Personalisation
Your life
Your support
You decide
Welcome to Personalisation

Glasgow City Council is using a new way to help you get the support you need to have a good life

It is called Personalisation

Personalisation puts you in charge of your life
With **Self directed support** you choose

- The kind of support you want
- When you want to use support
- Who will give you support

This will make sure that the support you get is right for you
Self directed support means

You plan

You choose

You decide
How does personalisation work?

You and the people who know you best will talk about your life.

You work out your support and the things you need to help you live your life.

You will fill in the self evaluation questionnaire.
How do I make a plan?

When you know how much money you have to spend you can get help to make a plan.

In the plan you say what kind of support you need and want to live your life.

This is called your Support Plan.
You plan... the support you need to live your life and do the things that keep you safe and well

MY PLAN

- Stay safe
- Meet Friends
- Learn new skills at college
- Use the internet
- Stay healthy and get fit
- Go horse riding
- Go on a short break
- Learn to swim

- Learn to swim
You choose—how to spend your support money and pay for the things in your plan that keep you safe and well

- Pay to learn to dance or sing
- Learn how to use the internet
- Pay to get fit and healthy
- Pay for a mobile phone or personal alarm
- Learn about healthy eating
- Pay to go on a short break
- Pay for swimming or horse riding lessons
- Pay for a home cleaner or to get your ironing done
You decide.. who supports you

- Personal assistant
- Personal trainer
- Friend or family

You decide.. when you want support

You decide.. the kind of support you want

- Learning support
- Help at home
- Equipment
What happens next?

Social Work staff will look at your **Support Plan** and you will decide together if it is the **right plan for you**

We will both make sure your plan...

- **gives you** the right support you need to live your life?
- **helps keep you** healthy and safe?
- **helps you do things you** want to do?
- **is a good way to spend your money?**
How will I pay for this?

You will be given your own money to use for your support.

This money is called your **Individual Budget**.

Money can be paid into your **support bank account** but there are other ways you can get help if you need it.
We need to know that your plan is working

Social Work staff will check

- If you are getting the support you need?
- If you are safe and well?
- If your plan is working?
- If you are spending the money on what was agreed in your support plan?
For more information contact your local Learning Disability Team

**Anson House**
582 - 588 London Road
Bridgeton
Glasgow
G40 1DZ

**North East**

**Anniesland**
1660/70 Great Western Rd
Anniesland
Glasgow
G13 1HH

**North West**

**Rowan Park**
Pavilion One
Rowan Business Park
5 Ardlaw St, Govan
Glasgow
G51 3RR

**South**

**0141 276 4200**

**0141 276 2420**

**0141 276 8700**
Personalisation

Your life

Your support

You decide
Personalisation of Social Care

Purpose of Report:
To seek endorsement for the implementation of personalised social care services in Glasgow.

Recommendations: Committee is asked to endorse:

i. the implementation programme for personalisation of social care to ensure a fairer, more equitable, transparent and effective allocation of available social care resources;

ii. the proposed application of a Learning Disability Resource Allocation System (RAS);

iii. revenue support of £520,000 per annum from the Council between 2011-13 to support implementation;

iv. the Council’s position with respect to changes to ILF; and,

v. that given the experience in England and current and projected future cost pressures and savings requirements, a working assumption of a 20% resource re-direction be applied in Glasgow, to be kept under review based on the particular experience here.

vi. Refer the report to Executive Committee for approval.
1. **Purpose of report**

1.1 This report seeks endorsement for the implementation of personalised social care services in Glasgow.

2. **Definitions**

2.1 The personalisation of social care services has been defined by the Scottish Government as being about improving outcomes for citizens, by providing choice, control and independence, through safe, sustainable and economically viable responses to support planning. Specifically, Self-Directed Support (SDS) is a term that describes the ways in which individuals and families can have informed choice about the way support is provided to them.

2.2 Service users are allocated an Individual Budget (IB) via a process explained at 2.3 below. The choice then may include taking that IB as a Direct Payment (DP), having a direct payment managed by a third party, or directing the IB to arrange support from the local authority or from a commissioned provider. The choice can also be for a combination of these. This allows people to purchase alternatives to traditional care supports; however, Individual Budgets must always be used to meet the outcomes identified in the person’s support plan.

2.3 There is a range of technical terminology associated with personalisation. However, the most important concepts to be aware of are:

   i) **Self Evaluation Questionnaire (SEQ):** is the process through which a service user is supported by a relevantly qualified social care professional to evaluate their support needs. A draft SEQ is provided as appendix 1.

   ii) **Resource Allocation System (RAS):** is the process through which funds are allocated in accordance with the individual’s support needs. SEQ answers are then converted into an indicative financial value.

   iii) **Re-direction Potential:** is the element of the total budget to be retained for re-direction. For example, to meet current and/or projected future cost pressures; savings; or, re-directed to other service priorities. The experience from England is that re-direction potential can be in the range of 20-30%.

3. **Background**

3.1 Personalisation of social care services remains at an early stage in its development in Scotland, although there is a strongly shared commitment to its future application expressed in a number of places:

   i) Glasgow City Council Executive Committee Report (March 2008)

   ii) Progress report to Policy Development Committee (September 2009)


   iv) Scottish Government draft personalisation strategy (February 2010)

   v) Scottish Government consultation on personalisation bill (expected to be introduced in September 2011)

   vi) COSLA Health and Wellbeing Committee (September 2009)
3.2 The key drivers for the implementation of personalisation in a Glasgow context are:

i) The need to ensure fairness, equity and transparency in the allocation of finite resources in accordance with individuals' support needs. That is, only differences in need should explain differences within and between care groups, not for example, historical differences in the level of available Supporting People funding.

ii) Evidence from England and elsewhere of IBs being associated with better overall social care outcomes for service users. The UK Government Department of Health commissioned an evaluation of its Individual Budgets pilot in 13 English authorities that found recipients of IBs were significantly more likely to report feeling in control of their daily lives, the support they accessed and how it was delivered. The evaluation also found that IBs have the potential to be more cost effective than standard care and support arrangements.

iii) The desire to empower and enable individuals to take greater control over their own lives and the support they need.

iv) Planned legislation in Scotland that is expected to make self directed support the default position for the provision of social care support in the future. This would require individuals to opt out of this form of support, as opposed to the current position where they proactively have to opt in. The Bill is expected to be introduced to the Scottish Parliament in September 2011.

v) The projected reduction in social care budgets of 12% over the next 3 years and the accompanying increase in demand, for example, learning disability services. The Council must adopt a financially prudent approach to responding to the challenge of volatile budgets.

vi) Current approaches to managing the allocation of resources are unsustainable in the above context; for example, the ‘new demand’ process within Learning Disability.

3.3 In addition, it is important to be aware of our starting point here, namely the significant number of service users receiving long established, traditional packages of support, often borne of better financial circumstances associated with for example, the closure of Lennox Castle Hospital, the influx of Supporting People resources and Independent Living Fund (ILF).

3.4 The alternative to personalisation would be to adopt a more traditional approach to reducing budgets, either applying proportionate reductions to a range of services or cut some services in their entirety.

3.5 Committee is also asked to note that the Clyde Valley Collaborative formed in response to Sir John Arbuthnot’s report on shared services is currently exploring the scope for developing a collective approach to personalisation, drawing upon the work already being carried out in Glasgow and elsewhere.

3.6 Committee is also asked to note the position in England where local authorities have been set a Government target to get 30% of adult social care recipients on to personal budgets by April 2011.
4. Glasgow Implementation Plan

4.1 Glasgow has been pursuing a small scale pilot of personalisation for users of learning disability services in East CHCP. The pilot, supported by the Scottish Government as one of three test sites across Scotland, has seen 57 people participate in the process to date; 15 have their self directed support arrangement in place, with 15 others having in-principle commitments in place. Although still small numbers, the early indications are consistent with the findings from England of the potential for better outcomes for individuals and the more efficient deployment of available resources. Ideally there would be more time to test the model and the evidence relating to outcomes, but the forthcoming challenges preclude this.

4.2 The table at 4.4 below details the planned implementation of personalisation across social care groups, which is incremental to reflect the particular challenges, associated with personalisation faced by the different care groups. For example, adults with learning disabilities tend to be starting from a more advanced point in relation to personalised care packages than older people; or, the daily support requirements for adults with a physical disability tend to be more consistently predictable than those with episodic mental health problems.

4.3 The incremental timetable detailed below takes account of the need to tailor personalisation to individual care groups at this stage, with a medium term aspiration to evolve towards more converged arrangements. However, it should be stressed that financial imperatives underpin the proposal that Glasgow adopt an ambitious timescale for the implementation of personalisation. The proposed ‘go live’ date for roll out in Learning Disability is 18 October 2010.

4.4 The table below provides a summary timetable for concluding the roll out by care group:

<table>
<thead>
<tr>
<th>Care Group</th>
<th>Number of Service Users</th>
<th>Implementation timetable</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Disability</td>
<td>1,800</td>
<td>By end of 2010-11</td>
<td>Already being developed in East CHCP. Implementation plan will prioritise wider roll out in LD across Glasgow. The initial RAS relates to Learning Disability, with some further work required to test its applicability to Physical Disability. Further work will take place in line with the timescales in this table to develop the RAS for other care groups.</td>
</tr>
<tr>
<td>Physical Disability</td>
<td>900</td>
<td>By summer 2011</td>
<td>Some initial work has taken place in relation to individuals with a physical disability. The pre-existing levels of personalised support and relatively small numbers make this a logical priority for</td>
</tr>
</tbody>
</table>


Children with Disabilities | 3,000 | By summer 2011 | Similar to LD and PD in terms of relatively personalised support packages at present. Issues of inequity between children’s and adult support packages make transitions problematic and this care group an early priority.

Mental Health | 1,950 | By end of 2011-12 | Some initial work has been commenced around Mental Health, working with some of the main providers. Further preparatory work needed before roll out can commence.

4.5 Careful consideration would need to be given to the application of personalisation to Older People services and the timescale for that given the wider strategic reform agenda in that area, including re-ablement and shifting the balance of care.

4.6 Many individuals with an autism spectrum disorder (ASD) will be amongst the earliest recipients of self directed support given the priority attached to Learning Disability and Children with Disabilities in the above timetable.

5. Implementation Challenges

5.1 It should be stressed that rolling out what is a whole systems change around personalisation across the City represents a very significant challenge to Social Work Services. Some of the key challenges are summarised here:

i) Development of a robust RAS – the failure to develop a RAS that adequately aligns resources to needs carries both financial and care management risks. A further challenge is the development of a single RAS that can be applied to all care groups, as is the need to ensure the RAS is viable for a satisfactory period of time before being reviewed and possibly re-set. Robust processes must be put in place to ensure that the RAS is consistent, fair and affordable (e.g. via screening group, monitoring processes etc).

ii) Service users – need to build knowledge, understanding and confidence amongst service users that they can assume more control over how they are supported. Part of this will be overcoming a dependency culture that exists in parts of the care sector. A reasonable transition period will apply to allow service reductions to be managed. Members are asked to note the proposal that self directed support costs will not exceed current support costs unless there has been a significant change in the individual’s needs.

iii) Carers – as per service users there is a need to build confidence and understanding on the part of carers and incentivise personalisation as a positive choice. As there will be a re-distribution of resources across service users in line with the equity principle of personalisation, some element of carer resistance can be expected.
iv) Assessment and care management staff – there is a significant learning and development challenge associated with bringing staff (Social Work, NHS, Education etc) up to a level of knowledge and technical competency around aspects of personalisation. This challenge is heightened by that fact that personalisation represents a significant cultural shift. There are associated workforce planning considerations given the shift in emphasis from initial assessment to care management and review. A key consideration is how to retain engagement of health staff in the assessment process following changes to the CHCP structure.

v) Providers – as with other stakeholders, there is a need to build knowledge, confidence and capacity across what is a very broad and diverse sector in the City of circa 200 providers. Engagement to date has been generally positive with provider organisations currently engaged in testing the draft SEQ and RAS.

vi) Staffing and financial resources – there is a significant challenge associated with resourcing this transformational change, both in terms of developing alternative models of service provision and building capacity across the stakeholders detailed in ii)-v) above. English local authorities received £520m of central government support to make this transformation. Glasgow is in the fortunate position of having received £520k per year for two years from the Scottish Government, but it is only a fraction of the £5.2m it would have received had English levels of funding been available and it ends in March 2011. The Council may want to consider at least continuing this level of support on an invest to save basis until at least 2012 to support the implementation timetable detailed above.

vii) Independent Living Fund (ILF) – of relevance to the implementation of SDS is the financial impact from changes to the ILF, previously reported to Committee on 26 May. Were the Council to assume responsibility for meeting the resultant ILF shortfall, current estimates are that these changes create a potential pressure of £1.5 million within Social Work budgets in the City, As noted in the 26 May report, the ILF changes are a UK issue, but there is growing disquiet about the implications within Glasgow, with the Council now in receipt of a number of formal complaints regarding the impact. Committee is invited to reinforce the Council position that it cannot accept what would effectively be a cost shunt from ILF.

viii) Legal capacity issues – there are complex tensions between existing adults with incapacity legislative provisions and the Scottish Government policy on personalisation that the forthcoming Self Directed Support Bill should address.

ix) Audit issues – based on the experience of direct payments safeguards will be needed to ensure probity in the use of public funds. A number of strands of activity are already in train in relation to this, including plans to introduce pre-payment cards that will help ensure individual budgets are used appropriately.

x) Investment in technology – the Council is currently assessing the capital investment required to upgrade Social Work’s careFirst client
information system. The roll out of personalisation and the associated savings is dependent on the upgraded system being in place in reasonably short order, given the increase in transactional activity that will accompany it. Another dependency relates to investment in e-learning capacity to ensure the appropriate learning and development investment in staff.

6. Service Implications

6.1 It is anticipated that the implementation of personalisation will impact on a number of strategically important aspects of current service provision:

i) Directly provided services – will need to be competitive in quality and cost terms, otherwise service users may choose to take their support from other providers.

ii) Direct payments – since direct payments are one form of personalisation the intention is to amend the existing direct payments scheme as part of a process of managing this under the wider personalisation umbrella, moving to a single administration system for individual budgets. This system will be developed and reviewed in conjunction with Internal Audit. In this context there are challenges for Cordia to be competitive in the market and ensure that they represent a positive choice for service users with greater choice over who supports them. The initial impact on Cordia can be expected to be relatively small given their limited share of the adult services market, but if significant numbers of older people choose to take an individual budget over time the impact could become more significant.

7. Financial Implications

7.1 In developing proposals for a Glasgow Learning Disability RAS we have been conscious of the very stringent savings targets that will apply across the public sector over the coming 3 years and beyond. We are also aware of the other significant cost pressures, including new demand, changes to ILF etc, which on current projections equate to circa £7.7million per annum.

7.2 In this context a judgement must be made regarding the size of the re-direction, which as indicated in 2.3, was in a range of 20-30% in England. The aim in Glasgow is to achieve a re-direction of some 20% over the two years 2011-13, which would meet existing and future budget pressures within Learning Disability. This would also allow for a manageable transition from existing support arrangements for individual service users.

7.3 A similar level of re-direction potential would be applied to the other care groups detailed at 4.4 in due course.

7.4 The net resource would then be allocated across service users in accordance with their RAS score. Some existing service users would lose resources, but in contrast to existing resource allocation processes that tend to discriminate against new people coming into the care system, the principles of fairness, equity and transparency would apply. The RAS system would also contain enough checks and balances to ensure that the Council meets its duty of care to all service users eligible for support.
8. **Recommendations**

8.1 Committee is asked to endorse:

i. the implementation programme for personalisation of social care to ensure a fairer, more equitable, transparent and effective allocation of available social care resources;

ii. the proposed application of a Learning Disability Resource Allocation System (RAS);

iii. revenue support of £520,000 per annum from the Council between 2011-13 to support implementation;

iv. the Council's position with respect to changes to ILF; and,

v. that given the experience in England and current and projected future cost pressures and savings requirements, a working assumption of a 20% resource re-direction be applied in Glasgow, to be kept under review based on the particular experience here.

vi. Refer the report to Executive Committee for approval.
Self Evaluation Questionnaire (SEQ)

(Version 4.0 – Jan 2010)

Name: ____________________ careFirst no: ____________________
1. Meeting personal needs

This part is about looking after myself – things like washing, getting up out of bed, going to the toilet, dressing, eating and preparing meals. It also includes taking medication and keeping healthy and well.

**TICK THE BOX THAT FITS YOU BEST FROM A TO E**

<table>
<thead>
<tr>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I am able to meet my personal needs and do not require any support in this area.</td>
</tr>
<tr>
<td>B. I am able to meet my personal care needs with occasional (<em>not every day</em>) physical / gestural / verbal support.</td>
</tr>
<tr>
<td>C. I need significant (<em>every day</em>) physical / gestural / verbal support from another to meet my personal care needs.</td>
</tr>
<tr>
<td>D. I need frequent (<em>several times per day</em>) intimate support to meet my personal care needs.</td>
</tr>
<tr>
<td>E. I need constant intimate support to meet my personal care needs.</td>
</tr>
</tbody>
</table>
### ALSO TICK THE BOXES BELOW THAT FITS YOU

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>F.</strong> I need two people to meet my intimate personal care needs</td>
<td>To have essential personal care needs met and remain free from harm.</td>
<td></td>
</tr>
<tr>
<td><strong>G.</strong> I need frequent intimate support overnight.</td>
<td>To have essential personal care needs met and remain free from harm.</td>
<td></td>
</tr>
</tbody>
</table>

**Additional information**

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2. Relationships

This part is about friendships and people I know – not just my family.

**TICK THE BOX THAT FITS YOU BEST**

<table>
<thead>
<tr>
<th>OUTCOME</th>
<th>A. I have relationships with people who are not paid to be in my life – the right number for me. I don’t need support to keep them.</th>
<th>Outcome met</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B. I have relationships with people who are not paid to be in my life – the right number for me. I need a bit of support to keep them.</td>
<td>To maintain relationships.</td>
</tr>
<tr>
<td></td>
<td>C. I do not have enough relationships with people who are not paid to be in my life. I need support to make relationships – and keep them.</td>
<td>To maintain current relationships and develop new friendships.</td>
</tr>
<tr>
<td></td>
<td>D. I don’t really have any relationships outside my family/paid support. I need support to make relationships – and keep them.</td>
<td>To make new friends and keep them.</td>
</tr>
</tbody>
</table>

**Additional information**

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3. Being part of the local community

This part is about doing things in my community – like using local shops, the library, going to the cinema, clubs, community centre, church or other place of worship, helping neighbours, or being involved in local organisations.

**TICK THE BOX THAT FITS YOU BEST**

<table>
<thead>
<tr>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I do need/wish support in this aspect of my life</td>
</tr>
<tr>
<td>B. I do lots of things in my community. I need occasional <em>(not every day)</em> support to do them and to explore new options.</td>
</tr>
<tr>
<td>C. Sometimes I do things in my community. I need regular <em>(averaging 2-4 times per week)</em> support to do more and to explore new options.</td>
</tr>
<tr>
<td>D. I don’t do much in my community. I need frequent and regular <em>(several times per week)</em> support to do more and to explore new options.</td>
</tr>
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**Additional information**

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### 4. Work and Learning

This part is about the **support** I require to keep or get a job, learn new things and/or keep busy in line with my personal choices and aspirations.

**TICK THE BOX THAT FITS YOU BEST**

<table>
<thead>
<tr>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I do not need any support in this area. Outcome met</td>
</tr>
<tr>
<td>B. I have a work role / job and I am enjoying my spare time. This gives meaning and purpose in my life and I need some occasional (<strong>not every day</strong>) support to keep this. To keep work / leisure activities ongoing.</td>
</tr>
<tr>
<td>C. I need support to take part in work, leisure or learning. I need frequent (<strong>several times per week</strong>) support to get more opportunities for work, learning or leisure. To take part in work, leisure or learning.</td>
</tr>
<tr>
<td>D. I need significant (<strong>every day</strong>) support to take part in work, leisure and learning and I have few or no chances for work, leisure or learning in my life. To take part in work, leisure or learning.</td>
</tr>
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**Additional information**

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5. Making important decisions about life

This part is about who decides important things in my life – things like where I live and who supports me.

**TICK THE BOX THAT FITS YOU BEST**

<table>
<thead>
<tr>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A.</strong> I do not need any support in this area.</td>
</tr>
<tr>
<td><strong>B.</strong> I need support to make decisions but I have full control over all day-to-day and life changing decisions.</td>
</tr>
<tr>
<td><strong>C.</strong> I need support to make decisions. I have control over most day-to-day decisions but less say in life changing decisions.</td>
</tr>
<tr>
<td><strong>D.</strong> I need support to make decisions about my life, but most day-to-day decisions are taken by other on my behalf.</td>
</tr>
</tbody>
</table>

**Additional information**

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6. My role as a parent or carer

This part is about the support I need to care for someone else e.g. child, parent, partner.

**TICK THE BOX THAT FITS YOU BEST**

<table>
<thead>
<tr>
<th>OUTCOME</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. I am not a parent/care Or</strong> I am able to fulfil my parenting/caring role without support.</td>
<td>Outcome met</td>
</tr>
<tr>
<td>**B. I need occasional <em><strong>(not every day)</strong></em> support with my parenting/caring role.</td>
<td>To fulfil my role with in my family</td>
</tr>
<tr>
<td>**C. I need some regular, significant <em><strong>(every day)</strong></em> support with my parenting/caring role</td>
<td>To fulfil my role with in my family</td>
</tr>
<tr>
<td>**D. I need frequent <em><strong>(several times per day)</strong></em> support with my parenting/caring role</td>
<td>To fulfil my role with in my family</td>
</tr>
<tr>
<td><strong>E. I always need constant support with my parenting/caring role.</strong></td>
<td>To fulfil my role with in my family</td>
</tr>
</tbody>
</table>

Additional information

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________________________________________________________________________
7. Running and maintaining my home

This part is about the support I need to manage day to day tasks involved in running a home e.g. housework, shopping, gardening, routine maintenance, budgeting, and paying bills.

**TICK THE BOX THAT FITS YOU BEST**

<table>
<thead>
<tr>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I do not need support in this aspect of my life.</td>
</tr>
<tr>
<td>B. I need occasional <em>(not every day)</em> support to run and maintain my home.</td>
</tr>
<tr>
<td>C. I often <em>(e.g. at least once a week)</em> need support to run and maintain my home</td>
</tr>
<tr>
<td>D. I frequently <em>(several times per week)</em> need support to run and maintain my home</td>
</tr>
<tr>
<td>E. I always need significant <em>(every day)</em> support to run and maintain my home.</td>
</tr>
</tbody>
</table>

**Additional information**

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8. Staying safe from harm

This part is about keeping safe while doing those things that are important to me. Staying safe is about different things for different people but may include using public transport, being in public places, using a gas cooker, or going down stairs.

**TICK THE BOX THAT FITS YOU BEST**

<table>
<thead>
<tr>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. <strong>I don’t need support to stay safe.</strong> I’m happy and no-one says they’re worried.</td>
</tr>
<tr>
<td>B. <strong>I need occasional (not every day)</strong> support to stay safe in certain places or times. I’m happy and no-one says they’re extremely worried. To keep safe in identified situations.</td>
</tr>
<tr>
<td>C. <strong>I need frequent (several times per week)</strong> support to stay safe some of the time. People worry about my safety at some times or in some places. To support me develop ways of keeping myself safe and protect others.</td>
</tr>
<tr>
<td>D. <strong>I need constant (all day/every day)</strong> support to stay safe all of the time. People worry about my safety. To keep me safe and protect others.</td>
</tr>
</tbody>
</table>

**Additional information**

9. Complex needs and risks

This part is about my actions/behaviour – the things I do, how this affects other people and the support I need to manage this. This may include forgetfulness, confusion, lack of understanding and other factors which give rise to actions
or behaviour that may have a negative impact on the safety of others. This part identifies the support you need to manage and minimise any negative impact.

**TICK THE BOX THAT FITS YOU BEST**

<table>
<thead>
<tr>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I do not need support with this aspect of my life.</td>
</tr>
<tr>
<td>B. I need occasional <em>(not every day)</em> support with this aspect of my life. To support me maintain my current lifestyle.</td>
</tr>
<tr>
<td>C. I need frequent <em>(several times per day)</em> support with this aspect of my life to manage the risks identified in my risk assessment and management plan. To support me manage my life and support me develop ways of coping better.</td>
</tr>
<tr>
<td>D. I constantly need support with this aspect of my life to manage the risks identified in my risk assessment and management plan. To support me manage my life and support me develop ways of coping better.</td>
</tr>
</tbody>
</table>

**Additional information**

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## 10. Available social support

This part is about the support I have which is unpaid; for example from friends, family or neighbours.

**TICK THE BOX THAT FITS YOU BEST**

<table>
<thead>
<tr>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A.</strong> I am able to get nearly all the support I need from my family and friends.</td>
</tr>
<tr>
<td>To maintain ongoing involvement and family relationships without placing an undue burden on them.</td>
</tr>
<tr>
<td><strong>B.</strong> I am able to get <strong>much</strong> of the support I need from family and friends and have or need occasional <strong>(not every day)</strong> paid support.</td>
</tr>
<tr>
<td>To keep existing support from family and friends without placing an undue burden on them and have occasional support of my choice.</td>
</tr>
<tr>
<td><strong>C.</strong> I am able to get <strong>some</strong> of the support I need from family and friends and need significant <strong>(every day)</strong> paid support.</td>
</tr>
<tr>
<td>To keep existing support and have access to significant support of my choice.</td>
</tr>
<tr>
<td><strong>D.</strong> I get little or no support at all from family or friends.</td>
</tr>
<tr>
<td>To form and keep relationships with people who are not paid to offer support and also have access to essential paid support.</td>
</tr>
</tbody>
</table>

**Additional information**

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## 11. Family carer and informal support

This part is for an unpaid carer (this is often a family member or close friend). What does supporting me mean for my carer? What is their life like?

<table>
<thead>
<tr>
<th>I currently do not have anyone who is my unpaid carer.</th>
</tr>
</thead>
</table>

**To the carer:** This part is for you. Which of these statements Best describes your current circumstances?

**TICK THE BOX THAT FITS YOU BEST**

<table>
<thead>
<tr>
<th>A. I am able and willing to continue in my current caring role. My caring responsibilities have no negative impact on my daily life.</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. I am able and willing to continue in my current caring role. My caring responsibilities have only a small impact on my daily life.</td>
</tr>
<tr>
<td>C. I have some difficulty and stress in carrying out my day-to-day caring tasks. There is some impact on my lifestyles and playing this role leads to minor stress. I am willing to continue in my role as a carer.</td>
</tr>
<tr>
<td>D. My caring role has a substantial impact on my lifestyle. Playing this role has led to high levels of stress and some health problems. I am willing to continue in my role as a carer.</td>
</tr>
<tr>
<td>E. My caring role has a critical impact on my lifestyle – including a significant impact on my health and well-being. I am no longer fit or able or am unwilling to continue in the role as it currently is.</td>
</tr>
</tbody>
</table>

| I would like to receive a carer’s assessment. |

**Additional information**

_________________________________________________________________________

_________________________________________________________________________
PERSONALISATION OF SOCIAL CARE

Purpose of Report:
Committee is invited to consider the arrangements being put in place to manage the assessment and resource allocation processes within Self Direct Support.

Recommendation:
Committee is asked to:
(a) consider the arrangements being put in place to manage the assessment and resource allocation processes within Self Direct Support.

Ward No(s): Citywide:

Local member(s):
Advised: Yes No Consulted: Yes No
1. **Background:**

1.1 At its meeting of 7 October the Council’s Executive Committee approved a report detailing the proposed implementation of Personalised Social Care Services in Glasgow. The report directed the Executive Director Social Care to provide further detail on the assessment and allocation of resources processes to a future Policy and Development Committee.

1.2 It should be noted that the Policy Development Committee considered a report on the broad implementation of personalisation at its September meeting and it is therefore assumed that Committee members are familiar with the broad elements of the personalisation strategy.

1.3 This report will therefore focus on the two specific elements identified by the Executive Committee, as per above.

2. **Assessment Process**

2.1 The governing principle of Glasgow’s SDS assessment process is that the individual service user should participate in the assessment and identification of their own needs as far as they are able to. They should be fully supported in this process and there must remain a professional Social Work oversight of the final assessment in line with the Council’s statutory duties. The process that is being applied in Glasgow seeks to strike a balance between these statutory responsibilities and associated management of risk, with a desire to streamline the existing assessment process, which can be experienced as complex, unwieldy and bureaucratic, particularly by many service users and their carers. A copy of the Council’s Self Evaluation Questionnaire (SEQ) is attached as appendix 1. This is the key assessment document which has been designed following considerable engagement with other local authorities who have experience of SDS, service users and social care staff. The form has been designed to be as light touch and easily understood as possible, with a view to enabling service users to complete it with the minimal possible support.

2.2 There are plans to make these forms accessible on-line as we progress towards an upgraded Social Work client information system (Carefirst 6), which will improve access to the Social Work assessment process and reduce bureaucracy.

2.3 The key steps in the SDS assessment process are detailed in Appendix 2.

3. **Resource Allocation Process**

3.1 The principles governing the resource allocation process within SDS are to ensure as fair, equitable and transparent allocation of resources according to need as possible, whilst at the same time safeguarding the wellbeing of the
service user, managing risk etc.

3.2 The process is designed to be as objective as possible, but given the sensitivities and complexities of social care provision, there remains an element of professional judgement.

4. **Legal Implications** – Not applicable.

5. **Financial Implications** – Not applicable.

6. **Personnel Implications** – Not applicable.

7. **Service Plan Implications** – Detailed in report to September Committee.

8. **Environmental Implications** – Not applicable.

9. **Conclusion**

9.1 This report provides details of the assessment and resource allocation processes that underpin the implementation of Self Direct Support in Glasgow. These are new and innovative approaches that have already been tested and amended through learning from the pilot project in East CHCP. However, given the scale associated with full implementation across the city and range of care groups, it is prudent for the Council to keep these processes under review whilst they are in the process of becoming fully embedded.

10. **Recommendations:**

    Committee is asked to:

    (a) consider the arrangements being put in place to manage the assessment and resource allocation processes within Self Direct Support.
Self Evaluation Questionnaire (SEQ)

(Version 4.0 – Jan 2010)
# 1. Meeting personal needs

This part is about looking after myself – things like washing, getting up out of bed, going to the toilet, dressing, eating and preparing meals. It also includes taking medication and keeping healthy and well.

**TICK THE BOX THAT FITS YOU BEST FROM AT TO E**

<table>
<thead>
<tr>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I am able to meet my personal needs and do not require any support in this area.</td>
</tr>
<tr>
<td>B. I am able to meet my personal care needs with occasional <em>(not every day)</em> physical / gestural / verbal support.</td>
</tr>
<tr>
<td>C. I need significant <em>(every day)</em> physical / gestural / verbal support from another to meet my personal care needs.</td>
</tr>
<tr>
<td>D. I need frequent <em>(several times per day)</em> intimate support to meet my personal care needs.</td>
</tr>
<tr>
<td>E. I need constant intimate support to meet my personal care needs.</td>
</tr>
</tbody>
</table>
**ALSO TICK THE BOXES BELOW THAT FITS YOU**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>F.</strong> I need two people to meet my intimate personal care needs</td>
<td>To have essential personal care needs met and remain free from harm.</td>
<td></td>
</tr>
<tr>
<td><strong>G.</strong> I need frequent intimate support overnight.</td>
<td>To have essential personal care needs met and remain free from harm.</td>
<td></td>
</tr>
</tbody>
</table>

**Additional information**

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2. Relationships

This part is about friendships and people I know – not just my family.

**TICK THE BOX THAT FITS YOU BEST**

<table>
<thead>
<tr>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I have relationships with people who are not paid to be in my life – the right number for me. I don’t need support to keep them.</td>
</tr>
<tr>
<td>B. I have relationships with people who are not paid to be in my life – the right number for me. I need a bit of support to keep them.</td>
</tr>
<tr>
<td>C. I do not have enough relationships with people who are not paid to be in my life. I need support to make relationships – and keep them.</td>
</tr>
<tr>
<td>D. I don’t really have any relationships outside my family/paid support. I need support to make relationships – and keep them.</td>
</tr>
</tbody>
</table>

**Additional information**

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________________________________________________________________________
3. Being part of the local community

This part is about doing things in my community – like using local shops, the library, going to the cinema, clubs, community centre, church or other place of worship, helping neighbours, or being involved in local organisations.

TICK THE BOX THAT FITS YOU BEST

| OUTCOME |
|----------------------|-------------------------|
| **A.** I do need/wish support in this aspect of my life | Outcome met |
| **B.** I do lots of things in my community. I need occasional *(not every day)* support to do them and to explore new options. | To keep me part of my local community. |
| **C.** Sometimes I do things in my community. I need regular *(averaging 2-4 times per week)* support to do more and to explore new options. | To support me develop links in my local community. |
| **D.** I don’t do much in my community. I need frequent and regular *(several times per week)* support to do more and to explore new options. | To support me use local community facilities and organisations regularly and develop links in my local community. |

Additional information

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________________________________________________________________________
4. Work and Learning

This part is about the support I require to keep or get a job, learn new things and/or keep busy in line with my personal choices and aspirations.

**TICK THE BOX THAT FITS YOU BEST**

<table>
<thead>
<tr>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I do not need any support in this area.</td>
</tr>
<tr>
<td>B. I have a work role/job and I am enjoying my spare time. This gives meaning and purpose in my life and I need some occasional (<em>not every day</em>) support to keep this.</td>
</tr>
<tr>
<td>C. I need support to take part in work, leisure or learning. I need frequent (<em>several times per week</em>) support to get more opportunities for work, learning or leisure.</td>
</tr>
<tr>
<td>D. I need significant (<em>every day</em>) support to take part in work, leisure and learning and I have few or no chances for work, leisure or learning in my life.</td>
</tr>
</tbody>
</table>

**Additional information**

________________________________________________________________________

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________________________________________________________________________
5. Making important decisions about life

This part is about who decides important things in my life – things like where I live and who supports me.

**TICK THE BOX THAT FITS YOU BEST**

<table>
<thead>
<tr>
<th>OUTCOME</th>
<th>A. I do not need any support in this area.</th>
<th>Outcome met</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B. I need support to make decisions but I have full control over all day-to-day and life changing decisions.</td>
<td>To maintain opportunities to make supported decisions.</td>
</tr>
<tr>
<td></td>
<td>C. I need support to make decisions. I have control over most day-to-day decisions but less say in life changing decisions.</td>
<td>To have control over life changing decisions.</td>
</tr>
<tr>
<td></td>
<td>D. I need support to make decisions about my life, but most day-to-day decisions are taken by other on my behalf.</td>
<td>To take more control over day-to-day decisions.</td>
</tr>
</tbody>
</table>

**Additional information**

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________________________________________
### 6. My role as a parent or carer

This part is about the support I need to care for someone else e.g. child, parent, partner.

**TICK THE BOX THAT FITS YOU BEST**

<table>
<thead>
<tr>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I am not a parent/care or I am able to fulfil my parenting/caring role without support.</td>
</tr>
<tr>
<td>Outcome met</td>
</tr>
<tr>
<td>B. I need occasional <em>(not every day)</em> support with my parenting/caring role.</td>
</tr>
<tr>
<td>To fulfil my role with in my family</td>
</tr>
<tr>
<td>C. I need some regular, significant <em>(every day)</em> support with my parenting/caring role</td>
</tr>
<tr>
<td>To fulfil my role with in my family</td>
</tr>
<tr>
<td>D. I need frequent <em>(several times per day)</em> support with my parenting/caring role</td>
</tr>
<tr>
<td>To fulfil my role with in my family</td>
</tr>
<tr>
<td>E. I always need constant support with my parenting/caring role.</td>
</tr>
<tr>
<td>To fulfil my role with in my family</td>
</tr>
</tbody>
</table>

**Additional information**


7. Running and maintaining my home

This part is about the support I need to manage day to day tasks involved in running a home e.g. housework, shopping, gardening, routine maintenance, budgeting, and paying bills.

**TICK THE BOX THAT FITS YOU BEST**

<table>
<thead>
<tr>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I do not need support in this aspect of my life.</td>
</tr>
<tr>
<td>B. I need occasional <em>(not every day)</em> support to run and maintain my home.</td>
</tr>
<tr>
<td>C. I often <em>(e.g. at least once a week)</em> need support to run and maintain my home</td>
</tr>
<tr>
<td>D. I frequently <em>(several times per week)</em> need support to run and maintain my home</td>
</tr>
<tr>
<td>E. I always need significant <em>(every day)</em> support to run and maintain my home.</td>
</tr>
</tbody>
</table>

**Additional information**


8. Staying safe from harm

This part is about keeping safe while doing those things that are important to me. Staying safe is about different things for different people but may include using public transport, being in public places, using a gas cooker, or going down stairs.

**TICK THE BOX THAT FITS YOU BEST**

<table>
<thead>
<tr>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I don’t need support to stay safe. I’m happy and no-one says they’re worried.</td>
</tr>
<tr>
<td>B. I need occasional <em>(not every day)</em> support to stay safe in certain places or times. I’m happy and no-one says they’re extremely worried.</td>
</tr>
<tr>
<td>C. I need frequent <em>(several times per week)</em> support to stay safe some of the time. People worry about my safety at some times or in some places.</td>
</tr>
<tr>
<td>D. I need constant <em>(all day/every day)</em> support to stay safe all of the time. People worry about my safety.</td>
</tr>
</tbody>
</table>

**Additional information**

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9. Complex needs and risks
This part is about my actions/behaviour – the things I do, how this affects other people and the support I need to manage this. This may include forgetfulness, confusion, lack of understanding and other factors which give rise to actions or behaviour that may have a negative impact on the safety of others. This part identifies the support you need to manage and minimise any negative impact.

**TICK THE BOX THAT FITS YOU BEST**

<table>
<thead>
<tr>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I do not need support with this aspect of my life.</td>
</tr>
<tr>
<td>B. I need occasional <em>(not every day)</em> support with this aspect of my life.</td>
</tr>
<tr>
<td>C. I need frequent <em>(several times per day)</em> support with this aspect of my life to manage the risks identified in my risk assessment and management plan.</td>
</tr>
<tr>
<td>D. I constantly need support with this aspect of my life to manage the risks identified in my risk assessment and management plan.</td>
</tr>
</tbody>
</table>

**Additional information**

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________
**10. Available social support**

This part is about the support I have which is unpaid; for example from friends, family or neighbours.

**TICK THE BOX THAT FITS YOU BEST**

<table>
<thead>
<tr>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I am able to get nearly all the support I need from my family and friends.</td>
</tr>
</tbody>
</table>

To maintain ongoing involvement and family relationships without placing an undue burden on them.

<table>
<thead>
<tr>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. I am able to get much of the support I need from family and friends and have or need occasional (not every day) paid support.</td>
</tr>
</tbody>
</table>

To keep existing support from family and friends without placing an undue burden on them and have occasional support of my choice.

<table>
<thead>
<tr>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. I am able to get some of the support I need from family and friends and need significant (every day) paid support.</td>
</tr>
</tbody>
</table>

To keep existing support and have access to significant support of my choice.

<table>
<thead>
<tr>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>D. I get little or no support at all from family or friends.</td>
</tr>
</tbody>
</table>

To form and keep relationships with people who are not paid to offer support and also have access to essential paid support.

**Additional information**
This part is for an unpaid carer (this is often a family member or close friend). What does supporting me mean for my carer? What is their life like?

I currently do not have anyone who is my unpaid carer.

To the carer: This part is for you. Which of these statements Best describes your current circumstances?

TICK THE BOX THAT FITS YOU BEST

A. I am able and willing to continue in my current caring role. My caring responsibilities have no negative impact on my daily life.

B. I am able and willing to continue in my current caring role. My caring responsibilities have only a small impact on my daily life.

C. I have some difficulty and stress in carrying out my day-to-day caring tasks. There is some impact on my lifestyles and playing this role leads to minor stress. I am willing to continue in my role as a carer.

D. My caring role has a substantial impact on my lifestyle. Playing this role has led to high levels of stress and some health problems. I am willing to continue in my role as a carer.

E. My caring role has a critical impact on my lifestyle – including a significant impact on my health and well-being. I am no longer fit or able or am unwilling to continue in the role as it currently is.

I would like to receive a carer’s assessment.

Additional information
Personalisation of Social Care

Purpose of Report:
To ask Committee to consider the progress being made in implementing personalisation of social care support in Glasgow.

Recommendation:
Committee is asked to consider the progress being made in implementing the personalisation of social care in Glasgow.

Ward No(s):
Citywide:  
Local member(s):  
Advised:  Yes  No  Consulted:  Yes  No
1. Purpose

1.1 To ask Committee to consider the progress being made in implementing personalisation of social care support in Glasgow.

2. Background

2.1 The Council adopted its personalisation policy in 2008 when it agreed to undertake a pilot roll out for adults with a learning disability in the former East CHCP. Based on that experience it took the decision in October 2010 to proceed with full scale implementation of personalisation across the City, beginning with adults with a learning disability, with a sequential roll out thereafter for adults with a physical disability, children with disabilities and adults with mental health difficulties over the course of 2011-12.

2.2 The report to Executive Committee in October 2010 indicated a range of challenges associated with the implementation of personalisation, chief amongst them the extremely difficult financial context which meant provision for a significant re-direction of resource (£13m over two years) to meet savings and new demand pressures. Nevertheless the report garnered support from across the political groups, given its emphasis on fairness, equity and quality of support.

2.3 For further background members are referred to earlier reports to the Policy Development Committee in September and November 2010.

3. Learning Disability

3.1 There has been marginal slippage with respect to implementation of personalisation for adults with a learning disability, with the process now anticipated to be largely concluded by 2 May 2011, approximately one month later than originally planned. Given the very ambitious timescales set for implementation and the significant complexity associated with the pace, scale and individual service user focus of the reform process this slippage remains within tolerable levels. It is important to note that it is not expected to have any negative impact on realising the resource re-direction outlined in the October Executive Committee report.

3.2 With respect to key milestones:

- The overwhelming majority of service users have now undergone the self evaluation process and been allocated indicative individual budgets.
- All provider organisations have been informed of the impact of personalisation on their current budgets for learning disability.
- By 2 May the overwhelming majority of service users will have their outcome-based support plans in place, in line with their final individual budgets.
3.3 The pace of this change process presents very significant challenges to all stakeholders, including providers, service users, carers, elected members and Social Work Services staff. It also introduces a number of risks which require to be carefully managed:

- Duty of care – given the vulnerability of the service user group, robust arrangements have been put in place to manage the assessment of need and associated support planning for individuals during a period of significant change for them personally.
- Financial – there are very challenging re-direction targets designed to manage re-distribution of available resource on a ‘fair shares’ basis and to meet savings targets.
- Providers – the change process has placed significant stress on the provider sector, which supports the majority of service users involved (see 3.6).
- Directly provided services – as per services purchased from the provider sector, there may be an impact on the Council’s directly provided services that will need to be managed in the future; for example, were significant numbers of existing service users to exercise their choice to be supported in a different way.
- Reputational – the change process has generated growing attention and its high profile nature brings with it a reputational risk for the Council should there be any significant difficulties. As with all of the above examples, the project change plan includes appropriate actions to manage the risks that exist.

3.4 Although there has been some unhelpful and misleading comment on the change process from some quarters, overall it has been characterised by commendable support from all key partners.

3.5 A number of issues will continue to require attention. Communication and training/ capacity building, particularly in relation to service users, carers and social care staff has been a major challenge. Whilst significant progress has been made in this regard we are mindful of the need to communicate ever more effectively around personalisation. Some of the more innovative activity here includes the development of a DVD targeted at service users and carers (to be shown at Committee), a detailed guide to personalisation specially designed around the needs of service users (see Appendix 1) and facilitating access for carers to professional training for Social Work Services staff. Other key areas of communication and engagement activity include:

- Regular meetings with Carers Planit (carers) and People First (service users).
- Support to a small group of people with positive personal stories of self directed support to enable them to promote the benefits of SDS to other individuals. This is facilitated by Glasgow social care providers’ forum.
- Development of the personalisation pages on the Social Work Services website.
- A lead officer identified to support communication with each of the major stakeholders: council staff, provider agencies, service users and carers.
3.6 There are profound implications for service providers with respect to their overall financial position, workforce planning, shifts to new service models, contractual relationship with the Council and how they will engage with service users in the future. Social Work Services staff have been meeting with providers on an individual and collective basis intensively over the past 18 months to help them prepare for the change, whilst a three month fixed life transition fund will be made available during the early part of 2011-12 to assist those organisations facing budget reductions in excess of 20%.

3.7 Based on the experience of personalisation in England we can also anticipate an impact on the Council’s directly provided learning disability services, with some existing service users expected to take some or all of their current spend to other providers. The October Executive Committee report approved £520,000 annual bridging funding for each of the next 2 years to help manage the impact of personalisation on these services, whilst further work will be undertaken in due course once that impact has been more clearly established.

3.8 A professional risk enablement process has been put in place to ensure Social Work’s duty of care is met where there are any residual concerns regarding individual service users’ outcome based support plans.

4. Other Care Groups

4.1 Whilst the principal focus has been on implementation within Learning Disability, work has now begun in relation to the other care groups slated for personalisation, with their combined budget in the region of £30m.

4.2 A resource allocation system is under development for adults with a physical disability where the aim is to conclude implementation by 1 October 2011. Work in relation to children with disabilities and adults with mental health difficulties will be phased in over the remainder of 2011-12. Implementation in each of these care groups will bring their own particular challenges and will require the same intensive resource focus that has characterised the learning disability process.

4.3 Committee will continue to receive progress reports relating to the implementation of personalisation across all care groups.

5. Personnel Implications

5.1 Not applicable.

6. Legal Implications

6.1 Not applicable.
7. **Service Plan Implications**

7.1 Not applicable.

8. **Financial Implications**

8.1 Personalisation savings across all client groups have been agreed at £2.2m for 2010/11, £6m for 2011/12 and £7m for 2012/13. We have now concluded the meetings with Providers to agree estimated budgets. The estimated budgets indicate a resource redirection of £13m. The resource redirection will enable some of the new demand to be met within Learning Disability services, which has future commitments of approximately £6.8m.

9. **Recommendation**

Committee is asked to consider the progress being made in implementing the personalisation of social care in Glasgow.
Personalisation of Social Care

Purpose of Report:
To ask Committee to consider the progress being made in implementing personalisation of social care support in Glasgow.

Recommendation:
Committee is asked to consider the progress being made in implementing the personalisation of social care in Glasgow.

Ward No(s):  \hspace{1cm} Citywide: \checkmark
Local member(s):
Advised: \hspace{1cm} Yes \checkmark No \hspace{1cm} Consulted: \hspace{1cm} Yes \checkmark No \hspace{1cm}
1. Purpose

1.1 To ask Committee to consider the progress being made in implementing personalisation of social care support in Glasgow.

2. Background

2.1 The Council adopted its personalisation policy in 2008 when it agreed to undertake a pilot roll out for adults with a learning disability in the former East CHCP. Based on that experience it took the decision in October 2010 to proceed with full scale implementation of personalisation across the City, beginning with adults with a learning disability, with a sequential roll out thereafter for adults with a physical disability, children with disabilities and adults with mental health difficulties over the course of 2011-12.

2.2 The report to Executive Committee in October 2010 indicated a range of challenges associated with the implementation of personalisation, chief amongst them the extremely difficult financial context which meant provision for a significant re-direction of resource (£13m over two years) to meet savings and new demand pressures. Nevertheless the report garnered support from across the political groups, given its emphasis on fairness, equity and quality of support.

2.3 For further background members are referred to earlier reports to the Policy Development Committee in September and November 2010.

3. Learning Disability

3.1 There has been marginal slippage with respect to implementation of personalisation for adults with a learning disability, with the process now anticipated to be largely concluded by 2 May 2011, approximately one month later than originally planned. Given the very ambitious timescales set for implementation and the significant complexity associated with the pace, scale and individual service user focus of the reform process this slippage remains within tolerable levels. It is important to note that it is not expected to have any negative impact on realising the resource re-direction outlined in the October Executive Committee report.

3.2 With respect to key milestones:

- The overwhelming majority of service users have now undergone the self evaluation process and been allocated indicative individual budgets.
- All provider organisations have been informed of the impact of personalisation on their current budgets for learning disability.
- By 2 May the overwhelming majority of service users will have their outcome-based support plans in place, in line with their final individual budgets.
3.3 The pace of this change process presents very significant challenges to all stakeholders, including providers, service users, carers, elected members and Social Work Services staff. It also introduces a number of risks which require to be carefully managed:

- Duty of care – given the vulnerability of the service user group, robust arrangements have been put in place to manage the assessment of need and associated support planning for individuals during a period of significant change for them personally.
- Financial – there are very challenging re-direction targets designed to manage re-distribution of available resource on a ‘fair shares’ basis and to meet savings targets.
- Providers – the change process has placed significant stress on the provider sector, which supports the majority of service users involved (see 3.6).
- Directly provided services – as per services purchased from the provider sector, there may be an impact on the Council’s directly provided services that will need to be managed in the future; for example, were significant numbers of existing service users to exercise their choice to be supported in a different way.
- Reputational – the change process has generated growing attention and its high profile nature brings with it a reputational risk for the Council should there be any significant difficulties. As with all of the above examples, the project change plan includes appropriate actions to manage the risks that exist.

3.4 Although there has been some unhelpful and misleading comment on the change process from some quarters, overall it has been characterised by commendable support from all key partners.

3.5 A number of issues will continue to require attention. Communication and training/capacity building, particularly in relation to service users, carers and social care staff has been a major challenge. Whilst significant progress has been made in this regard we are mindful of the need to communicate ever more effectively around personalisation. Some of the more innovative activity here includes the development of a DVD targeted at service users and carers (to be shown at Committee), a detailed guide to personalisation specially designed around the needs of service users (see Appendix 1) and facilitating access for carers to professional training for Social Work Services staff. Other key areas of communication and engagement activity include:

- Regular meetings with Carers Planit (carers) and People First (service users).
- Support to a small group of people with positive personal stories of self-directed support to enable them to promote the benefits of SDS to other individuals. This is facilitated by Glasgow social care providers’ forum.
- Development of the personalisation pages on the Social Work Services website.
- A lead officer identified to support communication with each of the major stakeholders: council staff, provider agencies, service users and carers.
3.6 There are profound implications for service providers with respect to their overall financial position, workforce planning, shifts to new service models, contractual relationship with the Council and how they will engage with service users in the future. Social Work Services staff have been meeting with providers on an individual and collective basis intensively over the past 18 months to help them prepare for the change, whilst a three month fixed life transition fund will be made available during the early part of 2011-12 to assist those organisations facing budget reductions in excess of 20%.

3.7 Based on the experience of personalisation in England we can also anticipate an impact on the Council’s directly provided learning disability services, with some existing service users expected to take some or all of their current spend to other providers. The October Executive Committee report approved £520,000 annual bridging funding for each of the next 2 years to help manage the impact of personalisation on these services, whilst further work will be undertaken in due course once that impact has been more clearly established.

3.8 A professional risk enablement process has been put in place to ensure Social Work’s duty of care is met where there are any residual concerns regarding individual service users’ outcome based support plans.

4. Other Care Groups

4.1 Whilst the principal focus has been on implementation within Learning Disability, work has now begun in relation to the other care groups slated for personalisation, with their combined budget in the region of £30m.

4.2 A resource allocation system is under development for adults with a physical disability where the aim is to conclude implementation by 1 October 2011. Work in relation to children with disabilities and adults with mental health difficulties will be phased in over the remainder of 2011-12. Implementation in each of these care groups will bring their own particular challenges and will require the same intensive resource focus that has characterised the learning disability process.

4.3 Committee will continue to receive progress reports relating to the implementation of personalisation across all care groups.

5. Personnel Implications

5.1 Not applicable.

6. Legal Implications

6.1 Not applicable.
7. **Service Plan Implications**

7.1 Not applicable.

8. **Financial Implications**

8.1 Personalisation savings across all client groups have been agreed at £2.2m for 2010/11, £6m for 2011/12 and £7m for 2012/13. We have now concluded the meetings with Providers to agree estimated budgets. The estimated budgets indicate a resource redirection of £13m. The resource redirection will enable some of the new demand to be met within Learning Disability services, which has future commitments of approximately £6.8m.

9. **Recommendation**

   Committee is asked to consider the progress being made in implementing the personalisation of social care in Glasgow.
UPDATE ON PERSONALISATION OF SOCIAL CARE SUPPORT IN GLASGOW

Purpose of Report:
To update Committee on implementation of personalisation of Social Care support in Glasgow.

Recommendations:
Committee is invited to consider this report.

Ward No(s): Citywide: ✔
Local member(s) advised: Yes ☐ No ☐ consulted: Yes ☐ No ☐
1. **Purpose of Report**

1.1 To update Committee on implementation of personalisation of Social Care support in Glasgow.

2. **Background**

2.1 Committee considered a report on personalisation at its meeting of 13 April. That report reported the background to the policy, the progress made with respect to implementation for adults with a learning disability; and, looked ahead to the roll out of personalisation for other adult care groups.

2.2 Committee asked that the Executive Director for Social Care Services provide a further report to this meeting, to include additional information on vulnerable cases.

3. **Current Progress in Learning Disability**

3.1 The implementation process remains ongoing for adults with a learning disability. The current position for this group is as follows:

- 700 service users have had their individual budget and outcome based support plan approved. An associated £7.1 million of resources has been re-directed as a consequence.
- 238 service users have been allocated an additional £4.5 million to meet new demand in line with the fair shares principle of this policy.
- 160 of the most vulnerable service users have been referred to the risk assessment panel to enable a risk assessment to be undertaken of their proposed support plan. No changes to their existing support plans will be affected until that process is concluded and there is assurance that the level of risk to the individual is safely manageable.
- The remaining 800 service users are currently having their needs managed through the care management pathway.

4. **Service Users Case Examples**

4.1 As per instruction to provide real life case examples, the following are submitted for Committee consideration:

4.2 **Example 1** - Mr X is a 49 year old man with learning disability who has profound and complex social and health care needs. He is from the east end of Glasgow but after a number of attempts to support him in the community had failed due to his challenging behaviours he was admitted to long term hospital care 4 years ago.

Mr X faced spending the rest of his life in hospital unless
significant additional social care resources could be found to commission support in the community.

Mr X was assessed through the new Self Directed Support processes. He has limited communication and no capacity to make significant decisions about his life. He repeatedly self harms and is extremely aggressive and violent at times. This agitation can also lead to him destroying property. It has often been these behaviours which have resulted in community placement breakdown. These behaviours have put him and others at risk of significant harm.

It was noted that work had been done whilst in hospital on behaviour modification plans.

He has personal care needs, a need for support to sustain relationships, a need for support in the community and support with behaviours that are a risk to him and others.

Following the Self Evaluation Questionnaire completion and council officer assessment he was taken through the Resource Allocation System and a budget of £62,000 was allocated to look at constructing an Outcome Based Support Plan. After further assessment and planning work the professional assessment was that the significant risks posed by Mr X’s behaviours could not be mitigated by a service package constructed within this budget allocation.

The service user’s circumstances were subsequently considered at a Risk Enablement Panel. Following a critical look at the evidence of significant risks of harm an appraisal of options for mitigating risk took place.

The decision of the panel was to agree an Outcome based Support Plan based at a cost of £120,000. This plan allowed for the construction of a 24 hour support plan with significant 2-1 support available to meet needs and manage risk.

This plan is now being implemented.

The necessary £120,000 would not have been available to the Council to meet Mr X’s needs without the resource directed that is part of personalisation.

4.3 Example 2 - Mr Y is a 51 year old man who has profound and complex physical and learning disabilities. He was in long term hospital care for a number of years until he was discharged into a shared tenancy with 2 other individuals. This service commissioned by the local authority is provided by a leading national voluntary organisation. Mr Y is not able to live
independently.

His care package included a sleep over and 1-1 support during the day. This service cost £85,000 but ensured that Mr Y had 24 hour support and protection.

Following the Self Evaluation Questionnaire completion and council officer assessment he was taken through the Resource Allocation System and an Estimated Budget was allocated of £60k to look at constructing an Outcome Based Support Plan.

After further assessment and planning work an Outcome Based Support Plan was presented that allowed for continued sleepover cover and a combination of shared support and some 1-1 support for Mr Y during the day. The shared support was constructed by pooling the resources of Mr Y and the 2 individuals with whom he shared his tenancy. Thus instead of 3 individuals having 1-1 support during the day the staffing ratio at times became 2 staff to 3 individuals.

The professional assessment by the Council was that these changes posed no significant risks to Mr Y and allowed him to get a reasonable 24 hour support package delivered in his own tenancy.

This assessment was agreed with the provider and will now cost £67,000 for Mr Y.

A 20% redirection of resource was agreed for this individual and 2 others he shared a tenancy with which did not compromise 24 hour care or put anyone at risk.

4.4 Example 3 - Mr Z is a 50 year old man with a mild learning disability and some physical health problems. He has no need for personal care support and does not harm himself. He is not aggressive or violent to others. He is active in the community and maintains family relationships. He needs support to maintain a tenancy as he has had problems doing so in the past. He also needs support to maintain a healthy lifestyle and look after his health.

His needs do not require a constant level of support but he needs regular and frequent prompting to maintain a healthy diet, take his medication and help prepare his food. He is supported on occasion when in the community and needs reminding to manage alcohol. He also is prompted and reminded to pay his bills.

The professional assessment was that Mr Z required regular and frequent support throughout the week.
He previously received 30 hours of support per week at a cost of £30k. Following this reassessment he was allocated an Individual Budget of £16k and now receives 19 hours of support per week from a leading national voluntary sector provider.

5. **Service Implications**

*Financial:* Personalisation by necessity creates the opportunity for learning disabled adults to access a wider and more innovative range of services than through traditional routes of commissioning or allocation of resources. To support this, Social Work Services are currently in the process of developing an online portal available to service users that provides information about the wide range of services available to them and the price (usually hourly or per deum rates).

Social Work day services will require to be part of this process to enable learning disabled adults to make choices about which services they wish to use. The price of the council day services to individuals is no more than a current pro rata value of the delivery of the service.

In the Council day services the current per deum value reflects the level of support individuals require thus, for individuals who need greater levels of support this is £158.44 (1 to 1 support) and £218.44 (2 to 1 support). The baseline value for all service users is £110.44 and this figure is included in those for higher needs.

6. **Legal Implications**

6.1 Not applicable.

7. **Personnel Implications**

7.1 Not applicable.

8. **Service Plan**

8.1 Not applicable

9. **Environmental Implications**

9.1 Not applicable.

10. **Sustainable Procurement and Article 19**

10.1 Not applicable.

11. **Recommendations**

11.1 Committee is invited to consider this report.
UPDATE ON PERSONALISATION OF SOCIAL CARE SUPPORT IN GLASGOW

Purpose of Report:
To update Committee on implementation of personalisation of Social Care support in Glasgow.

Recommendations:
Committee is invited to consider this report.

Ward No(s): Citywide: ✓
Local member(s) advised: Yes ☐ No ☐ consulted: Yes ☐ No ☐
1. **Purpose of Report**

1.1 To update Committee on implementation of personalisation of Social Care support in Glasgow.

2. **Background**

2.1 Committee considered a report on personalisation at its meetings of 13 April and 25 May 2011. Those reports provided the background to the policy, the progress made with respect to implementation for adults with a learning disability; and, looked ahead to the roll out of personalisation for other adult care groups.

2.2 Further reports are submitted to inform members of continuing progress as part of the committee’s work plan.

3. **Current Progress in Learning Disability**

3.1 The implementation process remains ongoing for adults with a learning disability. The current position for this group is as follows:

- 700 service users have had their individual budget and outcome based support plan approved. An associated £7.1 million of resources has been re-directed as a consequence.
- 238 service users have been allocated an additional £4.5 million to meet new demand in line with the fair shares principle of this policy.
- 148 of the most vulnerable service users have been referred to risk enablement panels (REPs) to enable a risk assessment to be undertaken of their proposed support plan. No changes to their existing support plans will be affected until that process is concluded and there is assurance that the level of risk to the individual is safely manageable. An intensive programme of these panels is currently ongoing and will conclude in early November.
- The remaining 800 service users will have their needs managed through the care management pathway. This will be concluded during 2012.

4. **Implementation for Adults with a Physical Disability**

4.1 The implementation process for adults with physical disability started being implemented on 12th September 2011.

4.2 All service users received a letter advising them of the policy and that the council would be re-assessing their needs.

4.3 20 social work staff will be carrying out these assessments and have undertaken training to prepare them for this task.

4.4 It is expected that some 800 assessments will be concluded and new Outcome Based Support Plans agreed by the end of January.
2012

4.5 Social work staff are in regular dialogue with service users and carer representatives to receive useful representation on the success of the implementation.

5. Service Implications

  Financial: Not applicable.

6. Legal Implications

6.1 Not applicable.

7. Personnel Implications

7.1 Not applicable.

8. Service Plan

8.1 Not applicable

9. Environmental Implications

9.1 Not applicable.

10. Sustainable Procurement and Article 19

10.1 Not applicable.

11. Recommendations

11.1 Committee is invited to consider this report.
Personalisation

Purpose of Report:
To update Committee on the ongoing implementation of personalisation in Glasgow.

Recommendations:
Committee is asked to note the contents of the report.

Ward No(s): Citywide: ✓
Local member(s) advised: Yes ☐ No ☐ consulted: Yes ☐ No ☐
1. **Purpose of Report**

1.1 To update Committee on the ongoing implementation of personalisation in Glasgow.

2. **Background**

2.1 Committee has received regular reports relating to the policy of personalisation and its implementation. Following the most recent of those reports on 9 November the Executive Member for Social Care and Assistant Director of Social Care committed to meet separately with Unison and Learning Disability Alliance Scotland (LDAS) and report back to Committee. This report updates on that meeting and describes progress with implementation. It also assesses the ongoing impact of personalisation in a range of respects and highlights the challenges that we continue to face.

3. **Progress with Implementation**

As per previous reports, four social care groups are in scope for personalisation at present. Progress to date and future implementation timetables are briefly summarised below.

3.1 **Learning Disability**

- Launched in April 2011.
- Provider pathway – 800 Outcome Based Support Plans in place; circa 140 Risk Enablement Panels ongoing or completed; review programme beginning now and will continue through the year.
- Care management pathway – for the remaining circa 650 service users remains scheduled for summer 2012.

3.2 **Physical Disability**

- Launched in October 2011.
- Around 800 service users are involved.
- 240 assessments are underway and 140 estimated budgets have been allocated.
- All support plans due for completion by March 2012.

3.3 **Mental Health**

- Launches March 2012.
- Approximately 810 people with mental health issues will be involved in phase one.
- We are working intensively with our staff to prepare for the rollout.
- We will be communicating the changes taking place to NHS Greater Glasgow and Clyde staff, who are an important stakeholder in Mental Health support.
3.4 **Children with Disabilities**
- Due to be launched in summer 2012.
- Work currently ongoing to scope out the number of children and young people that will be part of this process.

4. **Impact on Stakeholders**

4.1 With respect to service users there has been a mixture of anxiety and positivity in response to personalisation. There is some evidence that there is greater potential for the delivery of imaginative and inclusive packages of support than has been developed to date. This is possibly to be expected at this stage as all stakeholders adjust to the new way of working and begin to understand the opportunities that personalisation provide to do things very differently to before. Appendix 1 provides some case examples.

4.2 Carers remain anxious and this is a group we continue to engage with regularly with a view to providing reassurance, including through the Learning Disability Sub Group of this Committee. There has been some positivity from carers, with the Chair of Voices For Change having praised Glasgow’s approach to Personalisation and noted some of the successes being achieved at a Scrutiny Panel session in December.

4.3 Social Work staff are also having to adjust to significant changes in policy, practice and culture, as well as a pressured period of change. The Council’s investment in training and an upgraded client information system (CareFirst 6), as well as ongoing management support are intended to enable staff to manage these pressures and support the delivery of personalisation.

4.4 Provider organisations are also having to adjust to a new way of working and in a context of very challenging financial circumstances. It is acknowledged that these are challenging times for providers, but the conditions have been created for thoughtful and driven organisations to prosper and we are already seeing evidence of some of those increasing their market share post-personalisation.

5. **Resource Re-Direction**

5.1 As has been consistently reported to Committee the implementation of personalisation in Glasgow was agreed by Executive Committee within a financial framework that sought to realise a 20% re-direction of resources to meet savings imperatives and to fund new service demand.

Savings of £5.1m have been made to date, with all new and changing demand within the current year met from available budget. Savings for 2012/13 are £10.1m out of a total in scope budget of £90.1m that includes Physical Disabilities and Mental Health, and the assumption is that we continue to meet new demand within budget.
6. **Engagement with Unison and LDAS**

6.1 The Executive Member for Social Care and the Assistant Director of Social Care Services met with Ian Hood (Learning Disability Scotland Alliance), Simon McFarlane (Unison) and Ian Leech (Unison) on 1 December.

6.2 Both representative organisations re-stated their broad support for personalisation and welcomed the opportunity to reflect some of their concerns and issues. These included:

- The level of funding reductions to the voluntary sector and service users as a result of the 20% redirection.

- The pace of change involved in Glasgow's implementation is considered to be too quick.

- The impact this has reportedly had on the terms and conditions of voluntary sector staff has been detrimental.

- The continuing quality of support for service users is considered to be at risk. The care packages for service users will be addressed within annual care plan reviews.

- There is anxiety about the impact of personalisation with regard to the future of the Council's directly provided services.

- The efficacy of the Resource Allocation System and the Self Evaluation Questionnaire (which was over a year in development and testing) used in the allocation of individual budgets.

6.3 A commitment has been given to engage in ongoing dialogue between the parties with regard to Personalisation on an approximately 3 or 4 monthly basis. These ongoing meetings will be hosted by the Executive Member for Social Care.

7. **Ongoing Scrutiny and Engagement**

7.1 Glasgow has committed to ongoing scrutiny of its personalisation policy. An expert panel of external stakeholders has now convened twice to scrutinise both the policy and its implementation. The panel includes representatives of carers organisations, voluntary sector providers and other local authorities, as well as the Chair of the Glasgow Adult Protection Committee. This has been a very positive process that has delivered genuine scrutiny at a number of technical and philosophical levels.

7.2 A wider programme of consultation and engagement with those impacted by personalisation remains ongoing, exemplified an event earlier this month for Mental Health service user and carer organisations and service providers to explain the process and respond to queries and concerns.
8. **Legislation**

8.1 Members may be aware that the Scottish Government plans to introduce the Self Directed Support (Scotland) Bill to the Scottish Parliament on 1 March. Amongst other things the Bill will:

- introduce the language and terminology of self-directed support into statute;
- provide a consistent, clear framework in law;
- impose firm duties on local authorities to provide the various options available to citizens - making it clear that it is the citizen’s choice as to how much choice and control they want to have;
- widen eligibility to those who have been excluded up to this point, such as carers and people on compulsory treatment orders, and;
- consolidate, modernise and clarify existing laws on direct payments.

8.2 Glasgow officers have been members of the Bill Steering Group along with a broad range of other interests and anticipate no conflict between the final legislation and what is being done here.

9. **Financial Implications**

9.1 Not applicable.

10. **Legal Implications**

10.1 Not applicable.

11. **Personnel Implications**

11.1 Not applicable.

12. **Service Plan**

12.1 Not applicable.

13. **Environmental Implications**

13.1 Not applicable.
14. Sustainable Procurement and Article 19

14.1 Not applicable.

15. Recommendation

15.1 Committee is asked to note the contents of the report.
Appendix 1

Case examples currently being addressed through implementation of personalisation and Self Directed Support for service users with Physical Disabilities

Case study 1

Mr A was discussed at a Resource Allocation and Screening Group on 9th February 2012. He has had long standing alcohol and mental health problems. Mr A has physical health problems associated with these and other deteriorating health conditions. His living conditions have at times been dire.

He needs support with personal care and housing support. The actual costs of his services were £2,934. Social Work Services set an Agreed Estimated Budget of £5,542 for planning purposes to develop an Outcome Based Support Plan that would meet Mr As needs.

Mr A decided he did not want to increase his service and he made an informed choice to continue to receive his service from Cordia. Social Work Service signed off his agreed care plan which will meet all of his needs at the same cost of £2,934

Case study 2

Mr B was discussed at a Resource Allocation and Screening Group on 9th February 2012. He is a 45 year old man suffering from Multiple Sclerosis. He lives with his wife. He is not currently in receipt of services.

Mr B who is in a wheelchair requires assistance with meal preparation and with eating. He requires daily assistance with personal care.

Based on his assessed needs Social Work Services have allocated an Estimated Budget of £20,185 in order to develop an Outcome Based Support Plan to meet his social care needs. The expectation is this plan will meet all of his assessed needs.

Case study 3

Ms C was discussed at a Resource Allocation and Screening Group on 3rd February 2012. Mrs C is a 55 year old woman with deteriorating physical disability. She stays with her son who offers very little support. She requires assistance with personal care tasks such as getting up and getting dressed and with meal preparation and eating.

The costs of her current service were £19,259. An Agreed Estimated Budget of £13,999 was set for planning purposes.

An Outcome Based Support Plan involving a reconfigured support package at a cost of £14,044 was agreed at the meeting on 3rd February 2012. Mrs C was happy with
the proposed support and the fact that she continues to receive her service from CORDIA. All of her assessed needs are being met.