

Putting **People First**  
Transforming Adult Social Care

# Moving Forward: Using the Learning from the Individual Budget Pilots

Response to the IBSEN evaluation  
from the Department of Health



## Moving Forward: Using the Learning from the Individual Budget Pilots

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# Introduction

**The Department of Health welcomes the independent evaluation reports produced by the Individual Budgets Evaluation Network (IBSEN). IBSEN is a combined research team from The University of York Social Policy Research Unit and the Personal Social Services Research Units of Manchester University, LSE, Kings College London and University of Kent.**

Simply put, the most important questions the government wanted the pilot to answer were:

- Can individual budgets help people get better outcomes from social care resources and services to improve their lives?
- Can improvements be achieved without additional costs?

Additionally, the research needed to help understanding of what might make individual budgets work best for different people in a range of circumstances. It was also vital to get a better understanding of the challenges and obstacles that needed to be resolved. The IBSEN research greatly improves our understanding of these issues. It confirms to us that the introduction of personal budgets in social care is the right approach and it will strongly inform their implementation, alongside the developing practical experience since the research phase finished.

This briefing offers an initial response from the Department of Health to the main findings and recommendations. Where appropriate, it outlines developments since the research was completed and sets out action being taken by the government and its sector partners to use the learning from the pilots. The appendix summarises the responses in an easy-to-read table format. This paper does not attempt to cover the detail of the findings. For this, we refer readers to the IBSEN summary and full report for specific evidence. Page references in this briefing refer to the IBSEN summary.

It is important to note the pilots were a work in progress. The participating authorities had to develop the systems, tools, and practices to implement individual budgets during the pilot period. Many of the challenges identified in the research became increasingly apparent to the local authorities during this time and they undertook local and collective work to start to address them.

Some of the issues were not easily fixed and for others it was not realistic for early potential solutions to have an impact on evaluation findings given the time-scales involved. Major – and necessary – developments to commissioning, provider markets and professional and workforce roles could not take place in that time.

In addition, as the researchers note, they faced a number of practical and methodological challenges as is inevitable with something so innovative as the self-directed support system underpinning individual budgets. In considering the implications of the findings, these issues need to be taken into account. In their reports, IBSEN recommends further research in a number of areas:

- Relative benefits and drawbacks of different approaches for different groups of users.

- Longer-term evaluation of cost-effectiveness in comparison to conventional support.
- Impact of different Resource Allocation System approaches including outcome-focused approaches.
- Impact on provider stability and service unit costs as block contracts are replaced by individual purchasing.
- Quality and supply of personal assistants and other supporters.
- Quality and supply of care-workers more generally.
- The role of carers in support planning, managing individual budgets and providing support paid for by individual budgets.

The Department is currently considering these proposals, as well as undertaking and planning development activity in a number of the specified areas.

# Outcome findings

## Summary of overall findings

- Once various factors had been taken into account, (including having a support plan) holding an individual budget was associated with better overall social care outcomes and higher perceived levels of control (page 17).
- The individual budget group were significantly more likely to report feeling in control of daily lives, their support and how it was accessed.
- Half those interviewed who accepted an individual budget had more positive aspirations for their lives. The evaluators note, in relation to the finding on control, "given the complications...each of which could make it harder to find a difference between the individual budget and comparison groups, this is clearly a key finding for what is an important outcome domain".
- There were specific benefits for particular groups:
  - For people with mental health problems, the individual budget group reported significantly higher quality of life... Though not statistically significant the data (also) suggests a tendency towards better psychological well being.
  - For physically disabled people the individual budget group were significantly more likely to report higher quality of care and were more satisfied with help received
  - For people with learning disabilities, the individual budget group were more likely to feel that they had control over their daily lives.
- However, there were less positive findings for some groups:
  - most significantly for older people, findings were less positive.
  - for some groups psychological well-being was not improved.
  - for people with mental health problems, while experiencing potentially significant benefits, there are major barriers to greater take up.

## The Department of Health response to the outcome findings

- The Department of Health is encouraged that the overall results for social care outcomes were positive, despite a number of factors in the pilot likely to reduce the effect of getting an individual budget (in particular the relatively brief period that many held one). The report confirms to us that the introduction of personal budgets in social care is the right approach.

- Given the specific challenges identified for older people and people with mental health problems, the Department's response to these is discussed in some detail below. Of course, this does not mean that other groups will not receive sufficient attention as this agenda is taken forward.
  - The Valuing People Now strategy will prioritise personalisation for people with learning disabilities and personalisation elements of the Independent Living Strategy are being integrated with the *Putting People First* delivery programme.
  - In developing the Carers Strategy, the Department of Health is paying close attention to the implications of personal budgets and personalisation for carers. Feedback from workshops held during the individual budget pilot programme will be supplemented by that from regional workshops on personalisation to support the development of the strategy. The Department will also ensure that the lessons learnt from the forthcoming IBSEN research report on carers and individual budgets are reflected in the future work on implementing the Carers Strategy and *Putting People First*.
- Experience of implementing direct payments shows that some groups face greater obstacles in achieving access, including people from minority ethnic groups. Anticipating that similar issues could arise with individual budgets, this was explored further with the sites during the course of the pilot. This led to the development of initial materials to support equal access being produced for the *Personalisation Toolkit* ([www.personalisation.org.uk](http://www.personalisation.org.uk)) and a work-stream of activities being developed within the *Putting People First* programme.
- The Department of Health is currently establishing a user and carer reference group to ensure the *Putting People First* programme meets the commitment to co-production. Its activities will reflect a broad range of user interests among people who use social care now, or may do so in the future, and/or are affected by the programme. The group will provide advice across the programme and will link with user and carer networks to ensure wide participation. This will include work on implementation of personal budgets.

# Making personal budgets work for older people

## Summary findings and recommendations

- In the individual budget pilot group, older people were less likely than others to report higher aspirations and reported lower psychological well-being. The qualitative interviews suggested that many people and their carers interviewed for the pilot did not want additional burdens that they associated with planning and managing their own support. Possible explanations offered include that it may take time for older people to develop the confidence to assume greater control. IBSEN also offer suggested developments to ensure that having greater direction over their care and support can be more attractive and useful to older people.
- IBSEN recommended that important “cultural” issues be addressed to allow personal budgets to work well for older people.

## The Department of Health response

- These findings indicate that strong efforts are needed to make sure older people can benefit fully from self-directed support. Given that they are the largest group using social care, careful attention will need to be paid to the identified challenges within local implementation arrangements for personal budgets.
- Early quantitative and qualitative findings from the linked study of the impact of individual budgets on carers suggest that at least some carers of older people may experience considerable benefits from the flexibility offered by individual budgets.
- The findings are not surprising given the experience of implementing direct payments for older people and the relative novelty of self-directed support in services for older people going in to the pilot.
- The findings are not dissimilar to those on direct payments. Research suggests, however, that once barriers are overcome, with the right support and culture change, direct payments are a positive option for many older people, giving them greater choice and control and improving their quality of life and their emotional, physical and social health.

- During the pilot, the individual budget sites identified the challenges and started to develop their own responses. Given the timescales of the pilot, it was not surprising that the impact of these responses was not reflected in the evaluation findings. The Department will be funding research into the longer term costs and outcomes of individual budgets for older people, including their impact on older people who took part in the original evaluation. This study will determine if the findings are temporary or enduring and whether there has been any change to peoples' outcomes now systems for individual budgets have had time to develop further.
- Since the evaluation, most of the sites that took part in the pilot are now reporting positive developments with older people. Numbers taking up individual budgets are rising and challenges appear to be better understood and are being addressed. An increasing number of individual case studies also show how older people can benefit. More detail can be found in the briefing *Making Personal Budgets Work for Older People – Developing Experience* which can be found at [www.networks.csip.org.uk/Personalisation/AdviceonPersonalisation/Olderpeople/](http://www.networks.csip.org.uk/Personalisation/AdviceonPersonalisation/Olderpeople/)
- For example, two former individual budget sites recently updated us on their recent experience with older people and personal budgets
  - “ We have found that the most important thing for older people has been the quality of information and communication. Older people have said that knowing who they need to contact if they get stuck or worried and having faith that those people will return your calls and help you to sort it out makes them feel more confident and capable. They are then more likely to recommend individual budgets to others. We have developed drop-ins and a range of people are now more skilled up to advise and support, but its important that the advice is consistent, so training is important.”
  - “It seems that for older people and their carers, little changes can have a great impact on quality of life. Unfortunately, there are still assumptions that older people don't like changes and prefer to be cared for than involved in their care support. We found that the service users and their support network usually grab the opportunity to tell us what is important to them very easily. Our experience with various partners

highlighted the fact that the way self-directed support is presented is key to the uptake of the option.”

- Research in another authority, Essex County Council, showed that to make personal budgets work well for older people, efforts should concentrate on:
  - Careful and sensitive introduction of change to older people.
  - Focusing on well-being.
  - Developing the market to ensure availability of options.
  - Understanding the challenges for frail older people and responding accordingly.
  - Explaining the options available for people to direct their care and the support to use them.
  - Effective explanation of the advantages the changes could bring for people.
- The pressures and timescales of the pilots meant that offering alternatives to direct payments was limited, but there are a range of possibilities which are being explored by councils to allow people to choose how much responsibility they wish to take on when managing their personal budget.
- Within the basic options of direct payments and directly provided services, there are at least six different ways that people can direct how the money gets used. People can choose to combine options.

When arranged and explained simply to people, they should be increasingly able to find a way that works for them. For some, it can mean taking complete control over the money. For others, they may want to strongly direct but not manage the money. At the other extreme, a person can have the council arrange the services for them while expressing any preferences over the how, when and who of care and support.

- Within national and regional *Putting People First* delivery programmes, specific national and regionally based work-streams are under development aimed at making personal budgets increasingly attractive and useful to older people by:
  - Improving learning, understanding and engagement with personal budgets amongst key groups.
  - Encouraging change and innovation in key areas of process and practice, including a range of ways people can direct the resources for their care and support without having to directly manage it.
  - Addressing specific issues related to care and support pathways and interface issues with health services including hospital discharge.
  - Developing the workforce to better support older people to access and use individual budgets.

# Removing barriers to access for people with mental health problems

## Summary findings

- IBSEN suggest there are potentially strong benefits to this group, but there are significant barriers to greater access. This reflects the experience of take-up of direct payments by people with mental health problems as reported in previous research.
- IBSEN identified both organisational and cultural challenges, including:
  - Joint funding and integration of services making it difficult to disaggregate social care resources.
  - Managers responsible for introducing individual budgets working with front-line NHS staff without having a line management relationship.
  - Some staff finding the shift to individual budgets a significant challenge to their existing ways of working.
  - FACS eligibility was particularly difficult in mental health.

## The Department of Health response

- The Department of Health is exploring how to ensure the positive IBSEN findings and post pilot experience in some authorities can inspire the removal of barriers to wider use of individualised funding in mental health. The *Putting People First* programme will work on this with the National Institute for Mental Health and other partners. The positive individual budget findings will also inform the piloting of personal health budgets taking place from next year.
- Reflecting on developments since the evaluation, some former pilot authorities have recently updated the Department on their experiences in mental health. Their responses give a flavour of the challenges ahead, but also the possibilities. For example:
  - “We have addressed the capacity issue through appointing a specialist commissioner for mental health and working to ensure personalisation has a stronger presence within modernisation plans. It feels as though the (provider) service would benefit from a dedicated post to progress individual budgets in adult mental health.”

- "The main issues are around other people's attitudes. We have seen the biggest change in mental health staff especially one of the most (initially) cynical teams. Once they started to see the benefits for individuals they went from strength to strength."
- Some action is already underway and the next phase of the *Putting People First* programme will include a range of activities aimed at sharing the most positive practice relevant to mental health. This will include:
  - The production of a 'guide to action' for personal budgets in mental health.
  - Identification and sharing of best practice examples of how advanced councils and PCTs have broken down organisational barriers.
  - Production and dissemination of a mental health and personal budgets information materials, including a DVD.
  - Development of a mental health personalisation good practice exchange within the broader Putting People First network.

# Monitoring outcomes

## Summary of findings

- The IBSEN research found that overall better outcomes resulted from people directing their own support.

## The Department of Health response

- This does not mean that good outcomes can be taken for granted. Further research on the longer-term results will be helpful. However, there is an urgent need for councils to be able to monitor the actual results being achieved for individuals and their families. The local authority circular *Transforming Social Care* states that "councils will need to develop their own monitoring systems to understand how the change is experienced by the population".
- The new performance assessment system will also require councils to have a much stronger local evidence base for outcomes for individuals in order to manage their performance.
- The *Putting People First* programme will undertake work with interested councils and representatives of disabled people, older people and families to explore the development of outcome focused reviews. This could help to inform councils whether the personal goals set out in support plans are actually achieved. Councils could use this evidence with other data such as surveys of the experiences of people and their families.

# Costs and sustainability

## Summary findings and recommendations

- The overall findings on costs were positive. The average weekly cost of service packages under individual budgets was slightly lower. The individual budget average was £280 and standard packages £300, though this was not statistically significant. The evaluation concludes "...it is likely from this evidence that individual budgets would be at least cost neutral" (page 18).
- In terms of cost effectiveness, the research found "some evidence that individual budgets produce higher overall social care outcomes given the costs incurred (i.e. they are more cost-effective)" though no advantage was found in respect of psychological well-being (page 20).
- In considering possible challenges to financial sustainability, the evaluation found that people in the individual budget group had more contact with care co-ordinators over the six-month evaluation period, probably reflecting more investment in support planning and setting up their support arrangements – activities that seem to be important in achieving positive outcomes and possibly in helping control costs.
- Other factors were thought likely to be important in determining cost impacts in the longer term, with some of these having a potentially positive or negative effect depending on implementation. These included:
  - The importance of the level at which the resource allocation is pitched.
  - Whether individual budget users can negotiate higher budgets to match existing levels of payment.
  - Potentially increased demand on social care budgets.
  - Developments in integrating funding streams.
  - Changes to administrative processes for allocating resources, assessing, monitoring and review.
  - A potential tension between volume discounts and individualised purchasing and of running "dual systems" at least for an interim period.
- The researchers describe the approaches taken to allocating resources for individual budgets within the sites and the nature of the challenge of shifting from a non-transparent approach to one designed to inform people early in the process how much will be in their budget to buy support.

They raise the key question of how best to determine what resources a person should be allocated to meet their needs including possible alternatives or amendments to the Resource Allocation System approach. IBSEN also emphasise important issues raised by an approach that aims for transparency, including those related to equity.

- IBSEN recommended priority be given to further development of "...the principles underpinning resource allocation systems and their desired outcomes need debate at national level".

### The Department of Health response

- In considering the findings, we might well conclude that a small additional investment in assessment and support planning processes will pay back in the long run through the self-directed support process better engaging the service user in the agreed outcomes. On average, the additional cost in the pilot was £7 per week, though we do not know the extent to which this effect is likely to be temporary or longer lasting.

- The individual budget pilot sites and other local authorities now moving forward to implement personal budgets as part of implementing *Putting People First* are necessarily concerned to ensure financial sustainability. The IBSEN findings confirm that it will be essential for councils to closely monitor the uptake and costs of self-directed support, and to be able to understand the overall impact on budgets. This should be linked to the goals of redirecting money and effort towards early intervention and support to enable people to maintain independence.

### Ongoing work around this issue

Over the summer of 2008, the *Putting People First* programme consulted with finance officers in a series of ten regional workshops around the country. The Department also held a specialist finance workshop with representatives of key stakeholders. A range of finance related work-streams are now being developed within regional Joint Improvement Partnership programmes.

Most regional programmes are including practice exchange networks for finance staff and a range of projects in technical and other areas. Current nationally supported initiatives include:

- **Resource allocation** – The Department of Health has published guides to resource allocation as part of the *Personalisation Toolkit*. Councils are developing a range of approaches, mostly adapted from work by In Control, but with other approaches also being explored. The Department of Health and regional networks will support councils to continue to share learning on resource allocation and other financial issues linked to *Putting People First*. Responding to council requests, and working closely with the sector consortium, work will be commissioned to support councils that want to work together to develop common systems based on pooled data.
- **Financial sustainability** – The *Putting People First* programme is developing proposals for further support for councils to develop sound medium term financial strategies. This work will build on the *Personalisation Toolkit* financial sustainability model and the CSED Better Buying Toolkit.
- **Reporting** – The Department of Health is developing proposals to revise the national system of reporting personal social services expenditure (PSSEX1). Generally, data from PSS EX1 are not useful for local decision-making and are of limited use to those setting and monitoring policy at council or national level. Key objectives for the review include the need for more relevant linked financial and activity data to be generated as soon as possible and to be directly useable by local managers.
- **Contributions** – The Department is reviewing the guidance on Fairer Charging in relation to personal budgets and individual budgets. The aim is to design a new local authority personal financial contribution regime fit for the personal budget/individual budget era. The regime will cover financial assessment, calculation of contribution and collection of contribution. A new system has been modelled and a three-month consultation is planned to begin in December 2008, with revised guidance to be issued in Spring 2009.

# Funding streams

## Summary findings and recommendations

- Original arrangements for the pilots were to pool resources from a number of funding streams, including adult social care. IBSEN reports that lead officers for individual budgets were positive about the goal of aligning and integrating the non-social care funding streams. The majority of interviewees expressed disappointment at the slow progress made towards integration, but were also positive that these attempts had helped raise understanding and awareness of the various funding streams with front-line staff. The pilot sites reported a range of significant barriers to integration.
- IBSEN recommended that national policy decisions are needed about whether these barriers are removed and the inclusion of NHS resources in social care individual budgets, particularly NHS continuing healthcare and mental health expenditure.

## The Department of Health response

- Ministers will carefully consider the IBSEN findings and advice in making their decisions on the development of individual budgets. Further development of the individual budget concept is also the subject of public consultation via the Welfare Reform Green Paper *No one written off: reforming welfare to reward possibility*.
- Despite difficulties, some sites have reported improvements in the experiences of individuals' assessment where more than one funding stream had been aligned, meaning people experience a more streamlined process without multiple forms or assessments. This experience continues to spur some local authorities to explore avenues for alignment and/or integration. During the pilot programme, examples and learning from the sites were gathered within the framework of existing policy and rules. This material can now be found within the *Personalisation Toolkit*.

# Eligibility and assessment

## Summary findings and recommendations

- The programme did not impact directly on eligibility criteria arrangements in the local authorities because this was a pilot project. The evaluation did reveal that "... Fair Access to Care (FACS) criteria were not always being applied consistently, or were being applied to eligibility for specific services rather than to support needs as a whole".
- Managing the tension between the long-term focus on outcomes of some individual budget arrangements with the shorter-term risk focus within the FACS approach was also noted as a challenge.
- FACS eligibility was seen as particularly difficult in mental health.
- IBSEN recommended extending "...the current review of FACS by the Commission for Social Care Inspection to cover these emerging issues and prevent new problems arising, as personalisation is rolled out across adult social care".
- They suggest also that charging policies should also be reviewed as personalisation is extended
- IBSEN report that in addition to statutory community care assessments, the introduction of individual budgets also put greater emphasis on outcomes and self-assessment, although the research notes that assessment processes did not change greatly across all sites during the period of the pilot. IBSEN identifies the challenge created by the need to integrate information from a wider range of information sources.
- The researchers also note that in the pilots, individual budget assessment usually involved extra input from family members and care coordinators. Conflicts identified in the assessment process included divergence between care coordinators' and service users' (or families') views of needs, and occasionally differences between the views of users and carers about needs or 'goals'. This was presented as a largely positive finding: 'Making such conflicts explicit may make the likely levels of family support clearer and also potentially identify risks that could have been hidden'.

## The Department of Health response

- The Commission for Social Care Inspection was asked to conduct a review of FACS and is due to report later in October. In responding to this review, the government will ensure that full account of the IBSEN findings are taken.
- The IBSEN report raises important issues about how assessment is best undertaken within systems for self-directed support and the former individual budget sites continue to explore this. It is important to distinguish between assessment to determine resource allocation and the process of support planning which drives the use of the resources allocated.
- The *Personalisation Toolkit* describes the stages and elements of a self-directed support process which was developed and tested by individual budget sites with the Department's Care Services Efficiency Delivery Programme. Within the next phase of the *Putting People First* programme, we will build on this work with interested councils and share developing practice.

# Acceptable use of resources and managing the money

## Summary findings and recommendations

- IBSEN report that staff responsible for the allocation and deployment of resources to people in the pilot sites were faced with questions around what it was legitimate for people to buy with their individual budgets. They recommended that new approaches, focusing on goals, outcomes and inclusion need to be endorsed and legitimised in public and policy debates.
- IBSEN also found concerns about financial and individual risks for individual budget users which may have inhibited creativity, although no evidence about the actual impact on risk is presented. They recommended that developing monitoring and review systems that reduce risks and safeguard vulnerable individuals, both when approving support plans initially and on an on-going basis, are high priorities for local implementation.
- The evaluation also reports that the development of a range of flexible ways for people to direct the resources for their support was at an early stage and recommends the development of care manager-held 'virtual budgets' to be used flexibly and creatively alongside direct payment deployment.

Then their relative advantages and drawbacks for different groups of individual budget users can be assessed and communicated to front-line social care staff.

## The Department of Health response

- The new health and social care performance frameworks emphasise the need to focus on people's outcomes. During the course of the pilot, the advice to authorities was similarly to focus on outcomes for individuals. As long as authorities ensure that what they are doing is safe and legal and meets the person's needs, taking account of the risks to the individual and the authority, that is legitimate. In this way, individuals have been encouraged to develop their own creative solutions to meeting their needs.
- The Department agrees that safeguarding, monitoring and review are important issues. During the pilot, a range of materials were produced and refined to support creativity and risk management within support planning and review. These can be found in the *Personalisation Toolkit*.

Further work on monitoring and review, building on the developing experience of the pilot sites, will be undertaken. The presumption must be that councils and individuals are free to explore safe and legal ways of meeting people's needs as long as they meet agreed outcomes. The level of monitoring should be consistent with an assessment of the risks to the individual.

- Of course councils have a continuing duty of care to people receiving care services, both when providing care directly and when they enable people to provide it themselves. The Department published updated guidance on the management of risk in March 2007 *Independence, choice and risk: a guide to best practice in supported decision making*. The guidance recognises that alongside safeguarding responsibilities, councils should be supporting individuals to make decisions about their own lives and managing any risks in an appropriate way.
- As we have seen in respect of older people, choice in how the money gets managed is a very important and rapidly developing area. Personal budgets do not mean that everyone has to directly manage the money for their care and support if they do not want to.

Former individual budget pilot sites and others are working hard to develop how people can take control over resources in a way that works for them and their circumstances. The *Personalisation Toolkit* reviews and describes the current range of options and provides developing examples from the pilot sites and other councils in the paper: *Managing the Money – Resource deployment options for personal budgets*. This report collates the latest methods of making personal budgets available to people so that they can choose how much or how little day-to-day management of their support they want to take. The *Putting People First* programme will build on this guidance and worked up examples will be shared with the field.

- In keeping with its commitment to securing personal budgets, the Government is currently consulting on regulations that will enable more people to benefit from direct payments, including those who lack the capacity to consent to their receipt and individuals who until now have been excluded by mental health legislative provisions. These regulations and the accompanying guidance to local authorities should be in place by spring 2009.

# Support planning and brokerage

## Summary finding and recommendations

- IBSEN reports that support planning was undertaken in a range of ways. There was significant involvement of local authority care co-ordinators with some input from external agencies.
- Very few people received additional funding for support planning or support brokerage. More than half of the individual budget holders identified themselves as taking the lead in the support planning process with independent brokers, advocates, providers or other agencies identified by a quarter of the sample as involved in this activity (p18).
- There were positive personal experiences with support planning but also challenges in avoiding complexity and getting the right balance between doing it well and doing it quickly.
- Various forms of assistance to turn a plan into supports and services, often called “support brokerage” were at a very early stage of development in all the pilot sites.

## The Department of Health response

- The IBSEN research reveals the importance of support planning, where people can explore, with professionals and others, how to make the best use of available resources consistent with their personal circumstances. Building on person centred approaches, support planning allows people to determine the outcomes that can best meet their needs and work through options to achieve these prior to decisions about commissioning of support. Ways of doing this are under-developed and this was reflected in the pilots, as timescales did not allow for the development and deployment of significantly new approaches. Nevertheless, the introduction of support planning processes, and the allocation of resources to it, appears to have had a positive impact on outcomes.
- Some of the findings probably reflect the relative novelty of this element within local systems but development was starting to take place. For example, some authorities systematically recorded time being taken to develop and sign off support plans during the pilot and started to develop approaches to speed them up while not damaging quality.

- *Good Practice in Support Planning and Brokerage* is in the *Personalisation Toolkit* and collates learning and emerging practice in this area. Two accompanying tools include:
  - *Measuring the Cost Effectiveness of Support Planning and Support Brokerage: a tool for councils*. This paper suggests a method of collecting information so as to track and monitor the cost effectiveness of support planning and brokerage.
  - *Commissioning for Support Planning and Brokerage: a resource tool*. This paper gives a method for mapping and planning support for these activities locally, involving people who use services.
- A number of individual budget sites are continuing their work in this area, including, for example:
  - Using a Section 64 grant to develop brokerage for older people and establishing a social enterprise to support direct payments, do training and provide peer support.
  - Using volunteer planners and providing training to existing posts within the voluntary sector on support planning.
- Splitting support brokerage down into two elements: 'development' which includes the support planning activities and 'management' which looks at the money and securing services and then considering who could and should do each of these functions.
- The *Putting People First* programme will continue to focus on support planning and brokerage. Critical to this area of work will be the role of user-led organisations and the Department of Health has a programme supporting their development.
- The Department has sponsored a scoping study which is being led by Improvement and Development Agency (IDeA) with a number of partners to explore existing models and approaches and to identify what works well in the area of information advice and advocacy. In addition, the Department is funding or supporting a large number of practical projects in this area. The products and learning from these projects will be shared through the *Putting People First* network.

# Risk and risk management

## Summary findings

- The evaluation reports some staff concerns around the possible risks of poorer quality services; misuse of funds; financial abuse; neglect and physical harm. The evaluation reports that of particular concern to safeguarding staff was that there were no means of enforcing Criminal Record Bureau checks on people employed directly by individual budget holders.
- Throughout the pilot, several suggestions for overcoming projected difficulties were put forward, and by the second round of interviews with adult safeguarding staff, there were signs of changing policies to develop safeguarding practices. To minimise perceived risk, care coordinators typically worked with individual budget holders until a stable situation had been achieved and support plans were in place. As with standard care management, complex and unstable situations were more likely to remain the responsibility of a named care coordinator.

## The Department of Health response

- It should be stressed that the concerns raised in the research were inevitably perceptions and projections of possible effects and that no evidence of increased risk was presented in the research findings. However, the concerns must still be taken seriously as personalisation progresses.
- *Putting People First* is clear that one of the core components of a personalised system is an effective and established mechanism to enable people to make supported decisions and it needs to be acknowledged that safeguarding policies have resulted in experience and learning which needs to be built into the transformation process in public services. It also needs to be recognised that organisations and professionals need to move away, wherever possible, from making decisions for people and towards a role that informs, facilitates, empowers and enables people to think about how they wish to live their lives.

- The Department is currently undertaking a review of the *No Secrets* guidance in the context of the move to personalisation. This review will take careful account of the IBSEN findings.
- Examples of emerging practice are included in the *Personalisation Toolkit*, including the best practice guidance *Independence, choice and risk*, that advocates the use of a supported decision tool as a means of providing a framework to support risk enablement.
- Some former individual budget sites are continuing their work in this area by for example:
  - Reviewing policy in light of *Putting People First*, and working with training departments to ensure a consistent message is given regarding personalisation. The goal is to get the right balance moving away from being risk averse while still having appropriate regard for safeguarding issues.
  - Establishing a virtual risk enablement panel that could be called as and when required. The panel would be called together often and report that because less time is spent on “form filling”, they believe safeguarding is likely to have improved via more social worker time being spent with people.
- The Department and our partners within regional Joint Improvement Partnership programmes are planning further work in this area to support implementation, making the links between safeguarding and personalisation.

# Workforce

## Summary findings

- There were some polarised views amongst staff: from self-directed support as a reinvigoration of social work values to an erosion of social work skills.
- Within the pilot sites, in-house staff spoke of major necessary shifts in working culture, roles and responsibilities. Staff identified training needs in areas including assessment, support planning, brokerage, knowledge of services, employing staff and managing finances, financial aspects of support planning and managing risk.
- Staff with individual budget caseloads spent significantly more time on activities such as assessments, support-planning activities and training activities, though it is not yet clear what the long-term position on these will be.

## The Department of Health response

- Since the end of the individual budget pilot sites have continued the work around workforce development. Some recent examples from sites include:
  - Supporting care managers with significant levels of training, follow up sessions, mentoring and coaching.
  - Reviewing the role of care management as part of a personalisation programme review.
  - Writing a new workforce strategy with a stronger focus on personalisation
    - Delivering training and support for personal assistants.
  - Developing e-learning solutions as a smarter way of delivering training to the entire workforce including PAs.
  - Offering basic awareness training to all local partner agencies to support rollout of personal budgets.

- Clearly social care transformation in general and the shift to self-directed support in particular have major workforce implications. The Department of Health is currently preparing a new workforce strategy and recently published an interim statement, *Putting People First – working to make it happen*. The new workforce strategy will have personalisation at its heart.
- The Social Care Institute for Excellence is developing *A Rough Guide to Personalisation* – materials aimed at frontline staff and first line managers
- Skills for Care is working in partnership with Skills for Health to test the most effective way of training staff to implement the principles for self-care. It is also developing Principles of Workforce Redesign, which will set out key principles for successfully remodelling adult social care staff and provide a literature review to support each principle.
- The General Social Care Council is examining the regulatory framework to assess what changes will be needed so that it is fit for purpose and promotes self-directed support.

### Ongoing work around this issue

The *Putting People First* programme is currently reviewing relevant activity across the sector to identify what additional work is appropriate. A significant range of activity is already underway or planned. Joint Improvement Partnership programmes are prioritising workforce. Some examples of work by our partners are:

# Providers and commissioners

## Summary findings and recommendations

- Providers in the pilot sites welcomed the principles of individual budgets, and many had used the pilots as an opportunity to grow their service base or to develop new and innovative services.
- Some providers felt that administering a large-scale individual budget system would be more costly, and require extra investment in staff and IT systems to prepare for a larger-scale system of personal budgets.
- High on the list of their priorities was the critical importance of signalling to the market the sort of services that people want.
- The evaluation team recommended that in the longer term, local authorities might need to encourage the development of new services and support arrangements for individual budget holders, as difficulties were already being reported by some individual budget users in finding people to employ as personal assistants. They consider that such difficulties are likely to increase as care coordinators and users become more confident, users' aspirations increase and demands change.

- Local authorities' commissioning strategies will need to be adapted, with more emphasis on communicating the demands of individual budget users to providers and in supporting providers in adapting to these demands.

## The Department of Health response

- It is clear that councils should be now focusing their commissioning activities on creating options for choice in services. *Putting People First* describes the need for an approach to commissioning that "...incentivises and stimulates quality provision... supports third/private sector innovation... and where appropriate is undertaken jointly with the NHS". The *Local Authority Circular Transforming Social Care* additionally describes the expectation that by 2011 all councils will have commissioning strategies that maximise choice and control for citizens. These strategies will balance investment in prevention, early intervention/re-ablement and intensive care and support for those with high-level complex needs.

- The Department's World Class Commissioning (WCC) initiative aims to improve commissioning practice in the NHS and local authorities. The transformational approach of WCC, as well as the Joint Strategic Needs Assessment and developments in practice based commissioning, provide the basis for personalised approaches in health and social care to develop together.
- It is clear that to enable personalisation, commissioning needs to include a stronger emphasis on understanding people's choices and supporting people to obtain their individual outcomes. The ability of local authorities to develop the market, including new and different services that promote people's independence and well-being, will clearly be crucial to successful implementation. To meet the new ambitions for social care transformation described in *Putting People First*, commissioners will need to focus on the following key areas:
  - Enabling choice and control.
  - Focusing on information, advice and advocacy.
  - Building the capabilities of citizens and their social networks.
  - Building on universal services.
  - Building on preventative services.
  - Developing more flexible specifications and outcomes based approaches.
  - Integrating services around the needs of individuals.
- The individual budget sites and others have worked with the Department to begin to scope the key issues for providers and commissioners. A provider reference group met through the programme to identify and share developing issues. Publications from this work and other recent activity include:
  - *Commissioners and Providers Together: The Citizen at the Centre.*
  - *The Implications of Individual Budgets for Service Providers*, OPM.
  - In Control has produced Smart Commissioning: Exploring the impact of Personalisation on Commissioning This addresses the commissioning challenge of personalising existing block contracted arrangements and building more individualised specifications for new contracts.

- The very well received report *Commissioning for Personalisation* is in the *Personalisation Toolkit* and aims to help councils think about how they need to change commissioning in a self-directed support system. The report includes a framework for commissioners comprising a set of guiding principles to underpin the move towards personalisation; a proposed model for the new commissioning approach and a suggested range of activities.
- Examples of altered commissioning practice in the pilot sites include:
  - West Sussex's approach to developing Managed Individual Accounts as an alternative to traditional block contract arrangements. They had particular experience of involving residents of several residential homes in evaluating and awarding tenders for support with individual support plans.
  - Bath and North East Somerset's successful approach to individualising block homecare contracts and enabling a greater degree of flexibility in the usage of allotted hours.
  - Barking and Dagenham's piloting of Individual Service Funds as a three-way model for contractual arrangements, empowering the provider to work directly with the individual towards meeting their specified outcomes.

## Ongoing work around this issue

- Commissioning and market development are high priorities within regional Joint Improvement Partnership programmes.
- The Social Care Institute for Excellence is currently holding a series of events in conjunction with the English Community Care Association, Mencap and National Association of Adult Placement Services to consider personalisation, the implications for care providers and commissioners and the support requirements for independent providers looking to transform their businesses.
- The Department of Health has commissioned a micro-markets project coordinated by the National Association of Adult Placement Services, which aims to scope, identify and develop good practice business models to support the development of local markets of very small providers. Pilots are running in two local authority areas (Oldham and Kent). The project is developing a detailed and practical web-based toolkit to support commissioners working with micro-providers, to be published early in 2009.

# Interface with the NHS

## Summary findings and recommendations

- Individual budget lead officers were very disappointed at the exclusion of NHS funding from the individual budget pilots, arguing that separating health and social care was incompatible with the individual budgets holistic approach.
- People receiving an individual budget who became eligible for NHS continuing care risked losing their personal assistants if they were no longer able to receive support in the form of a direct payment.
- Mental health services were a particular area where the pilots experienced challenges.
- Finally, difficulties in distinguishing between health and social care needs and outcomes were highlighted.

## The Department of Health response

- Although not included as part of the pilot, some sites did look at how they could include health streams into an individual budget, for example via continuing health care. Their efforts and the issues arising are reported in the paper *Individual Budgets and the interface with health* (Glasby 2008).
- This issue is not a new one and has been captured previously in research written about barriers to uptake of direct payments. *Managing the Money* includes examples of how resources can be deployed when someone moves to continuing care.
- The issues and complexities raised have influenced the decision to pilot Personal Health Budgets as outlined in the report of the NHS Next Stage Review. Planning is now underway with pilots expected to start in 2009.
- Within regional Joint Improvement Partnership programmes and other initiatives, there are a developing range of activities supporting work across health and social care.

## Conclusion – moving forward

**The Department is encouraged that IBSEN's research shows individual budgets have the potential to improve outcomes for people without increases in costs, and with increased cost-effectiveness. This confirms that the personalisation agenda is travelling in the right direction. As expected, however, the reports highlight the challenges in ensuring benefits to everyone, as well as financial sustainability.**

In moving forward, strong attention will be paid to those issues where the risks highlighted by IBSEN are most significant. Importantly, the message will be reinforced that personal budgets do not mean that everyone has to directly manage the money for their care and support if they do not want to. Rather, they should know how much money is available to meet their needs and be able to direct its use in a way that works best for them and their circumstances.

Work will also focus on addressing other challenges that include maximising outcomes for older people, making sure people with mental health problems can gain access, financial sustainability and the extension of the flexible use of funding while managing risk.

The lessons learnt from the separate research into carers' experiences of individual budgets, due later in the year, are also important to this work. Decisions by Ministers on which income streams will form individual budgets are awaited and approaches to this are also being consulted upon within the Welfare Reform Green Paper *No one written off: reforming welfare to reward responsibility*.

Since the pilot ended in December 2007, a great deal of progress has been made, including the launch of *Putting People First*: the government's vision to transform adult social care. The individual budget pilot sites and others, including members of In Control, have undertaken further work on a range of implementation issues. The Department of Health also published a *Personalisation Toolkit* ([www.personalisation.org.uk](http://www.personalisation.org.uk)) which extracts the developing learning from the individual budget sites and others and forms part of the programme of *Putting People First* delivery support. The toolkit will be developed and expanded, adding in materials and examples as experience develops and broadening out to include other elements of the transformation agenda.

A recent series of workshops with 134 councils around the country will inform the development of regional work programmes.

The Department of Health is working with a sector consortium led by the Association of Directors of Adult Social Services, Local Government Association and the Improvement and Development Agency for Local Government to help councils make the transformation. The support will be delivered regionally through social care Joint Improvement Partnership programmes linked to Regional Improvement and Efficiency Partnerships. Deputy Regional Directors for Social Care have been appointed within the Regional Government Offices to drive and support transformation. Nationally, a jointly appointed Director of Social Care Transformation has been recruited from local government to provide leadership to the field and a strategic level board brings together the key organisations and stakeholders to oversee delivery of transformation through the partners.

It is clear from the evaluation that effective implementation will be critical as we move forward with personal budgets in social care as an important element of *Putting People First*. The Department of Health is also clear that for personal budgets to be of maximum benefit, they must be implemented as one element of transformation alongside the others set out in the circular *Transforming Social Care*. The key to success will be for councils to move forward while carefully monitoring the results both in terms of quality of life and costs and adjusting their strategies accordingly. While responsibility for the delivery of social care transformation rests with local authorities and their partners, the Department of Health will play its part in partnership with the sector in achieving this fundamental change remembering always that the goal is to transform lives.

## Appendix 1: Summary responses to IBSEN recommendations

Recommendation	Summary response
<p><b>1) Integrating Funding Streams</b></p> <ul style="list-style-type: none"> <li>• Incorporation of additional funding streams?</li> <li>• National policy decisions about removal of barriers</li> <li>• Inclusion of NHS resources?</li> <li>• NHS personalisation pilots should build on social care experiences</li> </ul>	<ul style="list-style-type: none"> <li>• Ministers will carefully consider the IBSEN findings and advice in respect of the incorporation of income streams when making their decisions on the development of individual budgets. Further development of the individual budget concept is also the subject of public consultation via the welfare reform green paper <i>No one written off: reforming welfare to reward responsibility</i>.</li> <li>• Department of Health officials with insight into the individual budget pilots have been in close contact with colleagues responsible for the development of personal health budget pilots following the Next Stage Review. These pilots will take place in 2009/10 and will help to build on the work done in the social care pilots.</li> </ul>
<p><b>2) Resource allocation principles</b></p> <ul style="list-style-type: none"> <li>• Principles and desired outcomes need debate at national level</li> <li>• Green Paper could give consideration</li> </ul>	<ul style="list-style-type: none"> <li>• The Department of Health has published guides to resource allocation as part of the <i>Personalisation Toolkit</i>, which summarise the learning so far. Councils are developing a range of approaches, mostly adapted from work by In Control but with some other approaches also being explored.</li> <li>• The Department and regional networks will support councils to continue to share learning on resource allocation and other financial issues linked to <i>Putting People First</i>.</li> <li>• Responding to council requests, and working closely with the sector consortium, the <i>Putting People First</i> programme will commission work to support councils that want to work together to develop common systems based on pooled data.</li> <li>• CSCI was asked to carry out a review of the Fair Access To Care eligibility criteria and a great deal of engagement has been carried out on that. The report is due to be published shortly and any recommendations regarding resource allocation will need to be taken into account.</li> <li>• The forthcoming Green Paper on Care and Support will need to give consideration to the future funding arrangements for care and support.</li> </ul>
<p><b>3) FACS and charging</b></p> <ul style="list-style-type: none"> <li>• Extend CSCI review to consider implications of</li> </ul>	<ul style="list-style-type: none"> <li>• The Commission for Social Care Inspection was asked to conduct a review of FACS which is due to report shortly. In responding to this review, the government will ensure that full account of the IBSEN findings are taken.</li> </ul>

<p>self-assessment and eligibility of different funding streams</p> <ul style="list-style-type: none"> <li>• Review of charging policies especially following Green Paper</li> </ul>	<ul style="list-style-type: none"> <li>• The Department is reviewing the guidance on Fairer Charging in relation to personal budgets and individual budgets. The aim is to design a new local authority personal financial contribution regime fit for the PB/IB era to cover: financial assessment, calculation of contribution, collection of contribution. A new system has been modelled and a three- month consultation is planned to begin in December 2008, with revised guidance to be issued in spring 2009.</li> </ul>
<p><b>4) Boundaries of social care</b></p> <ul style="list-style-type: none"> <li>• New ways of addressing needs to be endorsed and legitimised in public and policy debates</li> </ul>	<ul style="list-style-type: none"> <li>• The new health and social care performance frameworks emphasise the need to focus on people's outcomes. During the course of the pilot, the advice to authorities was similarly to focus on outcomes for individuals. As long as authorities ensure that what they are doing is safe and legal and meets the person's needs, taking account of the risks to the individual and the authority, that is legitimate. In this way, individuals have been encouraged to develop their own creative solutions to meeting their needs. The vision – shared by six government departments and key external stakeholders – for transforming adult social care was set out in <i>Putting People First</i>, published in December 2007. The four main elements for delivering the vision are: universal services; choice and control; prevention and early intervention and social capital.</li> </ul>
<p><b>5) Support factors</b></p> <ul style="list-style-type: none"> <li>• Including active support from senior managers and decision makers together with enthusiastic implementation team</li> </ul>	<ul style="list-style-type: none"> <li>• The Department agrees that the development of effective local strategies and leadership for implementation will be critical to the impact of personal budgets. We have already produced and are further developing tools and materials to support the field.             <ul style="list-style-type: none"> <li>- The Department published in May 2008 a Personalisation Self-Assessment Tool which provides advice and guidance on the activities needed to successfully develop a programme to implement personal budgets.</li> <li>- A <i>Personalisation Toolkit</i> was published in June 2008. This extracts developing learning from the IB sites and others and forms part of the programme of <i>Putting People First</i> delivery support. The toolkit will be developed and expanded, adding in materials and examples as experience develops and broadening out to include other elements of the transformation agenda.</li> <li>- During June and July 2008, the <i>Putting People First</i> delivery programme held ten workshops for council officers engaged with the transformation of social care. 134 councils attended along with range of partner agencies. As well as offering early support to those developing transformation programmes, these workshops were used to generate ideas about the priority areas for support to take forward</li> </ul> </li> </ul>

	<p>transformation locally. This information, along with intelligence from other sources including is now informing the development of regional programmes within the JIPs and RIEPS, and also helping to shape national delivery priorities.</p> <ul style="list-style-type: none"> <li>- With its sector partners DH is currently compiling an information resource describing the current and developing projects and activities across the country including national and regional delivery support work-streams and voluntary sector projects funded by DH grants.</li> </ul>
<p><b>6) Proportionate controls</b></p> <ul style="list-style-type: none"> <li>• Developing monitoring and review systems high priority for local implementation</li> </ul>	<ul style="list-style-type: none"> <li>• The Department agrees that these are important issues. During the pilot, a range of materials were produced and refined to support creativity and risk management within support planning and review. These can be found in the <i>Personalisation Toolkit</i>. We will undertake further work in the area of monitoring and review, building on the developing experience of local authorities.</li> </ul>
<p><b>7) Alternative deployment methods</b></p> <ul style="list-style-type: none"> <li>• Need to develop other options beyond direct payments to employ PA or care-managed “virtual budgets”</li> <li>• Assess benefits and drawbacks of all options and communicate this to front line staff</li> </ul>	<ul style="list-style-type: none"> <li>• This is a very important and rapidly developing area. Former pilot sites and others are working hard to develop the range of ways that people can take some control over resources in a way that works for them and their circumstances. Within the <i>Personalisation Toolkit</i> we have reviewed and described the current range of options and provided developing examples from the pilot sites and other councils in the paper: <i>Managing the Money – Resource deployment options for personal budgets</i>. This report collates the latest methods of making personal budgets available to people so that they can choose how much or how little day to day management of their support they want to take. Within the <i>Putting People First</i> programme, we will now build on this guidance and disseminate worked up examples to the field as these are developed within councils.</li> </ul>
<p><b>8) Culture changes</b></p> <ul style="list-style-type: none"> <li>• Staff support, training and communications activities supported by ring-fenced funding</li> <li>• Developing specialist skills in support planning and brokerage</li> </ul>	<ul style="list-style-type: none"> <li>• The Department agrees that supporting culture change will be key priority for local authorities when implementing personal budgets as part of the transformation of social care.</li> <li>• Within national and regional <i>Putting People First</i> delivery programmes, specific national and regionally based work-streams are under development aimed at:             <ul style="list-style-type: none"> <li>- Improving learning, understanding and engagement with personal budgets amongst key groups.</li> <li>- Encouraging change and innovation in key areas of process and practice including a range of ways people can direct the resources for</li> </ul> </li> </ul>

<ul style="list-style-type: none"> <li>• Emphasis on importance of transparency</li> </ul>	<p>their care and support without having to directly manage it.</p> <ul style="list-style-type: none"> <li>- Addressing specific issues related to care and support pathways and interface issues with health services including hospital discharge.</li> <li>- Developing the workforce to better support people to access and use individual budgets.</li> <li>- The <i>Putting People First</i> programme will support work to refine and disseminate the approaches and practice examples through engagement with local and regional activity in this developing area. Critical to this area of work will be the role of user-led organisations and the DH has a programme supporting the development of ULOs.</li> </ul> <ul style="list-style-type: none"> <li>• <i>Putting People First</i> emphasises the critical importance of information, advice and advocacy. The Department has sponsored a scoping study, led by IDeA with a number of partners to explore existing models and approaches and to identify what works well in this area. In addition, the Department is currently grant funding or supporting a large number of practical projects in the area of information advice and advocacy. The products and learning from these projects will be shared through the <i>Putting People First</i> network.</li> <li>• The <i>Personalisation Toolkit</i> includes the paper <i>Good Practice in Support Planning and Brokerage</i>. This collates learning and best practice so far, from the Individual Budget Pilot Programme and beyond.</li> </ul>
<p><b>9) Local market development</b></p> <ul style="list-style-type: none"> <li>• LAs to encourage development of new services and support arrangements for IB holders</li> <li>• Adaptation of commissioning strategies</li> <li>• Support for providers to better meet IB holders' needs</li> </ul>	<ul style="list-style-type: none"> <li>• The Department's World Class Commissioning (WCC) initiative is aimed at driving improvements in commissioning practice in the NHS as well as Local Authorities. The transformational approach of WCC, as well as the Joint Strategic Needs Assessment and developments in Practice Based Commissioning provide the basis for personalised approaches in health and social care to develop together.</li> <li>• The IB sites and others have worked with the Department to begin to scope the key issues for providers and commissioners and a provider reference group met through the programme to identify and share developing issues. Within the <i>Personalisation Toolkit</i>, we have published <i>Commissioning for Personalisation</i>. This is a report to help councils reconceptualise commissioning in a self-directed support system and is based on consultation with the IB sites and a range of senior commissioners and providers. The report includes a framework for commissioners comprising a set of guiding principles to underpin the move towards personalisation, a proposed model for the new commissioning approach and a suggested range of activities. The report agrees with the view expressed in the evaluation that market development will be a key function of the new commissioning</li> </ul>

	<p>approach. A sizeable section of the framework describes various elements of market development, drawing heavily on emerging best practice from IB sites and emphasising the important role of aggregating purchasing patterns and making this information available to the market.</p> <ul style="list-style-type: none"> <li>• A number of initiatives are currently underway or planned. For example:             <ul style="list-style-type: none"> <li>- Commissioning and market development are high priorities within regional Joint Improvement Partnership programmes.</li> <li>- The Social Care Institute for Excellence, with support from the Department, is currently holding a series of events in conjunction with leading provider associations to consider personalisation, the implications for care providers and commissioners and the support requirements for independent providers looking to transform their businesses.</li> <li>- The Department of Health has commissioned a micro-markets project coordinated by the National Association of Adult Placement Schemes.</li> </ul> </li> </ul>
<p><b>10) Research:</b></p> <p><b>a) benefits and drawbacks to different approaches to individual budgets:</b></p> <ul style="list-style-type: none"> <li>• including relative benefits and drawbacks of different approaches for different groups of users</li> <li>• Longer-term evaluation of cost-effectiveness of individual budgets in comparison to conventional support</li> </ul> <p><b>b) resource allocation systems</b></p> <ul style="list-style-type: none"> <li>• Impact of different RAS approaches including outcome-focused approaches</li> </ul>	<ul style="list-style-type: none"> <li>• The Department will be funding research into the longer term costs and outcomes of individual budgets for older people, including the impact of individual budgets on a number of older people who took part in the original evaluation. It is important to know whether some of the findings are temporary or enduring and the effect on outcomes as local systems and practices for personal budgets are established and develop.</li> <li>• Further development work is underway in the areas listed by IBSEN as requiring further research, within national and regional programmes supporting the delivery of <i>Putting People First</i>.</li> <li>• We await the IBSEN report on carer experiences .</li> </ul>

**c) local social care markets**

- impact on provider stability and service unit costs as block contracts replaced by individual purchasing
- quality and supply of personal assistants and other supporters
- quality and supply of care-workers more generally

**d) impact on carers**

- more research needed into role of carers in support planning, managing individual budgets and providing support paid for by individual budgets

