Putting People First
Transforming Adult Social Care

Making progress with Putting People First:

Self-directed support

October 2009

Person-centred planning and self-directed support to become mainstream and define individually tailored support packages.

Putting People First , December 2007

Introduction

Personal budgets were introduced in England under the concordat *Putting People First*. This requires councils to make personal budgets available for all those with ongoing care and support needs as part of the wider transformation of social care.

This paper discusses how councils are approaching the issues and challenges associated with implementing personal budgets. It tackles some common areas of confusion and misinterpretation. It aims to assist councils with their progress in meeting the government's objective that by 2011 all councils will have made significant steps towards redesign and reshaping their adult social care services in line with *Putting People First*, including the offer of personal budgets to all eligible people.

Headlines

- Following the recent ADASS/LGA survey of progress with *Putting People First*, ADASS, LGA and DH have re-stated and clarified the shared policy expectations and associated milestones.
- Personal budget (as opposed to 'individual budget') is the correct term describing an allocation of social care funding to an eligible person.
- Personal budgets should be focused primarily on funding ongoing support and care needs, and normally only considered after a focus on relevant preventative and enabling options
- Personal budgets can be offered as a direct payment, or as an 'account' managed by the council or a third party.
- Personal budgets should be implemented within the framework of self-directed support. This involves self-directed assessment, 'up-front' allocation and support planning, to ensure maximum choice and control.
- Achieving this approach requires comprehensive change for councils.
- The issues and risks associated with implementing self-directed support and personal budgets are not reasons to delay progress; these issues can only be tackled over time during implementation.
- Councils need to focus on reviewing and streamlining business processes, understanding the costs of services, changing their commissioning and contracting, and developing the local market.
- The recommended benchmark for all councils is to achieve 30% on the NI 130 indicator in 2010-11. This will be a stretching target for some councils and requires sustained attention.
- ADASS has produced advice for councils on the legal framework in which self-directed support can operate lawfully
- There is good learning and experience in some councils. This is being shared through regional and national support programmes.

Background

Putting People First made the commitment that person-centred planning and self-directed support will become mainstream so that packages of support can be tailored to people's individual needs and aspirations. It stated that personal budgets would become the normal way of doing this for everyone eligible for publicly funded adult social care. The local authority circulars issued in 2008 and 2009 to accompany the Transforming Adult Social Care Grant confirmed this policy requirement.

Personal budgets were promoted following the piloting of individual budgets by the Department of Health and 13 local authorities between 2005 and 2007. The evaluation of the pilots produced promising results, clearly showing the potential of self-directed support to enable people to achieve greater control and better outcomes without greater costs. The research also highlighted issues and risks affecting implementation (see below). These findings were in line with evidence from other countries[1].

These pilots also attempted to bring together and streamline access to a range of funding sources from other agencies that support people to live independently and in care settings. However, the evaluation showed that bringing funding streams together could not be achieved without changes to the rules governing the administration of some of them. The government has therefore focused on introducing self-directed support using only social care money only as the immediate way forward – and refers to these budget allocations to eligible individuals as 'personal budgets' (as distinct from the individual budgets relating to multiple funding streams). The forthcoming "Right to Control" trailblazers will tackle the wider issue of how other funding streams can contribute to the evolution of personal budgets.

What is self-directed support?

The concept of self-directed support is simple and easy to understand. It involves finding out what is important to people with social care needs and their families, and helping them to plan how to use the available money to achieve these aims. It is about keeping a focus on outcomes and ensuring that people have choice and control over their support arrangements. In practice, implementing self-directed support in social care means ensuring the following elements are in place:

- **Self-directed assessment:** simplified assessment that is led as far as possible by the person in partnership with the professional and focuses on the outcomes that they and their family want to achieve in meeting their eligible needs. Assessment looks at the situation as a whole and

[1] *The implementation of individual budget schemes in adult social care*, SCIE March 2009.

takes account of the situation and needs of family members and others who provide informal support. The council's duty to assess needs can be met through proportionate self-directed assessment and support planning processes.

- **Up-front (indicative) allocation:** The person has a strong indication at an early stage of the amount of council money (if any) that is likely to be available to achieve these outcomes **before** support planning takes place. This amount may be adjusted following the development of the support plan.
- **Support planning**: There is advice and support available to help people (irrespective of their means) to develop plans that will achieve a desired set of outcomes. Arrangements should make the most use of natural support and mainstream services. For those people who will be receiving ongoing council funding (via a personal budget – see later) to meet their care and support costs, the council should have a process for signing off support plans to ensure that eligible needs will be met and any risks managed.
- **Choice and control**: the person should (as far as capacity allows) decide how any council funding should be managed and decide how best to spend it to meet their needs to achieve their agreed outcomes. Decisions should not be constrained by the menu of services currently offered. Councils should not require personal budgets and support plans to be expressed in terms of “hours of support”. This could reduce flexibility and result in service-led solutions.
- **Review**: The council should have a process for checking whether the outcomes agreed in the support plan are being achieved.

Who gets a personal budget?

Personal budgets are for people who have an ongoing need for social care. Councils will want to consider who falls within the scope of receiving personal budgets. There is no right answer to this though the following issues will need to be considered.

The public will need access to information and advice as a universal offer for which they will not be charged and which therefore can remain outside of a personal budget. This will also include the cost of an assessment, which is a statutory requirement and cannot be charged for.

Many councils are now offering preventative activities as part of a targeted but widely offered set of services (often in partnership with health or housing services). These activities might include:

- falls prevention services
- intermediate care services that promote recovery

- enablement services that help people to regain skills
- predictive tools that identify those people most "at risk" of needing more intensive care
- community equipment and aids to daily living
- community alarms and telecare services
- housing services that enable a person's care needs to be reduced or entirely met (such as specially adapted accommodation or sheltered housing)
- housing repairs and handyperson services.

In many councils these services fall outside of the need to use a personal budget to purchase them, and this is felt to be most straightforward approach. Sometimes a standard charge is made (e.g. for a community alarm). In other places the service may be means-tested as part of a package of other eligible social care services. In some councils, these services may be purchased with a personal budget if the person is eligible for social care services. This can include use of a direct payment. Where they are provided as a one-off preventative measure, no charge is made.

What is a personal budget?

A personal budget is the term used to describe the amount of money that will fund a person's care and support costs. It is calculated by assessing a person's needs. It is spent in line with a support plan that has been agreed by both the person and the council. It can be either a full or a partial contribution to such costs. The person may also choose to pay for additional support on top of the budget. So the term personal budget refers to social care money. A personal budget may be taken by an eligible person:

- in the form of a direct (cash) payment, held directly by the person or where they lack capacity, by a "suitable person" (from 9 November 2009).
- by way of an 'account' held and managed by the council in line with the person's wishes i.e. to pay for community care services which are commissioned by the council, or as an account placed with a third party (provider) and 'called-off' by the user in direct negotiation with the provider[2]
- as a mixture of the above.

The move towards self-directed support involves comprehensive change - the policy makes it clear self-directed support needs to become the core way of doing business. It is not an "option". Implementing self-directed support is as much about changing culture as about changing systems. Councils that focus

[2] One approach to this is known as an individual service fund (ISF). For more information about ISFs see *Contracting for personalised outcomes*, 2009, available at www.personalisation.org.uk

on attitude change are more likely to find ways to overcome the issues and challenges described in this paper.

What are councils expected to do?

It is important to understand that councils are starting from different places, have different resources available, and will implement the policy to fit local circumstances. However, it is important to have a shared view of what good progress looks like. The Department of Health and ADASS have produced some agreed milestones, which set out the minimum expected progress on five priority areas from *Putting People First*.

Progress on implementing self-directed support is measured by a national indicator (NI130), which includes an agreed definition of self-directed support. This gives all councils a means to plan implementation and monitor progress.

The Department of Health produced a negotiating brief for NI130 to guide the setting of local area agreement targets. The agreed minimum target for NI130 was 30% by the year 2010-11. This means that 30% of people who have a community-based social care package in that year will have taken up self-directed support. This also serves as a useful benchmark of good progress for councils, which did not include NI130 in their local area agreement.

Achieving the 30% target (from a base of around 3% of people receiving direct payments) is likely to be stretching for most councils. It almost certainly requires full-scale implementation of self-directed support to replace existing assessment and care management systems during the first half of 2009-10. To achieve the required numbers it is likely that councils will need to ensure older people are included in local implementation of self-directed support at an early stage.

Progress so far

Councils report data retrospectively, so evidence on progress on NI130 for the current year will only be available in late 2010. However, evidence of councils' self-reported progress is available from a national survey carried out by ADASS in April 2009, and further information has been gathered from visits to councils over the last 12 months. The picture this shows is that:

- a minority of councils have made rapid progress with implementing self-directed support
- a small number of councils have no plans in place and are unlikely to make substantial progress without a rapid change of course
- many councils have made progress with planning implementation but do not yet have self-directed support in place as their main operating system.

The ADASS survey found that by March 2009, councils reported that on average 5% of older people using services, and 14% of younger adults had personal budgets. However, progress was very variable. Only 19 councils reported that they had operating systems in place for all user groups.

Councils that do not have a working self-directed support process in place for new customers by mid 2009-10 are at risk of not being able to achieve the 30% milestone in 2010-11.

Learning from councils that have made early progress shows that the following kinds of activity are likely to be helpful:

- Communication events and activity that build ownership for the change with key people including senior managers, councillors, customers, staff, and providers.
- Encouraging a “can-do” approach to managing risks and uncertainties, avoiding these issues becoming obstacles to progress.
- Active work with disabled people, family carers and voluntary organisations, for example using citizen leaders as trainers.
- A well-developed implementation programme, which is central to the organisation not a stand-alone project.
- Early small-scale implementation, perhaps in one geographical area or team, to build experience and generate local success stories.
- A resource allocation system which enables those eligible for personal budgets (via needs and means) to understand how much money they can have to plan their support, and how this sum was arrived at.
- Developing a new customer journey for self-directed support that is fully integrated with other major changes such as enablement.
- Developing the capacity of voluntary organisations to offer advice and support planning.

Issues and risks

Councils have identified a number of issues and risks with implementing self-directed support. The key issues have been well documented in the IBSEN evaluation and other research. Councils that are making progress do not claim to have solved these questions, although learning is beginning to emerge. A successful approach means finding ways to manage issues and risks, and develop solutions through implementation. These issues are not a reason to delay implementation.

Awareness and attitude change: The ADASS survey and other evidence shows some progress with building understanding of self-directed support among front-line staff, provider organisations and the public. The more

experience people have of self-directed support, the less likely they are to express fear and uncertainty.

Business process: There was some evidence from the individual budget pilot that care management costs could increase in the short-term. It is apparent that taking an older person through a self-directed assessment may be a longer process in some councils where needs were assessed and services issued over the phone in the past. But it may be that investing in the right assessment and support planning early on will reduce the need to carry out more assessment and intervention later on. Councils can manage this risk by developing a more streamlined business process. There is also scope to develop external capacity for contributing to support planning (including peer support), and for people and families to play a bigger role. For example, a current DH and Office for Disability Issues project is exploring the scope to streamline assessment and care management by developing user-led support, advocacy and brokerage[3]. Investing in better advice and support planning for a wider population including self-funders will pay off in the longer term by reducing the need for long-term care, reducing residential care admissions and increasing use of social capital.

Cost differences: The introduction of personal budgets makes more transparent the differences in the current patterns of spending, with costs for older people often very much lower than for younger adults. There is no "overnight" solution to this. There is evidence that creative support planning can lead to reduced costs for some younger adults with high needs. This can mean lower use of paid staffing and more use of informal support and other options such as telecare. There is also some evidence that more responsive commissioning can help identify where cost differences can be justified by the nature of the service and where there may be less justification for higher costs. Councils need to be careful that they do not reduce people's access to care by reducing the available money down to the lowest unit cost. Councils will need to make sure that people can meet their needs within the personal budget.

Direct payments: Self-directed support does not mean that everyone is expected to take a direct payment. Holding and managing the money directly via a direct payment remains an important way for people to take control of their resources. However, self-directed support means people can also have their personal budget managed for them by the council, or placed with a chosen provider or providers to call upon as they direct. There is emerging evidence that self-directed support is resulting in more people opting for direct payments, for at least some of their personal budget. This may reflect an

[3] More information about this project is available at http://www.officefordisability.gov.uk/working/independent-living/ilr-research.php

increasing awareness of direct payments as an option. It may also show the need for traditional services to become more flexible and respond to what people actually want.

Impact on existing services: Self-directed support is likely to lead to changes in demand for existing services, and will provide a stimulus to change the way services are organised. Councils are developing strategies to promote change in the market so that it becomes more responsive to the choices that people make about their support. This includes restructuring in-house services, introducing more flexible approaches to contracting and procurement, and reviewing services provided by the voluntary sector. Some services are also developing a role in early intervention and short-term support. There is emerging evidence that this will require changes to commissioning and contracting arrangements, including fewer block contracts, less use of residential and nursing care, and more individualised arrangements based on the outcomes that people want to achieve – such as individual service funds (ISFs). These changes are opportunities to support transformation in the market. The introduction of self-directed support must realistically take place over a period of several years, giving the market time to adjust. Some councils have introduced personal budgets and encouraged service users to build new markets through their demands for particular types of services. Other councils have wanted to ensure that a wider range of suppliers are available to meet local needs before introducing self-directed support. These approaches now need to come together.

Managing demand: There is so far very little evidence that overall demand for social care is increasing as a result of self-directed support itself. Current evidence is that demand from older people has fallen over the last two years. We are currently at a 'demographic plateau' in terms of numbers but this will change in the coming years. There is some evidence of suppressed demand, but this appears to be linked to incorrect use of the fair access to care services (FACS) guidance.[4] There is increasing evidence that councils can manage demand through implementing early intervention and enablement. Some councils are implementing enablement as an integral part of their new business process. This can provide a strategy to manage demand by reducing the number of people who need on-going support.

Legal issues: The individual budget pilot identified no legal barriers to implementing self-directed support. However, councils do need to ensure that they do so within the existing legal framework for social care and comply with relevant guidance. This includes the legal duty on councils to offer an assessment of needs and to meet eligible social care needs. Councils also need to act within their legal powers for how social care money can be used.

[4] *Cutting the cake fairly: CSCI review of eligibility criteria for social care*, 2008. Available at www.cqc.org.uk

The Department of Health is currently updating the FACS guidance. ADASS has produced advice for councils on how to implement personal budgets within the law.

Safeguarding: While safeguarding is frequently raised as an issue, there is so far no evidence that people taking up self-directed support, including direct payments, are at greater or lesser risk of harm. There is clearly a need to ensure that the move to self-directed support is accompanied by better ways to identify and manage risks than the current system. However this needs to ensure that people can exercise full choice and control. It should be developed within an understanding that many people in the wider population will have been using their own resources, and also state benefits, to procure care and support privately for many years. An increasing number of councils can demonstrate examples of promising approaches. Guidance on developing a coherent approach to risk management is available[5]. The new DH guidance on safeguarding vulnerable adults will have a strong focus for councils on using existing legislation around incapacity to determine who can make judgements and who may need support and advocacy to determine how their care needs may be met.

Up-front allocation: Many councils are developing resource allocation systems based on models provided by inControl. Commercial solutions are also being developed. These systems are broadly similar in that they use information about a person's assessed support needs to estimate the amount of money that will be required to arrange support. Without a system of this kind, it is unlikely that councils will be able to meet the expectation set out in the local authority circular *Transforming adult social care* that "Everyone eligible for statutory support should have a personal budget - a clear, up-front allocation of resources". However, a good technical approach is only one part of the solution. ADASS has published the results of a project to develop a common framework for resource allocation. This sets out detailed advice on the most common policy and legal issues that councils have told us they encounter when developing resource allocation systems, and includes a set of practical tools that councils can use.[6]

Support arrangements

There is good learning and experience in many councils that can be used by others. DH is working with ADASS to share this learning via regional and national support programmes. Sources of advice and support include:

- regional personalisation networks
- the personalisation toolkit www.personalisation.org.uk
- the inControl website www.in-control.org.uk

[5] *Independence, Choice and Risk; a guide to best practice in supported decision making*. Available at www dh.gov.uk

[6] *Common resource allocation framework*. October 2009. Available at www.adass.org.uk

- relevant sections of the ADASS, SCIE and IDeA websites
- ADASS: www.adass.org.uk SCIE: www.scie.org.uk IDeA www.idea.gov.uk

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