Making Resource Allocation work in a Financial Environment

Good practice for personalised financial resource allocation

July 2010

Putting People First
Transforming Adult Social Care
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Executive Summary

Since Putting People First (PPF) was published many, if not all councils, have been developing methodologies usually referred to as Resource Allocation Systems (RAS) to create indicative personal budgets or allocations that can be used to underpin self-directed support planning. The release of the common Resource Allocation framework in October 2009 attempted to build on the best of practice in relation to RAS, co-producing its framework and tools with disabled people, families, and 18 councils. Since its release a number of council have been using the materials to offer people and their families real choice and control over the support to meet their needs. All of this work has led to considerable learning of what works and what could be better with any RAS.

In addition, the public sector is now becoming clearer about the extent of pressure there will be on public funding over the next few years. Therefore it is vital that we can demonstrate how to manage and deploy resource allocation systems that efficiently and effectively do their job of fairly allocating resources according to need.

This document aims to:

- Extend and enhance the common RAS materials that directly relate to financial issues
- Utilise good practice from councils operating any and all forms of Resource Allocation Systems
- Bring together documented good practice into one place
- Offer practical options and suggestions

The recommendations made in this paper have been developed by the working group and are offered as suggestions only. These are not prescriptive solutions but are design to help authorities with possible solutions to known issue areas.

This document was co-produced with people who need support and a number of councils over a 16 week period (January – June 2010).

This document provides suggestions to councils on seven key areas:

1. What is a Resource Allocation System in a personalised context?
2. How do you develop a resource allocation table?
3. What financial elements should be included in the RAS?
4. How to deal with reviews/reassessments and moving towards a Personal Budget?
5. How should you recalibrate or update your RAS over time?
6. How do you move from indicative to final allocations?
7. How should we deal with informal support and carers in the RAS?
At the end of this document there are some brief notes on a number of other issues that the learning set did not have enough time to cover in detail but which may help councils develop their own approaches. These include financial sustainability, RAS and efficiency, costing support plans, and high (and low) cost cases.
Area 1: What is a Resource Allocation ‘System’ in a personalised context?

The common RAS framework defines the aim of a RAS as “to provide a clear and rational way to calculate how much money a person is likely to need to arrange support.” The framework goes on to outline that at the point of applying the RAS an “indicative resource allocation” is calculated, at which time the function of the RAS is complete.

In addition, the financial framework documentation, available as part of the common RAS material defines the RAS as covering 4 specific components:

1. A personal budget questionnaire
2. A method of scoring need (the scoring framework)
3. A financial framework
4. A system map or personalised operating model

The learning to date from experienced councils indicates that the definition and 4 components of a Resource Allocation ‘System’ is too narrow. Learning has pointed to the fact that determining an individual’s final personal budget after support planning, i.e. the process of moving from an indicative allocation to final budget, is an important element of any ‘system’ of resource allocation, especially when the final personal budget figure is critical to the accurate recalibration and improvement of a RAS over time.

Therefore, for the purposes of this paper the definition of a RAS is in 2 parts:

1. To provide a clear and rational way to calculate how much money a person is likely to need to arrange support, (i.e. the indicative or ball-park allocation)
2. To provide a clear and rational way to agree a final personal budget after a support plan is developed and agreed by both the council and service user/representative (i.e. the final or agreed personal budget).

By using this definition, this means that a RAS includes the following specific elements:

1. A mechanism for understanding needs and/or outcomes (often through a supported self-assessment questionnaire – but not always)
2. A mechanism for scoring/weighting these needs and/or outcomes (often through a scoring framework, or ready reckoner)
3. A mechanism for translating these scoring/weightings into an indicative upfront resource allocation (often through a financial framework)
4. A mechanism for arriving at a final resource allocation (or personal budget)

In addition these components should:

5. Fit within a personalised operating model or system map, and the law.

The group agreed that this definition and set of components more accurately defines the purpose of a Resource Allocation ‘System’ in its broadest sense.
Within a non-points based RAS (e.g. a ready reckoner system that defines a personal budget by costing a traditional care plan) this sign off that agrees the amount and the plan by someone accountable within the council is still a necessary part of any allocation process.

‘Ready reckoner’ may be a useful technique to get a council started in relation to individual resource allocation. Councils should be mindful of the potential for such approaches to duplicate effort – requiring traditional systems of care management (to generate the care plan on which the allocation is based) and new systems of self-directed support planning to operate alongside each other.
Area 2: How do you develop a resource allocation table?

What is the issue and why is it important?

A resource allocation table is a key component of any points based RAS. For those councils using ‘ready reckoner’ approaches that use traditional care planning techniques to calculate an initial indicative budget, the equivalent requirements would be to create a process that clearly, fairly and transparently costs care plans to arrive at an indicative allocation.

However, as has been described in Area 1 ready reckoner approaches (where they run alongside traditional systems) are not in themselves long term solutions to the need to individualise resources and provide indicative allocations. Therefore it is still important to consider how to create an allocation table that clearly and simply shows how needs are translated into an indicative resource allocation.

Practical solutions that relate to this issue:

To develop a resource allocation table, the following steps should be followed:

Note: An example of an allocation table is shown at the end of this section

1. Select a sample of service users
   - This sample needs to be statistically significant; therefore the number in the sample needs to be sufficient to satisfy this criterion.
   - A process for helping you calculate a statistically significant sample size is included in the common RAS financial framework.
   - This sample needs to be drawn from current service users and be representative of the size of the each service user group. For example, if there are 1000 older people and 500 physical disabilities service users in an authority then there should be 66 older people and 33 physical disability cases in a sample of 100.
   - It is also advantageous to ensure an adequate cross section of service users within each care group. For example some residential care service users, some day care service users etc. It would be unrepresentative to have 100% residential care clients and none from other areas.
   - Where possible, this sample should also be selected on a random basis (i.e. from within those care and service user types).

2. Complete personal budget questionnaire
   - Request that a selection of care managers complete the personal budget questionnaire on the selected number of the sample cases. In order to complete this task the care manager will require some knowledge of the service user and ideally they would be on their current case load. However,
resources and the necessary knowledge allowing, you may also wish to have a second care manager validate those scores, to improve the qualitative output of the process.

- It is important to brief all care managers on the purpose of the exercise and to run through the personal budget questionnaire before starting. Resolving any questions at this stage will ensure greater consistency across the sample.
- In addition, it is very important to clearly describe how the self-assessment / resource allocation questionnaire should be completed and how data should be collected and collated.

3. **Identify current resource usage**
   - Collate the total amount of current resources that each service user utilises and cost this level of resource usage.
   - These figures should be gross.
   - Also, it is important to include the costs for services that the service user utilises which are not attributed (for most councils) to individual service users (i.e. day centre usage). Essentially, if a service user is utilising a service to meet a need and is to be given the flexibility to choose whether this service is still what they wish to access to meet their needs, whether that be in-house or other, then it should be included in the current resources being used. In some instances this will require councils to accurately cost in-house services and apportion these to service users based on their level of resource usage, i.e. if a service user currently utilises the day centre for 1 day, then this has different resource implications than if the service user accesses it for 3 days.
   - If you plan to exclude some current social care funding from your Resource Allocation System for strategic purposes (e.g. enablement, early intervention and prevention resources) or keep some back for contingencies such as exceptionally high cost care packages or more eligible people moving into the area, than out, this should be done at this point to enable accurate calibration of the RAS with the correct resource envelope.

4. **Collate needs and financial information**
   - Use a standard spreadsheet template to collect and collate this information. One is available as part of the common RAS framework resources.

5. **Generate allocation table**
   - Use a standard spreadsheet template to calculate the allocation table. One is available as part of the common RAS framework resources.

6. **Set contingency level**
   - Establishing a level of contingency is important to the functioning of the financial aspects of a RAS. The reasons for having a contingency include:
     - For some service users the indicative resource allocation may not be adequate to meet their assessed needs. This will only be fully known
after support planning. If, at the point of deciding on a final support plan value an increased allocation is required, then the contingency element enables this to be affordable and sustainable.

- There may be some double running costs for services, particularly during the initial stage of implementing personalisation e.g. maintaining some people on current allocation levels for a period of time that may be above RAS generated indicative allocations.
- Some councils are locked into block contracts and in-house provision which will take time to change.

- Using the spreadsheet template set a contingency percentage on the allocation table.
- Councils are free to set whatever level of contingency they feel is appropriate for them.
- The councils in the framework development group had contingencies ranging from 15% to 25% and experience shows that as personalisation becomes embedded into the system of social care this contingency factor can be reduced.

7. **Undertake variance analysis**
   - Using a spreadsheet template (one is available as part of the common RAS framework resources) undertake variance analysis comparing actual resource usage for all sample cases and the indicative resource allocations based on the scores from the sample personal budget questionnaires.
   - This analysis is important as it offers additional information to support the decision making process.
   - Note: it is expected on an individual case-by-case basis that there will be variances (i.e. some receiving more resources and some less), however overall analysis should begin to indicate an averaging out of variances across the sample.

8. **Undertake reasonableness test**
   - It is important that the outputs from the process so far are checked for reasonableness – e.g. consider the relationship between a typical allocation for a residential care client with the fee actually being paid, or consider a typical allocation for a person of a particular level of need with the cost of meeting the actual needs of a cross-section of existing clients.
   - One of the key reasonable tests is to check the impact that ‘outliers’ may be having on the allocations. How you define ‘outlier’ is a local decision, but could relate to any very high cost or low cost cases in your sample. It is important to ask, if these are removed from the analysis, what impact does this have?
   - If it is shown that a very small number of cases have a large impact on the allocation tables, then a decision needs to be made on whether to include or
exclude this data. This is due to the fact that these data may have an impact on the results.
- As experts within your own localities and financial positions all output and analysis should be checked for ‘reasonableness’, essentially asking the following three questions:
  o Does the allocation table feel reasonable (i.e. do the indicative allocation amounts look broadly sufficient to meet assessed care needs, at each of the various scores)?
  o Will this output enable us to move forward with personalisation and offer greater choice and control to people and their families?
  o Are we confident that this will work within the system framework (or process) we have designed which has the required checks and balances in it?
- If the answer to any of these questions is ‘No’, you may wish to consider the following options:
  o Consider the impact of any inclusions / exclusions, and whether amending these would enable you to answer these ‘reasonableness check’ questions positively. You should expect that any allocation system will generate outliers and this does not necessarily mean that your RAS doesn’t work.
  o Review your sample self-assessment / resource allocation questionnaire scores, to assess whether they are accurate (if you did not get a second care manager to validate them as part of your initial exercise, you may consider doing this now).
  o Revise your score weightings (this should be seen as a last resort).

9. **Agree allocation tables and sign-off**
- Follow the required sign-off process in your council to agree the allocation table.
- At this point it is important to agree a review date for the whole RAS framework, not any sooner than a calendar year. You may wish to consider the lead time needed to change your RAS framework (any consultation requirements, administrative infrastructure changes and Committee / Member decisions) and begin any review process six to nine months before the point at which you are seeking to implement a change.

10. **Resource Allocation table complete**
    At this point you should have the allocation table required to calculate indicative resource allocations for service users based on the score generated from the personal budget questionnaire.
Example Resource Allocation Table

<table>
<thead>
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</table>
Area 3: What financial elements are included in the indicative allocation?

What is the issue and why is it important?

When a service user has been given an indicative resource allocation and is undertaking support planning there may be costs that are not directly related to the needs of the individual but to the support they choose. Such things could include:

1. Support planning
2. Recruitment costs
3. Training (e.g. manual handling)
4. CRB checks
5. PA expenses
6. Employment costs (i.e. insurance, payroll, holiday, maternity, sickness, redundancy, recruitment)
7. Account management and financial support
8. Management of a Direct Payment on behalf of the service user by a third party

To enable people to create support plans that relate to them, we need to ensure that people are not penalised for choosing different or innovative support options.

Practical solutions that relate to this issue:

The national learning set identified 2 options

1. Develop a list of items that are included in the indicative allocation regardless of the support choices that people make. Develop a second list of items that are NOT included in the indicative allocation and the price or rates for these items. If a support plan requires items from the second list then these are added to the final personal budget and detailed in the support plan as additional costs that are over and above the original indicative allocation.

2. Assume and communicate that the indicative allocation includes all costs and it is only after a support plan is developed and costed that any additional resource or allocation is added to the final personal budget.

The suggestion of the working group is to follow option 2.

The reasons for this are:

- The development of any list, i.e. in option 1 potentially drives exclusion and stifles innovation. There will always be items that are not on the list and having a list requires management and updating.
- Only after support planning will the full range of choices that people make to meet their needs be known. Service users may be innovative with their indicative allocation and in the process absorb any additional costs within their support plan, i.e. save £100 on support X and use that resource to pay for payroll support for 12 months.
• The costs of many of these items are already built into the rates that providers offer, particularly for any council commissioned service, therefore allowing additional costs i.e. under option 1 the council runs the risk of paying twice for some items.

Option 2 also means that any costs associated with support planning are included in the indicative allocation. If an individual chooses to pay for advice and help to develop a support plan then this is their choice.

It is important that any additional costs over and above the indicative allocation that form part of the final personal budget are detailed in the support plan. This data can then be analysed and fed back into any RAS recalibration process to increase the accuracy of indicative allocations over time.
Area 4: How to deal with reviews/reassessments, changes to support plans and moving towards a Personal Budget

What is the issue and why is it important?
It is important to have a process for dealing with the following issues:

1. Reviews/reassessments following change in eligible need
2. Desired changes to support plans
3. Creation of a PB for an existing service user
4. Issues to consider when applying these solutions
5. Legal Issues

It is important to have clear and easy to understand processes that local authority staff, people and their families can follow.

Practical solutions that relate to these issues:

1. Reviews/reassessments following a change in eligible need

Example: Mr Green uses his personal budget to meet his personal care needs/outcomes; he approaches the council with a change in need and now requires support with an additional area of his life.

Solution: Where eligible needs have changed this needs to be dealt with through a proportionate response. Small changes in support plans that require no additional finance should be encouraged and authority given to agree this as low in the hierarchy within the council as possible. If this does not satisfactorily deal with the issue, or if the situation has become complex then a re-assessment (i.e. re-RAS) will be required and new support plan so that this can be agreed by the service user and council.

2. Desired changes to support plans

Example: Mr Robinson received an assessment in March 2010, the indicative allocation for this assessment was £100 p.w., and the subsequent support plan resulted in an actual budget of £70 p.w. Shortly afterwards, in May 2010 Mr Robinson approached the council again. Mr Robinson and the council determined that although his needs had not changed and the last assessment remained accurate his support plan was ineffective in meeting his needs and not working out as originally planned.

Solution: Mr Robinson should be encouraged to identify the support that will make his plan work for him – and if necessary this may call on some of (or more than) the £30 of his indicative allocation that did not transfer into his personal budget. This should be agreed (or not) as quickly as possible with the minimum of bureaucracy.
Example: Mrs Smith is on a managed budget and her support plan seems to be working. However, Mrs Smith wishes to change how her personal budget is spent to meet her outcomes. To be a part of her community, Mrs Smith would like to attend the local community centre as opposed to the day centre in town.

Solution: Mrs Smith should be encouraged to organise changes to her support that mean her outcomes are met within her allocated personal budget – and this should be enabled as efficiently as possible with the minimum of extra process or bureaucracy. There is no need to make available another resource allocation process or additional finance unless Mrs Smith’s needs cannot be met within her personal budget.

3. Creation of a PB for an existing service user

Example one: Miss Tims is a non-personal budget customer who currently receives a traditional care package of 4 hours of home care per week which equates to £60 per week. Miss Tims approaches the council with a change in need which the current support package does not meet; the council assesses Miss Tims and applies a resource calculation using a RAS. The RAS produces an indicative personal budget amount of £40 per week.

Example two: Ms Matthews received an assessment in June 2009, the indicative allocation for this assessment was £100 per week, and the subsequent support plan resulted in an actual personal budget of £90 per week. In October 2009 a RAS recalibration exercise took place and a new RAS version was released.

Ms Matthews approached the council in November 2009 with new needs; the council reapplied a RAS calculation which resulted in a new indicative budget of £85 per week. Ms Matthews was confused about this, as she felt that her health and wellbeing had deteriorated since June 2009 but the new indicative budget amount was less.

Example three: Mr Collins has a learning disability and was placed in a residential home costing £65k per annum. When personal budgets were introduced in his area he worked through a RAS and received an indicative allocation of £26k.

Solution: All these sums are indicative only, and the basis on which the indicative amounts have been arrived at ought to be transparent. For instance, Members may have determined to put money into universal or preventive services, or to invest in joint projects with health, in order to save in the longer term, or to cut discretionary grants to the voluntary sector, to free up money (without deciding which ones to cut). There is a wide and vigorous debate as to what method should be used to allocate initial or final financial resource to existing people with resource allocations from the traditional system. Whichever method is chosen it should continue to offer an upfront indicative financial resource, whilst enabling councils to manage budgets, gain financial stability and maintain long-term sustainability.

Councils are battling to develop a streamlined approach that adheres to these requirements; this can sometimes lead to bureaucratic and prolonged processes that are neither flexible nor financially sustainable – and should be avoided.
Options considered include:

1. Retain offer/value of traditional package indefinitely - where needs\(^1\) have not changed - this option if universally applied is clearly unsustainable and not a best practice method of working with self-directed support planning.
2. Transitional arrangements; a phased approach which gradually reduces the cost of traditional services and value of the personal budget;
3. Reduce traditional support with immediate effect.
4. A proportionate and common sense combination of all three approaches that is efficient, and ensures greater choice and control for people. These judgements should be made with reference to the impact of any changes or new processes and efficiency.

The National Learning Set working group suggests option 4 is a practical solution to addressing this issue. This requires proportionate and efficient judgements that are based on what will deliver the best outcomes for people most efficiently with the best use of resources whilst continuing to meet their eligible needs.

The law requires that any change in the council’s view of what will be appropriate to meet need is able to withstand scrutiny and be articulated in an evidence-based way. The law also requires that no person’s plan be changed without a lawful re-assessment, and a cut to the personal budget is a cut to the plan. Other shifts in policy in relation to council commissioning decisions may require consultation in relation to disability discrimination and the promotion of equality. Therefore the idea that a person’s budget can be cut, without an evidence basis that another way of meeting need will also gain council approval as cost efficient, lawful and reasonable, is indefensible and will attract legal challenge.

**When to change a person’s support plan or part of with immediate effect?**
Where the change that has been signed off as meeting eligible assessed needs is considered as low impact the change can be made with immediate effect. Councils are required to ensure that the new support plan meets eligible needs and are satisfied that areas of risk are addressed. However if the cost of change outweighs the benefit councils should consider leaving well alone (e.g. the cost of reducing Mrs Tims’ allocation is likely to far outweigh the financial benefit of the reduction – unless the introduction of a more self-directed process enables Mrs Tims’ quality of life to dramatically increase).

**When to change a person’s support plan using a transitional/phased approach?**
Support should be changed or removed in a transitional way where:
- Councils are promoting an element of support that is not the individual’s first preference
- The impact of change is deemed as significant

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\(^1\) Fair Access to Care Services which has been updated in the guidance document ‘Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care. Guidance on Eligibility Criteria for Adult Social Care, England 2010’
• The benefit of the change is judged to justify the investment in making the change e.g. the long-term benefit of reducing Mr Collins’s allocation may be significant both in quality of life (the possibility of an inclusive community based life rather than an institutional one) and also financial (the cumulative financial impact of the reduction potentially over a number of years should be significant) provided it meets his eligible needs.

This is an aspect of acting reasonably and should be considered in a proportionate way for each case; the greater and more fundamental the change the higher the expectation that Councils should consider what steps can be taken to minimise the impact and/or make the change more acceptable to the customer. Councils should evidence their reasoning, their decision and how the reduced service/budget is capable in their view of meeting the customer's assessed needs.

Similar judgements about costs and benefits should be made when dealing with the impact of RAS re-iterations such as with the example of Ms Mathews. Investment in change processes should only be made where there is a clear benefit in cash and or value to be gained. This example also highlights the importance of council decision making in the sign-off process. The question will be whether it is reasonable to expect Mrs Mathews to meet her increased needs with a support plan that should cost less than her original one, and that will depend on the impact of feasible ways of achieving this, in relation to Mrs Mathews’ private and personal life.

4. Things to think about when applying any of these solutions to these three areas of change – reassessment, changes to support and moving from non personal budget arrangements to personal budgets.

When developing solutions to issues presented above, councils should consider several factors, such as:

People with support needs:
• Does the process offer proportionality, transparency, flexibility, choice and control?
• Can the process and method of allocating resources accurately interpret need into budget?
• Is the customer experience consistent regardless of timeline of organisational process points? (I.e. unless it is more proportionate with additional benefits why have varying processes at different stages i.e. one method for assessment and another for review?)
• Is the solution the most efficient and ‘lean’ way of dealing with the issue?

Staff:
• Can staff confidently allocate resources to meet need?
• Are methods and processes proportionate to achieving the final outcome? I.e. it doesn’t take 3 hours of work to commission a £10 per annum PB change.

Organisational:
• Are the council responses to these kinds of changes proportionate, lawful, efficient and fair?
• Does it help the council to control spend and be confident in the mechanism that interprets customer need into budget within available financial resource?
• Resource Allocation Systems are iterative – the more a system is “taught” the more it will “learn”. Therefore it is important that councils collect key information and regularly review their RAS in the light of experience such as the above three change examples. This should, over time, lead to less moderation activity.
• Do the methods and processes support/promote/evidence clear and accountable decision making?
• Are there elements of bureaucracy or unnecessary process that can be stripped out?

External providers/partner agencies:
• How do alterations to a person’s support plan, detailing the types of support people want, feed into better service commissioning? And in turn, help service providers shape their business for future demand?

Policy
• It is essential for councils to have a clear policy, in adherence to the law, which outlines how councils should approach changing a person’s services. This should include any service removal and/or significant change due to a change in eligibility thresholds or individuals’ needs, or changes to the council’s available financial resource. In addition, this policy should outline how councils should respond to the impact on indicative allocations due to a RAS recalibration. Councils should continue to be upfront and communicate transparently with people and families.

RA Systems are iterative
• The more they are “taught” the more they will “learn” and therefore is able to interpret need into budget with better accuracy and minimise moderation activity. For customers who have a change in their PB that has not been issued by a RAS but are later reassessed where the RAS will be reapplied the likelihood of the indicative allocation being significantly inaccurate is higher.

Proportionality
• Councils should use a proportionate approach to support plan changes: If a support plan is time critical due to a crisis situation i.e. carer breakdown other proportionate processes should take place.

Differentiating between ‘urgent’ and ‘long term’ support
• The self-directed support process and commissioning of PBs should be for on-going needs – it is suggested a temporary change in need should be time limited e.g. Mrs A requires support with meal preparation for 3 weeks whilst her main carer recovers from a planned hospital admission. Some councils are suggesting that temporary support should fall outside of a person’s personal budget and be provided on a one-off basis as part of a universal service, and prevention and independence strategy.
5. Legal issues to consider

At the point of an assessment or review the Council has the “power” to change a person’s existing support package. These events should not take place where the only driver is financial resource. Assessment in this system means an understanding of need (e.g. through a SSAQ), a support plan – and a council decision – all within an environment of whatever support people need to participate optimally in these processes.

Particularly for cases that have resulted in a reduction of service or monetary value, the council should justify and evidence reasoning, customer response, the outcome, why and how the new support plan is better value for money. The Council should evidence how the new support plan will continue to meet a person’s eligible needs.

It is advisable (but not essential) that where a proposed support package change appears to be against the customer’s preferences or wishes then support is changed or removed in a transitional way. (e.g. where traditional high cost services removed and replaced with better value for money services) This is part of Councils acting reasonably and should be considered in a proportionate way for each case; the greater and more fundamental the change the higher the expectation that the Council should consider what steps can be taken to minimise the impact and/or make the change more acceptable to the customer. Council and customer efforts to achieve agreement of transitional arrangements should be clearly documented and easily retrieved if necessary.

This does not diminish the right of the council to decide on the change; however, negotiation and creative thinking at this stage may reduce complaints and may remove the basis for a legal challenge.

References to legal case examples

Although the council must take into account the customer’s preferences, the decision about how to provide for any needs ultimately rests with the council (Khana v Southwark [2001] and other case precedents).

The Khana v Southwark Council [2001] case indicates that if there is a choice between two courses of action, both of which would meet the customer’s needs, and where no resource implications are shown, the council should meet the customer’s preference. If there is only one appropriate way to meet need, the client’s or the family’s preference for some other way does not have to be followed, but the cost of any other method is legally irrelevant, as is a lack of resources on the part of the council, because a duty has been triggered: Gloucestershire CC v Barry (1997).

If there is more than one possible way in which the customer’s needs can be met, then in deciding between these alternative ways the council may take into account its own resources situation (Lancashire CC v Ingham [1997].
Area 5: How should you recalibrate or update your RAS over time

What is the issue and why is it important?

Ensuring that a RAS is up-to-date and reflecting the current needs profile of service users, available finance and the market for support is critical to the on-going confidence in any RAS. Councils need to be aiming for a resource allocation system that can work for everyone who is eligible for care services to meet support needs. Therefore periodic review, learning and update of RAS is crucial over time to raise confidence in it, and to increase its reach to the point that it is the default system for the whole system of allocating resources.

Practical solutions that relate to this issue:

The specifics of recalibrating or updating a RAS are unique to each council and the RA Systems they use. However, there are some general principles that it is recommended that councils should follow.

When to recalibrate
It is recommended that if the RAS is an early or initial version then it should be reviewed after 100 service users have been offered indicative allocations or 3 months of usage has passed – whichever is first.

Once the RAS has been recalibrated for the first time it is recommended that it is then recalibrated after another 9 months of usage. At this time there should be considerably more data on which to recalibrate and also good numbers and distribution of people who have a final personal budget.

Following this second recalibration it is recommended that the RAS is reviewed and recalibrated (if needed) every 12 months. A review may indicate no change is needed.

Data
To support recalibration the following data should be collected, as a minimum:
1. Need profiles (i.e. completed needs based questionnaire)
2. Service user care group
3. The indicative allocation
4. The final personal budget
5. Financial contribution
6. Reason for any difference between indicative allocation and final personal budget

Re-calibration then requires this new information, based on real world use of RAS, to be submitted into the financial framework (see Area 2 of this paper) and a new resource allocation table generated.
In order to fully recalibrate councils may wish to collect other data items but as a minimum the 6 items above should be collected and collated in one place for easy retrieval and analysis.

Managing the transition between versions of the RAS
Producing re-iterations of allocation systems inevitably leads to different populations of people with contrasting allocations potentially with the same level of need. To stay legal any changes to someone’s personal budget, for example, from a more generous early RAS iteration to a more recent less generous one need to occur after a re-assessment i.e. the re-application of the resource allocation process. Therefore councils need to be very clear about the costs and benefits of doing this before embarking on wholesale ‘re-RASing’. It may be more efficient and sensible to do this at a regular review, or when it is necessary anyway because of a major life change or change in level of need, or just to allow attrition to take its course.
Area 6: How do you move from indicative to final allocations?

What is the issue and why is it important?

It is not uncommon for an individual’s final personal budget to differ from the upfront indicative allocation calculated by a RAS. This does not mean that the RAS is flawed. However it is important to understand, learn from and efficiently respond to these differences.

It is important to note that the indicative allocation, the invitation to create a support plan with the appropriate amount of help, active consideration of the support plan and a reasonable sign-off decision by an authority, all form part of an assessment, and this is the process by which a personal budget is arrived at.

Practical solutions that relate to this issue:

The steps below set out an approach to deciding on a final Personal Budget and for dealing with cases where the indicative allocation differs from the final personal budget.

Step 1 – A supported Self-Assessment Questionnaire (SSAQ) is completed by the service user (with assistance if requested), reviewed and agreed with the practitioner (taking into account whatever arrangements the authority has for determining eligibility either before after or during the questionnaire process).

Step 2 – If necessary, some proportionate checking occurs but this should be reduced to a minimum once there are reasonable levels of confidence that the questionnaire process is working well. The completed questionnaire allows an indicative allocation to be identified via an allocation table or other methodology – then to be communicated to the individual.

Step 3 – An outcome focussed Support Plan is completed – by the service user with appropriate support as necessary – based on the FACS eligible needs identified within the SSAQ. Again this support plan should be proportionate. There is no requirement to detail how outcomes must be met. However method of deployment of the personal budget should be agreed i.e. direct payment, or council managed, provider managed (e.g. ISF) or a mixture of all options.

Step 4 – The support plan is checked to ensure that it is likely to meet the needs of the service user, and that there would be acceptable levels of risk (which should be agreed through a dialogue with the service user, and where appropriate with their carer), in accordance with the local authority’s agreed sign-off protocols. The personal budget is then determined/confirmed (and any variances between it and the indicative allocation are noted for learning).
Differences between the indicative and final budget should be dealt with in a proportionate way. The intention is to minimise process for the Council and user. For example, tolerance amounts can be set that create no delay or additional process, within certain limits.

Based on the % variation from indicative allocation

(a) If personal budget (PB) is below indicative allocation, and will deliver the meeting of needs and outcomes it can be signed-off (subject to authorisation levels such as those described below)

(b) If personal budget (PB) exceeds indicative allocation,
- If > 10% variance - individual and care manager (or a.n.other helping them to plan) know that they should either reduce support costs to lower level if possible by meeting needs more cost effectively or use exceptions process to try and justify additional funding. A culture should be established that the RAS is a fit for purpose mechanism for allocating resources fairly
- If < 10% variance then agreed subject to authorisation levels but reason for difference logged and used for future learning

This can be linked to an approach that allows decision-making as close to individuals as possible and appropriate

So for example, mindful of a council’s internal spend authorisation system, the following type of approach might be helpful:

- Personal Budget: Under £200 per week (£10,400 per annum): Can be signed off by a Practitioner
- Personal Budget: £200 – £358 per week (£10,401 – £18,616 per annum): Can be signed off by a Team Leader / Lead Practitioner
- Personal Budget: £358 – £475 per week (£18,617 – £24,700 per annum): Can be signed off by a Team Manager
- Personal Budget: Over £475 per week (over £24,701 per annum): Can be signed off by a Service Manager

Step 5 – Money made available after all necessary paperwork (ie conditions of any direct payment to the service user or Suitable Person) has been signed and all necessary evidence has been provided by the service user or their representative (ie proof of appointeeship or power of attorney or deputyship, or joint account status).

It is important that for any process to work the following principles are adhered to:
1. The indicative allocation itself should not be confirmed as a PB until after the support plan. Even if there is a strong belief that the indicative allocation is either too much or too little, the amount should be communicated and a support plan begun.
2. Aim to reduce bureaucracy throughout. For example, try not to build panels into your process – instead, co-produce sound guidance that helps people use the system efficiently first time.
Decision-making practice and principles

It is recommended that councils give their delegated decision-makers clear terms of reference. These should include

- Confirmation of precisely what the decision-maker has been established to provide a forum for deciding (– for example, agreeing the identification of needs by a front line member of staff or an outside organisation, and/or formally confirming the council’s view of eligibility across the relevant domains covered in assessment, or formally deciding what the authority regards as appropriate for meeting those eligible needs, in terms of arranging services, or finalising the sum of money being provided by way of a direct payment, in substitution for the council’s direct discharge of the provision function?)
- Identification of the roles and responsibilities of each decision maker, including the lines of delegated decision-making powers

If an officer is putting a recommendation to the decision-maker, that officer cannot be both proponent and decision-maker combined. If an officer is a decision-maker, he or she cannot make up their mind in advance of the exploration of the issues or allow the decision to be fettered by anything rigid, such as a cost ceiling for a category of need, or an invariable policy applicable to a particular client group (such as ‘Older People’ or ‘out of area’ clients). Decision-makers have to consider all relevant considerations. Evidence as to the likely cost to an individual of obtaining services in the local market cannot be ignored, where the deployment method chosen is for a Direct Payment

Part of the decision making process should include the recording of reasons for these decisions. Councils must also identify ways in which service users, families and carers can be part of the decision making process e.g. by way of technological developments permitting video or internet-based Skype links, written representations, or personal attendance in exceptional circumstances.

Decision-makers must also remember to address any relevant Human Rights affected by the decision, and the proportionality of the application of any policy about expenditure, to the individual in question, in light of the client’s priorities. If a process or outcome is challenged legally, a court will look at the decision at the time it was made, the reasons of the decision-makers, and at the manner in which it was communicated to the person or persons affected by it.

The duty to give reasons for the final sign-off of the amount to be put into the Budget by the council

In the recent Savva case, the judge said as follows: “Personal budgets are new and in many ways represent a fundamental shift in community care. It must be incumbent on those responsible for this provision, to be transparent, and to explain individual decisions in a precise and clear manner. I fail to see how such an obligation would be unduly burdensome. …”
The Judge held that there is a **common law duty to provide a reasoned decision**, because procedural fairness requires it. The council’s decision-maker, (in this case ‘by the Panel’), was under a duty to provide reasons for its final budget allocation; and these had to be sufficient to show that it was satisfied, reasonably, that the allocated budget was sufficient to meet the individual's assessed needs.

He explained that the only way in which a service user could be satisfied that the personal budget has been correctly assessed by the Panel would be by way of a reasoned decision letter. He clarified that this applies to anyone making a decision relating to a personal budget, **and in relation to the provision of direct payments under s 57 Health and Social Care Act 2001**.

In this case, the rationale behind the use of a purely indicative allocation tool, in the first place, was said to be to ensure objective consistent needs-based decision-making in the context of community care, and to help the ultimate decision-maker in its analysis. That analysis is a process of conversion from assessed needs to final resource allocation, looking at the assessed needs in the round. That process, the judge said, should have been underpinned by an evidential base. A letter merely stating that the authority had kept the allocation at the same personal budget as previously offered, would provide no indication as to why it had arrived at this decision. The service user and anyone acting on his/her behalf would be left totally in the dark as to whether the monetary value would be adequate to meet the assessed need, as represented by a particular numerical score.

The judge said further: “I believe that there is a clear policy to provide service users with clear information about how personal budgets are arrived at. It must be remembered that the whole concept of personal budgets was introduced in England under the policy referred to as "Putting People First" (*Putting People First: A shared vision and commitment to the transformation of Adult Social Care* (2007) DH 081118). The Local Authority Circular (LAC (DH) (2008) *Transforming Adult Social Care* states that personal budgets should become the norm for people who are eligible for an on-going package of personal care. It states: “Everyone eligible for statutory support should have a personal budget – a clear, up-front allocation of funding to enable (people) to make informed choices about how best to meet their needs, including their broader health and well-being.” The PPF Consortium (ADASS/LGA) in its document "Common Resource Allocation Framework" dated October 2009 state that 'up-front allocation' means that the person is told, before a support plan is agreed, roughly how much money is likely to be required to fund such support. The same document emphasises 'Transparency.' It says that the RAS should be transparent, which means being clear how decisions are made and making the system public. This guidance from the senior social workers in this field provides support for the view that policy in this area favours a transparent approach which provides service users with clarity on how decisions are made prior to a support and care plan being agreed. Thus, although there is no **statutory** duty to give the reasons why an authority arrives at a particular monetary personal budget, all of the documents produced by the Government Departments and by the Association of Directors of Social Services point to transparency, openness, and consultation, prior to the drawing up of an agreed Care and Support plan.”

The judgment in *Savva* suggests that councils need to be able to offer two things:
a. A rational articulation of why the Resource Allocation system deserves to be seen as a sensible guess-timate of the cost of meeting particular levels of needs in particular domains. This could be done through a basic explanation, in leaflet or website format, of the council’s decision to rely on a ‘comparable current cost’ approach, but indicative resource allocation could equally be based on a calculation of how much a person could feasibly be awarded, in principle, given an overall sum of money available, in relation to their comparative position on a ‘continuum of needs’ scale, compared to all other service users’ anticipated eligible needs in particular domains.

However, neither of these explanations of policy, would suffice in themselves, without something focusing on the individual service user’s situation, at the final sign-off of a Plan, the size of the budget or the size of a direct payment. So the second thing needed would be

b. A reasoned decision as to why the final allocation is then thought to be adequate, to achieve the meeting of the assessed needs in the manner agreed in the Support Plan. The decision would have to address a service user’s reasons and evidence for saying that it would not be sufficient, with the council’s reasons for deciding that it would in fact suffice (or could lawfully, and would have to suffice, despite not fully enabling the service user’s preferred outcomes, in terms of the manner of, or setting for, the meeting of the needs).
Area 7: How should we deal with informal support and carers in the RAS?

What is the issue and why is it important?

Social Capital is one key element of the Personalisation agenda, and wherever they exist, community resources, the contribution of carers and other unpaid sources of support should be taken into account. This however should not ignore the moral and practical requirement to ensure that unpaid carers are helped to continue providing support, and to acknowledge that they have needs in their own right which need to be met via the assessment process.

Although interconnected, there are 2 distinct areas in which the contribution of Informal Support provision and Carers should be taken into account within the RAS:

- The contribution of Informal Support in meeting the needs and achieving the outcomes identified by councils working with service users.
- Support required by Carers in their own right, which enables them to maintain their caring role.

It is important that processes are in place to consider these as distinct aspects of a RAS.

Question 1: How should the Personal Needs Questionnaire designed for service users take into account the unpaid input from Carers and other forms of Informal Support? How should the RAS take this input into account in the calculation of the service user’s Indicative Allocation?

What are the key issues?

- What do we mean by “Informal Support”? Does this mean the same as “Carer”?
- How should the Personal Needs Questionnaire ascertain the contribution to meeting the service user’s needs that is provided through Informal Support?
- Should the Scoring Framework associated with the Questionnaire be based on the service user’s “gross” needs, or just those needs which are not already met via Informal Support? How should any adjustment be calculated?
- How do we prevent adjustments to the Indicative Allocation based on the contribution of Informal Support from appearing punitive?
- How can the Personal Needs Questionnaires address circumstances where there may be a conflict of interest between the service user and the carer, or other providers of Informal Support?
- What types of Support Provision is the service user’s Personal Budget intended to include? Should this include Respite Care which gives carers a break from their support role?
• Are there any implications for the council’s Fairer Contributions policy if some of the service user’s Personal Budget is used to purchase Respite Provision?

Suggestions

• Informal Support needs to be understood in its broadest sense and can include family carers, friends, neighbours, community groups, and publicly funded services available on a universal basis.
• Personal Needs Questionnaires need to ask both what is the extent to which Informal Support is available to meet the service user’s needs AND whether the providers of Informal Support are willing and able to continue doing so at the end of each domain in the questionnaire.
• Scoring Frameworks should include a mechanism for adjusting the score to take into account the availability of informal support, and willingness and ability of providers of informal support to continue doing so. See below for practical suggestions to achieving this
• The self-directed support process should be collaboratively completed and enable shared understanding about the contributions that could be made by all parties, including family, friends and other providers of informal support, as well as the local authority, to enable the person to live their life with their needs met, and the likely impact of different choices in this regard, on the life of the service user. By taking this approach, the contribution of Informal Support can be seen as a positive element in working towards the creation of a support plan, and not a punitive method of reducing the payment.
• Carers need to play a full part in this co-produced process, where the facilitative skill will be to listen to all interested parties, resolve potential conflicts and arrive at a mutually acceptable plan that has taken the needs of carers into account.
• All services necessary to meet the individual’s eligible needs, including short breaks, should normally be considered to be part of the Personal Budget allocated to the service user. It is good mainstream practice to ensure that support plans for individuals take into account the needs of carers. Carers’ assessments should not be relied on to do this.
• Carers’ assessments should focus solely on the needs of the carer as an individual in their own right. This should lead to support planning that responds to the needs to carers, for example, to remain in or undertake a job.

Question 2: How do we meet the separate and specific needs of Carers in the context of Self-Directed Support? Should we develop a Carers’ RAS?

What are the key issues?

• What is the framework within which we should prioritise funding for Carers’ Support?
• What is the relationship between the service user RAS and the Carers’ Assessment?
• How do we ensure that Carers are given the support and advice that they need?
• Is a Carers' RAS a necessary component of Personalised Services?
• How do we define services to Carers, as distinct to support provided to the service user (e.g. Respite Provision)

Suggestions

• Authorities need clear strategies for supporting carers to continue to be willing and able to offer their support. These strategies should include:
  o The importance of promoting independence / quality of life for carers
  o Valuing and positively recognising the caring role
  o Ensuring that the level of support provided by carers remains sustainable.
  o How councils can build an environment of universal information, advice, advocacy and support for carers – and develop that market
• These strategies need to be agreed across whole systems that include the NHS, the third sector and involving all council departments, not just adult social care.
• Authorities have a statutory obligation to offer Carers’ Assessments and the completion of someone’s personal needs questionnaire can be one trigger to that offer. This offer is separate and independent of the assessment of needs and support planning process for individuals cared for those by carers.
• Personal needs questionnaires are not the only trigger to the offer of a carer’s assessment. There should be many touch points where carers’ needs can be discussed and information offered, many outside of the adult social care setting – e.g. primary care, libraries etc.
• Universal information, advice and support needs to be developed that is sensitive to the needs of carers
• Where it is appropriate to offer formal support to carers this could be done through a separate RAS for carers but it is not essential. (There are authorities adopting both approaches). However the principles of choice and control over how any resources offered are used by carers should be maintained. Light touch easy-to-access systems that support carers in cash or kind should also be explored.

Additional suggestions

• Authorities operating personalised operating models should monitor, record, and analyse the impact of Informal Support, and review their approach accordingly. The collection of information may include the extent to which informal support impacts on ‘gross’ personal budget allocations, the way in which support plans for individuals can take into account the need to support carers, and the sorts of things that carers are saying they want and need – to remain ‘willing and able’ carers.
• If a carers’ RAS is not deployed then there should be clear and transparent mechanisms for publicising the amount of money available in the system to
support carers, where it is currently invested and what mechanisms will be used to allow appropriate choice and control by carers over future deployment of that money.

- It is worth considering building into a ‘universal services’ offer, those supports that may have previously been viewed as ‘assessed for’ services. They then become part of a preventive infrastructure for carers (which may include information and advice) that enable them and the people they are supporting to stay out of formal care arrangements.

**Practical solution/s for taking informal support into account**

Any Supported Self-Assessment Questionnaire should ask both (1) what is the extent to which Informal Support is available to meet the service user’s needs AND (2) whether the providers of Informal Support are willing and able to continue doing so.

The Scoring Framework should include a mechanism for adjusting the score to take into account the availability of informal support, and willingness and ability of providers of informal support to continue doing so. This should be done in a way that aggregates ALL the service user’s needs (the ‘gross’ needs), and then reduces this according to the availability of informal support before an indicative allocation is given. This fits with the principle that a resource allocation is for eligible unmet need.

Practically within a Supported Self-Assessment Questionnaire the question and adjustment for informal support can be either:

1. A series of adjustors relating to each question/domain of the self-assessment questionnaire
2. Global adjuster as per the Common RAS framework questionnaire.

In either case no assumption can be made simply because of the existence of another person in the care setting.

**Applying an adjustor for each question.**

Here is an example, linked to the personal care domain.

### 1.2: Informal Care for Personal Care tasks

<table>
<thead>
<tr>
<th>How much support are your family/friends or other persons willing and able to provide to support you in this area?</th>
<th>You</th>
<th>CM/OT</th>
<th>Agreed</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) No Support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B) Some Support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C) Full Support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D) Unable to continue with current level of support</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Pros
- Increased granularity of score
- Ability to flex percentage adjustors for different domains if needed (although not advised)

### Cons
- More questions
- More information to collect and process

Applying a global adjuster for each question.

Here is an example, asked with 2 linked questions at the end of a questionnaire (source Common RAS framework questionnaire)

#### PART 1
**10.2 Informal support (continued)**

If you answered yes above, please choose one of the following options:

<table>
<thead>
<tr>
<th></th>
<th>My view</th>
<th>Assessor's View</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) My family and friends can provide all of the support I need</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B) I am able to get much of the support I need from family and friends and have or need occasional paid support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C) I am able to get only some of the support I need from family and friends and need significant paid support.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D) I get little support from family or friends</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### PART 2
**11.1 Family carer and informal support**

This part is for an unpaid carer (this is often a family member or close friend) who is currently providing informal support. Please tell us how providing this support affects your life.

<table>
<thead>
<tr>
<th></th>
<th>My view</th>
<th>Assessor's View</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) It causes me no concern in my daily life</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B) It causes some concern and has some effect on my daily life</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C) It causes significant concern and has a significant impact on my daily life</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D) It has a critical impact on my daily life and affects my health and well-being</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Pros
- Easy to use
- Easy to explain

### Cons
- Felt to be slightly blunt tool – increases legal risk
- Doesn’t enable increased analysis of more in-depth data at a later date

The recommended approach is to adjust at multiple points within a Supported Self-Assessment Questionnaire. This could mean after each question or group of questions. Essentially, the suggested approach is to be more granular with the adjustment.
This is because this approach:

- Offers greater flexibility to relate informal support to individual domains of need.
- It enables the views of the carer/s to be more accurately understood, which can be useful now to offer support or in the future to help shape carers services.
- It enables the collection of useful information that can be used at a later date on things such as a carers RAS or other areas which authorities may want to work on.

How do we score and/or weight an informal support adjustment question?

Below is a recommended option for the available answers within such a question and the suggested weightings for each element:

- No support: 0% adjustment
- Some support: 33% adjustment
- Lots of support: 66% adjustment
- Full support: 100% adjustment
- Unable or unwilling to continue providing support: 0% adjustment

These percentage values should be applied to the score from the domains to which they are linked. Reducing the raw score for that domain based on the level of informal support being provided. An example is shown below:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Raw Score</th>
<th>Informal Support</th>
<th>Adjustor</th>
<th>Final score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal care</td>
<td>10</td>
<td>33%</td>
<td>10*33% = 3.33</td>
<td>3.33</td>
</tr>
<tr>
<td>Daily living</td>
<td>8</td>
<td>66%</td>
<td>8*66% = 6.60</td>
<td>1.40</td>
</tr>
<tr>
<td>Risk and Safety</td>
<td>20</td>
<td>0%</td>
<td>20*0% = 0</td>
<td>20.00</td>
</tr>
<tr>
<td>Work and Learning Opportunities</td>
<td>5</td>
<td>0%</td>
<td>5*0% = 0</td>
<td>5.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>43</strong></td>
<td></td>
<td><strong>9.93</strong></td>
<td><strong>29.73</strong></td>
</tr>
</tbody>
</table>

What financial value do we give to informal support?
Because it is linked to the overall RAS it will be given the relative financial value that the reduction relates to in that specific RAS.

Note only global scores in a RAS should be linked to financial amounts. In the above example only the 29.73 score is then linked to an indicative personal budget amount. Therefore it is not advised to link the cost of informal support to each domain as these have no financial meaning at this point.
Other areas that were discussed

How do we ensure our RAS fits within a system that is financially sustainable?

The topic of financial sustainability is broad and complex. All elements of Putting People First (including enablement and wider prevention, information and advice, universal services and social capital) need to be deployed to create a financially sustainable system – not just the internal self-directed choice and control systems of councils. The national learning set agreed that rather than offer more advice in this area it would be better to refer readers to a paper published by the London JIP called “RAS and Managing Resources”, which offers practical advice on the key areas that councils decided were crucial to supporting them manage resources within a personalised system of support, which in turn will support financial sustainability.

The five areas covered in the paper are:

1. Ensuring that the authority operates a fully personalised system of support
2. Undertaking robust strategic modelling and demand forecasting
3. Ensuring contracts are fit for purpose
4. Transitioning existing users to a personal budget
5. Managing the variations in costs between internal and external providers

What is the link between RAS and efficiency savings?

The national learning set agreed that the RAS should not be used to promote or justify efficiency savings. This is not the job of a RAS (which is to allocate fairly and appropriately a finite and defined pot of financial resource according to need on an indicative basis before formal decision-making occurs). It should be taking financial inputs from the system, not driving efficiency improvements or targets.

RAS processes themselves should be examined and challenged in relation to their own efficiency – stripping out unnecessary duplication and bureaucracy.

How do we cost a support plan to ensure an accurate final personal budget?

It is important to accurately cost a support plan so that the final personal budget is accurate. There are two critical issues need attention:

1. Information: really good and easily accessible accurate information about the availability of support in someone’s locality, and its cost - which enables people to make informed choices and prioritise alternative support arrangements - with help to do this if required.

2. Culture: It is vital to have a process of agreeing and signing off support plans that makes absolutely explicit how much an aggregated support plan will cost. This is probably less about technology and spreadsheets and more about a culture of support planning that knows the importance of including cost information - and that without it no decisions can be made.
How to deal with very high cost support plans (and very low cost plans)

High cost, or high need service users are always difficult to factor into any generic resource allocation system. The common RAS framework promoted the use of a percentile method of allocation (a curve rather than a straight line) which supports the incremental increase in indicative allocations based on need. i.e. the more extensive the need then the higher the relative indicative allocation. It is therefore suggested that in order to deal with very high cost support plans the use of the percentile method should be explored.

However, as outlined in the recent guidance on eligibility criteria for Adult Social Care (“Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care”), Councils should not assume that low-level needs will always be equated with low-level services or that complex or critical needs will always require complex, costly services in response.

There will be instances when a service user has such unique, complex and/or high cost needs that no generic system can accommodate their circumstances, nor should it be expected to. In these cases it is recommended that a supported self-assessment is undertaken and an indicative allocation calculated and communicated, even if it is known to be lower than needed, and effort put into developing a support plan with the service user that meets their unique needs as close to this allocation as possible. It is important to still follow the process and ensure that all service users experience the system in the same way, i.e. self-directed assessment, indicative allocation, support planning, final allocation. If councils do not have a consistent process then they run the risk of developing multiple, bespoke processes for various different ‘real-life’ circumstances that exist. If a council is fully satisfied that they are dealing with an exceptional situation it may be, in a small number of cases, justified to decide on a personal budget that is significantly greater than the indicative allocation.

It is important to say that in these cases, the RAS itself is not wrong or incorrect; it has just reached its reasonable limits.

In relation to low cost cases, through reflection on and re-calibration of RAS it may be that councils will want to remove some very low cost cases from RAS processes and deal with them more efficiently and quickly as part of a universal services or prevention strategy that makes high volumes of low cost (and usually short term or one off) support available easily and with the absolute minimum bureaucracy.