



Improving Direct Payment Delivery

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Summary.....

- 1) All people eligible for ongoing council-funded support should receive this via a Personal Budget (PB), offered either as a direct payment (DP) or as a council-managed arrangement. Evidence continues to suggest that DPs are likely to be the more beneficial approach for the majority of PB-holders, and that councils need a stronger focus on DP delivery. This advice note has been produced to assist with this objective.
- 2) Councils need to make clear to people the conditions (rules) associated with both DPs and 'managed' budgets. Those choosing a DP should be informed, via written documentation, of the responsibilities involved. This information should set out both the expectations on DP recipients, and also on the council in supporting people to manage. Such documentation can easily be produced in standardised format (as advised in Appendix 2) thus not increasing bureaucracy. However the obligation on councils to support people properly to manage DPs does require investment and training in suitable local arrangements.
- 3) Excessive bureaucracy has impeded overall delivery of personal budgets, and specifically the take-up of direct payments when unnecessary and restrictive 'custom and practice' has been introduced. Councils should note that the **essential components** to 'validate' the offer of a DP are simply: an agreed set of outcomes directly linked to assessed eligible need, consensus that the money offered in the budget is seen as reasonable to meet such needs, and clarity that the money should be used to meet the outcomes linked to these needs.
- 4) A very detailed support or care plan (a 'plan') **is not a pre-requisite** to the initial resource allocation for a DP. Once the individual concerned agrees to the associated outcomes and understands their obligations in taking a DP, and once they have signed the associated document confirming this, it can be offered. So, whilst support plans are recommended by government guidance, with their content broadly suggested, the level of detail required need actually be only proportionate to the complexity of a person's needs and the risks being dealt with.
- 5) It is **not necessary to establish in advance the detail of how DPs are to be used, and DP recipients should not have restrictions built in around use of their funds**. There should be a general expectation that the money must be used towards meeting agreed outcomes by way of the very broad range of things allowed within the ambit of 'community care services'. Monitoring of DP expenditure should be proportionate to the risk, and decided on an individual basis. Unless there are significant risks identified, councils should seek only to ensure that in broad terms, money is being used to meet the outcomes agreed in the support plan.
- 6) DPs must however be **used legally** and certain things e.g. gambling, debt repayment, financial investments etc will constitute misuse and will result in the need for recovery of such public money. DP recipients should be informed of this.
- 7) A decision by the council or user/carer in favour of a 'managed' arrangement, as opposed to a DP, **should always be recorded**, stating why this is seen to be the more suitable option, particularly as for managed PBs, the extent of flexibility and user-control is unlikely to be as great as for DPs. However (as has been set out in previous advice) any managed arrangement should still clearly indicate how the budget is to be spent on behalf of the individual concerned, and should seek their agreement to such spend wherever possible.

Introduction.....

Personal Budget delivery is now mainstream business in council social care. From April 2011 every person receiving a 'new' arrangement for ongoing council funded support should have been receiving this via a personal budget. By April 2013 ALL people receiving such funded support are expected to have a personal budget.

The government's recent 'Vision' for social care, and also the social care sector document 'Think Local, Act Personal', reinforce personal budgets as mainstream, and at the same time express an expectation that direct payments should become their principle method of delivery. To achieve this, councils will need to ensure that suitable arrangements are in place to support the take-up of direct payments by the majority of their personal budget holders.

This advice note has therefore been produced to assist councils in both understanding their responsibilities and knowing how best to proceed in direct payment delivery. We focus on what councils need to consider, primarily in process terms, to make the shift to direct payments (DPs) as the principal delivery arrangement for Personal Budgets (PBs). The hope is that DPs can be provided in a way that is efficient and enabling to the individual, giving him or her maximum autonomy in a safe and responsible way, whilst ensuring that councils have also discharged their responsibilities properly.

Context.....

Direct Payments are not suitable for everyone, but they are likely to benefit the majority. We know from evidence built up over many years, predominantly from DP user feedback, that for those who have used them, DPs are preferred to, and achieve better outcomes than, traditionally arranged services.

This view has been most recently underlined by findings from a major survey² of over 1100 people with Personal Budgets, published by the Think Local Act Personal Partnership in June 2011. This shows that people, including many older people, taking their budget as a DP report consistently better outcomes than people receiving a council-managed or commissioned service, including in areas such as physical and mental well-being and being supported with dignity.

Making DPs the principal delivery mechanism for council funded adult social care will be a significant challenge for some local authorities. Unhelpful, bureaucratic and overly restrictive 'custom and practice' regarding DP delivery, sometimes going back over several years and often running counter to the spirit of the requirements of government guidance, has been adopted in some areas with no apparent grounding in national policy directives. It is essential that such approaches are reviewed, and that practice is brought closer to the policy intent of DPs. There is also a significant opportunity to streamline process and reduce operational cost around DPs, whilst at the same time improving outcomes for citizens. The advice set out below will hopefully help in this process.

¹ *Think Local, Act Personal: A sector wide commitment to moving forward with personalisation and community based support* January www.thinklocalactpersonal.org.uk

² *The National Personal Budget Holders and Carers Survey 2011* www.thinklocalactpersonal.org.uk/Latest/Resource/index.cfm?cid=8993

Personal Budgets

Ongoing (longer-term) council-funded support, should generally be offered to an individual only at the point that it is felt that the person has been assisted to progress as far as possible in their independence or recovery (as appropriate to their situation). However, once someone is deemed eligible for ongoing council-funded support they must receive this via a Personal Budget.

The PB 'offer' itself requires that everyone is made aware of the sum of money a council has finally assessed it will contribute to the cost of their ongoing eligible care and support needs (usually net of the financially assessed contribution), and also that they are properly appraised of the options and rules for its use. For most people, it will be helpful to make clear that the PB (sum) offered is not necessarily 'fixed' over time, but is subject to periodic review against assessed eligible need.

In ensuring that people will have a clear understanding of their options regarding how their PB can be delivered, council staff will need to be up to date with national and local policy and thinking. Advice on 'managed' PBs was issued to councils by the Putting People First Consortium in January 2010.³ Now, with DPs as the intended principal delivery mechanism for PBs, we need to clarify the position regarding 'good' DP delivery, in an effort to ensure speedy, straightforward and safe arrangements.

One of the most reported concerns about Personal Budgets (especially DPs) both from people using them and from frontline staff is the connected bureaucracy that has developed, much of which appears to be unnecessary. It seems 'process creep' has become a significant problem affecting both the delivery of personal budgets, and within this the take-up of direct payments, particularly regarding timely delivery as well as the ability of users and carers to exercise adequate control and choice. We have therefore set out advice on the key elements for good implementation of council responsibilities regarding DP delivery, focusing on the things that must be done, and encouraging avoidance of additional process or restriction.

³ *Personal Budgets: Council Commissioned Services published by the Putting People First Consortium January 2010*
www.thinklocalactpersonal.org.uk/Browse/SDSsandpersonalbudgets/Implementing/?parent=8615&child=7209

Direct Payment delivery – key elements of a good approach.....

- 1) All PB recipients must be fully appraised regarding what taking a DP means. Access to specialist support in coming to a decision, including information from people who have used direct payments about the pros and cons of taking one, are essential. Only by ensuring people have this kind of information can councils really explain fairly and appropriately what it means to take on a DP.
- 2) If a DP is not chosen, then a council managed personal budget is the other option (although a mix of both can be chosen). A decision by the council or user/carer in favour of a 'managed' arrangement should always be recorded, stating why this is seen to be the more suitable option; and any user who declines a DP should be invited to explain why and have this recorded. Councils will need this information to help ensure that direct payments are being portrayed in a fair and reasonable way.
- 3) Councils need to make clear to PB recipients from the start the conditions (rules) associated with both DPs and 'managed' budgets. For DPs this should be in the form of a written document, which must be signed by the client or their Suitable Person, by way of acknowledgement that the contents have been understood. For managed arrangements, which constitute public procurement, this information need only (as is generally the case) appear in leaflets or policy documents made available to the public.
- 4) For both types of PB delivery, the essential component is an agreed set of outcomes that the person's budget is to address. These outcomes will ideally be expressed in broad terms, allowing the individual maximum freedom of choice in the way their budget is used to meet them. The key issue in law is that the outcomes are directly linked to assessed eligible need, and the sum of money offered in the budget is seen as reasonable to meet such needs.
- 5) This means that whilst **support plans** are recommended by government guidance, with their content broadly proposed, **the level of detail required need actually only be proportionate** to the complexity of a person's needs and the risks being dealt with. Thus, on the basis that an individual is (assessed as) eligible for, and agrees to the amount of their allocated DP, and also to the associated outcomes, **a final support or care plan (a 'plan') is not a pre-requisite to the initial allocation of a DP.** It is sufficient that outcomes have been agreed and set out in writing; that there is consensus that reasonable resources have been offered to meet the eligible assessed needs; and that the individual concerned understands their obligations in taking a DP, and has signed the associated document confirming this. Any required 'checking' on use of the funds to meet outcomes can be done at review, or earlier if requested by the DP recipient, and any detailed information about spend can be required at that stage should concerns about specific usage arise.

- 6) For people taking DPs, the written document mentioned above should both set out the expectations on them, and also what can be expected of the council in supporting people to manage with a DP (see later). Other than a general expectation that the money must be used towards meeting agreed outcomes by way of the very broad range of things allowed within the ambit of 'community care services', **DP recipients should not have restrictions built in around use of their funds.** They should be allowed and encouraged to find preferred and effective ways of meeting their outcomes using the money available to them. Allowing maximum flexibility and control however should run alongside clarity that DPs must be used legally, and that certain things e.g. gambling, debt repayment, financial investments etc will constitute misuse and will result in the need for recovery of such public money. This should reasonably be set out in the documentation.
- 7) Monitoring of DP expenditure should be proportionate to the risk, and decided on an individual basis. Unless there are significant risks identified, councils should seek only to ensure that in broad terms, money is being used to meet the outcomes agreed in the support plan. Detailed analysis of expenditure should only be considered where specific risks have been identified which can be reasonably considered to require such analysis.
- 8) For council managed PBs, the extent of flexibility and user-control is **unlikely** to be as great as for DPs. However (as has been set out in previous advice), a managed arrangement must clearly indicate how the budget is to be spent on behalf of the individual concerned. All component services must show the call-off costs against the PB so that the individual understands how their funds are being spent, can express agreement or not, and can request changes to its use. From this standpoint a 'plan' is in place.
- 9) For people taking DPs, councils must ensure that adequate and accurate information regarding both the individual and council responsibilities and requirements are set out, and also that any related support is in place and easily available to that individual. Information that councils must share with DP recipients is in Appendix 2.

Direct Payments as the default delivery method for community-based adult social care – key considerations

Understanding the core obligations

Telling people about direct payments, whilst important, is not on its own enough to ensure that a council's core duties of care are met. Councils also need to make the option of a direct payment a realistic and attractive one, whilst also being clear what responsibilities are entailed. This requires councils to ensure that people have access to good quality advice and support to build their confidence about direct payments and to ensure that support to manage a direct payment is readily available should people need it.

Councils have implicit responsibilities to have arrangements in place to ensure proper discharge of their responsibilities to DP recipients. There are a number of things councils must inform DP recipients about. These are listed in Appendix 2.

Supporting people to take and maintain Direct Payments

To build a person's confidence about taking and maintaining a direct payment there are a number of key elements an authority should have in place:

Local support organisations

Ideally these should be user-led organisations which can offer a range of supports and services which people wanting to use direct payments, people already using direct payments, and people using their own money to purchase support may find useful in helping them successfully arrange their own support.

DH Guidance recognises that good peer support can increase people's confidence in their ability to take on a direct payment and should therefore be an essential component of any drive to increase take-up. Peer support alongside more specialist advisory services can also be a cost-effective way of supporting people to manage their direct payments. Appendix 4 gives an example of how one ULO, Breakthrough Trust, is aiming to utilise peer and informal support to provide a more efficient and user-controlled model of support for people using personal budgets.

DH *Guidance on Direct Payments* issued in 2009 sets out the support which such services should consider including in some detail (see paragraph 37 of *Guidance on Direct Payments 2009*).

Market Development

Councils should seek to understand from local people using direct payments what supports and services make the take up of direct payments a more attractive and realistic prospect for a wide range of people, and use this information to drive investment in support services.

Councils should also seek to stimulate the market for personal assistants who offer a more personalised model of support. The Department of Health Framework for Personal Assistants is a helpful reference in developing local strategies to encourage the development of personal assistance as a model of domiciliary care which can offer a more bespoke and person-centred service to people with support needs.

Employment options for direct payment users

Not everyone feels comfortable employing staff with a Direct Payment and in order to stimulate take-up, the council has a role to play in making sure other options are available. There is a need for other models in the market where people can reap the benefits of choosing who works with them, what they do and how they do it, but without the need to be the employer. Association of Directors of Adult Social Services is working with NAAPS to explore alternative models for developing the PA market through different types of organisational entities. Some providers are already developing 'hybrid' models of support specifically aimed at people using direct payments and other people who want the benefits of choosing who supports them without the responsibility of becoming an employer.

A number of homecare agencies, for instance, offer a model of support where they will employ a person of the service user's choice, all other things being equal and acceptable, and log their time in a streamlined and cost-effective way. This type of service can work well for people on continuing NHS health care packages, as the agency can legitimately contract with the PCT as a registered provider of personal care or nursing services if dually registered.

Encouraging Innovation

Promoting and recognizing innovation as a positive force to be encouraged is a vital ingredient in supporting the take-up of direct payments. People need to feel supported to try new ways of meeting their needs and to be enabled to use money in ways which maximize the potential value for them as an individual from the resources available to them. This does not prevent councils from negotiating and finally deciding (subject only to judicial review on established grounds) what constitutes an appropriate amount of money to meet eligible needs. But once an amount has been determined, councils should be cautious of interrogating how people spend their budgets and using that information to reduce allocations. In setting local parameters for how direct payments can be used, councils should refrain from setting conditions which restrict the use of the direct payment beyond what national policy guidance requires. It is vital that people feel they have permission to use direct payments flexibly to meet outcomes and provided people operate within the law and use the money to meet agreed outcomes, further interrogation of individual spend should be minimised.

Direct Payments for purposes other than employment

Not all direct payments need to involve employment in order to increase choice and control. Evidence from people using direct payments suggests that people's satisfaction in traditional services and their ability to define how those services are delivered can be significantly increased simply by giving control of the purse strings to individuals, if the authority is prepared to take on a private law relationship of commissioning or payment agent (the council) and principal (the client), on behalf of the client who has consented to a DP, with the associated liability risks involved. Councils will need to take legal advice on this.

Giving clear and consistent messages

Tensions within councils arising from often acute budgetary pressures can lead to people receiving mixed messages about what the local rules are in relation to direct payments. In the face of such financial pressures, councils can sometimes struggle to maintain a consistent approach in supporting people to both take up and use direct payments flexibly. Depending on how direct payments are 'accounted for' within local financial reporting, increases in take-up can sometimes appear as a cost pressure for social services. It is also undeniable that direct payments may attract people to access council resources who were otherwise put off by the services on offer.

Nevertheless, the fact that this may happen should not be used as a rationale for restricting their take-up. Councils need to provide services that people want, and use other means such as charging policies and eligibility thresholds to manage budgets.

Equally, councils should be cautious when making cost comparisons between traditional domiciliary care and direct payments. Evidence suggests that if the relative costs (including transitional costs) and benefits of direct payments are reasonably and fully explored, direct payments are almost always more cost effective than domiciliary care.

Leadership

Actively promoting choice and control

Direct Payments are a powerful tool for empowering people who need social care support to take the lead in designing how resources are best used to meet needs. They produce better outcomes for people because people who need support are the experts in how to make the most of limited resources. Understanding and embracing this can prove difficult for councils, as it is sometimes seen as a threat to a professionally led approach to people's needs. Councils wishing to increase take-up of direct payments need to understand and embrace the cultural change that this entails and be prepared to tackle unjustified professional resistance where it occurs. Not doing so is likely to lead to poor implementation and patchy progress.

Sharing responsibility

Public sector staff should understand and embrace the idea that direct payments are a positive way of getting the most value out of the resources available in a way that makes the most sense to an individual. Without good engagement, people may see a drive to increase take-up as the council neglecting its duty of care. Whilst the duty of provision passes to the user when they consent to a direct payment, the on-going duty of care management, as discharged through regular review, persists, so the client is not in any sense abandoned to their own devices. Understanding that the legal framework deliberately shares risk in return for choice and responsibility, with people sufficiently capacitated to take on their share, should go some way to assuaging staff's fears that social care is in some way being dismantled by a drive to encourage take up of direct payments.

Measuring outcomes

Understanding the impact of different models of service delivery is important in helping councils to evidence the benefits to staff, people using services and carers. Some councils such as Richmond have built into their systems data collection which allows them to see patterns of outcomes for people broken down by how the services were delivered. However it is not necessary to go to these lengths to get this information. *The National Personal Budget Holders and Carers Survey 2011* cited earlier enables councils to do this at next-to-no cost.



Appendix 1:

Contextual issues and misunderstandings

There are a number of common misunderstandings relating to Direct Payments which may hinder progress on increasing their take-up:

1) Personal Budgets allow more flexibility than Direct Payments

DPs preceded the idea of personal budgets by many years, but since the inception of Personal Budgets, DPs have been sometimes interpreted as a less flexible version. This is a misconception; the confusion seems to have arisen because in some places, restrictive and locally created DP delivery arrangements (counter to government guidance), were introduced, giving the idea to some that the arrival of PBs (and their predecessor, individual budgets) were affording greater flexibility.

There has been no new legislation offering more flexibility. The introduction of PBs is a policy-driven concept, giving all eligible individuals the right to a budget for their own care and support needs. DPs, as a pre-existing budget-giving mechanism, have therefore slotted in easily as a (main) delivery vehicle for a PB. The 'new' idea is that of identifying to users who are not taking DPs, the specific sum of money that is being used in their council-managed care and support arrangements. This is alongside an emphasis on stronger user/carer direction of the services that have been secured for them on their behalf. It is effectively a user-facing commissioning and care planning, rather than the services that have already been commissioned by the council, determining what is forced into a care plan.

Local policy in relation to direct payments should properly reflect the fact that they are now considered the main means by which personal budgets should be delivered. People should enjoy the flexibility to use direct payments to meet their needs and meet outcomes in ways which make the most sense to them.

2) Direct Payments can only work for a small minority of people

Although most councils still deliver the majority of community-based social care through direct commissioning and provision, a few councils have managed to break this mould and are working towards making direct payments a realistic and attractive option for the majority.

3) Direct Payments can be delivered ‘more safely’ by restricting how they can be used (e.g. so that they can only be used to purchase care from a single provider or a selected group of providers).

Councils should not restrict the use of direct payments to those providers selected by the council and should be wary of using technologies such as e-cards for this purpose. Councils may well develop lists of approved providers, from framework tenders or pre-qualifying questionnaires etc, for their own commissioning purposes (this should reference the purchasing advice note). But they risk challenge if they insist on their use by direct payment clients. Doing so fundamentally compromises the essential purpose of a direct payment, and such practice runs counter to policy guidance and probably the legal framework for the reasonableness of conditions, under the applicable regulations.

4) Support/Care Plans are a minimum core requirement

In the context described (in the previous two paragraphs), **detailed** ‘plans’ are not a legal requirement as such. There is no reference to them in statute, but case-law and government guidance make clear that ‘support planning’ as a process makes a fundamentally important contribution to decision-making and choice and control. This relates to use of PBs as well as one’s private (‘own’) funds to secure care and support. **Offering support and advice to people to help them understand how to make the most of the resources available to them, both financial and non-financial, should be part of a process available to all and should as far as possible, be led by the individual.**



Appendix 2:

Information councils must share with Direct Payment recipients

- The net amount of the council’s direct payment and the amount the individual is expected to contribute, including any expectations as to how the contribution should be made.
- The remit and contact details of any Direct Payment Support Officer services commissioned or funded by the council.
- The local rules and conditions under which all direct payments are offered.
- What, if any, other conditions are attached to the individual’s direct payment.

- What outcomes the direct payment is intended to meet (constituting or taken from the support plan).
- How often and in what format payments will be made.
- Local monitoring arrangements including, what information the person will need to provide, how often and what access may be required to the person's home for the purposes of reviewing the care and support arrangements.
- When will the next review take place.
- What (if any) variations to the way in which the direct payments are used, that the council expects to be asked in advance to approve.
- If the person requires any support to manage their direct payment, how this support will be delivered.
- Details of any training that the council has decided to put on for the benefit of people's employees, and the charges, if any.
- How the council can help in the case of a care breakdown.
- What the person should do if they want to stop receiving direct payments.
- In what circumstances will the council consider discontinuing direct payments (permanently or temporarily).
- How will the council and user handle any temporary gap in direct payments being made.
- How much notice will normally be given if the council decides to discontinue direct payments.
- How any outstanding commitments will be handled if direct payments are discontinued.
- In what circumstances direct payments would be withdrawn with no notice.
- In what circumstances the council would seek repayment.
- Explaining that benefits for existing carers may be affected by formalizing arrangements and paying them for care.
- The responsibilities (in general terms) people will be taking on should they employ personal assistants directly.
- The low likelihood of personal assistants being able to work legitimately on a self employed basis. Councils should advise people never to try to circumvent (or be encouraged to disregard) the duties and responsibilities of creating an employer/employee relationship. By the same token, workers who wish to be employees should not be pressured into taking on the risks of becoming self-employed. Further details are set out in the Department of Health Direct Payments Guidance available on www.dh.gsi.gov.uk
- Where relevant, how will the council be satisfied that the direct payments are purchasing services which promote the best interests of the person lacking capacity.



Appendix 3:

Supporting Direct Payment recipients – local considerations

- Detailed advice and information on employment obligations including:
 - Checking that the person has a right to work in this country
 - Paying the national minimum wage
 - Abiding by the Working Time Directive about breaks
 - Taking out Employers liability cover – mandatory for any employee of a business but prudent in relation to anyone with less than adequate contents insurance for liability to people in their own home
 - Taking on Public Liability for the employees wrongs if others suffer loss
 - Managing legal obligations relating to health and safety of employees inside the home and elsewhere
 - Providing and maintaining a Contract of Employment complying with the rules, including grievance and disciplinary policies
 - Abiding by all Tax and NI obligations including real time information about deductions
 - Honouring Statutory sick pay, holiday rules
 - Honouring parental, adoption, maternity, paternity obligations
 - Allowing for Jury leave etc
 - Abiding by Age, Sex, Race and Disability Discrimination obligations (subject to genuine occupational qualifications)
 - Paying redundancy pay if the job ends because of redundancy
 - Avoiding Unfair Dismissal etc – Tribunal proceedings, compensation etc
 - TUPE obligations towards staff, before or after taking a DP for the purchase of a specialist package from another provider
 - Pension obligations from 2012.
- Basic information about the concept of casual employment and why it matters.
- Alternative options for using personal assistants which do not require direct employment (e.g. PA Agencies, or other legitimate micro-enterprises).



Appendix 4:

Breakthrough Trust case study – Use of Empower and Enable Model for support

Breakthrough UK is home to a new Centre for Independent Living (CIL) providing support and advice to disabled people in the Greater Manchester area Right To Control sites. They will support people receiving budgets from social services, Access to Work, Supporting People, and a number of other sources to plan for the future and make the best of the resources available to meet their needs and lead a good quality of life. The CIL will also be offering support and capacity building to ULOs across the five Local Authority areas as part of the Right to Control contract.

Breakthrough UK have a strong tradition of providing employment support and advocacy in a person centred way. Breakthrough UK has now adopted a new approach to support planning which also aims to shift the balance away from professionally led support towards building people's confidence and using simple planning tools to help many more people develop their own plans. The model is called Empower and Enable and it starts by assuming that people can and will develop their own support plan with the right resources. People are given simple planning tools and encouragement in the first instance and then after a week or so, if more support is needed, it can be offered, linking people together to build confidence. Depending on how people respond, the level of support can increase but the level and type of support starts from the person and building around them what makes sense and what keeps them at the centre of the process, rather than starting with the default being support from a care manager or other paid professional.

Breakthrough UK will be working closely in the first instance with two of the five council areas in the Manchester Area Partnership to test and refine the model. They will train staff seconded to the CIL from local agencies involved in the Right To Control Trailblazer including people from the local Job Centre Plus, social service department and Access to Work in how to use the model. Breakthrough UK's aim will be to ensure that staff have the skills and the necessary approach to encourage and support, rather than lead on support planning. Peer support will be developed by working with the Design Group – the local disabled people who are ensuring co-production in the Trailblazer – to train them to support other disabled people.

The project has received enthusiastic support from the Right To Control Executive Board and in particular, from the disabled people involved.

Lorraine Gradwell, Chief Executive of Breakthrough UK said: 'This is a really exciting development, Increasing the number of people doing their own plans will prove to be a useful tool to further develop cooperation between agencies and partners, support culture change and deliver efficiencies as well as enabling disabled people to take charge of their own support'.

For more information please contact Sarah Riley, the CIL Manager at Breakthrough UK on 0161 273 5412, or via their website at www.breakthrough-uk.co.uk.



Appendix 5: RUILS – Online employment support pack

RUILS (Richmond Users Independent Living Scheme) a local, user-led organisation based in Richmond Upon Thames, has recently launched a web-based employment toolkit for people looking to employ Personal Assistants.

The resource pack was developed in conjunction with Peninsula (a leading Employment Law service provider) and provides a comprehensive range of up-to-date information and templates which can be tailored to fit individual circumstances. The website www.employ-a-pa.co.uk/ takes people through a step-by-step guide to employment from deciding whether being an employer is for them to bringing employment to an end.

It is free for disabled people within the borough to use, which makes it a valuable resource for self funders as well as people using direct payments. People living outside the borough can use the resource for a small fee.

The website contains over 30 downloadable templates and examples for people to use including job descriptions, flowcharts to help to simplify tricky procedures and useful tips and checklists. It also offers a contract building tool enabling people to build a customized contract through the website. Once completed, it can be saved for future use on the website and altered at a later date.

Cathy Maker, Chief Executive of RUILS said: “We wanted to create something which made it easier for people to get the specific advice they needed, as quickly as possible, without always having to rely on getting through to an employment specialist. Local people trust us to give good advice and working with Peninsula helps us make sure the advice we give is fully accurate and up to date. Because its web-based, it means it’s just as useful for people funding their own care as people using council funding. This was really important to us as lots of people in Richmond fund their own care’.

Design: www.foundationdesign.co.uk

Think Local, Act Personal is a sector-wide commitment to moving forward with personalisation and community-based support, endorsed by organisations comprising representatives from across the social care sector including local government, health, private, independent and community organisations. For a full list of partners visit www.thinklocalactpersonal.org.uk