

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO DECISION SCHEDULE



Monday 25 July 2011

at 10.00 a.m.

**in Committee Room C,
Civic Centre, Hartlepool**

Councillor G Hall, Cabinet Member responsible for Adult and Public Health Services will consider the following items.

1. KEY DECISIONS

- 1.1 Adult Education Fees - Academic Year 2011-2012 – *Director of Child and Adult Services*

2. OTHER ITEMS REQUIRING DECISION

No items.

3. ITEMS FOR INFORMATION

- 3.1 Review of Stroke Services – *Director of Child and Adult Services*
- 3.2 The National Personal Budget Survey – *Director of Child and Adult Services*

**ADULT AND PUBLIC HEALTH SERVICES
PORTFOLIO
Report to Portfolio Holder
25 July 2011**



Report of: Director of Child and Adult Services

Subject: ADULT EDUCATION FEES - ACADEMIC YEAR 2011-2012

SUMMARY

1. PURPOSE OF REPORT

To consider the level of adult education fees for the academic year 1st August 2011 to 31st July 2012.

2. SUMMARY OF CONTENTS

The report sets out the current fee levels for Adult Education courses funded through the Skills Funding Agency and other sources in 2010/2011 and looks at options for fee levels.

Recommendations are made regarding the level of adult education fees for the academic year August 2011 to July 2012.

3. RELEVANCE TO PORTFOLIO MEMBER

The report relates directly to adult services as the purpose of the report is to set the fees for adult education courses.

4. TYPE OF DECISION

This decision is a key decision - Key test (ii) – Forward Plan Ref CAS93-11..

5. DECISION MAKING ROUTE

The decision will be made by the Portfolio Holder – 25 July 2011

6. DECISION(S) REQUIRED

A decision is required about the level of adult education fees from 1st August 2011 to 31st July 2012.

Report of: Director of Child and Adult Services

Subject: ADULT EDUCATION FEES: ACADEMIC YEAR
2011/2012

1. PURPOSE OF REPORT

- 1.1 To consider the level of Adult Education fees for the academic year 1st August 2011 to 31st July 2012.

2. BACKGROUND

- 2.1 The Adult Education service delivers provision funded through the Skills Funding Agency (SFA) and other income sources. This report relates to the main SFA funding streams i.e. Adult Skills (AS) Adult Safeguarded Learning (ASL) and First Steps (FS). However it should be noted that some Adult Education courses operate under funding received from other funding streams and these courses may be subject to different fee levels prescribed by the funding requirements
- 2.2 In the level of funding which the SFA provides for Adult Skills assumptions are made by the SFA about the level of income which providers will receive from fees. The following assumptions are made by the SFA in the grants which it makes to local authorities for the provision of SFA funded skills courses. At least 50% of the funding associated with the course is recovered in income from fees from learners or employers. There are exemptions to this for specific types of learners and courses where full fee remission is permitted e.g. learners on Skills for Life courses and those on specific job related benefits.
- 2.3 At present no specific income assumptions are made in relation to the ASL or First Steps budgets, although it is assumed that those learners who are able to pay are charged at least the same proportion as the other funding streams.
- 2.4 From August 2011 the SFA has changed its policy on the collection of fees and who they will support for remission of fees. From 2011 the only learners who will be eligible for SFA fee remission are those who are on active work related benefits i.e. Job Seekers Allowance (JSA) or Employment Support Allowance (ESA). This means that learners on the following benefits will no longer be eligible for fee remission through the SFA:
- Council Tax Benefit
 - Housing benefit
 - Income support
 - Working tax credit
 - Pension credit
 - ESA (unless work related)
 - Dependents of the above.

- 2.4 The SFA had further indicated that where organisations fail to collect the assumed fee income then this sum may be removed from the funding allocation

3. CURRENT ADULT EDUCATION FEES

- 3.1 The current fee schedule for Adult Education courses (2010/2011) is attached as at **Appendix 1**. The level of fees at present is different according to the SFA funding stream.
- 3.2 At present adult education courses fall into four main categories:
- Vocational courses (leading to a formal or work-related qualification);
 - First steps courses which introduce adults to learning and help them to progress to further vocational courses
 - Non-vocational courses (such as Family Learning, Foreign Languages, Arts and Crafts, and other courses which are studied for leisure.)
 - Courses which support Neighbourhood Learning in Deprived Communities (NLDC)
- 3.3 At present the funding for these different types of courses is set at different levels.
- 3.4 At present no fees are charged for Family Learning, Family Literacy Language and Numeracy and NLDC. These are seen as developmental courses to reach non-traditional learners or those in deprived areas.
- 3.5 No fees are charged for those studying Literacy and Numeracy. This is in line with government guidelines.
- 3.6 No fees are charged to learners who fall within specific groups as defined by the SFA e.g. those studying a full level 2 qualification who do not have an existing Level 2 qualification. A full list of these of these specific groups is shown in the fees policy in **Appendix 1**.
- 3.7 At present courses which lead to a vocational qualification or are the first steps towards a qualification attract a lesser fee than those which are studied purely for leisure (PCDL) .
- 3.8 The fee structure has in the past also provided for remission of fees for students who were in receipt of means tested benefits as declared by The SFA.
- 3.9 Analysis has been carried out as to the number of learners on fee remission for the current academic year. In this year 983 learners were on fee remission and of those 26% i.e. 256 were for reasons other than JSA or ESA. These are the types of learners that would be affected by the new eligibility rules for 2011-2012.
- 3.10 Because of the desire to encourage participation in adult learning, a combination of low fees and extensive remission of fees has meant that overall income for adult education courses has been relatively low, e.g. in the academic year

2010/2011 income from student fees is expected to be approximately **6%** of the expenditure/budget. This has been supplemented by the provision of bespoke and private courses for organisations such as employers which are charged at the full cost rate. Using the definitions that the SFA have provided for the Adult Skills funding stream the SFA have estimated that our fee income from that stream is only 50% of the assumed figure.

4. OPTIONS AVAILABLE

- 4.1 There are a number of options proposed which will need to satisfy the reduced eligibility of fee remission and the need to collect sufficient fee income.

4.1.1 Vocational and First Steps course.

The first option would be to maintain the current fee rate for these types of courses. This would mean that the gap between fee income and assumed fee income would widen. This could have the effect of the SFA removing some element of funding.

- 4.1.2 The second option would be to continue to raise the level of fees with effect from August 2011 to move towards the higher level of fees which is assumed in the SFA guidelines. These levels are not yet clear but this would mean a significant increase in fees which will disadvantage many learners. This option could result in a loss of students to adult education courses, which in turn would mean that targets might not be achieved.

- 4.1.4 The third option would be to increase fees by £10 to £105 per year for a 60 hour course. This equates to a rise of **10%** or 17p per hour. It is believed that this level of fee increase would generate additional income to cover increased costs and would move towards the required SFA fee increase levels in a gradual way. However it may result in a loss of students onto the courses. *This is the preferred option.*

4.2 Personal and Community Development Learning

- 4.2.1 The first option would be to maintain the current fee rate for all courses. This would mean, however, that the gap between fee income and course costs would widen as costs have risen by inflation. Also it would not assist in moving towards fee income targets required by the SFA.

- 4.2.2 The second option would be to increase the differential fee structure for PCDL classes. Courses categorized as PCDL courses would be subject to a larger increase of 15%. This equates to £20 per year i.e. £150 a year for a 30 week course. This equates to £2.50 per hour which is a rise of 34p per hour. It is believed that this level of fee increase would generate sufficient income to cover increased costs and would move towards the required SFA fee increase levels. This would bring us in line with other local providers. *This is the preferred option.*

4.3 Courses which attract no fee at present

4.3.1 The first option would be to introduce a fee structure to these classes which is consistent with the other types of courses. This would have a significant impact on those disadvantaged learners who are hard to reach.

4.3.2 The second option is to continue to give full fee remission for those classes which fall into developmental areas, i.e., Literacy and Numeracy, Family Learning, Family Literacy, Language and Numeracy and Neighborhood Learning in Deprived Communities. This would continue to support widening participation in line with government priorities. *This is the preferred option.*

4.4 Administration charge

4.4.1 This is the only fee charged to students eligible for fee remission. It is referred to as the 'remitted fee'.

4.4.2 At present the administration charge for students eligible for fee remission is set as £10 per vocational course and £15 per PCDL course.

4.4.3 The first option would be to keep this at the same level for the next academic year. *This is the preferred option.*

4.4.4 The second option would be to raise the administration charge by the inflation rate. This would raise a very small amount of additional income, but this would be offset by the additional administrative costs of the charge.

4.4.5 The payment of the existing administration charge does not seem to have presented barriers to access. Any individual cases of hardship would be considered confidentially.

4.5 Fee remission

4.5.1 The first option would be to maintain the current fee remission policy. This would be against SFA guidelines and could mean a withdrawal of some funding.

4.5.2 The second option would be to adopt the new SFA guidelines on eligibility. This would adversely affect some learners but would satisfy the new SFA eligibility guidelines and therefore ensure the full income targets.

4.5.3 A third option would be to have an interim policy which brings in a gradual change over the next academic year. Learners who are no longer eligible for full fee remission could be offered 50% fee remission on Vocational and First steps courses. This would ensure that these course were still accessible for all but would mean that extra funding would need to be set aside from the existing budget to cover these costs. *This is the preferred option*

5. **FINANCIAL IMPLICATIONS**

5.1 If adult education fees are set in accordance with SFA guidance, then there are no financial implications for the Council's budget as the level of fee increases will be sufficient to enable the Adult Education Service to operate SFA funded courses within the budget allocated by the SFA

- 5.2 If no increase in fees is agreed or insufficient increase, then there could be financial implications for the Council as any overspend on the SFA budget would have to be met by the Local Authority and no budgetary provision is available to meet this demand.
- 5.3 Any significant increase in fees is likely to result in a loss of student numbers. However if the fee income levels do not match SFA expectations then this may in future result in reduced funding as targets would not be achieved.

6. CONCLUSIONS

- 6.1 The setting of adult education fees is a difficult task, involving a balance between the need to generate sufficient income to meet costs, while encouraging adult learners to participate. Any significant increase in fees is likely to be unpopular and could lead to some fall-off in student numbers.
- 6.2 It is recommended, therefore that the level of Adult Education fees for the academic year 2011-2012 should be as presented in **Appendix 1**.

7. RECOMMENDATIONS

- 7.1 That the Portfolio Holder approve the following recommendations:
 - i. Vocational and First Steps Learning courses £105 for a 60 hour course and £35 for a 20 hour course;
 - ii. PCDL courses £ 150 for a 60 hour course and £ 50 for a 20 hour course;
 - iii. No course fees should be charged to students entitled under the SFA guidance on remitted fees (except for a one-off administration charge);
 - iv. The fee remission policy should change to reflect the new SFA eligibility guidance for PCDL type courses. For Vocational and first steps there will be a transition year where those learners who are now not eligible for fee remission are charged 50% of the full fee rate. Courses which are developed to widen participation or in response to specific government initiatives e.g. students with a disability, Asylum seekers and Refugees, Family learning or community regeneration activities would continue to be given full fee remission. The full policy is given in **Appendix 1**
 - v. The administration charge should remain at current levels i.e. £10 for vocational and First Steps courses and £ 15 for PCDL courses.
 - vi. Courses which are not supported through SFA funding or other income streams will be delivered at the Full Cost rate

Appendix 1

ADULT EDUCATION: FEE STRUCTURE 2010/2011 and Proposed 2011-2012**COURSE FEES**

		2010-2011		2011-2012		
		Full	Remitted	Full	Remitted	
Vocational and Non-Voc First Steps	30 weeks	£95	£10	£105	£10	£53
PCDL	30 weeks	£130	£15	£150	£15	-

100 % fee remission will be given to students in the following categories at the time they enroll, **provided that they show documentary evidence at the time of enrolling or at the first class:-**

- In receipt of Job Seeker's allowance
- In receipt of Employment Support Allowance (work related activity group)
- Aged 16-18 on 31st August 2011
- Studying for a first full level 2 qualification
- Studying for a full level 3 qualification and without a full level 2 qualification
- 19-24 studying for a first full level 3 qualification

50% fee remission will be given to students on Vocational and First Step courses on the following benefits

- Council Tax benefit
- Housing Benefit
- Income Support
- Working Tax Credit
- Pension Credit
- Unwaged dependents of those listed above

No course fees will be charged for Hartlepool Borough resident students who:-

- enroll for basic skills courses i.e. literacy and numeracy
- enroll for certain designated courses as part of Widening participation and regeneration
- are part of a target client group on designated courses.

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
25 July 2011



Report of: Director of Child and Adult Services

Subject: REVIEW OF STROKE SERVICES

SUMMARY

1. PURPOSE OF REPORT

To inform the Portfolio Holder for Adult and Public Health Services of the findings of a review of services for people who have had a stroke and their carers.

2. SUMMARY OF CONTENTS

The report provides information on a review conducted throughout 2010 by the Care Quality Commission, which focused on care from the point where people prepared to leave hospital, to the ongoing care and support in their homes. Health and adult social care, as well as other relevant services, were reviewed during this period.

3. RELEVANCE TO PORTFOLIO MEMBER

The Portfolio Holder is responsible for adult social care services including those provided to support people who have experienced a stroke and their carers.

4. TYPE OF DECISION

No decision required – for information only.

5. DECISION MAKING ROUTE

Adult and Public Health Portfolio – 25 July 2011

6. DECISION REQUIRED

That the Portfolio Holder notes the contents of the report and the arrangements as indicated

Report of: Director of Child and Adult Services

Subject: REVIEW OF STROKE SERVICES

1. PURPOSE OF REPORT

- 1.1 To inform the Portfolio Holder for Adult and Public Health Services of the findings of a review of services for people who have had a stroke and their carers.

2. BACKGROUND

- 2.1 The review was conducted throughout 2010 by the Care Quality Commission, and focused on care from the point where people prepared to leave hospital, to the ongoing care and support in their homes. Health and adult social care, as well as other relevant services, were reviewed during this period.
- 2.2 The review aimed to promote improvement by assessing local services, publishing data and highlighting key national issues. The areas covered in the review are based on the boundaries of Primary Care Trusts (PCTs).
- 2.3 PCTs are the main organisations responsible for commissioning health care for people who have had a stroke. Local authorities, particularly adult social services departments, also have an important role in assessing peoples' social care needs and commissioning a range of community based support, care and advice services.

3. NATIONAL REPORT - SUMMARY OF FINDINGS

- 3.1 The Care Quality Commission report suggested that services have significant room for improvement. CQC found that people could not always access the services they needed when they needed them. Early supported discharge, which provides more rehabilitation at home rather than in hospital and is known to achieve better results for people and cut pressure on hospital beds, was available across 37% of areas. 32% of PCTs did not commission specialist stroke physiotherapy in the community across the whole of their area. In 44% of areas, occupational therapy for people who have had a stroke was not always provided by specialist staff with specific training on stroke and in 48% of areas, people had to wait two weeks on average until they receive community-based speech and language therapy.
- 3.2 While most carers were given access to information and advice, in around a third of areas not all carers could access peer support, such as carer support groups or befriending schemes. Where services were available, accessing them could be complicated and confusing. Most people are given an information pack when they leave hospital, but it is often poorly organised – only around 40% of people reported that it was easy to find things in them.

- 3.3 68% of areas provided a named contact to help people plan and organise their care after transfer home from hospital – but in only a half of areas did these contacts look across health, social and community services. Only 37% of areas provided rehabilitation services to people based in their community, focusing on helping them return to work. 38% did not train helpline staff to deal with people who have communications problems caused by stroke, such as aphasia. Most areas have fully implemented a stroke pathway that sets out how different services should work together.
- 3.4 Around three-quarters of social services departments could direct people to community-based services to help them with their physical disabilities, but less than half could signpost similar services for people with aphasia. 72% of areas had a policy in place about transfer home from hospital which said patients and carers should be involved in planning transfer home. 71% of adult social services departments provided people with information on how to ask for a re-assessment of their needs. 65% of stroke survivors had a care plan for community-based support which included goals they had agreed. 39% of people who had a stroke were given a copy of their care plan after they were transferred home from hospital.
- 3.5 Only 9% of people were offered personal budgets or direct payments within the first six weeks of their returning home. Services are not always organised to meet people's needs. 34% had a framework for joint reviews of people's health and social care needs.

4. REGIONAL COMPARISON

- 4.1 **Table 1** sets out the list of scored indicators, along with the scores for the region. As the Quality Markers (QMs) set out in the National Stroke Strategy are now well established, they form the basis of the 'assessment framework' for this review.
- 4.2 CQC used the QMs to create a set of 15 scored indicators, which were combined to give an overall assessment for each local area, with four categories:
1. 'Best performing' – on average these areas scored the top two marks across 8 or 9 of the 15 scored indicators and only scored low marks in 1 or 2.
 2. 'Better performing' – with more areas of strength than weakness.
 3. 'Fair performing' – with more areas of weakness than strength.
 4. 'Least well performing' – typically scored low marks in 8 or 9 of the 15 scored indicators and only scored high marks in 1 or 2.

Table 1

North East																	
Newcastle PCT area	Best	4	5	5	3	5	4	3	3	2	4	3	5	4	4	3	
Northumberland Care Trust area	Best	5	5	3	3	4	3	3	3	3	4	4	4	4	4	4	
Sunderland Teaching PCT area	Best	5	5	5	4	4	3	5	2	3	4	3	3	4	4	2	
Gateshead PCT area	Best	4	5	5	4	3	5	3	3	3	3	4	3	4	4	2	
Stockton-on-Tees Teaching PCT area	Best	4	2	5	4	4	4	3	4	3	3	3	4	3	4	4	
North Tyneside PCT area	Best	5	5	3	4	3	3	3	2	3	4	3	4	4	3	2	
South Tyneside PCT area	Best	3	5	5	2	4	4	2	2	3	3	3	4	3	4	4	
County Durham PCT area	Better	3	3	4	3	3	5	3	3	3	3	4	4	2	3	3	
Hartlepool PCT area	Better	4	2	5	3	3	3	2	3	3	3	4	5	2	3	3	
Darlington PCT area	Better	3	1	4	2	3	5	2	2	3	3	5	4	3	3	4	
Redcar and Cleveland PCT area	Better	4	1	3	3	3	3	4	3	3	2	3	3	4	4	3	
Middlesbrough PCT area	Fair	4	1	3	3	2	3	3	2	3	2	3	3	4	4	3	

5.0 Local interpretation

- 5.1 **Table 2** sets out the list of scored indicators, along with the scores for this area. As the Quality Markers (QMs) set out in the National Stroke Strategy are now well established, they form the basis of the 'assessment framework' for this review.

Hartlepool Indicators

Table 2

Scored indicator		Score
1	Management of transfer home	4
2	Early Supported Discharge	2
3	Community-based services	5
4	Services for carers	3
5	Secondary prevention	3
6	Meeting individuals' needs	3
7	Outcomes at 1 year	2
8	Support for participation in community life	3
9	TIA care and support	3
10	Reviews and assessments after transfer home	3
11	Range of info provided	4
12	Signposting, coordination and personalisation	5
13	End of life care	2
14	Involvement in planning and monitoring	3
15	Working together	3
Average Score		3.2
Overall Assessment		Better Performing

6. PRIORITIES FOR IMPROVEMENT

- 6.1 QM 2 Early Supported Discharge - Hartlepool PCT currently commissions early supported discharge as part of the existing Stroke Community Services. It is expected that further improvements (including 7 day working) will be supported through future re-ablement plans / funding and the planned alignment of existing community services to the Transforming Community Services specifications.
- 6.2 QM 7 Outcomes at Year 1 - North Tees & Hartlepool NHS Foundation Trust has agreed to carry out an audit on re-admission and mortality rates. Despite having early supported discharge and community stroke teams in place, re-admission rates and one year mortality rates were higher than national average. An improvement is expected following the introduction of more robust six weekly and six monthly reviews.
- 6.3 QM 13 End of Life Care - Hartlepool PCT expect to see an improvement via following roll-out of End of Life Strategy.

7. RECOMMENDATION

- 7.1 That the Portfolio Holder notes the contents of the report and the arrangements as indicated.

8. BACKGROUND PAPERS

- 8.1 None

9. CONTACT OFFICER

Neil Harrison, Head of Service

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
25 July 2011



Report of: Director of Child and Adult Services

Subject: THE NATIONAL PERSONAL BUDGET SURVEY

SUMMARY

1. PURPOSE OF REPORT

To inform the Portfolio Holder of the main findings of the Personal Budgets Outcomes Evaluation (POET) Survey.

2. SUMMARY OF CONTENTS

The POET Survey was completed in early 2011 across ten local authority demonstrator sites. In total 1,114 personal budget holders and 950 carers completed the questionnaires. Nearly half of the personal budget holders were over 65 years old. The aim of the survey was to find out about the outcomes and experiences of people using personal budgets and their carers, in order to identify the positives to build on and the improvements that needed to happen.

The POET survey indicated that the majority of people see themselves benefiting significantly through having a personal budget and that this applies to all groups of personal budget holders although there remains some differences between groups.

There is a big difference across councils suggesting that some are achieving greater progress in offering choice and control to people and in improving people's chosen outcomes.

The survey evaluation noted that these positive benefits are being achieved despite processes and restrictions that people find frustrating and stressful and which are likely to add to the costs of the process. This picture seems to vary significantly across councils. People taking their personal budgets as a Direct Payment were achieving better

outcomes than those with a council managed budget, including older people. The summary evaluation noted that where people are using a council-managed personal budget there is clearly work to be done to make sure these offer real choice and control and improve outcomes.

Hartlepool Borough Council (HBC) did not take part in the National POET survey earlier this year as it clashed with the Personal Social Services (PSS) Survey. However, the POET Survey is currently taking place in Hartlepool, in partnership with In Control and Lancaster University. The findings of both the National POET Survey and the local POET survey will be used to improve our delivery of personal budgets to people and ensure the best results and optimum outcomes for people who are personal budget recipients and their carers.

The findings of the local POET Survey will be reported to the Portfolio Holder when they are made available later in 2011.

3. RELEVANCE TO PORTFOLIO MEMBER

The Portfolio Holder has responsibility for Child and Adult Social Care provision across Hartlepool.

4. TYPE OF DECISION

No decision required – for information only.

5. DECISION MAKING ROUTE

Adult and Public Health Services Portfolio – 25 July 2011

6. DECISION(S) REQUIRED

No decision required - the Portfolio Holder is asked to note the contents of the report.

Report of: Director of Child and Adult Services

Subject: THE NATIONAL PERSONAL BUDGETS SURVEY

1. PURPOSE OF REPORT

- 1.1 To inform the Portfolio Holder of the main findings of The Personal Budget Outcomes Evaluation Tool (POET) Survey.
- 1.2 The survey provided a detailed picture of outcomes and experiences of people using personal budgets and their carers in adult social care – as reported by people themselves.
- 1.3 The findings of the POET Survey are of interest to Hartlepool Borough Council (HBC) as personal budgets have been offered locally since December 2007.

2. BACKGROUND

- 2.1 Over 2,000 personal budget holders and carers completed the POET survey undertaken for the Think Local Act Personal Partnership by In Control and Lancaster University, making this the biggest survey undertaken in England to date. Ten local authorities in England volunteered to be demonstrator sites and the POET Survey was also widely publicised for personal budget holders or carers to complete online. Complete anonymity was guaranteed so the demonstrator sites were not named. HBC was not a demonstrator site.
- 2.2 In total 1,114 personal budget holders and 950 carers completed the POET survey. Almost half of the personal budget holders were over 65 years old. The survey was conducted in early 2011 and the findings published in June 2011.

3. FINDINGS

- 3.1 Overall a significant majority of personal budget holders reported positive experiences of the impact of personal budgets on their lives:
 - Being supported with dignity and respect (76%);
 - Staying as independent as they wanted to be (75%);
 - Being in control of their support (72%);
 - Having control over the important things in life (68%);
 - People's relationships with those paid to support them (67%);

- People's mental wellbeing (63%);
- People's physical health (59%);
- People's relationship with family members (58%);
- People feeling safe inside and outside their home (57%);
- People being offered the support they need when they need it (72%).

3.2 Most personal budget holders reported that the fundamental components of self-directed support were in place including being told the amount of their personal budget (77%), getting help to plan their personal budget (81%) and having their views very much or mostly included in the support plan (83%).

3.3 Most personal budget holders reported personal budgets making no difference in:

- People getting and keeping a paid job (68% of working age adults);
- People volunteering and helping their local community (77% adults of any age);
- People choosing where they live / who they live with (60% of all adults);
- People's relationships with friends (52% of all adults)

Between 3% - 8% of people reported personal budgets having a negative aspect on their lives.

3.4 In comments written by personal budget holders, people were generally very positive about the impact of personal budgets on their lives, although there were clear concerns about money, in particular potential cut backs to personal budgets or associated care and support services or demands for increasing personal financial contributions at short notice.

3.5 Most carers of personal budgets holders also reported positive experiences but to a lesser extent:

- Most carers said their views were very much or mostly included in the personal budget holder's support plan (87%);
- Most carers reported a positive impact of the personal budget held by the person they cared for on some aspects of their own lives as carers: support for them to continue caring (68%); their quality of life (60%) and their physical and mental wellbeing (55%);
- Most carers (68%) reported that personal budgets for the person they cared for had made no impact on their own capacity to get and keep a paid job.

- 3.6 Only a small majority of carers reported that their lives were getting worse as a result of personal budgets:
- Physical and mental wellbeing (10%);
 - Social life (12%);
 - Quality of life (11%);
 - Choice and control over their own life (11%).
- 3.7 Comments by carers reinforced the majority finding that they were highly positive about the impact of personal budgets on the lives of the personal budget holder, themselves as carers and other family members. However, comments were more negative about all aspects of the personal budgets *process* and the stress and worry for them associated with personal budgets for the person they were caring for.
- 3.8 A striking finding of the POET Survey was the “pervasive variation” across Councils in the outcomes reported by personal budget holders and their carers. Councils clearly have a major impact on outcomes through the processes they put in place to help people through all stages of the personal budget process and the methods they use to deliver personal budgets, both of which can have a profound influence on people’s experience of personal budgets. In particular:
- Who manages the personal budget is robustly linked to outcomes. All personal budget holders reported positive outcomes but those managing the budget themselves as a Direct Payment reported significantly more positive outcomes than people receiving council managed budgets;
 - People who did not know how their personal budget was managed or did not know the amount of their personal budget reported less positive outcomes;
 - The support planning process is crucial. Personal budget holders and carers who felt their views were more fully included in the support plan were more likely to report positive outcomes across the board;
 - People who had been using their personal budgets for longer reported increasingly positive outcomes, suggesting that it may take some time to get an optimal pattern of support;
 - A greater weekly amount of personal budget support was clearly associated with more positive outcomes.
- 3.9 There is also variation in outcomes for personal budget holders across social care needs groups, with older adults reporting less positive outcomes than other groups. However, these differences are ones of degree (other adults are more likely to record personal budgets as making no difference but they are not more likely to record personal budgets as making things worse).

As with working age adults, it is also important to note that within the group of older adult personal budget holders, Direct Payments were

also associated with more positive outcomes. Clearly Direct Payments can work just as well for older people but, in the POET Survey, councils seemed less likely to actively promote and support Direct Payments as a personal budget for older people.

Further research is required into this issue, in particular with the assumptions being made about older people's capacities and willingness to manage Direct Payments themselves or with the appropriate support to help from do so.

Carers of older family members were less positive than other carers about the impact of personal budgets. However this may be a result of how personal budgets are likely to impact on carers in different circumstances, rather than being about older people as such, particularly in terms of whether the carer is living in the same house as the person they are caring for and how much care and support the carer is providing.

- 3.10 There was also substantial variation in the amount of personal budgets within and across adult social care groups in terms of budgetary allocations. The median weekly amount of personal budgets was lowest for older adults (£133 per week) compared to younger adults with mental health conditions (£160 per week), younger adults with physical disabilities (£188 per week) and particularly younger adults with learning disabilities (£221 per week). Older adults and younger adults with mental health conditions were more likely to have lower value personal budgets (£1-200 per week) and less likely to have high value personal budgets (£501 or more per week) than younger adults with learning disabilities or physical disabilities.
- 3.11 HBC's median Resource Allocation System (RAS) amounts per week are £291 for people with a learning disability, £72 for a person with mental health problems, £214 for a person with physical disabilities and £265 for an older person. It is noted that these amounts should not be compared with those reflected in the POET survey because of the different ways that local authorities put together their RAS. Comparisons would only be meaningful if a national RAS was used across all LAs.

4. CONCLUSIONS

- 4.1 The findings of the POET Survey indicated that personal budgets are likely to have generally positive impacts on the lives of all groups of personal budget holders and the people who care for them. The likelihood of people experiencing a positive impact from a personal budget is maximised by a process that keeps people fully informed, puts people in control of their personal budgets and how they are spent, supports people without undue constraint and bureaucracy and fully involves carers in the process. If these conditions are followed

then personal budgets “can and do work well for everyone” (POET evaluation).

- 4.2 HBC currently have over 1,500 people in receipt of a personal budget with 363 adults and 57 children in receipt of a Direct Payment (CONTROCC information system at June 2011). 75.8% of people eligible for a personal budget are in receipt of a personal budget and the target remains for 100% of people to be receiving a personal budget by 2013.
- 4.3 HBC did not take part in the POET Survey in January 2011 as this clashed with the PSS Survey being undertaken at the same time.

The POET Survey is currently being completed by HBC with a target of 50 completed questionnaires from people in receipt of a personal budget and their carers. The questionnaires can either be returned to HBC, sent Freepost to Lancaster University or be completed online. The results of this survey will be available later this year. The findings of this survey in respect of HBC will be reported to the Portfolio Holder when they have been made available.

- 4.4 The findings of the HBC POET Survey in respect of people in receipt of a personal budget, and their carers, will be evaluated and an action plan drawn up to ensure that we achieve optimum quality systems and processes in the delivery of a personal budget over the next two years.

The findings from the national POET Survey indicate that:

- The processes used for delivering personal budgets are more difficult than they need to be and that impacts badly on carers and on personal budget recipients;
 - More work needs to be done to make Direct Payments more accessible generally but especially to older people;
 - There is a need to simplify and clarify the rules and regulations surrounding personal budgets.
- 4.5 The findings from the national POET Survey and these of the forthcoming local POET Survey will be used to benchmark local services and make any necessary changes / improvements in the delivery of personal budgets to secure the best results for people who have a personal budget and the carers who support them.

5. RECOMMENDATIONS

The Portfolio Holder is asked to note the contents of the report and receive further information regarding the local survey when available.

6. CONTACT OFFICER

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