

Delivering Audit Excellence



Personal Budgets – ASCOF 1C – Review of KPI

A Confidential Report for the Chief Executive

South West Audit Partnership

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This report presents a summary of the findings arising from a review into the Key Performance Indicator figure for ASCOF 1C part 1 as reported by Somerset County Council (SCC) to the Department of Health (DoH) for the year 2013/14.

The objective for the review was to confirm that there are robust processes in place to capture, record and report key performance information for Personal Budgets to the DoH to support the ASCOF 1C Return.

The two risks considered were that the:

- Interpretation of ASCOF 1C is incorrect (Practice)
- Integrity and accuracy of data is compromised, resulting in misstated performance (Data Audit)

In order to complete the review core data was obtained from the Northgate system AIS. A suite of reports are used to generate Referrals, Assessments and Packages of Care (RAP) reports. Interviews or telephone conversations were held with the following individuals:

- ██████████ – Strategic Commissioning Manager
- ██████████ – Service Manager - Information
- ██████████ – Senior Information Analyst
- ██████████ – Lead Commissioner Adults and Health
- ██████████ – Adults & Health Operations Director
- ██████████ – Interim Deputy Director of Adults
- ██████████ – Service Manager – Mental Health

In addition we contacted other Partners within the South West Audit Partnership (SWAP) to try and ascertain the approach taken by those Councils for the calculation of ASCOF 1C. We also sought external advice from:

- ██████████ – (former) Director of Towards Excellence in Adult Social Care (TEASC)
- ██████████ – Executive Director of Adults & Communities - Barnsley MBC, ADASS Personalisation Network Co-Chair and Think Local Act Personal (TLAP) Board member

This report is intended to provide management with assurance as to whether the ASCOF 1C Return accurately reflects the performance of the Council in line with the DoH definition.

BACKGROUND

The DoH requires each responsible Council to report its personal budget performance on an ASCOF 1C part 1 Return. The descriptor for ASCOF 1C is as follows:

Proportion of people using social care who receive self-directed support, and those receiving direct payments.

This is a two-part measure that reflects both the proportion of people using services who receive self-directed support (1C part 1), and the proportion who receive a direct payment either through a personal budget or other means (1C part 2).

1C part 1 is presented as the number of adults, older people and carers receiving self-directed support in the year to 31st March as a percentage of all clients receiving community based services and carers receiving carer specific services.

Key to this is the interpretation that: ‘To be counted as receiving self-directed support, the person (adult, older person or carer) must either:

- Be in receipt of a direct payment; or
- Have in place a personal budget which meets all the following criteria:
 1. The person (or their representative) has been informed about a clear, upfront allocation of funding, enabling them to plan their support arrangements; and
 2. There is an agreed support plan making it clear what outcomes are to be achieved with the funding; and
 3. The person (or their representative) can use the funding in ways and at time of their choosing.

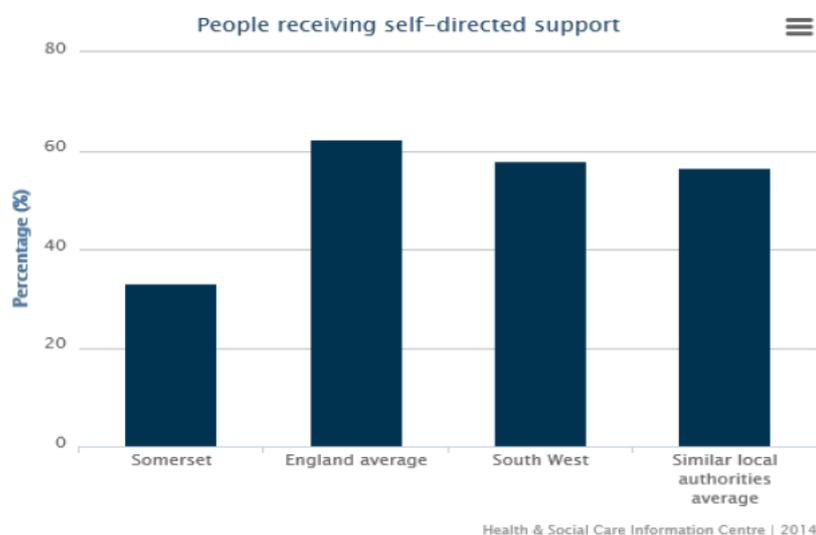
Councils will need to evidence that these criteria are met, for example through local monitoring of outcomes and satisfaction, as outlined in paragraph 69 of *Transforming social care (LAC (DH) (2008) 1)*’:

“Councils will need to develop their own monitoring systems to understand how the change is experienced by the population. This diagnostic data will need to look at not only efficiency, but also take into account quality assurance and customer satisfaction. Councils will be able to use this information to develop coherent support plans for delivery of personalisation, as well as to identify additional needs and priorities. These should directly inform their Joint Strategic Needs Assessment and local commissioning strategies.”

SCC’s performance trend over the past three years is summed up in the following table:

Year	Numerator RAP SD1 & SD3 tables	Denominator (RAP P2f & C2)	Outcome %
2010/11	1,110	28,015	4
2011/12	1,095	27,780	3.9
2012/13	1,950	26,235	7.4
2013/14	5,012	15,251	32.9

As can be seen that achievement of 32.9% represents a significant increase in performance over previous years. During these years, SCC have ranked almost, if not, bottom nationally. However, even the significant reported improvement has not markedly increased its position in the national table as the following chart demonstrates:



This seems to be as a result of others also increasing their performance as a result of pressure from Central Government to achieve a target of 70%; set in April 2013. It is clear to see that the Somerset performance has been increased by both an increasing 'Numerator' and a reducing 'Denominator'. Certainly others have sought to review the 'interpretation' of their performance data and, anecdotally, one Authority approached recognise that improved performance for 2013/14 has, in part, resulted from a reduced 'Denominator, being used.

SCC are reliant on the Somerset Partnership for providing mental health figures for the denominator and it was recognised that the Somerset Partnership have been miscalculating the number of Mental Health cases for a number of years. We are told that they were unable to disaggregate the proportion of their service users in receipt of social care. SCC requested a review of their data and last year were provided with a total cohort figure of 15,251; a reduction of c. 11,000 individuals. We are unable to independently verify the accuracy of these figures but are assured that the latest figure is much more reasonable, and work is ongoing so may slightly reduce further. Needless to say, without doing anything else, Somerset would have seen an increase in performance from 7.4% to 12.79% just as a result of this change. *(It should be noted that this reduction has not been called into question as part of this review.)*

It can be seen in the Table above that there has also been a significant increase in the 'Numerator'; the number of eligible individuals in receipt of self-directed support. This increased figure was mostly achieved through the production and distribution of a letter (Reproduction attached as APPENDIX 'A') which was sent out to c. 3,000 homecare service users. These individuals are now deemed to be in receipt of a Personal Budget.

It is this second process of increasing the 'Numerator' that has caused concern. It has been questioned whether this process fully satisfies the criteria shown above and the 'spirit' of the PI for those counted as receiving self-directed support.

The purpose of this review was therefore twofold. Firstly we sought to establish whether SCC's interpretation of the descriptor for ASCOF 1C part 1 had been correct, and secondly whether the supporting data and resulting calculations had been accurately applied to arrive at the 2013/14 performance of 32.9% for people receiving self- directed support.

CONCLUSION

Our review of the accuracy and integrity of data to calculate the ASCOF 1C Part 1 KPI did not identify any significant issues. Some minor amendments may be necessary and the service are currently looking into these further.

It would appear from the findings below that the process followed by SCC for improving its reported figure for ASCOF 1C Part 1 could legitimately be challenged when compared to the detailed Descriptor for that indicator. However, we also accept that the actions taken were with the full knowledge of the then Chief Executive and followed discussions with national advice bodies.

The changes to the Denominator in liaison with the Somerset Partnership appear to be widely accepted and not challenged, however, we have found there is a lack of real understanding by the Council on how the figure is made up and captured in detail and would advise that it would be prudent to do so and document this process.

With regards to the number making up the Numerator we feel that whilst the sending out of approximately 3,000 letters does not keep to the spirit of what the indicator is trying to achieve, it does seem that other Councils may well have adopted a similar stance as there was a drive to reconsider interpretation of the indicator following seemingly poor performance in this area and the Government's drive for improvement.

A report was prepared and presented to Cabinet on 2nd May 2014 providing, in part, an update on performance improvement in this area. In Section 2.1.2 under the head of Personal Budgets, after describing the improvement, it states that *'Although an immense amount of work has been undertaken during 2013-14 to improve performance.....At the end of February 2014 we had achieved 31.5%.'*

We do feel that this statement could have been a bit misleading for Members who could expect to assume that the work undertaken was *'immense'* and met the true objective of the KPI. In reality we had sent out 3,000 letters to homecare clients with little expectation that there would be any take up, or that the process would add any true value.

This is, in part, clarified in Section 4.1.4 of the report which refers to the *'better understanding about how other Councils calculate performance and have cleansed our data base so that actual performance is not understated. Whilst this represents a fairer comparison of our performance, it remains the case that we have considerable transformation to undergo to deliver truly personalised care and support to the requirements of the Care and Support Bill and to deliver the best outcomes for Somerset residents at an affordable cost to the Council.'*

The sending out of letters, in our view, can only be considered a start to this process. The Council now needs to 'walk the walk' and see through its agreed actions to complete the necessary 'transformation' and achieve the spirit of ASCOF 1C Part 1 through the provision of meaningful budgets and not just the reporting of a satisfactory number. Further consideration should be given to achieving the objective as outlined in paragraph 69 of *Transforming social care (LAC (DH) (2008) 1)* referred to in the Background section of this report. We would also encourage a focus on the wider suite of Performance Indicators as Tabled in APPENDIX 'B' to gain a wider understanding on the true performance of the Council in this area, where they appear to compare well. Whilst we take some comfort from this and an 'improvement plan', we feel that the Council would benefit from a more detailed audit of actual achievement and supporting evidence to demonstrate progress towards the provision of more meaningful personalised budgets; the true objective of ASCOF 1C Part 1.

With regards to the reporting of performance against the KPI, the Council has, in our view, two options after

considering the finding of this report:

- Move forward with the reported figure of 32.9% but be clear that it may be called upon to justify that figure, thus needing to ensure it is satisfied with the approach taken and provide evidence to support their position if challenged;
- Alternatively, the Council could report an improved figure of 12.79%, resulting from the accepted changes to the Denominator and demonstrate their forward plan for improvement, if challenged for poor performance.

SUMMARY OF FINDINGS

1. Risk 1: Interpretation of ASCOF 1C is incorrect (Practice)

The Formula

Performance is calculated as follows:

$$\frac{\text{The number of users and carers receiving self-directed support in the year to 31st March (Numerator)}}{\text{Clients receiving community-based services (aged 18 or over) and carers (caring for someone aged 18 or over) receiving carer-specific services in the year to 31st March (Denominator)}} \times 100$$

The Descriptor

To be counted as receiving self-directed support, the person (adult, older person or carer) must either:

Be in receipt of a direct payment; this process is simple to measure and the data easily extracted from AIS.

The second criteria of **having in place a personal budget**, is clearly qualified by having to meet certain criteria:

1. The person (or their representative) has been informed about a clear, upfront allocation of funding, enabling them to plan their support arrangements; and
2. There is an agreed support plan making it clear what outcomes are to be achieved with the funding; and
3. The person (or their representative) can use the funding in ways and at time of their choosing.

The letter sent out by SCC to c. 3,000 homecare clients informed them of the value of what SCC spends, including any client contribution, on homecare and sitting service. Although this does not necessarily reflect the full amount spent on an individual for all of their care needs, it could be argued that this meets the first criteria.

All service users should have a Care or Support Plan in place which is regularly reviewed and includes clear references to personal budgets. We have not undertaken any testing to confirm compliance with this criteria, however there is a forthcoming audit of Social Worker Care Plans in the 2014/15 internal audit plan. Under the heading of 'What is my care and support plan?' the letter it states "If you haven't got one, you can ask us to write one with you at your next review". It is unclear whether there is an implied acknowledgement that not all users have been given a Plan, or whether this is an invitation to get an up to date plan produced. Previous internal audit work on direct payment clients identified that many reviews were overdue.

It is questionable whether the letter satisfactorily meets the third criteria. The letter has phrases such as "This figure assumes you have the same arrangements every week". Whilst Direct Payments are referred to and explained, it is not likely that this will be fully understood by the recipient to enable them to make an informed choice, and there is a lack of detail about the choices available to them with a personal budget.

The Numerator

As a result of the letters referred to above being sent out, SCC have upped their Numerator to include these clients as meeting the criteria for the clients having in place a personal budget. As demonstrated, this is somewhat questionable if we were to take a 'purist' view on this matter and does not necessarily provide service users with all the benefits associated with personal budgets.

We discussed this matter with the [REDACTED] accepted that the sending out of the letter in itself was not the 'ideal' solution to increasing performance, although the letter does inform clients of their care package and gives them more information about direct payments. The [REDACTED] also felt [REDACTED] was encouraged to take this approach by the Council and was under pressure from the then Chief Executive to improve the performance figures as in 2012/13 SCC were the worst performing authority for this indicator. The [REDACTED] also sought advice from national leaders in the field and received verbal feedback that the approach was not inconsistent with that of other authorities.

As the [REDACTED] had no documented evidence of the advice received, we followed up with these individuals. They were unable to provide a professional view on the appropriateness or otherwise of this approach, but did acknowledge that when SCC were contacted as a result of an ADASS survey they were open to the support offered and took advantage of the self-assessment tool. Furthermore this is one in a range of performance indicators and sources of assurance over quality of services need to be triangulated to provide a full picture. Appendix 'B' demonstrates that Somerset does not appear to fare badly across the board.

The Denominator

The figure for the first part of the Denominator 'clients receiving community-based services', is obtained primarily from the client base on AIS, however mental health figures are provided by the Somerset Partnership. In previous years this figure had been a lot higher (c. 11,000 higher). The former Chief Executive for SCC challenged these figures personally with the Somerset Partnership who, as a result, produced the lower figure for 2013/14. Whilst accepted, we have not been able to confirm the robustness of this adjustment.

It is important to fully understand this figure as the change has resulted in a significant reported increase in performance. Even with the increased Numerator, without the reduction in the Denominator, performance would still only be 19.1%. As already alluded to, and anecdotally, it would appear that a reduction in this figure, through interpretation, has been the target of other Councils for 2013/14.

SCC's Approach

November 2012

Back in November 2012 (*Report from [REDACTED] dated 14th November 2012*) it was clearly identified that Somerset was falling behind in reported performance figures against ASCOF 1C. In order to improve their standing it was noted that there was a need to review understanding of the definition and how it was being interpreted by other LA's. In order to achieve this one of the key tasks was to work with other LA's '*to identify how they have managed to achieve a high take up of personal budgets against their ASCOF 1C total.*' In addition advice was sought from National leaders, including TEASC and ADASS representatives.

A key action, and the one that has been challenged through this process, was for *‘Those in receipt of a homecare service to be informed in writing of their personal budget and informed that this will be provided through a notional/managed account unless they wish to consider a direct payment.’* It was noted that *‘Wording of this letter will require careful attention.’* It was noted that *‘Those interested in a direct payment will then be visited by a member of the social care team to discuss this further with them before referral to Enham.’*

As anticipated response to the letter was low and therefore true added value of the process served little more, in reality, than to enhance the performance return; a point accepted by the [REDACTED]. What is clear however, is that the [REDACTED] was having dialogue with the Chief Executive about this approach as outlined in the November report. Having said all of this, it could be argued that at least the letter informs the individual of the amount being spent on their care and offers them the ‘choice’ to take up an alternative way of managing that amount should they want to.

As a result of these actions it was noted that *‘During 13/14 the figures will increase more sharply as the rest of the County is included and the ASCOF data further refined.’* It was recognised that *‘This increase may attract attention at a local and national level a clear understanding of the steps being taken will therefore need to be articulated.’*

In April 2013, [REDACTED] produced a further report which covered much the same lines as [REDACTED] previous report but also gave a progress update against the actions. In part the progress reported was that *‘A letter has been produced that will be sent to existing service users informing them of their indicative budget. A copy of this letter is currently being considered by Legal Services, but a draft copy is available in Appendix 4.’* It was this letter that was ultimately sent out; we understand that approximately 3,000 were sent.

Unfortunately, and as anticipated, the sharp increase in performance has attracted attention, resulting in the challenge and requirement for this review. Again, unfortunately, we have not found that the steps taken have been well articulated to demonstrate transparency and advice sought and obtained is not well evidenced. In an attempt to address this, we contacted the following individuals to obtain their views on SCC’s actions to date:

- [REDACTED] – (former) Director of Towards Excellence in Adult Social Care (TEASC)
- [REDACTED] – Executive Director of Adults & Communities - Barnsley MBC, ADASS Personalisation Network Co-Chair and Think Local Act Personal (TLAP) Board member

Professional Opinion

As is to be expected, neither individual would commit to an endorsement of the approach taken by SCC, both stating that it is for the Council to decide whether the approach adopted is appropriate. However, what was clearly emphasised was the transparency of SCC in recognising there was a problem and a genuine attempt to seek help and support in order to improve things. The then Chief Executive and the [REDACTED] had engagement with national bodies such as ADASS, TEASC and TLAP. SCC also took advantage of participating in the use of a TEASC Self-Assessment Tool for resourcing, which resulted in an action plan for improvement.

Whilst neither individual would endorse SCC’s approach, they both emphasised the need to look at the wider range of KPI’s and apply ‘intelligent reasoning’ to assess a Council’s overall performance. APPENDIX ‘B’ is a table of the wider suite of ASCOF indicators extracted from the first cut ‘Measures from the Adult Social Care Outcomes Framework (ASCOF) Comparator Report 2013-14’. We have attempted to highlight SCC’s ‘performance’ through colouring ‘RED’ – below performance, ‘AMBER’ –

on par and 'GREEN' – better than average. The table demonstrates that whilst SCC reports lower against ASCOF 1C, generally their performance and satisfaction levels on other indicators is on a par and in some instances higher than others.

With specific reference to the letter sent out to homecare clients both individuals felt that the process would need to be supported by other actions, such as ensuring an up to date care plan was in place, regular review was taking place etc. in order to demonstrate full compliance with the 'spirit' of the indicator. However, it was accepted that the letter provides information that there is a choice for the individual, even though we believe, albeit with hindsight, that this could have been clearer.

2. Risk 2: Integrity and accuracy of data is compromised, resulting in misstated performance (Data Audit)

We reviewed the data used by the Information Management team to compile the performance indicator. This is done through Northgate reports which query the data held in AIS. We can confirm that the total numbers of direct payments, personal budgets or both agree to the underlying numbers of records for the numerator figure. We did identify that up to 73 clients are recorded as having a personal budget although the narrative in the records appears to relate to direct payments. It appears that this is a recording issue and is being investigated, but at least some of these should be recorded as direct payments and would improve the second part of the indicator.

This is an annual KPI but internal performance reports are produced each month for monitoring purposes although the denominator figure is not known until year end. We identified that services users in receipt of both direct payments and personal budgets are being recorded in with personal budgets instead of direct payments. Future monthly reports will be amended.

We can also confirm the denominator total number of clients and carers agrees to the underlying number of records from AIS, but do not have assurance over the mental health cohort other than this agrees to the information provided by the Somerset Partnership.

APPENDIX 'A'

Please ask for:	Your reference:
Direct dial:	Our reference:
Fax:	
Date:	E-mail:

Dear

We are writing to you because Somerset County Council has arranged care and support for you and makes a contribution to the cost. We are not making any changes to your arrangements, but we want to tell you how much it costs to provide your weekly care and support and to explain Direct Payments, which is a different way you could use some of this money.

The amount we pay for your care and support together with any assessed contribution you pay, is called your **personal budget**.

You can continue with the same arrangements that you have now, or, if you prefer, you can have some of this money given directly to you (called a Direct Payment). This may give you greater flexibility to arrange your own care and support. We have simplified our arrangements for Direct Payments, and offer free help to anyone wishing to receive them.

The frequently asked questions section at the end of this letter will hopefully explain everything you need to know, but if you have any queries please contact us on [insert].

The personal budget shown in the table below is for your Care at Home and Sitting Service only. If you have other services from us, for example respite in a care home, or day care, these are not included in this information. This figure assumes you have the same arrangements in place every week; it does not include the times when you may cancel your support or make alternative arrangements.

Your weekly personal budget is:	£0.00
This is made of our contributions towards;	
Sitting Service:	£0.00
Care and Support at Home:	£0.00
And your assessed contribution of:	£0.00

Yours sincerely

(Name)

(Title)

(Base) Adult Social Care

Your questions answered

Why are you telling me this?

Following changes recommended by Government, we now need to let you know how much money we spend on providing your care and support. This is shown in your letter and is called your personal budget.

What is a personal budget?

The money spent on providing your care and support is now called a personal budget. This is made up of what the Council spends on you and also any assessed contribution you make to the full cost (what used to be called your charge).

Your choices

Instead of us spending the money by providing services on your behalf, such as arranging for your home carer to visit you, you can choose to have some of this money given to you so that you can arrange and pay for your own care and support. Many people prefer this option as it gives more choice and flexibility on how they decide to meet their care and support needs. The way we do this is by giving you a Direct Payment.

What is a Direct Payment?

This is the way we provide your personal budget if you decide you would like to make your own care and support arrangements. The money must be spent to buy things that are agreed in your care and support plan, but there is more flexibility on what you can use the money to buy. The money you receive as a Direct Payment will often be less than the budget the council spends on you. This is because the Council has costs it has to pay that you as an individual would not have.

What is my care and support plan?

When you met with someone from social care they will have agreed with you the things you need. These are now written into a personal care and support plan, so everyone is clear about what they need to do. If you haven't got one, you can ask us to write one with you at your next review.

Do I need to make any changes?

No, you don't need to make any changes to your current arrangements if you don't want to. This information is let you know about your choices, but we still need to tell you how much we spend on your care and support.

How can I find out more about personal budgets and Direct Payments?

Please read our information sheet 85: Direct Payments guidance which can be found on our website at <http://www.somerset.gov.uk/ascinfo> or it can be sent to you if contact Somerset Direct on 0845 345 9133 and request it.

How do I arrange a Direct Payment?

Please contact us by phoning Somerset Direct on 0845 345 9133

What if I change my mind later?

That's fine, just let us know and we can talk with you and make the appropriate changes.

APPENDIX 'B'

Indicator	SOMERSET	COMPARATOR GROUP	ENGLAND	COMPARATOR DESCRIPTION
1A	19.3	19.0	19.0	Social care-related quality of life score, 2013-14
1B	79.9	77.1	76.7	The proportion of people who use services who have control over their daily life, expressed as a percentage, 2013-14
1C1	32.9	56.4	62.1	Number of adults, older people and carers receiving self-directed support in the year to 31 March as a percentage of all clients receiving community based services and carers receiving carer specific services, 2013-14
1C2	7.8	22.0	19.1	Number of adults, older people and carers receiving self-directed support via a direct payment in the year to 31 March as a percentage of all clients receiving community based services and carers receiving carer specific services, 2013-14
1D				Carer-reported quality of life score, 2013-14 (no data available)
1E	4.6	6.3	6.8	The proportion of adults with a learning disability in paid employment, expressed as a percentage, 2013-14
1F	10.2	8.3	7.1	The proportion of adults in contact with secondary mental health services in paid employment, expressed as a percentage, 2013-14
1G	77.3	74.7	74.8	The proportion of adults with learning disabilities who live in their own home or with family, expressed as a percentage, 2013-14
1H	20.3	50.2	60.9	The proportion of adults in contact with secondary mental health services living independently, with or without support, expressed as a percentage, 2013-14
1I1	42.9	44.5	44.2	The proportion of people who use services who reported that they had as much social contact as they would like, expressed as a percentage, 2013-14
1I2				The proportion of carers who reported that they had as much social contact as they like, expressed as a percentage, 2013-14 (no data available)
2A1	15.9	17.2	14.4	The proportion of permanent admissions to residential and nursing care homes for younger adults (18-64), per 100,000 population, 2013-14
2A2	589.9	660.6	668.4	The proportion of permanent admissions to residential and nursing care homes for older people (65 and over), per 100,000 population, 2013-14
2B1	80.2	82.5	81.9	The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services, expressed as a percentage, 2013-14
2B2	5.7	3.4	3.3	The proportion of older people (65 and over) who were offered reablement services following discharge from hospital, expressed as a percentage, 2013-14
2C1	12.6	11.1	9.7	Delayed transfers of care from hospital, per 100,000 population, 2013-14
2C2	4.4	3.5	3.1	Delayed transfers of care from hospital which are attributable to adult social care, per 100,000 population, 2013-14
3A	66.4	66.3	64.9	Percentage of adults using services who are satisfied with the care and support they receive, 2013-14

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Indicator	SOMERSET	COMPARATOR GROUP	ENGLAND	COMPARATOR DESCRIPTION
3B				Overall satisfaction of carers with social services, expressed as a percentage, 2013-14 (no data available)
3D1	79.5	74.9	74.7	The proportion of people who use services who find it easy to find information about services, expressed as a percentage, 2013-14
3D2				The proportion of carers who find it easy to find information about services, expressed as a percentage, 2013-14 (no data available)
4A	67.1	66.6	66.0	The proportion of people who use services who feel safe, expressed as a percentage, 2013-14
4B	87.0	79.4	79.2	The proportion of people who use services who say that those services have made them feel safe and secure, expressed as a percentage, 2013-14