

Support to IB pilots to deliver the objectives of Supporting People and DFG.

Final report. February 2008



Acknowledgements

We would like to all those who have contributed to this study. In particular:

- Carol Bailey, Helen Moores, Keith Kirby and Sarah Guy, CLG.
- Martin Routledge, Steven Strong, Dawn Stubbs, CSIP.
- Mark Wilberforce and Nicola Moran, IBSEN.
- Paul Brittan. Department of Health.
- Supporting People, DFG and IB leads from:
 - Coventry
 - Manchester
 - Gateshead
 - Lincolnshire
 - Barnsley
 - Oldham
 - Bath and NE Somerset
 - Essex
 - London Borough of Barking and Dagenham
 - London Borough of Kensington and Chelsea
 - West Sussex
 - Norfolk
 - Leicester

Kate McAllister and Shaun Bennett. February 2008.

Contents

Contents List

Acknowledgements.....	1
Acknowledgements.....	2
Executive Summary.....	4
Headline findings	4
Main Recommendations	4
Background.....	7
Methodology	11
Document review and discussion with key stakeholders.....	11
Site meetings	11
Meetings with service users.....	11
Analysis of latest data.....	11
Impact assessment.....	12
Workshop.....	13
Findings and Implications	14
Overarching issues	15
Need to integrate systems	16
The IBSEN evaluation	17
Impact of evaluation.....	17
Pressure for the pilot to succeed	17
Working separately	17
1. Supporting People implications	18
Service Users & Service Impacts	18
Provider and procurement Issues.....	22
Resource implications.....	25
Strategic Issues	30
2. DFG Issues	36
Disabled facilities grant legislation.....	36
Provider Issues	37
Funding issues.....	37
DFG and direct payments.....	38
Strategic Issues	39
Conclusions	40
Supporting People	40
Disabled Facilities Grant.....	42
Recommendations.....	43
Extending the SP and DFG pilots	43
Sharing of information and future joint working	43
Website forum on the use of SP and DFG for IBs	44
CLG Guidance	44
Conference in early 2008 to share the findings from this report	44
Appendix 1.....	45
Key messages from 27 September Individual Budget workshop	45

Executive Summary

Headline findings

All sites remain committed to the concept of Individual Budgets. We heard many positive stories about how Individual Budgets have made a real difference to peoples' lives, enabling true person-centred support and informed choices about integrated packages of care and support.

There were also impressive examples of creative joint working at site level, with sites adopting pragmatic solutions and working round potential obstacles wherever possible.

However, one of the clearest messages coming out of the pilots is that the use of Supporting People (SP) and Disabled Facilities Grant (DFG) funding in actual Individual Budgets (IBs) is largely untested. When we conducted our research, there were very few service users who were in receipt of SP or DFG funding as part of an IB within the IBSEN evaluation and therefore the consequences of using SP or DFG in Individual Budgets could not be evaluated on a wide scale. Our detailed findings can be found in the body of the report.

Main Recommendations

Extending the SP and DFG pilots

Many of the IB pilot sites will not have had Individual Budgets including SP or DFG in place for long by the time the Individual Budget pilot exercise and subsequent evaluation is completed in April 2008. We suggest that it may be beneficial to CLG to extend the pilots for another 6 months until September 2008 to ensure that all relevant information is gathered and that the views of service users can be gleaned and used to inform future policy in this key area.

Sharing of information and future joint working

The sites could no doubt move ahead more quickly to overcome some of the potential obstacles outlined in the report if they received some assistance to work together and share ideas and good practice.

Many SP and DFG leads would be keen to come together on a more regular basis to share information and develop some standard approaches to some issues. Suggested areas for possible future joint working include:

- DFG and IBs - the way forward
- The Resource Allocation Process – and how to tailor it to SP and DFG.
- IB outcomes – how to measure and how to integrate existing outcome frameworks
- Supporting People contracting, charging and future procurement - IB implications.
- The way forward for SP quality and performance monitoring and risk management.
- How to feed into targets specified by Local Area Agreements
- Roll out issues:
 - Beyond pilot within pilot sites
 - To other Local Authorities

We suggest that CLG facilitates some joint working in at least some of these areas and then issues guidance for other authorities, based on the findings of these groups.

Website forum on the use of SP and DFG for IBs

Better communication between the pilots on the use of SP for IBs was perceived as essential to make the pilots more effective. In addition to working together, some pilots suggested a web-based mechanism for encouraging communication. This could simply involve posting IB information on the existing SP web site (www.spkweb.org.uk) so that it can be shared between the pilots and the wider sector or by creating a specific web based discussion forum.

We suggest that as a minimum a domain is created under 'subjects' on the www.spkweb.org.uk so that IB documentation can be posted for each pilot site.

CLG Guidance

Many of the pilots called for greater CLG guidance on the use of SP for IBs. For example, there was some confusion amongst the pilots over the percentage of SP funding that could be used for the pilot. Furthermore a number of pilots wanted guidance on how to account for the use of IBs in relation to the Supporting People Local System (SPLS) and the SP performance returns.

As many authorities are going through a re-commissioning process and entering into longer term contracts with providers, there was expectation that CLG should be clearer about the future role of IBs in providing support services to vulnerable people.

We suggest that CLG should provide some broad guidance to the pilots on the use of the existing performance and SPLS frameworks for IBs.

Conference in early 2008 to share the findings from this report

It might be helpful to hold a conference for all SP Administering Authorities and DFG leads to share the key findings from this report together with those from any subsequent joint working amongst the pilot authorities. This would provide an opportunity to consider the way forward for IBs that include SP and DFG.

Background

Kate McAllister Consultancy was appointed by CLG in June 2007 to work with the Individual Budget (IB) pilot sites on any issues specifically relating to Supporting People (SP) and Disabled Facilities Grant (DFG).

Our aim has been to identify and share good practice and to help overcome where possible, any obstacles to effective delivery in respect of these 2 key funding streams.

We have aimed to work in partnership with CSIP and all other agencies currently involved with the pilots and to be seen as providing a practical resource to complement the assistance the sites are already receiving.

We have also taken the opportunity to discuss some of the longer-term issues with key stakeholders and identify some of the key factors which may impede seamless integration of these funding streams within an Individual Budget.

Methodology

Document review and discussion with key stakeholders

We reviewed in detail all relevant information and produced a latest summary, which we distributed to key stakeholders. We also interviewed representatives from the IBSEN evaluation team, CSIP, CLG and Department of Health.

Site meetings

We carried out semi-structured interviews with key stakeholders at each IB site. The purpose of these interviews was to identify any potential barriers to using SP and DFG and to identify good practice. Interviews took place with the following, plus other key staff at some sites:

- IB manager
- SP Lead Officer
- DFG officer (where appropriate)

Meetings with providers

We were intending to meet with service providers at each site, but in reality many sites did not have Individual Budgets incorporating SP and DFG in place, and it was not appropriate to hold meetings with providers at this stage.

Meetings with service users

Our original intention was to meet with service users at each site. However we were advised against this, given the considerable exposure which many IB holders have already been subjected to and the fact that there are currently so few Individual Budget holders with SP and/or DFG within the IBSEN evaluation.

Analysis of latest data

We gathered the following data from each of the sites:

Supporting People

- The actual spend of SP funding on Individual Budgets and the spend of SP funding as a percentage of the total SP budget.
- The spend of SP funding on Individual Budgets by SP client group and the number of service users in each client group.

We wanted to understand the types of services being purchased using SP and whether these are provided as an integrated package with social care, e.g. a personal assistant, or whether separate support services have been purchased e.g. floating support or a brokerage service.

Disabled Facilities Grant

The level of DFG used for Individual Budgets and the types of aids and adaptations purchased. The number of service users that have obtained DFG across the sites by client group and whether or not these users were in receipt of social care services. We also gathered data on adaptations for IB service users that were funded from sources other than DFG.

Impact assessment

Using the information gathered we have assessed the impact of using SP and DFG for Individual Budgets at each site:

From a service user perspective

- Personalisation and choice;
- The range and quality of the services;
- The implications of using SP and DFG within an Individual budget from a service user perspective.

From a funding perspective

- The types of services being purchased by service users;
- The extent to which Individual Budgets can meet SP objectives in terms of the preventative agenda;
- Whether the services purchased meet SP eligibility criteria and grant conditions;
- Whether the use of DFG for Individual Budgets has an impact on enabling individuals to continue to live independently.

From a provider perspective

- The extent to which the provider market can respond to the demand from service users;
- The potential impact on the provider market and choice for service users

Workshop

An Individual Budget Workshop and Planning Day was held on 27 September 2007, to which all key stakeholders were invited. This provided an opportunity to share effective practice and discuss current obstacles and concerns in terms of pilot implementation, and to agree what further practical support would be helpful for the sites during the remaining pilot period.

Delegates were also invited to consider how Supporting People and DFG can be most effective in taking forward the government's Personalisation and Choice Agenda once the pilots have finished.

All findings have been collated and used to inform the recommendations in this report.

Findings and Implications

All sites remain committed to the concept of Individual Budgets. We heard many positive stories about how Individual Budgets have made a real difference to peoples' lives, enabling true person-centred support and informed choices about integrated packages of care and support.

There were also impressive examples of creative joint working at site level, with sites adopting pragmatic solutions and working round potential obstacles wherever possible.

However, one of the clearest messages coming out of the pilots is that the use of Supporting People and Disabled Facilities Grant in Individual Budgets is largely untested. There are very few service users who are in receipt of SP or DFG funding as part of an IB within the IBSEN evaluation and the consequences of using SP in Individual Budgets have not yet been sufficiently evaluated.

Positive experiences of using SP and DFG in IB's highlighted by delegates at the September 07 workshop

- *Managing to fit 'square pegs into round holes'.*
- *Creative joint working & joined up assessments.*
- *Establishment of joint working protocols.*
- *Shared problems = Shared solutions.*
- *Focus on shared budgets*
- *Chance to offer SP services via IB's to new groups - e.g. people with Asperger's syndrome*
- *Flexibility in contracts*
- *Real opportunities for efficiencies*

Overarching issues

Small sample

Despite the generally positive feedback about the potential value of Individual Budgets which include SP and DFG, the overall number of Individual Budgets including SP and/or DFG was very small at the time of our study. .

Table 1 represents the position in terms of total take-up of Supporting People Grant and Disabled Facilities Grant, as at the on-site stage, which ran from June to September 2007. We understand that further progress has been made since then, (see figures in Table 2). For example there are now three service users with an Individual Budget including DFG.

Site	Approx total number of people with IBs in place that include SP at time of visits	Approx total number of people with IBs in place that included DFG at time of visits
Coventry	6	0
Manchester	0	0
Lincolnshire	1	0
Gateshead	0	0
Leicester	4	0
Barnsley	6	0
Norfolk	1	N/A
Bath and NE	4	N/A
Somerset		
Oldham	260	N/A
West Sussex	0	0
Barking and Dagenham	34	0
Kensington and Chelsea	2	0
Essex	1	0
Total	319	0

Table 1 Total figures for IB holders at the time of field stage visits in receipt of Supporting People and Disabled Facilities Grant funding.

Site	Approx number of people with IBs that include SP at the end of November 2007		Approx number of people with IBs in place that include DFG at the end of November 2007	
	12	(12)	1	(1)
Coventry	0	(0)	0	
Manchester	0	(0)	1	(1)
Lincolnshire	0	(0)	0	
Gateshead	0	(0)	0	
Leicester	4	(4)	0	
Barnsley	12	(9)	0	
Norfolk	14	(14)	N/A	
Bath and NE Somerset	5	(3)	N/A	
Oldham	246 ¹	(0)	1	
West Sussex	0	0	0	
Barking and Dagenham	55	(16)	0	
Kensington and Chelsea	12	(5)	0	
Essex	8	(3)	0	
Total	368	(66)	3	(2)

Table 2 Total figures for IB holders at November 2007 in receipt of Supporting People and Disabled Facilities Grant funding. Figures in brackets represent IB holders within the IBSEN Evaluation.

We have outlined below some of the issues which we feel have had a negative impact on the sites' ability to effectively integrate Supporting People and Disabled Facilities Grant within Individual Budgets.

Need to integrate systems

It took the sites considerable time to integrate Supporting People into existing resource allocation systems. Having done so, there remains a need to educate care co-ordinators about housing related support - in terms of what it can fund and its overall purpose. The findings of the pilots show that care co-ordinators do not generally have a good understanding of housing related support services, and can perceive them to cover all practical activities. This has implications for the use of SP funding, in terms of both resource allocation and the approach taken to the review of support plans. Without a clear understanding of housing related support services, SP resources may simply subsidise social care activities, and may be provided on a long-term basis when they could more effectively be used to provide short term interventions.

¹ Oldham's take-up numbers dropped from September to November 2007 due to people exiting the Individual Budget process or due to natural causes (death, admittance to long-term care schemes etc).

The IBSEN evaluation

Because the evaluation pilot was designed to cover those people who meet Fair Access to Care Services criteria, a large number of people with lower needs have been effectively excluded from the IBSEN evaluation of the pilots. Longer-term, once the evaluation is complete, many councils would like to offer Individual Budgets to a much wider group and to consider other entry arrangements, other than the Adult Social Care route.

Impact of evaluation

The 13 pilot sites have been very focused on the evaluation process and the need to achieve necessary deadlines. This has significantly reduced time available to develop the systems and agreed protocols necessary to properly embed the IB process for the future. There was a general sense within the IB pilot sites that their main focus in the early stages had been on implementing the pilots effectively rather than concentrating on providing data for evaluation.

Several sites said that many more potential applicants could have been identified if the criteria for evaluation had not been so rigid.

Pressure for the pilot to succeed

It was felt that the overall aim of the IB pilots has changed, particularly over the past 12 months. What was originally perceived as a relatively small pilot, intended to evaluate the potential of Individual Budgets, appears to have developed into more of a demonstration project to showcase the potential of Individual Budgets, alongside an emerging message that Individual Budgets are a key plank of future adult social care provision. Given the slow take-up of funding streams such as SP and DFG, this has placed considerable pressure on all involved.

Working separately

Several Supporting People lead officers and DFG leads have felt somewhat isolated during the course of the pilot and said that they would have benefited from a greater degree of joint working and planning at an earlier stage. More intensive support from CLG throughout the pilot process would have been appreciated.

1. Supporting People implications

Service Users & Service Impacts

Personalisation and choice

A key priority of the Individual Budget pilot has been to ensure that the individual has a range of options at their disposal: to take a direct payment if that is what they want and then organise the support themselves; to continue to receive services; or a mixture of the two.

The pilots recognised that Individual Budgets can result in the personalisation of services and greater choice for service users. A number of pilots remarked that Individual Budgets help to further the aims and objectives of the Supporting People programme by providing a truly person centred approach.

However, it is clear from the site visits that although there are good working relationships between Supporting People and the IB pilot projects, there can be significant differences in perspective. The IB pilot projects emphasised the importance of the changing relationship between the local authority and individuals. IB managers described the role of the local authority as place shaping and helping people navigate through the market. Within this context Individual Budgets empowers individuals to make informed choices. IB managers pointed out that local authorities need to let go and give individuals the freedom to make mistakes.

Although Supporting People teams did not disagree with these principles, they explained how they have already been able to use the SP commissioning process to deliver services that can provide personalisation and choice. As a result of comprehensive service reviews, SP Administering Authorities have been able to commission higher quality, cost effective services that increasingly put the service user at the centre of the service. The introduction of the Supporting People Quality Assessment Framework (QAF), with its emphasis on user involvement in support planning and outcomes, has reinforced this approach.

The pilots felt that there is more than one way in which to personalise services and increase choice for service users. Individual Budgets are an important element; however the view of many of the Supporting People teams is that commissioned services also have a key role to play, particularly if there is clarity about available resources and a commitment to offer service users a high level of choice and control. .

Number of SP-funded services available

There are concerns about transferring all Supporting People floating support services to Individual Budgets as this could undermine the provider market and as a result potentially reduce choice, particularly initially, as there are likely to be only a few personal assistants with housing related support skills and the coverage across a large geographical area may be patchy. Furthermore, Supporting People providers may choose not to provide floating support services because of viability issues (or large providers may take over from small providers as they are better able to cope with viability, thus further restricting choice).

It has been pointed out by the pilot sites that a commissioned floating support service could work alongside Individual Budgets, to enable an individual to live more independently, and the service could subsequently be withdrawn when support goals are achieved. These types of services already provide a personalised approach and would have to co-ordinate their activities with a personal assistant, where social care is provided.

Resource Allocation

The pilots have had a consistent focus on the individual and on ways of minimising bureaucracy and speeding up assessment processes wherever possible.

All the pilots have developed single assessment processes which combine the assessment of social care and housing support needs (alongside any other related programmes included in Individual Budgets). These assessment processes are integrated with, or linked to, the Resource Allocation System (RAS) which is the system used to assess the allocation of resources to a service user to deliver their support plan.

Although local practice varies across the pilots, the overall approach can be summarised as follows:

- An individual completes a self assessment questionnaire which includes trigger questions for housing related support services.
- A care co-ordinator may complete a separate questionnaire for comparison.
- The RAS calculates the resources required to meet the assessed needs, including the resources for housing related support services.
- The individual works out a support plan (with assistance if required).
- The care co-ordinator signs off the support plan.

The approach adopted by most of the pilot authorities is to include housing related support trigger questions in the assessment questionnaire.

Brokerage

Some authorities reported that brokerage has not been necessary and instead the authorities have put their resources into support planning. These authorities pointed out that the funding received by individuals is relatively low and there might need to be brokerage for people with higher needs. Instead independent support planners have been made available to individuals to help them develop their support plans.

Support plans and review of support plan

Once resources have been allocated then service users can create their own support plan, with help where this is required. This support plan then has to be signed off by the care co-ordinator. The support that individuals receive to develop their support plans can include friends and family, an independent agency or their care co-ordinator.

It appears that the most effective approach is for the support planning process to focus on the desired housing related support outcomes for individuals. These outcomes need to be in addition to those that would ordinarily be provided through the care management system. This process may require a stronger focus on housing outcomes to ensure that Supporting People is not a substitute for social care activities.

Time limited support

One of the key challenges for the inclusion of Supporting People funding within Individual Budgets is to meet an individual's changing needs for housing related support, which may fluctuate over time and may even cease. Monitoring outcomes through the support plan review process is the key to this process, but there is a question about whether this process is sufficiently responsive as the review of support plans may not be sufficiently frequent.

This implies that the use of SP funding within IBs may be more appropriate for individuals with longer term support needs, rather than those that need crisis intervention or whose support needs fluctuate considerably.

Service quality and service regulation

Many sites have identified a tension between allowing service users genuine choice regarding the nature and quality of their service provision and the council's duty of care towards vulnerable people.

Although there is a collective desire to change the relationship between the local authority and individuals (to empower people to make informed choices is a fundamental principle of Individual Budgets), there is currently some disagreement about the need for some kind of ongoing oversight of service quality and monitoring of potential risk. Essentially there are two views emerging:

- Service users want freedom and flexibility – they want to choose the services that they think can most effectively meet their support needs. The IB process is about authorities letting go and giving service users the freedom to make mistakes. This is the view of a number of IB managers.
- There should be some level of regulation to ensure quality standards for service users and stability for the provider market. For instance there should be a list of preferred providers of Supporting People services from which service users can choose. This is the view of a number of Supporting People Lead Officers.

Within the IB pilots, quality and risk is currently monitored via the existing social care infra-structure. If the pilots are extended beyond the groups currently covered by adult social care, additional arrangements to monitor quality and potential risk may need to be introduced, which would have considerable resource implications.

Impact on work to date to improve quality of SP service delivery

The impact of Individual Budgets on existing approaches to quality and regulation has been the subject of considerable debate. Supporting People teams are concerned that their efforts to improve the Supporting People provider sector, through use of the QAF for example, may become undermined, once existing contractual relationships with providers cease. A number of IB managers pointed out that the same issue applies to the domiciliary care provider market, which is also currently quite highly regulated.

There are some concerns about quality and expertise where housing related support services are provided by personal assistants. One way in which to deal with this issue is to set quality standards for individual workers or develop an NVQ for housing related support services. This approach received a lukewarm response from some IB managers (as it would restrict choice); although some Supporting People Lead Officers thought it had merit.

Provider and procurement Issues

The Supporting People provider market

The pilot sites reported a considerable difference of opinion amongst providers about the introduction of Individual Budgets.

It appears that those that provide support services to people with learning difficulties are the most likely to embrace Individual Budgets. This is mainly because of the history of the sector where person centred planning and giving service users greater control through direct payments has been a key priority. These providers take the view that if they provide cost effective good quality services they have nothing to fear from the introduction of Individual Budgets. Increasingly accommodation based services for people with learning difficulties are moving to a supported living model whereby the accommodation is separated from the support. This concept is based on the housing element being available for as long as the individual wants to live there and as such lends itself to Individual Budgets.

At the other end of the spectrum there is a degree of hostility from providers of services to other client groups, particularly the more marginalised client groups. These providers are concerned that Individual Budgets could undermine the viability of their services and would not provide vulnerable homeless people with a pathway to independence. They also worry about loss of control and fear that they will lose economies of scale.

Impact of SP service reviews

Authorities have pointed out that there has been considerable amount of effort involved in reconfiguring the Supporting People provider market. This has not only resulted in better quality services but also better value for money, improved coverage, pathways through services and greater partnership working. Moving to an unregulated provider market could undermine much of this progress. Furthermore some providers may go out of business if Individual Budgets fail to sustain the services they provide.

FACS -led services as opposed to strategically planned services

Some sites expressed serious concerns about a market which is potentially driven by increasing demand for SP funding for those individuals under FACS (as people wake up to the possibilities offered by Individual Budgets) rather than by the strategic needs identified in local 5-year Supporting People strategies. Many of these concerns focused on the potential migration of Supporting People funding from more marginalised groups

to those under the care management system, with Individual Budgets driving the funding towards these groups. Many perceived this process as moving away from the principles of preventative work and as a result effectively subsidising social care services.

The types of services being purchased by service users;

Housing related support is generally being provided by existing domiciliary care agencies, as part of an overall package of support, which largely consists of social care. However some individuals are using personal assistants to deliver housing related support.

Those providers who are already involved in delivering personalised support via social care funded direct payments already have systems in place and are willing and able to extend their service to embrace Individual Budgets. The difficulty is however that few of these providers have experience of delivering housing related support, or of assisting an individual to access a Disabled Facilities Grant. The provider market in respect of these two funding streams is under-developed and very immature, in terms of delivering services within an Individual Budget.

Contracting with the Supporting People provider market

There have been some challenges in reconciling Supporting People gross block contracts with Individual Budgets for Supporting People. There are issues about how the Supporting People provider market can gear up for Individual Budgets and whether increasing capacity is too risky (as this capacity may not be utilised).

One approach is to abate gross block contracts where an Individual Budgets service is provided (so that the Administering Authority does not double fund). Another is to have a virtual Individual Budget so that where a service user chooses an existing Supporting People provider the reconciliation of funding is carried out centrally within the authority.

Several authorities have requested further guidance about the type of contracts to introduce and how to retain flexibility to allow individuals to opt out of service provision if necessary.

The ease with which SP administering authorities will be able to introduce IBs will depend very much on:

- a) The willingness of their providers to embrace this new way of working
- b) Providers' ability to gear-up to the differing resource requirements (and possibly differing skill sets) of working with IB holders

- c) The rigidity of notice periods within existing contracts. Some Administering Authorities are still working to 12-month notice periods.

Resource implications

Resource allocation

The way in which Supporting People funds are allocated varies across the pilots. The various methods include:

- A points system where a monetary value is allocated to each point, resulting in an allocation of resources for housing related support, based on the value attributed to the SP trigger questions in the RAS.
- Allocation of hours based on the level of support required, for example banding of hours in terms of high medium and low with standard hourly rates based on local averages for the client group. Some sites reported that this approach provides a more accurate budget, particularly in terms of Supporting People services.

The Resource Allocation System adopted by each authority aims to create a distinction between the assessment of the need for social care and that for housing related support. Although such a distinction can be made, it does rely on the skills of the social worker to identify these different support needs in the review of the ongoing support plan.

One of the challenges is to clearly define the tasks that should be undertaken by social care and those that should be undertaken by Supporting People. Although a lot of work has been undertaken to make the RAS more sensitive to these issues, there remains a need to refine the process and train social workers to understand housing related support.

Use of SP to add value to existing provision rather than simply subsidise overall costs

As a result of the integration of the assessment of social care and housing related support assessment needs, there can be a presumption that any practical tasks should automatically be funded by Supporting People. One IB pilot noted that this approach is likely to identify a huge, hitherto unmeasured, demand for housing related support from people within the care management system. A number of pilots pointed out that practical help and support has always been commissioned as part of a care package and there is an issue about the extent to which Supporting People funding is actually adding value.

One of the key challenges for the RAS is to use Supporting People funding to add value to an individual's IB, particularly around their housing and their ability to sustain

their accommodation. Otherwise, as one authority pointed out, the whole process will simply become a 'recharging exercise' where costs that would normally be covered by social care are passed across to Supporting People. This process, in its turn, has a wider impact on the SP budget as the RAS process will start to redirect resources to those with social care needs. This potentially could have an impact on the Supporting People programme's preventative aims which include preventing individuals from needing social care in the first place.

It appears that the most effective approach to resource allocation, and on-going support planning, involves clearly defining the housing related support outcomes that need to be achieved. This process potentially allows SP funding to become more targeted on housing issues, rather than picking up all practical tasks.

A number of authorities have developed protocols between the Supporting People Team and the IB pilot project. These have been useful mechanisms to provide greater clarity about how housing related support is to be assessed and funded through Supporting People and ensure an understanding of roles and responsibilities.

'Seepage' of SP into social care funding

It appears that the distinction between short term preventative interventions and long term maintenance of individuals is often not being made. Most Individual Budgets using Supporting People are intended for a one or two year period, with infrequent reviews. This means that some individuals may end up receiving Supporting People funding on a long term basis, which by definition may mean that social care, rather than housing related support is being provided and that the SP funding becomes locked into the IB. The issue, therefore, is the level of sophistication that can be generated by the RAS in terms of resource allocation and subsequent review. Otherwise there is a danger of 'seepage' of SP funding into social care activities, or those that straddle this interface. There is a particularly high risk of this in authorities that have tightened their social care eligibility criteria to include only those with the highest level of needs.

To address this issue one authority has developed a matrix that is intended to deliver housing related support to all people with the lowest levels of need, on the basis that the SP programme is intended to prevent people from requiring high care services. Other authorities have adopted different approaches; one authority's RAS assumes that support diminishes over time and another has adopted target timescales for each housing related support outcome identified in the support plan.

SP eligibility and grant conditions

Although seepage of SP funds into social care is a potentially serious risk, some pilots also expressed frustration about the inflexibility of local Supporting People eligibility criteria, which are limiting them from using these funds as creatively as they would like. For instance in one authority an individual wanted to use the SP element of their IB funding to put up a fence with their neighbour to reduce disputes. This type of expenditure is ineligible under the SP grant conditions. In contrast social care funding has been used flexibly within IBs to fund a number of services that would not normally be considered social care, for example an individual using their IB for gym membership rather than using a day centre.

On the other hand SP teams have found the SP eligibility criteria useful in providing clarity about the purpose of each funding stream. For example, the individual who wanted to use funding to put up a fence, ended up purchasing a support service which helped to address some of the underlying issues that had resulted in a neighbour dispute in the first place.

Means testing and impact on short-term SP services

Most of the pilots have introduced an integrated approach to means testing, involving Fair Access to Care Services (FACS) financial assessments, which are already used as a basis for means testing most applicants for SP funding. However, one authority had adopted a different approach to means testing SP services and, for the IB pilot, individuals had to be financially assessed using two different systems

Short term SP-funded services do not currently involve means testing service users and are usually funded on a block contract basis. It is possible that service users currently in receipt of such services may end up being means tested should they move onto an IB. This may not be an issue for those on welfare benefits, but where an individual is in work then their disposable income will be adversely affected.

Individual Budgets as a 'cost neutral' approach

Authorities were asked to undertake the pilot within the existing financial envelope for the funding streams involved and the costs of introducing individual budgets will be a key focus of the evaluation.

There has been a considerable amount of debate within the pilots about the cost effectiveness of Individual Budgets with particular emphasis on the relationship between the costs of housing related support and those of social care. Opinions have

varied widely, depending on the views of the IB managers, the SP lead officers and the client groups that are involved in the pilots.

- One perspective argues that to have a single hourly rate, based on that for social care, does not recognise the levels of skills and expertise required in providing housing related support services.
- An alternative view is that many of the hourly rates currently charged for Supporting People funded services are inherited from legacy funding and do not reflect the reality of the market. Some pilots have demonstrated that the use of Individual Budgets for practical housing related support can result in these services being provided at the same rates as those for social care. In fact these authorities argue that the employment of personal assistants means that one hourly rate is inevitable, as the same person is usually employed to provide both housing related support and social care services.
- However, a number of authorities recognise that they may have to pay different rates for some housing related support activities as a different skills set is required. These authorities think that having a differential rate for some SP activities may, to some extent, limit the usability of SP for Individual Budgets.

It is anticipated that Individual Budgets will achieve cost savings in the longer term, as a result of the removal of bureaucracy, extension of choice and opening of the existing market to wider competition and the aim is for the 13 IB pilot sites to deliver Individual Budgets at the same or less cost..

However, cost savings may not be possible at present given the shortage of available providers, particularly in some areas, and the need for existing providers to 'gear up' and understand the implications of Individual Budgets. In the short-term the impact of Individual Budgets may be to increase budgets, not reduce them, or to have a cost neutral effect. In particular, authorities highlighted the need to address the process of moving from block contracts to individual budgets and avoiding any double funding that could potentially result.

The point was made that there is less incentive for service users or their families to opt for an Individual Budget if the available funds are reduced. Service users may also be inclined to purchase cheaper 'domiciliary care' style services rather than more expensive services which focus on promoting independence, life skills etc. This might have a negative impact on the authority's prevention agenda.

('It will cost you £10 per hour to get someone in to do things for you and £15 per hour for them to encourage you to do it for yourself!')

Maturity of local markets

A key concern for Supporting People administrators and local providers, is the local capacity to grow the market to the level necessary to offer the effective skills and choice necessary to deliver Individual Budgets within a steadily shrinking revenue stream, which may well be subject to the need for further efficiency savings.

There was a request for clarity from CLG re ongoing SP efficiency savings in respect of IBs. It may be harder to achieve these effectively in the future if funds are dissipated and potentially locked into a number of personalised Individual Budgets.

Strategic Issues

A number of issues emerged from our discussions which have strategic implications, either at local or central government.

The Preventative Agenda:

Whilst Individual Budgets have clear advantages in terms of enabling person-centred services and maximising choice, there are some potential implications in terms of the government's preventative agenda, which we have summarised below:

SP funding for socially excluded people

Authorities are being encouraged to re-distribute Supporting People to more socially excluded groups and to ensure that they are not over-committed to funding higher needs groups.

There is a potential risk of Individual Budgets encouraging more take-up from higher needs groups at the expense of other groups with less current Supporting People funded provision.

Accommodation based services

Supporting People funding within the pilots has almost entirely been allocated to provide services that are not linked to accommodation. Essentially the IB funding has been allocated for individuals to purchase floating support services. As Supporting People funding and social care funding should be seamless, from an individual's point of view, services have usually been purchased that combine housing related support and social care e.g. a service purchased from a personal assistant.

Discussions with the pilots indicate that the IB pilot programme has not given sufficient consideration to the impact of Individual Budgets on SP funded accommodation-based services and the need to maintain an element of these services. The point was made that unless individuals have access to stable accommodation then many of the outcomes identified in their support plan will not be achieved. Housing was identified as the cornerstone on which Individual Budgets can be built.

Short term accommodation based services

Many SP-funded services for socially excluded people and those with chaotic lifestyles are effectively delivered via short-term preventative services. It is feared that the use of Individual Budgets for short term accommodation based services could destabilise

the provider market and make these types of services financially unviable. These services tend to involve integrated housing management support and care, and providers need a steady revenue stream to remain viable.

The financial risks posed by Individual Budgets may result in providers either disposing of these properties or remodelling the services into longer term accommodation and support. Immediate access to short term accommodation for vulnerable people who need housing support and care could therefore be reduced.

Integrated accommodation and support services

Some longer term accommodation based services for people with mental health, and or substance misuse problems are provided as integrated housing, support and care services. Again these services may become financially unviable should they need to become reliant on Individual Budgets,

The only way in which these services could continue to work effectively would be through remodelling, so that the support and care services are provided independently of the housing – the provider could set up a separate support service based on a personal assistant model.

One of the most significant implications of separating support from the accommodation is that the landlord would have a very low level of input into the scheme. Issues, such as the relationship between tenants and dealing with disputes would normally be the responsibility of a contracted care and support provider. However, where there are a number of care and support providers, there will be no overview of these issues and no one to take responsibility for dealing with the 'scheme'

Fast response floating support/outreach services

A number of the SP leads explained that they had remodelled their floating support services to provide a more consistent, authority-wide service with a single gateway. These services have been designed to respond rapidly to crises to prevent homelessness and to intervene to prevent people needing hospital care or higher care services. These services can signpost people, or help broker access, to other services. These services can also rapidly disengage and move on to provide services to other vulnerable people.

Many of the pilots, particularly the Supporting People teams, thought that these types of services could not be delivered through the IB framework. Individual Budgets could

not respond with the same swiftness and could not rapidly become disengaged.

Furthermore these floating support services are much more generic and can provide services to individuals with very low support needs as well as those with high level of care and support.

Piloting the use of IBs for accommodation based services

Some of the pilots are experimenting with the use of Individual Budgets for accommodation based services including:

- **Extra care housing**

The core costs are funded through block grants but an additional care and support element is funded through an IB. The provider would hold the IB funding which services users would draw down on the basis of an assessment of need

- **Long term accommodation-based services for learning disabilities**

SP funded a worker to support individuals in the use of their Individual Budgets. The service users have purchased services from the same care provider.

At the time of the site visits no conclusions could be drawn about these approaches and they need to be evaluated over a longer period of time.

Strategic tensions

Our discussions with the pilot authorities unveiled a number of potential strategic tensions between Supporting People funding and the other revenue streams which can make up an Individual Budget. These tensions are not limited to Individual Budgets, but the fact that the funding streams are expected to closely interlink within the budget and deliver joined-up outcomes highlights the difference between strategic drivers and desired outcomes.

The point was made that access to Adult Social Care funding has always been demand-led, but rationed largely by the long-term nature of the market and the fact that funding is statutory, ongoing and often in place in the long-term. Fair Access to Care Services ensure that services are rationed according to highest need, as determined by increasingly stringent local eligibility criteria.

Supporting People funding on the other hand is often aimed at prevention, rather than intervention, should rarely be in place long-term, is not statutory and is distributed according to identified need (often previously hidden and not always highest need).

In essence:

- Supporting People funding distribution is planned and administered from top down, in a strategic planned way, allocating resources where they are perceived to have most benefit. It is rationed by the highest potential strategic benefit.
- Social care is needs-led, administered from the bottom up and rationed by the highest individual need.

There is a strategic tension here which needs to be resolved – both corporately and possibly at a higher policy level.

SP Commissioned versus IB purchased services

Several Supporting People lead officers asked for further guidance from CLG in terms of a potential mismatch between the key SP strategic driver of 'Value Improvement'² and the fundamental strategic aims which underpin Individual Budgets.

Value Improvement (VIP) places an emphasis on obtaining better value for money and greater efficiencies for Supporting People-funded services through the procurement process. Outcomes to date within the VIP pilot authorities have included a reconfigured provider market, consistent service coverage across large geographical areas, single gateways to access services, the joint procurement of cross authority services on a sub-regional basis, and improved efficiencies.

Individual Budgets on the other hand, aim to offer increasingly personalised services and to extend the current provider market to include providers who are not currently accredited to provide Supporting People services, including private individuals. We are not aware of any measures currently in place to evaluate the impact of IBs on provider efficiency and overall value for money, although some authorities do have some evidence about the extent to which savings have been made.

Measures of success for Individual Budgets

Although the stated aim of the evaluation pilot was to 'see whether individual budgets offer a better way of supporting disabled adults and older people than the ways things work at the moment and say what 'models' work best for different people'³, we found that individual pilot sites were not clear about what precise outcome measures they and individuals were working to.

² CLG. Independence and Opportunity – strategy for Supporting People, published June 2007.

³ DoH Overview of Individual Budget pilot programme.

There was also lack of clarity about ways of measuring the overall success of the IB pilot, based on collectively agreed desirable outcomes.

One site has linked outcomes to their support planning process and uses these regularly to review progress on an individual basis. However these are CSCI outcomes, rather than Supporting People outcomes.

This seems to be a missed opportunity. Several sites were keen to be part of some national joint working to develop shared outcomes for Individual Budgets in the future and joined up ways (which would apply to all funding streams) of monitoring quality and minimising risk.

It will be difficult to evaluate the overall success of the pilot, given the current lack of jointly agreed outcomes and targets. A useful next step may be to tie together outcome measures for income streams and individuals.

Supporting People direct payments.

Definitions

- **Direct Payment** – the allocation of funding to a client using a single revenue stream.
- **Individual Budget** – A transparent allocation of several different revenue streams to a client within an integrated budget, giving individuals a clear cash or notional sum for them to use on their care or support package (some of which may be taken as a direct payment)

Although the use of Supporting People funding as a direct payment is not being tested by the pilots, there was some discussion with the pilot sites about using SP in this way, i.e. where an individual is not eligible for social care services. Some of the pilots were clear that they had not given this issue much consideration as they were still grappling with the issue of integrating the different revenue streams into Individual Budgets. In their minds the key issue was whether the integration of Supporting People and Adult Social Care funding could work within an IB.

Nevertheless most of the pilots thought that, in principle, the use of Supporting People as a stand-alone direct payment is a good idea as it could provide service users with greater choice. However the Supporting People Teams were also clear that there are

limitations about using Supporting People in this way at present. Essentially the limitations identified were similar to those identified for using Supporting People within Individual Budgets i.e. inappropriate for short term accommodation based services; concerns about undermining re-commissioned support services where there is access through a single gateway and consistent coverage across an authority.

There are, however, structural issues related to the Supporting People programme that makes the introduction of Supporting People direct payments more difficult than is the case for Adult Social Care funding. This is mainly because the administrative framework for the Supporting People programme is very different to that for social care.

These issues are as follows:

- **Assessment**

Supporting People does not have an individual assessment process, similar to care management process, whereby a person is assessed by the authority prior to receiving services (usually the provider carries out the assessment for Supporting People services). Some authorities are developing single gateways which provide single points of referral into Supporting People services. These gateways currently provide a very limited assessment prior to referrals being made to services.

However some authorities are considering developing these gateways to provide more comprehensive assessments and these could potentially provide the assessment mechanism for Supporting People direct payments.

- **Review of support plans**

There are no resources available to Supporting People Administering Authorities to review support plans following an allocation of a Supporting People direct payment to an individual. Currently this activity is devolved to the provider under a block gross contract, with related performance measures e.g. on utilisation, turnover and outcomes.

This suggests that the introduction of Supporting People funding as a stand-alone direct payment may be limited as considerable resources would be required to develop the necessary infrastructure, in particular the support planning and review process.

2. DFG Issues

Disabled facilities grant legislation

The pilot sites reported that because DFG is so prescriptive it has not been possible to integrate the DFG means test with the FACS system. This has proved to be the most difficult aspect of integrating DFG with IBs and some pilots questioned the benefit of trying to align the two eligibility systems.

Use of DFG within IBs from a service user perspective.

Generally, housing authorities were sceptical about the value of including DFG within IBs, particularly as they already regard DFG as a person centred grant. Essentially the feedback suggests that, even though the DFG process is very bureaucratic, it does enable service users to access the adaptations they require. One of the pilot sites made the point that unless there is a change to the legislation there needs to be a major rethink about the appropriateness of including DFG within IBs.

As CLG's DFG funding is not available across all tenures the sites reported that this makes it more difficult to integrate DFG into IBs (which are tenure neutral). Ring fenced DFG funding is not available for council tenants.

Those IB sites that piloted DFG had varying views on how best to integrate DFG into IBs, or, failing this, to align the two funding streams. The main focus of the work has been on:

- **Simplifying the form for means testing** – As the pilots considered that the DFG means test could not be integrated into IBs, many felt that there needed to be two separate means test processes. However one authority has produced a simplified financial assessment form to allow a DFG means test to be carried out by the IB case worker.
- **Assessment** – An assessment form that includes DFG trigger questions so that DFG needs can be identified as part of a holistic package. As an illustration the following has been included on a self assessment form:
 - I cannot get to any part of my home with or without help. I am stuck in one room
 - I can get to and use some rooms in my home with some help.
 - I can move around my home and get in and out of my home most of the time.
 - I can get in and out of my home and move around without any help.

Although these tools have been developed for the IB pilots no-one, at the time of the site visits, had been identified as requiring DFG as part of an IB. This meant that no individual in receipt of an IB had received a payment for adaptations nor had this requirement been included within any support plans.

Provider Issues

The main provider issue that arose in relation to DFG was the importance of the role of Home Improvement Agencies (HIAs) in delivering the DFG programme and home improvements. Some of the authorities made the point that many HIAs are under funded but have an important role to play in supporting people through their grant applications. One authority said that if there weren't any HIAs then their Occupational Therapy service would be completely tied up.

One of the issues raised was the lack of consistency across a county of the HIA service, for example one county authority explained that it had six HIAs, all offering different levels of service. As DFG is co-ordinated at a county level, the central team wanted to concentrate on developing greater consistency in this area rather than using their resources to try to make DFG work within the IB pilot.

Funding issues

DFG is governed by legislation and regulations and gives any disabled person a mandatory right to a grant (to a current limit of £25,000) to alter their home. The grant is ring fenced and administered by housing authorities. Works which fall outside the mandatory scheme will not attract grant funding from housing authorities. Some authorities may offer discretionary grants and publish local policies or initiatives setting out what provision, if any, they may make to address other housing difficulties.

The level of financial assistance available to the individuals through the DFG scheme is assessed and this 'test of resources' is laid down in the legislation governing DFG. The individual's contribution (which can be nil) is based on their personal circumstances and income.

From April 2007 the IB pilot sites received greater flexibility on the use of DFG funding. For the year 2007/08 the ring fence for CLG funds has been widened to give local authorities discretionary powers to provide financial assistance to any form of home improvement, adaptations or a moving grant or loan.

The pilot sites reported that because DFG is so prescriptive it has not been possible to integrate the DFG means test with the FACS financial assessment. This has proved to

be the most difficult aspect of integrating DFG with IBs and some pilots questioned the benefit of trying to integrate rather than align two completely different systems.

Furthermore, some of the pilots reported that there were procedural problems about making changes to the DFG process as some of these needed to be signed off by cabinet. One pilot reported that obtaining cabinet approval could not be done within the timescale; this resulted in the pilot not being able to use a simplified means test form, nor the freedom and flexibilities for DFG.

To add to this complex picture there is also funding available from other sources. Housing associations can incorporate adaptations works into their improvement programmes; for instance some housing associations use these programmes to replace baths with walk in showers in designated properties for older people. Also, with stock transfer housing associations the valuation of the stock can take account of the need to install adaptations to the properties and this creates a separate DFG 'pot' that can be drawn down by the association.

There was no evidence from the interviews to show that Adult Social Care (ASC) provides funding for adaptations to properties and, where an individual receives an Occupational Therapy recommendation for adaptations, an application needs to be made for DFG. The only ASC capital funding mentioned by the pilots related to equipment for long term needs (i.e. where the disability has lasted for 6 months and is expected to last for at least 6 more months) for both children and adults that are eligible for provision under the FACS bandings of 'critical' and 'substantial' e.g. specialist beds and the provision of bathing and toileting equipment.

DFG and direct payments

Several Authorities, including Coventry have actively encouraged direct payments for lower level DFGs over the past 6 months. We have included below a case study from Coventry, who remain upbeat and wholly committed to the principle of including Disabled Facilities Grant within Individual Budgets. They were the 1st pilot authority in the country to achieve this. The process set out below relates to the use of direct payments for DFG. However Coventry state that exactly the same process will be followed in the future for Individual Budgets.

Direct payments for DFG in Coventry are primarily related to adaptations to bathrooms for level access shower provision.

Uptake has been slow but steady. The authority will be evaluating the use of Direct Payments for DFGs over the next few months and preparing to share their findings more widely in early summer 2008.

They intend to extend direct payments to all levels of DFG regardless of cost and will be developing a robust schedule of costs in order to establish the actual cost of the DFG and the ultimate level of direct payment offered,

Coventry feels that direct payments and Individual Budgets including DFG do work as long as there are clear audit trails and that the authority ensures that the money is either used for the actual purpose of adaptation, or that its use meets the needs of the individual. This gives the service user some flexibility in its use, although approval for any scheme has to be given by the Occupational Therapist.

Coventry sees this approach as a key element of their commitment to the personalisation agenda and their overall enabling philosophy. They say that it has only been possible to move this far because of the shared value base of those involved across social care and housing.

Strategic Issues

Despite the greater funding flexibilities the pilots have had considerable difficulties integrating DFG into IBs. As previously explained this is largely because the DFG process is so prescriptive. Some of the pilots made the point that unless there is a change to DFG legislation, funding should work alongside IBs, as opposed to becoming integrated. For example, trigger questions on the RAS would be able to trigger a separate DFG assessment.

The pilots were more concerned about the DFG review currently being undertaken by CLG and they considered that the strategic focus should concentrate on making the DFG process work more effectively rather than shoehorning DFG into IBs.

Conclusions

We found evidence of the success of the Individual Budget pilots in enabling empowered decisions over future support arrangements and there is no doubt about their potential benefits in contributing to the government's personalisation and choice agenda.

All the pilots thought that Individual Budgets potentially have an important role to play as they combine different revenue streams into one package of funding that can be used by service users in a creative way. Pilots highlighted the most appropriate client groups for IBs as:

- Older people
- People with learning disabilities
- People with mental health problems
- People with physical disabilities

This study has however identified a number of issues which will require further consideration if IBs are to become an effective vehicle for the delivery of Supporting People and Disabled Facilities Grant funding.

The headline conclusions can be summarised as follows:

Supporting People

- The use of Supporting People for Individual Budgets is largely untested as there are only a few participants within the IBSEN evaluation of the pilots. A longer-term and more wide-spread pilot for this funding stream would be helpful, particularly once more IBs including SP are in place.
- The pilots felt that there is more than one way in which to personalise services and increase choice. Individual Budgets are an important element. However, commissioned services also have a key role to play. Commissioned SP services can provide consistent coverage over large geographical areas and some authorities feel it is quite viable to have a commissioned SP service working alongside an IB purchased service and promoted this model as an alternative. Work is needed to better understand how IBs can work together with commissioned services to deliver a seamless service.

- It will be difficult to evaluate the overall success of the pilot, given the current lack of jointly agreed outcomes and targets. A useful next step may be to tie together outcome measures for income streams and individuals.
- Several sites were keen to be part of some national joint working to develop shared outcomes for Individual Budgets in the future and joined up ways (which would apply to all funding streams) of monitoring quality and minimising risk.
- There are implications for the government's preventative agenda in using IBs for short term accommodation based services, integrated housing with support and fast response floating support services. It appears that the distinction between short term preventative interventions and long term maintenance of individuals is not being made. This means that some service users may end up receiving housing related support services on a long term basis, which by definition may mean that social care rather than housing-related support is being provided.
It would be helpful to disseminate this feedback from the pilots to other authorities as soon as possible in order to prevent potential dismantling of key commissioned SP services.
- It is vitally important to ensure that front-line social workers properly understand the nature of housing related support and what it is intended to fund, to prevent Supporting People becoming the 'catch-all' funding stream for all relatively low-level practical input and 'seepage of SP funds into social care.'
- The resource allocation systems used for the pilots, which works well for social care clients with relatively high needs, need to be further adapted to achieve a better fit with Supporting People, including the provision of time limited support,. The most effective approach is to use the RAS to define housing related outcomes the achievement of which can be monitored through the support planning and review process.
- Although SP as a direct payment is not being piloted, it is clear that there is currently no infrastructure to deliver the programme as direct payment as there are no support planning or review mechanisms equivalent to those in ASC. This implies that SP funding only has the potential to be used as part of an IB and not as a direct payment.
- The existing provider market for delivering IBs including SP is under-developed and immature. Until SP providers gear up adequately and overcome their reservations about IBs, it may be difficult for service users to procure IBs within a cost neutral

envelope. Service users may also be inclined to purchase cheaper 'domiciliary care' style services rather than more expensive services which focus on promoting independence, life skills etc. This might have a negative impact on an authority's prevention agenda.

- SP commissioning authorities may need guidance from CLG about how to reconcile a 'value improvement' approach, with its emphasis on economies of scale, efficiency and rationalisation of the provider market, with the need to retain and encourage a wide choice of providers, some unregulated, to facilitate IBs.
- Potentially dismantling large elements of the infrastructure of SP is a considerable risk after so much work to improve the quality of services. The lack of a contractual relationship between SP and IB providers within the pilots means no ability to ensure accreditation, value for money, quality, risk prevention and efficiency of the SP provider market. Improvements achieved via the service review process could begin to slip. The same issues may apply to domiciliary care providers.

Disabled Facilities Grant

- The use of DFG in actual IBs was untested at the time of the site visits as there were no participants in the pilots.
- The pilot sites reported that because DFG is so prescriptive it had not possible to integrate the DFG means test with the FACS financial assessment. This has proved to be the most difficult aspect of integrating DFG with IBs and raised questions about the appropriateness of integrating DFG into IBs.
- The pilot sites have successfully integrated DFG questions into the assessment process to provide triggers relating to the need for adaptations.
- The findings from the pilot sites suggest that, unless there is a change to the legislation governing DFG, it may be more appropriate for IBs and DFG to be administered separately but with links to each other through the assessment process.
- The funding flexibilities have not been used and it appears to be largely related to the issue of obtaining local authority approvals within the timescale of the pilot
- The pilots were more concerned about the DFG review currently being undertaken by the CLG and they considered that the strategic focus should concentrate on

making the DFG process work more effectively rather than shoehorning DFG into IBs.

Recommendations

We have set out below the key steps which we feel are necessary to ensure effective delivery of Individual Budgets which include Supporting People and Disabled Facilities Grant.

Extending the SP and DFG pilots

Many of the IB pilot sites will not have had Individual Budgets including SP or DFG in place for long by the time the Individual Budget pilot exercise is completed in April 2008. We suggest that it may be beneficial to CLG to extend the pilots for another 6 months until September 2008 to ensure that all relevant information is gathered and that the views of service users can be gleaned and used to inform future policy in this key area.

Sharing of information and future joint working

The sites could no doubt move ahead more quickly to overcome some of the potential obstacles outlined above if they received some assistance to work together and share ideas and good practice.

Many SP and DFG leads would be keen to come together on a more regular basis to share information and develop some standard approaches to some issues. Suggested areas for possible future joint working include:

- DFG and IBs - the way forward
- The Resource Allocation Process –and how to tailor it to SP and DFG.
- IB outcomes – how to measure and how to integrate existing outcome frameworks
- Supporting People contracting, charging and future procurement - IB implications.
- The way forward for SP quality and performance monitoring and risk management.
- How to feed into targets specified by Local Area Agreements
- Roll out issues:
 - Beyond pilot within pilot sites
 - To other Local Authorities

We suggest that CLG facilitates some joint working in at least some of these areas and then issues guidance for other authorities, based on the findings of these groups.

Website forum on the use of SP and DFG for IBs

Better communication between the pilots on the use of SP and DFG for IBs was perceived as essential to make the pilots more effective. In addition to working together, some pilots suggested that there should be a web based mechanism for encouraging communication. This could simply involve posting IB information on the SP web site (www.spkweb.org.uk) so that it can be shared between the pilots and the wider sector or by creating a specific web based discussion forum.

We suggest that as a minimum a domain is created under 'subjects' on the www.spkweb.org.uk so that IB documentation can be posted for each pilot site.

CLG Guidance

Many of the pilots called for greater CLG guidance on the use of SP for IBs. In particular there was some confusion amongst the pilots over the percentage of SP funding that could be used for the pilot. Furthermore a number of pilots wanted guidance on how to account for the use of IBs in relation to the SPLS and the performance returns.

As many authorities are going through a re-commissioning process and entering into longer term contracts with providers, there was an expectation that the CLG should be clearer about the future role of IBs in providing support services to vulnerable people. We suggest that the CLG should provide some broad guidance to the pilots on the use of the existing performance and SPLS frameworks for IBs.

Conference in early 2008 to share the findings from this report

It might be helpful to hold a conference for all SP Administering Authorities and DFG leads to share the key findings from this report together with those from any subsequent joint working amongst the pilot authorities. This would provide an opportunity to consider the way forward for IBs that include SP and DFG.

Appendix 1

Key messages from 27 September Individual Budget workshop

1. Supporting People

Service user and service impact

Customer involvement and control	Potential risks to service users
<ul style="list-style-type: none"> Are virtual IB's giving people real choice? 	<ul style="list-style-type: none"> Available resources to support user to manage the process & exercise choice.
<ul style="list-style-type: none"> Service user group involvement in quality control Meaningful to the service user – 'efficient not difficult'. 1 stop shop for all public services. A single sheet support plan – showing linked outcomes. 	<ul style="list-style-type: none"> Stability – risks for providers & users.
<ul style="list-style-type: none"> A voice for all excluded groups through the LAA framework. 	

Provider and procurement issues

Procurement - What needs to change?	Commissioning
<ul style="list-style-type: none"> Silo thinking and budgets. 	<ul style="list-style-type: none"> Virtual IB – what's the point?
<ul style="list-style-type: none"> Culture. <ul style="list-style-type: none"> Limitations. Budgetary. Strategy. Eligibility. 	<ul style="list-style-type: none"> Differential impact by provider size.
<ul style="list-style-type: none"> Grant Conditions. Conflicting targets from Central Government. Ridiculous time scales. More meaningful service user involvement – empowered and informed. 	<ul style="list-style-type: none"> Risk of de-stabilising existing contracts Small providers might get squeezed out of the market. Danger of de-stabilising accommodation-based services Issues for RSL's who provide support + accommodation.
How to achieve change?	Procurement – Focus on Prevention

<ul style="list-style-type: none"> • Think about different approaches to procurement – e.g. top slice for IB's. • Make contracts flexible enough to reduce number of units as required. • Net working meetings – Share information (Benchmark, good practice etc.) • Regional contracting – modelled on housing contracts. • Schedule of rates – Saves separate procurement. 	<ul style="list-style-type: none"> • Testing targets for prevention.
<ul style="list-style-type: none"> • Common assessment framework. 	<ul style="list-style-type: none"> • Build into LAA framework.
<ul style="list-style-type: none"> • Joined up thinking and working with central government 	<ul style="list-style-type: none"> • Incentives for LAs – cash rewards.
<ul style="list-style-type: none"> • Allow creative solutions. 	<ul style="list-style-type: none"> • Influence councillors and senior officials.
<ul style="list-style-type: none"> • Meet the needs of service users. 	<ul style="list-style-type: none"> • Expectations of standards driven by central government.
<ul style="list-style-type: none"> • Trust and shared vision / goals – service users and service providers. 	<ul style="list-style-type: none"> • End conflicting targets by central government.
<ul style="list-style-type: none"> • Real engagement from Health. 	<ul style="list-style-type: none"> • Build capacity of providers

Resource implications

Resource allocation	Eligibility
<ul style="list-style-type: none"> • Removal of ring fence - key concern 	<ul style="list-style-type: none"> • Eligibility criteria should govern who gets through the door, not what services they get once they're through.
<ul style="list-style-type: none"> • Resources being withdrawn from socially excluded groups with 'seepage' into care. 	<ul style="list-style-type: none"> • How do you square choice and control with SP eligibility concerns? E.g. purchase of a fence to deal with neighbour dispute.
<ul style="list-style-type: none"> • Possible double payment of SP if SP is already providing an element of the service on a block contract and individual also given 	<ul style="list-style-type: none"> • There are people who need long term support – should they be funded by Supporting People?

<p>an IB,</p> <ul style="list-style-type: none"> • Need to build in tapering arrangements and explain funding may not be permanent. • Unrealistic expectations- people may expect service to continue in perpetuity 	<ul style="list-style-type: none"> • Hourly rate versus points system. • Different hourly rates for housing related support and social care? • Which points systems need to recalibrate with what services costs?
	<ul style="list-style-type: none"> • Should SP be funding long-term support or used for short-term interventions?
<p>RAS – the ideal</p>	<p>RAS - practical suggestions</p>
<ul style="list-style-type: none"> • Clarity and honesty about what can be purchased. • More freedom and flexibility. 	<ul style="list-style-type: none"> • More frequent review of resources. A review at 3 month then annually is not frequent enough. • Clarity on who will carry out reviews. Social workers? • SP doesn't have the infra-structure for this. • Hourly rate v points allocation • Same consistent hourly rate, same variables, same points system. • Need to calibrate points system and need feedback loop to avoid under/over-funding.
<ul style="list-style-type: none"> • RAS 'income –neutral'. (As easy for people on benefits as it is for self-payers) • Making the best use of public money to achieve the best possible outcomes / make a difference. • Joined-up IT to support one stop shop for all public services. • Funding reflects national and local needs. • Benefits system re-engineered into one-pot. • Defining housing related support outcomes and developing a framework to measure and monitor them. • Incorporate telecare into IBs - tailored to individuals. • Real opportunities for efficiencies • Time-limited housing related support interventions. 	

Strategic Issues

Strategic issues	outcomes
'We're not at the end of the journey with SP yet.' Potential risk of IB's helping to create smaller institutions.	Would have helped to start with base-line survey of user satisfaction (as in 2003)
	<p>To measure overall success of the pilots would need to quantify</p> <ul style="list-style-type: none"> • funding and whether efficiencies should been achieved through the use of IB's • The number of people accessing IB's • Measurable outcomes for service users (existing support plans could be used for this, together with the CLG outcomes framework for SP)
How do we integrate existing outcomes frameworks?	How to ensure support plans are outcome-based.
Integrated assessment	Providers may have support plans in place. Gateshead support plan is a good example.
Collaborative work	How to measure outcomes for individual service users.
Joint process with jointly agreed outcomes	Oldham risk-assessment panel.
Integrated care and support plan.	<p>Service user-feedback – weighted service-user feedback form.</p> <p>Informal phone calls – how is this benefiting you?</p> <p>Barnsley evaluation questionnaire - Has having an IB made things worse/same/better?</p>
IB's and Local Area Agreements	Service reviews – IB / SP quarterly monitoring process.
	Soft outcomes for service users
Focus should be on prevention	
Targets for prevention should be built into LAA This would give LA's to incentive to use IB's	
End to conflicting targets	

The way forward

Clear messages and joined up delivery	
<ul style="list-style-type: none"> Clear message on IBs to all stakeholders <ul style="list-style-type: none"> – Develop an effective communications plan. 	<ul style="list-style-type: none"> Better communication at national level between programmes.
<ul style="list-style-type: none"> Thinking about what we are trying to achieve and whether it works 	<ul style="list-style-type: none"> More focus on joint working
<ul style="list-style-type: none"> Ensure providers are aware of the change in agenda. 	<ul style="list-style-type: none"> Clear message on IBs from central government.
<ul style="list-style-type: none"> Compact message on SP / IB. 	<ul style="list-style-type: none"> Promote IB's via RIG meetings
<ul style="list-style-type: none"> Put IBs on the govt offices agenda. 	
Quality services	
<ul style="list-style-type: none"> Effective review of services based on <ul style="list-style-type: none"> o Customer choices o Re-commissioning o Tracking annual purchasing choices. 	<ul style="list-style-type: none"> Take the workforce with you.
<ul style="list-style-type: none"> Make providers aware of new marketing opportunities. 	<ul style="list-style-type: none"> Capacity building of the VCS / Third sector.
<ul style="list-style-type: none"> Consortia approach. 	<ul style="list-style-type: none"> Encourage market diversity – Full cost recovery mechanism from central government.

2. Disabled Facilities Grant

Key barriers

<ul style="list-style-type: none"> • Current ring fencing of grant <ul style="list-style-type: none"> ◦ DFG funding flexibilities haven't been used. ◦ AA's are using equivalent cost systems rather than integrating DFG • The time-scales involved in obtaining building control, planning permission etc. • (Legislation relating to planning permission / building control.) 	<ul style="list-style-type: none"> • The way the grant is administered and performance monitored
	<ul style="list-style-type: none"> • Performance monitoring of DFG
	<ul style="list-style-type: none"> • Timescales for approval of IB's.

Strategic Issues

Key barriers to integration	
<ul style="list-style-type: none"> • Current ring fencing of grant <ul style="list-style-type: none"> ◦ DFG funding flexibilities haven't been used. • AA's are using equivalent cost systems rather than integrating DFG. • The way the grant is administered and performance monitored 	<ul style="list-style-type: none"> • Realistic timescales and pace of change- DFG timescales for the pilot not realistic
<ul style="list-style-type: none"> • Legislation relating to planning permission / building control 	<ul style="list-style-type: none"> • Perceived risk in giving user money for building work and ensuring it is completed to correct standard to meet the needs of users
	<ul style="list-style-type: none"> • The time-scales involved in obtaining building control, planning permission etc.
What needs to change?	
<ul style="list-style-type: none"> • Simplify formal assessment and streamline systems 	<ul style="list-style-type: none"> • Simplify the process - e.g. definition of vulnerability, difficult forms + lots of questions.
<ul style="list-style-type: none"> • Include DFG triggers in RAS questionnaire • In Leicester the RAS allocates priority points from social care for DFG needs which are then referred to DFG to allocate to people with greatest need 	<ul style="list-style-type: none"> • Improve communication between housing/community care/DFG
<ul style="list-style-type: none"> • Develop role of agents in getting the building work done. <ul style="list-style-type: none"> ◦ Providers can help people to 	<ul style="list-style-type: none"> • Improve procurement commissioning, monitoring and joint working,

<ul style="list-style-type: none"> ○ navigate their way through the system ○ Need to consider accreditation of agents/brokers in this respect. 	
<ul style="list-style-type: none"> ● Integrate care and physical needs funding + DFG / Equipment. ● ● Talk to people about moving to suitable properties instead of routinely adapting current home. <ul style="list-style-type: none"> ○ Set up cross authority networking meetings which could- ○ Benchmark prices. E.g. stair lifts. <ul style="list-style-type: none"> ▪ Coventry to share West Mids benchmarking data ● Agree cross-authority schedules of rates to ensure VfM 	<ul style="list-style-type: none"> ● Use equivalent costs approach – Individuals get an allocation but choose what to spend it on. ● Consider regional contracting/Procurement models
Ideal scenario	
<ul style="list-style-type: none"> ● Better procurement, commissioning and monitoring. ● DFG part of wider housing strategy. ● Legislation – Re-use of properties. 	<ul style="list-style-type: none"> ● Better working with providers. <ul style="list-style-type: none"> ○ RSL's – agreement on contributions to adaptations. ● Transparency around allocations for LAs. ● Culture change <ul style="list-style-type: none"> ○ Co-operative working with CLG. ○ Cross department working ● Whole system working.
<ul style="list-style-type: none"> ● DFG Budgets <ul style="list-style-type: none"> ○ Joined-up ○ Flexibility ○ Aligned budgets ● Self assessment. 	<ul style="list-style-type: none"> ● Clarity on assessment and OT's. ● Making use of 'claw back' changing on properties.

