

Putting People First
Personalisation Toolkit

Commissioning for Personalisation: A Framework for Local Authority Commissioners



Gateway ref 9878

This document is part of the Personalisation toolkit, which can be seen in full at www.toolkit.personalisation.org.uk

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1 Introduction

“Commissioning is at the heart of effective social care...it is the opportunity to transform people’s lives and we should not allow ourselves to reduce the debate just to structures and processes...if personalised care is to be made a reality, current ways of commissioning services will have to change.”

Dame Denise Platt, Chair, Commission for Social Care Inspection, 2007.

This report forms part of a wider toolkit developed by DH/CSIP to support councils with adult services transformation in response to ‘Putting People First’ and the personalisation agenda.

The report recognises that smart commissioning will be vital to the success of social care reform and the personalisation of care services. It does not envisage that ‘traditional’ commissioning approaches will form more than a transitional role in ensuring this success. This paper considers that through personalisation commissioning is both rejuvenated and wholly transformed.

This report suggests an approach for Councils and their partners to conceptualising the challenges of personalisation and the important role of commissioning in making it happen. The approach described is for the whole of local government. It is not just for those with ‘commissioning’ in their job titles to deliver this commissioning approach: councils will need to conceive of themselves as primarily commissioning organisations to deliver the kinds and extent of changes required.

The framework contained in this report does not constitute a detailed blueprint for commissioning activity. Nor is it a prescriptive model. Rather, it is an attempt to synthesise and refocus existing and emerging perspectives on commissioning for health and wellbeing through the lens of personalisation – providing a reference point for a full range of diverse and localised approaches.

It is also recognised that there are meaningful links between social care reform, the personalisation of social care services and wider policy developments within the sphere of local government. These include:

- place shaping and sustainable communities;
- the strategic role of the Director of Adult Services;
- the development of new Local Area Agreements;
- developing better transitions from children’s to adult’s services;
- and the personalisation of all public services.

Therefore, this paper explores both the immediate commissioning implications of a self-directed support system based on personal budgets for adult social care and the relationship between these developments and the wider policy context, particularly the cross-government push towards personalisation. The framework applies to the universal as well as specialist services that adults use, not just social care services or those purchased via personal budgets.

While there is no expectation that this framework will describe the sole and comprehensive approach to commissioning for personalisation, it is hoped that this broader approach – joining the dots between personal and individual budgets...self-directed support...personalisation...and place shaping, will help to clarify the important role commissioning can play in realising these ambitions.

The report begins with a review of the policy and other context, with particular emphasis on 'Putting People First' and the key areas for social care reform described therein. It then considers the broad commissioning challenges posed by self-directed support and personal budgets. The subsequent framework builds on this foundation by developing a definition for commissioning for personalisation and establishing a set of key principles to underpin commissioning activity. The proposed approach is interspersed with best practice examples from the field collated from Individual Budgets pilot sites, In Control sites and other commissioning organisations.

This report seeks to build on the important contribution of the Department of Health's (DH), *Joint Commissioning Framework for Health and Wellbeing* and the recent vision for 'world class commissioning' in the NHS. It draws on other work commissioned by DH and CSIP, including the paper 'Commissioners and Providers Together: the Citizen at the

Centre'¹ and the Office for Public Management (OPM) report, 'The implications of Individual Budgets for service providers.'²

It also draws on the work of the Third Sector Commissioning Taskforce, whose findings were published in 2006, the Third Sector Action Plan's work on effective commissioning and the CSCI report 'Relentless Optimism.'³ Important use has also been made of the guides, reports and other materials available through In Control, particularly the papers, 'Strategic commissioning and self-directed support' and 'Smart commissioning.'⁴

An earlier draft of this paper, developed in collaboration with OPM, formed the basis of a DH/CSIP expert workshop on 26th October 2007. In this context participants were asked to comment on, disassemble and then develop a more 'fit for purpose' version of this framework. An additional workshop was held in December 2007 to scope the challenges and opportunities within personalisation for commissioners and service providers. The present form of this document owes much to the insights of the commissioners, providers and voluntary and community sector representatives that took part in these events.

Particular thanks go to Andrew Tyson (In Control), Clive Miller (OPM), and Barney Stevenson (CSIP) for their contributions to shaping this work.

1 'Commissioners and Providers Together: the Citizen at the Centre,' Andrew Tyson, CSIP, In Control, Social Care Programme, 2007.

2 'The implications of individual Budgets for service providers: Report from a workshop held 19th July 2007,' OPM, August 2007.

3 'Relentless optimism: Creative commissioning for personalised care: Report of a seminar held by the Commission for Social Care inspection, 18 May 2006,' CSCI, August 2006.

4 See <http://www.in-control.org.uk>.

2 The Context

Putting People First

'Putting People First' sets out the shared agreement between Government, Local Government and their partners for the transformation of adult social care. The agenda is clearly set for change in a number of key areas:

- The extension of choice and control to all citizens with care or support needs;
- The importance of information and advice for citizens with care or support needs, regardless of whether they are state funded or using their own resources;
- The importance of services that promote independence and prevent people needing ongoing care or support where this can be avoided;
- The importance of "universal services" in the lives of all citizens, especially those with care and support needs;
- The importance of all stakeholders working together to shape communities, with the needs of citizens at the centre;
- The continued importance of ensuring the cost effective delivery of services.

These changes will mean that people with care or support needs have better access to all public services, are better informed about the

services and supports available to them and are better empowered to make decisions about their support that make sense to them. People will be supported to understand the money and community resources that are available to them and will be encouraged to use these imaginatively to meet their needs.

In some cases people may choose the same types of support they currently receive – care in the home, day care or residential placements. In other cases people will find new and different ways of meeting their needs. There is already evidence to show that over time, new spending patterns, shared experiences and corresponding shifts in the market can serve to alter expectations and encourage those who initially opt for traditional services to take greater control. The consequence is a real transference of power to people using services.

This produces a new challenge for commissioning. Traditionally councils have purchased services on behalf of their communities, tendering out contracts for providers to bid to deliver services or spot purchasing services already available in the local market. The transformation of social care demands that councils ensure the supply of the types of services and support that people need and want to buy, without the same degree of comfort from contractual arrangements.

Guaranteeing the flow of business to providers will be far more challenging than in the past and will require those providing services to adapt. The future commissioning of services can only be achieved through commissioners and providers working together in partnership with citizens at the centre of the process.

'Putting People First' describes the need for an approach to commissioning that 'incentivises and stimulates quality provision...supports third/private sector innovation...and where appropriate is undertaken jointly with the NHS.'⁵ The Local Authority Circular 'Transforming Social Care,' additionally describes the expectation that by 2011 all councils will have commissioning strategies that, 'maximise choice and control' for people and balance investment in, 'prevention, early intervention/re-ablement and...intensive care and support for those with high-level complex needs.'⁶

To meet these objectives, respond to the demands of social care reform and enable those with support needs to live as active citizens, commissioners will need to consider the following key areas for change:

- **Enabling choice and control** – The extension of choice and control to all citizens with support needs is central to the reform of adult social care outlined in Putting People First. The principles of self-directed support (outlined below) will guide the development of new relationships between councils and citizens that

empower individual to make decisions about their support needs that make sense to them, fit with their lives and utilise the resources of the whole community. Personal budgets are the primary mechanism through which this transfer of power can be realised and the Government expects that all people using social care services will have these budgets by 2011.

- **Focusing on Information, advice and advocacy** – 'Putting People First' includes the expectation that councils and other commissioning bodies will focus on ensuring that clear, accessible and timely information and advice is available to all citizens with support needs. The challenge for commissioners is to ensure that people using services have the opportunity to make genuinely informed decisions with the support they require and with access to a broad range of advocacy, brokerage and peer support. Commissioners may also need to actively engage with partners to broaden people's perceptions of the choices they have when directing their own support.
- **Building the capabilities of citizens and their social networks** – self-directed support recognises the capacity of people and their social networks to co-produce good outcomes. This includes both the fundamental importance of these networks to people's wellbeing and the specific role they play in supporting people to get the best out of all types of services. This social capital is not evenly distributed.

5 'Putting people first: a shared vision and commitment to the transformation of Adult Social Care,' (DH) December 2007.

6 LAC 'Transforming Social Care,' (DH) January 2008.

Commissioners can actively engage in building this capacity for those who lack it and can enable people to make best use of, and further develop, their personal capabilities.

- **Building on universal services** – ‘A fundamental aspect of the vision in ‘Putting People First’ is the importance of ‘universal’ public services that recognise the diversity of people’s needs and actively remove barriers to their accessibility. In this context, ‘universal’ services refers equally to commercial services (e.g. shops, banks and cafés) as to community services (e.g. leisure centres, libraries and transport). Leisure services, education, housing and primary care are moving away from being designed to serve the ‘average citizen’ to being personalised around a wide range of differing needs. The more this process is advanced the less need there may be for some types of specialist services or the extra help required for disabled or older people to access universal services. Commissioners can facilitate, support and coordinate these developments to ensure that services are available and accessible to all citizens, regardless of age or disability.
 - **Developing more flexible services** – Whilst people accessing services can usually identify the kinds of support they need, these supports are not always readily available. Equally, where services are available, there can be a lack of recognition by service providers of the interests of older and disabled people in purchasing them. The market of local services will need to
- adapt and respond to ensure that personalised services, of the type people require, are available. Commissioners can facilitate and support these adaptations.
- **Integrating services around the needs of individuals** – The pooling of budgets from across health, social care and other agencies is still in its infancy. Currently personal budgets cover only social care funding. It may eventually be useful to include many other funding sources in integrated personal budgets. In the short to medium term however, many of these services are likely to remain outside of the personal budget allocation.
 - Accessing these services, and in a personalised form, can be a challenge. This can be overcome through the greater integration of services around the needs of individuals. The expanded use of personal budgets needs therefore be accompanied by the further progression of integrative developments such as care pathways, expert patients, practice based commissioning and similar developments in education, employment, housing and leisure.
 - The vision for world class commissioning in the NHS provides a platform for further integrative developments involving all stakeholders. It states that world class commissioners will ‘take into account the wider determinants of health and well-being for their community,’ and work closely with key partners including local government to ‘drive dramatic improvements in health and well-being.’⁷

7 ‘A vision for world class commissioning: Adding life to years and years to life,’ DH 2007.

Commissioners can support these initiatives and help to further develop joint commissioning arrangements and budget pooling where this is practicable and beneficial for citizens. Joint commissioning has often been labour intensive and of negligible impact in the past. It is therefore critically important in all such work that commissioners remain relentlessly focused on the intended outcome – good lives for local people.

- **Engaging citizens and key stakeholders in the co-production of commissioning plans** –

It is important that mechanisms are in place to ensure that commissioning activity is co-designed and that commissioning plans and strategies are genuinely co-produced. The creation of partnership boards is one common approach to ensuring the engagement of all key stakeholders – people with support needs, carers, the community and voluntary sector, providers, Primary Care Trusts, Job Centre Plus, other local and central government departments etc.

- **Delivering efficiencies** – Alongside the transformation of social care councils have key targets to deliver 3% efficiency savings per annum (on average across the country) to meet demographic challenges and to balance the budget. These efficiencies are being delivered in a number of ways, many of which are compatible with the objectives of social care reform and personalisation, such as:

- Simplifying assessment processes, including self-assessment;

- Developing re-ablement and other preventative services that promote independence and reduce the requirement for longer term interventions;
- Developing housing support solutions and assistive technologies that allow people to live in their homes longer rather than in residential care;
- Collating better information on outcomes and purchasing patterns so that better decisions can be made regarding the types of services people require.

Currently those directing their own support are paying more than councils would pay for residential care and slightly less on average for care in their own homes. It is important that people are encouraged to be creative and imaginative in finding solutions to their support needs and that this be done in a cost-effective way.

- **Developing re-ablement and preventative services** – Putting People First refers to a requirement for locally agreed approaches that utilise all relevant community resources, particularly the voluntary sector, so that 'prevention, early-intervention and enablement become the norm, supporting people to remain in their homes for as long as possible.' Comprehensive re-ablement services utilising a range of expertise, diverse interventions and assistive technologies can be made available to many more people and not just those leaving hospital. This can help to delay and reduce the numbers going into

residential care or requiring ongoing support. Services that promote people's independence, including low level preventative services, are a central component of social care reform alongside the personalisation of support packages for those with ongoing needs.

Personalisation and place shaping

Central to the transformation of social care described in Putting People First is the concept of personalisation as an approach to the delivery of public services, self-directed support as a manifestation of this concept in health and social care and personal budgets as the operating system that will deliver choice and control to citizens requiring social care support.

Charles Leadbeater explains personalisation as a shift away from a 'consumerist' to a 'co-production' perspective on the delivery of public services. He exemplifies this shift as follows:

"Consumerist – in the first approach the users are patients in need of timely and effective services from the NHS that are personalised to their needs. In the first approach the professionals – medical practitioners – must deploy their knowledge and skills in a timely and effective way to solve a problem

for the user. The more that is done in a personalised, considerate and responsive manner the better."

*"Personalisation – the users are co-producers of the good in question. They are active participants in the process – deciding to manage their lives in a different way – rather than dependent users . . . the key is to build up the knowledge and confidence of the users to take action themselves, to self-manage their health without turning to the professionals. The professionals deploy their knowledge to help the users devise their own solutions – smoking cessation programmes, exercise regimes – which suit their needs."*⁸

The concept of co-production is generic across all public services. The Varney report describes the next stage in public service reform as critically involving the greater engagement of citizens and businesses in service design and delivery.⁹ A recent Department for Communities and Local Government (CLG) action plan reflects this cross-government consensus, describing the opportunity to use citizen involvement in the design and delivery of services as 'a tool to develop and promote cohesion, community empowerment and active citizenship,' which should result in 'greater personalisation and better choices for users and communities.'¹⁰

8 Charles Leadbeater 'Personalisation through Participation: a new script for public services', Demos, 2004

9 David Varney, 'Service transformation: a better service for citizens and businesses, a better deal for the taxpayer,' 2006.

10 'An action plan for community empowerment: building on success,' CLG, October 2007.

Personalisation, based on the co-production model, puts flesh on the bones of the commissioning role of councils: that of working with local people and organisations to improve the quality of life and shape the places in which we live.

Place is both a physical and social entity. Physically it is about having a decent place to live and a convenient, healthy and enjoyable living environment. Socially it is about pride in where we live, having valued social relationships, sufficient income, being free from victimisation and fear and being able to give back to society as well as receive.

New Local Area Agreements (LAAs) are described by Communities and Local Government as being about determining the sorts of places where we want to live. They allow localities to set the strategic direction and focus the energies of government and partner organisations on the priorities that will make our towns, cities and communities better places to be. They are all about place-shaping. This paper suggests that commissioning represents an important tool in achieving these ambitions and enacting meaningful place shaping – particularly around health and wellbeing, choice and control and personalisation.¹¹

An approach that sees commissioning as a place shaping tool should help all sectors to work towards common aims that support personalisation and make it easier for everybody, including those with support needs, to be active citizens.

Self-directed support and personal budgets

Self-directed support, as one element of personalisation, is not principally about money or services; it is about enabling people to become active citizens.

It is underpinned by a number of key principles. First amongst these is the right to independent living. The Government's commitment to independent living for all disabled people was established in the Prime Minister's Strategy Unit report, 'Improving the Life Chances of Disabled People' in January 2005.¹² The recent cross-government strategy to deliver on this commitment states that independent living is not about disabled people doing things for themselves or living on their own. Rather it is about 'having choice and control over the assistance and/or equipment needed to go about your daily life,' and, 'having equal access to housing, transport and mobility, health, employment and education and training opportunities.'¹³

11 www.communities.gov.uk/localgovernment/performanceframeworkpartnerships/localarea/agreements/newlocalarea/laa-overview/

12 'Improving the life chances of disabled people,' The Disability Rights Commission, 2005. The same documents confirmed the government's commitment to the social model of disability – that it is very often the attitudes of non-disabled people and the design of policy and systems that limits people's lives, not their disability.

13 'Independent living: a cross-government strategy about independent living for disabled people,' The Office for Disability Issues, February 2008.

Second is the capacity principle as established in the Mental Capacity Act 2005. The act states that 'a person must be assumed to have capacity unless it is established that he/[she] lacks capacity' and should, 'not be treated as unable to make a decision unless all practicable steps to help him/[her] to do so have been taken without success.'¹⁴ The Health and Social Care Bill 2007/8 seeks to ensure that those lacking capacity are not excluded from the options available to others, including direct payments. The payment in such cases will be made to a 'suitable person' who can receive and manage the payment on behalf of the person lacking capacity.

These principles are further built upon by In Control, who have additionally identified 'self-determination,' 'accessibility,' 'flexibility,' 'accountability' and 'the right to an individual budget' as the key ethical principles underpinning self-directed support.¹⁵

Each of these principles looks at a person as a citizen rather than a 'service user.' Twenty years of using personal budgets for children and adults with disabilities in Western Australia shows that when the conversation between citizen and social services departments is focused on what it would mean to have a 'good life,' rather than what 'services' people require, people have referred

to 'valued relationships, security for the future, choices, contribution and challenge'.¹⁶ Services play a vital, but supportive and secondary role, to what people can do for themselves with the support of friends, families and the wider community. This is not surprising as services themselves do not produce outcomes. It is what people do for themselves, supported or not by services that co-produces outcomes.¹⁷ This applies as much to self-funders as it does to those who receive some or all of their funding from the state to meet their support needs.

The key components of personal budgets present further challenges to commissioning. These components are transparency and maximum choice and control for the citizens using services.

The implications of transparency are many and complex. Transparency refers to the dual requirements of transparency in the relationship between needs and budget allocations and transparency in the pricing of in-house and externally contracted provision so these can be made available to budget holders. Information on the *Resource Allocation System* (RAS) for personal budgets is available elsewhere in the toolkit and details of how to approach transparent pricing are

14 Mental Capacity Act, 2005.

15 See 'Principles of self-directed support,' In Control 2008.

16 'Review of Local Area Coordination Program Western Australia' Eddie Bartnik, West Australia Disability Services Commission, 2003

17 'Co-production, social capital and service effectiveness', Jude Cummins and Clive Miller, OPM, 2007

available in the In Control paper 'Smart commissioning.'¹⁸

The implications of choice and control, including the citizen's choice to take the money they are assessed as being eligible for as a direct payment or to opt out of in-house services while still choosing the council to manage their budget, are significant for traditional commissioning functions.

The scalable degrees of control that people can take through personal budgets – from employing and managing personal assistants at one end of the spectrum, to choosing a care manager to commission and manage services on their behalf at the other – present the very real prospect of self-directed support becoming universally accessible.

In this context, the commissioning role could be taken to include:

- Ensuring that the transfer of power is real – that those directing their own care and purchasing their own services have the support they need to do this effectively.
- Working closely with providers to ensure transparent pricing that hits the right

balance between cost recovery and affordability.

- Aggregating the range of services that people want and need and making this information available to individuals and providers. This includes collating information about the kinds of services people would like to buy as well as actual purchasing patterns. This will require concerted effort towards delivering the steps towards effective commissioning identified in the joint commissioning framework, particularly 'understanding the needs of populations and individuals' and 'sharing and using information more effectively.'¹⁹
- Ensuring meaningful participation and active involvement in commissioning processes for the citizens using services.

18 'Smart Commissioning: New contractual forms for self-directed support,' In Control 2008.

19 'Commissioning framework for health and wellbeing,' Department of Health 2007.

3 The Framework

Developing the framework

When constructing the framework a choice had to be made between:

- 1) focusing on market reshaping and other commissioning issues directly related to personal budgets, or;
- 2) building on the broader landscape of commissioning for health and well being so that the benefits of personalisation can be felt by all people.

The first of these options is a big enough task in itself because of the many commissioning issues that will arise from the expanded use of personal budgets. The pitfalls in this approach are that it could inadvertently serve to keep commissioning for personalisation outside of mainstream developments in commissioning for the health and wellbeing of the whole community.

The second option aims to mainstream the commissioning of services for citizens with support needs and, through the common policy theme of personalisation, put all individuals at the centre of service delivery. This approach also has its dangers because as the scope of the framework grows, so the tasks described become more complex and further removed from traditional commissioning in the social care context.

Whilst these dangers are real, it is this second approach that forms the basis of this framework. The rationale for this decision lies in the recognition that all people are dependant on social networks, universal services and the resources of the communities in which they live to become active citizens. This logically leads to the consideration of an inclusive approach to commissioning – a commissioning that is about shaping the places in which we live and supporting everyone to live better lives.

Three further points of clarification need to be made regarding the tasks and activities that this framework describes, particularly in relation to strategic commissioning. First, there are important elements of this framework that are transitional, that are about enacting change and that are consequently time bound by the realisation of certain systemic changes within commissioning organisations and the social care market more broadly. The systematic shift away from funding generic block purchased provision is one important example of this. These transitional activities are not explicitly identified as such within the framework but it should be quite apparent in their explanation.

Second, this framework does not concern itself with the detail and mechanics of contracting. It recognises the challenge, complexity and importance of managing the change away

from current contractual models, an approach to which is described elsewhere in the In Control paper 'Smart Commissioning.' It also recognises the likely continued, though more targeted and lesser role, for councils in contracting for some particular services. But this framework considers contracting 'in-the-round,' as one of a wide array of activities that make up the commissioning role for whole organisations and concentrates quite intentionally on some of the less developed areas – such as supporting citizens to commission for themselves.

Finally, the examples of emerging best practice included in the framework are not intended to be comprehensive. They represent possible approaches to some of the commissioning activities described and should not inhibit different local interpretations.

Defining Commissioning

There are numerous definitions of commissioning, different iterations having emerged in Health, Adult Social Care and Children's and Family's Services in recent years.²⁰ It is therefore worth clarifying terms and promoting consistency in understanding and application. So as not to muddy the waters further, the definition used here – with minor modifications to account for the shifting focus on personalisation – is the one

employed by the Commission for Social Care Inspection, who describe commissioning as:²¹

"The process of translating aspirations into timely and quality services for users which – meet their needs; promote their independence; provide choice; are cost effective; and support the whole community." (CSCI, 2006)



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"Working together with citizens and providers to support individuals to translate their aspirations into timely and quality services which – meet their needs; enable choice and control; are cost effective; and support the whole community." (CSIP 2008)

The above additions reflect the importance of co-production in any understanding of personalised commissioning and an increased concentration on transference of control, through personal budgets or other means, to the citizens served by the commissioning body. The new commissioning role entails supporting individuals to do things for themselves, not doing 'to' or 'for' people.

²⁰ The current World Class Commissioning Programme within DH/NHS describes commissioning as, 'the way of obtaining the best value and health outcomes for local citizens by understanding their needs, and then specifying and procuring services that deliver the best possible health and social care provision and outcomes within available resources.'

(http://www.dh.gov.uk/en/Policyandguidance/Organisationpolicy/Commissioning/DH_079133)

A nine-step approach to commissioning is also available in the Children's and Families context in 'Joint planning and commissioning framework for children. Young people and maternity services.' (DfES 2006)

²¹ 'The state of social care in England 2005-06,' CSCI, December 2006.

The vision for world class commissioning in the NHS states that, '**Commissioning is essentially transformational, and not just transactional.**'²²

This framework strongly agrees with this statement. Commissioning is about developing and shaping the capacity within communities, markets and individual lives that will support all citizens to meet their needs and aspirations regardless of age or disability.

This can be achieved through various activities, including but not limited to: strategic needs assessments, contracting, grant funding in the voluntary and community sector, the provision or development of universal sources of information and advice, the development of brokerage and market navigation options and the stimulation of innovative practice to boost peoples' networks and social capital.

It is important that commissioners can distinguish their emergent place-shaping role from their traditional contracting role and that higher commissioning objectives are identified as:

- empowering personal budget holders;
- ensuring that accessible information is readily available;
- safeguarding – ensuring mechanisms are in place to protect people from abuse and undue risk;

- developing the market for personalisation, and;
- supporting citizens to shape the market for themselves.

Commissioning principles

This framework is based on an approach to commissioning characterised by a number of key principles. This does not imply a generic, one-size-fits-all approach – it is for councils to determine the principles that best reflect their local context and priorities. The following list is therefore suggestive and far from comprehensive. Key principles for personalised commissioning might include:

- Empowering citizens to direct their own support.
- Enabling people to identify what is important to them and to obtain the supports they require within their available resources.
- Building on people's existing capacities and social networks.
- Enabling meaningful participation for citizens in the commissioning process through active co-design, co-production and co-delivery, rather than post facto consultation.
- Paying equal attention to enabling self-funders to better meet their needs as to people who rely partly or wholly on state funding.

22 'A vision for world class commissioning,' DH 2007.

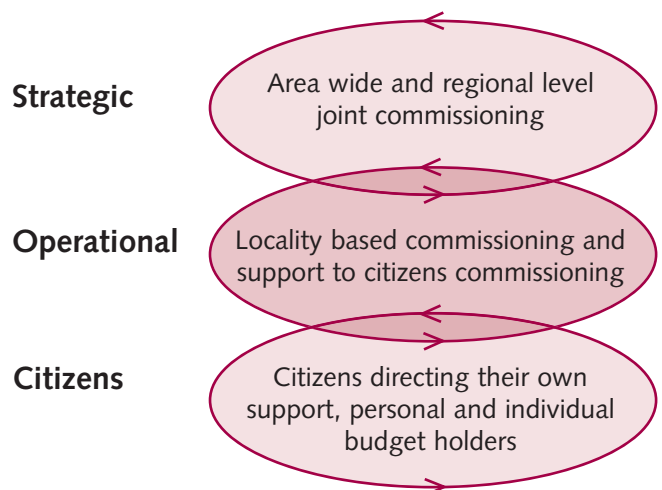
- Working with colleagues in children's services to empower the families of children needing support and ensure better transitions from children's to adults' services.
- Ensuring that there is choice in the deployment options available for people to determine the arrangements that best suit them.
- Ensuring clarity and transparency in commissioning processes.
- Not assuming that greater choice of existing services is the solution.
- Working in partnership with provider organisations and the voluntary and community sector to ensure that flexible services are available.
- Maintaining a diverse view of the market and supporting equity of opportunity for the voluntary and community sector and social enterprise.
- Prioritising the stimulation and support of User-led organisations when developing the market.
- Developing a diverse range of support planning and support brokerage options that utilise the resources of the whole community.
- Working to personalise universal as well as specialist services, across all sectors to reduce barriers for citizens with support needs wishing to access them.

- Ensuring that outcomes are at the centre of all developments designed to integrate commissioning and service delivery.

A multi level approach to commissioning

This framework takes a multi-level approach to commissioning. Figure 1 illustrates the interdependencies between the three different levels of commissioning. The overall aim is to empower citizens with support needs to make use of, and further develop their capacity to self-direct their care, and where possible, to directly shape the supports they receive. However, it is recognised that changing the services purchased via personal budgets and developing an appropriate market to support personalisation may require additional interventions. These are supplied through action at the operational and strategic levels of commissioning.

Figure 1: Multi-level commissioning²³



23 Based on 'Commissioning Change for Children – Understanding How the Budget-Holding Lead Professional Role Can Transform Services', Clive Miller and Judith Smyth, December 2006

Operational commissioning is conceived here as essentially locality based with an emphasis on day-to-day commissioning activities with a short to medium term outlook (1-2 years), though operational commissioners may often work with partner organisations towards clearly defined and jointly agreed goals.

There are two main tasks for operational commissioning. Firstly, to support citizens to direct their own care, through having access to the right information, advice, support and training opportunities. Secondly, to work with all relevant local services to develop their capacity to deliver the kinds of personalised services and supports that people want to buy. This also implies a requirement to consider what commissioning powers should be devolved to the citizens themselves. There will then be those changes that can only be sensibly agreed and progressed at the strategic level of commissioning.

Strategic commissioning is conceived here as local authority wide and regional with an emphasis on joint working with key strategic partners towards medium to long term goals (3-10 years).

The task for strategic commissioning is to work across the whole community and to develop commissioning arrangements with key strategic partners in health and elsewhere. It is also to develop the local market to support personalisation, to work with universal services to ensure that all public services are accessible and integrated around the individual and to develop the right kind of skills in the workforce.

Strategic commissioners must determine the best fit between diverse initiatives in social care, re-ablement, early intervention and prevention alongside personalisation, to ensure a coherent approach to social care reform. In addition they must draw together diverse initiatives in health and wellbeing, such as place shaping, local area agreements and joint strategic needs assessments to drive forward a coordinated approach to personalisation.

Strategic commissioning is predominantly concerned with issues of market development, information provision and ensuring equal access. The 'market' in this context describes the full range of goods and services that citizens may choose to purchase to meet their support needs – using state funding or their own resources. This is necessarily an amorphous market because the range of possible choices people make can be as varied as the citizens themselves.

Parts of this market will change and develop in direct response to the things people choose to buy while other parts will not necessarily respond in this way. Parts of this market will win contracts with citizens or the council to deliver services or meet particular outcomes and parts of this market will depend on other sources of income. Parts of this market will be naturally innovative and parts of this market have vested interests in maintaining the status quo.

This will not be an easy market to 'develop' and the task of developing it does not fall to commissioners alone.²⁴ Commissioners and

²⁴ The language of market 'development' is certainly contestable. It was intentionally chosen here ahead of market 'management,' 'enablement' or 'influencing' as it was felt in the workshop setting that this denoted the right balance of intervention and stimulation that was being discussed.

providers will need to work together to shape healthy markets and strategic commissioners will need to use all existing mechanisms, be open to innovative techniques and develop some new skills to perform this role effectively.

Citizens and commissioning

The process described below for citizens directing their own support assumes equity of choice, control and flexibility between all citizens, including self-funders. It is important that the same principles apply regardless of personal capacity, the base degree of social

capital available or the extent to which people’s social networks are developed.

There are some limited and usually temporary circumstances where a high level of self-direction may not be immediately practical, such as when an immediate response is required or where re-ablement services are provided following discharge from hospital, but steps must be taken to ensure self-directed support principles are applied at the soonest possible juncture.

The following seven step model (Figure 2) describes the key elements of the self-directed support process.

Figure 2

1. Set personalised budget	Transparent allocation of resources up-front
2. Plan Support	The individual, with help where required, works out how best to use the money to meet their needs in a way that suits them
3. Agree Plan	The individual verified their assessment and support plan with the council or other funding provider
4. Manage personal budget	The individual decides how to manage their budget with any support required (broker, family, provider, trust etc)
5. Organise the support	The individual organises for the things in their support plan to be purchased or to happen
6. Live life	The individual uses their support flexibly and with as few restrictions as possible to live a full life
7. Review and learn	The individual checks with the care manager how things are going and makes changes as necessary

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The highlighted steps (4-7) are those that involve the person directing their support in elements of the wider commissioning process. These activities are important because they are transformational as well as transactional and can have implications wider than the individual package of support. This means that the individual and collective purchasing decisions of those directing their support can shape the local market of goods and services and the skills required from the workforce, especially when they are supported by commissioners aggregating and publicising their purchasing patterns.

These activities – managing budgets, organising support, using support flexibly and reviewing and learning from the experience – include decisions over who to involve (when and how) in brokering support arrangements and personal market interventions to purchase the supports chosen. These activities should be expected to shape the market of available goods and services if enough people are undertaking them.

There are considerations for commissioners in each of these steps:

- **1. Set personal budget** – Using a Resource Allocation System (RAS) and some form of self-assessment is the most transparent means of doing this, though the upfront communication of the budget available to the citizen is more important than the means by which it is determined. An early awareness of this allocation is a prerequisite to effective self-direction.
- **2. Plan support** – many people using personal budgets or self funding will develop their own support plans drawing on their own resources. Others will want some support. This can include support from a care manager, from family, friends and other personal budgets holders, paid brokers or service providers. Commissioners have an important role in ensuring a broad range of planning options are available.
- **3. Agree plan** – it remains the responsibility of the council to ensure that the proposed support plan keeps the individual healthy, safe and well, appropriately manages risks and broadly meets the outcomes identified. An agreed support plan outlines the suggested approach but it is important that flexibility is available in how support is purchased or provided.
- **4. Manage personalised budget** – personal budget holders can choose a variety of ways for their budget to be administered. These can include, though are not limited to: direct payments, payments to nominated third parties, payments to trusts, payments to brokers or Individual Service Funds (ISFs), where a provider organisation holds the budget on an individual's behalf.

It is the responsibility of operational commissioners to ensure that the deployment options people want are available. The personal budget may remain as a virtual budget, managed by the council on behalf of the individual. In such instances, the challenge for operational commissioners is to ensure that virtual

budget holders can exercise the same degree of choice and control as those receiving direct payments or funding their own care. For more information on the deployment options for personal budgets see the CSIP paper *Managing the Money*

- **5. Organise the support** – some people will wish to identify service providers, purchase the support they require and deal with day-to-day organisation. Others may wish to take on some of these tasks but prefer someone else to organise elements of their support on their behalf. Others will wish to delegate all of these tasks to another party. Commissioners must ensure that the full range of options is available, communicated and understood.
- **6. Live life** – the flexible usage of personal budgets will enable people to arrange support that best suits their individual needs. Commissioners must support this flexibility by making best practice available and helping broaden understanding of what choices can be made.
- **7. Review and learn** – support plans will be reviewed at appropriate intervals to ensure that the outcomes identified are being met.²⁶ Commissioners will need to develop an understanding of what people are purchasing and what is working for them and to communicate this information to others self-directing their support and to the market more generally so that it can learn and respond. Information concerning

what people purchase should be collected in a way that does not inhibit creative usage and should inform subsequent commissioning activity.

Operational commissioning

People directing their own care will sometimes require support to live as active citizens, to make best use of their personal budgets and the universal or specialist services that fall outside of those budgets. This will involve supporting the process with information and resources, making new services available, enabling existing services to support the new approach and decommissioning services that are unwilling or unable to adapt.

Some of this will require changes in strategic commissioning, however much can be achieved at an operational level. This may involve individual managers of local services working together to achieve greater coordination and to personalise their services. It may also make use of integrated service networks as means by which action can be coordinated and changes made.

The commissioning skills required to perform this role effectively at operational level – to develop more person-centred approaches, to commission for outcomes and to support people to do as much as possible for themselves – will need to be supported by appropriate workforce strategies, training programmes and accountabilities.

26 See 'Direct Payments and individual Budgets: Managing the Finances,' The Chartered Institute of Public Finance and Accountancy, 2007 for a description of issues when reviewing self-directed support, including review intervals, risk management and financial monitoring and audit requirements.

Central to all commissioning activity at operational level is the first of the Department of Health's eight steps to delivering improved health and wellbeing outcomes: putting people at the centre of commissioning.²⁷

Key tasks for operational commissioning are:

- **Enabling citizens to direct their own support:** There are a number of key considerations for ensuring that people are enabled to direct their own support, ranging from the provision of information and training opportunities to more direct interventions. These might include:
 - Ensuring that accessible, useful information is available to those directing their own support to help them make informed decisions. This may comprise information for all stages in the process, including options for support in planning and delivery as well as concerning services, goods or activities that the individual may wish to buy. This information could span universal services as well as specialist services that fall inside and outside of personal budgets. Some of the best information will come from peers and will be accessed by sharing experiences with other personal budgets holders or self-funders.
 - Signposting individuals to available peer groups or existing networks of personal budget holders.
- Ensuring access to independent advocacy for citizens directing their own care, their families and carers.
- Ensuring access to appropriate levels of advice and support to navigate the market. Assisting in the development of the necessary skills and knowledge for citizens to effectively direct their own support and manage their own lives.
- Facilitating consortia purchasing arrangements where appropriate.
- Managing transitions through bridging payments for those with altered resource allocations.
- Managing expectations: It is important that the information provided by operational commissioners include a clear and accessible description of any restrictions people are expected to work within when planning and spending their budgets.
- Supporting self-direction also includes 'practice support' – developing, supporting and supervising care managers, support planners, brokers and care coordinators so that they have the necessary skills, knowledge, systems and working processes to deliver self-directed support.
- **Brokerage development** – is an important task for commissioners at operational and strategic level. Emerging practice of sustainable models of brokerage support can be shared with providers, user groups

27 'Joint commissioning framework for health and wellbeing,' DH 2007.

and the wider voluntary and community sector and targeted capacity building funding may also be considered.

A broad range of activities, implications and opportunities for brokerage can be explored in existing and specially convened forums with providers and the voluntary and community sector, including User-led organisations.

Support brokerage can be considered as a function consisting of various contributive elements rather than a role encompassed by one individual: the broker (though of course these may also exist). The Citizens Advice Bureau, local disability organisation or travel agency may hold information and offer expert advice invaluable in the planning and maintenance of somebody's support (see the strategic commissioning section for more on brokerage development).

- **Engaging citizens in commissioning** – by developing outlets and formal mechanisms for citizens to be actively involved in service design and priority setting – not just as feedback. This may cover both universal and specialist services that lie outside of personal budgets as well as those services that can be directly purchased by individuals. Citizens can be directly engaged in decision making, for example around the personalisation of existing contracts and the letting of new contracts to ensure that appropriate flexibilities are secured.

- **Ensuring transparent pricing** – by working closely with in-house providers and commissioned service providers to set prices at a level that retains their economic viability. Services that are already contracted for (no council will be starting with a clean slate) need to be costed so they are available to personal budget holders who may still choose these options. It is best to make early if necessarily imperfect decisions about the costs of services, particularly in-house provision. These can be adjusted once purchasing patterns indicate the impact on demand.²⁸

- **Influencing strategic commissioning** – whilst much could be achieved through locality based commissioning some service changes required at local level are best achieved through strategic commissioning. There need to be straightforward ways in which local joint commissioning networks can easily communicate these changes to strategic joint commissioners.

Strategic commissioning

Commissioning involves much more than contracting for services (see Figure 3). It includes the assessment of needs and available resources, the identification of key priorities, joint action to implement those priorities through varied 'market development' activities and continuous action to improve performance.

28 For more detail on these issues see 'Smart Commissioning,' In Control 2008.

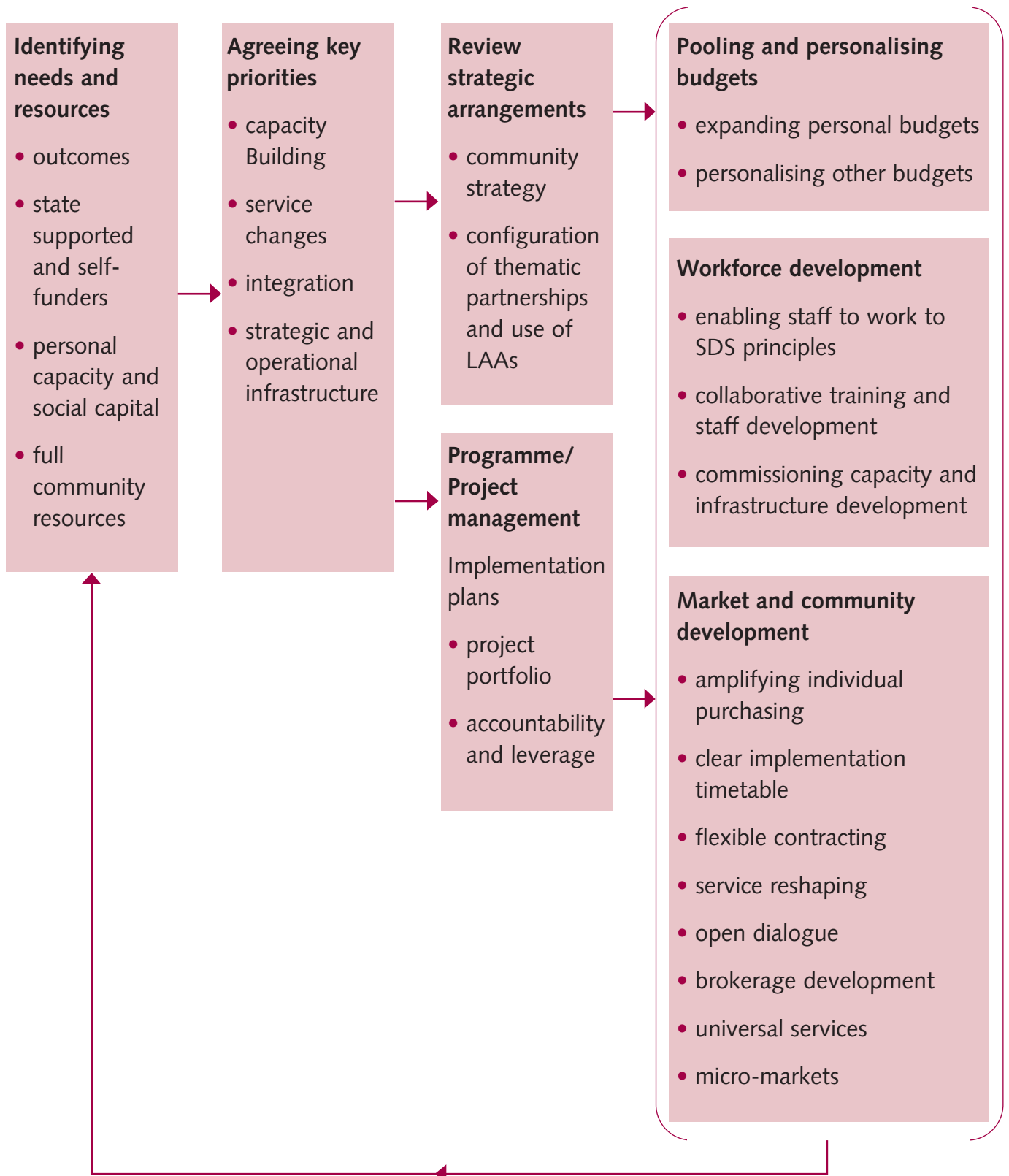
All councils and Primary Care Trusts are required to have commissioning plans for the areas of service for which they are responsible. A commissioning plan developed to support social care transformation will need to:

- Clearly demonstrate that people can exercise choice and control over the range of services and supports available, can purchase the types of services they want and need and can directly shape the services that are commissioned on their behalf;
- Clearly demonstrate an understanding of local needs and priorities that has been co-produced with local citizens and communities;
- Identify services that promote the well-being of local citizens, meeting the requirements of all those needing support whether funded by the state or using their own resources;
- Focus on commissioning for outcomes with a strong emphasis on services that enable people to live independently;
- Ensure the sufficient supply of care staff and services to meet known and expected demand;
- Demonstrate that commissioning intentions are cost effective and flexible enough to enable citizens to choose and control their own packages of support.

These plans should be informed by the Joint Strategic Needs Assessments that councils are required to undertake with Primary Care Trusts and an analysis of patterns of purchasing by citizens directing their own care. They may also reflect discussions with local providers concerning how they will meet identified needs, respond to changes in demand and ensure choice and control for citizens using their services.

Figure 3 on the next page illustrates the cycle for strategic commissioning for personalisation. The familiar steps of 'identifying needs and resources,' 'agreeing key priorities' and 'reviewing performance' are supplemented here by active and rigorous programme/project management in recognition of the scale of the task and the requirement for commissioning to be managed coherently within the context of a comprehensive programme of organisational change. The bracketed functions of 'pooling budgets,' 'workforce development' and 'market development' describe the broad areas of commissioning activity that must be in place to support this process.

Figure 3: Strategic Level Commissioning



Strategic commissioning typically involves using a portfolio of action to tackle any one strategic priority. This portfolio will focus on both the practice developments required in existing services and reshaping or extension of current services. This can be achieved via a combination of action by individual agencies, mutual reconfiguration of services and, where required, the creation of shared infrastructure such as joint posts and integrated teams.

Critical to this process, as much at the strategic as at the operational level, is the need to put mechanisms in place to ensure that commissioning is co-designed, co-developed and co-produced by the experts – the people that use and value the services.

The use of personal budgets changes the focus of existing strategic commissioning tasks. Examples are:

- **Identifying needs and resources** – individual support plans provide an important way in which needs and the resources being used to meet them can be identified. The latter critically should include the capacity of the individual, their family and friends and the wider community. A process needs to be in place to aggregate these plans and, in dialogue with the integrated service delivery networks, understand the strategic implications. It is critically important that this information is made available in accessible forms to those using budgets so that they can see what other people with similar needs have been purchasing and what has been successful.

It is also important for commissioners to understand the needs of self-funders, the supports they are purchasing and the issues they encounter. The needs assessment process also involves the assessment of how well universal services, targeted services outside of individual budgets and current approaches to service integration enable people to live a 'good life'. The outputs of joint strategic needs assessments will further inform this process affording all agencies a voice in local strategic commissioning.

- **Agreeing key priorities** – identifying opportunities for market development, securing appropriate services and being able to make best use of universal services will lead to the identification of a long list of potential priorities. These will encompass: community development requirements; gaps in the market; the need for person-centred forms of service integration; the greater personalisation of existing universal and specialist services; and the new strategic arrangements needed to support these changes.

Reconfiguring health provision in Liverpool: a co-designed commissioning plan.

Realising the need for a major reconfiguration of services, Liverpool PCT organised two rounds of large but focused events with the public in 2006, each supported by additional methods of communication and consultation.

The second round of events was held once the main issues had been identified, to check understanding and set priorities. The result has been a successful plan, published in summer 2007 with the full support of the public, which has enabled the PCT to start investing in new services and decommissioning those services no longer required.

<http://www.liverpoolpct.nhs.uk/bhd>

Part of 'place shaping' is the development of sustainable communities where people are able to develop their own networks of informal support, make use of available services and better meet their needs. Strategic commissioners must ensure that initiatives designed to enable this sort of development benefit people using services as well as supporting new initiatives that address unmet needs. These priorities must then be reduced to a short list to enable focused action and their effective communication. Where appropriate and where priorities cut across different budgets and stakeholders this action should be undertaken jointly.

Joining Forces Project

Yarrow Housing in association with the Housing Associations Charitable Trust and the Royal Borough of Kensington and Chelsea are developing a project to establish a user-led membership organisation to which personal budget holders will subscribe. Joining Forces will put them in touch with others directing their own support with similar interests, growing people's social networks and enabling them to club together to experience mainstream London, its culture, shops, leisure and sporting facilities.

- **Reviewing strategic commissioning arrangements** – an effective approach to personalisation requires changes well outside of health and social care. These changes relate to the overall 'place shaping' agenda and need to be incorporated into the community strategy and be part of the core work programme of the local strategic partnership (LSP).

The scope of the current set of thematic partnerships working to the LSP should be reviewed to ensure they enable the personalisation agenda to be effectively pursued. The lead thematic partnership should also revisit its vision and working processes to ensure they support personalisation. There should also be working agreements in place between thematic partnerships to enable them to take forward priorities identified by one another where a particular thematic partnership is best place to do so.

- **Programme and project management** – establishing clear project and programme management arrangements that enable the portfolio of changes to be coherently implemented with a clear focus on interdependencies, outcomes and realising benefits. A fully populated project portfolio might include projects relating to the uptake of personal budgets, the organisation and structure of departments, business processes, community development, market development, workforce, and the back office functions and IT requirements to support these changes. Commissioning, as a task for the whole organisation, should be at the centre of these project plans. See the *Planning for transformation Framework*.
- **Pooling and personalising budgets** – some priorities may require further extensions of pooled funding or personalised budgets within other service sectors, as with, individual learning budgets and choice base lettings in housing. The former may require the use of Section 75 flexibilities, Sec 10 Local Government Act agreements or the flexibilities that could be obtained through a local or multi area agreement.

Barnsley Continuing Health Care protocol

The purpose of this protocol is to define how Continuing Care Coordinators in Barnsley will work collaboratively with the self-directed support team to ensure that eligible clients are able to access Continuing Care funding.

The protocol also suggests a way that Continuing Care can be aligned within a resource allocation process for personal budgets.

- **Workforce development** – Staff should be enabled to actively adopt the principles of self-directed support in their working practices. This applies to staff in universal and specialist services provided by the local authority as well as to private and voluntary sector staff. Some providers will have the resources to retrain their staff or be able to take on staff with the new skills. Many may benefit from training being provided in a more cost effective way through jointly commissioned collaborative provision. Joint staff development across different service sectors and involving staff in public, private and voluntary sectors should be considered.

Cambridgeshire Learning Disability Training Consortium

The Cambridgeshire Learning Disability Partnership (LDP), responsible for managing over 1500 staff across health and social care, faced problems with recruiting and retaining their staff. After detailed consultation the LDP committed to a new workforce development plan. Central to the plan was ensuring that staff in commissioned services had access to good, low cost training.

This was achieved through a training consortium. Over forty commissioned services are part of the training consortium and staff can move between these services without the need to retrain.

The LDP hopes that the training consortium will help staff improve their skills, feel valued and encourage more people to work in learning disability services.

www.cambridgeshire.gov.uk/social/disabled/learning/dpldstaffdev.htm

Commissioners will need to develop local approaches and respond to national developments regarding the adequate registration and regulation of the social care workforce. This is potentially made all the more complicated in a fully personalised system where many more people are employing personal assistants for themselves. Commissioners may want to support the

development of local registers of accredited personal assistants. It is important that any local approach does not unduly impinge the ability of people managing their support to make their own decisions about who they choose to employ.

Additionally, specific attention should be given to developing a new kind of commissioning capacity in the council and beyond, ensuring new staff are trained with appropriate skills and established staff are supported to adapt to the changing environment. This should occur in conjunction with the development of a strong and appropriate commissioning infrastructure that ensures access to the right information, invests in knowledge management systems and provides fit-for-purpose back office functions.²⁹

- **Market development:** is a process involving a partnership between citizens, providers and local authority commissioners. It seeks to shape the type, availability, flexibility and responsiveness of local services to ensure equality of access for all those managing their support to the kinds of things they want to buy.

There are a number of considerations in developing the market for personalisation. These might include:

- The use of eBay style websites to enable users to publish their experiences of services and particular providers, for example, would not only help inform individual choices but also provide a spur

29 See 'Commissioning and the social care workforce' ADASS 2007.

to continuous service improvement. An example is In Control's *Shop 4 Support* web site.

Shop 4 Support

Shop 4 Support, the result of collaboration between In Control and Value Works, is an internet-based market navigation system incorporating catalogues of goods and services with signposting and vendor ratings, as well as budget management and e-procurement facilities.

The system includes information on homecare, equipment, residential care and financial/budget management services. It enables financial control of expenditure for the individual purchaser and/or the local authority. The system aims to give complete visibility of purchasing and demand within a defined geographical area, allowing commissioners to spot trends, aggregate demand and match supply to individual needs. Wigan, Oldham, Hartlepool and Southampton, as well as several service providers are currently testing various elements of the model.

These websites should focus not just on the services purchased by means of personal budgets but also on targeted and universal services outside of the scope of the budget. The progressive functionality of such sites should make them particularly useful resources as they grow in scope and content

with the addition of each individual's experience. The extension of functionality to include online purchasing is also being developed in the case of *shop4support*.

SDS4ME

sds4me is an information and support website for people directing their own support. It provides a range of resources and enables people to share experiences and advice with others in the same situation.

Sds4me is a user-led resource which councils and other organisations can subscribe to as a support mechanism for their local citizens. People can access practical advice and support and tools to help them, including video examples of support plans and templates for contracts of employment. The site also includes a resource of people's stories and a message board and blog facility.

<http://www.sds4me.org.uk>

These kinds of resources are also useful ways of reaching and engaging the whole community in shaping the supports available in the market and should be equally appealing to self-funders. They may also help inform a more detailed view of self-funders preferences and purchasing habits than it has been possible for local authorities to know up to now. Such sites should ideally operate independently from the council after initial start-up and design funding.

Bee.Careful

Bee.Careful offers an online catalogue of local services with an emphasis on safety, listing registered providers and seeking to raise awareness of local small scale provision. The site is split into three age groups, is free at the point of access and will be available to self-funders as well as those with partial or full state funding. The site includes accessible information on regulatory bodies, full listings of support and community services and a forum for sharing stories and experiences. The site is due to launch in Spring 2008. www.bee.careful.org

Where individuals are all purchasing a similar service they may sometimes find it advantageous to have a consortia contract that can help to ensure value for money. Commissioners may wish to put individuals in touch with one another when their plans are being written and to support them to negotiate consortia contracts where appropriate. It may prove particularly helpful to consider the role of User-led organisations and informal user groups in supporting these developments.

It is important that citizens are able to discuss the packages of care they receive with providers directly rather than going through intermediaries as this is a direct route to ensuring that their views help to shape the market. People directing their support should be able to re-specify the

services they require within the same cost and to meet their agreed outcomes through these discussions without recourse to further formal assessment. Commissioners can ensure that mechanisms are in place that respect the roles of providers and citizens in conducting these negotiations.

- **Brokerage and advocacy development** – Putting People First describes a key objective of social care reform as being the development of ‘a universal information, advice and advocacy service for people needing services and their carers irrespective of their eligibility for public funding.’³⁰ One-stop-shop approaches should be considered to coordinate information and advice regarding advocacy and brokerage. Collaborative partnerships of user-led and third sector organisations may be best placed to deliver this objective and should be supported to do so.

Mapping the available resources for support planning and brokerage should consider their partial or full contribution to a holistic, community-based brokerage function. Any view of brokerage options available in the community may benefit from using the ‘5 circle’ model developed by CSIP that conceives of brokerage as a ‘mixed economy,’ the capacity for which should be developed in the following areas:

- individuals and families;
- neighbourhoods and local networks;
- User-led organisations;

30 ‘Putting People First,’ (DH) 2007

- key workers, care staff and care managers; and
- paid workers, advocates and advice givers.³¹

The commissioning role involves mapping these various functions as they occur in the community and agreeing an approach to developing them further. Commissioners may wish to use the commissioning for support brokerage tool for this which offers a model for co-producing this community view, agreeing priorities for development and co-designing an approach to filling identified gaps.

Particular attention should be paid to the central role of User-led organisations (ULOs) in providing support planning and brokerage. As described in Life Chances these organisations should provide at minimum: information and advice, advocacy and peer support, assistance with assessment, support with using individual budgets and support to recruit and employ personal assistants. A strategy to foster, stimulate and develop User-led organisations locally should be developed where it does not already exist.³²

Lancashire support services (LSS)

LSS are a User-led organisation, modelled on the Centres for Independent Living, which works to empower disabled people to take control of their lives through direct payments, personal budgets and the Independent Living Fund.

A small team of independent living advisors provide information, advice and support to local citizens, including assistance with staff recruitment, employer responsibilities, record-keeping systems, using agencies, fact sheets on self-directed support and access to a personal assistants register. LSS are also developing a county-wide network of groups dedicated to Peer Support for those directing their own care.

<http://www.lancshiresupportservices.info/>

Targeted capacity building funding for the voluntary and community sector should also be considered to develop a wide range of brokerage options in the community and the focus of current DH Section 64 Grant Funding priorities should be widely publicised at local level.

Strategic commissioners will also need to grapple with the issue of funding sustainable models of support brokerage which must occur within the context of wider workforce strategies for social care.

31 'Self-Directed Support: The Role of Support Brokerage within Individual Budgets,' CSIP January 2007.

32 The Local Authority Circular states this in no uncertain terms and in turn reflects the sentiments expressed in 'Improving the Life Chances of Disabled People' (2005) which states that, 'by 2010, each locality (defined as that area covered by a council with social services responsibilities) should have a user led organisation modelled on existing Centres for Independent Living.'

- **Community development** – Commissioners can play an important role in supporting certain community based services that are unlikely to be sustained by individual purchasers but contribute to shaping a supportive environment for that market. This may include commissioning sources of specialist advice, drop in centres or informal supports. Citizens should be fully engaged in the identification of these services, which may continue to benefit from grants or block commissions, as each service commissioned will decrease the available budget devolved to individuals.

Small Sparks

Small Sparks is a tried-and-tested, low-tech and cost effective way of building community. It involves the local authority offering grants of up to £250, with this funding matched in cash, labour or materials by the applicant. The purpose of the grants is to enable people to make visible contributions to their community.

Small Sparks is particularly important for those not quite eligible under FACS but who will benefit from building relationships and support networks in their community.

For more information see:
www.in-control.org.uk

Initiatives that increase people's connection to community should be considered for those eligible for services and those deemed

ineligible under FACS. Approaches that create opportunities for relationship building and growing social networks should form an important part of the preventative agenda. These can be cost effective and non resource intensive.

- **Developing 'universal' services** – Commissioners can play an important role in focusing 'universal' services on the diversity of citizens' needs and the removal of barriers to universal access. Housing can be more specifically commissioned to ensure wheelchair accessibility for individual or group living. Employment services can recognise that some people require more support than others to sustain long-term employment. Libraries can hold materials in different languages and formats and have staff trained to support people to access information. Leisure services can develop more exercise programmes for older or disabled people. The overall experience people have of the area in which they live and the extent of demand for additional care and support will depend on all services being aware of their responsibility to cater to all citizens.

Developing 'universal' services in this way is a significant part of the council role. In many places this is a key responsibility for the Director of Adult Services.

Commissioners can look to facilitate, support and coordinate these developments to ensure that services are available and accessible to all citizens, regardless of age or disability.

- **Developing micro-markets** – new and existing forms of small-scale provision can also be encouraged to expand choice in response to individual, niche and culturally specific wants and needs. A business model for supporting and developing ‘micro-markets’ is being piloted by the Department of Health and learning from this should be widely circulated. The community and voluntary sector should also be meaningfully engaged in shaping commissioning priorities with consideration given to targeted capacity building funding – particularly in regard to developing brokerage functions – and an equal footing with the private sector assured in tendering and procurement processes.
- **Open dialogue** with provider organisations should include an as clear as possible estimation of the numbers of people likely to be directing their own support within a particular timescale and what this might mean for service provision. The beneficial nature of dealing directly with their client base should be emphasised – happy customers are a more stable basis for medium to long-term planning than block contracts influenced by political and budgetary concerns beyond their control. There are enthusiastic exponents of this perspective among the provider community whose views should be harnessed.

Micro-markets Project

This Department of Health project coordinated by the National Association of Adult Placement Services aims to scope, identify and develop good practice business models to support the development of local micro-markets. Micro-providers are defined here as those with five or fewer full time staff who are independent of any larger organisation and provide support to small numbers of people in a local community.

Pilots are running in two local authority areas (Oldham and Kent). The project aims to develop a detailed and practical web-based toolkit to support commissioners working with micro-providers.

For further information, contact:
sian@naaps.org.uk

Oldham's commissioning strategy: working with providers

Oldham have been proactive in signalling their intentions and engaging providers in developing their new commissioning strategy (to be published shortly). The strategy includes projections of the numbers of people expected to have personal budgets over the next three years, data on the numbers who so far have changed their service arrangements and information about the things people have bought and would like to buy.

The strategy clarifies the role of in-house provision, which is concentrated on specialist and very complex needs work, and makes Oldham's risk enablement strategy available to all providers looking to change their businesses. It has been preceded by ‘constant communication’ through pre-existing and new forums so that providers have now had as many information sessions on individual budgets as internal staff.

- **Provider signalling** – Providers are more likely to move from offering traditional to personalised services if they have some assurance that there will be demand for them. Hence the development, publicising and regular updating of a plan for the roll out of personal budgets is a useful way of signalling how quickly and by how much, demand is likely to change. This plan should include a partnership approach to market research and the systematic sharing of purchasing information.

West Sussex commissioning strategy for people with learning difficulties

This strategy, subtitled 'a radical approach for health and social care, 2006-2009' clearly signalled the intention to make the In Control model of self-directed support the norm for all using services. It also outlined plans to systematically dis-invest in residential provision in favour of supported living arrangements, to increase the pace of day services reform and enhance the role of mainstream community provision and to invest in community based teams to make these things possible and sustainable. The strategy outlined an ambitious reduction in independent sector nursing and residential care of 3.3 million pounds over three years.

It is important that commissioners and providers act on the notion that *'self directed support will only realise its*

*potential if commissioners and providers are able to work together,' and to do this always with 'the citizen at the centre.'*³³

- **Flexible contracting** – much can be done in the short term to personalise existing contracts and work with service providers to develop more flexible approaches – such as individual service funds (ISFs). The ISF model empowers citizens and service providers to work innovatively together to meet individual's needs. Further information on ISFs is included in the *Managing the Money* paper.

While there will likely be far less block contracting once personal budgets become the mainstream of social care business, there will still be a role for commissioners in developing flexible contracts or preferred provider lists that people can choose from when the council is managing a virtual budget on their behalf.

Flexible block contracts based on volume of business may prove practical. Such arrangements might involve the council agreeing a minimum amount of business with a provider based on previously high demand, with any additional business coming directly from personal budget holders opting for their provision. In any such arrangement importance will need to be placed on service users having the choice over how the service is ultimately provided.

Preferred provider lists are a means for commissioners to negotiate deals with providers regarding the hourly rates for the services they deliver and the charges passed

33 'Commissioners and providers together: the citizen at the centre,' Andrew Tyson, CSIP/In Control, June 2007.

on to individuals purchasing them with their personal budgets. This is one possible way of both guaranteeing supply at an agreed cost to people directing their support and ensuring providers have a degree of confidence in predicting their level of income. People must also be able to exercise their choice to opt for providers and services outside of these approved lists.

Commissioners may want to be less clear in how they specify services in future, focusing far more on the outcomes required rather than the processes of delivery. Some councils are examining reward systems for providers who meet specified outcomes which can act as an incentive to their working to reduce the levels of service someone needs by enabling them to do more things independently.

West Sussex residential re-provision

The closure of two in-house residential homes has been used to personalise the support of 30 residents and test a new contractual model. Each resident has been allocated a budget and has developed an outline support plan. These plans have been anonymised and shared with providers who have been invited to tender for the support.

Tenders have included a transparent indication of administration and overheads costs. The individuals and/or their families/advocates are then involved in evaluating and awarding the tender for their particular plan. The contractual basis for these arrangements is three way: between the citizen, the service provider and the council.

The way these flexible approaches develop may differ markedly from current practices. For example, commissioners may choose to identify groups of people purchasing similar services from the same or different providers and facilitate the use of block or framework contracts where appropriate. Commissioners should ensure that the individuals involved have every chance to participate in the contracting process to ensure they get the balance of quality and value for money that is right for them.

- **Staged reduction and individualisation of existing block contracts.** Transitional forms of short-term block contracting should be considered to expedite the change process and approaches to personalising and ensuring flexibility within existing block contracts should also be explored.

No opportunity should be missed when developing new contracts or at point of expiration of existing contracts to ensure that flexible, innovative and personalised services are secured. No new long-term block contracts should be entered into without serious consideration of the expected increase in budgets being managed directly by people who use services – flexibility within contracts will be vital to prevent excessive double-funding. This does not negate block contracts altogether – those secured by consortia purchasing by people with personal budgets should be actively encouraged.

Bath & North East Somerset Homecare

Bath & NES tested new arrangements during their Individual Budget pilot to individualise block homecare arrangements. This involved fortnightly payments made to providers to cover the services agreed in support plans, with flexibility for the individual over how their hours are deployed. Those using homecare are also able to carry over 25% of the sum of a weekly payment into the following month as a contingency fund.

This arrangement requires providers to account individually, submitting quarterly returns to the council to show the balance in each individual account.

- **Additional support for providers** – Online approaches to market navigation, the publishing of aggregated demand and purchasing data and setting a time line for the roll out of personal budgets will provide market signals that some providers will have the resources and inclination to follow. However many private and voluntary sector providers may require additional support to make use of this data and develop the new types of services that are required. The development of forums for regular exchanges between strategic commissioners, people who need support, brokers and providers would help keep different parties informed and enable them to identify opportunities for development that may be available or support that may be required.

4 Conclusion

Personal budgets, within the model of self-directed support, are a means to an end. The end is to deliver independent living and to enable people who need support to make best use of their own and other resources to live as active citizens. By putting the citizen at the heart of the decision-making process, they will enable the transformation of the way that social care is provided.

Much of the support on which people rely is currently outside of the scope of personal budgets. Some of these supports are likely to become available to personal budget holders in the future through budget pooling and integrated working across health and social care, but much may remain outside. This means that commissioning strategies must focus on the resources covered by these budgets as well as those that remain separate.

The ultimate success of self-directed support may depend on wider personalisation and the capacity and innovation of other public and universal services to adapt to changed conditions and expectations. Of equal importance to success will be recognition of the role of citizens directing their support as co-designers and co-producers of outcomes. Commissioners will need to work with them to make best use of their existing capabilities and to focus on developing them further.

This framework has therefore focused on developing the market for those who self-fund or use personal budgets, the importance of the wider personalisation of all services on which people draw and the growing role for commissioners of boosting the capacity of individuals and the communities in which they live.