled by the model of Self-Directed Support.

5.3 The key relevant documents are located at Annex A.

6. Policy Background

6.1 Rotherham is transforming its social care services through the implementation of the SDS model of support provision. The aim of SDS is to transform support provision by putting service users in control and by tailoring support to individual needs.

6.2 Under the SDS framework, if an adult is deemed to be potentially eligible for support (eligibility is determined by an initial assessment against the FACS criteria) Assessment Direct Officers will then undertake an Individual Social Care Assessment (ISCA) to establish an indicative personal budget. The service user can then use their personal budget to meet their eligible assessed needs in accordance with a validated support plan.

6.3 The RAS is the system by which an indicative personal budget is calculated for eligible service users and carers who are exercising their right to SDS. It does so by translating support needs into a resource budget. The purpose of the system is to provide an equitable and transparent way of allocating resources, and is based on an assessment of an individual's support needs, the eligibility of those needs and the availability of resources to meet those needs.

6.4 The RAS is transparent as it allows individuals to know how much money is available to meet their needs.

6.5 For resource allocation to work well and efficiently it is important that it forms an integrated part of assessment. Appropriate assessment is at the heart of effective service delivery for adult social care provision and the Council recognises that it is imperative for service users' to be active partners in the assessment of their needs. The RAS therefore forms part of the community care assessment.

Evidence for the Resource Allocation System

6.6 In December 2009 – January 2010, Rotherham MBC tested the Individual Social Care Assessment and Resource Allocation System that had been developed based on the ADASS model. A proportionate number of customers awaiting a review from the different system areas (equating to 100 cases) were sampled, including 50 older people, 20 learning disability, 10 sensory, 10 physical disability and 10 mental health. The test cases provided valuable information which was used to develop and refine a RAS tailored to the specific needs of Rotherham customers.

As Rotherham MBC's RAS has been developed with input from local practitioners and local service users, it is robust tool tailored to meet the specific needs of the Rotherham population.

6.7 The RAS developed will be monitored and subject to continuous review as customers go the self directed process.

7. Policy Requirements

How does the RAS operate?

7.1 The RAS consists of three main components:

- A Individual Social Care Assessment (ISCA) that seeks to identify a service users' support needs and is used in a supported way as part of the community care assessment;
- A points allocation system which translates these needs into points to reflect the relative scale of these needs; and
- A 'pounds per point' calculation that converts the points into a sum of money, known as the indicative personal budget.

7.2 It is the indicative personal budget which allows service users to plan the support that will deliver the outcomes to best meet their identified needs. The RAS does not generate an absolute amount. Rather, it provides an indication of the resources an individual may need to meet the cost of addressing their assessed eligible needs. It is the support planning and validation process which determines the final allocation or personal budget (see RMBC's Support Planning and Review policy).

Supported self-assessment questionnaire (ISCA)

7.4 The purpose of the ISCA is to identify and evaluate an individual's needs in order to deliver an indicative personal budget with enough resources to enable a service user to meet their identified eligible needs. It does so by focusing on the totality of a person's support needs.

7.5 The ISCA is modelled against the FACS criteria in order to ensure the Council is meeting the eligible needs of service users. When determining the eligibility criteria for Rotherham, the Council has regard to its resources.

7.6 As the help and support of family members and/or other carers is essential for many people, assessment of the level of support provided by carers is included in the ISCA. Carers' own needs will also be considered within the ISCA and if it is determined that they may benefit from services, a separate Carers' Needs Form is available to deal specifically with their needs. Carers' are entitled to an assessment even if the service user does not agree to undertake an assessment.

7.7 The ISCA is completed as part of the community care assessment.

7.8 In order to ensure equity of resource allocation, there is one ISCA for all service users, and one Carers' Needs Form for all carers, regardless of age or type of need.

7.9 Where an individual either:

- appears to lack the capacity to assess their own support needs, an assessment under the Mental Capacity Act (MCA) will be carried out. The decision maker, if the person is deemed to lack capacity, will also make the decision under the best interests guidance, taking into account the views of all relevant people including family, friends and representatives having regard to s4 MCA and the Code of Practice; or
- has capacity and appears to be in need of a service from RMBC but chooses not to participate in the supported self assessment RMBC will continue to exercise its statutory duty under s47 of the National Health Service and Community Care Act 1990 to assess any person within their area who may be in need of support.

Mental capacity and the ISCA

7.10 Whilst it must be assumed that all adults have capacity to make decisions for themselves, where there are concerns about an adult's capacity to make specific decisions a formal assessment of capacity will be necessary. The Mental Capacity Act (2005) and the Code of Practice provides the legal framework for acting and making decisions on behalf of those individuals who have been assessed as lacking mental capacity to make particular decisions for themselves. The Council will act in accordance with the provisions in the Mental Capacity Act (2005), the Code of Practice, and the Rotherham Metropolitan Borough Council's Procedure and Guidance when assessing individuals.

Points allocation system

7.11 The point's allocation system translates the needs identified in the ISCA into numerical points. The scale of points awarded for each answer is informed by the Council's eligibility criteria in line with FACS.

7.12 The points for each answer remain the same regardless of who is completing the ISCA, thus ensuring that service users who have the same answer for a particular question will receive the same points in relation to that question. This maintains the equality of the points allocation system.

Indicative Allocation Table (IAT)

7.13 Once the points have been allocated, they are then converted then into 'pounds per point' calculation via a Resource Allocation System. The 'points' are compared against the IAT to determine the indicative weekly personal budget. This figure is multiplied by the number of points scored on the questionnaire in order to determine the indicative personal budget.

7.14 The annual pounds per point rate is based on the cost of meeting eligible support

needs, having regard to the available Rotherham MBC resources.

Validation

7.15 All needs identified from the assessment, including the ISCA, will be flagged for the support plan, and in order for the Council to meet its duty, these needs must be met in the support plan in order for the plan, and therefore the budget, to be validated. IAT will be reviewed annually to take into account any inflationary pressures.

7.16 The indicative personal budget identified through the RAS must be validated before it can be physically allocated. The validation process is covered in more detail in the Rotherham MBC Support Planning and Review Policy.

7.17 In addition, there is a process by which the individual's budget can be supplemented if this is determined to be necessary through the support planning and validation process.

Change in personal circumstances

7.18 If a person's needs change fundamentally a review of their support needs can be undertaken via the community care assessment process (including the ISCA), and a new revised indicative personal budget allocated as required.

Exceptional cases

7.19 Where the RAS identifies high support needs the Council will work with the service user to find the best solution for their individual needs.

Disputes

7.20 There is a process for individuals who feel that they have not been, or are no longer, appropriately assessed. Details of the process are contained in Validation and Risk Enablement policies.

Reviewing and monitoring

7.21 The Council has a statutory duty to review each service user's support needs at least annually, and may do so more frequently should this be necessary.

The review will be used to ensure that needs are being met and support is appropriate. Frequency of reviews (including self-reviews) will be agreed and included in the support plan. Service users and carers are also entitled to request a review of their overall situation in the interim should they wish to do so.

7.22 In addition, the Council will monitor the overall implementation of the RAS to ensure that it remains equitable and transparent, and allows service users to meet their needs within available Council resources. This will include at a minimum: an annual review of the RAS formula to ascertain whether the point's allocation and pounds per

point's rate remain adequate to meet service users' eligible needs; and a review as required to ensure that the RAS remains sustainable in light of available Council resources.

Service User Contribution

The value of the RAS will be subject to statutory charging guidance for RAS. Rotherham is determined charges will be based on 100% of RAS subject to a financial assessment of a person's ability to pay (see Charging Policy) and reviewed at least annually.

Annex A

Key national and local policy documents

Legislation:

National Assistance Act 1948
Health Services and Public Health Act 1968 (subject to LAC(93) 10)
Chronically Sick and Disabled Persons Act 1970
Race Relations Act 1976
National Health Services Act 1977
Health and Social Services and Social Security Adjudications Act 1983
Mental Health Act 1983
Disabled Persons (Services Consultation and Representation) Act 1986
National Health Service and Community Care Act 1990
Carers (Recognition and Services) Act 1995
Human Rights Act 1998
Data Protection Act 1998
Health Act 1999
Race Relations Amendment Act 2000
Local Government Act 2000
Care Standards Act 2000
Freedom of Information Act 2000
Health and Social Care Act 2001
Local Government Act 2003
Community Care (Delayed Discharges etc.) Act 2003
Mental Capacity Act 2005
Disability Discrimination Act 1995 as amended by the Disability Discrimination Act 2005
The Carers (Equal Opportunity) Act 2004
Equalities Act 2006
Safeguarding Vulnerable Groups Act 2006
Mental Health Act 2007

Policy and Guidance

The New Performance Framework for Local Authority and Local Authority Partnerships (2007)
Building on Progress Public Services (2007)
Putting People First (2007)
Strong and Prosperous Communities: Local Government White Paper (2006)
Our Health, Our Care, Our Say: a new direction for community Services (2006)
Independence Well-being and Choice (2005)
Improving the Life of Disabled People (2005)
Fairer Access to Care Guidance (2002)

Valuing People (2001)
National Service Framework for Older People
A Stronger Local Voice
National Carers Strategy
Independent Living Strategy
Independent Living (1983) Fund
Code of Practice for the Mental Capacity Act 2005

Local Authority Circulars

LAC (2008) 1 Transforming Social Care
LAC (2004) 24 Community Care Assessment Directions
LAC (2003) 14 Changes to Local Authorities Charging Regime for community
equipment and intermediate care services
LAC (2001) 6 Better Care Higher Standards
LAC (93) 7 Ordinary Residence
LAC (93) 10
LAC (92) 15 Social Care for Adults with Learning Disabilities

Appendix 7

Policy Document

**Putting People First
Support Planning and Review Policy**

| | | |
|------------------------------|--------------------|--|
| Lead Director: | | |
| Policy approved by: | | |
| Date Policy approved: | | |
| Implementation Date: | | |
| Review Date: | | |
| Status: | | |
| | Version no: | |

Document Control Sheet

| | |
|--|---|
| Title of Policy: | Putting People First: Support Planning and Review Policy |
| Purpose of Policy: | To implement support planning and review in relation to self-directed support for adult social care service users in Rotherham. |
| Type of Policy: | Operational policy |
| Target Audience: | Practitioners and Managers, especially those involved in assessment, planning support, care management or review of users of self-directed support services within Adult Social Care. |
| Implementation Date: | |
| Action required: | Adoption of this policy as the framework for support planning and review in relation to self-directed support within Adult Social Care. |
| This policy supersedes: | n/a |
| This policy should be read alongside: | |
| Lead Director: | |
| Policy Lead / Author: | |
| Project Team: | |

Putting People First Support Planning and Review Policy

Policy statement

1. This policy document implements Rotherham MB Council's (the Council's) system of support planning for service users and carers across adult social care, in line with the wider policy of introducing self-directed support (SDS) under the Putting People First approach towards social care. Support plans set out the design of a service user's budget spending as outlined by the Resource Allocation System (RAS). In order for a budget holding manager to agree the release of money for the personal budget, they must be able to see and agree a plan that meets the criteria set out in this policy.
2. Effective support planning seeks to promote the independence, health and wellbeing of service users, while at the same time giving them more choice and control over the services they receive.
3. The key characteristic of the support planning process is the importance attached to service users' ownership of the support plan. The support plan should be completed jointly with your health or social care worker. Even if it is not possible for the service user to prepare their own support plan, their views should guide the preparation of the support plan as much as possible.
4. The objectives of this policy are to foster the growth of individual choice and control, improve outcomes for service users and carers, to promote service users' independence and to reduce barriers to everyday living.

Scope

5. This policy includes all adult social care users who have been assessed against the Fair Access to Care Services criteria as being eligible for SDS.

Regulatory and policy context

6. The Government, through the Department of Health, sets the strategic direction of adult social care in England and provides the legal and policy framework and funding to local authorities to enable them to operate services.
7. The Government has released a number of key policy documents setting the strategic direction of adult social care. The 'person-centred' approach embodied in support

planning follows the intent of the Department of Health's 'Fair Access to Care Services' guidance from January 2003, which states that:

'Councils should recognise that individuals are the experts on their own situation, and encourage a partnership approach to assessment... Assessment should be carried out in such a way, and be sufficiently transparent, for individuals to:

- *Gain a better understanding of their situation*
- *Identify the options that are available for managing their own lives*
- *Identify the outcomes required from any help that is provided*
- *Understand the basis on which decisions are reached'*

8. In December 2007 the Government, councils, health authorities, professional bodies and voluntary organisations agreed on a strategy called 'Putting People First' to personalise care services. This says that people should be offered the highest standards of professional expertise, care, dignity, control and the chance to make decisions for themselves. Support planning is one key aspect of implementing this strategy.
9. Support planning also implements principles expressed in the white paper, 'Our Health, Our Care, Our Say', including its seven key outcomes for service users, by facilitating delivery of services closer to home, and improved rehabilitation.
10. Local authorities have direct responsibility for delivering social care services in England. Rotherham is responsible for meeting local adult social care needs through the commissioning of public, private and voluntary sector providers to deliver services. The Council has a broad policy of continuous improvement of its services.
11. Support planning in Rotherham was initially approved in a key decision taken by the Cabinet member for adult social care in March 2006, which approved an individual budget pilot project.
12. Key documents informing the development of the support planning regime in Rotherham are listed in Appendix A.

Policy background

What is support planning?

13. A support plan brings together aspirations, goals and outcomes for an individual's social care and outlines how an indicative budget might be used to meet them. It is a responsive process, showing how a service user and their carer(s) would like their needs to be met. A health and social care worker will complete the Support Plan, but if this is not possible it will be completed with the assistance of natural supporters plus other interested parties, carers, advocates or Rotherham staff. The key characteristic of the support plan is that the service user has ownership of the plan and it should be agreed by them, wherever possible.
14. Support planning is a central feature of personal budgets. The validation of support plans by service users and the requirement for evidence of the capacity of service users to manage their budget, with appropriate support if required, is an important step to ensuring the success of these budgets.

Guiding principles

15. The key principles underpinning the establishment of the support planning policy are:
 - The role of adult social care is, and will remain, to help people to maintain or regain their independence regardless of age, impairment, ethnicity or personal circumstances. Within this context, individuals will be encouraged and supported to exercise as much choice and control as possible over how their social care needs are addressed.
 - Individuals who present as having eligible assessed social care needs may be able to address those needs themselves if they have access to a full range of information, advice and universal services.
 - A functioning market needs to exist in which individuals can directly or with support purchase the services that they need and want. That market may involve providers from the statutory sector, the voluntary sector, social enterprises and the private sector.
16. These principles also extend to people who fund their own care.
17. Support planning needs to ensure that a service user's safety is not put at risk through delays in providing services, and that a clear distinction is drawn between putting a person at risk and enabling them to manage risks appropriately.
18. At no stage will the support planning process negate or circumvent the Council's statutory duty to assess and safeguard vulnerable adults and carers and provide or commission services to meet their eligible social care needs.

Why is support planning being implemented?

19. The Council is transforming its social care services through the implementation of the SDS model of support provision. All service users will go through a model of assessment and planning to produce a validated support plan that they can either manage themselves, or which the Council or agreed third party arrangements (with or without additional support) will undertake to manage for them. The process aims to give individuals control over their own support needs and encourages innovative and more holistic approaches to problem solving, regardless of whether or not they wish to receive a personal budget paid directly.

20. Claire to provide information.

Objective

21. The objective of this policy is to develop a service-user led approach to support planning, to be implemented from the date at which personal budgets are introduced. The policy will allow service users to complete support plans with assistance, if required, from family, friends, Rotherham staff, and/or other support chosen by the service user.

Policy requirements

How will it operate?

20. Support planning in Rotherham will occur after the determination of the indicative budget, and is summarised as:

'Once people know their personal [i.e. indicative] budget they can begin to plan how to spend this money so that their care needs are met and their quality of life is improved. This is written down in a support plan. People can ask us or their family and friends or another organisation to help them write the support plan but the plan must be the wishes of the person who receives the personal budget. We will need to check and approve the support plan before we pay any of the personal budget or commission services on behalf of the individual'.

21. The Council will also commission services with a proportionate support plan for those service users who need immediate support.

22. Details of the criteria against which support plans will be validated and the options to be considered when drafting the plans are contained in the support planning process guidance.

23. The support plan will work within the indicative budget allocation set out during the Resource Allocation System (RAS) process, which in turn is derived from analysis of the supported self-assessment questionnaire (ISCA). Once the indicative budget is considered and set down in a validated support plan, it is finalised as a personal budget.

24. Funds from a service user's personal budget may only be used to meet the needs that the Council has undertaken to support at the time the budget is allocated. This may only be varied by agreement at a review where there is a significant change. However, adjustments to support plans that still meet the identified outcomes within the same budget but through different means only require notification at the review: they do not have to seek the Council's agreement. This policy is in line with the Council's obligations under current Fair Access to Care Services criteria.

25. Individuals with other funding streams will also have to consider the rules of those schemes when formulating their support plan.

26. In some cases the service user contribution may mean that they do not receive a council-funded contribution, but these service users could still participate in the support planning process.

What should a support plan include?

27. The length and style of support plans will vary depending on the individual's approach. Support plans should include as a minimum:

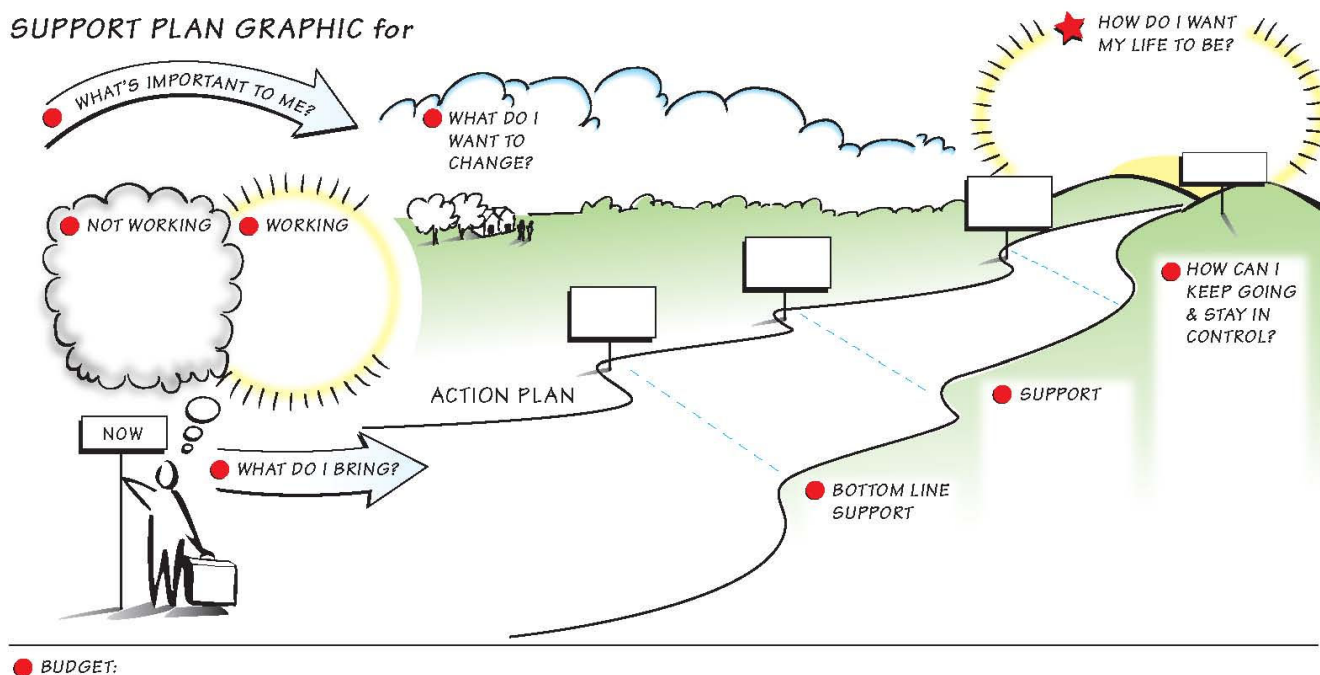
- Links back to the specified eligible needs, associated risks and the management of these risks.
- The desired outcomes of service provision, the timescale for implementation, how they will be measured and how frequently progress towards these outcomes will be reviewed.
- Contingency plans to manage emergency changes.
- Details of how identified outcomes will be achieved.
- The associated costs, any charges the service user is assessed to pay, and how they wish to receive their budget, e.g. to the individual, managed service or third party.
- Contributions, financial or otherwise, that carers and others have undertaken to make.
- How significant changes in the support plan will be notified.
- The mechanism for managing or delegating control of the support plan.

28. One possible support plan structure that sets out the required information in a logical order is derived from In Control criteria:

- What is important to you?
- What do you want to change or achieve?
- How will you be supported?
- How will you use your individual personal budget?
- How will your support be managed?
- How will you stay in control of your life?
- What is your action plan?

29. A graphical representation of the support planning process is set out below:

SUPPORT PLAN GRAPHIC for



© 2006 Helen Sanderson Associates
 Created by The Green Consultants International

What should be considered when drafting a support plan?

30. The support plan should be designed with flexibility in mind, balancing both the council's duty of care and its responsibility to manage risk appropriately while allowing service users to find innovative ways to use their budgets to achieve their overall objectives. The support plan should maximise the individual's choice and control while at the same time keeping them healthy, safe and well.
31. Any legal activity, item or service can be purchased with the budget and form part of the support plan as long as it meets the established objectives. Illegal items or services are not acceptable components of a support plan.
32. Service users need to specify within the support plan how actual or perceived risk will be managed. Service users with capacity should be supported to make informed choice as to the element of acceptable risk that they wish to take. The support plan should also include a contingency to discuss what should happen if a predictable anticipated risk could take place, e.g. an informal carer being rushed to hospital.
33. The three governing principles for effective risk management, set down by the Department of Health are:
 - People have the right to live their lives to the full as long as that doesn't stop others from doing the same.
 - Acknowledge that there will always be some risk, and that trying to remove it altogether can outweigh the quality of life benefits for the person.

- Continue existing arrangements for safeguarding people.

34. Health and social care workers may facilitate the support planning process on an individual basis and in a range of ways. For instance, some may require person-centred planning meetings, and some may need a family group conference. Service users may also receive assistance to prepare their support plan if required, from carers, relatives and others.

35. The support plan must clearly state who manages and is responsible for the support that is provided, and as the standard approach will be payment by regular draw-down, any one off payments that may be required to support outcomes must also be detailed. The support plan should also include details of contingency planning, reflecting both desired and minimum (basic care) levels of support being met.

36. There are a number of validation considerations to take into account when drafting a support plan:

- If a support plan meets the service user's assessed eligible needs within the available budget without endangering their health or wellbeing then the support plan should be validated. The actual budget required may be less than the indicative budget, in which case it is the lower budget that becomes the validated budget.
- If a service user is saving up towards meeting a longer term need, this should be specified within the support plan, e.g. saving for a cooker at a rate £10 per month. They could also record the total value of the cooker if they have accumulated a sufficient surplus.
- If the critical and substantial needs are met but only with spending that is outside the budget, then an escalation process will consider the merits of the proposals on a case-by-case basis.
- Moderate needs may be met as part of an outcome that also addresses critical or substantial needs. In effect, meeting the moderate needs becomes a by-product of meeting the critical and substantial needs. Moderate needs may also be addressed where funds still remain after critical or substantial needs have been met and it can be demonstrated that the action will reduce the likelihood of a moderate need becoming substantial.
- If during assessment the carer has identified a need for respite and this relates to a need for short breaks, then this must also be included in the service user's support plan and again it will be the adjusted budget that becomes the actual budget.
- Whether the support plan addresses all of the Council's statutory obligations (ASC or Rotherham MBC); **see also the Risk Enablement Policy.**

Service user capacity and sign-off

37. Support plans should be signed off by service users before they proceed to validation. Service users should be assumed to have the capacity to validly consent and to be able to make their own decisions, unless there is evidence to the contrary.
38. In cases where there is uncertainty about whether a service user has sufficient capacity to be able to make this decision, it will be necessary to perform an assessment of capacity in accordance with the Mental Capacity Act 2005 and the **Rotherham MBC Mental Capacity Act Policy and guidance**.

Validation and other issues

39. The validation process involves approval of the individual budget by presenting a support plan and support plan summary for consideration, which will be completed by the use of SWIFT. Support planning validation will take the form established in the Care Planning Board authorisation process.
40. Support plans presented in excess of the maximum amount calculated by the RAS are to be managed through an escalation process in which a senior manager will consider and validate the support plan. Again, this will be facilitated via SWIFT. In the event of an appeal most complaints can be addressed by correspondence, but it may involve a multidisciplinary board which may include service user representation. Service users or their representatives will be able to present in person to the board, and services can be provided during a complaint or appeal process, to ensure the Council is exercising its duty of care.
41. Following validation or escalation a service user or their representative can appeal in writing within 10 days.
42. Further details of the validation process will be set out in a separate policy document.
43. The support plan will be reviewed by the Council at least annually, in line with statutory obligations, possibly extending to several reviews per year, depending on the individual case. The review process adopted should be proportionate to the support plan and the wishes of the service user.

44. Impact of Charging

Support statutory charging policy as we cannot disadvantage people in RAS who are currently receiving services that are free or subsidised.

Appendix A – Key policy documents

Legislation

National Assistance Act 1948
Health Services and Public Health Act 1968 (subject to LAC (93) 10)
Chronically Sick and Disabled Persons Act 1970
Race Relations Act 1976
National Health Service Act 1977
Health and Social Services and Social Security Adjudications Act 1983
Mental Health Act 1983
Disabled Persons (Services Consultation and Representation) Act 1986
National Health Service and Community Care Act 1990
Carers (Recognition and Services) Act 1995
Data Protection Act 1998
Human Rights Act 1998
Health Act 1999
Freedom of Information Act 2000
Race Relations Amendment Act 2000
Local Government Act 2000
Care Standards Act 2000
Health and Social Care Act 2001
Local Government Act 2003
Community Care (Delayed Discharges etc.) Act 2003
Carers (Equal Opportunity) Act 2004
Mental Capacity Act 2005
Disability Discrimination Act 1995 as amended by the Disability Discrimination Act 2005
Equalities Act 2006
Safeguarding Vulnerable Groups Act 2006
Mental Health Act 2007

Policy and Guidance

The New Performance Framework for Local Authority and Local Authority Partnerships (2007)
Building on Progress Public Services (2007)
Putting People First (2007)
Strong and Prosperous Communities: Local Government White Paper (2006)
Our Health, Our Care, Our Say: a new direction for community services (2006)
Independence, Well-being and Choice (2005)
Improving the Life of Disabled People (2005)
Fair Access to Care Guidance (2002)
Valuing People (2001)
National Service Framework for Older People
A Stronger Local Voice
National Carers Strategy

Independent Living Strategy
Independent Living (1983) Fund
Code of Practice for the Mental Capacity Act 2005

Local Authority Circulars

LAC (2008) 1 Transforming Social Care
LAC (2004) 24 Community Care Assessment Directions
LAC (2003) 14 Changes to Local Authorities Charging Regime for community equipment and intermediate care services
LAC (2001) 32 Fairer Charging Policies for Home Care and Other non-residential Social Services - Guidance for Councils with Social Care Responsibilities
LAC (2001) 6 Better Care Higher Standards
LAC (93) 7 Ordinary Residence
LAC (93) 10
LAC (92) 15 Social Care for Adults with Learning Disabilities

Notes

Appendix 8

Neighbourhoods and Adult Services

Policy Document

Glossary of terms for Self-Directed Support

Lead Director:

Policy approved by:

Date Policy approved:

Implementation Date:

Review Date:

Status:

Version no:

Document Control Sheet

Title of Policy: Glossary of terms for Self-Directed Support

Purpose of Policy: To provide a comprehensive glossary for all of the terms that fall under the Self-Directed Support programme

Type of Policy: Supplemental to all SDS policies

Target Audience: All RMBC staff

Implementation Date:

Action required: This glossary is for information and for reference in support of all Putting People First policies and processes.

This policy supersedes: n/a

This policy should be read alongside:

Lead Director:

Policy Author:

Project Team:

Date:

Draft Versions only:

Comments to:

Deadline:

Activity of Daily Living (ADL)

A measure of an individual's physical capabilities which is used to evaluate what type of services an individual may need. Daily activities measured include personal support (such as feeding, bathing, dressing, grooming), work, homemaking and leisure.

Advocate

An advocate is a person who speaks on behalf of another, or helps them speak up for themselves. They represent people's needs, opinions and choices and offer support to individuals to represent their interests in a variety of situations.

Advocates can also help people to become more aware of their rights and can help people to exercise those rights and be involved in, and influence, decisions that are being made about them.

An advocate can be a friend or relative authorised to speak or act on behalf of a person, or a person trained to be an advocate.

Annual pounds per point calculation

The annual 'pounds per point' calculation forms the third component of the Resource Allocation System. [*See Resource Allocation System*]

Assessment

The collection and interpretation of data to determine an individual's need for support, undertaken with the individual, their relatives or representatives, and relevant professionals. [*See also Community Care Assessment*]

Assessed Eligible Needs

These are the needs the Council has identified an individual as having and which the Council has a duty to meet with the provision of support and/or other services as they fall within the Council's eligibility criteria. These needs are identified during the assessment process. [*See Eligibility Criteria*]

Assistive Technology

Any product or service that is designed to maintain or improve someone's independence. Assistive technology includes innovations to assist with communication, monitoring of need/activities equipment for people with a hearing disability, access for people with a visual disability, computer access for people with a learning disability, and equipment to assist with mobility or personal care. [*See also Telecare*]

Care Home

A home registered with Care Quality Commission (CQC) providing nursing and/or personal support, in addition to living accommodation.

Care Pathway

Care pathways map out the support journey an individual can expect by specifying treatment and support for a given condition based on nationally agreed guidelines, standards and protocols incorporating best practice and evidence-based guidelines. Care pathways are multi-professional, cross organisational boundaries, and can act as a prompt for support. They provide a consistent standard of documentation which also provides the basis for ongoing audit.

Care Planning Board

The purpose of the Care Planning Board is to approve or confirm an individual's support plan and personal budget.

Carer

A person providing support who is not employed to do so by an agency or organisation. A carer is often a relative or friend supporting someone at home who is frail, ill or requiring support; the carer can be of any age.

Choice

A process that actively helps an individual seeks and acquires alternative sources of information and learn about the options available.

Community Care

Support provided to assist people in their day-to-day living.

Community Care Network

A health and social care network designed to enable an individual to remain independent and living in their own home.

Community care assessment

An assessment conducted by a local authority to determine the level of adult social care support an individual requires. Local authorities are required to conduct such assessments as described in the National Health Service and Community Care Act 1990 and the Community Care Assessment Directions 2004. [*See also Assessment*]

Consent

The legal agreement to a choice or action freely made by an individual without coercion, as well as acceptance of the responsibilities associated with that choice or action. Legally, the individual must be 'mentally capable' of giving consent before it is valid.

Control

To have autonomy and power over your own life and what happens to you, regardless of how much support is needed to put your choices into action.

Court Appointed Deputies

The Mental Capacity Act 2005 provides for a system of court appointed deputies. Deputies are appointed to take decisions on welfare, healthcare and financial matters as authorised by the new Court of Protection but will not be able to refuse consent to life-sustaining treatment.

There are two different types of deputies – one for finance and property, and one for welfare. A person may be both, or either, of these.

They will only be appointed if the Court cannot make a one-off decision to resolve the issues. People appointed as receivers before October 2007 will retain their powers concerning property and affairs after the implementation date in October 2007 and will be treated as deputies after this time.

Critical need

As per by the Fair Access to Care Services (FACS) guidance and the Council's eligibility criteria, a need is deemed critical when:

- life is, or will be, threatened; and/or
- significant health problems have developed or will develop; and/or
- there is, or will be, little or no choice and control over vital aspects of the immediate environment; and/or
- serious abuse or neglect has occurred or will occur; and/or
- there is, or will be, an inability to carry out vital personal care or domestic routines; and/or
- vital involvement in work, education or learning cannot or will not be sustained; and/or
- vital social support systems and relationships cannot or will not be sustained; and/or
- vital family and other social roles and responsibilities cannot or will not be undertaken.

Customer

An individual receiving social care support from the Council.

Dignity

Dignity consists of many overlapping aspects, involving respect, privacy, autonomy and

self-worth. Dignity in care refers to the kind of support, in any setting, which supports and promotes, and does not undermine, a person's self-respect regardless of any difference.

Direct payment

A cash payment made directly to a service user or carer, in lieu of services, for the purpose of purchasing goods and services to meet agreed support needs, in line with the Health and Social Care Act 2001.

Domiciliary Support

Services provided to people at home to assist them in living independently in the community. These services include meals on wheels, community nursing, domiciliary support, equipment and adaptation.

Eligible needs

Those needs which fall within the Council's eligibility criteria. [*See also Assessed Eligible Needs and Eligibility Criteria*]

Eligibility criteria

When assessing an individual's support needs, local authorities will take into consideration how serious a risk is to an individual's independence. Eligibility criteria provide the framework for evaluating the level of risk to an individual's independence, and thus provide a structure for determining eligibility for adult social care.

Councils must follow the Fair Access to Care Services (FACS) guidance when determining eligibility criteria. The FACS guidance sets four eligibility levels: Critical, Substantial, Moderate and Low. Rotherham MBC regards needs as being eligible where the risks to a person's independence fall within the Critical and Substantial bands.

Eligible User

An individual who has been assessed as eligible for support and/or other services as their needs fall within the Council's eligibility criteria.

Enabling Care – include definition.

Enduring Power of Attorney

An Enduring Power of Attorney (EPA) is a legal document that enables an individual to appoint one or more persons (attorney(s)) to manage their financial affairs and property, either now or in the future. To be valid they must have been signed and witnessed prior to 1 October 2007. If the donor of the power has been assessed as lacking capacity the EPA must be registered with the Court of Protection to be valid.

Escalation process

The process by which a decision regarding the validation of a support plan and/or indicative personal budget is referred to a higher level for approval during the validation process.

Fair Access to Care Services (FACS)

Guidance issued by the Department of Health to local authorities about eligibility criteria and which provides a framework for determining eligibility for adult social care. Fair Access to Care Services (FACS) sets out the legal requirements which every Council has to follow when deciding who to give support to. The FACS eligibility criteria has four bands (Critical, Substantial, Moderate and Low) through which decisions are made about who receives support services. [*See also Critical needs, Eligibility criteria, Low needs, Moderate needs and Substantial needs*]

Fairer Charging

Guidance on charging service users for non-residential services. In accordance with Government guidance, the Council is permitted to charge service users for the use of those services. The guidance makes it clear how the Council approaches the calculation and determination of personal contributions for non-residential services. [*See also Non-residential services and Personal Contributions*]

Financial Assessment

An assessment of whether an individual has the means to make a financial contribution toward the cost of their support.

Home Care

Support services provided to an individual in their own home by a support worker paid to provide support as part of their employment. Home care is also known as domiciliary care/support.

Indicative personal budget

This is an indication of what is a fair and reasonable resource allocation, as determined by the Resource Allocation System. It is the indicative personal budget which allows service users to plan the support that will deliver the outcomes to best meet their identified needs. An indicative personal budget must be validated before an individual can receive their final personal budget. [*See also Resource Allocation System and Validation*]

Impairment

The loss or limitation of physical, mental or sensory function on a long-term or permanent basis.

Independent Living Fund

Independent Living Funds are a national resource dedicated to the financial support of

disabled people to enable them to choose to live in the community rather than in residential care.

Individual budget

An allocation of money that can combine several funding sources and can be used to design and purchase support from the public, private or voluntary sector. Under Self-Directed Supported, personal budgets are used rather than individual budgets.

Individual Social Care Assessment (ISCA)

Lasting Power of Attorney

The Mental Capacity Act 2005 allows a person with capacity to make a Health and Welfare Lasting Power of Attorney which will only be effective when the person lacks capacity. A person with capacity may also make a Finance and Property Lasting Power of Attorney to be effective either immediately or when they lose capacity. Both Lasting Power of Attorney's must be registered with the Court of Protection when made.

Learning Disability

A learning disability affects the way someone learns, communicates or does some everyday things. There are many different types of learning disability. They can be described as mild, moderate or severe. People with a Learning Disability can have an ordinary life; some people need support to do this.

Local authority

Local authorities are democratically elected local bodies with responsibility for discharging a range of functions as set out in local government legislation.

Local Area Agreement

A Local Area Agreement is a three-year agreement that sets out the priorities for a local area in certain priority areas as agreed between central government, the local authority and Local Strategic Partnership. The agreement is made up of outcomes, indicators and targets aimed at delivering a better quality of life for people through improving performance on a range of national and local priorities.

Long-term care

Support that a person requires over a long period of time. This support can be provided in an individual's home, residential home or nursing home to assist people with their day-to-day living.

Low needs

As determined by the Fair Access to Care Services (FACS) guidance, a need is deemed

low when:

- there is, or will be, an inability to carry out one or two personal care or domestic routines; and/or
- involvement in one or two aspects of work, education or learning cannot, or will not, be sustained; and/or
- one or two social support systems and relationships cannot, or will not, be sustained; and/or
- one or two family and other social roles and responsibilities cannot, or will not, be undertaken.

Moderate needs

As determined by the Fair Access to Care Services (FACS) guidance, a need is deemed moderate when:

- there is, or will be, an inability to carry out several personal care or domestic routines; and/or
- involvement in several aspects of work, education or learning cannot or will not be sustained; and/or
- several social support systems and relationships cannot or will not be sustained; and/or
- several family and other social roles and responsibilities cannot or will not be undertaken.

Non-residential services

Adult social care services that are provided outside of a care home / residential home.

Ongoing support needs

A defined support need that continues over time (that is, it is not short-term), although the intensity of care and support needed may fluctuate.

Our Health, Our Care, Our Say

The title of the February 2006 paper produced by the Department of Health, setting out the Government's aims for more effective health & social services outside hospitals.

Outcome

Refers to the impact, or end results of services on a person's life.

Personal Budget

Social care funds allocated to an individual service user or carer that can be used to meet their assessed eligible needs, in line with their support plan.

Person Centred Planning / Care

An approach to support that centres on the total care and well-being of the person. The individual is at the centre of the support planning process with the emphasis on an individual's choice and control.

Personalisation

Refers to the way in which services are tailored to the needs and preferences of service users and carers. The overall vision is that the Government should empower services users and carers to shape their own lives and the services they receive.

Personal contributions

A contribution by a service user toward the cost of their support. Where a person is assessed as having the means to make a financial contribution to the cost of their support, they will be required to contribute. The amount an individual must contribute toward the cost of their support is determined by a financial assessment. [*See Financial Assessment*]

Point's allocation system

The point's allocation system forms the second component of the Resource Allocation System. It translates the needs identified in the supported self-assessment questionnaire into numerical points. These points reflect the relative scale of eligible needs. The scale of points awarded for each answer is informed by the Council's eligibility criteria in line with the Fair Access to Care Services. [*See Resource Allocation System*]

Power of Attorney

A legal document allowing someone else to manage another person's affairs, or specific elements of their affairs, on their behalf. If an individual has a physical illness or an accident resulting in physical injury and they would like another individual to look after their affairs, they may create an ordinary power of attorney.

An ordinary power of attorney automatically comes to an end should an individual lose their mental capacity.

Presenting Needs

The issues and problems that are identified when an individual contacts, or is referred to, the Council seeking social care support.

Personalisation Plan

A plan regarding proposals to transform the way adult social care is provided in Rotherham to a system of self-directed support and personal budgets for all new service users.

Resource Allocation System

The system by which resources are allocated to those eligible users who are exercising

their right to self-directed support. It translates support needs into a resource budget. The Resource Allocation System (RAS) consists of three main components:

- A supported self-assessment questionnaire (ISCA) that seeks to identify a service users' support needs and is used in a supported way as part of the community care assessment;
- A points allocation system which translates these needs into points to reflect the relative scale of these needs; and
- A 'pounds per point' calculation that converts the points into a sum of money, known as the indicative personal budget.

Reablement

The use of timely and focused intensive therapy and support in a person's home to improve their choice and quality of life, so that people can maximise their long term independence by enabling them to remain or return to live in their own homes within the community. This approach focuses on reabling people within their homes so they achieve their optimum stable level of independence with the lowest appropriate level of ongoing support/care.

Reasonable risk

Striking a balance between empowering people to make choices, while supporting them to take informed everyday risks.

Rehabilitation

A multidisciplinary process which supports the individual to achieve their maximum potential to function physically, socially and psychologically through support and intervention.

Residential Home

A care home that does not provide nursing care. Under the Care Standards Act 2000, which came into effect in April 2002, all homes, including residential homes, are defined as 'care homes'.

Residential services

Adult social care services that are provided in a care home / residential home.

Respect

The objective, unbiased consideration and regard for the rights, values, beliefs and property of all individuals.

Respite

Where a carer is assessed as needing a break from caring, respite provides carers with a

temporary break from the support they provide by providing service users with additional support services. This may be for very short periods of a few hours or for longer periods of time.

Risk Management

A systematic approach to reducing loss of life, financial loss, loss of staff availability, safety, or loss of reputation.

Self-directed support

Self-directed support (SDS) is a new model for enabling people to meet their health and social care needs. Under SDS, service users and carers with assessed eligible needs are offered a personal budget to spend on meeting their needs. Service users are supported to choose and organise their support in the way that suits them best. Service users have the choice of taking their personal budget either as a direct payment, a payment to a third party, or as a commissioned service, or a combination of these three options. SDS also encompasses the provision of Universal Services, which are available to all free of charge, and Information, Advice and Guidance.

The overarching objective of SDS is to promote independence, health and wellbeing by giving service users more choice and control over planning and managing their support.

Short break

See Respite

Substantial need

As per by the Fair Access to Care Services (FACS) guidance, a need is deemed substantial when:

- there is, or will be, only partial choice and control over the immediate environment; and/or
- abuse or neglect has occurred or will occur; and/or
- there is, or will be, an inability to carry out the majority of personal care or domestic routines; and/or
- involvement in many aspects of work, education or learning cannot or will not be sustained; and/or
- the majority of social support systems and relationships cannot or will not be sustained; and/or
- the majority of family and other social roles and responsibilities cannot or will not be undertaken.

Support

Assistance provided to individuals to enable them to live with dignity and respect in the community.

Support Plan

A document highlighting how an individual's support needs are to be met. This is drawn up following the assessment process by the Council working in partnership with the individual.

A support plan identifies what type of support a service user requires to meet their assessed eligible need/s.

Supported self-assessment questionnaire

The Supported Self-Assessment Questionnaire (SSAQ) is used to identify and evaluate an individual's needs in order to deliver an indicative personal budget with enough resources to enable a service user to meet their identified eligible needs. It forms part of the community care assessment, and is the first component of the Resource Allocation System [*See Resource Allocation System*]

Telecare

A subset of Assistive Technology comprising a combination of equipment, monitoring and response designed to help individuals remain independent in their choice of tenure. It includes basic community alarm services able to respond in an emergency and provide regular contact by telephone as well as sensors which detect factors such as falls, flood, fire or gas and trigger a warning to a response centre or family member/carer. Telecare can also provide safety and security by protecting against bogus callers, domestic abuse and burglary.

Telecare is also an overarching term for Telehealth and Telemonitoring. Telehealth is the remote monitoring of vital signs; often associated with the monitoring of Chronic Obstructive Pulmonary Disease (COPD) and Chronic Heart Failure (CHF). Telemonitoring is the remote monitoring of activity in a preventative mode which can provide early warning of deterioration, thereby prompting an appropriate response from family or professionals.

Validation

The process by which an individual's support plan, and therefore their indicative personal budget, is agreed or not agreed by the Council.

| |
|--|
| ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS |
|--|

| | | |
|----------|----------------------|---|
| 1 | Meeting: | Cabinet Member for Health and Social Care |
| 2 | Date: | Tuesday 9th March 2010 |
| 3 | Title: | Adult Services Revenue Budget Monitoring Report 2009/10. |
| 4 | Directorate : | Neighbourhoods and Adult Services |

5 Summary

This Budget Monitoring Report provides a financial forecast for the Adult Services Department within the Neighbourhoods and Adult Services Directorate to the end of March 2010 based on actual income and expenditure to the end of January 2010.

The forecast for the financial year 2009/10 is an overspend of £42k after achievement of a number of management actions to offset pressures identified within the budget.

6 Recommendations

Members are asked to note:

The latest financial projection against budget for the year based on actual income and expenditure to the end of January 2010 for Adult Services.

7 Proposals and Details

7.1 The Current Position

7.1.1 The approved net revenue budget for Adult Services for 2009/10 is £72.9m. Included in the approved budget was additional funding for demographic and existing budget pressures together with a number of new investments and efficiency savings identified through the 2009/10 budget setting process.

7.1.2 The previous budget monitoring reports for Adult Services have identified underlying pressures of £2.3m. However after taking account of a number of identified savings and management actions achieved these pressures have reduced and there is a forecast overall net overspend of £42k by the end of the financial year.

The Directorate continues to review planned spend to identify any further potential opportunities to mitigate the remaining forecast overspend.

7.1.3 The latest year end forecast shows the main budget pressures in the following areas:-

- Home Care as a result of delays in shifting the balance of provision to the independent sector (+£623k). The 70/30 split was achieved at the end of July 2009 and the balance has now moved beyond 70/30.
- Increase in residential and nursing care short stays over and above approved budget for clients with a physical and sensory disability (+£57k).
- Independent sector home care provision for Physical and Sensory Disability clients has increased by an additional 1110 hours since April 2009, a further 74 clients are now receiving a service. This is resulting in an overspend of £372k against the approved budget.
- A significant increase above approved budget in clients receiving a Direct Payment within Physical and Sensory Disabilities and Older Peoples Services (+£473k), reduced by Social Care Reform Grant Allocation of (-£100k).
- Additional one-off expenditure is being incurred in respect of the costs of boarding up, removal of utilities and security costs at the former residential care homes prior to them transferring to the Council's property bank (+£200k).
- Delays in the implementation of budget savings agreed as part of the budget setting process for 2009/10 in respect of meals on wheels (+£318k), laundry (+£160k) and the bathing service (+£40k).
- Increase in costs of Occupational Therapist contacts (+£120k).
- Continued pressure on the cost of day care transport provision for Learning Disability Day care clients reduced by planned delays in recruitment to vacant posts (+£49k).

7.1.4 However, the above pressures have been reduced by :-

- Additional income from continuing health care funding from NHS Rotherham (-£418k).

- Overall underspend within Learning Disabilities Supported Living schemes mainly due to planned delays in the implementation of new schemes (-£189k).
- Savings within independent residential care due to an increase in income from property charges (-£709k) and slippage in intermediate care spot beds (-£40k).
- Savings on the reconfiguration of Extra Care housing (-£340k).
- Planned delay in developing rehabilitation and supported living facilities for clients with a physical and sensory disability (-£157k) plus agreed delay in developing respite care provision (-£157k).
- Underspend within In house Transport Unit due to a reduction in vehicle leasing costs and additional income (-£150k).
- Slippage in recruitment to a number of new posts (-£76k) where additional funding was agreed within the 2009/10 budget process.

7.1.5 The Directorate continues to identify additional management actions to mitigate the outstanding budget pressures above. The majority (93%) of management actions have been achieved (£1.054m) and are included in the financial forecasts. These include additional savings on supported living, residential short stay placements, independent residential care costs within Older People services and savings from the decommissioning of in-house residential care.

7.1.6 Members have requested details of expenditure on Agency and Consultancy to be included within budget monitoring reports. The following table shows the monthly spend on Agency for Adult Services, there is no expenditure on consultancy to date. It should be noted that these costs are included in the reported forecast outturn position.

| Month | On Contract | Off Contract | Total |
|--------------|----------------|---------------|----------------|
| | £ | £ | £ |
| April | 22,495 | 1,298 | 23,793 |
| May | 10,667 | 4,525 | 15,192 |
| June | 19,381 | 545 | 19,926 |
| July | 40,654 | 11,248 | 51,902 |
| August | 25,474 | 3,286 | 28,760 |
| September | 55,276 | 265 | 55,541 |
| October | 46,438 | 2,113 | 48,551 |
| November | 57,149 | 8,140 | 65,289 |
| December | 20,833 | 0 | 20,833 |
| January | 53,142 | 0 | 53,142 |
| Total | 351,509 | 31,420 | 382,929 |

7.2 Current Action

To further mitigate the financial pressures within the service all vacancies continue to require the approval of the Directorate Leadership Team.

There is also a moratorium in place on uncommitted, non-essential non-pay expenditure.

Budget meetings with Service Directors and managers take place on a monthly basis to robustly monitor financial performance against approved budget including progress on delivering the proposed management actions and to consider all potential options for managing expenditure within the approved revenue budget.

8. Finance

The finance details are included in section 7 above and the attached appendix shows a summary of the overall financial projection for each main client group.

9. Risks and Uncertainties

There are a number of underlying pressures within the service which continue to be reviewed and closely monitored. The report does include an estimate for the potential costs in respect of any possible voluntary early retirements and redundancies associated with the decommissioning of in-house services.

Management Action Plans have been developed to address the initial budget pressures and include the impact of any decisions on the Key Performance Indicators. Careful scrutiny of expenditure and income and close budget monitoring remains essential to ensure equity of service provision for adults across the Borough within existing budgets.

10. Policy and Performance Agenda Implications

The delivery of Adult Services within its approved cash limit is vital to achieving the objectives of the Council and the CSCI Outcomes Framework for Performance Assessment of Adult Social Care. Financial performance is also a key element within the assessment of the Council's overall performance.

11. Background Papers and Consultation

- Report to Cabinet on 25 February 2009 –Proposed Revenue Budget and Council Tax for 2009/10.
- The Council's Medium Term Financial Strategy (MTFS) 2008-2011.
- Action Plan to address Adult Services Budget Pressures – Cabinet Member for Health & Social Care – 14 September 2009

This report has been discussed with the Strategic Director of Neighbourhoods and Adult Services and the Strategic Director of Finance.

Contact Name: Mark Scarrott – Finance Manager (Adult Services), *Financial Services x 2007*, email Mark.Scarrott@rotherham.gov.uk.

**ADULT SOCIAL SERVICES
REVENUE BUDGET MONITORING SUMMARY**

| Last Net Projected Variance £000 | Directorate/Service Area | EXPENDITURE/INCOME TO DATE (As at 31 January 2010) | | | | | | PROJECTED OUT-TURN | | | | | | Revised Financial RAG Status | Note | | | |
|-------------------------------------|---|--|------------------------------|---|--------------------------|-------------------------------|---|--------------------------|--|---|-----------------------|-------------------------|---|------------------------------|------|------------------------------|---|--|
| | | Expenditure | | | Income | | | Net | | | Net | | | | | | | |
| | | Profilled Budget £000 | Actual Spend to date £000 | Variance (Over (+) / Under (-) Spend) £000 | Profilled Budget £000 | Actual Income to date £000 | Variance (Over (+) / Under (-) Recovered) £000 | Profilled Budget £000 | Actual Net Expenditure to date £000 | Variance (Over (+) / Under (-) Spend) £000 | Annual Budget £000 | Proj'd out turn £000 | Variance (Over (+) / Under (-) Spend) £000 | | | Current Financial RAG Status | Financial Impact of Management Action £000 | Revised Projected Year end Variance Over(+)/Under(-) spend £000 |
| | Commissioning, Quality & Performance | | | | | | | | | | | | | | | | | |
| (68) | Commissioning & Partnerships | 11,991 | 12,006 | 15 | (8,129) | (8,207) | (78) | 3,862 | 3,799 | (63) | 5,096 | 5,018 | (78) | Green | 0 | (78) | Green | 1 |
| | Assessment & Care Management | | | | | | | | | | | | | | | | | |
| (473) | Older People Assessment & Care Management | 29,703 | 30,126 | 423 | (10,185) | (10,977) | (792) | 19,518 | 19,149 | (369) | 24,236 | 23,833 | (403) | Green | 0 | (403) | Green | 2 |
| 118 | Physical Dis Assessment & Care Management | 5,348 | 6,008 | 660 | (466) | (982) | (516) | 4,882 | 5,026 | 144 | 6,080 | 6,359 | 279 | Red | 0 | 279 | Red | 3 |
| (355) | Assessment Care Management | 35,051 | 36,134 | 1,083 | (10,651) | (11,959) | (1,308) | 24,400 | 24,175 | (225) | 30,316 | 30,192 | (124) | | 0 | (124) | | |
| | Independent Living | | | | | | | | | | | | | | | | | |
| (51) | Older People Independent Living | 2,723 | 2,713 | (10) | (239) | (248) | (9) | 2,484 | 2,465 | (19) | 1,654 | 1,629 | (25) | Green | 0 | (25) | Green | 4 |
| | Health & Well Being | | | | | | | | | | | | | | | | | |
| 1,017 | Older People Health & Well Being | 14,386 | 14,857 | 471 | (2,203) | (2,214) | (11) | 12,183 | 12,643 | 460 | 15,683 | 16,503 | 820 | Red | 0 | 820 | Red | 5 |
| (407) | Learning Disabilities | 22,945 | 22,762 | (183) | (9,686) | (9,956) | (270) | 13,259 | 12,806 | (453) | 15,658 | 15,114 | (544) | Green | 0 | (544) | Green | 6 |
| (67) | Mental Health | 4,574 | 4,724 | 150 | (386) | (541) | (155) | 4,188 | 4,183 | (5) | 4,292 | 4,285 | (7) | Green | 0 | (7) | Green | 7 |
| 69 | Total Adult Social Services | 91,670 | 93,196 | 1,526 | (31,294) | (33,125) | (1,831) | 60,376 | 60,071 | (305) | 72,699 | 72,741 | 42 | | 0 | 42 | | |

Reason for Variance's)

| NOTES | Reasons for Variance's) and Proposed Actions | Performance |
|--------------|---|---|
| | <i>Indicate reasons for variance (e.g. increased costs or client numbers or under performance against income targets) and actions proposed to address the variance which produce</i> | <i>(List key targets and RAG status- highlight impact of actions intended to address budget</i> |
| | Main Reasons for Variance | |
| 1 | <p>Commissioning & Partnerships</p> <p>Forecast pressures on a number of unfunded posts offset by management actions including planned slippage on recruitment to new and vacant posts, a review of grant funding plus slippage on the implementation of carers breaks.</p> | <p>Physical Disabilities</p> <p>Performance indicator C29 - physical disability users helped to live at home (2009-10 Target = 3.2). Current performance = 2.9 against a monthly target of 3.15, below target.</p> |
| 2 | <p>Assessment and Care Management</p> <p><u>Older Peoples Services (Independent)</u></p> <p>Net 6 more placements than budgeted being offset by the additional income generated by additional admissions and increased income from property charges and Continuing Health Care (-£709k). Reduced spend on intermediate care spot beds (-£40k). Current forecast overspend on Direct Payments (+£324k) due to clients transferring from former Age Concern Day care where budget cut as part of budget setting process in 2007-08 and 2008-09 reduced by (-£100k) SCRG. Overspend on running costs of PC's and mobile phones (+£36k). Running costs for Manvers accommodation (+£45k) , increase in running cost for CRT transport (+£10k). Increased costs on independent sector homecare (+£150k) as balance of provision now exceeds 70%. Net underspend on assessment Social Work staff due to vacant posts (-£144k). Additional pressure on Occupational Therapy costs (+£60k). Former management actions (-£100k) in respect of slippage on developing community support services for people with dementia now fully achieved.</p> | <p>Residential/Nursing Care</p> <p>Performance indicator NAS 3 - Older People in residential care. (2009-10 Target = 237) Current performance = 193.79 against a monthly target of 238.7, exceeding target (low is better).</p> |
| 3 | <p><u>Physical & Sensory Disabilities</u></p> <p>Pressure on Home Care Independent sector (+£372k) due to increased hours (+ 1112 hours), more expensive care packages, including backdated costs. Pressure on Direct Payments budgets as number of clients increase (37 new care packages since April (+£149k), further analysis being undertaken Pressures on Residential and Nursing Care due to overspend on short stays (+£57k) offset by additional Continuing care income on supported living schemes (-£65k). Additional cost pressure on Occupational Therapists (+£60k). Implemented management action includes deferring full implementation to develop care and rehabilitation in a residential setting (-£157k) plus defer development of respite care services (-£157k).</p> | <p>Home care</p> <p>Performance Indicator C32 - Older People helped live at home (2009-10 Target = 96.32) Current performance = 64.74 against a monthly target of 91.85, below target.</p> |
| 4 | <p>Independent Living</p> <p>Forecast underspend on employee costs within Extra Care Housing (-£36k) Underspend on Assessment Direct staffing (-£14k) offsetting the overspend on Rothercare (+£51k), overspend on running costs at Kirk House Resource Centre (+£30k).</p> | <p>Direct Payments</p> <p>Performance Indicator N130 - Self Directed Support (all clients), (2009-10 Target = 300) Current performance = 291.33 against a monthly target of 277, exceeding target.</p> |
| 5 | <p>Health and Well Being</p> <p><u>Older Peoples Services (In House)</u></p> <p>Additional one-off costs for decommissioning former residential care homes including security costs, boarding up, removal of utilities, overspend on employee costs of community support services, cost of utilities in new homes, shortfall on income against budget (+£413k). Slippage on meeting agreed savings for Laundry Service (+£125k), Meals on Wheels service (+£224k) & Bathing service (+£40k) agreed in budget setting process. Supernumery staff from decommissioned MOW & laundry service (+£69k). Potential costs of Voluntary Early Retirements (+£60k). Forecast overspend on in-house home Care due to slippage in achieving 35/65 split by end March 2009 (+£373k) plus more contract hours than demand. Overspend on employee costs within Home Care operations team (+£90k), Reconfiguration of Extra Care Housing, Bakersfield Court including additional slippage identified from new investment (-£305K), utilisation of grant monies b/fwd (-£64k). Planned delay on recruitment to vacant posts (-£76k) to reduce overall pressures. Underspend on Transport budgets in respect of reduced lease costs running costs and additional income (-£150k).</p> | |
| 6 | <p><u>Learning Disabilities</u></p> <p>Additional Continuing care income (-£352K) from health, slippage on employee costs (-£100k), slippage on supported living schemes (-£189k), Underspend reduced by continuing pressure on day care services (+£64k) mainly on external transport hire costs and agency staff costs (+£49k).</p> | |
| 7 | <p><u>Mental Health</u></p> <p>Projected overspend on residential and nursing care (+£76k) - 10 new admissions this year. Savings on review of Voluntary sector contracts (-£76k) and underspends on staffing budgets at Dinnington Outreach and Clifton Court (-£20k). Direct Payments delay in uptake drugs & alcohol placements (+£40K) plus additional income from Supporting People (-£29k).</p> <p>Finance Performance Clinics</p> <p>Monthly finance clinics are held with each Service Director and their budget holders to monitor actual and planned spend against approved budget. Management actions are currently being identified to offset the additional budget pressures. Moratorium on non essential non-pay expenditure in place.</p> | |

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

| | | |
|-----------|---------------------|--|
| 1. | Meeting: | Cabinet Member for Health and Social Care |
| 2. | Date: | Tuesday 9 March 2010 |
| 3. | Title: | Adult Services Capital Budget Monitoring Report 2009/10 - All Wards affected |
| 4. | Directorate: | Neighbourhoods and Adult Services |

5. Summary

To inform members of the anticipated outturn against the approved Adult Services capital programme for the 2009/10 financial year.

6. Recommendations

Members receive and note the Adult Services forecast capital outturn for 2009/10.

7. Proposals and Details

This capital monitoring report provides detail of the approved capital programme for the Adult Services department of the Neighbourhoods and Adult Services Directorate, actual expenditure for the period April to the 18 February 2010 and the projected final outturn position for each scheme.

Actual expenditure to the mid February 2010 was £464k against a revised programme of £1.2m for 2009/10. The approved schemes are funded from a variety of different funding sources including, unsupported borrowing, allocations from the capital receipts, Supported Capital Expenditure and specific capital grant funding. Appendix 1 shows actual expenditure to date against the approved budget together with the forecast outturn position.

8. Finance

The following information provides a brief summary of the latest position on the main projects within each client group.

Older People

The two new residential care homes opened in February 2009. The balance of funding (£230k) relates to landscaping costs, outstanding fees and the cost of any final minor works.

The Assistive Technology Grant (which includes funding from NHS Rotherham) is being managed jointly and is being used to purchase Telehealth and Telecare equipment to enable people to live in their own homes. A procurement plan to spend the remaining NHSR funding is currently being finalised and will now be procured in 2010/11. The RMBC funding is approved and includes the purchase of lifeline connect alarms, low temperature sensors and fall detectors within peoples homes.

A small element of the Department of Health specific grant (£13.5k) issued in 2007/08 to improve the environment within residential care provision was carried forward into 2009/10. The remaining balance of funding is being spent within in-house residential care services.

Learning Disabilities

The small balances of funding (£10k) carried forward from 2008/09 are to be used for the purchase of equipment for Parkhill Lodge and within existing supported living schemes.

The refurbishment at Addison Day Centre (Phase 2) is now complete and awaiting final invoices.

Work has now started on the refurbishment of the respite centre at Treefields funded from the Councils Strategic Maintenance Investments fund and will be completed in early May 2010.

Mental Health

A small balance remains on the Cedar House capital budget and will be used for the purchase of additional equipment.

A large proportion of the Supported Capital Expenditure (SCE) allocation has been carried forward from previous years due to difficulties in finding suitable accommodation for the development of supported living schemes.

Suitable properties continue to be identified and spending plans are being developed jointly with RDASH. The possibility of funding equipment purchased for direct payments is also being considered to reduce the current pressures on the mental health revenue budgets. Further options are also being considered to provide more intensive supported living schemes with a range of providers and to fund a range of new assistive technologies for mental health clients, which will support their independence with access to 24 hour support.

Management Information

The balance of the capital grant allocation (£85k) for Adult Social Care IT infrastructure was carried forward from 2008-09 and used with this years grant allocation (£92k) to fund the Adults Integrated Solution as part of introducing electronic care management. The integrated solution will be fully completed by the end of March. The next stage of developing the IT infrastructure to improve systems and data quality is currently being discussed and the balance of funding will be carried forward into 2010-11.

9. Risks and Uncertainties

The main risk relates to the potential overspends due to the increase in construction related costs over and above approved budgets. Also projects funded through Supported Capital Expenditure or capital grants where spending must be in accordance with certain spending conditions, in accordance with national priorities. Any shortfall in capital funding will delay implementation and may result in the Directorate not meeting national agendas and performance targets.

10. Policy and Performance Agenda Implications

The approved capital budget for 2009/10 allows Adult Services to invest and develop its assets to improve and maintain existing levels of service to support the most vulnerable people and continues to contribute to meeting the Council's key priorities.

11. Background Papers and Consultation

Department of Health Local Authority Social Services Letter LASSL(DH)(2008)3-Adult's Personal Social Services: Distribution of Single Capital Pot and Specific Capital Allocations in 2009-10 and 2010-11.

Department of Health Local Authority Circular (2008) 6 – Supported Capital Expenditure (Capital Grant) for Adult Social Care IT Infrastructure – 2008-09, 2009-10 and 2010-11.

This report has been discussed with the Strategic Director of Neighbourhoods and Adult Services and the Strategic Director of Finance.

Contact Name : Mark Scarrott, Finance Manager (Adult Services), Extension 2007, mark.scarrott@rotherham.gov.uk

CAPITAL EXPENDITURE MONITORING 2009-10

Directorate Adult Services

Monitoring Period : 1 April 2009 to 18th February 2010

| Expenditure Code | Scheme description | Approved Capital PROGRAMME 2009/10 £ | Actual Expenditure 18/02/10 £ | Year End Projection £ | Supported Capital Expenditure (SCE) £ | Scheme 2009/10 Funding Profile | | | | RAG Status | Comment Note number | |
|---|--|---|----------------------------------|--------------------------|--|--------------------------------|-----------|---------------------|----------|----------------|---------------------|---|
| | | | | | | Specific Grant | | Other Contributions | | | | Unsupported Borrowing/Capital Receipts £ |
| | | | | | | £ | Detail | £ | Detail | | | |
| Older People | | | | | | | | | | | | |
| UXB149 | Adult's Older Peoples Modernisation Strategy | 230,528 | 70,457 | 200,000 | | | | | | 230,528 | A | 1 |
| UXB150 | Assistive Technology (NHSR) | 11,000 | 11,000 | 11,000 | | | | 11,000 | | | A | 2 |
| UXB150 | Assistive Technology (RMBC) | 178,545 | 21,295 | 178,545 | | 178,545 | DoH Grant | | | | A | 2 |
| UXB151 | Residential Care - Improving the Environment | 13,585 | 8,211 | 13,585 | | 13,585 | DoH Grant | | | | G | 3 |
| Learning Disabilities | | | | | | | | | | | | |
| UXL128 | Addison Day Centre/Parkhill Lodge | 1,761 | 0 | 1,761 | | | | 1,761 | | 0 | G | 4 |
| UXL135 | LDDF for Supported Living | 5,548 | 0 | 5,548 | | | | 5,548 | | 0 | A | 5 |
| Strategic Maintenance Investment Programme | | | | | | | | | | | | |
| UXZ004 | Addison Day Centre - Alterations | 23,728 | 0 | 23,728 | | | | | | 23,728 | A | 6 |
| UXZ011 | Addison Day Centre - Phase 2 | 250,000 | 242,111 | 250,000 | | | | | | 250,000 | G | 7 |
| UXZ012 | Treefields - refurbishment | 110,000 | 56 | 110,000 | | | | | | 110,000 | A | 8 |
| Mental Health | | | | | | | | | | | | |
| UXH098 | Cedar House | 12,358 | 0 | 12,358 | | | | | | 12,358 | G | 9 |
| UXH101 | Supported Capital Expenditure | 150,000 | 64,024 | 150,000 | | | | | | 150,000 | A | 10 |
| UXH102 | Mental Health Single Capital Pot | 0 | 0 | 0 | | | | | | 0 | G | 11 |
| Management Information | | | | | | | | | | | | |
| UXT003 | Social Care IT Infrastructure Capital Grant | 177,017 | 46,571 | 112,854 | | 177,017 | DoH Grant | | | | A | 12 |
| General | | | | | | | | | | | | |
| UXU001 | Adult Social Services Single Capital Pot | 30,000 | 0 | 30,000 | 30,000 | | | | | | A | 13 |
| TOTALS | | 1,194,070 | 463,725 | 1,099,379 | 30,000 | 369,147 | | 18,309 | 0 | 776,614 | | |

Comments

- 1 Balance of funding to cover cost of outstanding fees and any final minor works. Residential Care Homes opened in February 2009.
- 2 Funding for the purchase of Telehealth and Telecare equipment. Majority of Health funding now carried forward into 2010/11 in agreement with Health, balance of RMBC funding re-profiled to meet planned spending on equipment.
- 3 Department of Health Capital Grant balance carried forward from 2009/10. Spending plans being reviewed.
- 4 Balance of funding to be used for furniture and equipment at Parkhill Lodge.
- 5 Funding is earmarked for equipment within existing supported living schemes.
- 6 Scheme is now completed and balance of funding to meet any final fees.
- 7 Scheme commenced in July 2009 and is now complete, awaiting final account and outstanding fees.
- 8 New scheme to start 9 February 2010, estimated completion May 2010.
- 9 Balance of funding committed to providing support for early interventions and crisis move on.
- 10 Committed funding to develop assistive technologies, carers resource centre, capital purchases for mental health teams relocation, equipment within the two new residential care homes, direct payments and new supported living schemes. Spending plans have been re-profiled over the next two years.
- 11 Spending plan re-profiled and funding carried forward into 2010/11 (£555k).
- 12 2009-10 grant allocation plus balance of funding brought forward from 2009-10 to fund Adults Integrated Solution as part of introducing electronic care management.
- 13 New allocation in 2009-10 - spending plans being developed, £100k carried forward to 2010/11.