

Leicester  
City Council

**WARDS AFFECTED**  
Leicester City

## **FORWARD TIMETABLE OF CONSULTATION AND MEETINGS:**

**Cabinet**

**23<sup>rd</sup> June 2008**

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### **'Putting People First' – Transforming Adult Social Care in Leicester.**

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#### **Report of the Service Director, Adults and Housing Department**

##### **1.0 Purpose of Report**

- 1.1 This report briefs Cabinet on the shared vision for transforming Adult Social Care as set out in 'Putting People First – A Shared Vision and Commitment to the Transformation of Adult Social Care' (December 2007). It proposes that Leicester adopts this approach and builds on relevant local pilots to incrementally manage the change. There is a close fit with the Putting People First objectives and the vision, priorities and targets within Leicester's Sustainable Community Strategy, Local Area Agreement and One Leicester. The report also outlines the initial work that needs to be done to develop this work programme and seeks Cabinet agreement for the establishment of a team that will project manage the transformation of Social Care Services in Adults and Housing Department.

##### **2.0 Summary**

- 2.1 In Leicester, as well as nationally, people with social care needs are recognising that they want to have a greater say and more choice in how their support is provided. 'Putting People First' sets out the shared vision for the radical transformation of adult social care nationally. Local Authorities are expected to begin implementing this from April 2008 and evidence significant progress by 2011. This direction of travel has wide support and has been endorsed by six Cabinet Ministers. It is unique in establishing a collaborative approach between central and local Government, the sector's professional leadership, providers and regulators.
- 2.2 The key objectives of the concordat are individual flexible services, independence, a shift to greater investment in prevention and re-ablement and the mainstreaming of self directed support. Self directed support includes personalised budgets, direct payments, person centred planning and outcome based work.

- 2.3 There are many objectives within the vision, with major challenges being the mainstreaming of self directed support and making a strategic shift to investing more in targeted preventative initiatives. A self directed social care system will require very different relationships and ways of working with people based on principles of enabling active citizenship, regardless of ability, age or illness. Everyone eligible for social care will be entitled to a personal budget and support to make decisions about how they can use it. People will be able to use their funding in flexible and creative ways to design and control individual support systems that enable them to have independent lives of their choosing and pursue their aspirations. Initial national and local pilot work indicates that if implemented properly, self directed support can lead to better, affordable, outcomes for individuals and families that result in high levels of satisfaction.
- 2.4 In line with our Corporate and Departmental visions, Leicester already has some very positive examples of people having individualised services and more choice and control over them; however, this is not currently available to the majority of people using our services. Social care functions as currently organised will not support the mainstreaming of self directed support. New approaches need embedding in all areas of social care, including; assessment, care planning, workforce, support systems and commissioning (in-house and contracted patterns of services). The organisational change will be of a similar scale to when Community Care (NHS) Act was introduced in 1990, which gave Local Authorities three years preparation time to implement it in 1993.
- 2.5 The Department of Health (DH) is providing all Local Authorities with a Social Care Reform Grant over the next three years. This is short term, ring-fenced funding to support the system-wide transformation and personalisation of social care as outlined in this report. A planned approach is needed to balance the pace of change being sustainable in the long term, whilst recognising that operating parallel, different systems sustains double running costs and confusion for individuals, staff and partners. Each Local Authority is required to produce a transformation plan that addresses these issues and includes clear bench-marks, timescales and designated delivery responsibilities

### **3.0 Recommendations (or OPTIONS)**

#### **The Cabinet is recommended to:**

- 3.1 Adopt the shared concordat on policy for transforming Adult Social Care as set out in 'Putting People First' (and outlined in paragraph 4 of this report).
- 3.2 Agree that a team is established to undertake the work and programme manage the Putting People First Programme (Programme management structure outlined in Appendix A).
- 3.3 Agree that the Cabinet Member Lead for Adults and Older People will be the Programme's Senior Responsible Owner. (Programme management structure outlined in Appendix A).
- 3.4 Receive a further report on the implications arising from the National Individual Budget Pilot Evaluation and also at key project milestones.

## **4.0 Report: Putting People First**

### **4.1.1 Policy Background:**

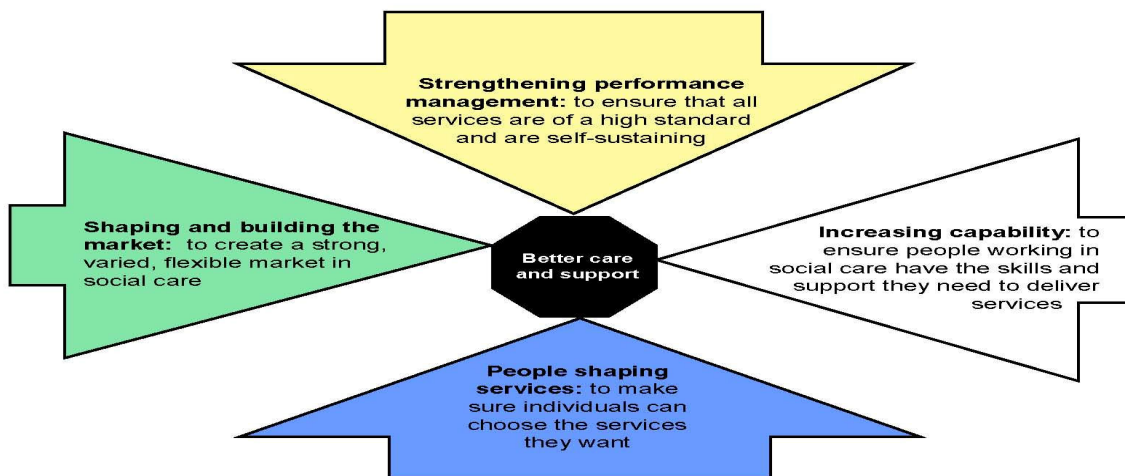
'Putting People First' builds on the vision of high quality, personalised and flexible services set out in the White Paper 'Our Health Our Care Our Say'. It outlines the Government's plans on the 'urgent need to begin the development of a new social care system'. It's value base is for a radical transformation of social care away from a traditional welfare model, with reactive care of variable quality, to a mainstream system focused on prevention, early intervention, enablement and high quality personally tailored services. It envisages that the state will have a different, not lesser role, which is more enabling and less controlling. Social care will support people to tailor services closely to their individual needs and preferences, empowering them to shape their own lives and the services that they receive (self directed support). Self Directed Support will be mainstreamed, which includes replacing existing care management processes with the Individual Budget process. The majority of people will be given money to arrange their own support (Direct Payments), with assistance where needed. People and their carers should be involved in strategic decision making and developing new systems and supports to ensure that they are appropriate.

4.1.2 Many vulnerable people will potentially need high levels of support to understand their individual resource allocation, to establish what support they might be able to benefit from and to access the services that they need. With the Individual Budget process the Local Authority retains it's duty of care to vulnerable adults and safeguarding issues and risks are considered as seriously as in the current system. Social workers will retain responsibility for applying eligibility criteria, allocating the resources (Individual Budget) and jointly identifying needs and outcomes with the person. They also have to initially agree and subsequently review that the support plan is suitable to meet these, whilst ensuring that the person is safe and well. The current requirement for people receiving Direct Payments to submit information to audit how the money is spent is also retained and support is available to help people to do this.

## **4.2 Partnerships.**

4.2.1 To ensure best use is made of available resources and to enable people to become active citizens with their communities, it is essential that Leicester City Council works with local and regional partners. The NHS, other statutory agencies, the voluntary and private sectors, local communities and citizens need to work together to address this, as well as create a strategic balance of investment in prevention, alongside providing intensive care and support for those with high-level complex needs. Pooled budgets and integrated funding between health and social care can provide the flexibility for funds to be invested in early intervention and preventative approaches. Local commissioners need to consider how resources may be released from across the whole system and redirected to enable investment in early intervention and prevention for all levels of need. The DH envisages that joint work with local partners is key to implementing the vision but 'should not require structural changes, but organisations coming together to re-design local systems around the needs of citizens.'

- 4.2.2 An initial stage of this work is to engage with Leicester City Primary Care Trust (PCT) to jointly consider our provider services and opportunities for more integrated working. Leicester City Council officers have started discussions with Leicester PCT to develop a process and framework for progressing this.
- 4.2.3 Additional consideration will be given to links with Children and Young People’s Services, especially in the context of work with people in transition between the two service areas. People who are to be long term users of social care services will be given the opportunity to develop the skills necessary to manage their own resources and configure their own support networks early in their lives. When they reach adulthood they will be equipped to work with their Individual Budgets, should they so choose.
- 4.2.4 All participants across the sector will need to engage to bring about both the transformational culture change and the systems change needed to deliver personalisation. The reform model (on the next page) identifies the four domains the Government feels must be addressed in order to reform social care in a way that is sustainable, improves the quality of people’s experience and ensures people have choice and control over the support they need to live the lives they want.



'Better care and support' at the centre of the diagram is a proxy for the seven outcomes for social care as set out in *Our health, our care, our say* (2006): improved health and emotional wellbeing; improved quality of life, making a positive contribution, choice and control, freedom from discrimination, economic wellbeing and personal dignity.

### 4.3 Key Objectives of Putting People First:

- 4.3.1 **Local Authority Leadership** accompanied by authentic partnership working with the local NHS, other statutory agencies, third and private sector providers, users, carers and the wider community to create a new, high quality care system.

4.3.2 **Health and well-being outcomes** for all people agreed and shared by partners and people using services. (Appendix B contains case studies demonstrating how self directed support can achieve the seven CSCI individual outcomes for people).

4.3.3 **System wide transformation:**

- (a) Joint Strategic Needs Assessment should be done with key partners to inform local vision
- (b) Commissioning that incentivises and stimulates quality provision, offering high standard care, dignity and maximum choice and control for service users.
- (c) A major shift to prevention, early intervention and re-enablement, which utilizes all relevant community resources and informs the Sustainable Community Strategy.
- (d) First-stop shops offering accessible information, advice and advocacy service available to all irrespective of financial means. Personal advocates to be available where there is no family/carer.
- (e) Assessments and paperwork to be streamlined with greater emphasis on self assessment. Social workers focus more time on support, brokerage and advocacy.
- (f) Person Centred Planning and Self Directed Support to become mainstream.
- (g) Individual Budgets for everyone eligible for publically funded adult social care support other than in circumstances where people require emergency access to provision. In the future this could include NHS resources.
- (h) An increasing number of people supported to use direct payments, with locally defined targets in Local Area Agreements. This means giving people the money and supporting them to arrange their own care and support.
- (i) Telecare to be integral to packages of support.
- (j) Carers to be treated as equal partners and experts by professionals.
- (k) Systems which support integrated working with children's services, and also act on and minimise the risk of abuse and neglect of vulnerable adults.
- (l) A transformed community equipment service consistent with the retail market model.
- (m) Local workforce development strategies that include all sectors.
- (n) Support for at least one local user led organisation.
- (o) A range of services to promote independence and reduce social isolation, for example, inter-generational programmes bringing older and younger people together in schools, day centres and neighbourhood housing schemes

4.3.4 The Department Of Health recognises that some areas, such as Leicester, are part of the national Individual Budget's pilot, and have been at the cutting edge of innovation and informing this vision. DH are arranging a national programme of support and learning to assist Local Authorities implementing the new agenda.

#### **4.4 Social Care Reform Grant:**

4.4.1 Local government is expected to spend some of its existing resources differently to achieve transformation. In addition, national Government is providing three years specific, short term ring-fenced funding through the Social Care Reform Grant to support system-wide transformation. See section 5 of this report for further details.

#### **4.5 National Performance Monitoring:**

4.5.1 Councils' progress with transformation will be measured through the Performance Framework and the Commission for Social Care Inspection (CSCI) outcome indicators. Incremental progress has to be evidenced from April 2008 with 'significant progress' being demonstrated by 2011. Local Authorities that do not change services to achieve this will have low Performance Indicators for these areas and will be held to account for not setting and achieving improvement targets. (Appendix B gives brief case study examples of how self directed support can help to achieve the CSCI outcomes).

#### **4.6 Implications for Leicester City Council**

4.6.1 Key challenges include:

- Rolling out a new care management system (Individual Budgets) across all adult social care. This will need to include a new way of assessing, measuring and reviewing the achievement of individual outcomes. New systems (IT, finance, and performance) will be needed to support this.
- Workforce remodelling to new roles required for social work teams and provider staff. This work is likely to require significant input from Human Resources.
- Developing a learning & development programme to ensure staff are appropriately skilled for the new roles and to achieve the cultural shift in ways of working with people.
- Freeing up the money from existing services and contracts to fund increasing take up of Direct Payments, whilst continuing to provide services to people. In the long term the aim is for this to be done within existing budgets, however, it will require some double running costs to safely manage the changes. Of the 69 local people going through the Individual Budget process up to December 2007, 48% have chosen to take all the money as a Direct Payment, 42% a mixture of Direct Payments and Council arranged services, 4% as individual Service Funds held by a provider and 6% Council arranged services only. This split is mirrored nationally and is an indicator of the radical cultural change needed to commissioning patterns.
- Managing the change in the nature and volume of all the services that the Council currently provides directly or commissions, without destabilising the market. In the future, as more people arrange their own support within their communities, there will be significantly fewer social care services provided either directly or contracted by

the Council. Services that are provided will tend to be for people in crisis or with very specialist needs.

- Working with providers and community services to ensure the right flexible support options that people want to purchase are available e.g. personal assistants, accessible local facilities. Also development of the services that will continue to be commissioned by the Council, to ensure that are also flexible and personalised.
- Working with health and partners to target areas most beneficial and effective for prevention and re-enablement initiatives and building these into the joint commissioning strategy.
- Developing a universal information, advice, advocacy & brokerage service that all citizens can use.

#### 4.6.2 Key opportunities include:

- Improved outcomes for individuals within the same amount of funding as current care packages gives better efficiencies.
- Improved performance ratings. Self directed support helps to achieve all of the seven CSCI individual outcomes (see Appendix B for examples) that the social care performance framework is now aligned to.
- Enabling people to make better use of 'natural' family and community support systems (e.g. mainstream community opportunities, employment), with enough options and support so as not to place extra burdens on carers
- Improved customer satisfaction rates.
- The Resource Allocation System is a locally determined system that translates people's assessed needs into an indicative sum of money (Individual Budget). It is a more equitable, transparent and robust financial management tool both for managers on an individual case level, as well as giving greater control for managing limited Departmental budgets and resources. Future known increases in demand and need can be built into it, as long as this is balanced with it giving a reasonable allocation with which people can realistically purchase their support.
- The IB process has the potential to realise transactional efficiencies, however, these are only achieved when change is complete and one system in place.
- Improved job satisfaction for staff. Good information and communication is needed from the beginning and opportunities for fears and concerns to be addressed.
- Self funders will be able to access improved information and advice.
- Improved community cohesion, engagement and social capital.

4.6.3 As part of the national pilot, Leicester has developed an Individual Budget process and 69 people with learning disabilities and physical and sensory disabilities have now been through the process. Learning from this, the national evaluation (due Summer 2008) and feedback from our local Self Directed Support Stakeholder conference held in March 2008 will inform a wider roll out of self directed support. Leicester is also developing pilot work on outcome based domiciliary care services and person centred approaches for older people. Leicester is therefore well placed to build on this work if current temporary staff and expertise are secured and built on for the next three years. This would address some of the objectives mentioned above. Other challenging areas, such as a focus on prevention and re-enablement will need to be addressed within Local Area Agreement planning, the Sustainable Communities Strategy and all joint commissioning and service plans with the Council and it's partners.

#### **4.8 The Putting People First Team: Indicative work programme & priorities.**

4.8.1 Robust project management (using Prince 2 methodology) will be used to plan and manage the full transformation of adult social care. The team will not carry out implementation of every aspect of the work on the full Putting People First Programme as some of this is more appropriately addressed by existing multi-agency partnerships. It will, however, be responsible for developing and project managing the different elements within the full Putting People First Programme and Board structure, as well as for implementing the mainstreaming of Self Directed Support. At this point it is not possible to identify all the actions, implications, resources and risks associated with the full Putting People First Programme as this requires further work and decisions. It is therefore proposed that an incremental approach is taken, working on initial priorities, evaluating and learning from this and planning and agreeing the next phase. Working groups will be established to take forward the different elements covering; finance, Individual Budget process, workforce and learning, support systems and commissioning services/support. Priorities for work in 2008/09 are:

- (a) Continue rolling out the Individual Budget work piloted in the learning disability and physical and sensory disability service areas. Priority target areas for roll out this year have been identified; including, extending to older people and people with mental ill-health (who were not part of the pilot), young people making the transition into adult services, supported living, new Direct Payments recipients, carers services and areas where change to services is already required.
- (b) Develop a Putting People First Programme with partners; one element of this will be the project plan for mainstreaming self directed support (including targets, actions, time-scales and resources). It will work to a vision of personalisation that over 3-5 years will achieve:
  - A person centred, outcomes focused Individual Budgets process being mainstream.
  - Improved individual outcomes and customer satisfaction levels within existing budgets.
  - The right systems, information and support options being in place for people to use their budgets and support effectively.
  - Increasing numbers of people using Direct Payments, with a corresponding reduction in commissioned services that people are choosing not to use.
  - A remodelled social care workforce, with learning and development initiatives in place to support them in their work.
  - A range of preventative and re-enablement partnership initiatives being available that focus on simple, integrated care pathways and can demonstrate their effectiveness.
  - People being actively engaged in their communities, through strategies to build friendships, networks and opportunities.
  - Systems for individuals and their carers to be engaged at all levels of decision-making.
- (c) A communication strategy to raise awareness of the agenda with all stakeholders.



- (d) Identify and implement initial learning and development needs as part of a longer-term workforce development strategy.
- (d) Review the Resource Allocation System & Self Assessment Questionnaire (in light of the national evaluation and toolkit) to ensure the RAS being used is the best long-term mainstream solution for managing social care budgets, assessing, achieving and evaluating individual outcomes.
- (e) Develop a sustainable model for support planning & brokerage & begin to plan for a remodelled social care workforce.
- (f) Develop a 'Supported Decision Making' policy in line with 2007 guidance. This will link into work on Mental Capacity and Safeguarding Adults.
- (g) Review Direct Payments processes to ensure they are as streamlined as possible.
- (h) Review the Direct Payments Support Service (as part of a required re-tender) to ensure it is the best model for the future.
- (i) Continue roll out of Leicester's mainstream assistive technology service. Develop retail outlets for self-funders and work with housing providers to advise on offering preventative solutions to people not eligible for social care.
- (k) Support the design and implementation of the joint commissioning strategy to change the current pattern of both in-house and external services purchased to be more personalised. Identify priority targets with health for prevention and re-enablement.

## **5.0 FINANCIAL, LEGAL AND OTHER IMPLICATIONS**

### **5.1 Financial Implications (Rod Pearson – Head of Finance, Adults & Housing Dept.)**

The Individual Budget grant was £200,000 a year and this ended in March 2008. To continue with the current work and to undertake the work listed in section 4.8 of the report the cost of additional staff required for the team is £374,814 per annum (£330,814 if existing Service Manager post is used). The team will also include staff already in the Department. The funding for the Putting People First Team will be met from the ring fenced Social Care Reform grant (see Appendix C for proposed structure chart). There will also be significant infrastructure costs to be met by the grant.

### **5.2 Wider financial Implications**

- 5.2.1 The Social Care Reform Grant is a ring-fenced grant to support Councils in this transformation work. It is specifically for the range of process reengineering, capability and capacity building activities required to redesign the entire social care system. Nationally £520 million is being made available over 3 years to Local Authorities. Leicester's indicative allocation is; 2008/2009 0.523million, 2009/10 1.213 million and 1.483 million in 2010/11. The grant includes some NHS resources (in recognition of the impact that social care can have on improving health and well-being) and how it is spent should be agreed with key partners. Personal budgets may be piloted for NHS resources in the near future.

- 5.2.2 Local Authorities must be able to identify expenditure against the purposes set out on the grant conditions. These state that by 2011 it is expected that the grant will have been used to make 'significant steps' to redesigning and reshaping services to achieve the objectives set out in 4.3. It is important to note that the Social Care Reform Grant is short term with a focus on using it to pump prime changes to existing systems and services. DH has stated that alongside the additional funding, they expect Councils to spend some existing resources differently, utilising mainstream services to ensure the health and well-being of their communities. This includes decommissioning services that are no longer required in order to be able to fund the new systems and services at the end of the grant. Short term, double running costs will be needed to safely redevelop these, whilst ensuring continuity of services.
- 5.2.3 Financial analysis of support packages for people with learning disabilities and physical and sensory disabilities going through Individual Budgets process in Leicester's pilot show that on average the cost of individual's packages is no higher than costs through the traditional process. The process can be cost effective through focusing more on prevention and meeting individual needs. If properly implemented and monitored support packages through an Individual Budget process should be possible within existing budgets. Individual Budgets are, however, in the early stages of development nationally and ongoing evaluation and review of the RAS and links into the national learning programme will be needed to effectively address these issues.
- 5.2.4 It has also emerged, however, that there is greater take-up of provision, particularly in relation to meeting needs for promoting social inclusion, participation and informal carers respite needs. This is because some individuals who are eligible feel that traditional services are not suitable for them and are choosing to take a Direct Payment to arrange themselves more appropriate support. 80% of people in this category are receiving some Direct Payment funding. Although this is likely to increase people's satisfaction with services and improve our Performance Indicators, it is also likely to place pressures on Departmental budgets in the short to medium term, as more eligible needs will be being met and funded. Close, ongoing monitoring of these costs will be required to ensure we develop a Individual Budgets Resource Allocation System which is financially sustainable for the Council and manages this increase in demand.

### **5.3 Legal Implications**

At this point in time there are no direct legal implications arising from the Report. The transformation of Adult Social Care as envisaged in the strategy is likely to involve significant legal implications over time, relating to remodelling the workforce, the assessment/planning processes, the commissioning strategy and the fundamental redesign of what services the Council hosts/offers in principle. All of these will involve employment rights, contractual/procurement issues, equality/discrimination issues as well as impacting on our direct statutory obligations. No doubt senior officers in the Department will give consideration to whether legal presence/advice on the project management board is desirable. (Kamal Adatia, Barrister, ext 7044).

## 6.0 Other Implications

OTHER IMPLICATIONS	YES/NO	Paragraph References
Equal Opportunities	Yes	4.1
Policy	Yes	4.1
Sustainable and Environmental	No	
Crime and Disorder	No	
Human Rights Act	Yes	4.1
Elderly/People on Low Income	Yes	4.1

## 7.0 Risk Assessment Matrix

Risk	Likelihood L/M/H	Severity Impact L/M/H	Control Actions (if necessary/appropriate)
<b>1.</b> Team not established & transformation plan not implemented resulting in negative affect on CSCI Performance Indicators.	L	H	Seeking early agreement to establishing a team from April 08 to retain skilled & experienced staff to undertake the work.
<b>2.</b> Insufficient capacity and skills with the Dept. to plan, manage & implement the transformation of social care.	M	H	Programme Board to include decision makers for commitment of staff & other resources.  Membership of national & regional development programmes led by CSIP & In Control.
<b>3.</b> Financial risks of exceeding budgets unless a plan is in place to unlock money from current systems & services to fund the increasing number of Direct Payments which is a L.A. statutory duty to offer.	M	H	Initial priority to develop plan for mainstreaming self directed support, which will address this issues.
<b>4.</b> Conflicting partner's priorities may affect ability to move forward health & community engagement initiatives.	M	H	Ensure agreed as priority by Cabinet. Embed within Sustainable Communities Strategy, LAA & Corporate Plan.
<b>5.</b> The SCRG is a 3 year short-term grant. If used for long-term commitments, the funding will need to be found at the end of the grant.	M	M	Use SCRG to enable change. Financial planning for any long-term commitments at the end of 3 years.

## 8.0 Background Papers – Local Government Act 1972

‘Putting People First - A shared Vision and Commitment to the Transformation of Adult Social Care’ – Government Directive, December 2007.

‘Our Health, Our care, Our say: A New Direction for Community Services’ - Department of Health White Paper, January 2006.

National Health Service & Community Care Act (1990)

## 9.0 Consultations

Rod Pearson - Head of Finance, Adults & Housing Dept.

Kamal Adatia - Barrister, LCC Legal Services

Ruth Lake – Service Director, Older People’s Services

## 10.0 Report Author

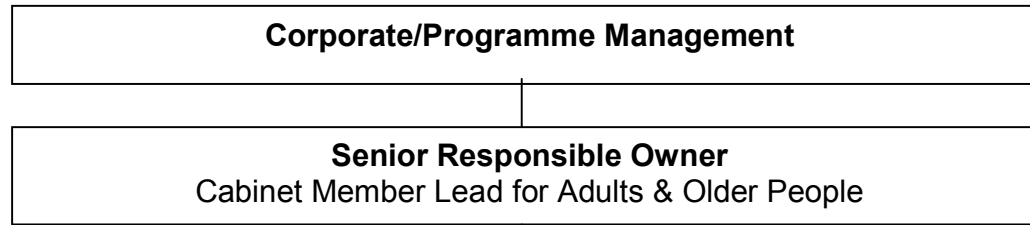
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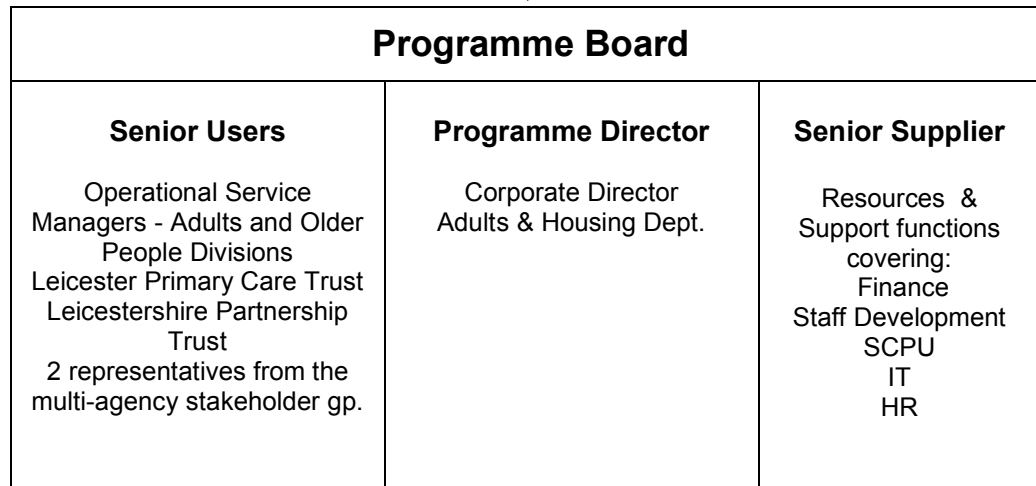
<b>Key Decision</b>	No
<b>Reason</b>	N/A
<b>Appeared in Forward Plan</b>	N/A
<b>Executive or Council Decision</b>	Executive (Cabinet)

**APPENDIX A –  
PUTTING PEOPLE FIRST PROGRAMME MANAGEMENT STRUCTURE**

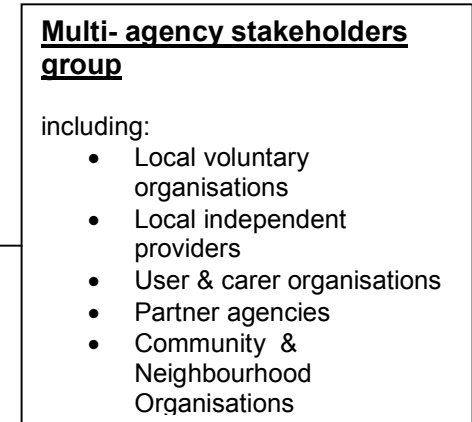
**Leadership & Accountability**



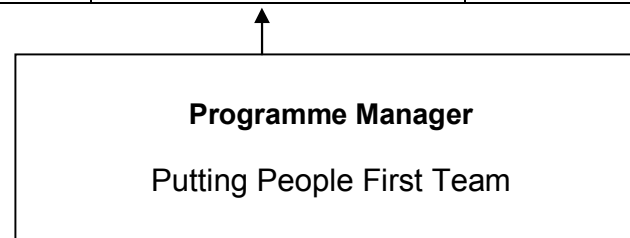
**Project Direction, Business Case & Assurance**



**Feedback on products of project**

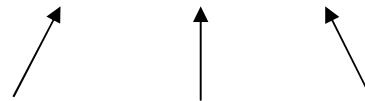


**Day-to-day Project management**



**Day-to-day Project Work**

**Workstreams & Working Groups** (Details to be determined.)





**APPENDIX B.**

**Local & national case studies showing how Self Directed Support can achieve the CSCI outcomes for individuals.**

**1. Improved Health and Emotional Wellbeing**

**We will enable and support individuals, groups and communities to have more control and influence over their health and wellbeing.**

Ian is blind and struggles to cook using a hob and oven. Normally they have been offered meals on wheels. They wanted to have more independence in the kitchen so a talking microwave was purchased for him, which gives voice prompts and verbal timing instructions.

The son of an 83 year old woman with Dementia has been able to arrange a more flexible service by employing personal assistants through Direct Payments. He says *“mum now has help with ironing and other tasks, where before the agency staff commissioned by Social Services were only allowed to undertake personal care, which put extra pressure on my father. Her Personal Assistants work flexibly and provide support when one of them is unwell. Mum has had no falls during the night since equipment was installed six months ago. That means less trips to A&E. Previously she fell regularly”*.

## 2. Improved Quality of Life

**We will enable more people to participate in their communities, work and leisure to give people the opportunity to feel good.**

Mark has a physical disability and had previously been offered the opportunity to attend at a traditional day centre up to 3 days week, in order to help reduce social isolation. However the activities taking place at the day centre did not appeal to him. He used his Individual Budgets resource allocation to employ a personal assistant who supports him to attend a gym, go swimming, visit the cinema and do gardening at times that are suitable for him. This has achieved better outcomes for him.

George has struggled with mental health difficulties since he was sixteen. Last year, his marriage broke up, and he ended up as an inpatient in a psychiatric hospital. His doctor thought that what George needed most was a break, so George used some of his Individual Budget for this. The break was cheaper than going into a residential home. It lifted George's spirits and helped him to think about what he wanted in his life, and in his support plan. His Individual Budget has helped him to start rebuilding his life: he's been able to purchase art materials, to get support with meeting new people, and he's planning to start driving lessons soon.'

## 3. Positive Contribution

**We will enable people, including our most vulnerable adults, to contribute to their community, family and friendships.**

Matthew is an older person with a learning Disability. He lives in a Council flat. He likes to go bowling, Snooker and visit his friends at an evening support group in the city centre. Through Individual Budgets he has a detailed support plan showing what is important to him and how he wants to be supported to remain independent. A supported living provider contracted by the Council is providing the support he wants and he is happy with this.

Lucy is a young mother with 3 teenage children. Her husband is her full time informal carer as well as in full time work. Caring for Lucy had put strains on the rest of the family. Individual Budgets has helped them by allowing Lucy employ Personal Assistants to carry out some of the personal and domestic support tasks, which now means they all have more time to enjoy quality time together as a family. Lucy also feels that she can contribute more towards the children's upbringing and other parental responsibilities.



4. **Increased Choice and Control**

**We will ensure accessible information that enables people to make informed decisions about how their care can best be delivered.**

Mohammed is a young man with learning Disability the Somalia Community wanted to have his support provided by someone in his community. With the help of a local Direct Payments Support Service who helped manage the funding for him this was made possible through the Individual Budget process

An older woman suffers from Arthritis and Asthma. She used some of her Individual Budget Resource allocation to have air conditioning fitted into their house. This cost £1000. However, longer term there will be a saving as this is it means they are less likely from asthmatic episodes and so will be need less on-going weekly support with personal and domestic care needs

5. **Freedom from Discrimination and Harassment**

**We will enable equality through promoting respect for all, provide services that are personalised and promote the equalities agenda for all.**

Zina is an Asian female with physical disabilities who lives with her husband but often spends most of the day alone. Through Individual budgets she is now attending a day service that is culturally appropriate twice a week and employs a Personal Assistant to support her to go to the temple to pray and do other activities one day week. She now feels much less isolated during the day

Simon is a young man from the African- Caribbean community with significant learning disabilities who used to live a residential care home. With the help of his family, he has brought a house through a shared ownership scheme. This has enabled him to live close to his work, family and friends and be part of his local community. His support is a provided by a number of personal assistants through Direct Payments which is managed by his family.

**6. Maintaining Personal Dignity and Respect**

**We will enable support that allows individuals, their families and communities in making choices and taking decisions that are right for them.**

Prakesh is a young man with a physical disability. He has had accessible computer equipment and internet connection installed using part of their Individual Budget allocation so they could do on-line shopping instead of having a support worker to assist with getting shopping.

Through Individual Budgets a number of people with learning disabilities are choosing to arrange respite care for carers in a different way to traditional residential care respite. This includes going to assisted holiday venues, having holiday breaks with paid carers or flexibly having greater respite support over a number of weeks.

**7. Economic Wellbeing**

**We will enable people to improve their income.**

A young man with a physical disability expressed interest in gaining some employment. The knowledge of the Individual Budgets Support Broker on supported employment opportunities helped them obtain 20 hours per week employment at a local call centre. They were advised on 'Access to Work' a Government scheme, which helps people in or moving to in paid employment overcome obstacles related to their disability and this give him confidence to obtain employment.

Individual Budgets Support Brokers have helped individuals with disabilities apply for various discounts or free pass that are often over looked. This includes discounted cinema tickets, Disabled rail pass, Local authority disabled bus pass and leisure card, This has improved their economic ability and desire to access social and leisure activities

**APPENDIX C – Putting People First Team**

