

Policy Position Paper

Independence and personalisation (England)

March 2016

Older people should have choice and control over the support that they receive, so that it is tailored to their individual needs and preferences, and should be able to draw on a wide range of support which is not limited to traditional care services. No one should fall through the safety net due to over-standardised services or assessment of needs.

Key issues

The concept of personalisation has developed over several decades, based on concepts of independent living and user control of services developed by disabled people themselves. This movement has encompassed people with physical, sensory and learning disabilities and users of mental health services, but not, to any great extent, older people with care and support needs. The development of personalised care for older people has therefore lagged behind care and support for other groups, with older people being more likely to receive care and support in a care home setting. Important building blocks of personalisation are being able to: stay healthy; exercise control; participate as full citizens; sustain quality of life, dignity and respect.

A key aspect of the agenda to promote independent living and personalise services is 'self directed support'. This means that people are able to manage and control their own services, following an assessment which results in a clear budget allocation for support that can meet their needs. Controlling services individually can be achieved by people purchasing their own care using a direct payment provided by a local authority. This is a cash payment made directly to the individual. Not everyone will choose to manage their own cash, but they must still be given a choice of alternatives which allows them to retain control over their overall care and support package. For instance, by using a managed personal budget where the local authority commissions and arranges their support or an Individual Service Fund where a community or provider organisation holds their budget and brokers or provides the package of support. If people do wish to have a cash payment they might require support in order to arrange care and may need to employ their own support workers.

Cash payments can be paid to someone who does not have the capacity to direct their own care. Someone will manage the budget on their behalf but they must still have as much choice and control as possible. People in these circumstances may be

unable to protect themselves against neglect and abuse so it is important that adequate safeguarding arrangements are in place and that the Local Authority regularly offers a review of arrangements.

People's personal budgets must be adequate to enable the person to meet their assessed needs. Resource Allocation Systems, which are simple, often self-completed questionnaires, may not be accurate enough to ensure that this is the case, so should only be used to generate a rough 'indicative budget' to enable the person to think about different ways in which they should meet their care needs. Equally, the notion of 'usual cost' that has previously been the way that Local Authorities allocate a budget to someone for a care home place will now not be adequate – an allocation must be based on someone's individual needs and should also take account of market availability at the time the budget is set.

The Care Act also includes a duty on local authorities to 'take steps' to ensure that self funders have a choice of high quality services. Local authorities must also make progress in ensuring care markets work effectively, and provide self funders with information and advice about care and support, including financial advice about the best way to use their personal resources for care.

Self funders normally pay significantly higher fees than local authorities. This differential creates considerable resentment, and is also creating the potential for a market collapse as providers seek to target better paying self funders, or if they are unable to do this, exit from the market. The result is likely to be that existing residents lose their homes while people who are looking for good quality residential care will be unable to find it unless they are paying a considerable premium, and in many areas places will cease to be available at local authority fee rates.

Not all service users are in a position to be active consumers at the point they need care – they may well be deciding on support during a crisis or period of ill health and this makes gathering information and shopping around more difficult. However independent living has never been seen as just being about turning people into individual consumers; it also involves bringing people together to provide mutual practical and emotional support. Low level support that can prevent or delay increased dependency offers good value, but cuts to funding mean that local authorities are reducing the availability of such support in order to target services at people with the highest needs.

Public policy proposals

- All service users, regardless of how their care and support is funded, must be supported to achieve maximum choice and control. This means all elements of the system (assessment, care and support planning, brokerage, financial planning, provision and review) must aim to achieve these objectives.
- Personal budgets must be arrived at in a clear and transparent way and must be clearly linked to the cost of purchasing care and support to meet the specified eligible needs. Local authorities should avoid, indiscriminate use of Resource Allocation Systems or 'usual rate' budgets for care homes.

- Local Authorities should influence local care markets to ensure that people have a choice of appropriate, flexible, and good quality services. They should ensure that they commission on the basis of outcomes and that their own funding for services enables providers to pay staff at least the minimum wage, accounting for travel time.
- Information, advice, advocacy, and support for direct payment users and self funders to arrange and manage care must be universally available and overseen by Local Authorities. This should include signposting to independent financial advice where this is appropriate.
- Local Authorities should focus on preventing or delaying future dependency by ensuring there is a range of universal services available for people with low level care needs (even if these are self funded).
- New forms of neighbourhood and mutual support should include ways in which older people can develop collective solutions to care and support needs. This might involve jointly purchasing services, or simply acting as volunteers or good neighbours.
- The principles of personalisation should extend to residential care, where people should be able to expect choice and control over their support.
- People using a Personal Budget must be protected against abuse, including financial abuse, particularly if someone else has control of their money.
- Local services must comply with the Equality Act 2010 which outlaws unjustified discrimination on the basis of age and places a duty on public services to actively promote age equality. Compliance must be closely assessed against patient experience.

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