



## **ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE**

**13 June 2023**

<b>REPORT TITLE:</b>	<b>DIRECT PAYMENT SUPPORT SERVICES</b>
<b>REPORT OF:</b>	<b>DIRECTOR OF CARE AND HEALTH</b>

### **REPORT SUMMARY**

It is a statutory duty as defined by the Care Act 2014, to offer a person a Direct Payment as a cash alternative to a directly commissioned care and support service where a person has been assessed as having eligible needs. This applies both to carers and people in need of care and support. The regulations of the Children Act 1989 also place a duty on Local Authorities to offer a Direct Payment to disabled children.

The review of Direct Payments was presented to the Adult Social Care and Public Health Committee on 29 November 2022 and approval was given to explore how a Personal Assistant (PA) register could best be delivered with the intention of increasing the numbers of people, carers and families choosing to use a Direct Payment. This report sets out the options as they relate to the Personal Assistant (PA) register as identified by the Direct Payments working group. The proposed model (Appendix 1) and Implementation Plan (Appendix 2).

This review has been a collaborative exercise and included, as equal partners, officers of the Council, people with lived experience, and representatives from Cheshire and Wirral Partnership NHS Foundation Trust (CWP) and the Wirral Community Health and Care NHS Foundation Trust (WCHCFT).

The report supports the following priorities from the Council's Wirral Plan:

- Working for safe and vibrant communities where our residents feel safe and are proud to live and raise their families.
- Working to provide happy, active, and healthy lives for all, with the right care at the right time to enable residents to live longer and healthier lives.

This affects all wards and is a key decision.

## **RECOMMENDATION/S**

The Adult Social Care and Public Health Committee is recommended to:

1. Endorse the proposed service model (Appendix 1) and implementation plan (Appendix 2).
2. Give delegated authority to the Director of Adult Social Care and Health to progress with implementation of phase 2 of the proposed service model as detailed in Appendix 1 , commence the proposed procurement exercise and award the contract.
3. Request that a further report be brought to a future Committee with proposals for implementation of the remaining phases of the model.

## SUPPORTING INFORMATION

### 1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 Option 1 is the recommended option. It will provide a matching service for PAs, people and families and will run in parallel with the contracted managed accounts service. The recommended timescale for the pilot will enable ongoing evaluation providing the evidence necessary to enable us to recommend a single provider or a framework of providers for the delivery of the next phase of the model. (Appendix 1).

### 2.0 OTHER OPTIONS CONSIDERED

#### 2.1 Option One

Option 1 is the recommended option. The review has identified a range of delivery models, across several Councils. In some areas a single provider delivers a PA Register, support, and a managed accounts service and in others, a framework of providers where the functions are shared. There is insufficient evidence to define which model has generated the best outcomes. A 1-year pilot, for the delivery of a PA register is, therefore recommended. This allows the Council to establish if direct payment recipients report improved access to PAs for support. A phased introduction does not require a significant financial investment. It avoids the limits that a protracted contract imposes and enables us to return to committee with a recommendation on phase 4 of the plan. The recommended option, if approved, can become operational in September 2023. A soft market exercise was undertaken in August 2022 to identify organisations that could provide a PA Register. A further soft market test exercise was undertaken in May 2023 to gather further information and to establish if there was any further interest. Following analysis of the interested providers, a short, closed procurement process is proposed, following evaluation it is anticipated that the contract could be awarded by mid-June 2023, allowing for provider mobilisation the pilot service could potentially be started by mid-September

- 2.2 Monthly targets for the level of recruitment of PAs will be agreed with the accredited provider prior to the service going live. The percentage increase in people taking up a DP in the community and from inpatient settings will be monitored. The cost of the service is broadly comparable with the funding arrangements in other Councils and will be in the region of £27,000.

#### 2.3 Option Two

The inclusion of a PA register as part of the Council's provider arm was considered. Current capacity within this service would prevent the development of a register at the pace required.

#### 2.4 Option Three

The inclusion of a PA register as part of the Council's Personal Finance Unit was considered. Current capacity within this service would prevent the development of a register at the pace required. It will however continue to provide the current administrative function.

## 2.5 **Option Four**

Tender for a full Direct Payment Service to include a Personal Assistant Register, Payroll, and Managed Accounts Service, information advice and support. This could be a protracted and potentially expensive service limited by a pre-defined specification.

## 3.0 **BACKGROUND INFORMATION**

3.1 The review has identified several barriers which act as a disincentive to accessing a Direct Payment, primary amongst these was the hourly rate. The Adult Social Care and Public Health Committee approved the alignment of the hourly rate for PAs and Domiciliary Care staff, this was introduced in April 2023. It is too early to undertake a meaningful evaluation, but it is anticipated this alongside the PA Register will incentivise the role of PA as a career of choice and retain PAs already employed. Additional PAs will enable more people to exercise control over their care and support arrangements and better enable the Council to meet its statutory duty. It is anticipated this will reduce reliance on commissioned care, increase self-directed support and will contribute to achieving efficiencies.

### 3.2 **Barriers**

The primary barrier, as identified by the engagement exercise with social workers and people with lived experience is the lack of access to appropriately trained and skilled individuals. This can exclude people with eligible but more complex needs from exercising autonomy over their lives. We are working with a range of providers to establish a training framework. These skills could be included in the PA register leading to better matching of PAs and people. Developing a skilled workforce could support more people to stay at home and reduce reliance on costly commissioned services and out of area placements. As a result, a stratified rate of pay could be introduced to reflect the skill set of PAs.

### 3.3 **Personal Health Budgets (PHB)**

A Personal Health Budget is an amount of money to support an individual's health and well-being needs. People who qualify for Continuing Health Care or, Section 117 Aftercare as a result of being detained under the Mental Health Act are amongst the groups eligible for a PHB. Closer working with the Integrated Care Board (ICB) is ongoing to improve access to PHBs and will form a key work stream of this strategy.

## 4.0 **FINANCIAL IMPLICATIONS**

4.1 A budget has been set of £27,000 to fund the PA register, expenditure will not exceed this limit and includes set up costs and marketing. This will be funded via the Better Care Fund winter planning pot.

## 5.0 **LEGAL IMPLICATIONS**

5.1 The Care Act 2014 requires that adults with eligible needs are provided with care and support which is detailed in a Care and Support Plan. A similar duty exists in relation to disabled young people under the Children Act 1989. Care and support (regardless of age) can be provided either by the Local Authority providing or commissioning the necessary services or by way of a Direct Payment.

- 5.2 The care and / or support plan must be drafted in such a way that makes clear what is, and what is not, a permitted use of the direct payment and there must be evidence that the individual has had this been fully explained to them, that they have understood any restrictions and that the local authority then monitored the arrangements.
- 5.3 Any restrictions on the use of the Direct Payments must be rational and 'the minimum necessary for achieving the purpose for which the Direct Payment was made (Section 1(3) (h) Care Act 2014).
- 5.4 The care and/or support plan must be reviewed (at least annually).

## **6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

- 6.1 There are no direct resource implications.

## **7.0 RELEVANT RISKS**

- 7.1 The number of registered PA's and / or the people accessing a Direct Payment does not increase.

## **8.0 ENGAGEMENT/CONSULTATION**

- 8.1 The model described in the report was co-produced by people with lived experience, representatives from CWP and WCHCFT, and officers of the Council.

## **9.0 EQUALITY IMPLICATIONS**

- 9.1 An Equality Act Assessment (EIA) has been completed and is located: - <https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments/equality-impact-assessments-january-202-6>.

## **10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS**

- 10.1 The service is digital and will therefore have limited environmental or climate implications.

## **11.0 COMMUNITY WEALTH IMPLICATIONS**

- 11.1 Increased employment opportunities for people electing to become a PA and for those people in receipt of a Direct Payment due to the flexible nature of this arrangement.

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## **APPENDICES**

Appendix 1 Proposed Model

Appendix 2 Implementation Plan

## **BACKGROUND PAPERS**

The Care Act 2014

Children Act 1989

## **TERMS OF REFERENCE**

This report is being considered by the Adult Social Care and Public Health Committee in accordance with Section 2.2(a) and (b) of its Terms of Reference: adult social care matters (e.g., people aged 18 or over with eligible social care needs and their carers) and promoting choice and independence in the provision of all adult social care).

## **SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>
Adult Social Care and Public Health Committee	29 November 2022
Adult Social Care and Public Health Committee	3 March 2022