

# Direct payment in london

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## Introduction

The UK government in its 2010 adult social care strategy set an ambitious goal of having all council-funded social care service users and carers on personal budgets (preferably ‘direct payments’) by April 2013 (Think Local Act Personal, 2011). This essay details the impact and success of this strategy so far for both patients and carers, trends in the adoption of personal budget and direct payment method for social support and its take-up according to different client groups. This essay will also discuss whether the current deadline is realistic and the challenges (if any) that may impede its achievement.

### What are Direct Payments?

Direct payments are cash payments offered to service users of community care services for which they have been assessed as requiring. Direct payments are aimed at giving users greater choice and control in their care. These are available all across UK to all client groups requiring social support including carers, disabled children and people with mental health problems (Samuel, 2012).

### What are personal budgets?

Personal budgets involve allocation of sufficient funding to service users following an assessment to meet their assessed requirements. Service users can either choose to take their personal budget in cash as a direct payment, or leave the responsibility of commissioning the services upon local councils

while still deciding for how their care needs are met and by whom (Samuel, 2012).

### The purpose

By providing an alternative to social care services provided by a local council, direct payments and personal budget offer service users with more control over their life. Its enables them to look beyond ‘ off the peg’ solutions for care needs such as housing, employment, education and recreational activities in addition to personal assistant to meet their assessed care needs. It is aimed to increase the independence, social inclusion and self-esteem of service users (Department of Health, 2003).

### Impact of Direct Payments on Patients and Carers

Several studies have shown that the direct payment and personal budget initiative is delivering positive outcomes for both service users and carers. The 2011 National Personal Budget Survey, which covered more than 2, 000 people, reveals that direct payments and personal budgets are having overall positive impact on the lives of service users and providers. It concludes that the personal budgets holders are been supported with dignity and respect while being more independent and in control of their support.

There was a general agreement that the basic element of self-directed support was present, including being made aware of the amount of money they were entitled to for their personal budget (77%). 81 % expressed that they were provided help with their personal budget, while 87 % said that their views were given importance in setting their support plan.

Most of the users surveyed said that they had experienced improvements in 10 out of 14 areas of their lives with the use of personal budgets; 76% of the people surveyed reported that they were being treated with more dignity and respect; 75% reported of having more independence; 72% reported being in more control for their support needs; 68% reported of having more control of important things in life; 67% reported of having positive impact upon their relationships with those who paid to support them; 63% reported of having greater mental wellbeing; 59% reported positive impact upon physical health; 58% reported having improved relationships with their families; 57% reported being more safe inside and outside their houses; and 72% said that with personal budget in place, they were getting support for what they needed when they needed (Hatton and Water, 2011).

As for the other 4 aspects which include getting a paid job, helping local communities, relationships with friends, and choosing where to live, personal budget holders expressed no significant change. 3% to 8% of the people surveyed expressed a negative impact on any of these aforementioned 14 aspects (Hatton and Water, 2011). These findings are consistent with several other studies regarding the impact of direct payment and personal budgets (see Appendix 1).

The survey further revealed that the carers similarly indicated towards a positive impact of personal budgets on the lives of service users and themselves as carers and otherfamilymembers. However, the carers were all negative about the aspects personal budget process and thestressassociated with it (Hatton and Water, 2011).

## Take-Up across Client Groups

It is widely established that direct payments and personal budgets have traditionally a higher take-up among younger adults – particularly among people with learning or physical disabilities and those with a long standing illness– compared to older people with learning disabilities and those with mental health problems and sensory impairment. (see fig 1.)

## Uptake of Personal Budget

(Source: The National Personal Budget Plan Survey, 2011)

According to the NHS information center, the data for the year 2010-2011 showed that 29% of older people (more than 65 years of age) were on personal budgets compared to 41% of working-age adults with a learning disability and 35% of working age physically disabled adults. Figure for people with mental health problem of working age was as low as 9% (Samuel, 2012).

These figures highlight concerns that there is still a long way to go to make personal budget work for older people, people with mental health problems; all of which form a group of those with most complex needs. These issues have been highlighted in a number of studies and reports. (see Wood, 2011).

## Trends in Direct Payments

In the year 2011, of more than ? 1. 5bn of the support budget administered by councils in England, almost one and every 7 pound was awarded through personal budgets. For as many as 27 councils in England, the practice of

personal budget and direct payment extended to almost half of all service users. It amount to almost 38% of all the support service users in England. However, it has been noted that most of these people never get to handle the money they are entitled to which implies that the increase in trend has been mainly in ‘ managed’ personal budgets, with only a slight increase in direct payment (Brindle, 2011).

According to the 2012 annual survey of Association of Directors of Adult Social Services, the current users of personal budgets amounted for 53% of all ongoing users of community services in England (Samuel, 2012).

The aforementioned information indicates that overall, the personal budget and direct payment scheme has been positively affecting the social care structure of the UK. The impact of this initiative has improved the conditions of the service users and carers to a great extent. A large segment of the service users welcomes this initiative. The overall trend in the service sector indicates that personalized budgets and direct payments are the future of the provision of social care services. They are indeed a step towards the evolution of the services and care structure which is more user centered.

### Meeting the Deadline

There is a growing concern regarding the target set by the government of having all council-funded users of current care and support on personal budgets by April 2013 that whether it is truly helping achieve actual choice and control for people with the most complex and greatest needs. The target of 2013 has been called into question by the likes of Martin Routledge, who is the program director of Think Local Act Personal, the

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sector coalition responsible for implementing the agenda. As the head of operation at In Control, he says that “ I have talked to dozens of local authority managers this year and most have expressed general positivity towards personal budgets and direct payments but also fear the risk of unintended consequences of the 2013 goal. Most felt that as they needed to get many more older people included, there would be a high risk of superficial compliance but not a great actual extension of choice and control.” (Samuel, 2012b)

Various observers and studies have indicated some of the most important impediments in achieving the 2013 deadlines as follows:

- The supply of services and its market is currently not as responsive to coincide with the demand of those on personal budgets or receiving direct payments – and therefore, personal budgets are of little use without adequate supply of services (Samuel, 2012b)
- The groups that are least likely to receive personal budgets or direct payments such as old people who prefer not to take the responsibility of commissioning services in their own hands or people with complex or mental health problems such as dementia, Alzheimer's disease, etc. pose a significant challenge in achieving the target (Samuel, 2012b)
- Long and complex assessment forms and the approval of council panels instead of workers for personal budget support plans have the process much more tedious. Excessive bureaucracy has beset the implementation of personal budget and direct payments. According to a survey, 82% of the

social care professionals say there is more bureaucracy involved in their work due to personalization (Donovan, 2012).

## Conclusion

Personal Budget and direct payment is now the mainstream method of delivering social care. By April 2013, all the people receiving care support are expected to have a personal plan or receive direct payments. Direct payment or personal budgets have delivered much better positive outcomes for various aspects of lives for both users and carers than traditionally arranged services.

The number of people acquiring support through personal plan or direct payment is steadily increasing, although some user groups remain low such as old people and those with complex problems. Despite the increasing prevalence of direct payment and personal budgets, there are several impediments that should be addressed in order to achieve the 2013 target.

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