

Under embargo until 00.01
on Friday, 29 May 2015



Local Government
OMBUDSMAN

Report

on a joint PHSO and LGO investigation
into complaint numbers JW-199678 and
14 006 021 about Sheffield Health and Social Care
NHS Foundation Trust and Sheffield City Council

April 2015

**Under embargo until 00.01
on Friday, 29 May 2015**

**Investigation into complaint numbers JW-199678 and 14 006 021 about Sheffield
Health and Social Care NHS Foundation Trust and Sheffield City Council**

Contents

The Ombudsmen’s decision	1
The complaint.....	1
The Ombudsmen’s role and powers	1
How we considered this complaint.....	2
Relevant legal and administrative background.....	2
The Ombudsman’s Principles	3
Key facts	4
Recommendations.....	12

**Under embargo until 00.01
on Friday, 29 May 2015**

The Ombudsmen's decision

Summary: The Trust and the Council did not work quickly to provide a remedy to Ms D after her complaint was upheld in March 2014. So Ms D, a double amputee with significant mental health needs, has not had access to appropriate social care support for over twelve months, and had the stress of continuing to pursue a complaint which should have been resolved much sooner. The Trust and the Council should apologise, pay Ms D £12,000 to acknowledge the impact on her of their faults, reimburse the additional expenses she incurred, and take steps to avoid such a situation happening again.

The complaint

1. Ms D complains about the way the Trust and Council dealt with her application for a personal budget ('Self Directed Support' or 'SDS'). Ms D applied for an SDS budget to meet her social care needs arising from her mental health condition and physical disability. She complains that the Trust and Council did not take enough action after upholding her complaint about her SDS budget in March 2014. In particular, the Trust and Council did not fully implement the complaint investigation recommendations. Ms D says the Trust's Mental Health Panel made an assessment decision in October 2014 that contradicted the complaint investigation recommendations.
2. Ms D says her physical and mental health has worsened and she had no SDS funding because of the dispute between the Trust and Council about what her budget should be. She says she has had to put her life on hold, and has lost her independence. Ms D says she has used up her savings to pay for items that should have been covered by her SDS budget.

The Ombudsmen's role and powers

3. The Ombudsmen investigate complaints about 'maladministration' and 'service failure'. We use the word 'fault' to refer to these. If there has been fault, the Ombudsmen consider whether it has caused injustice or hardship (Health Service Commissioners Act 1993, section 3(1) and Local Government Act 1974, sections 26(1) and 26A(1)). If it has, they may suggest a remedy.
4. Recommendations might include asking the organisation to apologise or to pay a financial remedy, for example, for inconvenience or worry caused. We might also recommend the organisation takes action to stop the same mistakes happening again.

Under embargo until 00.01 on Friday, 29 May 2015

How we considered this complaint

5. In reaching our view we have discussed the complaint with Ms D and her advocate, and have considered the information sent with her complaint. We have discussed the complaint with the Trust and Council. We have also considered:
 - comments and documents from the Trust in response to our enquiries;
 - comments and documents from the Council in response to our enquiries;
6. We gave Ms D, the Trust and the Council the opportunity to comment on the draft decision.

Relevant legal and administrative background

7. In 2008, the Council and Trust entered a Partnership Agreement under section 75 of the National Health Service Act 2006, for the 'delivery of the Council's health-related functions for adults who require Mental Health, Substance Misuse and Dementia Services'. The aim was to 'ensure that adults and older adults with mental health and/ or substance misuse support needs are able to have their needs met through an integrated service'.
8. Self-Directed Support (SDS) is an agreed amount of Local Authority funding (a personal budget) that a person can use to arrange and pay for their care and support, following an assessment of their needs.
9. The Council's eligibility threshold (the level at which someone can receive help) supports people with 'substantial' or 'critical' needs. 'Low' or 'moderate' needs will not receive funding.
10. The joint Council and Trust Protocol for assessments under SDS for people with both physical and mental health needs¹ says the service areas involved should 'work together through the assessment, support planning and reviewing process, to enable individuals to receive their personal budgets'. The services involved should agree who the lead service is, and the lead service will carry out the assessment, referring back to the other service. The lead service will decide any funding split between the Council and Trust. 'It will be assumed that funding will be split on a 50:50 basis, if there are critical or substantial needs resulting from an individual's combined physical and mental health conditions'.
11. When there is a dispute about a decision taken during the SDS assessment process, the Council uses a 'Look Again' process. This is not a formal appeal mechanism. It is an opportunity to review the decision-making about an individual application. If a person is unhappy with the outcome of the 'Look Again' process, they can make a formal complaint to the Trust.

¹ Protocol for Assessments and Care Management under Self-Directed Support for clients with physical and mental health support needs (Draft 2, 2010) [Sheffield City Council & Sheffield Health and Social Care NHS Foundation Trust].

Under embargo until 00.01 on Friday, 29 May 2015

12. Under its complaints procedure, the Trust appoints an investigating officer to consider the concerns raised. The Trust's complaints leaflet says:
- 'The Trust's response will include an apology where appropriate, an explanation of the events surrounding the cause for complaint and details of any actions the Trust intends to take in order to prevent a recurrence of the situation/event. Any recommendations made as a result of the investigation will be incorporated into an action plan. If you are dissatisfied with the outcome please contact us explaining why you are not satisfied and we will try to resolve any remaining areas of concern.'

The Ombudsman's Principles

13. The Ombudsman's Principles of Good Administration, Principles of Good Complaint Handling and Principles for Remedy are broad statements of what we consider public organisations should do to deliver good administration and customer service, and how to respond when things go wrong.² The same six key Principles apply to each of the three documents. The six Principles are:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right, and
- Seeking continuous improvement.

14. The Principles of Good Administration particularly relevant to Ms D's complaint are:

- 'Getting it right' – acting in accordance with the public organisation's policy and guidance; taking reasonable decisions based on all relevant considerations
- 'Being customer focused' – ensuring people can access services easily; dealing with people promptly bearing in mind their individual circumstances
- 'Being open and accountable' – stating its criteria for decision-making and giving reasons for decisions
- 'Putting things right' – putting mistakes right quickly and effectively
- 'Seeking continuous improvement' – ensuring that the public organisation learns lessons from complaints and uses them to improve services and performance.

15. The Principles of Good Complaint Handling particularly relevant to Ms D's complaint are:

- 'Putting things right' – acknowledging mistakes and apologising where appropriate; providing prompt, appropriate and proportionate remedies; taking account of any

² The *Ombudsman's Principles* is available at www.ombudsman.org.uk.

Under embargo until 00.01 on Friday, 29 May 2015

injustice or hardship that results from pursuing the complaint, as well as the original dispute

- 'Seeking continuous improvement' – using all feedback and the lessons learnt from complaints to improve service design and delivery.

16. The Principles for Remedy particularly relevant to Ms D's complaint are:

- 'Getting it right' – quickly acknowledging and putting right cases of maladministration or poor service that have led to injustice or hardship
- 'Putting things right' – if possible, returning the complainant to the position they would have been in if the maladministration or poor service had not occurred. If that is not possible, compensating the complainant appropriately; considering fully and seriously all forms of remedy (such as an apology, an explanation, remedial action or financial compensation).

Key facts

17. Ms D has several chronic medical conditions. They include: moderate to severe depression, myeloproliferative disorder,³ atherosclerosis⁴ and an underactive thyroid.
18. From 2009 onwards, Ms D received an annual personal budget of £6,920 via the SDS Panel (Mental Health), to meet her social care needs arising from her mental health.
19. In February 2013 Ms D was admitted to hospital as an emergency and had to have a bilateral above-knee amputation. After her discharge from hospital in April 2013, an interim package of support was put in place. Her budget from Mental Health Services continued as in previous years, and the Council paid for some agency care to meet some of her physical needs, to which Ms D paid a financial contribution. Ms D received a morning and afternoon call from the agency carers to help with practical personal care.
20. Ms D and her clinical psychologist asked for a social worker to be allocated. A social worker was allocated in July 2013, three months after Ms D was discharged from hospital.
21. Mental Health Services and Social Services decided Ms D needed a new SDS assessment because of the change in her circumstances after her bilateral amputation. In August 2013 the Trust and Council agreed 50-50 funding for a new SDS budget. A new joint assessment took place in October 2013. This recommended joint funding by the Council and the Trust's Mental Health Team.
22. On 21 October 2013 Ms D's clinical psychologist, her physiotherapist and her prosthetist wrote a joint letter to Adult Social Care. They set out their concerns about the impact on Ms D of the delay in agreeing her SDS budget. They said the delay was having a 'significant adverse impact on Ms D's physical and psychological wellbeing'. They said

³A disease in which the bone marrow makes too many red blood cells, platelets or white blood cells.

⁴Build-up of fatty deposits in the walls of the arteries.

Under embargo until 00.01 on Friday, 29 May 2015

her mental health history was clear, and put her at significant risk if there was no agreement on the SDS budget within a reasonable timeframe. Ms D's GP and her clinical psychologist sent further letters raising concerns about the delay.

23. The Council and the Mental Health Team had not agreed Ms D's new SDS budget by 31 December 2013, when Ms D's SDS budget from Mental Health Services ended. Ms D was told an 'F8' form could be completed, to extend the existing SDS budget. Nobody completed this form and Ms D was left without SDS payments from 31 December 2013. From then on, Ms D only received the two agency care visits a day paid for by the Council, to which she made a financial contribution. This was meant to be an interim measure.
24. Ms D complained to both the Council and the Trust on 17 January 2014.
25. The Mental Health Services Team Manager (Mr C) emailed Ms D on 24 January 2014 to update her about recent meetings between the CMHT (Community Mental Health Team) and Adult Social Care. Mr C said they felt strongly that Ms D's needs were defined largely by her physical disability rather than by her mental health. He said he understood funding had been split in the past (this was not in fact the case), but he felt there was no rationale for that now. Mr C said it had been agreed unanimously that Ms D's lead professional and her funding should be from Adult Social Care.
26. Mr C said 20 hours a week of Personal Assistant time had been agreed, in addition to the current agency care, based on Ms D's previous Support Plan based on her assessed needs. Other items in the Support Plan were either not agreed, or more information was needed.
27. The Trust investigated Ms D's complaint and responded on 12 March 2014. It upheld Ms D's complaint about the failure to agree and provide her with a continuing SDS budget. The Trust said:
 - the SDS budget should have been sorted out much sooner, and the delay was the fault of professionals not making adequate decisions
 - Ms D had tried to resolve matters herself but had been unable to because professionals did not respond to her situation
 - The Assessors and the Mental Health Panel had accepted that Ms D had eligible social care needs directly related to a mental health condition. Otherwise, they would not have sanctioned the budget awards from 2009 onwards
 - There was no reason to dispute that Ms D still had eligible social care needs directly related to a mental health condition. Even without the decline in her physical health and the double amputation, she had been recently assessed as having eligible needs related to her mental health. But there was also an undeniable link between her mental and physical health
 - There was a need for a substantial SDS package from Adult Social Care Services
 - The explanations about no contribution from Mental Health Services were inadequate and needed reviewing given Ms D's recent history of SDS funding

Under embargo until 00.01 on Friday, 29 May 2015

- The investigation could not identify a defined list or policy from the Council about what SDS can and cannot fund. This appeared to be ever-changing, and subject to the overall funds available and the demands on the Council's budgets.
28. The Trust's complaint investigation report recommended:
- Mental health professionals reconsider Ms D's eligible social care needs, to identify what contribution was appropriate from Mental Health Services. They should do this immediately
 - The reconsideration must take into account that professionals had previously assessed Ms D as having eligible social care needs as a direct result of her mental health
 - Delays should be avoided, and the SDS Panel should make and implement decisions that were supportive of Ms D
 - Adult Social Care should lead overall in overseeing Ms D's overall package, with input from a member of the CMHT.
29. Ms D expected that her SDS budget would be quickly sorted out after this. It was not. The dispute about her overall budget, and the extent of her social care needs arising from her mental health, continued. Ms D continued to receive twice daily agency care visits, to support her basic domestic and personal care needs. But this was the original interim package of support, and no support for her mental health needs was in place.
30. Ms D complained to the LGO in July 2014. Later that month, an assessment meeting took place, involving Ms D, her advocate, Mental Health Services, and Adult Social Care. Ms D's social worker wrote a Review Questionnaire (RQ) (an updated Assessment Questionnaire) after that meeting, and sent it to the Mental Health Panel with information from Ms D's clinical psychologist, GP and community physiotherapist.
31. Ms D says she was not given the chance to review and comment on the RQ before it went to the Panel. Ms D felt the RQ was inaccurate and incomplete, and that as a result it led to an incorrect decision about her mental health needs. It is also not clear when the Panel considered the RQ. The files refer to consideration on 21 August, when the RQ was still in draft form, before the RQ was resubmitted in September.
32. The Mental Health Panel met on 18 September 2014. On 6 October the Trust wrote to Ms D saying the South West CMHT had completed its assessment, including input from the Adult Disabilities Team. The Panel decided Ms D's mental health needs did not meet the critical or substantial criteria for added social support.
33. Ms D had an acute hospital admission on 29 October 2014, and was in hospital for two days. Ms D said she had become completely worn down and exhausted by the constant battle to get suitable services and support at home, and being declined SDS funding. She described the SDS funding issue as being a very significant trigger for this episode. Ms D complained she received inadequate support from the Council after her discharge.
34. Ms D complained she could not understand the Mental Health Panel's decision that she did not meet the critical or substantial criteria for more social support for her mental

Under embargo until 00.01 on Friday, 29 May 2015

health. She said she had been assessed as having these needs for five years before her amputation, and in her view her needs were now greater. Ms D and her advocate raised these matters with her social worker in October 2014. On 11 November 2014 Ms D's social worker responded to the advocate, and said she was sorry Ms D felt the assessment did not reflect her needs. However, she did not suggest any action to address this.

35. On 11 November 2014 Ms D asked her social worker why she had not taken any action to review this situation, under the 'Look Again' process, as she had complained the assessment was inaccurate and incomplete. On 19 November the social worker replied to say her manager would be responding to Ms D, and that she would like to move on with her Support Plan. No reply from the social worker's line manager was forthcoming; a reply was eventually sent on 24 December.

Events since November 2014

36. We wrote to the Chief Executives of the Trust and Council on 18 December 2014 to raise our significant concerns about the failure to agree Ms D's SDS budget.
37. The Council told us it could not resolve matters until the SDS budget from Mental Health Services had been sorted out. The Trust told us there was nothing more it could do because the October 2014 Mental Health Panel decision was that Ms D's mental health needs did not meet the criteria for added support. There was an impasse.
38. In our letter of 18 December 2014 we highlighted the need for practical intervention to prevent a serious continuing failure in service. We also highlighted that Ms D's health professionals had contacted the Trust and Council on several occasions expressing their significant concerns about the delay in sorting out Ms D's SDS funding. This delay presented a constant risk to her physical and mental health.
39. We also highlighted to the Trust and Council that we had recently completed a joint Ombudsmen investigation of another complaint about the SDS process used by the Trust and Council in Sheffield. In that case, we found that both organisations had taken too long to consider the SDS application and address the complainant's concerns. We said there appeared to be some parallels between the two cases.
40. We contacted the Trust and Council for progress updates in January 2015. The Trust told us it had decided to carry out a reassessment of whether Ms D had critical or substantial social care needs linked to her mental health. This reassessment was to consider the recommendations from the complaint investigation in March 2014, and recent events relating to Ms D's mental health. The Council had decided to review its assessment of Ms D's needs arising from her physical disability to see whether it was reasonable and 'watertight' or not. There was to be input into each assessment and review from the opposite side; that is, input from the Trust into the Council's review and vice versa.
41. On 20 January 2015, we found out there was confusion between the Trust and Council about what was happening.

Under embargo until 00.01 on Friday, 29 May 2015

42. The Council said it proposed to look at the whole picture as a global review, rather than splitting those needs arising from mental health from those arising from physical disability. The Council said this would in effect replace the need for the Trust to do its reassessment of Ms D's social care needs arising from mental health. The Council said it would lead on this review, and would fund the agreed budget that resulted.
43. The Trust said it was completely unaware of these proposals by the Council, as the Council had not contacted the Trust to discuss them. The Trust said the Council's proposals were not in line with the policies in place for SDS, and if the Council was setting aside those policies, the Trust would need to know why.
44. This breakdown in communication between the Trust and Council on this matter led to confusion about how to address the continuing failure to agree an SDS budget for Ms D. We asked the Trust and Council to identify a lead person at each organisation, with a responsibility to liaise and discuss the situation and agree a way of taking matters forward.
45. On 30 January 2015 the Trust and Council wrote a joint letter to us, saying the following:
 - They wished to apologise to Ms D for the delay in resolving the issues she had raised, and specifically for the failures in communication, which had led to confusion and misunderstanding throughout the process
 - They had tried to clarify the process to Ms D, but they understood the system can seem complicated to service users, and they will try to look at how they can improve communication in future. They will include this in a whole-system review to consider new duties arising from recent changes in the law
 - A large part of the confusion had been around the different roles and responsibilities of the Council and the Trust, and the idea of a jointly funded care package
 - In future, when service users have needs across more than one service, one service will lead on assessment and care planning, leading to a single personal budget tailored to the individual's needs. The lead service will take advice and involvement from other services during the assessment and care planning process, as needed. Once the lead service has determined the individual needs and drafted a suitable support plan, the existing joint funding panel procedures can come into play
 - In Ms D's case, the Council and Trust had agreed that her social care needs included both physical and mental health needs. They had faced difficulties in progressing agreement of the proposed care package as Ms D was not an active user of mental health services
 - There was a clear and urgent need to resolve the outstanding issues and provide services to meet Ms D's mental health needs. So the Council would lead on developing a support plan to take account of all Ms D's social care needs
 - The Council would fund a personal budget at the level in place before Ms D's operation. This would allow Ms D to employ a personal assistant so she could access at least some activities, as quickly as possible. This would be an interim provision subject to agreement of a final support plan

Under embargo until 00.01 on Friday, 29 May 2015

- The Council's Assessment and Care Management Service would lead a joint assessment of Ms D's social care needs. A mental health representative from the Trust would be present, to ensure the assessment properly considered Ms D's mental health needs. The Council would do the assessment as a priority, and had contacted Ms D to arrange this
- The Council and Trust recognised the anxiety and distress that delays to the process of agreeing a care package had caused Ms D
- The Council and Trust planned to meet to review this case and ensure it informs future practice.

46. Ms D disputes some of the comments made by the Trust and Council. She says:

- She and her advocate have no recollection of any effort to clarify the process – either the two organisations were saying different things or they were saying nothing at all
- It is wrong to say she is not an active user of mental health services. When her psychiatrist retired in 2013, no replacement was appointed straight away. Her psychologist made the referral to the new psychiatrist in 2014. She has also received other mental health services from the Trust
- She has already asked that her own support planner leads on developing a support plan. Her support planner has done all her previous support plans and submitted one in December 2013. It is not 'person-centred' for the Council to lead on developing a new one under those circumstances.

What we found

47. To 'get it right' and 'put things right' the Trust and the Council should have acted quickly to provide a remedy to Ms D after the upheld complaint investigation in March 2014. The complaint was about both organisations, so they should have worked together to resolve it.
48. The first part of this remedy should have been an immediate reconsideration of Ms D's eligible social care needs by mental health professionals, to identify what contribution was appropriate from mental health, as outlined in the complaint response.
49. The complaint response was issued on 12 March 2014, but an assessment meeting did not take place until July 2014, four months later. This was not an '*immediate*' reconsideration. We find fault in the delay in carrying out this assessment.
50. After the July 2014 meeting Ms D's social worker wrote an updated Assessment Questionnaire (a Review Questionnaire, RQ,) and sent it to the Mental Health Panel with information from Ms D's clinical psychologist. Ms D says she was not given the chance to review and comment on the RQ before it was submitted to the Panel. Ms D felt the RQ was inaccurate and incomplete.
51. As Ms D had previously been given the chance to review and comment on the Assessment Questionnaire before it was submitted, we consider it reasonable for her to have expected the same to happen after the July 2014 meeting, particularly given the

Under embargo until 00.01 on Friday, 29 May 2015

emphasis on service user involvement in the SDS process. We find fault in the failure to give Ms D the chance to review and comment on the RQ before it was submitted to the Panel. In addition, throughout the process there was a lack of information about the rationale for decisions, and about what could and could not be included in the support plan.

52. The Trust's complaint investigation concluded there was no reason to dispute that Ms D still had eligible social care needs related to a mental health condition, otherwise previous budget awards from 2009 would not have been agreed. It concluded the explanations about no contribution from mental health were inadequate and needed reviewing.
53. It therefore seems perverse and contradictory that the Mental Health Panel decided in October 2014 that Ms D's mental health needs did not meet the critical or substantial criteria for additional social support. The letter communicating the decision to Ms D included no rationale about why she was not considered to be eligible. In addition, there was no indication the Mental Health Panel had taken note of the recommendations of the upheld complaint investigation. To 'be open and accountable' a rationale for the decision should have been given, and to 'put things right' the Panel should have taken account of the complaint investigation findings and recommendations. We find fault in these omissions.
54. After Ms D received the Mental Health Panel letter of 6 October 2014, she raised concerns with her social worker about the decision, and about not being invited to review the Review Questionnaire before it was submitted. The social worker failed to take any obvious action to address these concerns, and instead said she wanted to get on with the support planning process. To '*be customer focused*' and to '*put things right*' the social worker should have taken action in response to Ms D's concerns raised in October and November 2014, and it was fault she did not.
55. By December 2014, there was still no agreement about Ms D's SDS budget. We wrote to the Chief Executives of the Trust and the Council to highlight our concern about this ongoing failure to reach agreement. The Trust and Council then took steps in January 2015 to move the situation forward, but there was a breakdown in communication between them about how this work should be carried out. This led to more confusion, frustration and upset for Ms D. There was confusion throughout the process about the roles and responsibilities across the Council and Trust relating to the complaint. We find fault in the breakdown in communication that occurred, and in the further delays this caused to getting Ms D's SDS budget agreed.
56. We are pleased to note that, as of 30 January 2015, and as a result of the Ombudsmen's intervention, appropriate and joined-up steps are being taken by both organisations to try to resolve the matter of Ms D's SDS funding as soon as possible.

Under embargo until 00.01 on Friday, 29 May 2015

Fault

57. To summarise, we have identified the following fault:

- Delay in remedying an upheld complaint
- Delay in arranging an assessment meeting
- Failure to provide the opportunity for Ms D to review and comment on the review questionnaire
- Failure to include decision reasons in the Mental Health Panel's decision
- Failure by the Mental Health Panel to take account of the Trust's complaint findings
- Failure by the social worker to address Ms D's concerns about the review questionnaire and the Mental Health Panel's decision
- Failure to treat Ms D as an individual
- Failure to communicate effectively, both between the two organisations, and with Ms D.

Injustice

58. The impact on Ms D of the failings by the Trust and the Council is significant. Service users are, by definition, vulnerable, and rely on the support of public authorities. When Ms D had her legs amputated, she quite rightly expected those authorities to provide more support, not less.

59. But for a year now, she has had significantly less support than she had before that life-changing event. Previously, Ms D had an annual personal budget of nearly £7,000. She had significant freedom to use this to purchase:

- personal support, to reduce the risk of social isolation
- complementary therapy
- access to physical exercise
- other items to safeguard her mental health and promote her wellbeing.

60. From January 2014 Ms D did not have this budget to meet her mental health needs. And the agency care provided could only meet her most basic physical needs.

61. Ms D used her own savings to buy some of the extra support she needed. This financial loss arose from the failings by the Trust and the Council. But Ms D was not able to purchase enough support to meet all her needs. So the failings by the Trust and the Council also:

- affected the quality of her daily life
- slowed her recovery from her operation
- reduced her ability to live independently, and
- led to a significant deterioration in her mental health.

Under embargo until 00.01 on Friday, 29 May 2015

62. Without the faults we have identified, Ms D could reasonably have expected to have made progress by now in rebuilding her life. But that has not been possible. For more than a year, she has been limited to getting by.
63. The failings by the Trust and the Council also forced Ms D into a frustrating and exhausting battle to get the support she needs. She expected, after her complaint was upheld, that the Trust and the Council would work together to resolve matters. That was an entirely reasonable expectation, yet 11 months later it is only just beginning to happen in an effective way. So as well as stress and frustration, Ms D has the further injustice of justifiable outrage about this.

Recommendations

64. In accordance with the Principles for Remedy, we make our recommendations on the basis that, where possible, the complainant should be returned to the position they would have been in if there had been no fault. If that is not possible, the complainant should receive a payment that acknowledges the impact of the fault. We therefore recommend the Trust and Council:
- Write to Ms D to apologise for the faults identified in this decision, and the distress these faults caused, **within one month**
 - Reimburse Ms D **£14,000** for the costs she incurred in buying support that should properly have come from her SDS budget, covering the period January 2014 to February 2015 inclusive
 - Agree Ms D's monthly SDS budget as a matter of urgency and ensure that payments are made **within three months** at the latest and backdated appropriately
 - Pay Ms D **£12,000** to acknowledge the impact on her of not having an adequate SDS budget in place. We have arrived at this figure by considering Ms D's vulnerability, the impact on her daily life, and the length of time she has been affected
 - Pay Ms D a further **£1,000** to acknowledge the avoidable stress and frustration, and her justifiable outrage, from having to continue to pursue her complaint
 - Disregard these payments when assessing Ms D's financial contribution to her SDS budget
 - Produce an Action Plan **within three months** addressing the faults listed under paragraph 57 in this report, and setting out what action has and will be taken to address them.
65. The Trust and the Council accept these recommendations.