



A Fair and Affordable Resource Allocation System

December 2014

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About this Report

This report has been produced by Healthwatch Devon - the independent consumer champion for health and social care in Devon.

Healthwatch Devon would like to thank everyone who took the time to respond to this survey, as well as the organisations and individuals who helped to promote the survey through their own networks.

Registered Charity Number: 1155202 Healthwatch Devon CIO

Introduction

Devon County Council (DCC) is committed to significantly increasing the ability of people to exercise genuine choice and control in meeting their social care needs. This is currently enabled with the use of personal budgets - a financial amount used to purchase services or items.

Central to the concept of personal budgets for social care is the production of an 'estimated budget' that is used as a guide to inform planning of support. Whilst it is only an estimate and could vary according to cost of services or individual circumstances, it is important that this amount is as meaningful as possible.

A person's estimated budget is calculated by a Resource Allocation System (RAS). This is a piece of software that calculates an amount based on the level of need recorded in the person's assessment. This should be done in a way that is fair and affordable.

DCC is currently undertaking a major overhaul of its RAS solution to use latest approaches. The purpose being:

- To update the calculation process according to latest information
- To ensure the resulting estimated budget is as fair, affordable and equitable as possible.
- To allow the RAS to be used for people with mental health needs
- To include an amount for carer support

To support this process, Devon County Council asked Healthwatch Devon through the Engagement Gateway to convene a focus group of service users and carers who were users of personal budgets to discuss the criteria for the new RAS system.

Methodology

The RAS could be summed up in a series of 9 statements. These are included in Appendix A.

The 9 statements were shared with participants before the focus group so they were aware of the topics under discussion and had some background information.

The focus group was held on 17 November 2014. There were 10 participants, 9 service users and 1 carer. In attendance from DCC were Robert Weeks and Sarah Mackereth. Martin Parkes from Healthwatch Devon chaired the meeting and recorded the conversation.

The format of the focus group ran as follows:

1. Each statement was looked at individually to ensure they were fully understood and any points of clarification could be raised.
2. A 'traffic light' system was used to score each statement as to whether it was: red; cause for concern or unfair, amber; still uncertain or unclear, green; acceptable.

3. We discussed in more detail those which had a significant number of red stickers
4. A further discussion was had about how this RAS process could be communicated clearly.

Following the focus group a transcript of the conversation was shared with participants and DCC to ensure all essential points had been recorded accurately and not misinterpreted.

Key Findings

Following the points of clarification the 9 statements were rated: red; cause for concern or unfair, amber; still uncertain about, green; acceptable. The results of this process were as follows:

	Red	Amber	Green
1. A single approach	1	5	4
2. Residential and nursing care	2	4	4
3. Household tasks	7	3	0
4. Social activities	4	5	1
5. Support for carers	1	1	8
6. Visits for the purpose of providing medication	1	5	4
7. Support with education, training or work	0	2	8
8. Personal care and keeping people safe	0	2	8
9. Transport	1	0	9

Statements 3 and 4 clearly were of highest concern to participants.

3. Household Tasks

Some key comments and questions about this statement were:

“Would this include support to go shopping, for example, rather than have somebody do your shopping for you?”

At the meeting it was suggested in response to this question that any allocation could be for the purposes of shopping and this could include internet shopping. This was not a popular response, one participant commented:

“Shouldn’t we be encouraging people to get out, if they want to, and engage socially.”

Further comments about this statement were:

“People’s care needs need to be met as people are leaving hospital, otherwise beds can be blocked. The assessment process sounds time consuming and could take a while. As there is a need to get people out of hospital wards there needs to be a

contingency which ensures that people's needs are met when they return home, but before the assessment process is completed."

"Overall somebody may not have high support needs, but there may be a particular form of support which is essential to mean they don't need additional care. For example somebody might need support with managing their finances. When they are assessed they may appear to have low support needs, but this is only possible because they have support to manage their finances. If this is missed, the person will need significant additional support."

"There is a need to advise and sign-post services and make sure service users are aware of them. This is part of protecting vulnerable people."

"How is something like an assistance dog taken in to account within the RAS?"

4. Social Activities

Participants had a number of questions about this statement, which is reflected in the number of amber stickers it received. Whilst the DCC staff at the meeting were able to answer people's concerns within the meeting, this perhaps highlights a need for better communication and clarity within the statement itself.

The key questions were:

"What is an 'activity'?"

"Will 'activity' include attending a place of worship?"

"What is the difference between 'standard' and 'enhanced'?"

"How much does it take in to account social isolation?"

There were also two significant concerns raised about this statement:

Firstly about the wording of the statement:

"Is it just about the needs being met or the social activity being provided?"

Secondly the idea of counting the number of activities was strongly challenged:

"Counting the number of social-activities is wrong. It shouldn't be counted. Possibly it should be an amount of time instead?"

In addition there were comments such as:

"Community activities provided or supported by DCC have been lost, so there isn't as much choice as there used to be."

Communication

Throughout the focus group issues of communication recurred. There were some specific questions around most of the statements which indicate where clearer communication is needed. These were:

2. Residential and nursing care

“Define ‘older people’?”

“What if the care I wanted is provided in Somerset?”

“Will this be integrated with a health budget?”

3. Household tasks

“What other benefits are available?”

“Need to be clear what it means for an individual’s support needs to be defined as ‘high’.”

5. Support for carers

“Is the 8 week limit fixed? What if a health situation means longer is required?”

7. Support with education, training or work

“What if somebody wanted to undertake training, an art class for example, more as a social activity rather than more formal training?”

“What if you are in employment and your work means that you need support beyond the hours that are usually catered for by service providers - for example returning home late from work?”

8. Personal care and keeping people safe

“Does this include apply to McCarthy & Stone type accommodation?”

9. Transport

“Could you clarify this means suitable transport?”

“Paid carers often don’t get paid for their travelling time. Is this statement about carers travelling to provide care or the service user traveling to get support or for an activity etc.?”

In addition there were some helpful comments about how best to communicate the RAS to a wider audience:

“People are more interested in how their needs are met rather than how the amount of money is calculated.”

“In communicating this system with others it would be useful to highlight other pots of money that an individual might be eligible for and what they might be able to apply for.”

“It needs to be made clear what this payment is for.”

“It would be helpful to have some worked examples to make this clearer and more understandable.”

However it was recognised this was a complex task to communicate effectively:

“It will be extremely difficult to communicate this process more widely.”

Conclusion

Overall, most of the statements received a positive response from participants.

There was one over-arching concern which was about communicating this process to those who would need to access it. This report has already noted some specific questions, concerns and suggestions as to how communication could be clearer.

There was one over-arching communication issue.

“What is the ‘big vision’? Is it people out and about in Devon, or people stuck inside at home with their needs being met? It feels like the message being given is about keeping people inside and services coming in so people have their needs met behind closed doors rather than integrating them in to the wider community.”

Ensuring that the RAS process is seen as enabling people to exercise genuine choice and control in meeting their social care needs requires further work and better communication.

Appendix A

Resource Allocation System meeting

Rules for the Resource Allocation System (RAS)

Please refer to the **information for session** document alongside this one.

This document details proposed rules for Devon's new RAS. At the meeting we will ask you for feedback about these.

1. A single approach

The model will use the **same approach** to calculate estimated budgets for all people as far as possible. This will avoid use of different calculations for different groups of people wherever possible. The estimated budget will however vary based on the type of need a person has and how different medical conditions impact on their life.

2. Residential and nursing care

- Where a person is going to live in a residential or nursing home we will estimate the amount required based on the price that the council can purchase this type of care for in Devon.
- There will be two levels of estimate - 'standard' and 'enhanced'. The enhanced estimate will be higher, and this will be offered where the person has high support needs, or if they require the support of two people to carry out their personal care.
- Different rates will be used for older people. This is because there are more providers of these services for older people and the council is able to obtain care for older people at a more competitive rate.

3. Household tasks

The estimate will include money to support a person with household tasks such as shopping, housework or paperwork only where their need for support with these tasks is very high. The majority of people assessed will hence not have an amount included in their estimated budget for these purposes. This takes account of benefits that are available for people to meet their own needs.

4. Social activities

- The estimate will include money to reduce a person's social isolation if this has a high impact on their wellbeing.
- A maximum of two activities will be allowed for.
- The amount will be set based on two levels of need – standard and enhanced.
- The rules for deciding if someone has standard or enhanced need will be as explained earlier.
- The amount will be estimated based on the price at which the council can buy a day activity for a person with that level of need in Devon

5. Support for carers

- The estimate will include money to support carers. The sum included will be based on the amount of care being provided and the impact to the carer.
- The estimated amount will be to give the carer a break by replacing the care they provide for a period of time.
- The estimated amount will be for up to 8 weeks of replacement care
- The estimated amount will also be based on the price at which the council can buy a weeks care in a residential home (although the care may ultimately be provided in a different way e.g. by the purchase of home based care).

6. Visits for the purpose of providing medication

- The estimate will not include money for the sole purpose of ensuring people receive medication.
- In most circumstances it is expected that this will be done by health services.
- A social care support worker who may be visiting to provide other types of care may also help with medication as part of the visit.

7. Support with education, training or work

- The estimate will not include money for the sole purpose of providing support with education, training or work.
- The council may still provide this support using its Community Enabling service. This would be provided in addition to any services covered by a personal budget.
- This type of need may also be met by other public or voluntary organisations.
- In some exceptional circumstances an amount may be added to a final personal budget to meet this need.

8. Personal care and keeping people safe

- The estimate will include money to support people with personal care and keep them safe during day time and at night. The amount included will be based on the price at which the council can buy this type of care.
- The cost to the council of providing some types of care for people in supported accommodation can be less if the accommodation is shared with other people who have similar needs. Hence the estimated budget may be lower if a person is living in shared accommodation.

9. Transport

- The RAS estimate will not include transport. This is because the RAS does not know a person's address - and a person's address will determine whether extra money is needed for transport.
- When support is planned the transport required will become apparent and an extra amount will be added to the personal budget where appropriate.