Direct Payments – Joint Task Force Report and Recommendations

Introduction

A joint task force (JTF) was set up in October 2018 to support Southampton City Council (SCC) to look at ways of improving the delivery and take up of direct payments (DP) in Southampton by those accessing Adult Social care, and subsequently make recommendations to SCC Director of Adult Social Care (Paul Juan) and Director Integration and Quality (Stephanie Ramsey).

The JTF was set to run for a period of 6 months (Oct 2018 to March 2019) however, the JTF has been extended to July 2019 to enable the work to be completed.

The JTF membership agreed at the start of the process to focus on 4 key areas

- Developing a Personal Assistant finder service/system
- Developing Support Planning and Brokerage approaches or service
- Reviewing the approach to advice, Information and Guidance (AIG) and
- Training to the SCC workforce.

This report pulls together the work of the JTF and puts forward recommendations for SCC senior managers about the way DP support services should be designed and delivered in the future.

Since commencing the JTF has gone on to engage representatives from Children services (CS) and Continuing Health Care (CHS) in some areas of the discussions. The recommendations note where there is scope now or in the future, to design and develop services to support people who are accessing either CS or CHC.

The Joint Task Force

Membership

The JTF involved people with lived experience and representatives from local services including Spectrum, Carers in Southampton (CiS), Community Independence Service (CIS), Solent Mind, Citizen Advice Bureau, Adult Social Care (ASC), Mencap and commissioners from the Integrated Commissioning Unit (ICU). A representative from CS joined the JTF from March 2019.

Methodology

The work of the JTF was to jointly explore and inform the design and delivery of four core service areas (listed above) which were identified as necessary to support the delivery of direct payments to more people in Southampton.

The group considered approaches and learning from other areas, the experience of people in receipt of direct payments as well as the knowledge and experience of those working in the local health and social care system. The group also considered different ways the services could be secured whether commissioned or spot purchased as block contracts or part of a person's package of care.

The group has met regularly throughout this time and at several of the meetings, explored some of the service areas in greater detail.

Areas of focus

The following outlines the four areas examined and the resulting recommendations for each of the service areas.

Advice, Information and Guidance

AIG has often been central to contracted DP support services, providing information to those seeking a DP. AIG has also been available through ASC and online information services and is recognised as a principle gateway for individuals who may be eligible to receive Direct Payments in Southampton. However, there remains uncertainty and caution for many potential DP users around taking up a DP.

To better understand and find potential ways to maximise the opportunities to inform individuals about DPs, the Southampton AIG services (Citizens Advice Southampton, Age UK Southampton, No Limits, CLEAR & EU Welcome project, Rose Road Association, the Environment Centre and SARC) was asked to carry out a piece of work by the commissioning lead.

This work will report in October 2019, beyond the life of the JTF. However, the approach and scope were discussed and supported by the JTF and findings will be used to inform future commissioning intentions. Where possible, members of the JTF will be asked to consider the findings and proposals that arise from this work.

The work seeks to develop a stronger understanding of and potential opportunities to share the principles of Direct Payments (choice and control) across the Advice in Southampton workforce for the benefit of clients.

The work involves working with service users, advisers and caseworkers to understand the barriers and issues for clients and carers in accessing Direct Payments and from this develop and deliver a package of training that can be delivered face to face or disseminated on-line to inform and support front-line staff. The learning will be considered and used to inform future commissioning intentions.

Southampton City Council, like other Local Authorities are actively promoting and pursuing a greater use of a primarily on-line or leaflet based approach to the provision of advice, information and guidance. Whether directly related or not, it is clear the current provision of information has not led to any increase in take-up. This should be taken into account in the work by Southampton AIG services and in any future commissioning plans. In discussion at the JTF meetings it was noted that Information on its own can be of limited value without additional support to help people use the information to apply to their own situations and make informed choices. Support, where possible should include peers who use DPs themselves, helping people see the benefits and share the passion of DPs.

> 1. **_AIG Recommendations_**
>   a) The learning from the AIG project is shared with the JTF members, representative from CHC and children service and both the learning and feedback are used to inform future commissioning intentions
>   b) To incorporate additional support into AIG and DP contracts to help people make informed choices and where possible this should be through peers who use a DP themselves.

Training

The training of the ASC workforce is recognised as a critical component to support the increased take up and use of DPs. When looking at training for the ASC workforce the JTF considered whether the

training could continue to be provided by the Learning and Development (L&D) team, or sourced externally through some form of commissioning approach.

Given the access to staff and costs to commission a separate service, the group supported a proposal for training to continue to be delivered by the L&D team. However, they recommend that the design and delivery of any training is coproduced with people already using DPs. If this doesn't happen the passion for what DPs can do is lost. This approach could also improve the outlook from staff who will be motivated by the positive messages and see it is more than just a mechanical transfer of cash.

The group also proposed users and those with lived experience attend service settings to advocate for change and in doing so, work beyond the ASC workforce.

It is felt important that this training is developed and delivered using co-production principles (There being a difference between co-production and participation: participation means being consulted while co-production means being equal partners and co-creators.)

Co-production should be broken down into the following:

- co-design, including planning of training
- co-delivery, including the role of service users in providing the training
- co-evaluation of the training

This approach should attract funding to enable those with lived experience (or those working closely with them) to be remunerated for their time. The emphasis and focus should prioritise engaging those with lived experiences.

> ***2. Training Recommendations***
>   a) The design and delivery of training to be co-produced with those with lived experience (or those working closely with them) and
>   b) A budget is made available to fund those with lived experience to be engaged in this approach.

Support Planning and Brokerage

At the start of the JTF review of DP support, the group considered the relationship between the assessment, the support planning and the finding of services to meet the identified needs, often referred to as Brokerage. The group reflected on a strong theme within personalisation supporting the individual to be an active, if not lead participant in developing their support plan and through this actively identifying the services that would best meet their needs. To this end, the design of the services presented here **separates out the functions of assessment from support planning and brokerage**.

Both the skills and capacity of those putting together support plans is critical to the uptake of DPs. Staff targeted at this point in the process have the opportunity to explain the pro's and con's of taking a DP, work through the challenges and make best use of the money available. Evidence from national bodies (TLAP/ILSG) shows how this delivers more users onto DPs.
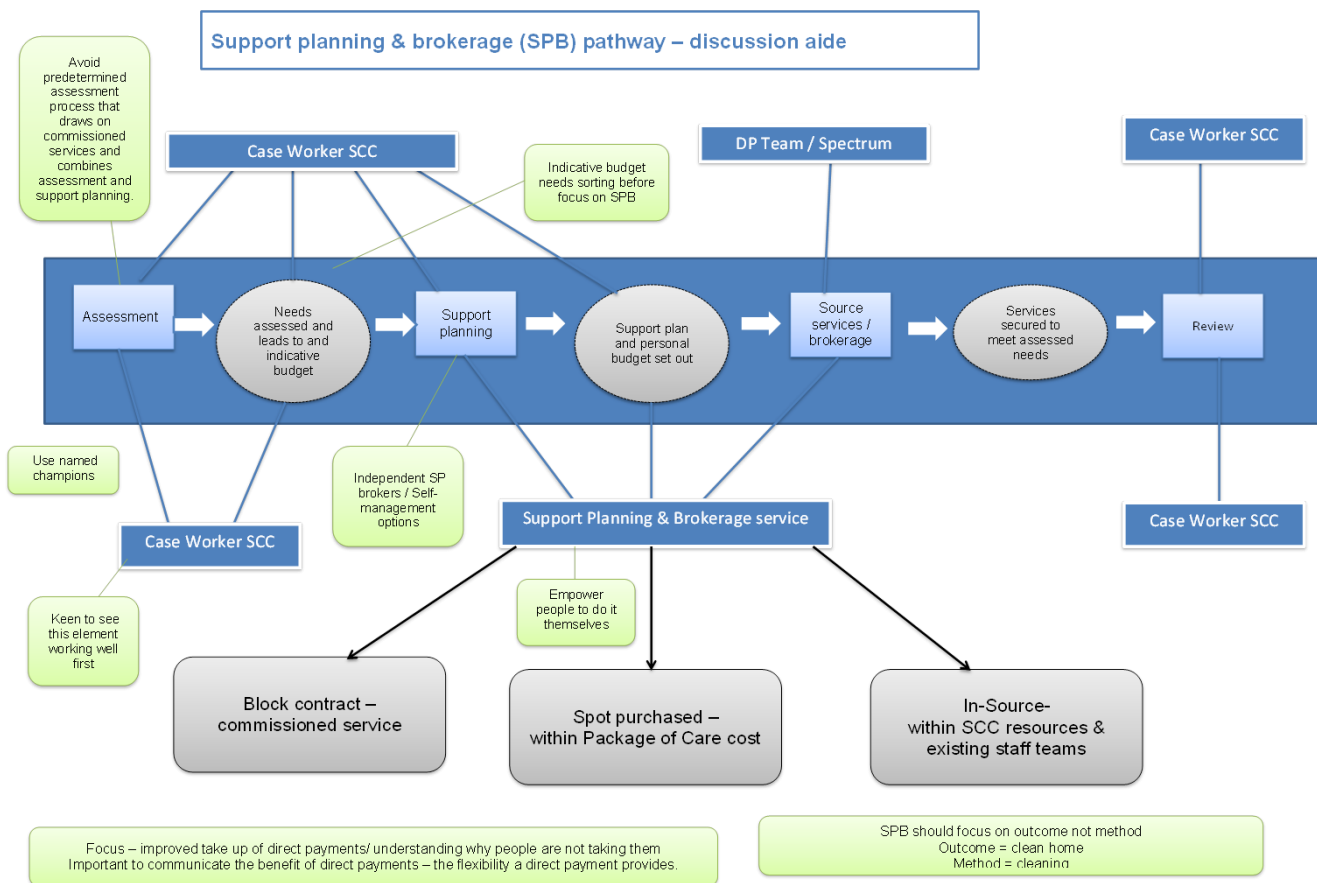
Support planning & brokerage (SPB) pathway – discussion aide

Avoid predetermined assessment process that draws on commissioned services and combines assessment and support planning.

Case Worker SCC

Indicative budget needs sorting before focus on SPB

DP Team / Spectrum

Case Worker SCC

Assessment → Needs assessed and leads to and indicative budget → Support planning → Support plan and personal budget set out → Source services / brokerage → Services secured to meet assessed needs → Review

Use named champions

Independent SP brokers / Self-management options

Support Planning & Brokerage service

Case Worker SCC

Case Worker SCC

Keen to see this element working well first

Empower people to do it themselves

Block contract – commissioned service

Spot purchased – within Package of Care cost

In-Source- within SCC resources & existing staff teams

Focus – improved take up of direct payments/ understanding why people are not taking them
Important to communicate the benefit of direct payments – the flexibility a direct payment provides.

SPB should focus on outcome not method
Outcome = clean home
Method = cleaning

Diagram 1

The design and recommendations from the JTF builds from this perspective and have, through the JTF discussions, identified this approach as an opportunity to present the range of personal budgets available to an individual; direct payment, third party, managed budget or a mix of these options, from which the individual can have greater choice about the most appropriate way to receive their personal budget.

The proposed and agreed approach within the JTF enables individuals to have greater choice in who they work with to develop their support plan and explore the range of services they might access to meet their needs. Not everyone will select to have a direct payment, but evidence suggests more people will opt for this approach.

There are other potential benefits from the SPB approach, notably

- More individuals access community based services to meet both their eligible and non-eligible needs
- Individuals have greater choice and control from the outset through greater involvement in the SPB process.
- The SPB service will afford more capacity within ASC and early estimates suggest at a lower cost.

Delivery model

 A Support Planning & Brokerage (SPB) approach will help and support an individual to plan how their needs will be met using the personal budget, and where necessary, assist them in sourcing and securing the services of agencies or individuals. This is currently undertaken by ASC staff, but is considered to be

an overly automated approach where the default option of commissioned services are secured, rather than the more optimum strength based user led approach is used. The proposed and agreed approach within the JTF is seen as a way to enable individuals to have greater choice in who they work with to develop both their support plan and explore the range of services they might access to meet their needs.

When considering the SPB approach a number of delivery models were considered and came under three different approaches, with variations within two of them.

1. A SPB team, secured internally in SCC or commissioned externally as a block contract
2. A SPB system, that provides access to a range of SPB staff, drawn from one or more settings/agencies, purchased against an agreed price model with funding contained within an individual's Package of Care costs.
3. A SPB service offered by ASC staff, referred to as an In House model.

The second of these options (No.2) , the SPB System, has been drawn from an approach developed in Buckinghamshire but shaped through the discussions at the JTF meetings. This approach provides an additional amount alongside the client's package of care (POC) cost. The amount varies according to the level of need and/or complexity of the clients circumstances. The system, which is an online system, will benefit from oversight from the Core service which will have responsibility for overseeing and developing the SPB service, including the recruitment and training of staff onto the system. Support planners/ brokers are not employed by the Local Authority or supporting agency. This approach is similar to the way a PA system works, where individuals who seek to undertake support planning and brokerage advertise on the SPB system.

There is strong support from the membership of the JTF for a human facilitation element of both the PA and SPB services. This would support those with no access online and those who are daunted by online systems. It is anticipated this would be provided through a Core service outlined later in this paper.

The delivery of SPB through an internal, SCC based team (No. 3) was considered. An in-house service could provide the support planning and brokerage service through either a dedicated support planning and brokerage team, or through existing staff working with clients. For a range of reasons, neither approach has worked to date. Capacity of staff to carry out good support planning has led to easier, more simplistic routes being used (e.g. contracted services) and separate teams have found referrals have been those individuals with complex circumstances that are difficult to resolve. **There was no support within the JTF for an internally developed SPB team or service.**

The JTF members support the provision of an SPB service however; there were mixed views on which of the two externally provided delivery mechanism would be best applied in Southampton; a commissioned block contract (No.1) or a SPB system (No.2) paid through an individual's Package of Care costs.

When opting for a community based service it was noted that the benefits and lower rates of bulk purchasing through commissioned services may be lost.

Arguably, these need not be mutually exclusive, with a block contract containing the same pricing model as a SPB system. However, this would require a shift of funding from ASC to the commissioned service and seek to ensure the demand matches the value and volume of the service commissioned, something that has presented as a long standing challenge in Southampton for previous DP services.

The SPB system (No. 2) would allow greater flexibility depending on the number of people identified in the target groups, but would be at risk if the economies of scale (numbers seeking SPB support and number of SPB staff) were not sufficient, as known to occur with the development of some PA finder models.

These issues have been explored by members of the JTF and the SPB system (No 2) is the supported option and reflected in the recommendations.

Target audiences

The initial approach considered the SPB model being available to only those taking a DP. However, on closer examination the SPB approach was likely to be a key determinant in whether an individual took a DP or not. Therefore the recommendation is for all ASC clients to be provided with access to separate SPB support.

In making this recommendation, it is recognised this approach would benefit from further testing and development, so the recommendations includes an approach that is incremental and dynamic, building on the learning from experience. A small SPB pilot has been set up with two agencies, so not a fully functioning web based service (in the absence on an online system and low referral numbers). This will provide some early learning and help inform the approach to be taken; incremental or across all of ASC.

Where the approach is incremental, it should not be targeted to one client group (e.g. just older persons), but across all client groups, engaging small numbers in each client group, in particular mental health who have not been actively engaged in options to take a DP previously, to ensure learning and development is dynamic and prepares for a wider roll out at a later date. A preference has been expressed by several members of the JTF for the roll out to be to everyone rather than incremental.

The pilot should also consider the inclusion of some existing ASC clients at the point of a review as well as a range of clients new to ASC. This will help explore the opportunities and potential challenges across a range of settings.

The JTF have expressed a desire to see this approach made available across all of ASC from the outset but appreciates the benefits a pilot offers. Where services are targeted the ASC operational lead and commissioning leads have proposed the following groups

- Those new to ASC with no experience of ASC
- Some or all reviews, in particular those who are unhappy with their current service offer.
- Groups identified through analysis of current DP clients

Targeting those new to ASC provides an opportunity to proactively draw on a strengths based approach and encourage greater use of community based services and provides an opportunity to support the client to take up a direct payment.

Targeting those clients who are due for reviews provides an opportunity to remind clients of their personal budget and the different ways they may wish to receive it. Targeting reviews may also help with any ongoing delays in reviews being carried out and has the potential to draw on more community based services.

The analysis of those in receipt of DPs (see Appendix A) highlights there are particular client groups more likely to access a DP, but also show age is not a barrier. Those with a POC under £400 are also more likely to take a DP than those with higher cost packages of care.

Releasing ASC capacity

One of the potential benefits of the SPB approach is the impact it is likely to have across ASC teams, reducing demand on their time, while improving the customer experience. This will not reduce the time needed to carry out assessments but will increase time for developing and implementing the support plan in a way that is both strength based and community centred. With ASC staff focusing on the assessment of need and identifying the indicative budget, potentially including reviews, the more strength based approach of designing the support plan against and indicative budget and informed by local knowledge is anticipated to see improved outcomes, increased take up of DP as well as reduced pressures on the ASC teams.

This will need to be monitored during the first 1 - 2 years of the new approach being implemented, allowing time for the changes to embed, the SPB workforce to be developed and the confidence in expanding the strength based approach to be fully realised.

SPB pro's and Cons of community located SPB model vs ASC completing SPB

SPB community located		SPB ASC located	
Pro	**Con**	**Pro**	**Con**
- Lived experience - Peer support available - Reach into community options - Coverage of eligible and non-eligible needs - Stronger cost management thorough pricing model. - Clear commitment of time to SPB - Increased engagement of clients in planning their support and choosing services - Supported by JTF	- Requires two touch points (assessment and SPB) - Requires volume of SPBs to make if viable - Online system may be a deterrent to some clients - Time to set up PA compared to using a commissioned service.	- One person carries out assessment, support planning and secure services - Not reliant on volume for service to be offered/viable - Offers a face to face service.	- Fewer links to wider community needs - Less likely to consider and address non-eligible needs - Limited access to people with lived experience - Less control over costs and time per client (to little/too much) - Services are often default commissioned services - Clients are not as engaged in planning their own support & services - Not supported by the JTF - Time to set up PA compared to using a commissioned service.

Table 1

The table above captures points raised in the JTF discussions about the different approaches and helps to illustrate why a community based SPB system was the preferred option.

SPB approach and Care Placement Service

The SPB approach provides an alternative to the service offered through Care Placement Service (CPS). Consideration will need to be given to the impact on the CPS as the SPB offer is developed, in particular the impact of multiple relationships with different SPB staff, especially if there are a lot of independent support planner and brokers.

Should the number of clients taking a DP increase significantly then the demand for the CPS may reduce significantly as more people access services through a direct payment and not commissioned services, although arguable any increased take up of DP is likely to offset increased demand rather than reduce the capacity needed in the CPS.

Pathways between the SPB service and the Care Placement Service (CPS) will need to be developed to enable those who choose a managed service to have access to the existing support from CPS.

---

3. SPB Recommendations
   a) For a period of no less than 2 years, secure a suitable online SPB system hosted and supported by a commissioned Core Service (See below), including attracting people to join the system as SPBs
   b) For the online SPB system to enable individuals to purchase SPB using their direct payment, third party managed budget or personal funds (self-funder).
   c) To use the period of 2 years to seek to adopt this model as the adopted way of working for adults and explore suitability for CHC and Children Services.

Personal Assistant system

There are three elements to developing an improved PA offer in Southampton
   1. Developing the PA workforce
   2. A PA online system where clients can search and source a PA and
   3. Support to clients with any employment issues pertaining to a PA.

The development of a PA workforce will be an output of the a new PA online system supported by the Core Service, where support to clients with an employment issue would also be available (see Core Service below).

A separate report covering a range of PA systems was prepared for the JTF and available on request. The report examined 7 different sites, with recognition that two of the sites are used in more than one location. Of the 7 sites, one is local with no online presence; one is a national online system with no option for face to face support. All others are online with varying degrees of support available depending on the commissioning approach taken (i.e. some have 1 – 2 full time staff supporting the online system).

Members of the JTF visited the online sites and some have experience of using them in the past, either as users or providers offering a PA service. The two systems that came to the fore are the Hampshire Personal Assistants in CARE (HCC), which is also used by Buckinghamshire, or the PA Noticeboard (PCC) used in both Portsmouth and IOW, originating from Brighton.

Hampshire County Council are one year into developing their site and willing to include Southampton into their online system. HCC developments over the coming year include CHC and CS. Portsmouth are

reviewing their approach and currently considering the same option with HCC, although not confirmed. SCC has been in discussion with HCC about their wider Connected Support system, a potential replacement to the current Southampton Information Directory (SID).

The national online system, PA pool, will remain available to any resident in Southampton, regardless of local decisions, but not felt adequate to meet all local PA requirements.

Different approaches provide a varied pricing model, with some low cost, pay to access sites (price per day/week/month) looking considerably cheaper than the pay to secure and match a PA service (Independent Lives and Enham Trust). An online system supports a strength based approach and allows for self-funders to access the service as well as those in receipt of ASC, CS or CHC funds. Both the preferred online systems would require additional funding for support staff.

As with the SPB online system, there would need to be a human element to the offer to enable those with no access to online services, or those daunted by such systems to be supported to access them.

Any new system should learn from past experience in Southampton and as such should include
   - Sufficient time for the engagement and recruitment of PAs and employers
   - To respond to the urban nature of Southampton, it should seek to have a critical mass in the region of 100 PAs and 50 employers to be able to deliver an effective service and a realistic chance for PAs to find work as well as a realistic chance for employers to find good PAs.

The provision of services in Southampton should have a good understanding of the Southampton dynamics, potentially an existing local presence.

The payment for PA hours of support is currently funded through clients POC and would remain funded in this way. With improved take up of DPs it is expected there will be an increased use of PAs rather than commissioned services such as Home Care.

---

4. _PA Recommendations_
   a) For a period of no less than 2 years, secure a suitable online PA system hosted and supported by a commissioned service, including attracting people to join the system as PAs
   b) For the online PA system to enable individuals to secure the time of a PA using their direct payment, third party managed budget or personal funds (self funder)

A delivery approach for the future

Combining all the findings from the JTF, the following is the recommended delivery approach. If supported by Director of ASC, Director of Integration and Quality and agreed through the relevant governance forums in SCC, both Commissioning and ASC operational leads will implement the relevant changes.

Core Service

The approach includes a Core Service that will carry out a number of functions. This would be a commissioned service with a contract in place for the normal period of time (5 years) but linked to the findings from the SPB developments. The relationship between the Core Service and other support services is set out below. The Core service will need sufficient resources to employ enough staff to the number of people needing help to access the SPB and PA online systems as well as help with PA employment issues.

The proposed approach, set out in the diagram below provides

- A core commissioned service that will
    - Host and facilitate the SPB online platform (secured via SCC)
    - Host and facilitate the PA online platform (secured via SCC)
    - Provide some face to face to support for those needing some assistance (not available via SPBs) although those who lack capacity should receive support from a separate identified advocate.
    - Help with PA employment issues.
- An SPB system that allows individuals to view, select and secure the service of an SPB against the level of funding provided in their package of care.
- An SPB service, accessed through the SPB system will
    - Help individuals develop a support plan to meet their assessed needs against an indicative budget
    - Secure services to meet their assessed needs and through this, inform the final value of their personal budget (subject to approval processes)
    - Utilise a strength based approach alongside community assets and services to meet both eligible and non-eligible needs.
    - Explore with the support of the SPB person, the method of using their personal budget (direct payment, third party or managed budget)
    - Tracks review dates for clients accessing the SPB service and works with ASC (as well as CHC and CS where appropriate) to consider SPB approach for reviews where appropriate.
- A PA system that allows individuals to view, select and secure the services of PA's against the identified needs in their support plan.
    - For those using their personal budget
    - For those seeking these services using their own funds (self funder)
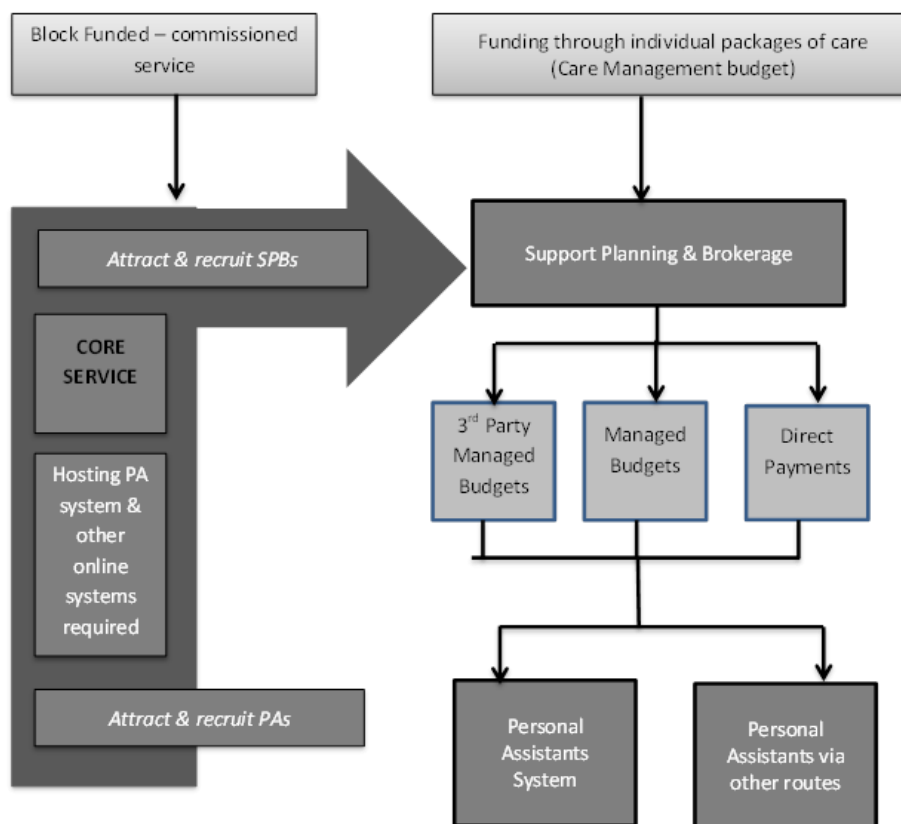

Diagram 2

The SPB online system will advertise individuals who are independent of any agency as well as staff working for agencies. It is envisaged the support planner and broker would be presented as a person in the first instance with reference to the following information easily and readily available

- Whether they are independent (self-employed) or working for an agency, with the agency named
- Whether they have lived experience of using a DP
- What areas of expertise they have experience of (e.g. mental health, physical disability)

Key attributes of all DP support services

The JTF identified a number of key attributes that need to feature in any services delivery model. This includes
- A workforce that has empathy and where possible draws on lived experience
- Works to a strength based approach
- Seeks to empower individuals and drive increased choice, control and levels of independence.
- To make the offer of direct payments a mandatory part of working approaches across all care groups.
- User involvement is sought and proactively pursued ideally through a local steering group involving service users from all areas of direct payments.
- People who have lived with direct payments are integral to a lot of the service delivery and development, giving authentic credence to the difference that a DP can make

Out of scope

The work of the JTF covered 4 key service areas that were identified as critical to helping support an increase take up of DPs. During the meetings there were many other issues raised about DPs but sat outside the remit of this work. This included
- Issues around client contribution
- Individual cases and the challenges they faced
- SCC communications and letters around DPs and changes
- The processes within SCC that enable the payment of a DP, often difficult to navigate when problems occur
- Difficulties with the All Pay approach.
- Absence of a DP offer to some areas of ASC, notably mental health clients.

Financial implications

The following table provides a summary of the funding information. More information is contained in the sections below.

Service area	Proposed funding source	Estimated cost per annum	Cost pressures	Additional information
AIG	ICU commissioning budget	£15,000	Yes, no identified budget.	Potential to build into existing contract or purchase separately
Training – developing the programme	SCC L&D resources	£3,000	Yes, no identified budget.,	To cover the cost of people with lived experience help design the training
Training – delivering the programme	SCC L&D resources	£3,200	Yes, no identified budget.	To cover the cost of people with lived experience providing training 2 people @ £400 per day for 4 days per annum (£800 per day)
SPB system	TBC	No information available	Yes, no identified budget.	To secure and develop an online SPB system

SPB services	Care Management budget (possibly Better Care Fund in 1st year)	£47,680 (£50,000)	Yes, no identified budget.	Costs estimated on 300 participants using SPB service, of which increased numbers will take a DP. Potential to release capacity within ASC staff teams
PA System	TBC	£10,000	Yes, no identified budget.	Annual cost to HCC
PA costs	Care Management budget	Variable	No	As set out in clients POC
PA employment support	ICU commissioning budget	N/A	No	Contained within Core service
Core service	ICU commissioning budget	£130,935	Yes, up to £36,000 over budget	Based on 3 WTE staff, 0.5 manager and other costs. Current ICU budget £95k.

Table 2

The cost pressure of implementing this service model is estimated to be around £127,200

A significant element of this is the SPB service (£50,000) which should be considered against the need to increase ASC capacity, which is likely to cost significantly more than the cost for the SPB service.

The table below summarises the estimated cost pressures

Service area	Estimated Cost pressure	Additional information
SPB service	£50,000	Supports capacity building in ASC workforce
Training costs (£6,200)	£6,200	
ICU shortfall (£35,000)	£36,000	
SPB online system (£10k)	£10,000	
PA Online System	£10,000	
Provision of AIG	£15,000	
Total	**£127,200**	

Detailed funding information

AIG

While any future plans need to wait for the AIG review to complete, it is envisaged any learning and feedback will be incorporated, where accepted, into current or new contracting arrangements. At this point the cost is unknown but it is expected that this area of work will need to be funded through the ICU commissioning budget and estimated at £15,000 based on comparable work/contracts.

Training

Existing resources deployed to the Learning and Development (L&D) team should be utilised to develop the Direct Payment training programme. Securing the services of those with lived experiences to help develop the DP training programme is estimated to be £3000, with an additional cost of £3,200 estimated to cover the cost of delivery.

There is a **risk** around the capacity of the SCC Learning and Development (L&D) team having sufficient time and resource to accommodate this training.

Support planning and brokerage

A three tiered cost model forms the basis of the SPB service. These figures have been checked by ASC and are representative of costs incurred through other comparable services.

Low	Up to 5 hours. Fixed fee £100	Simple planning for clients who know exactly what they want.
Medium	Up to 10 hours. Fixed fee £180	Default option
High	Up to 18 hours. Fixed fee £320	Communication issues result in additional time required for support planning.

Table 3

The proposed funding mechanism for the SPB approach would be through care management funding. However, as a pilot the cost of this service may attract funding from the Better Care Fund. When calculating the potential cost of the SPB service we have used the number of clients accessing a DP as guide. There were 308 clients accessing a DP at the time of the analysis so based our estimates on 300 clients using the SPB service. The table below shows the **weekly** POC costs against different client groups.

COST_CLASS	LEARNING DISABILITY SUPPORT	MEMORY & COGNITION SUPPORT	MENTAL HEALTH SUPPORT	PHY SUPPORT ACCESS & MOBILITY	PHYSICAL SUPPORT:PE RSONAL CARE	SENSORY SUPPORT: VISUAL	SENSORY SUPPORT:DU AL	Grand Total
1) Under £ 100	13	1	4	3	28	6	1	56
2) £ 100-199	17		6	2	63	2		90
3) £ 200-299	13	3	4	3	47	2	1	73
4) £ 300-399	18	1	1	1	17	1		39
5) £ 400-499	6	1			6	1		14
6) £ 500-599	1		1		6			8
7) £ 600-999	8	1			14			23
8) £ 1000 +	2		1		2			5
Grand Total	78	7	17	9	183	12	2	308

Table 4

Using an average hourly cost for ASC staffing (£20 per hour) and assuming each of the cost categories align to one of the SPB levels (see table 5 below) there are potential efficiencies of over 7% available from the new SPB model; £47,680 compared to £51,480. These calculations can only be used as a guide.

Cost Category	SPB estimated band	Number (all client groups)	Cost per person	SPB estimated total cost	Avg hourly ASC cost	Hours	Cost per person	Variance SPB /ASC per person	ASC estimated total cost	Variance total cost SPB /ASC
1) Under £ 100	Low	56	£100	£5,600	£20	5	£100	£0	£5,600	£0
2) £ 100-199	Low	90	£100	£9,000	£20	5	£100	£0	£9,000	£0
3) £ 200-299	Medium	73	£180	£13,140	£20	10	£200	-£20	£14,600	-£1,460
4) £ 300-399	Medium	39	£180	£7,020	£20	10	£200	-£20	£7,800	-£780
5) £ 400-499	Medium	14	£180	£2,520	£20	10	£200	-£20	£2,800	-£280
6) £ 500-599	Medium	8	£180	£1,440	£20	10	£200	-£20	£1,600	-£160
7) £ 600-999	High	23	£320	£7,360	£20	18	£360	-£40	£8,280	-£920
8) £ 1000 +	High	5	£320	£1,600	£20	18	£360	-£40	£1,800	-£200
Totals		308	£1,560	£47,680					£51,480	-£3,800

Table 5: weekly cost categories

These costs would be in addition to any existing costs and do not propose a reduction in ASC staff. However, this approach would support and enable increased capacity within the ASC system in particular across assessment, support planning, sourcing services and reviews.

The final funding calculation was based on 300 clients accessing the new SPB service. It is unlikely there would be 300 new referrals in the first year, although not inconceivable if clients are referred from across ASC teams and includes some reviews.

The costs assign 50% (150) to the medium cost level (see groups 3,4,5,6, in table 5) and 25% to both low (groups 1 and 2) and high cost bands (groups 7 & 8). These calculations are based on assumptions and will be tested through a small SPB pilot.

A cost of £10,000 is the estimated cost to secure the SPB online system based on the cost of the PA system.

PA System

There are three elements to developing an improved PA offer in Southampton
4. the payment for PA hours of support
5. a PA online system where clients can search and source a PA and
6. Support to clients with any employment issues pertaining to a PA.

The payment for PA hours of support is currently funded through clients POC and would remain funded in this way. With improved take up of DPs it is expected there will be an increased use of PAs rather than commissioned services such as Home Care.

The PA online system would be funded through the ICU commissioning budget. This is expected to be an arrangement with Hampshire County Council and extend on any arrangements by ASC to secure their online service. HCC have indicated a cost in the region of £10,000 per annum.

Support for clients with any employment issues pertaining to a PA will be provided though the Core service. Costs for this service are included below.

Core Service

The cost to provide the Core service is based on 3 full time posts and other costs (to include management costs and overheads). The 3 posts would cover the following areas of work
- Recruitment of PA's and SPBs (1 WTE)
- Support to access PA and SPB system alongside management of systems (1WTE)
- Support with PA employment issues (1WTE)

The Core service would be commissioned. The value of the contract would be in the region of £130,000 drawing on the following calculation.

Estimate against existing staff costs (Spectrum)	
Core service costs	
Core service costs	
Staff (3 @ £28,500)	£85,500
0.5 management	£16,000
Other costs* @ 29%	£29,435
	£130,935

*Table 6   * Other costs to include premises, travel, expenses, overheads etc.*

This would provide capacity for the following
- one staff member to support an estimated 100 with PA employment support per annum

- one staff member to support 180 to access the PA /SPB system per annum
- one staff member to identify and recruit a minimum 100 PA's and 50 employers onto the system within the first year of operation.

5. *Funding Recommendations*

   a) To allocate the necessary funding for the delivery of the proposed service model as set out in table 2
   b) To note these costs are based on Adults and not inclusive of children or CHC clients.

The following information shows the number of DP clients in June 2019.

Sum of PEOPLE								
Cost Category	LEARNING DISABILITY SUPPORT	MEMORY & COGNITION SUPPORT	MENTAL HEALTH SUPPORT	PHY SUPPORT ACCESS & MOBILITY	PHYSICAL SUPPORT:PERSONAL CARE	SENSORY SUPPORT: VISUAL	SENSORY SUPPORT:DUAL	Grand Total
1) Under £ 100	13	1	4	3	28	6	1	56
2) £ 100-199	17		6	2	63	2		90
3) £ 200-299	13	3	4	3	47	2	1	73
4) £ 300-399	18	1	1	1	17	1		39
5) £ 400-499	6	1			6	1		14
6) £ 500-599	1		1		6			8
7) £ 600-999	8	1			14			23
8) £ 1000 +	2		1		2			5
Grand Total	78	7	17	9	183	12	2	308

Of the 308 DP clients 41% are aged 40 – 64 years, 31% aged 18-39 years and 28% aged over 65, so a fairly even spread across the age groups.

Age	Number	Percentage of all DP clients
18-39	97	31%
40-64	125	41%
65+	86	28%
	308	

In each of the age groups the majority receive POC in cost groups 1 – 4 (see table above), so accessing POC up to £399 per week.

Analysis of information shows

- Cost category 2 (£100 - £199) is the largest group = 90 people
- Cost category 3 (£200-£299) is the next largest group = 73
- Cost category 1 (under £100) is the third largest group = 56
- Cost category 4 (£300-£399) is the fourth largest group =29
        Targeting groups 1 – 4 would yield the greatest volume

- Cost category 7 (£600-£999) is the highest volume where there is a higher personal budget
- Cost category 8 shows there are only 5 customers on direct payments with personal budget over £1000.

Age groups
- In the 18-39 age group, the total number of customers using direct payments is 97.
- In the 40-64 age group, total number of people using DP is 125.
- In the 65 plus group, total number of people using DP is 86.
- In each of these age categories the largest volume of personal budgets categories are 1-4 .
- In the 18-39 age group the largest group is the LD group using DPs.
- In the 40-64 age group and the 65 plus group the largest group of is those with physical support: personal care needs.

56 of the 308 customers who receive a direct payment have a DP as part of a mixed budget and other care and support services provided, of which 48 people are in Category 1 -4 of personal budget allocation amounts. Two within category 7.

AGE_GROUP	18-39

Sum of PEOPLE							
COST_CLASS	LEARNING DISABILITY SUPPORT	MENTAL HEALTH SUPPORT	PHY SUPPORT ACCESS & MOBILITY	PHYSICAL SUPPORT: PERSONAL CARE	SENSORY SUPPORT: VISUAL	SENSORY SUPPORT: DUAL	Grand Total
1) Under £ 100	12	1	1	3		1	18
2) £ 100-199	11	1	1	4			17
3) £ 200-299	10	1	1	8	2		22
4) £ 300-399	12	1		1	1		15
5) £ 400-499	5			4			9
6) £ 500-599	1						1
7) £ 600-999	8			5			13
8) £ 1000 +	1			1			2
Grand Total	60	4	3	26	3	1	97

AGE_GROUP	40-64

Sum of PEOPLE								
COST_CLASS	LEARNING DISABILITY SUPPORT	MEMORY & COGNITION SUPPORT	MENTAL HEALTH SUPPORT	PHY SUPPORT ACCESS & MOBILITY	PHYSICAL SUPPORT: PERSONAL CARE	SENSORY SUPPORT: VISUAL	SENSORY SUPPORT: DUAL	Grand Total
1) Under £ 100	1		2	1	15	3		22
2) £ 100-199	6		3	1	32	2		44
3) £ 200-299	3	1	3	1	25		1	34
4) £ 300-399	2				8			10
5) £ 400-499	1				1	1		3
6) £ 500-599			1		3			4
7) £ 600-999					5			5
8) £ 1000 +	1		1		1			3
Grand Total	14	1	10	3	90	6	1	125

AGE_GROUP	65 +

Sum of PEOPLE							
COST_CLASS	LEARNING DISABILITY SUPPORT	MEMORY & COGNITION SUPPORT	MENTAL HEALTH SUPPORT	PHY SUPPORT ACCESS & MOBILITY	PHYSICAL SUPPORT: PERSONAL CARE	SENSORY SUPPORT: VISUAL	Grand Total
1) Under £ 100		1	1	1	10	3	16
2) £ 100-199			2		27		29
3) £ 200-299		2		1	14		17
4) £ 300-399	4	1		1	8		14
5) £ 400-499		1			1		2
6) £ 500-599					3		3
7) £ 600-999		1			4		5
Grand Total	4	6	3	3	67	3	86