

Health and Wellbeing Strategy Report Update

TITLE: BHWB Strategy Priority	Integrated Personal Commissioning - Direct Payments
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1.	Background	
1.1	Direct payments were introduced under the Community Care Act (Direct Payments) 1996.	
1.2	In January 2016 there was a new drive to refocus efforts on the take up of direct payments, to address the issue of poor take up rates of direct payments. At that time, success was dependent on individuals within social work teams (champions), who were relied on by their colleagues. There was a clear need to increase workers' confidence and knowledge about direct payments and the positive outcomes that they can have on citizens.	
1.3	We provided opportunities for staff to share experiences both positive and negative, as well as enabling them to create solutions; this was facilitated by a series of workshops.	
1.4	Information gathered was used to inform further workshops for example: <ul style="list-style-type: none"> • General awareness of direct payments, policies, procedures and processes • Bespoke sessions to specific teams identified as playing a central role • Roadshow briefing sessions to all teams, to introduce Pre-payment Cards – a more efficient and effective way for processing direct payments and for direct employers to purchase goods and services • Budget Holder – issues and suggestions on how to make improvements • Senior Managers and the Cabinet Member also provided attended some of the workshops, to emphasise the expectations and offer encouragement. 	
1.5	There was recognition that all staff had a role to play in improving the uptake of direct payments and promotion in the form of team briefings were extended to the non-social work teams.	

- 1.6 In order to ensure that we continued the focus on direct payments, a Challenge Group was set up with representatives from across the Adult Social Care and Health Directorate. The aim of this group is to share good practice, problem solve, plus, to implement and ensure service improvement.
- 1.7 A wealth of e-resources (leaflets, videos, e-learning) have been made available to both staff and citizens to aid learning and to continue to raise the profile of direct payments, alongside reducing some of the myths. This products developed, were co-produced with staff, citizens and partner agencies.
- 1.8 Since 2017, a series of citizen led workshops, the 'Pursuit of Confidence': Direct Payments have been delivered to staff. These sessions give real life accounts of how direct payments have been accessed and of the positive impacts this has had on their lives. The feedback from staff in relation to these sessions highlights a much improved confidence in promoting and explaining direct payments. Funding to support some of this development and the building of the e-learning has been sourced by submitting bids to Skills for Care's Workforce Development Innovation Fund.
- 1.9 As part of the work, it was clear that there was a need to provide direct employers and Personal Assistants with more detail about respective roles and responsibilities. The Introduction to Direct Payments for Personal Assistants/Employers training are now in place with session happening three times a year, and the frequency of these programmes will increase as demand grows. To date, these programmes have been received very well and it has to be highlighted that the sense of isolation that some direct employers and Personal Assistants feel, has been reduced as a result of attending. The networking during and post the course has proven positive for many of the participants.
- 1.10 During June 2018, the previously named Direct Payments Project Board agreed to refocus the work of the Board on the wider aspect of personal budgets to include Direct Payments, Individual Service Funds and Personal Health Budgets. Part of the Board's role will be developing an action plan that will support the achievement of the direct payments target of 30% for this financial year, as well as developing the uptake of direct payments across the city on a social work team basis.

2. Current Update on: Activities, Progress and Developments?

- Implementation and roll out of the three conversations model:
This has started in 2 constituency areas. In July 5 new innovation sites start, with the roll out across all the teams in the city over the next 12

months. This will facilitate a more person centred conversation which will enable us to enhance the perception and take up of direct payments.

- Monitoring of the individual team targets on direct payments and action where required:
Targets have been set for each of the teams across social care and health. The performance of each team will then be considered against these targets.
- Direct Payments are an agenda item in Team Meetings and form part of the Team Plan to ensure focus is maintained.
- We are exploring the development of a Peer Support Service to provide information, advice and guidance to direct payment employers and to Personal Assistants. This will provide independent support to existing recipients and Personal Assistants as well as to people interested in taking up direct payments. The Peer Support Service would also look to providing a recruitment matching service in order to address the significant gap in provision of matching direct employers to Personal Assistants looking for work. This Service would also be available to self-funders and Personal Budget Holders.
- Team managers are going to engage with local providers (especially those within day opportunities) in order to promote the advantages of their customers having direct payments. Not only would this option benefit citizens with regard to having greater choice, this method would also enable providers to eliminate the lengthier and sometimes difficult invoicing Council process. This could save them time and could ensure a speedier payment of the funding owed to them.
- Staff at risk of redundancy e.g. Home Cares in the Enablement Service, have attended workshops to inform about the role of the Personal Assistant, a role comparable to their skills set, as an alternative option for consideration.
- We are exploring the possibility of the Council's existing ConnecttoSupport website having additional functionality, in order to support Peer Support Service and Personal Assistant platform. Costings are currently being sought.
- Provider sessions are scheduled to take place in July 2018, to provide information on direct payments to Home Support Providers

- As members of the West Midlands Local Authorities Regional Direct Payments Group, we are able to undertake benchmarking exercises, identify issues and to share good practice. This group meets quarterly.
- We are considering introducing an employee of the month in recognition of their practice related to direct payments.
- Meetings of the Direct Payments Board will take place on a monthly basis so that progress against the direct payments target can be closely monitored and issues addressed as they arise

3. Current and Emerging Risk and Issues

- 3.1 There are still areas that are complex and time consuming, namely around identifying and recruiting appropriately skilled and trained Personal Assistants. This can cause delays and difficulties, e.g., in hospital teams, when a recipient of direct payments may need an increase from 1 carer to 2 carers. This often means a suspension or even cancellation of the direct payment as the Personal Assistant cannot be identified in the timescales the teams have to work to.
- 3.2 We know that citizens are hesitant when they are considering taking up a direct payment as an option of choice for them in receiving their care. It can be that they deem direct payments as too much responsibility. However, we believe that this will be addressed through the implementation of the three conversations model explained earlier in this report.
- 3.3 Integration with Health, looking at how we can achieve greater integration with Health for both direct payments and personal health budgets.
- 3.4 In relation to the performance figures, these can be affected by the number of people who stop receiving a direct payment within the month. This could be due to a number of reasons, such as, changes in health/circumstances, the death of the recipient or decisions leading to them no longer wanting a direct payment.

4. What is your Ambition?

We aim for at least 30% of all citizens who are eligible to receive a direct payment, receiving a direct payment by 31st March 2019.

4.1 What needs to happen to get there?

The activities and actions detailed in Section 2 of this report outline the actions that are being taken, which will support the achievement of the 30% target.

4.2 What does this look like – Numbers, Impact & Outcomes?

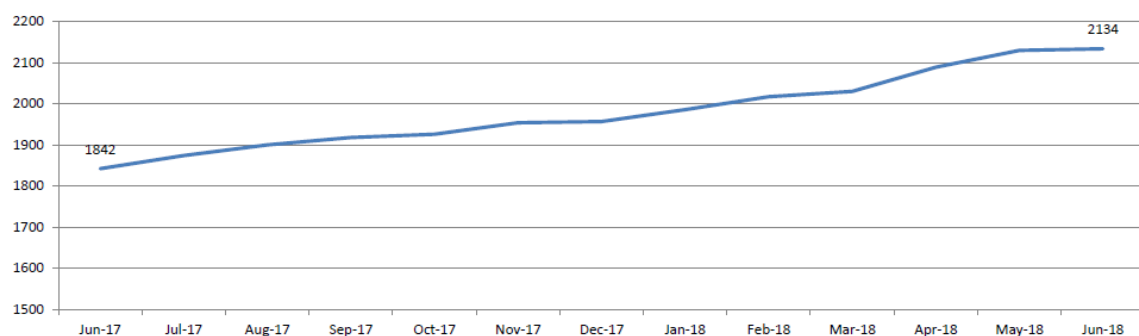
There has been a tremendous amount of work over the last 12 months to embed the organisational culture shift needed to change the perceptions of some staff regarding direct payments. From the outset, it was recognised that the impact on performance would not be achieved instantly and it was anticipated that this would take some months to come to fruition, before an increase in the take up of direct payments would happen.

The momentum behind direct payments has increased significantly over the past 12 months and the hard work in raising awareness, working with staff and citizens demonstrates the increase from June 2017 to June 2018. The concerted approach now established will be strengthened by initiatives such as the culture change programme that all managers across the Directorate have undertaken. This has already proven positive in reinforcing the power of joined up thinking and collaborative working. We believe that the momentum harnessed will continue to influence the increase in the take up and processing of direct payments.

In 2016, there were 1,700 people receiving direct payments.

As of June 2018 the performance is at 25.5% (2134 individuals) against a target of 30%.

Number of clients with a Direct Payment, as a snapshot at the end of each month



5. How can the Health & Wellbeing Board Support you?

Support the drive promote Individual budgets – Direct Payments, Personal Health Budgets and Individual Service funds through strengthening links with Health and the BSoL footprint.

Endorse the development of a Peer Support Service for Direct employers, including self-funders and Personal Assistants

6. What can the Health and Wellbeing Board Track and Influence?

Track: the progress of the take up of direct payments, development of support given to direct employers, sustainable development of a PA recruitment structure and workforce development pathway for that role.

Influence: Strengthening of the relationship between Health and Local Authority, including Solihull MBC, to work in work in partnership with citizens to ensure consistency and quality in the offer to support direct employers and the Personal Assistant market.