

PERSONAL BUDGET POLICY

Adult Social Care



About this policy

Personal budgets are a critical part of the policy reform of adult social care as set out in the White Paper *Our Health, Our Care Our Say*¹ (January 2006) and in *Putting People First: A Shared Vision and Commitment to the Transformation of Adult Social Care (2007)*². This vision was reinforced in 2010 with the publication of *Think local, Act Personal*³, which emphasises the need for councils to increase the pace of transformation including mainstreaming personal budgets to eligible people deployed through direct payments. The national target is for 60% of people eligible for council services to be receiving them through a personal budget and a direct payment by April 2012, and 100% by April 2013.

This policy sets out how Adult Social Care will mainstream personal budgets to assist people to have real choice and control by shifting the balance of power from professionals to people who use services. There are 4 elements to delivering personal budgets:

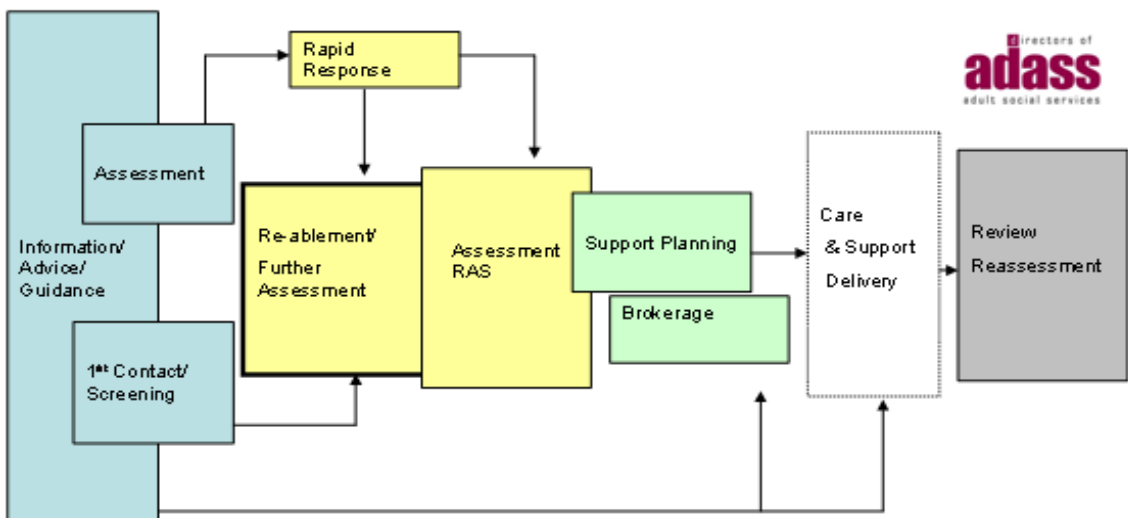
1. A personalised care management system that maximises the potential for people to regain and maintain independence through reablement services.
2. A clear and transparent resource allocation system (RAS) based on an objective assessment of need.
3. Easy access to direct payments to encourage people to exercise maximum independence from the Council and increase their choice and control.
4. A clear risk enablement policy that ensures safeguarding processes facilitate informed decision making and risk management without unnecessarily restricting people’s lives.

1. A Personalised Care Management System

In response to the national transformation agendas work has been underway in Plymouth to design a new personalised care management system. Following an extensive programme of research and evaluation using a staff led “customer centric” process a new operating system has been tested and evaluated. Details of this is set out in *“Adult Social Care Transformation, Proof of Concept: final report” (November 2011)*⁴.

The personalised operating system that will be rolled out during 2012 is based on best practice guidance developed through working with other authorities and through the Association of Directors of Adult Social Services (ADASS) and is set out in below.

Figure 1 A personalised social care operating system



In this system, it is only after a person has been given an opportunity to regain their independence through a period of social care reablement do we consider if they may be eligible for long term social care support. In a personalised system this is called Self Directed Support (SDS).

SDS means that through a simple Personal Budget Questionnaire (PBQ), a person's needs will be directly related to a points system known as the Resource Allocation System (RAS) and that people will know up front how much money the Council is likely to make available to meet their needs. This information can then be used by the individual, with help from the Council if they need it, to decide how to use the money to set up the support they need. This process is called support planning and means that individuals will have much more choice and control over how the money is spent.

The SDS system allocates money based on needs and not services therefore the new system will be clearer and fairer as money will be directed by needs and not the costs of services.

A RAS helps the Council to allocate available resources equitably based on eligibility and needs, in a fair, transparent and consistent way.

2. A Clear and Transparent Resource Allocation System (RAS)

The development of personal budgets requires councils to move from a system where the costs of services dictate the resources allocated to a person to one where resources are allocated on the basis of individual need. In recognition of these challenges the ADASS commissioned work to explore the potential of a common framework for resource allocation. This work was carried out during 2009 and it involved 18 councils working with disabled people and family members and In Control⁵. The outcome of this work is the Common Resource Allocation Framework⁶.

As part of regional and national development networks we considered the Common Resource Allocation Framework (Common RAS) approach alongside systems being promoted from commercial providers. We, like the majority of councils decided to adopt the Common RAS due to its simplicity, and generic application for all service user groups, service user acceptability, adaptability, cost and its benchmarking potential.

An independent evaluation of our use of the Common RAS has provided us with a high level of confidence that the tool is effective at allocating resources based on need and that the "pound for points" currently in use is fair and sustainable.

2.1 A Resource Allocation System and personal budget questionnaire

In the new personalised operating system people will usually only be considered for a personal budget following a period of short term reablement. A social worker will discuss needs with the individual and their carer or representatives and will complete a simple personal budget questionnaire (PBQ). The questionnaire is part of the Common RAS and has a simple calculator embedded within it. This means that the information about needs is linked to a points system and this generates a score which in turn will indicate a sum of money that the Council is likely to spend on someone with similar needs. This amount of money is called the Indicative Allocation and is used for support planning purposes.

The PBQ is embedded within the Carefirst IT system which means as workers complete the form real time they will be able to generate the following information at the point of contact with the client:

- A summary of the person's needs (My needs)
- An indication of how much the person may have to contribute to their care and an indication of how much money that the Council is likely to spend on someone with a similar needs score (My money)
- A written copy of the above, printed out in the persons home

The process ensures the worker confirms My Needs before generating the My Money calculation.

This information can then be used by the individual, with help from the Council if they need it, to decide how to use the money to organise the support to meet their needs and achieve their outcomes. This is called support planning. The indicative allocation is a guide and not a definitive amount of money. There will be occasions where support can be arranged costing less than the indicative allocation and there will be cases when circumstances mean that a “top up” will be required to keep people safe and well: particularly during this transitional period when we are moving from one system to another. The Adult Social Care Head of Service Delivery will be responsible for ensuring clear operational policies are in place for the approval of support plans and personal budgets in line with the Council scheme of delegation.

When deciding the amount of money to put into personal budgets the Council has to be clear about its legal duties to provide services to meet assessed needs under Fair Access to Care Services (FACS) and what people can buy with their personal budget. In Plymouth FACS eligibility threshold has been set at critical and substantial since its introduction in 2005 and the current plan is to maintain this threshold whilst introducing more universal services such as social care reablement. There are also some service areas that cannot be purchased through a personal budget or need to be considered separately and these are set out in **appendix 1**. Within these exceptions a personal budget can be used to purchase support as long as:

1. The client or their representative has the capacity to make financial decisions
2. The support plan will work: i.e. the support will meet the assessed needs
3. It does not bring the Council into disrepute (i.e. not used for alcohol, drugs, etc).
4. It is legal
5. It cannot be used to pay for everyday things like food and drinks, clothing housing related expenses such as rent, utility bills or repairs etc.

In some circumstances the personal budget could be deployed through the Council acting as a broker to commissioned services or by a third party acting as private broker on the persons behalf, however the preferred deployment method for a personal budget is through a Direct Payment. When a support plan contains activities for the carer to meet assessed need then it is possible for the carer and the cared for to have separate direct payment accounts.

2.3 Carers and personal budgets

The Carer Recognition and Services Act 1995⁷ give carers a right to an assessment by their Local Authority under certain circumstances, although it does not give a right to services. The Council has a duty under the Carers and Disabled Children Act 2000⁸ and Carers (Equal Opportunities) Act 2004 Combined Policy Guidance⁹ to inform carers that they may be entitled to an assessment of their needs.

Personalisation for carers means tailoring support to a person’s individual needs with the carer being part of the discussion about support for them and support for the person they are looking after. Our offer to carers operates on two levels:

Level 1 for all carers
Universal services: these are a wide range of services funded by the Council that people can access themselves. These services include: emotional and practical support, counselling, advice and information, support groups, money and benefit advice, assisting hospital discharge, carers participation groups and befriending.

Level 2 for carers of people (FACS) eligible for funding from the council

Level 1 plus:

A proportion of the personal budget and support plan of the cared for will focus on things that will enable the carer to continue in his/her caring role. The amount will vary from person to person depending on each individual situation.

The PBQ takes into account the amount of informal care provided and the self-reported impact this has on the informal carer(s). This means that the carers' entitlement to an assessment from the Council is built into the self directed support process. The amount of money available to support the carer is directly related to the level of need of the cared for. For example when a carer is providing a lot of care and requiring a lot of support to continue to do so, this would result in the indicative allocation being amended to recognise that without support for the carer the cared for would require a higher level of support from the Council. In this case we would expect the support plan to contain a considerable amount of help focused on enabling the carer to continue in their caring role e.g. some Personal Assistant time to provide direct care to allow the carer some form of regular short break or money set aside to purchase a washing machine to help with laundry etc.

3. Easy Access to Direct Payments

Direct Payments (DPs) provide better outcomes for people because people who need support are the experts in how to make the most of limited resources within the context of their own lives¹⁰. A major survey¹¹ of people with personal budgets, shows that people, including many older people, taking their personal budget as a DP, report consistently better outcomes than people receiving a Council managed or commissioned service, including in areas such as physical and mental wellbeing and being supported with dignity.

Therefore the Department of Health is requiring Councils to ensure that the preferred method to deploy a personal budget is a DP. However this is not yet possible when the person has chosen long term residential care. This is because a change in the law is required. In order to meet national expectations we will need to treble spend through DPs from £4.4 million to £13 million during 2012 and about £20 million by 2013.

In 2010/11 we began streamlining the DP process which has reduced back office and operational costs and improved outcomes for our customers. As part of the design of the new operating system and the upgrade of the Carefirst IT system we have identified further potential for improvement through the introduction of preloaded payment cards.

3.1 Preloaded Payment Cards.

A preloaded card is similar to a debit card and will allow a DP recipient to pay providers, suppliers and employees. It negates the need for a person to open a separate bank account and this removes one of the greatest barriers to people wanting to take up a DP. The preloaded card system is very efficient to operate and is quick to set up. It provides an easy, real time monitoring system. Whilst money is credited to a customer's card it does not leave the Council's account until the card is used by the recipient to make a payment to a provider. This will ensure that money does not 'sit' unused in a person's DP bank account; this will mean that there is no requirement to raise an invoice for a customer to pay back unused money. Cards can be tailored to restrict use with certain suppliers or products and for cash withdrawals. The risk of financial abuse through the preloaded card scheme is significantly reduced.

The agreed personal budget will be credited to the person's individual card at regular intervals; probably on a four weekly cycle, though this can be tailored to an individual if necessary. Pre-loaded cards will be the deployment method for DPs for all new customers once the system is implemented

in early 2012. We intend to phase out the use of DPs via a bank account for existing customers and replace with a pre-loaded card during 2012/13.

The Council will give people maximum freedom on how they use their money, providing that the Council is satisfied over time, that use of the money is appropriate and in pursuit of agreed outcomes.

4. Risk Enablement

A personalised way of working requires a fresh approach to the management of risk. A governing principle to choice and risk is “...that people have the right to live their lives to the full as long as that does not stop others from doing the same. Fear of supporting people to take reasonable risks in their daily lives can prevent them from doing the things that most people take for granted.”¹². In guidance to Councils the DH is clear that professional perspectives on risks should not be used to restrict the way people choose to live their lives.

Our underpinning risk enablement principles are to ensure that we:

- Keep the person at the centre
- Treat family and friends as partners
- Focus on what is important to the person
- Build connections with the community
- Are prepared to go beyond conventional service options
- Continue to listen and learn with the person

Our aim is to help decision making in relation to the management of risk and to support those involved to explore the issues and make arrangements which go as far as possible towards meeting the individual’s aspirations, whilst balancing the needs and risks to themselves, others and the Council. We want to ensure that specific risks are identified and that subsequent appropriate action is then taken.

In the majority of cases any issues of risk will be identified during the detailed conversation phase that commences on entry to the new operating system. This will always be conducted by a professional worker and in most cases this will be a qualified social worker. The social worker will help the person to consider their needs and aspirations and will provide information and advice on how risks could be managed to help the person to stay as independent as possible for as long as possible.

However there are occasionally situations where there are different views held between the individual, the family carers or the professionals. The Council has a duty to keep people safe and in some circumstances we will exercise this by not agreeing aspects to a support plan if there are serious concerns that it will not meet an individual’s *specific* need or if it places the individual at unacceptable and *specific* risk of harm. It is important to note that should this situation occur every effort will be made to support the individual’s choices in the context of their legal rights.

4.1 Capacity, Consent and Decision Making

This means that a person must be assumed to have capacity unless it is established that he/she lacks capacity. Capacity will be determined in line with the requirements of the Mental Capacity Act 2005¹³. An individual who has the mental capacity to make a decision, and chooses voluntarily to live with a level of risk, is entitled to do so. The law will treat that person as having consented to the risk and so there will be no breach of the duty of care by professionals or public authorities. However, the Council remains accountable for the proper use of its public funds, and whilst the individual is entitled to live with a degree of risk, the Local Authority is under no obligation to fund it. There is an important distinction between putting people at risk and enabling them to choose to take reasonable risks.

4.2 Protection of Vulnerable Adults (POVA)

The Council will maintain a balance between empowerment and safeguarding; choice and risk; we are committed to the protection of vulnerable adults from abuse. Our personalised operating model does not replace our existing POVA guidelines. Where a specific risk to a service user is identified that is within the POVA scope they will be addressed under these guidelines.

4.3 Commissioning

To ensure a common approach to risk enablement within the context of a personalised social care market place commissioner are developing framework agreements based on the principles of risk enablement set out in this document. Only those providers who meet the standards set out in the quality assurance frameworks will be accredited by the Council. Only those providers meeting these standards will be promoted on the Plymouth Online Directory.

4.4 Timeframe

As part of our Transformation programme and restructure the new personalised operating system will become fully operational during 2012. This policy will be applied to all customers at whatever point they are at within our new operating model

Conclusion

Implementation of this Personal Budget Policy will ensure that by April 2013 all people receiving Council funded support will have this delivered through a self directed support process, and that the majority will receive their personal budget via a DP. Deploying the majority of personal budgets via DPs puts real choice and control into the hands of our customers; they start thinking about what they want to do and could do, to meet their needs and achieve their outcomes. Personal budgets have a positive effect in terms of impact on well-being, increased choice and control, cost implications and improving outcomes¹⁴.

Implementation of this policy will also deliver value for money as it will reduce spend on back office functions allowing for more money to be re-directed to front line services. Monitoring of spend will be streamlined and electronic giving commissioners easy access to information about how people spend their money to achieve better lives, which in turn will enable them to continue to stimulate the development of the social care market place.

Appendix 1 Services that cannot be purchased through a personal budget or need to be considered separately

Service type	Universal services commissioned and contracted by the Council	Individual service user funding
Extra Care Housing	<p>Extra Care Housing schemes with care service such as 24 hour on-site wardens will be block contracted by the Council.</p> <p>These contracts will be kept to the minimum to allow maximum choice and control through personal budgets</p>	<p>People eligible for services under FACS will have a personal budget usually delivered through a direct payment so that they have maximum choice and control over the support they receive.</p> <p>People will have choice over who provides their personal care and they could chose to buy this from the company contracted by the Council to provide the 24 hour on site support but there will be no requirement to do this.</p>
Shared Lives (Adult placement/fostering)	<p>Shared Lives schemes will have the management costs of setting up and running the service (e.g. finding, training and supporting host families) block contracted by the Council.</p>	<p>People eligible for services under FACS will have a personal budget usually delivered through a direct payment so that they have maximum choice and control over the care they receive. The personal budget will be used to contribute to the care and support costs of the placement.</p>
Long term residential care	<p>The Council will directly contract with care home providers through its standard care home contract which dictates quality and fee levels.</p>	<p>It is not legal for people to purchase long term residential care from direct payments. However as individuals eligible for support under FACS go through the SDS process they will have an indicative allocation to help with support planning. When the decision is made that the best way the person can achieve their outcomes is by permanently living in a care home the money available from the Council will be the care home fee level agreed as part of the normal contracting process.</p>
Section 117 (MHA '83) after care packages	<p>The MHA (83) requires the NHS and Local Authority to work together to provide aftercare services for people discharged from hospital under certain sections of the Act. Local Authorities are currently not allowed to charge for services provided under a section 117 arrangement.</p>	<p>Whilst the MHAct places certain duties on Councils, access to services to support aftercare is no different to any other service user (although no charging will apply) which means the person will be offered opportunities for reablement before completing the SDS process. When people are FACS eligible they will have access to a personal budget in the same way as any other service user.</p>

Direct Payment Support	The Council will block contract a DP support service to provide information and advice to service users. The universal offer includes undertaking and funding Criminal Records Bureau checks for Personal Assistants.	People who require additional services such as recruitment, payroll and insurance for employer related issues would pay for this from their personal budget.
Equipment	Where equipment is required for a short term intervention as part of a reablement package this will be provided by the Council through its commissioning of the Integrated Community Equipment Service	People who require equipment for long term use (that is not provided free under the NHS) will be able to purchase this from their personal budget.
Short term Supported Housing	For people with eligible housing needs this will be funded by the Council via commissioned services	Personal Budgets cannot be used to pay for support costs linked to the accommodation if the accommodation is deemed temporary or part of a pathway to independent living.
Reablement	Offers of opportunity for short term interventions to help people to regain independence will be offered through the new personalised social care operating system and funded jointly by the NHS and the Council.	People who have long term care needs and are FACS eligible following an episode of reablement will have a personal budget usually delivered through a direct payment so that they have maximum choice and control over the support they receive.

References

¹*Our Health, Our Care Our Say (DH 2006)*

²*Putting People First: A Shared Vision and Commitment to the Transformation of Adult Social Care. (Dec 2007)*

³*Think local, Act Personal (2010DH)*

⁴*“Adult Social Care Transformation, Proof of Concept: final report” Plymouth City Council (Nov 2011)*

⁵*In Control - a national charity; whose mission is to create a fairer society where everyone needing additional support has the right, responsibility and freedom to control that support*

⁶*Common Resource Allocation Framework (ADASS 2010)*

⁷*The Carer Recognition and Services Act 1995*

⁸*Carers and Disabled Children Act 2000*

⁹*The Carers and Disabled Children Act 2000 and Carers (Equal Opportunities) Act 2004 Combined Policy Guidance*

¹⁰*Think Local, Act Personal – Improving Direct Payment Delivery (DH 2011)*

¹¹*Think Local, Act Personal – The Personal Budget Survey (DH June 2011)*

¹²*Independence, choice and risk: a guide to best practice in supported decision making (DH 2007)*

¹³*Mental Capacity Act 2005 – Summary (DH 2007)*

¹⁴*Office for Public Management - Briefing paper 1: Positive impacts of cash payments for service users and their families longitudinal study in Essex - (OPM May 2011)*