



## **Making Managed Budgets a Reality** **13th October 2023 Workshop Summary**

*“...choice is fundamental to achieving citizenship, social inclusion and human rights”<sup>1</sup>*

This event brought together stakeholders from across Northern Ireland to consolidate the work of a ‘Community of Common Interest’ that has been collaborating and meeting over the past year to explore how managed budgets can be put into practice. This group, led and facilitated by Leslie-Anne Newton [ARC NI](#) (the Association for Real Change Northern Ireland) and supported by the [IMPACT](#) implantation centre agreed now was the time to ‘recapture the vision’ and work together to try and progress the agenda around managed budgets through concrete action plans- the main focus of the workshop.

The workshop brought together key sector actors with an interest in choice and control for people with learning disabilities. Those who attended included: people who draw on care and support, Personal Assistants, carers and representatives, including from [TILII](#) (Telling It Like It Is) and [CAN](#) (Compass Advocacy Network); the [Department of Health](#); [Carers NI](#), organisations providing advocacy, advice, care and support (including [Action Mental Health](#), [Access Employment Ltd](#), [The Cedar Foundation](#), [Centre for Independent Living NI](#), [Harmoni Support](#), [IncreABLE](#), [Kilcreggan Homes](#), [L’Arche Belfast](#), [Live Life Wellbeing Centre](#), [Mainstay DRP](#), [Mencap NI](#), [Orchardville](#), [Positive Futures](#), [Praxis Care](#), [Vella Microboards](#)); the five Health and Social Care Trusts; [Business Services Organisation](#); [Regulation and Quality Improvement Authority](#).

### **Overview of the day**

We started with an introduction from IMPACT Director Jon Glasby, reminding us of the origins of the Community of Common Interest, and that the focus of the day was to ‘**recapture the vision**’ around managed budgets. In the first session, we also heard from Maureen and Una (via Owen’s story of his band, [The High End Dead](#)) who showed what’s possible when you focus on the outcomes to be met, and then enable people to be more creative and flexible about how they go about achieving those outcomes. This gets decisions that really matter to people as close as possible to the

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<sup>1</sup> Glendinning, C. (2008). Increasing choice and control for older and disabled people: A critical review of new developments in England. *Social Policy and Administration*. Vol. 42(5) 451-469, p. 459.



person that they affect (ideally the person themselves – but at the very least someone who knows them well and cares about them).

We then moved to look at the policy landscape in Northern Ireland, with Nigel Chambers from the Department of Health and Social Care exploring the range of different public service areas and contributions that contribute to ‘having a good life’. There will be a consultation on a new service framework in spring 2024 which made the workshop a “very timely conversation” and an opportunity to make changes in practice.

We also heard from elsewhere in the UK where similar challenges as those face in Northern Ireland were being navigated. Pauline Lunn from [InControl](#) Scotland provided a really detailed overview of the journey they’ve been on in Scotland, with lots of useful guides/resources and practical insights. She saw ‘Individual Service Funds’ (the Scottish version of managed budgets) as “the best of both worlds”, but also as “a wet bar of soap” that slips easily through your fingers and is difficult to grasp, even after all these years. Her example of one project where the worker had to go through 32 steps to get an individual service fund is a good example of the way we start off with good intentions but can then get bogged down and accidentally set things up to fail.

From England, we heard from Jacqui Hendra from Devon County Council who was honest about her own initial lack of knowledge and her questions/concerns when initially exploring individual service funds, but she then took responsibility for going away to find out more and emerged as a real champion for this agenda. Chris Watson from [Self-Directed Futures](#) also shared some very practical examples of the steps you can take to make individual service funds a reality – including around commissioning / procurement / contracting / market development (including [pre-paid cards](#), [virtual wallets](#), [PATH Planning](#) and [24/7 Grid](#)).

The focus then shifted to some group work and discussions to think about the change we want to see, but also the key barriers (reminding ourselves of the need to see these more as ‘hurdles’ that are in the way, but that we can get over), some of which included:

- Attitudes to risk and accountability
- Making things sustainable- often great things were being achieved through short-term funding which then petered out in the longer-term
- An inclusive, equitable offer, with differences in choice and control varying across Trusts and population groups.

- Band-with, capacity and knowledge- change and enhancing choice and control requires all of these.
- Firefighting and crisis management- the recognition that change is difficult in the context of extreme pressures in adult social care.

CAN colleagues then showed us what choice and control mean to them, reminding us how many people don't really have these in practice / how complex people's lives can be – and highlighted what happens to people when we get it wrong. This then provided the inspiration for discussions within each Trust and the Department of Health and Social Care aimed at creating action plans. These plans are included in the appendix to this document.

### Next steps

- IMPACT will meet with ARC NI and the Department of Health to discuss potential practical way of moving the agenda forward.
- IMPACT will offer meetings to the five Health and Social Care Trusts to, again, explore support and ways forward.

### Some feedback from the day

I hope it will create a more cohesive approach to making managed budgets a real option for individuals, provide more choice and control and better recognition of the charity and voluntary sector and the valuable work they do, often with limited financial support.

I feel lots of good information and ideas were shared to promote more person-centred outcomes for service users with learning disabilities.

Important to have the Trust staff there to hear about the process from their side.

**Belfast and beyond**

<i>What are we trying to change?</i>	<i>Who will be leading the change?</i>	<i>What are the main things that we will do?</i>	<i>Who will do these things?</i>	<i>What types of things will the activities create?</i>	<i>What will get better in the medium term?</i>	<i>What will get better in the longer term?</i>
Person centred choice and control (supported).	<ul style="list-style-type: none"> <li>- The Department of Health.</li> <li>- The five Trusts</li> <li>- Providers.</li> <li>- People who draw on care and support.</li> </ul>	<ul style="list-style-type: none"> <li>- Marketing SDS and managed budgets.</li> <li>- Make people aware of choices; they fully understand the practical side.</li> <li>- Campaign for simplifying the payments system-prepaid cards?</li> <li>- Dedicated role within the Health and Social Care Trusts to help navigate access to the system.</li> <li>- App / directory of all the options.</li> <li>- More case studies</li> <li>- Champions in organisations</li> <li>- Campaign for the removal of capacity assessments.</li> <li>- Working group of parents and carers</li> <li>- Ask for support for a working group.</li> </ul>	<ul style="list-style-type: none"> <li>- Ask Department of Health for a simpler payments</li> <li>- Orchardville (charity) to review Belfast Trust's offer and identify gaps in the market</li> <li>- Belfast Trust Direct Payments Training</li> <li>- Mentoring Senior and new social workers to make sure they know the options</li> <li>- Community access to make sure people know the options.</li> <li>- Belfast Health and Social Care Directory</li> <li>- Larch- Champion role in organisations and to invite Trust to events</li> <li>- TILLI making inductions include good examples of SDS</li> </ul>	<ul style="list-style-type: none"> <li>- More knowledge and awareness</li> <li>- Hearing from people directly through training and media</li> <li>- New resources that will be available</li> <li>- Making people access better support</li> <li>- Champions- create a network of informed people and practitioners.</li> <li>- Collaboration, not competition.</li> <li>- Building resilience in communities.</li> </ul>	<ul style="list-style-type: none"> <li>- More people accessing more choice</li> <li>- Raising the standards-high quality options</li> <li>- Have a realistic and informed choice</li> <li>- More people learning what's out there</li> <li>- Building community networks</li> <li>- Greater respite and mental health of families</li> <li>- Less demand on core services</li> <li>- Restore faith and reduced fear</li> </ul>	<ul style="list-style-type: none"> <li>- Better future for all</li> <li>- Feeding into the Department of Health's vision</li> <li>- Collective ownership of Agenda</li> <li>- Move from more traditional services to what works.</li> </ul>

**The Northern Trust**

<i>What are we trying to change?</i>	<i>Who will be leading the change?</i>	<i>What are the main things that we will do?</i>	<i>Who will do these things?</i>	<i>What types of things will the activities create?</i>	<i>What will get better in the medium term?</i>	<i>What will get better in the longer term?</i>
Making managed budgets a realistic option for all eligible.	<ul style="list-style-type: none"> <li>- Department of Health</li> <li>- SPPG</li> <li>- Trusts</li> <li>- Providers</li> <li>- Users</li> <li>- Families.</li> <li>- CVS</li> <li>- Carers</li> <li>- BSO</li> <li>- RQIA</li> </ul>	Law around SDS and the Carers Act NI used to create framework outlining: <ul style="list-style-type: none"> <li>- Roles</li> <li>- responsibilities,</li> <li>- relationship</li> <li>- assessment,</li> <li>- consistency,</li> <li>- evaluation of outcomes,</li> <li>- communication plan,</li> <li>- training (cross-sectoral).</li> </ul>	<ul style="list-style-type: none"> <li>- Health and Social Care Trusts. Financial Legal, Senior Management, Regional Action Plan Users and Carers. Social Workers. Culture Change Assessment Panel Brokers. P A Quality Assurance. Special Schools.</li> </ul>	Health and social Care Trusts. Delivering managed budgets. Market developed to offer choice. Increased quality sustainability of services. Variety of services. More awareness.	<ul style="list-style-type: none"> <li>- Improve communication amongst all stakeholders. Cohesion. Understanding. Roles and responsibilities. Awareness of service. Community Education. Awareness Raising.</li> </ul>	Better choice. More control. Better physically. Maslow's Hierarchy of Need. Better Emotionally. Better. Mental Health. Redirection of funding Downstream. Preventing Crisis.

**The South Eastern Trust**

<i>What are we trying to change?</i>	<i>Who will be leading the change?</i>	<i>What are the main things that we will do?</i>	<i>Who will do these things?</i>	<i>What types of things will the activities create?</i>	<i>What will get better in the medium term?</i>	<i>What will get better in the longer term?</i>
<ul style="list-style-type: none"> <li>- Widening potential pool of providers i.e. expand the list of approved providers to cover potential provision providers</li> <li>- Remove perceived barriers</li> <li>- Start with scoping.</li> </ul>	<ul style="list-style-type: none"> <li>- Department of Health.</li> <li>- Invite new providers to join current select list. Brackets.</li> <li>- (Judi Davidson).</li> </ul>	<ul style="list-style-type: none"> <li>- Communication via a website, social media, ARC NI, other representative bodies</li> <li>- Promote innovation. Online website exists and is dormant (SPPG not being used).</li> </ul>	<ul style="list-style-type: none"> <li>- Assistant Director, Social Care Procurement, Contracts and Commissioning</li> <li>- Department of Health Framework needed - internal awareness of needs to change.</li> <li>- Julie and Michelle to take back to directors for feedback re. need for framework to reflect this.</li> </ul>	Expanded service provision - both activities and providers.	Choice and control	User satisfaction

**The Western Trust**

<i>What are we trying to change?</i>	<i>What are we trying to change?</i>	<i>What are we trying to change?</i>	<i>What are we trying to change?</i>	<i>What are we trying to change?</i>	<i>What are we trying to change?</i>	<i>What are we trying to change?</i>
<ul style="list-style-type: none"> <li>- Full implementation of managed budget option regionally, legislation and policy change.</li> <li>- Co-produce Policy.</li> <li>- Strong and courageous leadership.</li> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>- Full implementation of managed budget option regionally, legislation and policy change.</li> <li>- Co-produce Policy.</li> <li>- Strong and courageous leadership.</li> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>- Full implementation of managed budget option regionally, legislation and policy change.</li> <li>- Co-produce Policy.</li> <li>- Strong and courageous leadership.</li> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>- Full implementation of managed budget option regionally, legislation and policy change.</li> <li>- Co-produce Policy.</li> <li>- Strong and courageous leadership.</li> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>- Full implementation of managed budget option regionally, legislation and policy change.</li> <li>- Co-produce Policy.</li> <li>- Strong and courageous leadership.</li> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>- Full implementation of managed budget option regionally, legislation and policy change.</li> <li>- Co-produce Policy.</li> <li>- Strong and courageous leadership.</li> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>- Full implementation of managed budget option regionally, legislation and policy change.</li> <li>- Co-produce Policy.</li> <li>- Strong and courageous leadership.</li> <li>-</li> </ul>

**The Southern Trust**

<i>What are we trying to change?</i>	<i>Who will be leading the change?</i>	<i>What are the main things that we will do?</i>	<i>Who will do these things?</i>	<i>What types of things will the activities create?</i>	<i>What will get better in the medium term?</i>	<i>What will get better in the longer term?</i>
<ul style="list-style-type: none"> <li>- Change the options available but increase choice and control through</li> <li>- A managed budget specification to allow personal budgets to be held on behalf of an individual</li> </ul>	<ul style="list-style-type: none"> <li>- Individuals and families</li> <li>- Trusts and Peripatetic community teams</li> <li>- Trust senior management, contracts, legal information, government and finance.</li> </ul>	<ul style="list-style-type: none"> <li>- Increased provider options.</li> <li>- Able to provide support across all sectors.</li> <li>- Mainstream three-way agreements between key worker trust and individual and provider.</li> <li>- Establish clear criteria that measures impact and of managed budgets.</li> </ul>	<ul style="list-style-type: none"> <li>- Individuals.</li> <li>- Key workers</li> <li>- Trust</li> <li>- Procurement</li> <li>- Contracts</li> <li>- Finance.</li> </ul>	<ul style="list-style-type: none"> <li>- Streamline process for accessing person centred support without having to be an employer</li> <li>- Process needs to be accessible, usable i.e. easily understood.</li> <li>- Embrace new technology.</li> <li>- Scope best practice</li> <li>- Map process regionally</li> <li>- Identify gaps and new process to address these</li> <li>- Mirror improvements across all user groups.</li> </ul>	<ul style="list-style-type: none"> <li>- Have a discussion with all key stakeholders re. process</li> <li>- Process map of what needs to happen and when.</li> <li>- Develop operational procurement plan and specification</li> <li>- Secure senior management approval</li> <li>- Co-produce and communicate to the public and management.</li> </ul>	<ul style="list-style-type: none"> <li>- Increase choice and control.</li> <li>- More bespoke service level with a wider range of providers across all sectors.</li> <li>- People vote with their feet for more person centred support.</li> <li>- Income diversification for regulated organisations.</li> </ul>



**Policy**

<i>What are we trying to change?</i>	<i>Who will be leading the change?</i>	<i>What are the main things that we will do?</i>	<i>Who will do these things?</i>	<i>What types of things will the activities create?</i>	<i>What will get better in the medium term?</i>	<i>What will get better in the longer term?</i>
<p>1. To improve the level, quality and diversity of support to people with health and social care needs by ensuring meaningful, informed choice and control about:</p> <ul style="list-style-type: none"> <li>- health and social care</li> <li>- about public services</li> <li>- about all aspects of society. About all aspects of society.</li> </ul> <p>2. To shift resources away from building-based provision of services to services that are provided are personal to the individual.</p> <p>3. Be more outcomes focussed.</p> <p>4. For people to lead full lives.</p>	<ul style="list-style-type: none"> <li>- Health and social Care Trusts.</li> <li>- The Department of Health.</li> <li>- The Northern Ireland Executive.</li> <li>- The Independent Sector.</li> </ul>	<ul style="list-style-type: none"> <li>- Share examples of great practice and spread that practice.</li> <li>- Clarify eligibility and access criteria.</li> <li>- Set outcomes to measure these measure managed budget uptake.</li> <li>- Take decisions above phased reductions of traditional services and viring of budget and workforce to other areas.</li> </ul>	<ul style="list-style-type: none"> <li>- Health and Social Care Trust Implementation officers with their Learning Disability teams with sponsorship by executive directors.</li> <li>- Trust to review current arrangements and department to consider within current reform boards.</li> <li>- Northern Ireland Executive Programme for Government.</li> <li>- Department of Health.</li> <li>- Health and Social Care Trusts and SPPG of the Department of Health.</li> </ul>	<ul style="list-style-type: none"> <li>- Raised awareness and appetite to achieve change.</li> <li>- Regional consistency.</li> <li>- Less complaints in the long term.</li> <li>- more complaints in the short term.</li> <li>- Momentum.</li> </ul>	<ul style="list-style-type: none"> <li>- Within 2 to 3 years, system level indicators e.g. increase in manage budget uptake</li> <li>- An engaged workforce in health and social care trusts.</li> <li>- Increased range of support that takes the health heat pressure off traditional services.</li> </ul>	<ul style="list-style-type: none"> <li>- In five years plus, people have better lives.</li> <li>- People will have meaningful support.</li> <li>- Physical health outcomes will improve, e.g. less sedentary outcomes.</li> <li>- Better health.</li> <li>- Younger adults in transition will have full, better choice.</li> <li>- Older adults have support that's right for them.</li> </ul>