Melanie Henwood Associates
Health & Social Care Consultancy

Evaluation of the self-directed support network: An overview of key messages

A review for the Department of Health

By Melanie Henwood & Bob Hudson

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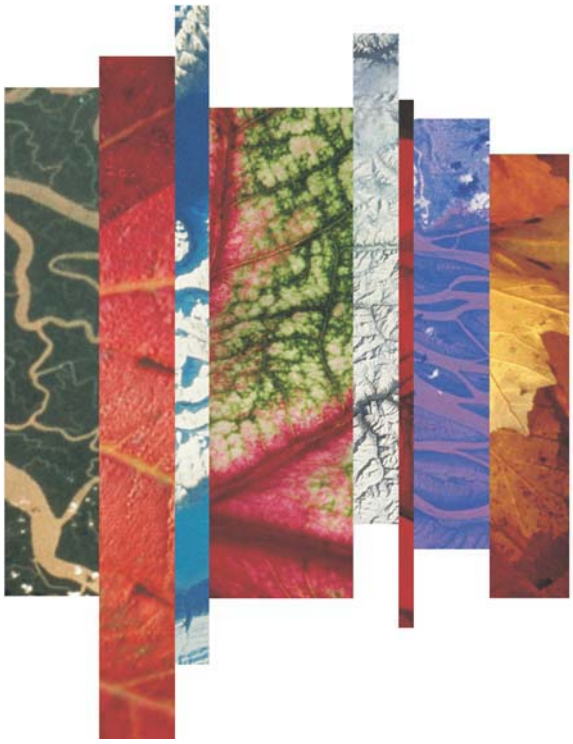

Old Dairy Cottage Park Hall Heathencote Towcester Northants NN12 7LD
t/f 01327 352950 e info@melaniehenwood.com www.melaniehenwood.com

Evaluation of the Self-Directed Support Network: An overview of key messages

Introduction

1. In the spring of 2007 the Department of Health commissioned two parallel pieces of research into the development of the self-directed support network. It was intended that the two investigations would be complementary in approach and provide both breadth and depth of analysis. The two studies were:

   - A review of progress with the introduction of self-directed support in a sample of 10 authorities (from the advanced to those just getting started), including six Individual Budget sites and four *In Control* sites.

   - An in-depth case-study approach in three local authorities, again reflecting a range of engagement with self-directed support (SDS) or personalisation.

2. The two studies were undertaken by separate teams of consultants; each has produced a report on their own study and each report stands alone. However, there was contact between the teams at all critical stages, and there is added value in producing a synthesised overview of the key findings and messages from both studies, and this brief summary does just that. In this document we do not rehearse the detail of the policy background and context to SDS development, but such information is addressed within the full study reports.[1] [2]

3. It is important to note at the outset that in many ways the term 'self-directed support network' is something of a misnomer which might imply a more structured series of relationships than actually exist. In fact the 'network' refers to those local authorities that are variously engaged with the development of Direct Payments, *In Control* and/or the Individual Budgets pilots. Support for local implementation is being provided by *In Control* and by the Department of Health (via the Care Services Improvement Partnership, CSIP), and it is the various activities and resources of these two programmes which essentially constitute the 'network'. This is not a term that is necessarily widely recognised on the ground.

4. The studies were undertaken at a critical point in time. The 13 Individual Budget pilot projects are well advanced but still in progress. In advance of the evaluation findings – due in 2008 - developments are continuing apace. These are being led by local authorities who have recognised the potential of personalisation and want to make it

widely available. At this stage it is especially important that the findings from early analysis should be widely disseminated to assist further development and inform strategic direction.

Progress to-date: Preparation, Planning & Implementation

5. Both studies provide a snapshot of progress at the end of 2006/07 during a period of rapid change and development. At the time of the research, practical achievements in terms of the numbers of people actually making use of self-directed support was relatively modest. However, considerable effort has been directed into preparation and planning.

6. The introduction of SDS requires local authorities to behave very differently in their approach to adult social care, particularly in respect of self-assessment, establishing a resource allocation system (RAS), and revising care management processes. It is clear that these changes are complex and take time to establish. The following emerged as key findings across both studies:

- There is considerable commitment to the objectives of personalisation, at least at the level of principle and support for the broad objectives of choice, control and flexibility. This does not automatically translate into action, and in order for it to do so there needs to be clear strategic leadership and support. It is also clear that there is considerable scope for people to misunderstand SDS and its implications.

- There is widespread belief that the issue is not *whether* SDS will be rolled out nationally, but *when and how.* This is a vital message to embed if people are to realise the importance of engaging with the SDS agenda and not to view it merely as a passing policy enthusiasm. This is reinforced by the draft Health and Social Care Outcomes Framework which addresses key strategic objectives expressed in 40 outcomes including choice and control in social care.

- SDS is sometimes viewed as a model for learning disabilities and people struggle to apply it to other user groups or to understand how other people can be supported to use it. It is often assumed that older people in particular

won't be interested or won't be able to cope, and it is especially important that they are given the appropriate support to engage.

- Self-assessment is a challenging concept, and supporting people in completing a self-assessment questionnaire (SAQ) – at least in these early stages - requires considerable care management input.

- The technical and practical challenges of developing a RAS are considerable and underline the poor information and understanding of existing pricing systems in social care.

- The RAS highlights the existing anomalies and tensions in traditional resource allocation where there is a poor correlation between assessed need and level of support.

- Inequities between different user groups are made transparent by the RAS, and deciding how to tackle these is proving difficult. The preferred option of a single SAQ and single RAS across all user groups may not be achieved everywhere in the short term but remains a strategic objective.

- Sophisticated financial planning is required to set the budget. The transparency of RAS increases the pressure to set budgets with care to avoid overspending, particularly if the new SDS approach is likely to attract new people to request social care.

- The 'philosophical' challenges associated with developing SAQ and RAS are also immense and the biggest change needed is to 'hearts and minds'. The approach that is needed in personalisation requires a different way of thinking and behaving and this can be an extremely uncomfortable and challenging process.

- Charging mechanisms are not yet well developed for SDS and the *Fairer Charging* framework does not currently fit well with the different support options that people may choose under SDS.

Infrastructure and Network Support

7. Support for local SDS development is provided by *In Control* and CSIP. This takes various forms including: national conferences; regional and specialist workshops; consultants and advisors; web sites; and tools and resources. The experience and knowledge of these different components varies between sites, but the following general findings can be highlighted:

- National and regional conferences are generally helpful in exposing people to the ideas around SDS, and helping them to think in new ways. The events are experienced as professional and well facilitated.
- Conferences and workshops provide opportunities for informal networks to be established and developed between participants who are dealing with similar challenges and can share their experiences via email or other discussions.
- It is important that messages are consistent and one example was identified in which some trainers were reported to be promoting misleading or confusing messages about the operation of SDS which were unhelpful.
- Websites are helpful in giving access to model documents (such as SAQs and RAS) which authorities are then able to adapt and modify for local implementation. Websites could be more helpful in supporting networking between peers and in sending email alerts about new products and information.
- Relationships with CSIP are different for the IB pilot sites where there is a combination of service improvement support and monitoring of pilot progress. The combination is not always comfortable; however, the monitoring is crucial to the evaluation of the pilot schemes.
- There are difficulties for authorities trying to develop IBs in parallel with (or as a 'bolt on' to) their existing social care systems and effectively running both.

Individual Budget Funding Streams

8. *In Control* and the IB pilot schemes both incorporate other funding streams in addition to local authority social care monies. The pilot programme is working with five such

funding streams (the Independent Living Fund – ILF; Supporting People; Disabled Facilities Grant; Integrated Community Equipment Service; and Access to Work). Consideration is being given to the possible future inclusion of other funding streams.

- Integration of the funding streams in the IB pilots has been problematic and there are complexities in working with other organisations.

- Particular difficulties arise when funding cannot be easily integrated because different income streams are constrained by statutory legal frameworks. This has been especially problematic in the case of the ILF.

- Efforts have been made locally (with support from government departments) to *align* funding streams as far as possible and to reduce the requirements for assessment and form filing, but it is recognised that this falls short of integration. Further progress cannot be achieved by local effort alone and may require central government intervention to ensure coherence of legal frameworks.

- Across both studies authorities repeatedly identified the potential value of including NHS resources within IBs. This was argued particularly in respect of support for people with long term conditions and for those people meeting the criteria for NHS continuing care who wish to remain in the community. However, the inclusion of NHS money as a distinct funding stream has been repeatedly ruled out by Government.

- In the absence of NHS money as part of SDS the challenge will be to align with Practice Based Commissioning. This is recognised in local authorities but practical developments to bring the two agendas together are not yet in evidence, although work is on-going elsewhere including within Local Area Agreements.

Support and Brokerage

9. Support is needed for people using SDS. It is important that this is recognised as some people mistakenly understand SDS to mean that people simply 'get on with it' for themselves. People will need varying degrees of support both in planning how to use their budgets (support planning) and in organising the components needed to deliver their plan (support brokerage).

- Support planning and brokerage are currently under developed but both are recognised to be important and plans are being actively considered.

- Attention to support and brokerage requirements has taken second place to the demands of developing SAQs and RAS and it will be important to ensure that in future these develop in parallel.

- Independent and third sector agencies are increasingly interested in moving into the planning and brokerage market and indeed this seems to be the most advanced area of new market development.

- How external support and brokerage should be paid for is exercising authorities. Under the traditional approach to social care it has been common for voluntary agencies to be contracted to provide such services. The new model *could* imply cancelling these contracts and exposing agencies to market forces with people using SDS choosing to purchase support (or not) from their budget. For people with relatively small RAS allocations this may not be viable.

Commissioning and Market Development

10. Commissioning activity will need to change dramatically under SDS. The commissioning role of the local authority will be of reduced importance while people receiving personalised budgets become the commissioners of their own support. However, in order to buy these services there will need to be a market from which to choose. Across both studies it was clear that new commissioning (and decommissioning) strategies were at very early stages of development. The Department of Health is taking steps to address these issues both nationally and at local levels in its work with providers and developing new models to stimulate and develop a diverse micro market.

- 'Developing the market' is a phrase in wide use, but there is – as yet – little practical action in following this through. It is recognised that market development is needed and that existing and potential providers need to be engaged in planning their response to the personalisation operating system.

- People using SDS will need support in understanding procurement and commissioning and local authorities will need to engage with SDS users (individually and collectively) in procurement discussions.

- There are practical challenges in moving from one system to another. This is complicated by the consequences of pressures on local authorities to improve their efficiency and move increasingly into block contracts.

- Block contracts make it difficult for commissioning patterns to change in the short to medium term. Withdrawing from established contracting mechanisms risks breaking trust established with providers and destabilising the market.

- In future new and more sophisticated ways will need to be developed to secure the efficiencies associated with bulk purchase. This might, for example, take the form of the local authority negotiating block contracts with providers against which SDS service users can call off the support they require against their RAS and care plan.

- The uncertainty of the market also affects the role of the local authority as a service provider (something which is more of a concern in some authorities than in others which have little or no remaining provider functions). Local authorities recognise that the quality of their offer will determine whether they can continue to provide services – people will increasingly 'vote with their feet'.

- Providers need to be flexible and able to offer new services. However, while greater innovation *is* required, services will not all be completely different and – particularly in the transitional stages – it is likely that small flexibilities rather than total change will be what matters most.

- In addition to commissioning new services it is self-evident that there will also be some decommissioning of others. This was acknowledged in the study sites but active strategies have yet to emerge. Some of the decommissioning could have major consequences for personnel (such as care managers) and there is considerable uncertainty and anxiety about likely developments.

- Some social workers view the personalisation developments as an opportunity for them to return to the traditional social work role of enabling vulnerable people to achieve their potential. However, this is not what more recently

qualified staff have been trained to do and competition for scarce social work skills is likely.

- There are wider workforce implications. In addition to the obvious implications for support and brokerage staff, there are also likely to be demands for new types of support worker. Some of this support will be purchased from informal networks of neighbours, friends and relatives, and while the flexibilities of these arrangements are attractive, there are associated risks with such an approach that need to be addressed.

Risk Assessment

11. Local authorities have a legal duty of care towards people in need of social care support. There are tensions between this duty and the risks associated with the development of personalisation.

- There are some concerns about the balance between duty of care and risk and whether procedures will be sufficient to ensure that local authorities address the requirements of the Protection of Vulnerable Adults (POVA) legislation.

- There is recognition that a new approach to risk assessment is required if SDS is to develop. It was also recognised that the freedom to take risks is an important dimension of independent living and adulthood.

- Risk assessment is a vital aspect of the SAQ process. In looking at the needs people have, the outcomes they wish to achieve, and the means for meeting those, risk assessment is needed to identify risks and to mitigate these as appropriate. This will not remove all risks, but it should ensure they are identified and managed.

- There are also risks for local authorities in reputation – none of those pursuing SDS wants to be seen as profligate or irresponsible. Mitigation of these risks will require local authorities to ensure there is good public awareness of the objectives and processes of SDS, and that risk assessment procedures are in place to support people in making their life choices.

- There are also some financial risks in developing SDS. The lighter touch approach to monitoring needs to be balanced with the requirements of legitimate audit trails and accountability for public money. In short, monitoring needs to be in proportion to risk and will require new and more flexible arrangements.

Conclusions and Future Development

12. It is clear from the findings across both studies that preparation for the expansion of personalisation takes considerable time to develop. Local authorities start the journey at different points – from those who are enthusiasts and keen to develop SDS through to those who are more neutral, and to some who are sceptical or even overtly hostile. Moving from pilot IB schemes to a more comprehensive roll out of SDS will have major implications both nationally and centrally.

- Achieving a managed transition will take time if it is to be properly embedded and local systems are to be fit for purpose.

- Personalisation is more than the sum of the IB pilots and it is important that momentum for change should not be lost while awaiting the findings from the IB evaluation due in summer 2008. While there will be important information in the evaluation on the best ways of achieving success, in the interim further strategic direction is required to accelerate development.

- The message that personalisation *will be the future operating system* for social care needs to be reinforced if people are not to see IBs as a passing fashion, and if less engaged authorities are to be brought on board.

- Particular aspects of the operating system (SAQ, RAS, funding streams, support planning and brokerage, and user group equity) may require targeted development and modelled solutions.

- The SDS network, coordinated by CSIP and *In Control*, has acquired considerable experience of how best to support local SDS initiatives. This needs to be built on and a strategic approach developed (with appropriate products and guidance) that can support *all* local authorities and not merely those early adopters who are choosing to engage with SDS.

- Change management support will be required at local level if the cultural changes to achieve the desired paradigm shift across the board are to be realised.

- Central government needs to address the remaining complexities (or 'wicked issues') that cannot be resolved locally and necessitate clarification and – where necessary –legislative resolution.

13. The two studies of local SDS development both underline the conclusion that the transition to SDS will not be easy or straightforward to achieve, and there are many actual and potential barriers to its development. Nonetheless, it is also evident that this is a step that *should* be taken if the core objective of enabling independent living is to be achieved. The roll out from pilot projects to full transformation will not happen without a clear strategic direction that connects central and local levels, and maximises the value of shared experiences and successful endeavour.

[1] David Browning (2007), *Evaluation of the Self-Directed Support Network*, Department of Health.

[2] Melanie Henwood and Bob Hudson (2007), *Here to Stay? Self-Directed Support: Aspiration and Implementation*, Department of Health.