Housing Learning & Improvement Network

Care Services Improvement Partnership **CSIP**

Health and Social Care
Change Agent Team

Older People's Services & Individual Budgets

This paper aims to identify and share ideas and examples of good practice currently being undertaken by the pilot sites implementing Individual Budgets for older people's services. It also addresses, at least partially, some of the specific issues which have been raised in relation to the implementation of Individual Budgets for older people.

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Introduction

The purpose of the paper is to identify and share ideas and examples of good practice currently being undertaken by the pilot sites working with older people's services as part of their evaluation quota.[1] (Other sites already working with older people outside of the evaluation quota may wish to add additional ideas and comments.) The aim is to address, at least partially, some of the specific issues which have been raised in relation to the implementation of Individual Budgets for older people.

Fourteen people from the eight sites have contributed their views for this paper, including Individual Budget project managers and service leads, and social workers and team managers working in adult and community services. The enthusiasm and commitment of staff involved in introducing Individual Budgets was very clear, and their assistance in providing the information for this report is very much appreciated.

Some of the pilots are at quite an early stage in implementing Individual Budgets for older people, so numbers of completed cases (where people had commenced receiving their care and support through an Individual Budget) were low in some places. Many of the issues identified are still to be addressed at this stage of the pilots; all the sites are still working on the detail of how Individual Budgets will work eventually, so these findings can only be regarded as preliminary.

Direct consultation with older people was not included in this project, but a number of illustrative case examples have been provided by the sites. These have been anonymised to protect confidentiality, and are not attributed to individual sites. Additional work commissioned by CSIP will address user and carer involvement and thoughts.

Issue: Promoting a positive culture in which to introduce Individual Budgets

For many of the pilots, introducing Individual Budgets for older people has been informed by their experience of what has worked, and what hasn't, in attempting to implement Direct Payments for older people. This has led to a conviction that Individual Budgets cannot be implemented in isolation, they need to be embedded within normal care management processes. They also require a total transformation in the way older people's needs and wishes are viewed, and the way services are commissioned and delivered.

- **West Sussex** are moving to self-directed care across all client groups, based on their earlier experience of piloting outcome-based commissioning.
- **Barking and Dagenham**, although at a very early stage in their Individual Budgets pilot, aim for total transformation eventually.

A number of pilots mentioned the importance of strong leadership, providing total support across the organisation for the principles behind Individual Budgets and the practical issues surrounding implementation.

It has worked best where we have complete support right across the board from all categories of staff (West Sussex).

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[1] Bath & North East Somerset; Barking & Dagenham; Barnsley; Kensington & Chelsea; Lincolnshire; Manchester; Oldham; West Sussex.

Issue: Engaging older people

Many issues have been identified around engaging older people's interest and acceptance of Individual Budgets, particularly informed by the experience of low take-up of Direct Payments by older people. Sites recognised that these need to be addressed by starting from where older people are, taking into account their perspective rather than trying to push for major changes at the outset.

> *The big thing with older people is that it evolves, you need to start small* (Lincolnshire).
> *So far things are quite ordinary in what people are aiming to do. We expect there to be a time lag until people get used to having options* (Kensington & Chelsea).

Having a plan to include all older people, beyond the numbers required for the evaluation, can be important for 'selling' the idea of Individual Budgets to older people, staff and other organisations. At present, some sites are finding the fact that they are involved in a pilot makes it difficult to promote Individual Budgets, when selection for the research means that only certain people will be offered an Individual Budget. The notion of a 'pilot' also makes it hard to overcome suspicion of something new.

- Some sites, such as **Barnsley** and **Oldham**, are already including in their pilot all older people eligible for services under Fair Access to Care.
- Others, such as **Bath & North East Somerset**, are aiming to roll out Individual Budgets (IBs) to all older people. They are achieving this through offering IBs to randomised new referrals, but also at one in two reviews. This way, they are able to tell older people that if they are not offered an Individual Budget this time, they may well be at the next review.

The point at which older people encountered IBs often made a difference to how they responded. Once people had an adequate care package up and running, they often just wanted it to continue without any changes. The resulting inertia could make it difficult to introduce IBs at review. On the other hand, at the point of referral many older people were in crisis. They and their carers did not want to have to think how their care should be arranged, often they just wanted someone to take over and ensure their needs were met.

> *People don't want to start negotiating a new way of doing things when they're in crisis. The best time to introduce the concept of Individual Budgets is at older people's first contact with the Department* (Oldham).

If an older person's first contact with care services is during a crisis, for instance a hospital admission, their circumstances may be changing rapidly and they may need active care management and services arranged for them. None of the pilots is including Individual Budgets for services on discharge from hospital, but a number are planning to offer IBs at the first review.

- **Examples: Manchester** and **Bath & North East Somerset** are setting up reablement services, and will introduce the RAS at the first review.
- Similarly, **Barking & Dagenham** will offer IBs in the long term conditions teams at the point of the six week review after discharge from hospital.

Having a time limited discharge package, reablement service or intermediate care, makes it easier to introduce Individual Budgets at the point at which longer term support plans are being made.

Issue: How Individual Budgets can make a difference for older people

Older people generally express high levels of satisfaction with the care services they receive, often with justification. When given the choice, some people with less than ideal support packages are still willing to trade the security and quality of a known provider for loss of flexibility. For them, this can be a positive choice. Even for those who decide to retain their conventional care package, the process of undertaking the self assessment and discussing the option of an Individual Budget can make older people feel they matter from the start.

> *Giving people choice at the outset gives people control, whatever those choices are ... From the beginning they feel the self assessment document is theirs, it's in their hands* (West Sussex).

Mr B has continued with his existing care package, consisting of conventional home care and day care. But he feels his relationship with the staff providing his services has been transformed, it's now on a more equal footing.

For many older people it can be hard to imagine how their care and support might be arranged differently, what might really make a difference to their lives. They need to be helped with concrete examples and suggestions, and to hear successful stories of what has worked for other older people.

- **Example:** In **Oldham**, Brenda's support plan has been set to music and put on a DVD. With Brenda's agreement it is used to publicise IBs in Oldham. Brenda had previously received a Direct Payment, but found it too rigid. She feels her Individual Budget has given her a new lease of life.

One of the best ways sites have found to encourage older people to think about options is to inform them of the cost of services, and get them thinking about alternative uses for the money.

> *People are shocked by how much their service costs, it makes them think* (Manchester).
> *When you put money to it, people do start to wonder if what they're getting is good value* (Barking & Dagenham).

- **Example: Oldham** gives service users a budget statement at the outset for the services they are currently receiving.

One of the crucial things which sites have found is that, for older people, change does not have to be dramatic, small things can make a difference. The biggest changes are probably for older people on the brink of residential care, where the equivalent resource can have a profound effect, providing a tailored service which maintains them at home. But for those with lesser needs, even small care packages can be adapted to better reflect an older person's needs and wishes.

> *A very little resource can make all the difference* (Oldham).

Small, undramatic changes can make a profound difference to the person (Bath & North East Somerset).

We're not doing anything grandiose; it's sensible, small things (Barnsley).

> Mr S, a full time carer to his wife, and increasingly frail himself, uses an IB of less than £35 per week to employ a male personal assistant to take him out for a walk twice a week, give him a bit of male company, and help him with the DIY tasks he can no longer perform.

> Mr M's daughter spent a great deal of her time cooking for her father when she visited. With a small IB they were able to purchase a freezer, so that she can cook a batch of meals at once. With the time saved, she is now able to take him out; they can enjoy one another's company again.

Issue: How older people chose to use their Individual Budget

Many older people adopted a 'mix and match' approach, combining conventionally commissioned care services with a small direct payment to purchase additional services or equipment.

> Mrs L uses most of her allocation for traditional home care, but keeps a small amount each week as cash for holidays and emergencies.

Others used their Individual Budget for services, such as cleaning, which the local authority no longer provided, or for services outside the local authority's normal remit.

> Mrs P played an active part in many organisations, and this gave her life purpose. She felt her self presentation was important to give her the confidence to participate effectively, so she spent some of her Individual Budget on hairdressing and manicures.

> Mr F's care needs were met by the local authority, but his daughter did his cleaning for him. He was offered day care, but what he really wanted was his daughter to take him out in the car. He was able to use part of his Individual Budget to pay for a cleaner, and with her time saved his daughter was able to take him out.

Older people who have family involved in their care, or a good community support network, obviously have greater flexibility to free up resources within their budget allocation, or to make changes to their care. Others need to be more creative to achieve this flexibility. For many, this could be achieved through giving up services that were not always needed or used.

> Mrs T chose not to have a hot meal on one day a week so that her carer would have time to take her out instead.

> Miss P, a fiercely independent lady, had carers coming in to get her a meal to ensure she ate properly. This irritated her enormously, particularly when she had to stay in to wait for them. Now she goes instead to a neighbour who cooks for her and another gentleman, ensuring she gets her meal and company too.

The greater flexibility of IBs was often shown to benefit particularly those who had refused conventional services in the past.

> Mr G had previously refused meals on wheels, but now employs someone to fetch a meal from his local pub.

> Mrs W, who was recently registered blind, had refused services because they did not meet her needs. For instance, she had been assessed as needing bathing, but because this was deemed low priority, the care staff could not guarantee at what time they would arrive. She was missing hospital appointments through being unable to read her post, was losing confidence and becoming increasingly isolated. Now she uses her IB to employ a personal assistant for an hour each day, to help her with washing and dressing, read her post to her, tell her which programmes are coming up on TV and radio, go shopping with her and read instruction labels, dates on food etc.
> A friend commented: "This is the first time I've seen her laugh in months".

Some sites are developing options around the way conventional services are delivered to meet needs.

- **Example: Manchester** is offering a number of alternatives to the conventional food shopping service done for the older person by a domiciliary care worker. These include the purchase of a computer so the service user can shop on-line; going shopping in person with a care attendant; or sharing a cab with another service user.

Issue: Older people's preferred models of support

There was no one model of support or service arrangement consistently preferred by older people across all the sites. Most sites were offering a range of support arrangements on a continuum, from directly arranged commissioned services, through virtual budgets or service funds, to cash payments. Many older people chose a mixture of services and models, for instance a commissioned home care service, together with a virtual cash allocation for a place in an independent day centre, plus a direct cash payment for respite.

> *Many older people like to retain an element of the traditional services. Mix and match is the most popular arrangement* (Kensington & Chelsea).

For older people choosing to receive their care through an agency, being able to negotiate with the agency directly, as they would if they were self-funding, was

popular. For many older people with personal care needs and no family or informal carers to step in, there is little scope to change the essential tasks which need to be performed. But the older person may wish to change other elements, such as the times, to suit themselves, and an Individual Budget can facilitate this.

- **Examples:** Building on their previous Outcome-based Commissioning Project, **West Sussex** pay providers, who then negotiate the care direct with the service user. Some areas of the county have used their spot contracts for this; others have used hours within their block contracts. West Sussex are now exploring with their contracts section transferring the funding to the provider as an Individual Service Fund.
- **West Sussex** have also found that some providers are more amenable, more flexible, when negotiating direct with the service user rather than through a third party i.e. the local authority.
- Older people in **Bath & North East Somerset** can now take their budget to an independent provider, work out their plan directly with the provider, and roll over up to 10% of the budget each month. They have found that service users are now getting better value for money than previously, for instance by getting the full 30 minutes commissioned.

Older people may not want the same pattern of care, day in day out, as specified in a conventional care plan. Negotiating directly with the provider, or employing their own assistant, enables them to tailor the service better around their changing requirements.

> Mr W regularly went to stay with a friend, and needed his care service to continue when he was at his friend's house. Regular home care services found it difficult to accommodate this, so Mr W now employs a personal assistant who is able to fit their visits around his movements.

Employing a personal assistant, either individually or through an agency, was understood to be one of the features of Direct Payments which put off older people in the past. Yet the take up of direct payments by older people has increased at many sites with the introduction of Individual Budgets. The ability to pay family, friends and neighbours was welcomed by many older people who felt that this way they were avoiding having to receive services. They were also able to receive a personalised service without having to compete with the needs of other service users as they would if they were going through an agency.

We thought that most older people would go for indirect payments, but in fact most have chosen a direct payment to family or friends (Barnsley).

Also, many older people liked the way direct payments enabled them to formalise arrangements, to reciprocate and properly reward those in the community who were helping them, without feeling beholden to them.

> The local Hindu temple is now being paid by Mrs S's family to top up her support, out of her IB. The temple's previous involvement was informal and ad hoc.

Older people have shown that employing someone already known and trusted is an acceptable solution to them. Some sites are looking at ways to extend this security to other older people who may want this option but do not have friends or family who could undertake the task.

Example: Oldham is developing a PA resource and directory to offer to older people. They expect this to become more popular over time.

Issue: Increasing the resources available through Individual Budgets

Many older people's care packages have traditionally been quite small, leaving little scope for changes and flexibility (although IBs have shown that small changes can make a difference – see above). A number of pilot sites mentioned how the Resource Allocation System has exposed the inequities between client groups in the current funding of care and support services, with significantly less being spent on older people.

We're working on a shoestring with older people (West Sussex).

Some sites have had considerable success in bringing in additional resources to boost the individual budget available for an older person, and not just through obvious examples such as Carers' grants. An imaginative welfare rights assessment to maximise an individual's income is a clear requisite. [None of the pilots specifically mentioned how Attendance Allowance was regarded or used, and whether their authority's Fairer Charging framework was being reviewed in the light of their IB pilot, but this has the potential to create additional flexibility].

- **Examples: Oldham** has increased the take up of ILF funding by people approaching 65 years old. The advantage is that, once awarded, this extra funding continues beyond the age of 65, making available a far higher level of resource in older age.
- **Barnsley** has found that local patterns of employment mean that many older people are eligible for grants and assistance from welfare and benevolent funds linked to their former employment. Questions about former employment are now routinely included in assessment. These extra resources can make all the difference to an older person.

Funding for assistive technology through preventative technology grants has provided an additional contribution where the service user is vulnerable or forgetful. The development of assistive technology is happening independently of Individual Budgets, but IBs can promote its use.

Mrs F has a lifeline alarm to summon help if she has a fall. To reduce the risk of falling she also has a bed occupancy sensor which automatically switches on the light if she gets out of bed in the night.

Not all the potential funding streams are incorporated in every one of the pilots for older people at present. The biggest problem appeared to be the restrictions and delays around Disabled Facility Grants (DFGs), and all the sites appeared to be struggling with this currently.

- **Example**: In **Oldham**, older people have used their IB for things like ramps, because of the waiting list for DFGs. [Would it be possible to have some sort of recharge arrangement, to ensure that older people were not disadvantaged through using their Individual Budget in this way?]

Most sites were looking to align services where budgets could not be pooled, for instance bringing the eligibility for Supporting People into line with care services. Where Supporting People funding was included, this could make a significant difference.

- **Example:** In **Barking & Dagenham** some older people have used Supporting People funding to purchase batteries and wheels for their mobility scooters.

Supporting People has been a godsend. There's not very much flexibility (within care budgets) so there has not been very much to offer people as an incentive (B&D).

An innovative way to increase the resources available through IBs has been found by service users pooling their Individual Budgets to provide more flexibility and better value for individuals. While this may be an obvious solution for couples, it can be truly innovative when groups of service users act together.

- **Example:** In **Barking & Dagenham** a creative group of service users of mixed ages in a scheme of independent living flats have agreed to pool their Individual Budgets to buy in the service they want. The resources involved make up a sizeable contract, (of a scale which the local authority would normally have put out to tender), so there is real purchasing power involved.

Finally, bringing in additional partners to secure additional resources for older people was an ambition for some pilots.

- **Examples: Bath & North East Somerset** hope to build on their experience of Care Direct and work with a wider range of agencies who could contribute to someone's package, such as Care and Repair and advice agencies.
- **West Sussex** believe that Partnership for Older People Pilots (POPPs) money could provide interesting opportunities.

Continuing Health Care and transport were two service areas which most sites would want to see included in Individual Budgets in the future.

- **Examples: Manchester** have recently been approached by a representative from the Greater Manchester transport authority, who are keen to look at including transport in the RAS.
- **Oldham** want to be able to include Continuing Health Care funding where they and the PCT are jointly funding someone's care package.
- **Barking & Dagenham** want it to be possible to have a local agreement with the PCT and Section 31 funding in the future.

Issue: Making the best use of staff resources

Sites differ in how they are offering Individual Budgets, and which staff they are involving. All sites had some IB specialists, but how these were deployed, and to

what extent mainstream care management staff were involved, differed between sites.

Those sites committed to embedding Individual Budgets within their care management services, were training all care managers and reviewing officers to offer IBs and assist with support planning. The success of this depended on how confident, well informed and committed individual members of staff were. In some cases care management staff found it difficult to be imaginative and suggest alternatives, with the result that many service users continued to opt for conventional services. Some sites are addressing this through only using specialist workers to introduce IBs.

- **Example:** For the time being, **Barking & Dagenham** use only two specialist support brokers to work with older people identified by the teams. The specialists can promote the concept and give a consistent message.

On the one hand, specialist workers who were not previously involved with the person come with no preconceived ideas, and are less likely to be constrained by the existing care package. On the other hand, they need longer to get to know the person and to build up trust and rapport to assist in developing the support plan.

- **Example: Kensington and Chelsea** started their older people's pilot using two existing reviewing officers, who had the advantage of knowing the service users well, knowing what was important to them, and being able to make concrete suggestions as to how an Individual Budget might make a difference.

Promoting Individual Budgets requires enthusiasm, commitment to new ways of working, and practical knowledge. The use of 'champions' within care management teams can help to develop awareness and expertise.

- **Examples:** As well as rolling out training to all care management staff, **Manchester** use two reviewing officers as champions, who include the offer of Individual Budgets in all their reviews.
- **Barking and Dagenham** are identifying champions amongst their care management staff. They identify people on existing caseloads who would benefit from an individual budget and refer them to the specialist support brokers.

The model which most pilots are adopting is to use their specialist IB workers to support care management teams, undertaking joint visits with social workers and assessors where necessary. This has the advantage of combining the social worker's personal knowledge of the older person with the specialist worker's experience, ideas and practical suggestions, while at the same time building confidence and expertise within care management teams.

We are including all care management staff, including nurses, in community teams. If people are not confident, they can take the IB worker with them (B).

- **Example: Lincolnshire** use the voluntary agency involved in their Direct Payment scheme to assist with support planning for Individual Budgets. The DP worker now accompanies social workers on visits, and this has increased the range of ideas in people's support plans.

The expertise of other staff should not be overlooked.

- **Example: West Sussex** have appointed a lead Occupational Therapist in each area to look at IB cases and see whether an OT assessment or piece of equipment would help.

Issue: The role of brokers and support planners

Sites differed in how they are approaching who provides support planning to older people and the role played by brokers. There is no single definition for 'broker' as yet, and the name currently encompasses a range of roles. Most sites are going for fairly flexible arrangements, offering older people a range of options for help with support planning and ongoing budget management.

Anyone can do support planning We offer free training (Barnsley).

People can do their own support planning, and some have. We have a range of people and organisations who could be involved if you want help (Oldham).

Some sites are using specialist in-house brokers to assist with support planning.

- **Example: Barnsley** employs two support brokers from their Direct Payments service to help with support planning. Their profiles are given out to any person included in the IB pilot, who can then choose one of them if they wish.

Social workers and care managers continued to do the bulk of the support planning and care arrangement in some sites. In others it was predominantly friends and family.

A lot of older people from black and minority ethnic communities are choosing family (Oldham).

Most people go for the social worker, or family, or both ... Older people rely on the social worker as the 'expert' and want them to continue to be involved (West Sussex).

The care manager can write the support plan, or signpost them elsewhere ... We're finding that we have to give all the examples, so the key is the care manager (Manchester).

Some sites were interested in developing the use of peer groups to assist with support planning. **Barnsley** had tried to get a peer group together, but not been successful.

The issue of using independent brokers was being explored at some sites, mainly in conjunction with local Age Concerns or other older people's organisations.

- **Example: West Sussex** are exploring using Age Concern for support planning. They have already helped with some self assessments. They would like to use more community groups, for instance local advocacy organisations.

One of the issues for developing independent brokerage is the cost involved, and it has not yet been resolved how this will be met.

- **Example: Oldham** has two independent organisations providing a brokerage service. They provide anything from organising the payments to managing the service. A number of older people are anxious about handling the money so request a broker, and even people with quite small payments have been using the service. At present the brokerage fee is met from transitional grants. In the future Oldham hope that people will feel confident enough not to need the service.

Issue: Simplifying processes and reducing bureaucracy

One of the problems with Direct Payments for older people was perceived to be the complexity of the arrangement and the amount of bureaucracy involved. The pilot sites were aware that the IB process needed to be kept simple and straightforward if it was going to be acceptable to older people.

No-one is in any doubt that that the outcomes are good for older people. Getting the processes streamlined to support these outcomes is the challenge (Bath & North East Somerset).

Self assessment and the Resource Allocation System have the potential to simplify access to services for older people, or to usefully screen out at an early stage those people not eligible for help under FACS. But in most sites they did not replace social work involvement or a community care assessment, so there was an element of duplication.

- **Examples: Kensington & Chelsea** don't leave the self assessment form with an older person to complete. They make sure there is someone to talk them through the process, help them fill it in, so they don't feel categorised

Older people have an aversion to tick box forms, they don't like categorising themselves ... This way we can talk around the questions, they don't feel they're being put into a box (Kensington & Chelsea).

- **Bath & North East Somerset** insist that the community care assessment is completed at the same time as the RAS. The RAS tool is merely used to determine entitlement. The community care assessment teases out risk, looks at the need to refer on to other agencies, continuing health care, housing etc.

After assessment, or reassessment, bringing in the support planning process for an IB may introduce delay or may be undertaken by a different person. For older people who want to retain their existing services, doing this through an IB can be more complicated than going through the conventional process. There are variations between the sites at present in the processes they are using and who they involve. Some of the sites are reviewing their processes to simplify the process and rationalise the use of staff and resources.

Support planning and brokerage are different at present. It would be quicker if they were brought together. We're working with community and voluntary organisations to develop support planning and brokerage (Barnsley).

Support planning is done by somebody different than the assessment at present. We're looking at streamlining this ... and including the support planning options at the assessment stage (Bath & North East Somerset).

The danger of absorbing support planning into the normal care management processes was that it could reduce the opportunity for older people to take control, and reduce opportunities for innovation.

We try to ensure that people can take control at any point in the process. They can have a choice of who helps them with the support plan; they can choose to mix and match services (Kensington & Chelsea).

We insist that the care plan is called a support plan, and that it is written at the time, with the person in their home (Manchester).

A major problem for many older people is their changing needs. With a support package, it is possible to have a contingency plan which pulls in additional resources in an emergency. While this is relatively easy with commissioned services, it might be more cumbersome with an Individual Budget. For people whose needs fluctuate, their support plan and level of resource need to take these fluctuations into account, and make it easy to incorporate on-going changes.

- **Example:** At present, **Bath & North East Somerset** give service users some flexibility by allowing them to roll over 10% of their allocation month by month, or to keep up to 8 weeks' allocation unspent before it is clawed back. They can set a 'mid-point' budget at the outset to average out the fluctuations.

For some older people, planning for a year ahead was difficult, particularly when they had been coping with crises or deteriorating health, and couldn't envisage what the year ahead would bring.

- **Lincolnshire** is considering shorter term support plans than the current twelve months.

From the experience of Direct Payments, most sites were conscious of the need to minimise the amount of record keeping and administration involved in Individual Budgets for older people. Getting the right support plan in place was seen as the key.

If there is a good support plan, which looks at how people are going to manage and be supported, then we can withdraw. We expect people to do things which are legal, and to keep very basic records. Then we get out and don't become involved again until review, though we're available if there's a problem (Oldham).

With Direct Payments, some people felt that there had been an overemphasis on checking whether people were using their money for the 'correct' purposes. While it was acknowledged that there still needed to be processes to protect older people from potential abuse, and to avoid public money from being misappropriated, the emphasis on outcomes with Individual Budgets allows for a simpler approach to the monitoring and review process.

At review we don't ask "Have you done what you said you were going to do?" but "Have you achieved your objectives?" (Barking & Dagenham).

Issue: Ensuring older people have access to accurate information

Individual Budgets provide older people and their families with many more options than conventional services, and can involve them in situations where accurate information, on, for instance, employment law, is vital. Good quality information on ways of using one's Individual Budget can also be helpful to the many older people with care needs who are self-funding.

- **Example: Voluntary Action Barnsley** have obtained a Sec.64 grant to put together a database of useful information, including legal and employment responsibilities, which anyone will be able to access.

Many older people are confused by the concept of IBs or may be misinformed. Some sites have found it is worthwhile checking whether older people and their families have received accurate information and have understood it correctly.

- **Examples: Lincolnshire** uses its IB Development Worker to contact people who have refused an IB to check out the reason why.
- **Barnsley** have set up a Video Room which anyone can use to record their experience of Individual Budgets. This has already produced useful feedback. The first four people to use the Video Room all praised the concept of IBs, but two said despite this they were not for them. It became clear that they had received incorrect information, and the IB team were then able to correct this.

Issue: Involving voluntary organisations and older peoples groups

Voluntary organisations often play a dual role as representatives of older people and their families, and providers of support services themselves. Most sites were involving local voluntary organisations and older people's groups as part of the IB pilot process. As a minimum, this had included sharing information about Individual Budgets and the local pilot.

- **Examples: Lincolnshire** held an awareness-raising day for the third sector.
- **West Sussex** held three stakeholder events across the county, involving the Independent Living Association, local Age Concerns and independent providers.

Some sites include voluntary organisations in the steering arrangements for the pilot.

- **Example: Kensington & Chelsea** have voluntary organisations and user groups on the Project Board and working groups for the pilot.
- **Bath & North East Somerset** include carers' representatives, the independent living association and Age Concern on their steering group.
- **West Sussex** include Age Concern on their steering group

Some sites were actively working with organisations to build capacity in the voluntary sector and extend the range of options and support available to older people.

- **Examples: Lincolnshire** are looking at setting up some sort of consortium of voluntary organisations and user groups to offer support with Individual Budgets, as they believe older people may prefer this. The intention would be to extend the range of options available to older people.

- **Kensington & Chelsea** are working with Age Concern and other local older people's organisations to develop the capacity to offer peer support.

Many voluntary organisations already provide care and support services as independent providers, and this role has potential for development.

- **Example: Oldham** already work with Age Concern on the preventative agenda. They would like to use the RAS system for people who are not eligible under FACs.

Issue: The impact of Individual Budgets on providers

A number of sites mentioned some anxiety amongst care providers about the impact upon their contracted services of a wider implementation of Individual Budgets. Individual Budgets are by their very nature portable, and this has implications for providers. When service users are enabled to choose freely, this can make a powerful statement about the quality of the provision.

Traditional in-house services can be chosen. It's done staff (in those services) a power of good to be chosen (Oldham).

Converting a service allocation to a cash amount can lead to discussions about improving the service people are receiving.

We went into a day centre where service users said they were happy and wanted more time there. We asked them, if they could have the money instead, would they spend it on day care, would they go elsewhere? From this it emerged they would prefer a café style dining room. The service users felt valued by the process of being asked (Manchester).

There are risks to the viability of block contracts when service users have freedom to go elsewhere, and commissioners may have the problem of double funding some services. This is a commissioning issue for the future.

This has had a profound effect on the way we're talking to domiciliary care providers. We're negotiating new contracts at the moment. The new specifications will be very different, they will be outcome-focused. We're moving away from block contracts to having 'preferred strategic partners' (Bath & North East Somerset).

Private purchasers of care services have often been able to obtain more flexibility from care providers than is the norm for publicly funded services, and some providers have extended this flexibility to holders of Individual Budgets.

- **Example: West Sussex** found providers prepared to be more flexible when negotiating direct with service users during the outcome based commissioning pilot, and this has continued with the introduction of IBs. They have even found agencies prepared to negotiate over the rates they charge, when the care is funded through an Individual Budget.

We've been able to say: this service user has an IB of £80 per week, this is what she wants, what can you do for this?

Outcome based commissioning gives the publicly funded service user the same freedom and control as a private purchaser. It has the potential to become the norm for publicly funded services. But this will require changes to the commissioning and contracting of care services, to finance arrangements, and to the way care plans are written and monitored.

Conclusions

Individual Budgets are at an early stage of development and, obviously, there are many issues still to be resolved. But the evidence so far demonstrates that Individual Budgets clearly work for older people. The pilots are showing the importance of addressing older people's perceptions and needs, adopting a simpler, less technical approach, and involving friends and family as key players. They are showing that success enables older people to exercise more choice and control, and confronts and exposes age discrimination in services.

The positive outcomes are not just evident for older people, but for organisations and their staff. Individual Budgets are beginning to promote a culture change amongst care providers, as they extend to local authority funded service users the same standards of customer care and responsiveness as would be expected by private customers. Some pilots have found that complaints have reduced.

The impact on local authority culture and practice can be profound.

- **Example: Oldham**'s approach to managing risk has been affected by the introduction of Individual Budgets. They are now taking an enabling approach to risk, and their Risk Panel has been adapted to include attendance by the older person if they so wish.

Many people commented on the transformational power of Individual Budgets for staff as well as for older people.

We still have to be sensible, there are still obviously constraints on resources, but we feel able to do more (social worker).

We've trained the creativity out of our care managers – this is putting it back. Those who like it have said this is real social work ... It's giving social workers much more job satisfaction (Oldham).

Key messages

1. Have a longer term plan for Individual Budgets – what will happen after the pilot?

2. Identify champions to promote Individual Budgets in teams and generate ideas.

3. Use specialist IB and DP teams to support care management staff.

4. Wherever possible, introduce Individual Budgets at the first point of contact with older people.

5. For older people in hospital, or in crisis, offer Individual Budgets on the transfer to longer term services or at the first review.

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6. Make Individual Budgets the norm for older people.

7. Do not have a prescribed model in mind for older people. Offer a range of options, building on what the older person wants and currently uses.

8. Be prepared for older people to choose not to change anything at first.

9. Think small. Small changes can make a big difference.

10. Compile concrete examples of ways that other older people have used their Individual Budgets, and share these.

11. Tell older people about the actual costs of any services under discussion. Discuss and compare alternatives.

12. Develop options around the way that conventional service needs are addressed.

13. Encourage the involvement of friends and family.

14. Give older people the opportunity to negotiate their care directly with the provider.

15. Ensure that support plans take account of fluctuations in need.

16. Think of ways that the resources available in an older person's IB can be increased. What other sources of income might there be?

17. Try to draw in other partner organisations, and any potential funders or contributors.

18. Simplify the processes involved in assessing and arranging IBs, and ensure the best use of staff and resources.

19. Keep the monitoring and record keeping simple and straightforward for older people. Focus on outcomes.

20. Provide accurate, accessible information for older people considering and using Individual Budgets.

21. Develop the capacity of local voluntary organisations and community groups to be involved in promoting and supporting the use of Individual Budgets.

22. Use the introduction of Individual Budgets as the opportunity to review service specifications and contracts with providers, to become more outcome focused.

23. Use the introduction of Individual Budgets as an opportunity to review your own organisation's culture and practices.

Older People's Services and Individual Budgets - Good Practice Examples and Ideas
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Other Housing LIN publications available in this format:

Housing LIN Reports available at www.icn.csip.org.uk/housing :

- **Extra Care Housing Training & Workforce Competencies (Report and Executive Summary)**

  This reportoutlines a researched set of competencies which local authorities, registered social landlords (RSLs), voluntary and independent sector providers of Extra Care Housing (ECH) may wish to use in defining the tasks and duties of scheme managers. The executive summary is also available on the Housing LIN website under the section entitled Other Reports and Guidance.

- **Yorkshire & the Humber Region - Extra Care Housing Regional Assessment Study (Report and Executive Summary)**

  Regional analysis for Extra Care Housing in the Yorkshire and Humber region. This report identifies the supply and demand of Extra Care Housing over the next 10 years, taking into account demographic changes and market influences, and sets out a number of recommendations to support the further development of Extra Care Housing within local housing with care economies in the region.

- **Preventative Care: the Role of Sheltered/Retirement Housing**

  This paper by the Sussex Gerontology Network at the University of Sussex makes the case for seeing sheltered/retirement housing in the context of the growing interest in the "preventative" agenda. It was prepared as a discussion paper for their workshop in April 2006.

- **Developing Extra Care Housing for BME Elders**

  This report focuses on issues around providing specific Extra Care Housing to BME elders as well as improving access more generally. It also offers a self-assessment checklist for commissioners and providers to consider when developing their Extra Care Housing strategies and delivery plans.

- **New Initiatives for People with Learning Disabilities: extra care housing models and similar provision**

  This report explores the role of Extra Care Housing models and similar provision of housing, care and support for adults of all ages with learning disabilities, with examples and ideas for commissioners and providers.

- **Dignity in Housing**

  This report and accompanying checklist takes a detailed look at policy and practice in relation to achieving dignity in a housing setting.

- **Enhancing Housing Choices for People with a Learning Disability**

  This paper explains the range of accommodation options for people with a learning disability. It is aimed at workers who advise and support people with a learning disability to identify and extend their housing choices. It can also be used by commissioners and providers to check the range of housing choices and support available locally.

- **Essex County Council Older Person's Housing Strategy**

  This study provides an example of how key data on the household characteristics of older people can inform and underpin local planning strategies and documents such as Housing Strategies for Older People, Housing Market Assessments, Supporting People strategies and applications for sheltered housing funding pots.

- **Switched on to Telecare: Providing Health & Care Support through Home-based Telecare Monitoring in the UK & the US**

  An invited conference session at the World Multi-Conference on Systemics, Cybernetics and Informatics, July 16-19, 2006, Orlando, Florida, USA