

South West Personalisation Working Group

Frequently Asked Questions

Health Warning – please read carefully:

The answers given here are given in good faith but are the views of the PWG & Sitra, based on present knowledge at the time of writing and therefore liable to change. Providers should make their own enquiries before relying on them and no liability can be accepted by Sitra or members of the PWG. The implementation of the Personalisation agenda will vary between local authority areas and Providers should check with their local commissioners on their approach.

1. How will it affect existing clients?

This will depend on what decisions your commissioning authority have taken with regard to personalisation. So far very little change has occurred within Supporting People (SP) funded services. The CLG SP team are suggesting that whilst personalisation will impact on short term and socially excluded groups, Individual Budgets (IBs) are less likely to be used in this sector. In the social care sector from October 2010 all **new** service users/carers (with assessed need for ongoing support) are offered a personal budget, and adult social services are expected to have 30% of eligible service users/careers on personal budgets by April 2011.

For details, see

<http://www.dhcarenetworks.org.uk/Personalisation/PersonalisationNews/PersonalisationNewsItem/?cid=6250>

How it affects existing housing related support (HRS) clients usually depends on whether they are joint funded with adult social care (ASC). When there's joint funding then there's a mechanism for them being included under Fair Access to Care Services (FACS) within a Resource Allocation System (RAS) for a Personal Budget (PB). If they are not ASC funded and FACS assessed, then there is currently no system for including them within the personal budget programme within their local adult social services. However this does not necessarily mean they will not be offered a PB or IB, but the local authority will have to come up with their own HRS Resource allocation process - something we are not aware is happening.

2. With personal budgets, are Service Users are more at risk of being financially abused by being manipulated into using a service, or alternatively financially abusing themselves by choosing unsuitable support packages?

This concern has been expressed many times but if a client is entitled to a PB, it's unlikely to sway a council from offering them one. At a series of joint Sitra/Housing LIN conferences at the end of 2008, safeguarding was one of the major issues highlighted and it is important for both adult social care and housing related support sectors not to make inappropriate safeguarding decisions either by offering PB where this is inappropriate nor by withholding them because of perceived fears when the individual wishes to have one. PBs are about empowering individuals and this requires a certain level of risk taking without jeopardising their safety, although a number of court cases have shown that responsibility for this ultimately lies with the local authority even with independently minded people assessed to have a safeguarding need.

3. Will Service Users who have a need for appointeeship or Power of Attorney be making their own choices? If advocates are making choices for them, who will oversee to ensure that choices are made in the Service User's best interests? There is a concern that families have a different agenda to Support Services, and advocates may make decisions to suit themselves rather than the Service User. Current issues show that Social Workers or Community Psychiatric Nurses will not be able to oversee as they do not have the resources or knowledge to ensure that Service Users are getting the full benefit of their individual budgets, or whether money is being spent appropriately.

We cannot answer this question, except to say PBs are a choice, no one can be forced to have one if they do not want one. In working with a family to assist the implementation of a PB, the aim must always be to facilitate the individual's greater choice and control. However the Putting People First (PPF) milestone guidance does talk about "service users/carers" entitlements to PBs.

4. How will Providers manage support required during unsociable hours? How will services support staff members when a Service User's requests become the main priority? Will staff be required to start work early in the morning or late at night or work split shifts to accommodate the Service User's ideals? If staff are required to do this, can enhanced rate of payment be requested?

As clients become more in control of their funding, this will mean the need for greater cultural changes by providers. However the fact that some, if not many, adult social care clients may take up PBs, and in many instances become their own commissioners of services, will not necessarily entail the end of block commissioned services nor the delivery of communal services where it could be argued clients have made their choice by entering the service. A number of providers are already looking at changing the way they deliver services and employ staff to be ready for a more flexible market place. An individual provider may decide they only wish to offer traditional block commissioned styled services. However it would be wise for all providers to start looking at how much more flexible they can be to adapt to the evolving market. Where a client wishes to purchase staff time outside normal working hours, it could be argued that they should pay an enhanced rate for that.

In the HRS sector there's a strong argument that PBs and IBs will not be the preferred commissioning mechanisms for our services in short term and some accommodation based services. The task in these services is to make them as personalised as possible in the delivery rather than the commissioning of those services.

5. As SP funded support hours to an individual reduce over time as Service Users are expected to become more able during their time in a service, will Service Users who became less able be able to apply for funding for any extra help they need? Also, because Service Users are presumed to need less support the more time they are in a service, they will lose some funding as time goes on. Will they be able to cope with the changes when their IB is reduced? This would disadvantage Service Users and Providers.

In services that are jointly or solely funded by ASC an individual's PB or IB is

expected to be adjusted at regular intervals depending on the individual's need assessment, so will be likely go up or down according to their changing needs. However while needs fluctuate in both the short and longer terms, it is not expected that there should be regular short term adjustments. In block commissioned services this is not expected to occur because a group of people's needs are collectively assessed, not individual fluctuating needs. Someone with a PB or IB in an accommodation based setting may purchase more or less support depending on their need and funding. However if their need becomes less acute then that should free up staff time and resources to be used elsewhere. If the scheme operates on a core and flexible basis then they will have to pay for the core irrespective of their fluctuating need and if it's deemed they no longer need such intensive core services the provider and care commissioner need to work together towards appropriate move-on into a less intensive care/support setting.

6. Why are Providers who are giving value for money and person centred support being targeted for cutbacks as opposed to those who are making profits or genuinely wasting money, and not providing the same quality of support?

We are not in a position to answer this. However our experience is that procurement decisions are generally being made on the basis of price and quality. In not in all cases are the cheapest providers winning contracts, but it is very much a local decision making process.

7. How long will services be supporting Service Users before funding can be accessed and the service can collect payment?

We would expect that clients pay for a service from when they move in, either through block contract payments or directly themselves by way of PB or IB. In a transition from a block contract to a PB there should be no hiatus in payment entitlement to the provider. New IT and billing systems will need to be in place which may cause a cash flow lag but all parties should work together to keep this to a minimum to secure providers' financial viability.

8. In a case where back payments are required, and the Service User decides to move on to a different service, how would the current provider recover the money?

The client will be answerable to their care managers for the spend of their PB. There should be ways of settling disputes. However a provider will also be entitled to pursue debts in the normal ways open to businesses if they were unable to resolve the issue in other ways.

9. Minimum contracts need to be established between Service Users and Providers for financial and emotional reasons, for the well-being of Service Users and the businesses that providers are trying to maintain.

This may well become the norm in many types of provision, especially short term and accommodation based services. (See past Sitra bulletins for examples of core and flexi service models that two HRS providers are piloting).

10. How will it be ensured that Service Users who don't require support don't have it forced on them (thus wasting money, providing inappropriate resources and/or overwhelming Service Users), and that those who do require support get what they need?

The most likely way would be through their needs assessment at the time of allocating them an PB or IB or through support planning. You can't deliver support where it's not wanted, although many providers work with clients who often need support but reject it, which requires providers to be skilled in ways to deal with this. It may be necessary to assess whether the client is in the appropriate service and to work with them to move-on if that would enhance their greater choice and control and free up accommodation for other clients. If it's a floating support setting then it may be necessary to reduce the hours of support or to work with them to become more independent. Similarly when a client's support/care needs increase this should be reflected in the regular update of their needs assessment and translated through the resource allocation system into an increased PB/IB.

11. Would support payments be made in advance to Providers in order to safeguard the Service Users with guaranteed support and/or accommodation for their foreseeable future and also to safeguard the Providers? Adjustments to actual service provided could be made retrospectively.

Payment mechanisms are being trialled in adult social care settings and where individuals receive joint support & care funding. The expectation under block contracts was that providers were paid in advance. Block subsidy contracts had a retrospective reconciliation system. If the payment now comes from the client rather than the commissioning authority, providers will need to set up payment systems that work for them. Where Individual Service Funds (ISF) are being used then it is only reasonable that the local authority pays this in advance. However providers need to understand that any spending decisions under an ISF remains with the client whose money ultimately it is.

12. Will Service Users have to abide by Equality and Diversity Employment legislation as they will effectively become employers? Support Workers could be at risk of exploitation or discrimination through prejudices (racism, sexism, ageism, etc), favouritism and trying to appeal to Service Users. Equally, Service Users could be manipulated by Support Workers who are attempting to win favour with them.

When individuals employ Personal Assistants (Pas) or other staff directly with a PB, then they will effectively become employers and will be required to comply with whatever employment legislation applies to them.

13. Why is there hardly any feedback from Pilot schemes? Providers would welcome information from those who have been involved in Pilot schemes.

The evaluation of the IBs pilots can be found on the DH website. Also Sitra is sharing the experience of a number of housing related support pilots which can be found in back copies of the bulletin, see www.sitra.org.uk The IBSEN report is here

http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_089505

14. Who will pay for the training that staff will need in order to meet the diverse range of support Service Users may require?

A provider may decide to invest in staff training to make themselves fit for the new market place and then effectively pass the cost on in its charges to clients. When a client decides who they will employ, they may choose cheaper staff who are less trained or more expensive staff with greater training. This decision may depend on a number of factors including what information the client has on what is available and what they expect for their money.

However in block commissioned contracts, which are likely to remain for quite some time if not indefinitely in the HRS sector, it is likely that most local authority commissioners will expect a greater degree of personalisation of all services. Therefore staff training in this area will continue to be paid for out of the block contract price.

15. Are Providers expected to support unwise decisions made by Service Users who have the capacity to make their own decisions? Even if unwise decisions include clearly wasting individual budgets?

Clients will be accountable to their care managers for the spend of their PB or IB. There should be mechanisms in place to sign off agreed expenditure along with ways of arbitrating where there is disagreement. However there may be times where individuals need to be left to make spending decisions that providers may not be wholly in agreement so long as it fits in with their care/support plans and whose function is to enhance their choice and control. Clients will be on a learning curve as well as providers and in the spirit of personalisation will need some leeway to make and learn from their mistakes.

16. Concern has been raised over the competition the new system will create between providers. Will providers compete with each other on rates of payment in order to offer a better 'deal'? If so will 'budget' services be able to provide value for money and the same quality of support? Will rates be pushed lower and lower in order to compete? Will providers have to review their fees if Service Users don't feel they're getting value for money?

These are understandable concerns which may or may not prove to be well founded. Providers are already having to compete on price and quality in the procurement of block commissioned contracts. Providers need to make a series of business decisions on where they want to position themselves in the market. Some clients will want more quality support than others, some will be more able than others. It will be up to providers to cost and price their services at a level they can live with and clients are willing to pay. Some clients may go for the cheaper services and that might in some cases be the right decision but many will want quality and value for money services. Just as providers have to balance the two when bidding for block contracts they will have to do so in trying to pitch their services at individual purchasers.

17. Reducing risk of financial abuse- Is there a lot of evidence to suggest that within the current system that money is being misappropriated by Providers/SP and that

Service Users aren't getting their needs met? Surely Providers can be held accountable for unexplainable losses of money more easily than a Service User? How will Service Users manage their accounts? Third parties will need to assist, which will create more costs which in the present system aren't required.

There is not a lot of evidence that fraud is going on in the currently block commissioned services although from time to time it does happen. There are many ways in which clients can manage their PBs or IBs, not all of which entail them handling cash. One mechanism is an ISF where the provider administers the PB or IB on the client's behalf although all the spending decisions remain with the client and although it's an ISF it's still the client's IB or PB.

18. Will it become easier for a Provider to 'get rid' of a 'problem' Service User by convincing them that the present service can't meet their needs and that they are better off taking their money elsewhere? This could create homelessness, especially for those who are struggling to maintain a tenancy in the current system.

There's always the risk that a provider could choose to rid themselves of high needs or high risk clients. This concern exists within block commissioned services too where to be able to keep hourly rates down to a minimum it is argued a provider could seek to work with low needs clients rather than those with higher needs. However if a provider gets a reputation for this then they may find it difficult to get council and other funding. If the issue comes about where the provider is just funded through clients' own IBs/PBs, the fear expressed above could be realised. However the individual will have their PB and should have a care manager to work with them to find suitable alternative accommodation/or services. Also the provider will not have any guarantee that someone will take their place, and if they have this reputation then care and support workers may not sign off a request by someone with a PB to use that service in future. But there are no simple answers at this time.

19. Will Service Users with drug and alcohol issues want to be put in the position that they could use their budget to fund their addiction? The Service Users and providers need to be safeguarded from this.

There is no suggestion that this will happen. PBs are being rolled out in ASC rather than HRS services. There is no expectation that PBs/IBs will be used in short term/emergency services nor with chaotic client groups. However it is likely that all SP funded providers will be expected to **personalise** their services.

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| Glossary | |
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| Individual Budget | <p>Brings together through a Resource Allocation System a number of disparate funding streams to include;</p> <ul style="list-style-type: none"> • Community Care Funding • Independent Living Fund • Supporting People Grant • Access to work • Disabled Facilities Grant • Integrated Community Equipment Services <p>The IB can be managed in different ways direct payments are an option but so are ISF as well as other mechanisms.</p> |
| Personal Budget | Personal budgets relate only to the social care element |
| Individual Service Fund | <p>An individual service fund is the term used to describe an individual budget that is held and managed by a service provider at the request of the person needing support.</p> <p>For example John knows he has £30,000 per year to spend on support and he decides he wants his existing provider to provide him with this support. John asks his Social Worker to pay the individual budget direct to his support/care provider and the provider then holds and uses the money on John's behalf. John is still in control of how the money is spent and the way his support is delivered but he doesn't need to manage the money himself.</p> |
| Direct Payments | Cash payments made direct to user. |
| Resource Allocation System | The mechanism whereby the council sizes its IB or PB pot but then also how much and by what criteria an individual is allocated their share. |
| Brokerage | An independent support service to help those in receipt of IB or PB to access services. |