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Getting Better Outcomes

Personal Budgets and older people:
follow up report, March 2015



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INTRODUCTION

In January 2013, Think Local Act Personal (TLAP) published *Improving Personal Budgets for Older People – A Review* following on from the Association of Directors of Adult Social Services (ADASS) *A Case for Tomorrow* report. The TLAP report reviewed the challenges that English councils were experiencing in making personal budgets work well for older people and the ways some were responding to this. It showed strongly consistent themes in respect of the challenges, but significant differences in delivery. It suggested that some councils were developing promising practices in response to the challenge but many felt somewhat 'stuck'.

The key issues identified in the first TLAP report on personal budgets and older people were:

- The typically lower level of resources available to older people in their personal budgets leaving less scope for personalised outcomes.
- Ensuring a good fit with prevention, re-ablement and crisis support – as most older people enter the social care system via these routes.
- Making it easier for older people and families to find out about, get and use personal budgets – information, advice and guidance.
- Supporting older people to plan and use a personal budget .
- Helping staff to develop effective practice in offering and delivering personal budgets for older people.

- Developing the appropriate support options and choices.
- Getting the right fit with safeguarding process and practice.
- Supporting people lacking capacity and without supportive local family or networks.

This report follows on from this first phase of work. In this follow on report, the first section reflects briefly on recent changes to the policy context and then uses new data about the performance of councils from the recent 2014 ADASS survey (October 2014), and the third (October 2014) National Personal Budget survey (NPBS) from In Control. It then draws on research, and recent TLAP events which considered minimum processes and self-directed support, to review what does and doesn't work best for older people.

The second section of this report presents some examples of what councils are doing to address the ongoing challenges both of the initial report and the current policy context. The case studies are summarised in Table 1 on page 9.

Section 3 examines personalisation and safeguarding, and specifically, whether personal budgets increase risks to older people.

Whilst section 4 considers integration and the opportunities that this government policy affords older people in relation to personalisation.

In its conclusion, the report recommends that there needs to be further evidence of what is being done to support the use of personal budgets by older people in a number of areas:

- Improved information, advice and advocacy for older people and their carers (particularly advocacy).
- Positive approaches to risk enablement and ways of making personal budgets accessible to older people with

dementia, people lacking capacity and isolated older people.

- Processes which support setting up personal budgets quickly, for example for end of life care, and which recognise that not all older people prioritise choice and control over efficient and effective attainment of a better quality of life.
- Support planning that encourages developing robust back up plans and contingencies.
- Peer support where older people themselves and their families act as champions to promote personal budgets (including direct payments) and can support each other.
- Examples of managed personal budget, pooled budgets at a group level, and Individual Service Funds (ISFs), that provide for 'authentic' choice and control.
- Occasions where personal health budgets and social care budgets have been brought together in a seamless way for the benefit of the people who use services.



SECTION 1: PERSONAL BUDGETS – THE CURRENT POSITION

KEY POINTS

- The number of older people receiving personal budgets is increasing, but coverage is still far from complete and there is significant variation between councils, particularly around the provision of direct payments. Of the total number of people with a personal budget, older people number the most users at 51%. However, only 15% of these have a direct payment.¹
- Surveys, published in 2013 and 2014, and informed by the Personal Budgets Outcomes and Evaluation Tool (POET), and other research² support the view that older people do experience positive benefits from having a personal budget, although these are not as marked as for other groups.
- The surveys also report that older people are less likely than other groups to report a positive impact of their budget on their mental health.
- As with other groups, better process is strongly associated with better outcomes so anything councils can do to improve their processes is likely to be of benefit to personal budget delivery for older people.

The policy changes

Since January 2013, there have been some significant policy developments:

- The Care Act 2014 makes it clear that all people eligible for ongoing council funded social care will receive a personal budget. There are also new duties on

councils to support people's wellbeing, providing support for carers and to deliver, and facilitate access to, information and advice. The Care Act also supports the delivery of integrated health and social care (see www.careandsupportregs.dh.gov.uk for full information on the Care Act and its guidance).

¹ ADASS 2014 Personalisation Survey www.adass.org.uk/PersonalisationSurvey2014/Report

² For example, The King's Fund: Making health and social care systems fit for an ageing population (bit.ly/1iAWFAv) and Dr John Woolham of Coventry University and colleagues (bit.ly/1wnktgZ)

- The Better Care Fund and Integration Pioneer Programme have begun and Health and Wellbeing Boards are now fully established. Many have better support for older people, including those with dementia, central to their priorities.
- Personal Health Budgets (PHBs) have gone from pilot to the first stage of wider implementation with the “right to have” in continuing health care (CHC) from October 2014, and a “right to ask” for others with long term conditions from March 2015. In July 2014, Simon Stevens (Chief Executive of NHS England) announced that he supports roll out of joint personal budgets or Integrated Personal Commissioning budgets (IPCs) across health and social care.

The focus of the wellbeing principle embedded in the Care Act plus the focus on dementia and the acknowledgement from NHS England that health and social care need to integrate at the level of the individual, provide three key drivers for greater personalisation across both the health and social care systems. This will have major effects on the lives of all people who use health and social care, but as older people constitute the largest grouping of health and social care customers, the continuing and increasing emphasis on personalisation will impact on them perhaps more than on any other customer groups.

What are the numbers telling us?

There has been a very helpful shift in the steer and language from Government and Department of Health, away from seeing increased numbers of personal budgets as a simple proxy for choice and control, and towards a stronger focus on outcomes, especially as reported by people and their families. Following the *Personalisation Summit* he chaired in autumn 2013, Norman Lamb wrote,

“The summit emphasised for me how important it is to focus on the outcomes from personal budgets, not just the numbers. Are people getting better lives and support and is the experience simpler and more flexible? This should be checked with people and families directly.”

Numbers, do, however, give us some indication of activity and in particular of variance. The latest NHS Health Social Care and Information Centre (HSCIC) report provides us with a picture of numbers and variance in respect of personal budgets and direct payments. The issue is important because older people form the largest proportion of people who use adult social care, incurring a majority of adult social services expenditure.

The **HSCIC data** shows that:

- 1) The number of older people receiving a personal budget (PB) continues to grow. The total numbers of older people in receipt of a personal budget or direct payments were 363,705 in 2012 and 412,005 in 2013.³
- 2) The rate of increase in PB provision has slowed significantly. In 2011-12 the rate of growth was 43%, but in 2012-13 it was only 10%.⁴ The causes of the slowing down of growth may be complex. For example it is difficult to know if the rate of increase has slowed because councils are not offering PBs, or whether older people are not interested in taking them up, or perhaps because not so many care packages are being supported due to reductions in resources.
- 3) The national percentage of people aged over 65 with a personal budget was 57.9%. However this masks massive differences from council to council – 16 councils provided personal budgets to under 35% of people over 65.
- 4) Even more significantly, the percentage of people aged over 65 receiving their personal budgets in the form of direct payments ranges dramatically from 1.7% in the worst performing council to 26% in the best.
- 5) Strikingly, 12 councils have direct payment levels over 20% for over 65s but 16 councils are achieving under 4%. Such variation is hard to explain by local conditions and national and regional sector led improvement needs to prioritise support for councils who are outliers.

Regional Variation

The 2014 **ADASS Personalisation Survey**, which uses a different measure of progress, also shows that overall, older people are clearly the main beneficiaries of personal budgets, with some 51% overall using PBs, however, within most regions there is a significant variance between the council with the highest and lowest level of uptake of a personal budget, between 71% in the South West and a high of 91% in the North East region. The range is wider again when this is broken down into age groups. Some 76% of older people in the Eastern region have PBs, compared with 99% in the North East.

3 Source: The Health and Social Care Information Centre, Community Care Statistics, Social Services Activity, England 2012-13, Final release: Annex E – National Tables 17 December 2013; NASCIS SD1 Number of clients aged 65 and over receiving SDS and/or direct payments provided or commissioned by the CASSR, 13 March 2014

4 The Health and Social Care Information Centre, NASCIS SD1 Number of clients receiving self directed support and/or direct payments provided or commissioned by the CASSR, 13 March 2014.

In terms of direct payments, the 2014 ADASS survey indicates that 24% of “clients on the books to receive community based services provided or commissioned by the council” who had a personal budget had a Direct Payment. Again, the proportion varies across the regions from a low of 21% in the South West to a high of 30% in the East Midlands, and by age groups: a much higher proportion (36%) of younger adults supported through personal budgets receiving a direct payment than older people (15%).

What are the outcomes?

The 2014 National Personal Budget Survey highlights that the best outcomes for people who have a personal budget are generated when:

- Choice and control is experienced. This happens more when people have their views heard through the assessment, budget setting and care and support planning processes.

- People get support to help them manage their personal budget from a broker or their provider rather than the council, or family or friends.
- People are enabled to spend their personal budget on community and leisure activities rather than on traditional care and support services.
- People use a Personal Assistant (PA) to meet their needs.

It is interesting to contrast these factors that produce positive outcomes with evidence, also from the same survey, which shows a number of problems encountered by older people when they have a personal budget:

- Older people were less likely to report a positive impact of their budget on the degree to which it helped them have greater control over their life.
- Older people were less likely than other groups to report a positive impact of their budget on their mental health.
- Older people are less likely to get support to plan from a service provider.



- Older people were more likely to use their personal budget to buy care and support services.
- Older people were less likely than other groups to use their personal budget to buy help from a personal assistant.

In other words, many of the key factors that we know enable personal budgets to be effective do not seem to be present when older people have a personal budget.

More positively, the National Personal Budget Surveys report that while personal budgets had less impact for older people than other client groups in some areas of life, they still had a generally positive reported impact. Older people reported that their personal budget making their lives better in the areas of:

- Being supported with dignity (75.7% better).
- Getting the support you need and want (69.2% better).
- Being as independent as you want to be (69.1% better).
- Physical health (63.8% better).
- Feeling safe in and outside your home (53.4% better).
- Relationships with family (45.3% better).
- Choosing where to live/who to live with (36.5% better).

Research by Dr John Woolham of Coventry University and colleagues (2012) has also explored the experience and outcomes of personal budgets for older people.

The researchers conducted interviews with council personalisation leads and front line staff, and postal surveys of older people using personal budgets and their carers. The researchers also looked at scores from the Adult Social Care Outcomes Framework (ASCOF). The conclusions which were drawn were:

- 1) Mostly older personal budget holders were glad to have a personal budget, especially those with direct payment.
- 2) Older people felt personal budgets enabled them to remain in their own homes, providing the ability to employ carers of their choice and have responsibility for their budget.
- 3) Whilst generally personal budgets offered people more choice, control and independence with no loss of dignity, direct payments are working better for younger rather than older adults.
- 4) Some needs of older people were met better than others, notably it was social and recreational needs that were largely unmet.

Importantly the research also indicated that having a personal budget did not always translate into people actually having control over their care. The researchers conclude it is possible that older people may want different things than younger adults, with objectives less about lifestyle aspirations and choice and more about continuity of care and the ability to trust care providers – “maintenance not transformation”.

What makes a difference?

The National Personal Budget Surveys from 2013 and 2014 collected the views of the largest cohort to date. The bigger numbers have allowed for a clearer understanding of the correlations between process, practice and outcomes. Older people (like other groups) reported mixed views about all elements of the personal budgets process. Factors robustly linked to positive outcomes for older people include:

- Getting help to plan the budget.
- Feeling their views were included in the support plan.
- The council making all aspects of the personal budget process easier.
- Getting third party support with a personal budget.
- Using a personal budget flexibly on community and leisure activities rather than on formal services.
- Employing a PA.

Taking into account all evidence from the surveys, the authors Dr Chris Hatton from Lancaster University and John Waters from InControl conclude that in order to produce the best results for people, the personal budget processes should be:

- **User friendly:** Getting, controlling and accounting for a personal budget must be simple and straightforward for everyone involved including social

workers, providers, people who need support and their families.

- **Transparent:** People must know how much money they have in their personal budget and how they can use that money.
- **Controlled by the person:** Having determined eligibility and allocation of funds, local authorities must relinquish control as far as possible and encourage people who need support to determine their own solutions to their own needs.
- **Engaging:** People taking control of a personal budget and their families will very often need help and support to plan and make decisions. This support should be free from the tensions of rationing.

In February 2015, TLAP published the *Personal Budgets Minimum Process Framework*. It is designed to help improvement officers and managers working in Councils, and their partner organisations, deliver Care Act compliant lean social care systems and processes which relate to personal budgets. It also addresses other common issues related to delivering the best outcomes for personal budget holders. This is particularly relevant for older people who use personal budgets.

TLAP also ran a series of workshops in 2013 and 2014 that focused on improving direct payment delivery and re-thinking support planning. The resulting *reports* concluded that certain issues continue to cause problems in the delivery of personal budgets across all client groups:

- **Organisational Culture:** problems experienced by people who use care and support in the process of getting a personal budget, are a product of a cultural issue in the social care workforce, not just bureaucratic council systems and processes.
- **Information and advice:** getting customers the right information and advice at the time and place they need it was identified as a key issue. Specifically, making sure that the first point of contact is confident and competent in communicating realistic and honest expectations about what and for whom the council will provide, how services will be provided, and when they will be provided.
- **Assessments** are all too often professionally led with the format and design of the assessment forms not lending themselves to easy customer input.
- **The sequencing of the self-directed support (SDS) process** (i.e. the order in which things are done) can also be a cause of difficulty. Most often mentioned in this connection were financial assessments. The time taken to complete them was cited as a frequent cause of delay, as was the view that significant numbers of people having gone some way down the SDS process do not go on to take up a personal budget once they are informed how much they are liable to pay.
- **Resource Allocation:** achieving an understandable and reliable Resource Allocation System (RAS) remains a difficult area for some councils, although not all. A few councils have (or are considering) moving away from traditional resource allocation systems. A number of key issues stood out:
 - **Prickly process** – The process of working out an indicative allocation can be complex and not transparent. It can also take too long to get a definitive allocation because of levels of authorisations, sometimes compounded by a backlog of financial assessments.
 - **Public understanding** – The concept of an ‘indicative allocation’ is not an easy one for the public to grasp, i.e. that you are given a budget to plan with that may subsequently decrease or increase.
 - **Practitioner commitment** – Practitioners, if they know there are problems with fairness of the RAS, combined with the knowledge that it is likely that the indicative allocation will be challenged and possibly reduced by senior management and panels, can be tempted to ‘game’ the RAS, in order to maximise the final budget agreed, or make sure it is fair. Conversely, the RAS may create a perverse incentive when it is combined with systematic support planning process, in which a support plan is quickly devised up to the limit of the indicative allocation, stifling the search for more creative options which might cost less.

- **Pressure on resources** – Some concern that the process can be undermined if inappropriately applied to reduce costs.
- **Care and support planning:** a risk-averse approach to support planning leads to budget driven task and time orientated care and support plans which are not creative and person centred. There can also be a lack of agreement on how much time support planning should take, with pressure to get the work done. It is in this area that the

issues of culture and competency come out most strongly. Some first line managers suggest that their more risky decisions are often challenged by senior managers, so they pre-emptively challenge their practitioners to 'play it safe'. In this way the care and support planning process becomes a risk management process rather than the means to achieve outcomes for customers. Customers are often additionally frustrated by a lack of clarity over what a personal budget (including direct payments) can be spent on.



- **Market development:** Even where a good process had been developed, there concerns that the result was ineffective because there was such a poorly developed care market beyond traditionally provided services.
- **Reviews:** Uncertainty over the primary purpose of reviews was an issue. In some places they were seen as mainly being used to audit direct payment expenditure and/or as a check on how well formal care services are performing, rather than a discussion about whether the outcomes in the care and support plan are being met. Some people reported insufficient capacity to carry out timely reviews within social work teams – a result of reducing costs within the council.

Reducing processes, and involving the individual at all stages in assessment and care and support planning, being flexible in how personal budgets can be spent and providing independent support systems can increase the success and effectiveness of a personal budget.

Choice and control means having a choice in how your support needs are met and greater control over that decision. It is quite reasonable that for some older people gaining swift improvement in general wellbeing and the quality of key relationships is what counts. This raises the importance of flexible person-centred social work practice, which is able to lead and flex systems and processes (rather than the other way round) to better take account of differing priorities of people for the purpose of attaining better outcomes.

In Conclusion

Since the first report on older people and personal budgets it is clear that some good progress is being made by councils in making personal budgets more meaningful to older people.⁵ However, the processes that councils establish in administering personal budgets and direct payments can cause older people particular problems.

⁵ See section 2 of this report for example.

SECTION 2: PROMISING PRACTICE

For this report, TLAP commissioned SITRA to add to the personal budgets improvement materials by following up and exploring some promising practice specifically focussed on delivering personal budgets to older people.⁶

In particular case studies were sought that addressed some of the challenges identified in the first report or that respond to the key process/practice issues identified in the National Personal Budget Surveys. In this part of the report we share some of these approaches and interested readers will be able to link off to more detailed case studies and contacts for more information.

As this is developing practice it is mostly not researched or evidenced in detail at this stage and is shared as promising practice. It will be important that more rigorous research to support practice is undertaken and used.

A number of projects currently being supported by the *School of Social Care Research* will be relevant. We believe there is much more good practice 'out there' that could be gathered and shared and we want to use this report as a staging point to encourage others to share their work with us so that we can bring it to other's attention as they look to improve local delivery.

In carrying out this project, we were interested in overall approaches as well as things that could address particular challenges. The case studies and local information we gathered has been separated into themes as table 1, following, shows.

⁶ Sitra is a leading national membership organisation for housing with care and support providers, specialising in policy, consultancy and training.

TABLE 1: CASE STUDIES

Ref	Subject	Council/ key words	Brief details
1	Local strategies	1/1 Derby, analysis, coproduction, action	Undertook a strategic review which entailed looking at the data on their current performance compared with others and extensive engagement with customers to improve process.
		1/2 Rotherham, reviewing the whole pathway	An “end to end” review of assessment and care management procedures using ‘lean’ methodologies to reshape services in the face of budget and population challenges.
		1/3 Wokingham, system redesign	A large scale re-design programme to completely reform the social care pathway.
		1/4 Doncaster, developing a new model of asset-based social care	The council has re-defined the SDS pathway for people needing social care support.
2	Information and advice	2/1 Nottinghamshire, on-line audit	An online audit of information material on personal budgets for older people.
		2/2 West Midlands, direct payment network, agreements, resources	The network made up from councils in the West Midlands has reviewed direct payment agreements and accompanying factsheets, and produced a shared agreement and other resources.
		2/3 Cambridgeshire, positively promoting direct payments	A communication strategy to increase knowledge in the community (particularly amongst older residents) about personal budgets, including direct payments.
		2/4 Wokingham, information, advice and support to relatives	The importance of providing support and advice to relatives.

Ref	Subject	Council/ key words	Brief details
3	Improving Assessment and review	3/1 Nottinghamshire making the most of reviews	A dedicated reviewing team helps people to plan after an immediate crisis has settled somewhat, and after any re-ablement support has been provided. It helps older people, their families and staff to explore different, sometimes better value and creative options for use of their personal budgets.
		3/2 Dudley – From assessing for time and task to person-centred outcomes	Re-trained all team managers around how to support older people to define person-centred outcomes. Produced a best practice guide for assessments which were utilised in supervision to articulate to social workers the level of quality expected. Full support planning training is next and they then plan to undertake case file audits with each worker in supervision to review the effectiveness of the implementation.
		3/3 Stockport – Resource allocation leveraging greater choice and control	The council has developed a new approach to its resource allocation system (RAS) which allows people to have a clear early idea of the resources available and the majority to date have been older people.
4	Support to plan and use personal budgets	4/1 Lancashire – developing community brokerage	The council has commissioned a social enterprise that provides a range of services which support independent living, to provide and develop community brokerage in Lancashire.
		4/2 Wigan – separating out assessment and “brokerage” functions	An in-house brokerage team in order to improve support planning
5	Budget management options	5/1 Brighton and Hove – Support from a user led organisation (ULO)	The council commissions its local ULO to act as the self-directed support support provider.
		5/2 Central Bedfordshire- Developing new specifications for direct payments support	The council involved organisations from the community and voluntary sector in developing specifications for direct payment support services e.g. PA recruitment, payroll, and managed bank accounts.

Ref	Subject	Council/ key words	Brief details
		5/3 Greenwich – a new approach to commissioning support planning	The council were impressed by evidence from their commissioning of a local consortium of voluntary organisations which showed that where external support planners were involved it was far more likely that the personal budget would be taken as a direct payment. As a result the council has now shifted all support planning to the Consortium.
6	Managed personal budgets	6/1 Gateshead Individual Service Funds (ISFs) in extra housing with care schemes	Gateshead has piloted the introduction of ISFs in its extra housing with care schemes working in conjunction with their contracted housing provider.
		6/2 Wokingham – introducing ISFs	ISFs have been found to work well as a 'middle ground' between direct payments and managed budgets, as they give people the opportunity to have the choice and control without managing the money themselves.
		6/3 Greenwich – more creative ISF's	Once a personal budget has been agreed, it is passed to the provider who then develops a support plan directly with the service user.
7	Supporting improved practice	7/1 Doncaster's Assessment RAS and culture change	A detailed paper on changing assessments to cater for the Care Act wellbeing duty, addressing RAS difficulties, and the resulting workforce culture changes needed .
		7/2 Hull – culture change	A training programme has been developed and delivered on personalisation and person centred ways of working, followed by briefings to staff on the expectation that every new customer would be given a personal budget and offered a direct payment.
		7/3 Brighton and Hove – Training targeted to care managers working with older people (many of whom have some memory loss or dementia)	The training has mainly focused on outcome planning and attempting to empower care managers to look at opportunities for older people to live their lives instead of just looking at traditional "services".

Ref	Subject	Council/ key words	Brief details
		7/4 Cambridgeshire	Managers have been supporting staff teams via visits to professional development team meetings.
8	Improving support options	8/1 Brighton and Hove Support with Personal Assistants	The council has developed their Support with Confidence scheme to provide an up to date list of PAs that have undergone appropriate training and background checks and other support services that have been approved by the council.
9	Improving access	9/1 Nottinghamshire – Older people with dementia	The council is undertaking some focussed work on improving personal budget delivery to people with dementia. A specific initiative is being undertaken in partnership with the Alzheimer's Society in order to improve the uptake and experience of personal budgets for older people with dementia.
		9/2 Cheshire East council – appointing a suitable person to manage on the customers behalf	Training to make sure care managers are aware of the process around capacity assessment and appointing a suitable person to manage on the customers behalf where Lasting Power of Attorney or Deputy does not exist.
		9/3 Gloucestershire County Council and the Primary Care Trust (and now the Clinical Commissioning Group) have had dementia as a joint priority for the last six years with high level senior engagement and a project management board.	The overall aim has been to make dementia 'everybody's business' and not the single preserve of any one agency. Key to this has been investment in the 'engine house' of training and development with a view that everyone, wherever they are, should have some knowledge of dementia.
		9/4 Devon council has introduced a payment card (the Devon Card)	Implementation of the Devon Card was used to refine its policy and processes to support direct payments for people who lack mental capacity, including older people with dementia. It has been used as an opportunity to promote awareness of the council's Suitable Person' policy to ensure people with dementia can benefit fully from personalisation.

Ref	Subject	Council/ key words	Brief details
		9/5 Gateshead council has run a series of engagement events with carers from black and minority ethnic communities (BME) in order to increase their knowledge of personalisation and how to access support from the council	People in the community felt they did not have a full understanding of what personalisation meant for them and how they could access direct payments and qualify for support in this area. The council wanted to respond to this and took the opportunity to run the events for other BME communities.

The material referenced above in Table 1 is more detailed in Appendix 1. It focuses mostly on improving the process and practice of personal budgets delivery to older people. It is clear that these are not the only elements necessary to produce good results – in particular the availability of a good supply of diverse supports

is critical. Although we do include some examples of market and provider development in this report, that is not its main focus. TLAP will continue to gather and share innovative market development approaches through the *National Market Development Forum*.



SECTION 3: SAFEGUARDING AND PERSONAL BUDGETS FOR OLDER PEOPLE

One of the issues consistently raised is whether personal budgets increase risks to older people. ADASS in *The Case for Tomorrow* wanted attention paid to the question of how to best align safeguarding and personal budgets practice for older adults.

Key Points:

- Evidence to date suggests that personal budgets puts older people at no greater risk than other forms of care and support, although this is not to say there are no risks. Councils should therefore seek to develop their approach to personal budgets for older people and safeguarding in tandem. Work led by the Local Government Association (LGA) provides a useful frame of reference for local development.
- Given the rising number of older people with dementia, it is essential that the approach to personal budgets for older people form part of wider plans and priorities for supporting people with dementia to live well.

Providing information in ways that suit the needs of people with dementia and their carers, sharing success stories, and developing a reliable way of 'counting' the number of people with dementia receiving personal budgets are important ingredients for moving in the right direction.

Emerging Evidence

On the question of risk, research to date does not suggest an increase. The School for Social Care Research has funded research by a consortium of universities to explore possible statistical links between use of personal budgets and safeguarding issues.

To date, this research does not appear to show any association between holding a personal budget (including direct payments) and increased risk of abuse. Other local authority and personal characteristics do appear to have significant associations with the Abuse of Vulnerable Adults data including rurality, local area income level and personal characteristics (gender and type of care needs).

The National Personal Budget Surveys asked people about whether personal budgets made a difference to them feeling safe inside and outside the home. Overall a majority of personal budget holders across all social care need groups reported that their personal budgets had made a positive difference to them feeling safe in and outside the home. (A small minority reported that personal budgets made this worse). There was no statistically significant difference across social care need groups.

Importantly, some older people were significantly more likely than others to report good outcomes in relation to feeling safe. The biggest factor seemed to be whether their views were included in the support plan. Older people who reported their views were included were 3.6 times more likely to report a good outcome in relation to feeling safe. Those who said other aspects of the process were easy were up to twice as likely to report good outcomes around feeling safe.

These links between process conditions and outcomes for feeling safe give an important steer to improving practice and to aligning personal budgets and safeguarding practice for older people. They also suggest that work led by the Local Government Association (LGA) on taking a different approach to safeguarding practice is the right way to go (see below).

Making Safeguarding Personal

In April 2014, the LGA published *Making Safeguarding Personal* reporting on its project working with councils that are using or developing person centred, outcome focussed responses to safeguarding adults. This final report on the project shares learning from a number of test-bed sites and other councils keen to share learning and from a series of regional workshops. Though not focused specifically on personal budgets, the project suggests the importance of taking an approach to safeguarding, that links with but goes beyond the objective of making people feel safe, and avoids compromising other aspects of their well-being including feeling empowered and in control. The councils involved identified a range of key issues and examples of the practical tools and approaches they are using are outlined in the report.

Further learning has been gathered and reviewed from LGA safeguarding peer challenges. These reviews suggest some real problems with a process driven approach to safeguarding:

- There has been huge investment in structure, process and procedures over the years since the Government's *No Secrets* guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (2000) and these have overtaken taken practice.
- There still needs to be much more focus on involvement and outcomes, and working the process to best realise the outcomes people want.
- The data people collect is of limited use in ascertaining whether safeguarding is effective or not.

Some councils are working hard on alignment of personal budget and safeguarding delivery.

In the North West in early 2014, a joint event was held, bringing together safeguarding and personalisation leads from across the region and from health and social care. The event debated issues arising from developing safeguarding practice in the context of the implementation of personalisation and personal budgets. Delegates shared issues of concern and positive practice and listed a range of practical approaches and solutions to the challenges found in bringing the two agendas together.

Somerset council has developed a RAG rating to undertake an assessment of risk related to a person's ability to manage their direct payment. "It is still early days with respect to the use of the risk assessment, but there is no indication yet that older people are being highlighted as at higher risk in their ability to manage a direct payment than any other group".

Wokingham Council has developed a Positive Risk Taking policy and guidance to support practitioners and customers in considering options where there might be some level of risk in the choice the customer makes within a support plan package.

SECTION 4: INTEGRATION AND PERSONAL BUDGETS FOR OLDER PEOPLE

Key Points

- Personal Health Budgets can work effectively for older people, including those with dementia, and can allow older people and their carers to maintain their chosen care and support when transitioning to Continuing Health Care.
- Successful implementation can be linked to a willingness of people in local systems to share learning, use and adapt existing council systems where appropriate, a commitment to involve staff in designing processes, and the 'can do' motivation of the staff teams to make them work with support of their local leadership.

With the beginnings of the roll out of personal health budgets, the Better Care Fund and Integration Pioneer initiative, stronger opportunities will start to appear for integration of support at the level of the individual and family. As the personal health budget roll out is focused on Continuing Health Care (CHC) and long term conditions there is strong relevance for older people. This will be even more so once NHS England's Integrated Personal Commissioning programme starts in April 2015.

TLAP is working with NHS England and the NHS Confederation to support the potential of joint or aligned personal budgets, including provision of support to several of the Pioneer sites. A number of localities that were in-depth personal health budgets pilots (led by Primary Care Trusts) have joined a Going Further Faster group (now managed by Clinical Commissioning Groups – CCGs) aiming to show the potential of personal health budgets.

Several of these have focussed work on older people including aspects of integration and some of their experience is summarised below.

Oxfordshire has delivered 50 personal health budgets to older people living at home – some virtual, some managed – but with about half as direct payments including some for older people with dementia. There is a strong history of working together, with a joint task force for CHC, which has led to direct payments for health being managed through the council. As well as people eligible for CHC, there are significant numbers of jointly funded people. An important element in supporting older people well is a contract with the local Age Concern which provides help with support planning, employment issues, advice and support and payroll support contracts. This experience is being used to inform planning for wider integration e.g. integrated locality teams, possible joint assessments and single reviews and a more holistic approach looking at the totality of need across health and social care.

Central Manchester has to date delivered around 100 personal health budgets for people receiving CHC, around half of whom have been for older people, typically people aged over 80 with some form of dementia. The profile of personal health budget users also broadly reflects the local population, with good representation from black and minority ethnic groups who are able to tailor their support. An important ingredient for making personal health budgets work for older people has been the development of brokerage. Experience has shown that time invested 'upfront' in developing strong support plans with the support of a broker helps ensure that the care and support plan holds together and an allocation of brokerage time is included within the budget to be used flexibly. The development of personal health budgets has allowed people who have been receiving adult social care to keep their support arrangements when transferring to CHC. Learning from adult social care has been utilised, for example council work with Skills for Care on the roles and responsibilities of managing staff has been adapted for use.



Nottingham City's personal health budgets in-depth pilot (though not a 'faster further' site) focused on CHC with around 20 older people out of 80 in the PHB sample. The development of PHBs has been enhanced through strong collaborative working with the council which is represented on the PHB programme board. Council processes for Self-Directed Support have been used and adapted rather than starting from scratch. This has meant the transition from adult social care to CHC has been made as straight forward as possible. Recently the CCG commissioned two dedicated brokers to work specifically with people receiving personal health budgets who will be based in the council's brokerage team.

Dorset CCG has around 260 people with a personal health budget, of whom around 30% are older people mostly aged over 80 with the oldest PHB user aged 101. A sizeable number have advanced dementia and were self-funders prior to becoming CHC eligible and the personal health budget has allowed them to maintain their existing support arrangements. At the outset existing council processes and systems were used which have now been refined to focus on a person's health and wellbeing needs using a personalised approach. To help with managing the money there are a number of options beyond the person/carer themselves including an independent organisation which run holding accounts and a support organisation to help with personal assistant management e.g. recruitment. These support services came about through successfully "piggy backing" on the local authority's contracts. The Clinical Commissioning Group is making use of In Control's Personal Budgets Outcome and Evaluation Tool (POET) in order gain feedback from people using personal health budgets and their carers.

As well as the specific areas of progress demonstrated in these case studies it was possible to identify some common themes which appear to have fostered the right conditions for the provision of personal health budgets for older people in these localities. These are:

- Concerted investment in time and training for practitioners with co-production of processes.
- Putting systems in place to make having a PHB as straightforward as possible e.g. payroll.
- Good working relationships with the council giving the opportunity to 'piggy back' on council systems e.g. brokerage contracts (although not in all cases).
- Spending face to face time with people to explore PHBs as an option backed by good information. Not to be rushed.
- Delivering truly person-centred support, with a particular importance attached to external brokers playing a 'hands on' pro-active role. Often what is required is 'whole family' support.
- Indicative budgets being seen as helpful rather than not.
- That support needs to be readily available when required and not just at the start e.g. helping with PA problems.
- A 'can do' approach, led by people not process – both at the level of working with individuals and across the programme.
- Support from the leadership, often forthcoming because personal health budgets have cost less and have provided effective solutions to cases that tend to reach senior levels in the form of complaints/legal challenge.

SECTION 5: CONCLUSION

The next phase of the work on personal budget delivery for older people recognises the real challenges evident in making them work consistently well.

Since the first report on older people and personal budgets it is clear that some good progress is being made by councils in making personal budgets more meaningful to older people. However, the processes that councils establish in administering personal budgets and direct payments can cause older people particular problems.

Reducing processes, and involving the individual at all stages in assessment and care and support planning, being flexible in how personal budgets can be spent and providing independent support systems can increase the success and effectiveness of a personal budget.

Choice and control means having a choice in how your support needs are met and greater control over that decision. It is quite reasonable that for some older people gaining swift improvement in general wellbeing and the quality of key relationships is what counts most.

This raises the importance of flexible person-centred social work practice, which is able to lead and flex systems and processes (rather than the other way round) to better take account of differing priorities of people for the purpose of attaining better outcomes.

Sections 1-4 of this report sets personal budgets in their wider context and then gives the current picture in relation to numbers and outcomes.

The appendix provides rich examples from councils taking on the challenges. They demonstrate that positive ways forward are and can be found. This is vital to the success of personalisation as older people are the majority users of adult social care. As stated earlier, we want to continue building up a picture of where progress is being made.

Some aspects of personal budgets did not come to the fore and we would be particularly interested in more examples of approaches that demonstrate:

- Improved information, advice and advocacy for older people and their carers (particularly advocacy).
- Positive approaches to risk enablement and ways of making personal budgets accessible to older people with dementia, people lacking capacity and isolated older people.
- Processes which support setting up personal budgets quickly, where needed, for example for end of life care.
- Support planning that encourages developing robust back up plans and contingencies.
- Peer support where older people themselves and their families act as champions to promote personal budgets (including direct payments) and can support each other.
- Examples of managed personal budget, pooled budgets at a group level, and Individual Service Funds (ISFs), that provide for 'authentic' choice and control.
- Occasions where personal health budgets and social care budgets have been brought together in a seamless way for the benefit of the customer.

APPENDIX 1

CASE STUDIES

1 Local Strategies

KEY POINTS

- It is important that councils take stock of where they are by making full use of existing data they hold on personal budgets for older people both quantitative and qualitative to understand their current position. This means listening to existing personal budget holders, carers and staff and comparing 'performance' with others.
- From the stock-take councils should establish or refresh their vision and ambition for personal budget delivery for older people as a foundation for seeking improvement within an overall framework for embedding all aspects of personalisation. This should include distinguishing between changes to the whole system designed to apply to all groups and specific areas aimed at encouraging take up of personal budgets by older people.
- Involving practitioners in designing change seems to hold the most promise. They are then well placed to put agreed changes into effect and can be more confident in working in a personalised way with older people and their families.

- Building in a systematic approach to monitoring and review with a consistent means of obtaining regular feedback on how things are going is key to embedding personalisation for older people (as it is for all groups).

Some respondents told us of strategies used when starting from an acknowledged low base, others of approaches building on reviews of previous practice. Several councils told us of systematic efforts which included stages of analysis, problem identification, broad system changes and adaptations to commissioning, and direct practice.

1/1 DERBY CITY – ANALYSIS, CO-PRODUCTION, ACTION

The council has set itself the ambition of embedding all aspects of personalisation for all groups. As part of this they want to increase the number of people taking personal budgets in the form of direct payments, including older people. They have undertaken a strategic review which entailed looking at the data on their current performance compared with others and extensive engagement.

An evaluation survey was mailed out to 850 people including 350 members of

the Council's 50+ and Diversity Forums. Workshop and action planning events were attended by people using services, carers, citizen leaders, members of 50+, their Diversity Forum, and staff. The council has now signed up to Making it Real and is using the markers to evaluate progress being made in implementing personalisation. In respect of the specific personal budgets elements of the markers, use is being made of In Control's Personal Budgets Outcomes and Evaluation Tool (POET) tool to obtain feedback on how far changes are leading to better, socially inclusive outcomes for customers and carers. This combination of data analysis and focussed review with local people is driving a local strategy which has a number of key components that includes:

- Staff training and development.
- Provision of practical tools for the workforce.
- Support planning and brokerage.
- Commissioning and provider development including increasing PAs capacity.
- Direct payments employment support and investment in the knowledge and skills of people using personal budgets.

Some of this activity is targeted specifically at improving the experience of older people including support for people with limited capacity, commissioning a dementia support service and review of specific supports used by older people including short-breaks, domiciliary and day provision.

1/2 ROTHERHAM – REVIEWING THE WHOLE “PATHWAY”

Rotherham felt that they had made good early progress on personalisation for people with mental health needs and learning disabilities but wanted to extend this more strongly to older people. The council therefore undertook an “end to end” review of assessment and care management procedures using ‘lean’ methodologies to reshape services in the face of budget and population challenges. As a result a new assessment process has been introduced within an overall pathway that includes access to early intervention/enablement, telecare, increased choice through access to direct payments and a positive approach to safeguarding. A further review was undertaken in 2013. As a result of these changes the council reports a strong increase in the uptake of personal budgets amongst older people, increased numbers reporting choice and control via the ASCOF survey, reduced complaints, and good results from mystery shopper exercises.

1/3 WOKINGHAM – SYSTEM RE-DESIGN

The council has carried out a large scale re-design programme in order to completely reform the social care pathway. The model that has been developed aims to promote and embed a way of working centred on personalisation and

SDS. Wokingham now has about 95% of its adult social care customers supported through a personal budget, with nearly 30% receiving this as a direct payment or ISF. The system applies to all groups but certain elements are of particular relevance to older people. These include “Choice Champions” who are people with personal budgets who have been trained to help others who are new to SDS and promote personalisation through networks of partnership events and activities, including local Older Peoples’ Forums and the “Celebrate Age” event. Other elements include:

- Targeted information and advice to families managing personal budgets for older relatives.
- The option of “mixed personal budgets” encouraging people to use a suitable part of their personal budget as a direct payment, for example when using micro-providers.
- Supporting alternative choices to traditional day and respite services; and the introduction of ISFs (see later).

1/4 DONCASTER – DEVELOPING A NEW BLUEPRINT

The council has re-defined the SDS pathway for people needing social care support. This “social work re-script” was endorsed by the leadership and led by the change and improvement team who worked closely with practitioners and operational managers, commissioners and other key staff. Engagement took place with personal budget holders to produce

a vision for SDS which was then developed over time as the work progressed. Existing business processes were mapped (‘as is’) and revamped. The changes encompass personal budgets for people with long term support needs but are wider than this. They are aimed at a wholesale redesign of front end information, advice and signposting; short term re-ablement and other related interventions including telecare and aids and adaptations; and investment in building community capacity. All of these designed to keep people living at home for longer, delaying the need for more intense care and support funded by the council for people meeting the local Fair Access to Care (FACs) threshold.

STRATEGY TIPS AND SUGGESTIONS

Looking at some of the learning from strategies, various councils offered tips for their peers. Examples included awareness of the importance of:

- Increasing the confidence of older customers and their carers.
- Securing senior leadership buy-in to review and resulting action.
- Encouraging take up in a sustained way, making sure policy and processes are aligned to ensure people are offered direct payments and supported to manage them in ways which are achievable in each circumstance
- Avoiding blanket approaches at all costs.
- Being radical, thinking what is possible, and talking with people, carers and other authorities.

IMPROVING PROCESS

We have described some of the strategic approaches to improvement. In this section the focus is now on the work councils are doing to improve aspects of personal budget process (including the option of a direct payment) in order to make them more appealing and manageable to older people and their families and increase their positive impact.

KEY POINTS

- Councils are adopting a mix of approaches to making direct payments more attractive to older people and council managed budgets more transparent and flexible. The development of Individual Service Funds are seen by some as a potential “half-way house”, although not necessarily straightforward to get right in the first instance they are worth persisting with.
- Some of the case studies illustrate that direct payments should not be seen as a take it or leave it option. Reviews in particular provide not just an opportunity to check how things are going, but if set up carefully can provide the chance of introducing more creative options – a second bite of the cherry – when an immediate crisis is past.
- Linked to the point above, it is important to recognise that even small changes made with the use of a personal budget by an older person are of value in their own right and may lead to a person gradually feeling more confident in taking more control and choice.

Viewed in this way, personal budgets for older people can be viewed as a gradual process involving building trust and confidence with individual older people and carers over time, and across the system in general.

2 Information and advice

Perhaps the first thing that potential holders of personal budgets need is good information and advice at the start. We know that good quality and timely information and advice can make a huge difference to people's lives. The TLAP 'Advice and Information Needs in Adult Social Care' report (bit.ly/Us1c0k) provides a useful insight into the different stages of the customer journey when information and advice is most needed. It is clear that councils will need to place a strong focus on this area in order to meet the requirements of the care and support legislation and the needs of individuals seeking support.

2/1 NOTTINGHAMSHIRE – ONLINE AUDIT

In Control, working with the Alzheimer's Society and Nottinghamshire County Council, undertook an online audit of information material on personal budgets for older people. This audit was undertaken as part of a wider pilot project to explore and look at the barriers people with dementia face in the take-up of personal budgets (see later). The audit identified a lack of easily accessible and useful material on personal budgets in

general, but particularly for older people and their families. Some of the issues encountered during the audit included:

- Material only being made available online and not in other formats.
- First point of contact staff being unaware of what information was available and where it could be found in order to adequately signpost people.
- Difficulties finding information on council websites.
- Lack of relevance to older people, particularly those with dementia, including good case studies.
- Lack of engaging and informative content designed with the 'customer' in mind.

The pilot searched out promising materials produced by other councils and voluntary sector organisations and people with dementia and families were asked to further review these and provide feedback via a number of focus groups. **The leaflet that people found most beneficial was Devon County Council's *Personal Budgets and Direct Payments Guide*** which was felt to be visually engaging, clear, accessible and informative.

The full results of the information audit, together with the recommendations from the wider pilot project on increasing personal budget uptake, will be included in a joint report with the Alzheimer's Society, Nottinghamshire County Council and In Control published in October 2014.

2/2 WEST MIDLANDS DIRECT PAYMENTS NETWORK – REVAMP OF DIRECT PAYMENTS INFORMATION

The network made up from councils in the West Midlands has reviewed direct payment agreements and accompanying factsheets. A working group considered the range of agreements currently in use across the region between the council and the direct payment recipient with a view to agreeing a common format which could be adapted to local circumstances. The guiding principles of the review were that information should be: accessible – no jargon or legalese; in easy read format, brief, co-produced, outcome focussed. Based on these principles, the group has produced a standard direct payments agreement and is working on other useful materials (bit.ly/1rDh3G6).

2/3 CAMBRIDGESHIRE – POSITIVELY PROMOTING DIRECT PAYMENTS

An audit confirmed the perception that the use of direct payments had begun to plateau, particularly in relation to older people. In response the council developed a communication strategy to increase knowledge in the community (particularly amongst older residents) about personal budgets, including direct payments. The campaign had two main elements.

Grassroots promotion – A short article about Choice in Social Care was produced and distributed to all parish councils, village newsletters editors, and voluntary organisations. It was also included in the council's newsletter to residents. Publicity materials and posters were revamped and sent out to day centres and community organisations working with older people, GP surgeries and parish councils for display boards. A county wide year-long calendar of displays in libraries ran for two years using posters, leaflets and bookmarks with essential contact information. Community centres were used where libraries were not available.

Open days – The direct payment support service arranged open days in libraries and community centres to publicise their work, meeting with people who use services and social workers.

2/4 WOKINGHAM COUNCIL

Wokingham council has recognised the importance of providing support and advice to relatives, as they usually manage the DP on behalf of their older relative. They therefore aim to provide them with good information about the options for taking a personal budget early in the process.

3 Improving assessment and review

KEY POINTS

Councils are looking to develop assessment approaches that encourage stronger co-production with older people and families and which drive more creative, less traditional support outcomes. Case study councils are exploring a range of changes including:

- Better integration between re-ablement and crisis support and personal budgets process.
- Shifting to more outcomes focussed assessments to drive more varied and creative support options.
- Adjusting resource allocation systems to incentivise creative planning and user direction.
- Reviewing systems that enable older people and families to set up better post crisis options.

Several councils reported to us that they are **building stronger links between their re-ablement and personal budgets process** so that those eligible for long term support can be gradually introduced to personal budgets and not have to make crisis driven decisions about their future support.

3/1 NOTTINGHAMSHIRE – MAKING THE MOST OF REVIEWS

For people likely to require ongoing support a resource allocation and assessment takes place about four weeks into re-ablement, but there is a flexible approach and re-ablement can be put back in at review if this can help someone avoid the need for longer term support. A dedicated reviewing team helps people to plan after an immediate crisis has settled somewhat, and after any re-ablement support has been provided. It helps older people, their families and staff to explore different, sometimes better value and creative options for use of their personal budgets. In this context the team are able to help people think broadly about their circumstances and what they want to achieve with the state and other resources available to them. This means that people are more likely, for example to be able to consider use of a direct payment if it would give them more flexibility and in a context in which they can make a more informed decision. The review team are able to allocate and adjust budgets directly up to an agreed level without having to seek senior manager or panel approval.

Reviews can also be used to spot difficulties or obstacles and find solutions, both individual and systemic. For example, **Cheshire East council** are considering **adjusting the role of the Financial Assessment Officer** role to support direct payment customers with finance aspects of being a direct payment holder, they note, “This role will also support the

care manager at review and any issues experienced by the customer can be addressed at 12 week review”.

Greenwich council undertake **direct targeting** at review. Prior to visiting a service user, reviewing officers will be considering the existing support package and assess whether the service user would experience a more creative package if they moved to a direct payment. If they feel this would enable a more tailored service for the recipient, they will focus on this as part of the review discussion.

3/2 DUDLEY – FROM ASSESSING FOR TIME AND TASK TO PERSON- CENTRED OUTCOMES

The council has been delivering personal budgets as the default option for around three years. Evaluation of completed support plans identified that quite often the outcomes defined in people’s assessments were poor, orientated around personal care and not person-centred. As such the resulting support plans were equally focused around time and task particularly around personal care. In response to this Dudley decided to re-train all team managers around how to support older people to define person-centred outcomes. They produced a best practice example for assessments which were utilised in supervision to articulate to social workers the level of quality expected. Full support planning training is next and they then plan to undertake case file audits with each worker in supervision to review

the effectiveness of the implementation. In order to facilitate this shift the council is also looking at all aspects of the assessment process in order to reduce duplication and inefficiencies in some areas to allow the time needed for good outcome focussed work.

3/3 STOCKPORT – RESOURCE ALLOCATION LEVERING GREATER CHOICE AND CONTROL

The council has developed a new approach to its resource allocation system (RAS) which allows people to have a clear early idea of the resources available and the majority of holders to date have been older people. The council reports that social workers have been positively engaged and that response to date has been strongly positive: “Feedback has been that carers have felt much more involved and recognised for their contribution as a result of a more transparent conversation taking place. Individual outcomes for people are beginning to change with examples of more creative options for support being discussed and implemented with people. This has particularly been the case when thinking about planning in relation to respite for carers and supporting families holistically to care for older family members”.

4 Support to plan and use personal budgets

KEY POINTS

Councils are exploring approaches that provide the right levels and types of support for older people and their families and which support changes to local delivery and practice – maximising creative use of budgets. In some cases this involves adapting functions and roles within the council, in others it means commissioning new functions or from new partners. There are examples of:

- Separating assessment from other functions to incentivise improved support planning.
- Externalising support for use of personal budgets.
- Easing access to personal assistance.
- Back up and emergency systems
- Fast track.

4/1 LANCASHIRE – DEVELOPING COMMUNITY BROKERAGE

The council has commissioned a social enterprise that provides a range of services which support independent living, to provide and develop community brokerage in Lancashire. The contract covers both the direct provision of support services for personal budget holders and managing a network of sub contracted community organisations to deliver community brokerage across the county.

Services provided include information and advice; support planning; resource finding; and practical support with areas such as Personal Assistant (PA) recruitment, contracts with providers and employment advice. The supporting planning model which has been developed is able to provide a quick response, with a turn round time of no more than two weeks for a support plan to be ready for council approval. Support planners come from a range of backgrounds and are trained in both independent living and support planning. A web portal is in development which will allow individuals and/or their supporters to securely manage their support and allow quick access to services and resources from organisations across Lancashire. This can be used flexibly, including by people who wish to plan their own support.

4/2 WIGAN – SEPARATING OUT ASSESSMENT AND “BROKERAGE” FUNCTIONS

The council has established its own in-house brokerage team in order to improve support planning. Unless the case is an emergency requiring immediate services, once an assessment has been completed with a social worker and an indicative budget with intended outcomes produced the case is passed to a broker. The broker is then responsible for working with the older person and/or their family to draw up a support plan. Support plans are approved by the brokerage manager.

Brokers have been mostly recruited from the council's back office functions which have been reduced. All undertook skills profiling matched against the job description and underwent an in-house training programme. As a further stage the council is intending to increase the number of brokers in order to increase capacity and help make sure that support plans are produced in a timely way.

“Experience to date is that the brokers have brought a fresh perspective, as they do not think in narrow service terms and are prepared to question the accepted way of doing things. This is leading to the creation of more flexible and creative support plans that make greater use of the support available from the local community and voluntary sector, including use of volunteers. Whilst the majority of older people are still opting to receive domiciliary care services from providers contracted by the council there are signs that they may be more willing to change provider where the service does not meet their expectations and that providers are becoming aware of this”.

For some older people it is especially vital that there be no delays in getting a personal budget up and running and delivering good support. Some localities have been working on fast track processes for people in certain circumstances including Continuing Health Care (CHC) and at the end of life. **For example, Devon council has implemented a fast track process for people who become eligible for CHC.** This has served to

reduce the anxieties some people who use direct payments have had about losing their PAs when they become eligible for CHC funding.

Brighton and Hove council is working on back up plans. All DP users are being encouraged to agree backup plans, giving details of up to three contacts who can provide both planned and emergency back-up support when needed. Details are held by the council's out of hours service.

5 Budget management options

KEY POINTS

In the first Older People and Personal Budgets Report (2013), councils consistently reported that older people and their families are often reluctant to take on the burden of responsibilities that can be associated with personal budget, and especially direct payment use. In response to this a number of councils reported widening the range of budget management and employment options and making them easier to use.

These include **managed bank accounts** which offer direct payment recipients an alternative method of managing their direct payment. Several local and national voluntary sector organisations including disabled people's User Led Organisation (ULOs), credit unions, charities, and social enterprises are offering a managed bank account to personal budget holders.

Local authorities differ about the eligibility to a managed account and how it is paid for. A managed account is generally for people who may have difficulty in opening a bank account or simply for people who don't want the responsibility of the paperwork. They are an important way of allowing people to exercise choice and control in a way that suits them. Some examples can be found in the Trust is the Key report (bit.ly/1umLfsh) and additional examples identified during this project are shown below.

5/1 BRIGHTON AND HOVE – SUPPORT FROM A USER LED ORGANISATION (ULO)

The council commissions its local ULO to act as the SDS support provider. The ULO is in the process of becoming registered with the Care Quality Commission as a home care provider able to provide personal care. This means that when a person wants to have a PA type service, but does not wish to become an employer, the ULO will be able to support the person in recruiting an appropriate person and will take on the formal employer responsibilities. With this approach the worker benefits from greater security, receiving training and ongoing support, whilst the individual receives flexible personalised support. Workers are accredited via the Support with Confidence scheme. The ULO also offers supported bank accounts. With the person's agreement, the ULO opens a separate account and the individual's personal budget gets paid into this.

The organisation manages the money, for example by paying the worker, which gives protection to the individual, as they know their money is safe and they do not have to worry about it.

5/2 CENTRAL BEDFORDSHIRE – DEVELOPING NEW SPECIFICATIONS FOR DIRECT PAYMENTS SUPPORT

The council involved organisations from the community and voluntary sector in developing specifications for direct payments support services e.g. PA recruitment, payroll, and managed bank accounts. The new specification allows for organisations, including home care agencies, to take on responsibility for a PA where a person would like their outcomes met by a PA, but do not want to be the employer. The expectation is that this option will encourage greater take up of direct payments by older people.

5/3 GREENWICH – COMMISSIONING SUPPORT PLANNING

The council wanted to improve both direct payments take up and extend greater choice and control within managed options. The council were impressed by evidence from their commissioning of a local consortium of voluntary organisations which showed that where external support planners were involved it was far more likely that the personal budget would be taken as a direct payment. As a result the council has now shifted all

support planning to the Consortium. The council has also developed a new approach to DPs, including offering a “holding account” approach which they believe offers all the benefits of a DP without any of the anxieties around the responsibility of being an employee, as the council direct payment officers manage this element on their behalf. As a result of these changes they report a 99% increase in DP uptake amongst older people over a twelve month period.

An increasing number of councils are using **pre-paid cards** as a mechanism to allow direct payments without the need for a separate bank account, or to ease the financial management of the payment. The use of such cards can be a useful step from managed services too ‘cash’ direct payments, although they should not be provided as the only option for taking a direct payment. The offer of a cash payment should always be available if this is what the person requests. It is also important that where a pre-paid card system is used, the person is still free to exercise choice and control. For example councils should avoid operating blanket restrictions on cash withdrawals from pre-paid cards which could limit choice and control. Equally the card should not be linked solely to an online market-place that only contains selected providers to choose from. Councils should therefore give consideration to how they develop card systems that encourage flexibility and innovation.

6 Managed personal budgets

KEY POINTS

Using some of the budget management approaches described above, those councils with currently low use of direct payments amongst older people should be able to significantly increase use. However, this should not be the only route to improving personal budget delivery for older people. Age UK and others believe that managed personal budgets will continue to be an important option. They take the view that some people will not choose to take their personal budget as a direct payment, even if ways of making direct payments easier to access and use are put in place. This means that it will be very important that those choosing this option are able to get good choice and control and personal outcomes. There has been much understandable concern about this, especially in situations where the personal budgets do not seem authentic (for example when people are not made properly aware of their budgets so they can influence their use).

A number of the case study councils have been working hard on this, often alongside local voluntary organisations supported by their national organisations such as Age UK and the Alzheimer's Society. Age UK themselves have provided a useful guide to managed personal budgets (bit.ly/1AfYSdR). In respect of

budget holding options in particular they recommend the expansion of Individual Service Funds (ISFs) defined as *“when a personal budget – or part of one is held by a service provider on behalf of the personal budget holder in order to provide them with the service they choose”*. A number of potential advantages of ISFs are identified including that they:

- Can provide a good “halfway house” for someone who does not want a direct payment, but who does want to have as much choice and control over the support they receive as is possible.
- Give providers a new level of flexibility to provide services in a person-centred and outcomes-focused way that was not usually possible under block contracts.
- Let the person specify exactly what they want, how and when they want it, and by whom they would like it to be delivered, without the need to manage paperwork.
- Can support people to roll over money from one month to the next in order to set money aside for emergencies or fluctuating needs.

ISFs remain a relatively early stage development, though significant numbers of councils are now exploring them. As with any approach it will be vital to deliver ISFs effectively. Recent research from the Social Policy Research Unit at York University concluded that the ISFs in their study didn't seem to deliver on their objectives and made recommendations for effective implementation (bit.ly/1kPAMQD).

A number of examples and guides are now available that can help councils to implement ISFs.

6/1 GATESHEAD INDIVIDUAL SERVICE FUNDS (ISFS) IN EXTRA HOUSING WITH CARE SCHEMES

Gateshead has piloted the introduction of ISFs in its extra housing with care schemes working in conjunction with their contracted housing provider. They describe a co-productive approach to development. A project team was set up with the provider to explore the way the serviced operated and how it would need to change to incorporate the ISF model. Focus groups were initially held in two of the extra care schemes in February 2013 to gain the views of both staff and customers on the services provided and any concerns they might have about the introduction of ISFs. Information from these sessions was used to plan further sessions and produce tailored information for residents and their relatives at each of the schemes. These sessions (in April and May 2013) were held during the day and evenings to give people information about ISFs, the practical application of ISFs using images and stories as examples, and the choices they could make about choosing this option. This also gave residents, their carers, relatives and staff opportunities to ask questions of both the provider and the council. The introduction of the ISF model was intended to give residents more flexibility in the way their care is delivered. For example residents could 'bank' hours that they did not use and save them to be

used at a later date, as long as they used the hours for an assessed need. Another option was for the residents to pool their hours and use them for a shared activity, for example if two people wanted to do some shopping they could share their hours and go together. Although the take up has been lower than expected, the council now understands the mechanics of ISFs and is reviewing next steps in light of this.

6/2 WOKINGHAM COUNCIL – INTRODUCING ISFS

Wokingham council has implemented ISFs and these have been found to work well as a 'middle ground', as they give people the opportunity to have the choice and control without managing the money themselves. There are currently 14 providers operating ISFs, including some domiciliary care agencies, a carers respite sitting service, and a local social enterprise that provides domiciliary care and community support services.

6/3 GREENWICH COUNCIL – MORE CREATIVE ISFS

Greenwich council has operated ISFs for some time, but found that they were not resulting in much change. To address this, the council held a workshop with providers to engage them with the personalisation process and to stimulate a refreshed approach to developing more creative ISFs. Once a personal budget has been agreed, it is passed to the provider

who then develops a support plan directly with the person using services. It is intended that this will ensure a more holistic approach to support planning which goes beyond traditional home care provision, including for example more access to social networks. All requests for ISFs now go to the Consortium described earlier in the report.

7 Supporting improved practice

KEY POINTS

Councils are organising, supporting and training their workforces to improve local delivery of personal budgets to older people. This includes reviewing and adjusting roles, training and development and paying attention to culture. In our earlier review of council's reported challenges, workforce issues ranked very high. There is a real danger of caricaturing workers in teams supporting older people as resistant to personalisation. During the study a number of councils spoke of enthusiastic adoption of new approaches, especially when teams had been directly involved in designing them and developed ownership. Several councils who spoke to us were working alongside teams and making serious attempts to understand the needs of these teams and to respond to these. As well as specific initiatives, respondents spoke about the importance of understanding culture and the style of approaches needed to support shifts in practice.

7/1 DONCASTER'S 'SOCIAL WORK RE-SCRIPT'

Doncaster's 'social work re-script' described earlier in the report the importance of culture was recognised. *"As the programme progressed it became clear that a significant culture change programme would be needed to run alongside the process change work in order to ensure that the changes stuck and became embedded across the workforce. Training sessions for assessment staff have been designed specifically to appeal to workers professionalism, using nudge techniques and calling on them to be reflexive in considering the evidence base that supports the designed changes."*

7/2 HULL – CULTURE CHANGE

In Hull there has been an explicit attempt to change culture: "We believe that if people feel they are being 'given' services, they are likely to simply accept what they are given, whereas if they are buying the service themselves, or are actively directing the purchase, they are more likely to feel they have the right to dictate the terms of that service and to change anything they are dissatisfied with".

The approach has been led by a senior manager (signalling its importance). A training programme has been developed and delivered on personalisation and person centred ways of working, followed by briefings to staff on the expectation that every new customer would be given a personal budget and offered a DP. Staff have been offered on-site support and

mentoring by the direct payments worker and outcomes monitored on an individual level during supervision and on a service wide level through data gathered by the performance monitoring team.

7/3 BRIGHTON & HOVE – TRAINING TARGETED CARE MANAGERS

Brighton & Hove training has been targeted to care managers working with older people (many of whom have some memory loss or dementia). The training has mainly focused on outcome planning and attempting to empower care managers to look at opportunities for older people to live their lives instead of just looking at traditional “services”. The ‘three wishes’ approach from Oxfordshire has been used, keeping it simple and allowing people to agree their own outcomes, no matter how small e.g. to get to the bedroom independently.

7/4 CAMBRIDGESHIRE

Cambridgeshire managers have been supporting staff teams via visits to professional development team meetings across the county to meet staff and discuss implementation issues with personal budgets and direct payments and a monthly direct payments briefing is sent out to teams addressing issues highlighted at the meetings.

8 Improving support options

KEY POINTS

Councils are starting to facilitate the development of new or adapted options for older people to use their personal budgets, to improve outcomes and increase demand. Some localities are taking the view that personal budgets will only be useful and attractive to older people if provision is diverse and responsive and have placed particular effort on developing their local provider markets. As described above some councils are now working on developing the ISF model for domiciliary and other services. Others are looking to adapt the Shared Lives model that has been primarily used for people with learning disabilities to date, for older people (bit.ly/1kegJpL).

At a strategic level councils such as **Derby and Wokingham** have reviewed local provision in the context of what older people want to purchase and have undertaken re-commissioning exercises in response in areas including domiciliary and short breaks supports. Others, including **Nottinghamshire** have sought to improve the diversity and in some cases niche nature of provision by supporting the development of small very local support services. Using support from the organisation Community Catalysts they have supported the growth of 57 local micro-enterprises to date. For councils interested in developing such approaches, TLAP co-commissioned the resource *Commissioning for Provider Diversity* (bit.ly/WHb1b9).

In addition to provider development councils have been looking at how to ensure a good supply of skilled reliable PAs that people can easily access and recruit. Our earlier direct payments publication *Trust is the Key* described how the willingness of people to consider the direct payment option can be significantly affected by the easy availability of reliable, good quality PAs. Problems in recruiting, employing, retaining and developing PAs and assuring their quality can be a real disincentive. One way to overcome this is through the use of a **register to link prospective staff to individual employers**. PA Registers have developed in parts of the country over the last few years bringing individual employers and PAs together. Although there are some variations on PA registers, fundamentally they fall into two different models:

- Registers simply providing information about the availability of PAs providing different search options.
- Registers providing trained and accredited PAs or “approved” PAs.

In some areas grant funding has been made available to voluntary sector organisations in order to develop PA registers. In other areas schemes such as ‘Support with Confidence’ have been developed internally. PA Registers may be free to the individual employer/ direct payment recipient or there may be charges. **Skills for Care** has issued an advice note for local authorities on ‘Minimum Standards of Support for Individual Employers and PAs’ (www.skillsforcare.org.uk). This includes that local

authorities should provide a register of potential PAs which individual employers can access (standard 2).

8/1 BRIGHTON AND HOVE – SUPPORT WITH PERSONAL ASSISTANTS

The council has developed their Support with Confidence scheme to provide an up to date list of PAs that have undergone appropriate training and background checks and other support services that have been approved by the council. The council has recently appointed a project worker with a brief to promote the scheme widely. Other councils, including **Cambridgeshire** and **Somerset** reported developing their PA registers, and **Lancashire** is linking this to their on-line marketplace developments.

Before concluding this section it is worth noting that a number of councils commented that even when the personal budget process is genuinely tailored to an older person, very often they continue to use traditional services. For example, **Wokingham council** report that *“Personal budgets for older people tend not to be used in any particularly new or innovative ways, but those who are having DPs and their family carers, report that the greater control it gives them has significant positive outcomes. Support is more flexible, able to respond and centre on the person’s changing needs and preferences. Very few people are choosing to revert back to a council managed account.”*

9 Access

9/1 NOTTINGHAMSHIRE – OLDER PEOPLE WITH DEMENTIA

Nottinghamshire The council has undertaken some focussed work on improving personal budget delivery to people with dementia. A specific initiative is being undertaken in partnership with the Alzheimer's Society in order to improve the uptake and experience of personal budgets for older people with dementia. The main areas of work are:

Information, advice and guidance – Co-producing with people with dementia and their carers more accessible information to support making informed choices about personal budgets, including DPs (described more fully earlier in the report).

Awareness raising – Working with staff personalisation champions to promote direct payments (and mixed budgets) for people with dementia; identifying and publicising good practice case studies; and providing information, training and resources to practitioners, managers and providers.

Systems and processes – Working with the council's performance and social care teams to ensure data on personal budgets for people with dementia is accurately recorded, with the first task to establish a baseline and agree a working definition which can be consistently applied.

9/2 CHESHIRE EAST COUNCIL – APPOINTING A SUITABLE PERSON

Cheshire East council has ensured that its care managers are aware of the process around capacity assessment and appointing a suitable person to manage on the customers behalf where Lasting Power of Attorney or Deputy does not exist.

9/3 GLOUCESTERSHIRE COUNTY COUNCIL – JOINT PRIORITY WITH THE CCG

Gloucestershire County Council and the Primary Care Trust (and now the Clinical Commissioning Group) have had dementia as a joint priority for the last six years with high level senior engagement and a project management board. The overall aim has been to make dementia 'everybody's business' and not the single preserve of any one agency. Key to this has been investment in the 'engine house' of training and development with a view that everyone, wherever they are, should have some knowledge of dementia. A three year multi-agency training and education strategy was developed which has just been reviewed and refreshed with priorities agreed. Increased knowledge of dementia has equipped the workforce to adopt a more person-centred approach to their work. It has helped lay the

foundation for developing personalisation and delivery of personal budgets to older people with dementia, based on the principles of living well with dementia and a strengths based approach. A pro-active way of working is being adopted by adult social care teams, encouraging people to think early about a personal budget as an effective way of allowing carers to organise support that suits them.

9/4 DEVON COUNCIL – THE DEVON CARD

Devon council has used the platform of introducing a payment card (the Devon Card) to refine its policy and processes to support direct payments for people who lack mental capacity, including older people with dementia. Implementation of the Devon Card was used as an opportunity to promote awareness of the council's 'Suitable Person' policy to ensure people with dementia can benefit fully from personalisation. The promotion of the card and necessary consultation with people who use services to support this was an ideal opportunity to raise awareness of direct payments, challenge assumptions about what 'good' may look like, increase understanding of the benefits of PAs and reduce some of the anxieties around becoming an employer.

9/5 GATESHEAD COUNCIL – ENGAGEMENT WITH BME COMMUNITIES

Gateshead council has run a series of engagement events with carers from black and minority ethnic communities (BME) in order to increase their knowledge of personalisation and how to access support from the council. The council was initially approached by a member of staff working in a local voluntary sector organisation supporting people from the Asian community who said the group wanted support and information regarding personalisation. People in the community felt they did not have a full understanding of what personalisation meant for them and how they could access direct payments and qualify for support in this area. The council wanted to respond to this and took the opportunity to run the events for other BME communities. The council was aware from its local carer networks that a member of staff from the Carers Association had made real progress in reaching out to Asian, Polish and Chinese communities. The council built on this by using these carers groups to deliver presentations that were tailored to the audience, with relevant translators and translated information. Those attending feel more informed about personalisation and the support the council can provide and it is anticipated that they will spread this to their communities. A new rapport has been established with these groups and further sessions may be held on specific aspects of personalisation, for example, different ways of using a personal budget.

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Think Local Act Personal

Think Local Act Personal (TLAP) is a national strategic partnership of more than 50 organisations committed to supporting the continued implementation of personalisation and community-based health, care and support.

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