

The Case For Tomorrow

Introduction

This short paper has been prepared by the Association of Directors of Adult Services (ADASS). It considers the background to a key recommendation of the ADASS discussion document 'The Case for Tomorrow' published in March 2012.

Part of 'The Case for Tomorrow' document was a series of recommendations for the Government about what it could do in the impending social care White Paper to improve services to older people. One of these recommendations was to review the implementation of personal budgets and direct payments with older people and identify how they can be overhauled to work more effectively in the future. At present, the sector is charged with ensuring that 100% of eligible users and carers receive a personal budget by April 2013.

Overview of Self Directed Support

Putting People First¹, building on Our Health Our Care Our Say², provided the key driver for personalisation in older people's services. In the Transforming Social Care Circular³, the vision of self directed support was one where:

"People are able to design the support or care arrangements that best suit their specific needs. It puts people in the centre of the planning process, and recognises that they are best placed to understand their own needs and how to meet them."

The Circular considered that characteristics of this self directed support for individuals would be to for them to *"be able to control or direct the flexible use of resources (where they wish to), building on the support of technology (e.g. telecare), family, friends and the wider community to enable them to enjoy their position as citizens within their communities"* and considered that *"direct payments ... are an existing way to foster this transformation in the community"*.

Direct Payments were already in existence, set up with the Community Care (Direct Payments) Act (1996)⁴, allowing local authorities to make cash payments for people with disabilities under the age of 65 in lieu of services. Subsequent legislation^{5 6} broadened those eligible for Direct

¹ HM Government (2007) Putting People First: A shared vision and commitment to the transformation of Adult Social Care

² Department of Health (2006) Our Health Our Care Our Say

³ Department of Health (2008) Transforming Social Care, Local Authority Circular 1

⁴ HM Government (1996) Community Care (Direct Payments) Act (1996)

⁵ HM Government (2000) Carers and Disabled Children Act (2000)

Payments, and from 2003 a mandatory duty to offer Direct Payments to all eligible people who requested one was introduced.

For the Circular, Direct Payments were an option for the delivery of personal budgets. The Circular defined a personal budget as a *"transparent allocation of resources", and "a clear, upfront allocation of funding to enable [individuals] to make informed choices about how best to meet their needs, including their broader health and well-being"*.

It specified that individuals receiving personal budgets would have a choice in how they are paid and managed:

- **Direct Payment.** *"Take all or part of their personal budget as a direct payment, to pay for their own support either by employing individuals themselves or for purchasing support through an agency"*. For people 'lacking capacity', a "suitable person" is able to manage the direct payment on their behalf.
- **An 'account' managed by the Council in line the person's wishes.** *"Others may wish, once they have decided on their preferred care package, to have the council continue to pay for this directly"*
- **A combination of the above.** *"The approach, which may be a combination of both, will depend on what works best for them"*

Key issues

While there is a strong consensus across the country that the principles behind personal budgets are sound, there have been a number of challenges about their implementation, including the following:

Delivery of personal budgets for people with dementia is underdeveloped. The Alzheimer's Society presents evidence⁷ that care for many older people with dementia needs a more radical response from the market, claiming that the system *"has not yet adapted to the needs of people with dementia and their carers, and is overly complex and burdensome"*. The survey, conducted in 2010, found that three in five people with dementia assessed as eligible for social care in the community were not offered a personal budget. The Society advocate that options for people with dementia *"must include a managed budget or open discussion to ensure that people with dementia and carers understand the amount of money there is to spend on their services and are involved in care planning discussions"*. However, the additional time needed for care planning for people with dementia is considered to be a deterrent when resources are tight.

Personalisation is more than personal budgets. Mechanisms such as personal budgets and direct payments are only part of the route to increasing choice and control. For many older people the choices they

⁶ HM Government (2001) Health and Social Care Act (2001)

⁷ Alzheimer's Society (2011) Getting personal? Making personal budgets work for people with dementia

want are not so much about who provides, but what is available, when and whether they feel they have a rapport and relationship with that particular care worker. This is particularly important where personal care tasks such as washing and bathing are delivered.

Supply of services not meeting demand. In many places services are struggling to respond to changing demand and "*services are not keeping up with the changing needs and preferences of personal budget holders*"⁸. If personal budget holders have the control without the choice, then the personal budget is achieving little. The local authority role in developing and facilitating the market to enable personalisation to work is still underdeveloped in many councils.

Direct payments underused in older peoples services. Whilst people are generally very positive about the impact of personal budgets on their lives⁹, older adults report less satisfaction than other groups. Age UK have said that although more older people receive adult social care services than other age groups, the numbers in receipt of personal budgets or direct payments are small. Older people often don't wish to manage their own budgets, and are also likely to be assessed in a time of crisis¹⁰. It is not certain that current arrangements are flexible enough to make choice and control a reality for older people. Although the numbers of people aged 65 and over receiving self direct support almost quadrupled between 2009/10 and 2010/11, this increase was primarily due to an increase in the number of older people having a personal budget managed by the council, rather than direct payments¹¹. Indeed, the number of people using direct payments in England stalled from 2010-11¹².

Continuing confusion over legal implications as an employer. The legal responsibilities of the personal budget holder are also presenting some challenges. There is confusion in places about the obligations of personal budget holders as employers. When a service user directly employs a provider to deliver a service, issues of employment law, quality and safeguarding remain.

Reconciling bureaucracy and safeguarding, quality and reliability. There is a challenge for policy makers, local authorities and their partners to balance concerns about the impact of less well monitored systems on quality, reliability and safeguarding on one hand, and the bureaucracy and cost of additional monitoring on the other. Community Care and Unison's

⁸ SCIE (2011) Keeping Personal Budgets Personal: Learning from the experiences of older people, people with mental health problems and their carers

⁹ Hatton, C and Waters, J (2011) The National Personal Budget Survey. Last accessed 16th November 2011 at <http://www.in-control.org.uk/media/92851/national%20personal%20budget%20survey%20report.pdf>

¹⁰ Age UK (2010) Personalisation in practice: Lessons from experience

¹¹ NHS Information Centre (2012) SD1: Number of clients receiving self directed support and/or direct payments provided or commissioned by the CASSR during the period, by primary client type and extended age group.

¹² ADASS (2011) Personal Budget Survey March 2011. Last accessed 13 March 2012 at <http://www.thinklocalactpersonal.org.uk/Latest/Resource/?cid=8984>

annual 2011 survey on personalisation found that three quarters of adult social workers said there was more bureaucracy in their role as a result of personalisation, an increase from 66% in 2010¹³. For example, councils having multiple assessment processes, combining legally required professionals assessments with supported self-assessments¹⁴.

Poor data on take up. Although there is currently a target for all eligible people to be in receipt of a personal budget by 2013, there is still confusion about data collection and recording making it difficult to determine how many people are in receipt of a personal budget¹⁵. The previous government set a target that 30% of users and carers should be in receipt of Personal Budgets by April 2011. Whilst a survey of local authorities by ADASS found that an estimated 35% of eligible users and carers had a Personal Budget¹⁶, the NHS Information Centre figures for 2010/2011 indicate a lower percentage although data recording issues mean that the provisional data released should be "*used with caution*"¹⁷¹⁸. Findings from a study of 8 local authorities considered to be making good progress on personal budgets across adult social care, reports that dementia recording in particular is difficult, that "*data collection in local authorities is such that it is difficult to assess the number of people with dementia in receipt of a personal budget*"¹⁹.

Challenges faced in implementing by April 2013

The challenges in the previous section cast doubt not only the practicality of reaching the April 2013 timetable, but also on the wisdom of it. The success of personal budgets rests greatly on the ability of the market to deliver the social care required by personal budget holders, and yet the role of the local authority in managing the market is still relatively new and much of the market is volatile.

¹³ Jeremy Dunning (2011) Bureaucracy is damaging personalisation, social workers say. Last accessed 13 March 2012 at <http://www.communitycare.co.uk/Articles/25/05/2011/116867/bureaucracy-is-damaging-personalisation-social-workers-say.htm>

¹⁴ Jeremy Dunning (2011) How bureaucracy is derailing personalisation. Last accessed 13 March 2012 at <http://www.communitycare.co.uk/Articles/05/08/2011/116873/how-bureaucracy-is-derailing-personalisation.htm>

¹⁵ NHS Information Centre (2011) Community Care Statistics: Social Services Activity, England - 2010-11 - Provisional Release

¹⁶ ADASS (2011) Personal Budget Survey March 2011. Last accessed 13 March 2012 at <http://www.thinklocalactpersonal.org.uk/Latest/Resource/?cid=8984>

¹⁷ NHS Information Centre (2011) Community Care Statistics: Social Services Activity, England - 2010-11 - Provisional Release

¹⁸ ADASS (2011) ADASS Report on Personalisation Survey September 2011: Executive Summary. Last accessed 13 March 2012 at <http://www.adass.org.uk/images/stories/Policy%20Networks/Resources/Key%20Documents/Appendix%20C%20ADASS%20report%20personalisation%20survey%205.10.11%20version%202.doc>

¹⁹ Mental Health Foundation (2011) Personal budgets for people with dementia: A report on challenges and solutions to implementation based on interviews with eight local authorities in England

Furthermore, there is evidence that the service users not currently in receipt of personal budgets are those considered to be the hardest to engage. The Mental Health Foundation found that to demonstrate progress against targets for personal budgets, local authorities have admitted targeting more straightforward care groups²⁰. It is likely that those currently not in receipt of personal budget are those individuals whose care planning will be most resource intensive, people with dementia being a key example.

In the rush to meet the current target of 100% take up of personal budgets by April 2013, 'managed' personal budgets are increasing at a rate above that of direct payments^{21 22}.

Together, these factors point to the implementation of personal budgets being artificially driven by the timetable over and above ensuring that real choice and control is delivered.

Where ADASS believes action is needed

ADASS is concerned that many believe that personal budgets and direct payments are not having sufficient impact on changing personal experiences and outcomes for older people. Some areas are struggling with arrangements to ensure service quality, safeguarding and cost effectiveness. In addition, there are concerns about consistency of approach across the country, equity of access to resources, and the transfer of service risk from councils to vulnerable individuals. The principles of choice, control and personalisation are sound, but if the vision is to succeed the Government needs to work with ADASS and its partners to:

- Review the implementation of personal budgets and direct payments with older people and identify how they can be overhauled to work more effectively in the future.
- Review the range of approaches which have been developed to support quality assurance and safeguarding of self-directed support services, and recommend a minimum set of standards.
- Improve the quality and availability of information about services available to older people to help them make well informed choices about services.

March 2012

²⁰ Mental Health Foundation (2011) Personal budgets for people with dementia: A report on challenges and solutions to implementation based on interviews with eight local authorities in England

²¹ NHS Information Centre (2012) SD1: Number of clients receiving self directed support and/or direct payments provided or commissioned by the CASSR during the period, by primary client type and extended age group.

²² Age UK (2011) Factsheet 24: Self-directed support: direct payments and personal budgets.