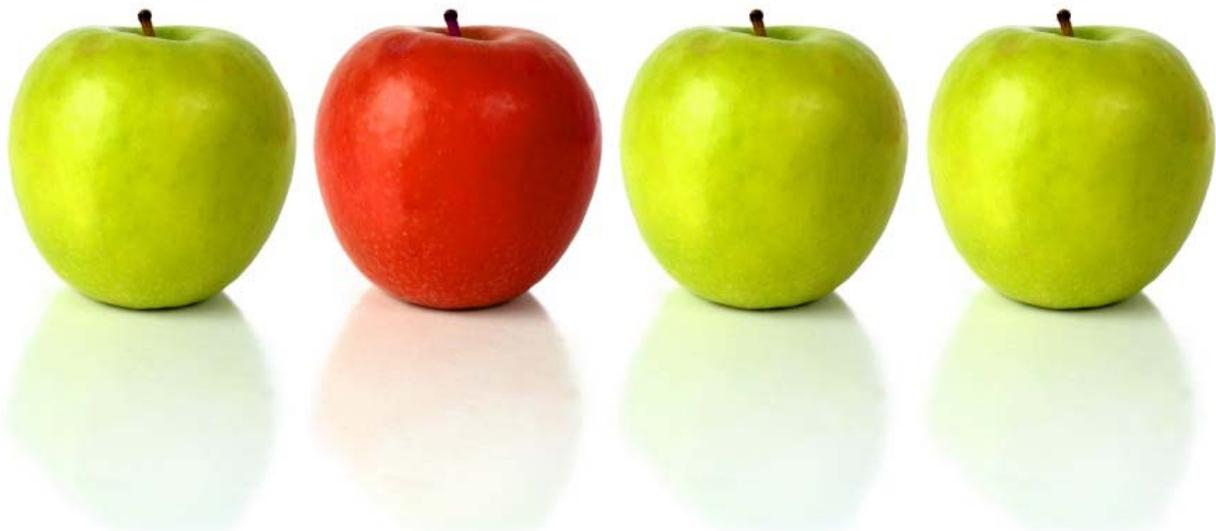


# Personalisation and individual budgets: challenge or opportunity?

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## Key points

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Personalisation is here to stay:

- Personalisation and individual budgets (IBs) need to be woven into organisational strategy, policy and procedures
  - Organisations need to test their systems to ensure they are fit for purpose for IBs
  - Organisations need to consider how to position their services to make them attractive to customers with IBs
  - Joint working opportunities should be exploited and encouraged to map wider revenue streams to meet support plans
  - IBs could provide a powerful framework to deliver high impact support and resources to individuals and families in our most deprived areas
- Commissioners and providers need to work together to demonstrate a return on investment in outcomes for citizens and greater value for money.

## Introduction

Personalisation is perhaps the most significant shift in transforming social care and support we have seen in the last three decades. It underlines a core principle of providing high quality individually tailored services which meet the care and support needs of vulnerable adults. As a concept it implies that services should no longer be commissioned en masse for a specific client or user group, but that the services, information and support will vary greatly between individuals.

This paper seeks to explore some of the implications for housing providers and commissioners of supported housing. It aims to provide some challenge to the sector to begin weaving choice, control and personalisation throughout our policies, procedures and services to position the sector as the leaders in finding flexible solutions for our customers who require assistance, care and support. In doing so we appreciate that readers of this briefing will be at varying levels of both progress and understanding of the implications of transforming adult social care services and have tried to address this

throughout. In the following pages we will explore:

- What IBs are and how they differ from personal budgets
- What are the drivers behind this cultural shift?
- Whether IBs will really work
- How commissioners could respond
- How providers could respond.

Choice, independence and control are the three words that have watermarked just about every government policy, guidance note and research commissioned in the last five years. As regulation has and continues to address the quality and monitoring of care and support services which people receive, it has allowed a greater emphasis on understanding the end-user of a service as a customer who should have rights, choices and control over their own lives. Indeed this has been enshrined in the Welfare Reform Bill through the right to control.

The personalisation agenda represents a major cultural shift in the way we commission and plan support services. It changes the climate of services from services existing because there is a need, to services being commissioned because there is a demand. What might this mean in the world of supported housing? Well, let us ask how might services look when sheltered residents opt to buy in scheme manager support from another service, perhaps a private sector provider? What about if a floating support customer chooses to go to the voluntary sector provider for their support, rather than the local authority in-house service which is currently working with them? What happens when customers decide to work with another contractor and liaison officer on their disabled facilities grant? These are all realities in the new climate of self-directed care and support.

The mere mention of self-directed support, IBs or personalisation has a catalytic ability to divert conversations off into a myriad of positives and negatives. Few would disagree with the principle of providing people with more choice and control, but in recent years we have heard concerns about

safeguarding, quality assurance and what the move towards choice means for the providers of services. We must understand that at the heart of the personalisation agenda is a cultural shift which requires providers and professionals to be accountable to customers or risk losing their business.

### ***What are the key drivers for change?***

#### ***Green Paper on social care***

In 2005 the government's Green Paper on social care set the tone for a large step change in the commissioning of care and support. This followed several reviews of assessment, care planning and commissioning arrangements which highlighted:

- Huge regional variations in assessment/support planning processes
- Processes which were provider/commissioner-driven rather than user-led
- Lack of flexibility and options in the way which support or care could be provided

- A lack of control for services users to shape or change the way their care and support was delivered.

This was the first time a government review had fully captured the fact that until now services were provided in ways which were more convenient for providers rather than tailored to offered quality and choice to customers.

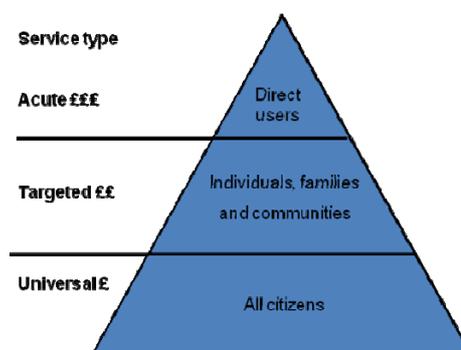
#### ***Putting people first***

In 2007 *Putting people first: a shared vision and commitment to transforming social care*, the ministerial concordat was published. In this document it was clear that the government had recognised that despite two years of discussing the personalisation agenda, pockets of good practice were the exception rather than the rule, due to a lack of a strategic commitment and direction. The Home Office set out clearly this year (2009), what they believe needs to happen:

*“...the social care sector needs a shared vision: personalisation, including a strategic shift towards early intervention and prevention, will be the cornerstone of public services.”<sup>1</sup>*

- *A transparent allocation of resources, giving individuals a clear cash or notional sum for them to use on their care or support package*
- *A streamlined assessment process across agencies, meaning less time spent giving information*
- *Bringing together a variety of streams of support and/or funding, from more than one agency*
- *Giving individuals the ability to use the budget in a way that best suits their own particular requirements*
- *Support from a broker or advocate, family or friends, as the individual desires.”*

## Who receives your services?



What this extract illustrates is that in addition to a strategic commitment, a shift in the way resources are allocated is required. Under the existing commissioning framework those accessing social care services were assessed against the fair access to care services criteria (FACS). With dwindling local resources this often meant that authorities

were left meeting the needs of only those whose needs were ‘critical or substantial’. This in turn breeds a situation where prevention slips off the agenda and creates a system which becomes purely about responding to crisis. A report by the Association of Directors of Social Services (ADASS) and Communities and Local Government (CLG) in 2002 identified how an ideal spread of resources should look when commissioning services (triangle of care, below). When applied to reality, it rapidly became referred to as the ‘inverted triangle of care’, where we flipped the triangle to show that the spread of resources is targeted at the small group of those in crisis to the detriment of others and ultimately left out prevention work. We might argue that this is now beginning to turn

more into an hourglass shape in reality, as resources at the top and universal stages balloon and the squeeze on targeted services for communities and families becomes ever tighter. <sup>2</sup>

The most recent development from ADASS and the Local Government Association (LGA) has moved the Putting People First agenda on through their letter to local authorities issued in September this year. This set out a series of milestones which they will use to inform:

- Delivery of the Putting People First transformation
- The Transforming Adult Social Care (TASC) programme
- Care Quality Commission judgements and

their consistent contribution to Comprehensive Area Assessment.

The first significant milestone will be that by 2011, 30% of people who are eligible for a personal budget will have taken this up. We will provide an overview of the other milestones later in this briefing.

### Supporting People

As the second driver for change the introduction of Supporting People (SP) in 2003 brought the opportunity to create a framework for preventative services and create strategic action plans for support services across local authority areas and by user group. Six years on the success and challenges of SP are well documented, but one of the key outcomes has been a continual push to ensure that the spread of resources meets local needs and demands and a move towards measuring the outcomes of support in terms of the impact and improvement to individuals lives. It seems obvious looking back, that self- directed care and support, IBs and personalisation was the next logical step.

### Personal budgets and individual budgets

Until recently it was clear that personal budgets have solely referred to services which are directly procured *from one pot of money*, primarily health or social care. These were linked into a clear assessment of eligibility and usually service criteria such as the fair access to care system. This was then usually managed through one of two processes. Either a direct payment, where the customer would assume the administrative control of their allocation and procure the service, or where the choice would be made by the service user but the care manager would retain responsibility for procuring the services. In some instances a combination of both approaches were used.

IBs were created to pool together a personal resource allocation *from multiple funding streams*. So in reality this could combine money from adult social care budgets, SP, disabled facilities grant, independent living funds and access-to-work funding, to form one pot of cash from which to procure services which fulfilled the personalised care and support plan of the service user.

### Will individual budgets really work?

As we have already mentioned there has been a mixed bag of positivity and scepticism around the implementation of IBs. The University of York Social Policy Research Unit and the Personal Social Services Research Units of Manchester University, LSE and University of Kent, and King's College, London, formed in 2006 the Individual Budgets Evaluation Network (IBSEN), which evaluated the first phase of 13 local authority pilots.

First, they identified the key stages of the process undertaken to achieve on IBs; this included:

Stage	Action
1	A range and scope of assessments undertaken to identify specific support and care needs
2	Eligibility assessments under the FACS system
3	Resource allocation and identifications of funding streams (could include SP, disabled facilities grant, independent living fund, access to work,

Stage	Action
	social care)
4	Financial assessment to ascertain individual contribution
5	Funding agreed
6	IB signed off by co-ordinator/care manager
7	IB implemented with a review scheduled (usually six to eight weeks)

IBSEN found that cost-effectiveness varied between user groups, although the pilots had been running a relatively short time before the evaluation was complete. The main outcomes however for users were significant; including:

- Improved health and emotional wellbeing
- Improved quality of life
- Making a positive contribution
- Choice and control
- Freedom from discrimination
- Economic wellbeing
- Personal dignity.<sup>3</sup>

In addition the research also identified a number of key concerns from people and organisations involved in it, but there

were four main recurrent questions:

- 1 What could/should be legitimately paid for as an IB?
- 2 What equipment could be purchased?
- 3 Can/should family members be paid to provide care/support?
- 4 Who is responsible for resolving crisis or conflicts in an IB?

As with most new initiatives, only after testing scenarios out over time will the full answer to such questions be clear. Indeed the answer will vary from case to case and authority to authority. As such the Department for Work and Pensions has requested fresh pilots, learning from the first round to be undertaken this year with evaluation due in summer 2010. The areas they will specifically be looking to address are some of the themes which came out in the pilot evaluation including:

- There was little difference in the average costs of IBs and conventional social care support. However, implementing IBs nationwide would require substantial investment,

including in staff training

- People using IBs were more likely to feel in control of their lives than people receiving conventional social care support
- Satisfaction varied between client groups: highest among mental health service users and physically disabled people, and lowest among older people
- A substantial proportion of older people felt that taking control of their support was a 'burden'.

Staff encountered significant barriers to integrating funding streams.

It would be useful for both local authorities and providers to factor some of these themes into their own planning and evaluation of personalisation initiatives and ask: what could make it better?

### Resources

One final note from the IBSEN research was the work they completed on resources and costs. This illustrated that the average weekly costs of

an IB was £280. However they also identified that individuals with an IB came into contact more with their local authority social worker and that support planning took significantly more time. Again this presents both an opportunity and a challenge in terms of scrutinising existing needs assessment and support planning procedures. Some organisations in the pilots had separate teams which just focussed on drawing up the support plans; others utilised existing procedures across agencies. In addition almost half of the service users in the pilots opted to have a personal assistant to help them plan, monitor and administer their IB. Provider organisations may wish to think what role they could play in supporting customers to access personal assistant-type services.

services (see references at end of briefing).

In Control (a social enterprise that was set up to transform the current social care system into a system of self-directed support) has a website full of useful resources and examples of positive practice in terms of policies, procedures and tools to help organisations consider how they might integrate an IB culture into their existing

## How can commissioners respond?

The starting point for any commissioner would be to seek to identify how and where they could accommodate or develop the seven-stage approach identified from the learning during the pilots. This would mean looking at both in-house and external processes and possibly looking at multi-agency frameworks and protocols which could support the move to IBs. This will include identifying:

- 1 What are the funding sources which exist locally for care and support?
- 2 What established working relationships and protocols do we have in place to pool these funding streams together?
- 3 What gaps are there which we need to bridge?
- 4 What will be the agreed assessment and allocation framework?
- 5 How will this be monitored and reviewed?
- 6 What safeguarding arrangements will we have in place (how will we ensure we comply with the new Independent

Safeguarding Authority measures?)

- 7 How can we support local providers in implementing IBs and avoid losing valuable local services?

In addition local authorities will need to be mindful of the milestones set out by ADASS this month, which they hope every council will adopt as key priorities and which address five strategic areas:

- 1 Effective partnerships with people using services, carers and other local citizens.
- 2 Self-directed support and personal budgets.
- 3 Prevention and cost-effective services.
- 4 Information and advice (access to and provision of).
- 5 Local commissioning (expansion of choice and the use of the third sector).

This will be more of a challenge for those authorities who are beginning on the journey of moving towards more self-directed systems.

The advantage, however, for such authorities is that there are plenty of case studies from which to learn and some useful tools which have been tried and tested out with providers. In addition we have seen some local authorities launch innovation funds and special time-limited grants to pilot IB schemes looking at particular areas of concern for them for example:

- Those with complex or multiple needs

- Children and young people
- Special tools for people with communication impairments
- Advocacy schemes.

In addition there are some support and supported housing providers who work cross-authority and are keen to share their learning and experience with local authority partners to roll out IBs in all the areas in which

they work; such opportunities are well worth investigation.

We have provided below the tables from ADASS which set out their milestones for transforming adult social care services, starting with a target for this year to ensure that IB is well understood locally and, critically, that users are involved in developing and shaping the local practice.

	April 2010	October 2010	April 2011
<p><b>Effective partnerships with people using services, carers and other local citizens</b></p>	<p>That a communication has been made to the public including all current service users and to all local stakeholders about the transformation agenda and its benefits for them</p> <p>That the move to personal budgets is well understood and that local service users are contributing to the development of local practice <b>(by Dec 2009)</b></p> <p>That users and carers are involved with and regularly consulted about the councils plans for transformation of adult and social care</p>	<p>That local service users understand the changes to personal budgets and that many are contributing to the development of local practice</p>	<p>That every council area has at least one user-led organisation who is directly contributing to the transformation to personal budgets. <b>(by December 2010)</b></p>

	April 2010	October 2010	April 2011
<b>Self-directed support and personal budgets</b>	That every council has introduced personal budgets, which are being used by existing or new service users/carers	That all <b>new</b> service users/carers (with assessed need for ongoing support) are offered a personal budget  That all service users whose care plans are subject to review are offered a personal budget	That at least 30% of eligible service users/carers have a personal budget
<b>Prevention and cost-effective services</b>	That every council has as clear strategy, jointly with health, for how it will shift some investment from reactive provision towards preventative and enabling/rehabilitative interventions for 2010/11. Agreements should be in place with health to share the risks and benefits to the 'whole system'	That processes are in place to monitor across the whole system the impact of this shift in investment towards preventative and enabling services. This will enable efficiency gains to be captured and factored into joint investment planning, especially with health	That there is evidence that cashable savings have been released as a result of the preventative strategies and that overall social care has delivered a minimum of 3% cashable savings  There should also be evidence that joint planning has been able to apportion costs and benefits across the 'whole system'
<b>Information and advice</b>	That every council has a strategy in place to create universal information and advice services	That the council has put in place arrangements for universal access to information and advice	That the public are informed about where they can go to get the best information and advice about their care and support needs
<b>Local commissioning</b>	That councils and PCTs have commissioning strategies that address the future needs of their local population and have been subject to development with all stakeholders especially service	That providers and third sector organisations are clear on how they can respond to the needs of people using personal budgets  An increase in the range of service	That stakeholders are clear on the impact that purchasing by individuals, both publicly (personal budgets) and privately funded, will have on the procurement of councils and PCTs

	<b>April 2010</b>	<b>October 2010</b>	<b>April 2011</b>
	<p>users and carers; providers and third sector organisations in their areas</p> <p>These commissioning strategies take account of the priorities identified through their JSNAs</p>	<p>choice is evident</p> <p>That councils have clear plans regarding the required balance of investment to deliver the transformation agenda</p>	<p>in such a way that will guarantee the right kind of supply to services to meet local care and support needs</p>

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In March this year ADASS conducted a survey of its members and in terms of progress on self-directed support it found that councils ranged from 'substantial progress' to those who were just beginning the change management process to personalisation. There may be significant opportunities for cross-fertilisation of learning between authorities to build on the successes and learn from the pitfalls.

## How can housing providers make the most of opportunities?

### *Analyse what you have or could develop*

First of all we would encourage providers to really scrutinise their existing services and ask themselves our top five questions:

- 1 What services could we provide directly to customers through an individual budget?
  - Support services
  - Personal assistant support
  - Handy person services
  - Social support/inclusion officers
  - IB admin service
  - Support planning team.
- 2 How would our systems and processes cope with administering these budgets?
- 3 How robust and outcomes-focussed are our tools and systems in support planning?
- 4 How innovative are we in identifying the true wishes and aspirations of our customers and

accepting their lifestyle choices?

- 5 Are we prepared to lose business if we are not able to offer and support self-directed support and care?

These questions should then be explored with your local authority partners in adult social care, Supporting People, service users and third sector colleagues. The government has made clear its intentions for providers to work more closely with third sector colleagues to reduce duplication of resources and ensure that care and support is delivered in a way which supports choice and diversity within services and local communities. There is also merit to exploring wider partnership working arrangements looking at different funding streams. For example could the support planning mechanism include personal safety advice supported by the police, or fire safety assessments funded by the fire service? Are there any joint health initiatives? Could the support planners be trained as trusted assessors for aids and adaptations? The scope for innovation and cross-agency working is vast when it comes to IB.

## The support plan

This is the second key to effective IBs being implemented. For some time both SP and the Audit Commission, through the KLOEs, have been trying to get providers to move towards understanding and demonstrating outcomes of support. This is moving away from the 'tick box' method of completing lengthy and standardised form and really getting to grips with support planning as a *process*.

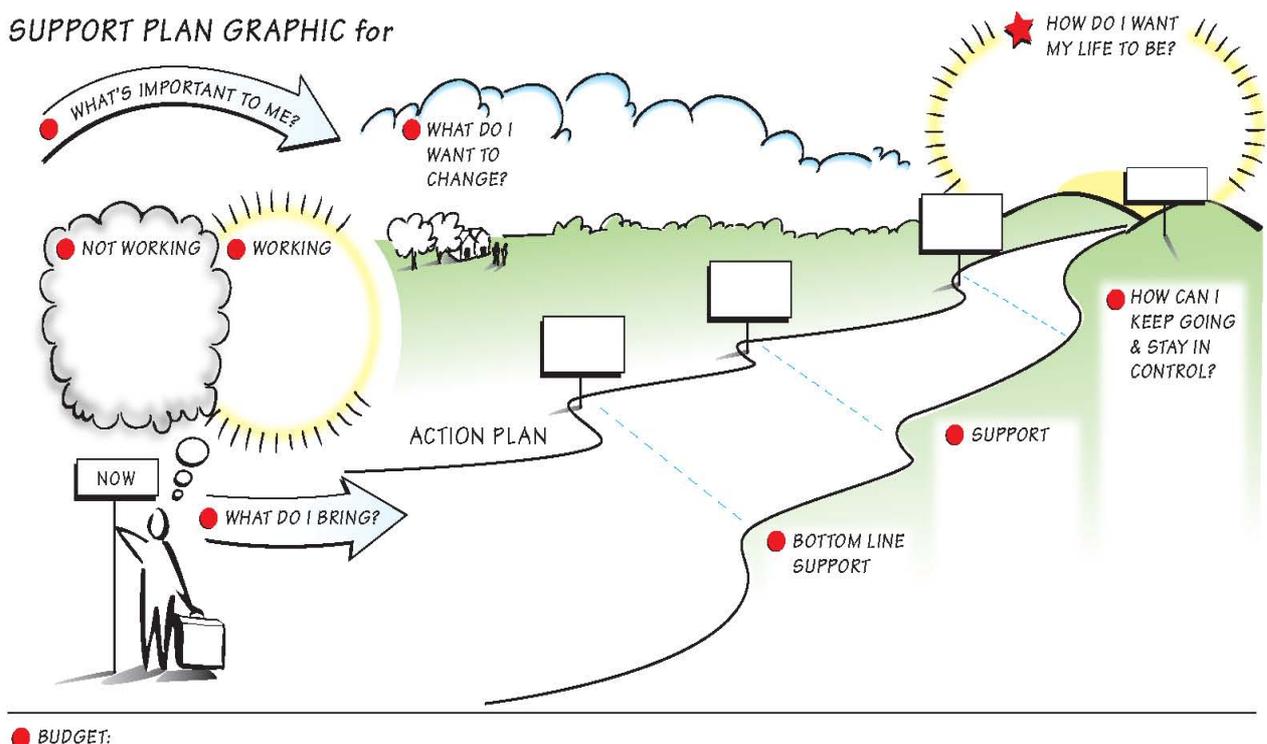
The following diagram by The Grove Consultants and Helen Sanderson Associates gives a good pictorial view of the support planning process.<sup>5</sup>

What this illustrates is that having some key questions at the heart of the process such as: What are the real goals for this person? What matters? What needs to change? How can the person keep in control? And what needs to change to make all this happen? Are essentially the same good practice methodology you would hope to see in any sustainable business plan.

This also needs some reality checking with staff in terms of our own motivation and values. There has been some interesting media coverage of IBs which sensationalises the classic dilemma between what a person might feel promotes their wellbeing

and what 'society' should be paying for. To ignore this reality in staff training will result in poor support planning. We have to understand that for some people a trip to the cinema, a football match or a weekend art class will mean more for their self-esteem and sense of belonging and inclusion than two hours of cleaning per week. Or that for an older person a handyperson putting up their family photos on the wall is more important to making them feel at home than attending the day centre this week. This is not to suggest that we don't empower people to evaluate risk, rather we take a person-focussed approach to understanding how an individual's resources could be managed to

SUPPORT PLAN GRAPHIC for



● BUDGET:

© 2006 Helen Sanderson Associates  
Created by The Grove Consultants International

meet their needs as a person. This means supporting individuals to ask:

- What do I need to have to keep me healthy, safe and secure in my home and community?
- What would improve my wellbeing/self-esteem and confidence?
- What could I do differently to help me achieve some of my longer-term ambitions?
- Who is providing the right services for the right cost in my community to help me create the right support plan through an IB?

## What else should good supported housing providers be doing?

Housing providers should be working closely with their local authority partners and voluntary sector agencies to understand what IB will mean locally or regionally. Who is leading on the initiative? Are there any pilots operating? It may take a while to fully embed IBs, but the reality is that the offer of choice, control and personalisation they offer to customers is so much greater, IBs are here to stay. The Social Care Institute for Excellence (SCIE) says that personalisation for housing providers means:

- Tailoring support to people's individual needs to enable them to live full, independent lives
- Housing and the local environment can make a critical difference to someone's ability to live independently
- Housing providers need to be able to offer people a choice in how and where they could live and to ensure that homes are well designed, flexible and accessible – the Lifetime Homes design standards can help with this
- Developing ways to respond to personalisation through specialist housing – it is possible to develop a core service offer and a menu of options available for purchase either as individuals or jointly
- Local authorities can include Supporting People money in the personal budget of people using services if applicable
- Ensuring that people have access to information and advice to make good decisions about their care and support
- Finding new collaborative ways of working that support people to actively engage in the design, delivery and evaluation of services
- Developing systems and processes to enable staff to work in creative, person-centred ways.<sup>6</sup>

The potential for providers in getting this right could deliver significant results in terms of successful and sustainable tenancies and new business. This

has been captured within the government's Think Family agenda. In Think Family in 2007 the government published its aspirations: "A vision for a local system that improves the life chances of families at risk and helps to break the cycle of disadvantage". This is where we might argue housing providers have the greater opportunities to impact on and influence service delivery by looking at individual budgets within households to maximise the impact of resources on families and communities. Perhaps a housing standard should be 'Think Household'. Combining the 'think household' model with an integrated approach to IBs, mapping and delivering resources and opportunities for some of our most vulnerable customers in our most deprived area suddenly becomes an exciting challenge and a realistic opportunity. The personalisation agenda represents an opportunity to understand and respond to what matters most to our customers and communities in a way that we never have had before.

The cautionary note is that this will not work if organisations stand alone. The best examples of joint working have evidenced that, no

one service, agency, or activity will make us healthier, happier or more engaged with our communities: it is the integration of many aspects of our own personal motivations, our abilities and circumstances which need to be understood to inform what each of us needs to achieve independent, empowerment choice and control in our lives.

*"Personal budgets and self-directed services mobilise the intelligence of thousands of people to get better outcomes for themselves and more value for public money."*<sup>7</sup>

## And finally, what about the politics?

The future political climate is uncertain in terms of a real commitment to self-directed care and support. Whilst, as we said at the beginning of this briefing, no one could argue with the principles behind personalisation, the scope to which this is evidenced could be up for debate. Already with discrepancies amongst local authorities' progress on the matter, we have to question just how high IBs are in the strategic priorities 'to do' list. With predictions of large scale public spending cuts and the uncertainty around changes in government, it might be tempting for politicians and commissioners to focus on things which appear to be 'essential' care and support services, rather than those which could be deemed as leisurely pursuits. The danger in this is that it could undermine entirely the very real links between choice, control and wellbeing for many people who require care and support and neglect things which are truly preventative. We are hopeful that the fact that the move towards greater personalisation of services and individual budgets has received high profile debate time in both houses of Parliament this year will signify a cross-party commitment to the

continued fair and full implementation of the personalisation agenda. The challenge for commissioners and providers is to work together in the implementation of IBs and carefully monitor and evidence the outcomes and impact on the lives of local citizens and budgets to demonstrate a return on investment of the approach and in the quality of lives for local residents.

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