Self Directed Support with Personal Budgets for Mental Health

Frequently Asked Questions

What is personalisation and how does it relate to self directed support with personal budgets?

Personalisation in social care was introduced in the Putting People First concordat. The Social Care Institute for Excellence ‘rough guide’ to personalisation offers this definition:

• tailoring support to people’s individual needs;
• ensuring that people have access to information, advocacy and advice to make informed decisions about their care and support;
• finding new collaborative ways of working (sometimes known as co-production) that support people to actively engage in the design, delivery and evaluation of services;
• developing local partnerships to co-produce a range of services for people to choose from and opportunities for social inclusion and community development;
• developing the right leadership and organisational systems to enable staff to work in creative, person-centred ways;
• embedding early intervention, reablement and prevention so that people are supported early on and in a way that’s right for them;
• recognising and supporting carers in their role, while enabling them to maintain a life beyond their caring responsibilities;
• ensuring all citizens have access to universal community services and resources – a total system response.

Self directed support with personal budgets is a key element of personalisation but it is clear that personalisation is far more than just personal budgets.

Why is Cumbria implementing Self Directed Support with Personal Budgets for mental health services?

While Cumbria County Council implemented self directed support with personal budgets for many of its service users in November 2009, mental health services were not included in this. The council needs to address this inequality and the Government have said they expect all councils to provide everyone eligible with a personal budget by 2013.

What services will personal budgets be available for?

Cumbria is implementing self directed support with personal budgets for people eligible for social care services within mental health. As assessments
for social care services may be carried out by both Adult Social Care staff and NHS staff, the implementation of self directed support with personal budgets will affect both groups of staff.

**Can a Personal Budget be used for health care services?**

No. Social care personal budgets can only be used for social care services. Service users need to be assessed as eligible for social care services (under Fair Access to Care Services criteria) in order to get a personal budget.

There are pilots of personal health budgets under way across the country and Cumbria is considering whether it would like to carry out its own pilot.

**How can you tell what's a social care service and what's a health care service?**

In mental health services, social and health care services can seem interlinked. The practitioner carrying out the assessment of need will be able to advise on what is a social care service and what is a health care service.

Social care services are provided to people to achieve social care outcomes like increasing someone’s independence or well being. Health care services are provided to people to achieve health care outcomes like meeting a medical need or achieving better mental health. For example, bathing could be provided to achieve a social care outcome like personal care or a medical outcome like improving a skin condition.

**When will Self Directed Support with Personal Budgets for mental health be implemented?**

The Self Directed Support with Personal Budgets for Mental Health project has a target of 1 April 2011 to offer personal budgets for social care in Cumbria’s Mental Health Services. From the 1 April:

- personal budgets will be available for new service users eligible for social care; and
- personal budgets and self directed support will also be discussed with existing service users at their annual review.

Work on other aspects of personalisation is under way separately.

**Who will be able to have a personal budget?**

Self directed support with personal budgets will be made available to mental health service users who are eligible for social care support. Eligibility for social care support will be based on an assessment of need using Fair Access to Care Services criteria. Only people eligible under FACS will be able to have a personal budget.
Where does Fair Access to Care Services fit with Self Directed Support with Personal Budgets?

Fair Access to Care Services (FACS) is national guidance from the Department of Health on eligibility for social care services. FACS identifies eligibility based on levels of need: critical, substantial, moderate and low. Cumbria’s policy is to provide services to meet critical and substantial levels of need. FACS criteria should apply to all social care services.

The assessment of need carried out by the assessing practitioner will establish the individual’s eligibility for social care under FACS.

Someone could be in primary care but meet Fair Access to Care Services (FACS) criteria without having a care coordinator. How will this tie in with personal budgets?

Individuals meeting the critical or substantial levels under FACS would almost always meet criteria for secondary care and hence a care coordinator under the Care Programme Approach (CPA). It is possible for an individual to meet the criteria for secondary care and CPA but not meet critical or substantial levels under FACS.

Will the implementation of self directed support with personal budgets for mental health involve health workers?

Yes. As health workers in mental health carry out assessments for social care services as well as health care services, the implementation of personal budgets will involve NHS workers. Cumbria Partnership NHS Foundation Trust is involved as a partner in the implementation work.

Will Personal Budgets work for people with Mental Health problems?

There is a lot of national evidence to show that users of mental health services can successfully use and benefit from personal budgets.


Is Self Directed Support about the council saving money?

No. Self directed support is about providing better outcomes for service users.

If I'm a service user and I want to direct my support how do I go about this?

Ask your mental health worker. This could be a social worker, care coordinator or community psychiatric nurse (CPN). Personal budgets will be made available to all
mental health service users from April 2011. You can also consider using direct payments to arrange your support.

Your mental health worker will carry out an assessment of your needs (or a review if you are already receiving support) to make sure you are eligible for social care services under Fair Access to Care Services criteria.

**How are service users involved in the development of Self Directed Support for mental health services?**

The Self Directed Support with Personal Budgets for Mental Health Project Board has a user and carer engagement working group which is enabling service users and carers to be involved in the project work.

**How are professionals involved in the development of Self Directed Support for mental health services?**

Professionals are being involved in many of the working groups taking forward the project work. For example, practitioners are being involved in the operations working group and service providers in the contracting and commissioning working group.

**What model of Self Directed Support with Personal Budgets is Cumbria going to use for mental health services?**

Cumbria implemented a model of self directed support with personal budgets for other service user groups in November 2009. This was based on the in Control model of self directed support. Cumbria’s model of self directed support with personal budgets had three stages:

Stage 1 – Assessing your needs – identify eligibility for services (under Fair Access to Care Services criteria), a statement of assessed needs and an indicative amount which is an indication of how much funding could be made available to meet these needs.

Stage 2 – Planning your support – produce a support plan which says how the needs identified in the statement of assessed needs will be met.

Stage 3 – Arranging your support – once the support plan is agreed, the funding required will be made available (this is the personal budget) and the support can be arranged. The service user can do this using direct payments, they can ask the council to make the arrangements on their behalf, or a combination of the two. An assessment of the service user’s finances will be carried out to decide how much, if any, the user should contribute to their personal budget for purchase of support services.

The mental health project aims to extend this approach to social care in mental health services. It has been decided that for mental health, the term
‘care and support plan’ will replace ‘support plan’ used for other service user groups.

**How do Direct Payments fit with Self Directed Support with Personal Budgets?**

Direct payments are a form of self directed support. These are payments made to a service user so they can arrange their own support, buying services from providers or employing their own staff.

Self Directed Support with Personal Budgets identifies a personal budget that service users can use to fund their support. Users can receive part or all of their personal budget as a direct payment.

**Will direct payments be phased out as a result of personal budgets?**

No. Service users may choose to receive some or all of their personal budget as a direct payment so they can arrange their own support.

**Will new services be available for people to buy using their Personal Budgets?**

As use of personal budgets increases, the market of social care services is likely to change as service users choose different kinds of services. However, these changes will not happen overnight. The project has a contracting and commissioning working group that is looking at the social care service market and working with providers to encourage new and more flexible services.

**Will Personal Budgets mean the day centres will close?**

Although personal budgets won’t close day centres, there will be a challenge for providers to ensure they are providing services people will wish to continue to receive.

**How will charges work with Self Directed Support with Personal Budgets?**

As soon as possible after the assessment of need, a financial assessment will be carried out with the service user. This will provide information to decide how much, if any, a service user should contribute to their personal budget. The user’s contribution cannot be confirmed until the care and support plan and personal budget are agreed.

Service users who ask the council to arrange their support will receive invoices (monthly bills) for their contribution. If they choose to receive a direct payment, their payment will be reduced by the amount they are assessed as needing to contribute.
Will Self Directed Support mean that contracts with providers will change?

Self directed support will lead to changes in the way services are bought from providers. There will be a move away from block contracts to more spot purchase contracts and more service users buying their own services from providers directly rather than through the council. Providers are involved in the contracting and commissioning working group which is looking at this.

Will service brokers be available?

Cumbria County Council has decided not to actively seek to develop support brokers at this time. However, we will consider working with any brokers individuals choose to use.

Will service users continue to have a care plan as well as a care and support plan?

No. A service user’s care and support plan will replace their care plan.

Who will be available to help people write care and support plans and set up their services?

Service users can ask a wide range of people to be involved and assist in the process to produce their care and support plan. The assessing practitioner will guide the process and support could be provided by a service user’s carers, family and friends or an advocate. Service Providers may also be able to assist in terms of how a service may be able to meet a service user’s needs and outcomes.

Will carers be involved in the development of service users’ care and support plans?

Yes if requested by the service user. If they are eligible, carers will also be offered a carers assessment; an assessment of their own needs in providing the carer role.

Can service users change their care and support plans?

Yes. They should ask for a review and can do this at any time if they feel their needs have changed and/or their support no longer meets their needs.

Do people have to have Direct Payments to access different kinds of services?

There are restrictions on what services the council can buy. These services will hold a contract with the council which the Provider has achieved by following a strict tender process. The range of contracted services is wide and designed to meet the majority of needs but may not offer every individual preference. This means people receiving direct payments may find they are able to access a wider range of support than what is available through the council to meet more individual preferences.
Is there support available to help people manage their direct payments?

Yes, the council contracts the Direct Payment Advice and Support Service to help people set up and manage direct payments.

This is currently provided by Penderel’s Trust across the county.

Will Self Directed Support mean users have to change the services they get?

No. Existing service users do not have to change if they are still eligible for support and they are happy with the support they receive.

Will all service users have to have Personal Budgets even if they don't want them?

Yes. Everyone will have a personal budget but users can engage with self directed support as much or as little as they would like to. A personal budget is simply the total indicative cost available to meet a service user’s support needs.

What happens at a review?

All service users and carers should have a review at least annually. The review checks that the support provided meets the service user’s and carer’s needs. The review is an opportunity for practitioners to discuss with service users and carers self directed support with personal budgets and how they might benefit from this. Service users or their carers can request a review at any time if they think their needs have changed.

Will personal budgets mean carers have to provide more care?

Personal budgets should not result in increased demands on carers. Carers can be involved in the development of service users’ care and support plans which should take account of the level of support the carer is able to offer.

What happens with Self Directed Support if someone needs urgent help?

If someone needs urgent help, this might not be the best time for them to think about self directed support. In this case, we can arrange services on a temporary basis and then discuss self directed support with them at a later date when they are more able to consider this.

Will Self Directed Support mean people are put at more risk?

No. Service users’ care and support plans will identify any risks and how these will be managed.

The support a service user receives will be reviewed regularly to make sure
this continues to meet their assessed needs and any risks are managed.

Safeguarding procedures will apply whether the user chooses to arrange their own support or they ask the council to arrange support on their behalf.

**Money given to mental health service users could result in an unsafe situation if a user has a mental health episode. What safeguards will be in place for this?**

Money given to a user would be in the form of a direct payment which should only be spent on the things identified in the service user’s care and support plan. How a direct payment is spent will be monitored through regular financial statements provided by the user or someone acting on their behalf such as a carer, relative or friend. If a direct payment could put a service user at risk, this would be considered as part of the care and support plan. It would also influence the decision to make direct payments available to the service user.

**What can service users spend their personal budgets on?**

There is no list of the kinds of services users can spend their personal budgets on as this will be different for everyone. However, as a guide, service users may want to consider:

- employing your own staff such as 'personal assistants';
- using community resources such as leisure centres, libraries, cafes, arts centres and cinemas;
- arranging transport to get to places;
- buying ordinary things that will make a difference such as a computer, training or air conditioning; and
- using ‘traditional’ social care and support services such as support at home and day services.

When agreeing a service user’s care and support plan we will want to ensure the services included:

- meet the user’s needs as in their ‘statement of needs;’
- are safe and legal; and
- are reasonable and offer value for money.

**What is to stop users spending their Personal Budgets on things they shouldn’t do?**

Care and support plans will detail how a personal budget is to be used and on what services. These plans must be agreed by the council before any funds are released. If someone chooses to have a direct payment, detailed financial information has to be provided by the user about how the money is spent.
Where can I get a personal assistant from?

There are agencies providing personal assistants in Cumbria and these are likely to increase alongside greater use of personal budgets.

Some people may choose to employ or pay someone they know to be their personal assistant using a direct payment.

The practitioner who carries out the assessment of need can advise on training, Police checks and other requirements users and carers may want to consider when selecting a personal assistant. The Direct Payments Advice and Support Service from Penderel’s Trust can also help with this.

Will a Personal Budget affect my benefits?

No. However, your benefits may be taken into account in your financial assessment which works out how much, if any, you are required to contribute to your personal budget.

Will Personal Budgets mean I have to pay more?

If you are an existing service user and you do not change the services you receive, you shouldn’t be expected to pay more for these as a result of personal budgets. However, if you use a personal budget to arrange your own support and this represents a change in the service you receive, this may change the amount you are expected to contribute.

What does ‘needs met informally’ mean in the assessment paperwork?

Informally met needs means support and intervention which is provided from someone such as a carer, neighbour or relative, that is not care purchased by Adult Social Care. This must be captured within the assessment process or Adult Social Care may be asked to finance support which is already being provided.

When an indicative amount is calculated and the resource allocated, is it allocated in a weekly amount over the course of the year or can it be taken in a lump sum? Does the service user have a choice e.g. if the user wanted to buy a bike to meet needs, would he have to save up over several weeks or can he take the budget in one lump sum?

Support needs are based on the here and now but the assessor would also evidence (via drop down boxes) the effects of changes to health and, if necessary, a Complex Assessment Tool would be completed to detail further.

If the user wanted to buy a bike to meet needs, this would be a specific assessed need with an expected outcome measure. In such a case where a single payment was made to meet this need, then the assessor would look at whether there were other needs which still needed to be met and the indicative amount would be focussed only on what needs were still outstanding.
If a person ‘drops in’ to a service, for example MIND, without a personal budget, do they have to be turned away?

A service user will need to meet substantial or critical levels under FACS criteria to receive a service purchased by the council or to purchase services via a direct payment. Services such as MIND are not free services and as the council block contracts end, these services will no longer be able to accept ‘drop ins’ and would be expected contractually to turn people away. There are plans to develop preventative services for individuals who are not eligible under FACS which will be funded separately but if a service user is eligible for social care services their support must be purchased appropriately via a council contract or direct payment from their personal budget. Some local providers may receive alternative funding streams and choose to see people outwith their contracts with the council but this should not be used to support our eligible social care service users.

How often will a service user with a personal budget be reviewed? Would this be every 3 months? There are concerns about the application of FACS and Supported Assessment Questionnaire criteria and questions by different care coordinators who will need training and support to apply these fairly.

Reviews are agreed on an individual basis depending upon the needs of the service user. If needs are very complex, then reviews are likely to be more frequent. In relation to consistency, personal budgets will be monitored. The Project Board are currently considering processes to monitor consistency as well as take up. In addition, staff will receive regular supervision from team leaders and this will include self directed support.

Does a service user have to meet the whole set of criteria under FACS sections or just one within a section to hit the level?

If a user scores high in one section and low in two sections you take the highest level.

What is the maximum personal budget package of funding that a service user could receive?

There is no maximum as this would be illegal. However the council has the right to offer a lower amount to meet need if they are able to show best use of public money in meeting this need. The indicative amount is just that - indicative so each case needs to be considered on a needs and best value basis if necessary.

Who will set the outcomes for the care and support plans and how will they be measured? What areas or themes will be included?

Service users and care coordinators will agree the outcomes and they will be monitored via the review process. Areas and themes to be included will be individualised depending on what the user and care coordinator identify as needs. There will be a booklet produced to provide further information on this. Ultimately services which the council funds must be services which the
council has a responsibility to meet and has power to provide as stated in law.

**Will providers who don’t now have a contract be able to have a framework agreement to support service users with a personal budget?**

The tender process for the new Framework agreements has recently been completed with all new ‘spot purchase’ arrangements to commence by June 2012 or before. Providers who have successfully been awarded a Framework agreement are now available to provide services following assessment and in line with a personal budget to all FACS eligible individuals. The process has now closed so any Provider without a Framework agreement or current contract could still support a service user but this would have to be via a direct payment.

**Has the need for advocacy support been considered? There are existing providers with contracts to offer support but they may not have capacity.**

Yes. Advocacy has been considered and the council has a contract to supply generic advocacy support to Mental Health service users which has the capacity to meet need. There is also a separate contract for Independent Mental Capacity Advocacy (IMCA) for any service user lacking the capacity to understand and make decisions regarding changes to accommodation etc.

**If all service users will have personal budgets after their next review from April 2011, and to receive a personal budget the care coordinator must have completed FACS criteria and a Supported Assessment Questionnaire, do we envisage an increase in FACS eligible service users or a change in those eligible?**

FACS criteria may not have previously been applied in all areas in relation to mental health services. This must be applied to ensure equality for all service users of the council. Therefore, it is possible that some users who have received services for a considerable period of time will not meet substantial or critical criteria under FACS. Where this is the case, care coordinators will work with users and their families to develop exit strategies and will provide information about access to mainstream or preventative services for social support.

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