

Personalisation: A Shared Understanding

Commissioning for Personalisation

**A Personalised Commissioning Approach to
Support and Care Services**

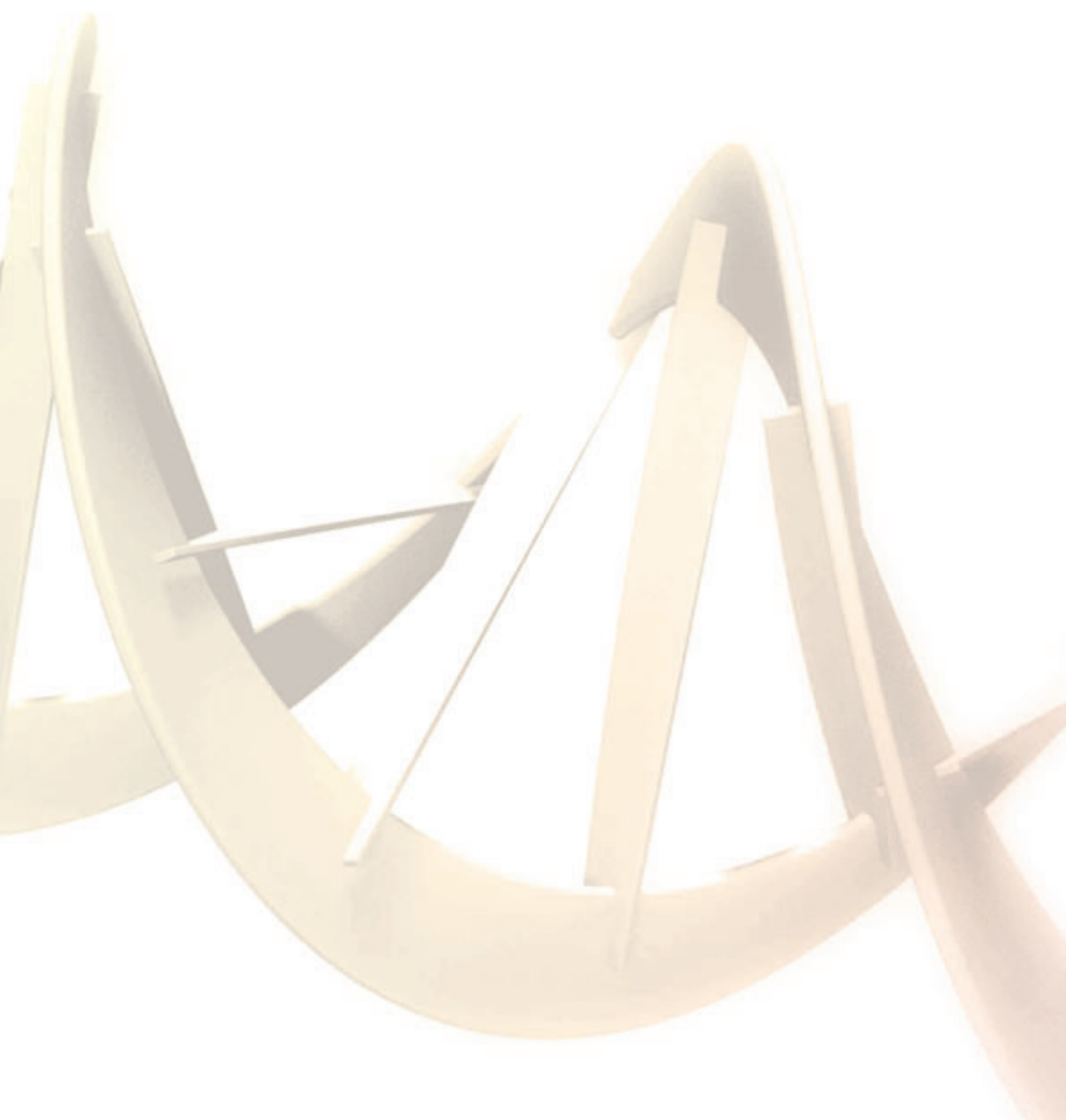


Changing Lives

Service Development Group



**The Scottish
Government**



Personalisation: A Shared Understanding

Commissioning for Personalisation

**A Personalised Commissioning Approach to
Support and Care Services**

Changing Lives
Service Development Group

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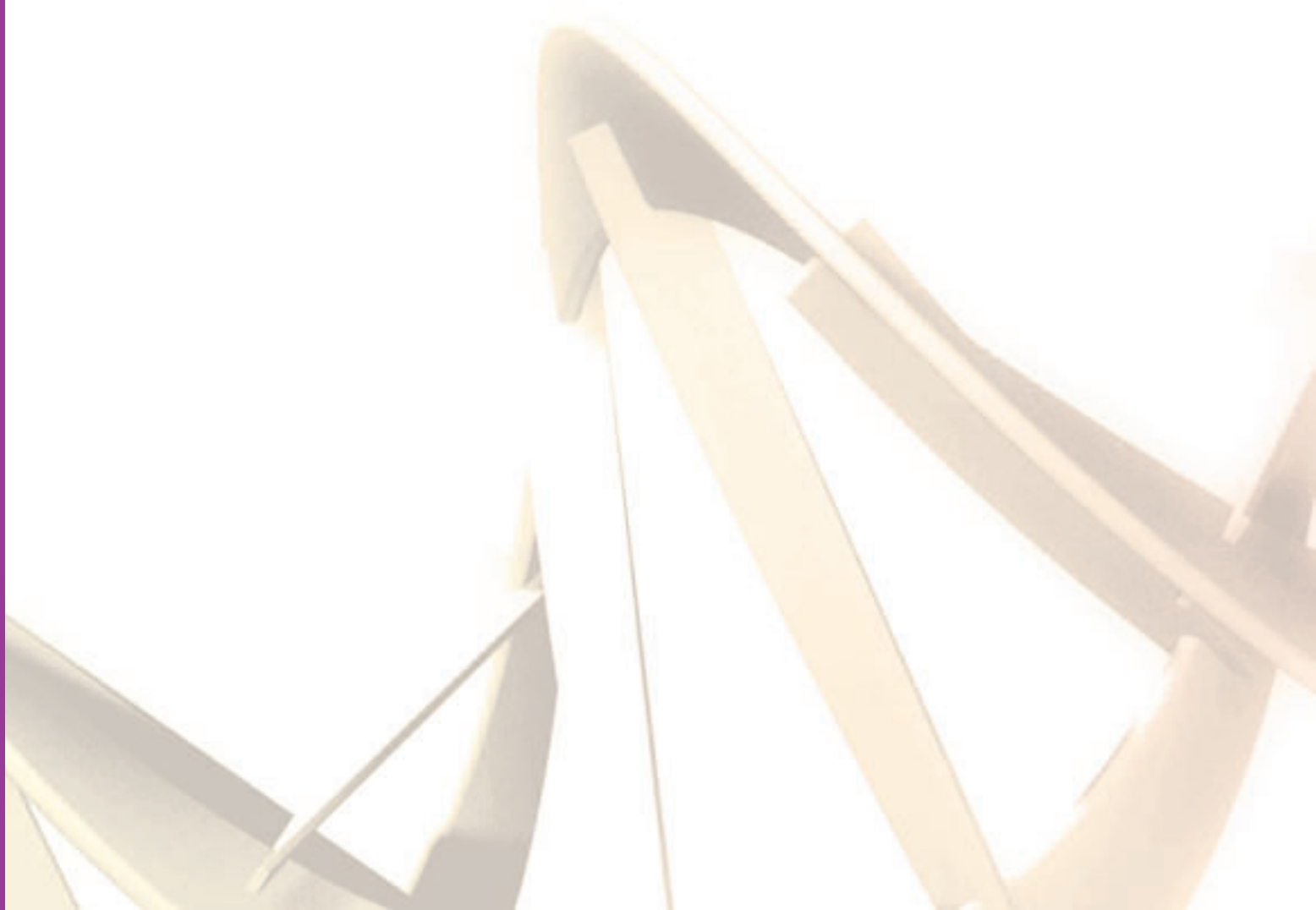
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Ministerial Foreword





The Scottish Government's Purpose is to create a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth. Social work and social care services have a vital contribution to make in delivering the national and local outcomes that underpin this Purpose.

The Scottish Government is committed to the aspirations of *Changing Lives*, the Report of the 21st Century Review of Social Work, to improve outcomes for individuals, families and communities.

The delivery of **Personalised** services is central to achieving the aspirations of *Changing Lives* and to laying the foundations for sustainable change. It is also an important part of the public service reform agenda, as well being central to policy priorities such as *Getting It Right For Every Child*, *Shifting the Balance of Care*, and *Self Directed Support*.

Personalisation puts people and their carers at the centre of the development and delivery of service and support, working with professionals and care workers to make decisions, manage risk and identify resources. We continue to work with key partners, including COSLA and ADSW, to encourage and support such approaches and ensure local understanding and ownership of the change needed to make this a reality.

To me, **Personalisation** is about working with people to support them in a way that any of us would want to happen for ourselves or our families through developing a real partnership approach. It is about ensuring that users are fully involved in the assessment of their needs and the design of the services they receive. I know that a great many people working in the social care sector are already taking this approach, and in doing so are helping to make *Changing Lives* a reality. However, more remains to be done and this publication will help develop understanding of the challenge for people working in social work services at all levels to make the delivery of personalised services a reality.

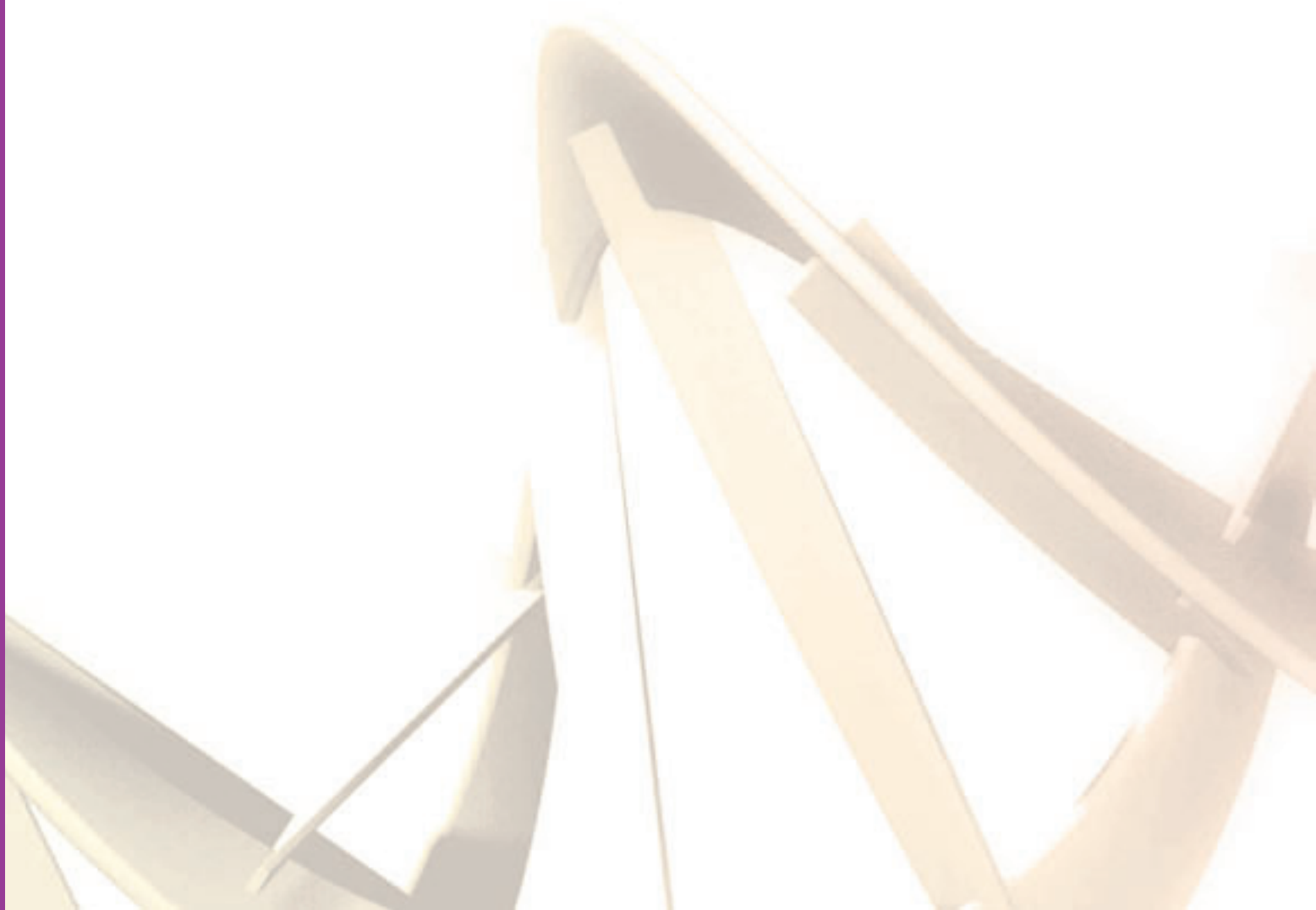
This collection of personalisation papers is the key product of the Service Development Group, one of the five change programmes set up to deliver the aspirations of *Changing Lives*. I am very grateful to all members of the Service Development Group for their work in developing these papers and, in particular to the Group's Co-Chairs, Janet Birks and Nigel Henderson.

I commend this publication to you and encourage the use of the papers to raise awareness, support local scrutiny and debate, and help address constraints and barriers – real or perceived – which can undermine practical application of this concept.

A handwritten signature in black ink that reads "Adam Ingram". The signature is written in a cursive style.

Adam Ingram
Minister for Children and Early Years

Co-Chairs' Foreword





As part of the follow through on *Changing Lives*, the Report of the 21st Century Review of Social Work published in 2006, we were asked to co-chair a group looking at the issue of Service Development. It was clear from the review that a key objective of social services should be the development and delivery of personalised services and approaches, and the group agreed this was an area we should explore further.

Some might say: “What’s new about this? Haven’t we always looked to put people at the heart of services reflecting our core principles.” And in many ways, that is the case. Others might query what is meant by ‘personalisation’, is it about real impact and outcomes for service users, or just a bit of jargon.

With such a potentially huge and fundamental agenda, how were we to contribute at national level? We decided it’s like eating an elephant, you do it a slice at a time – we would identify a couple of areas and get on with exploring these. We saw our role primarily, as:

- raising awareness of personalisation, what it can mean and what may be the constraints, encouraging local debate and consideration;
- researching some of the models and practices around and sharing this information;
- helping those not on the front line recognise their key role in supporting personalisation – especially through commissioning;
- making linkages across the *Changing Lives* Change Programmes to ensure personalisation underpinned all the work and the national products being produced;
- making linkages with other policy areas in government to build some common understanding and synergy.

This publication brings together three particular products we have generated, some of which you may have seen before. The first paper is on what personalisation is and what are the areas that need to be aligned if there is to be real user engagement, flexibility and improved outcomes for people. The second paper explores the role of commissioning in transforming services to meet future needs, the opportunities and constraints in delivering personalised services. The third paper is a more detailed look at commissioning and the various issues which arise at an operational level and what might need to be addressed. We hope you find these useful in facilitating your own discussions and improvement agenda.

As we have taken some of this work around the country, speaking at conferences, facilitating workshops, hearing from managers and practitioners, it seems clear there is a real appetite to

ensure we deliver the types of services we would like for ourselves and our families – and that must always be the aspiration. It's too easy to say things can't change. That is clearly not the case and there are local developments using various models which seek to give people more input and control. But more can be done.

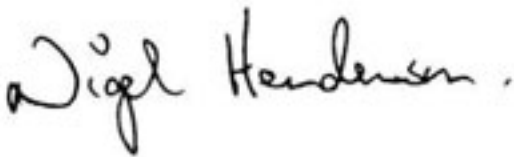
We have found this work stimulating and challenging. It's a beginning and not an end and we recognise that, in some respects, it has crystallised the questions, but not provided the answers. And we believe that to be the right approach. It is local decisions about local priorities, systems and outcomes to be achieved that are key. We hope we have provided some stimulus to that.

We would also like to take this opportunity to thank the members of our group for their contribution and commitment.

A handwritten signature in black ink that reads "Janet Birks". The signature is written in a cursive style and is positioned above a horizontal line.

Janet Birks

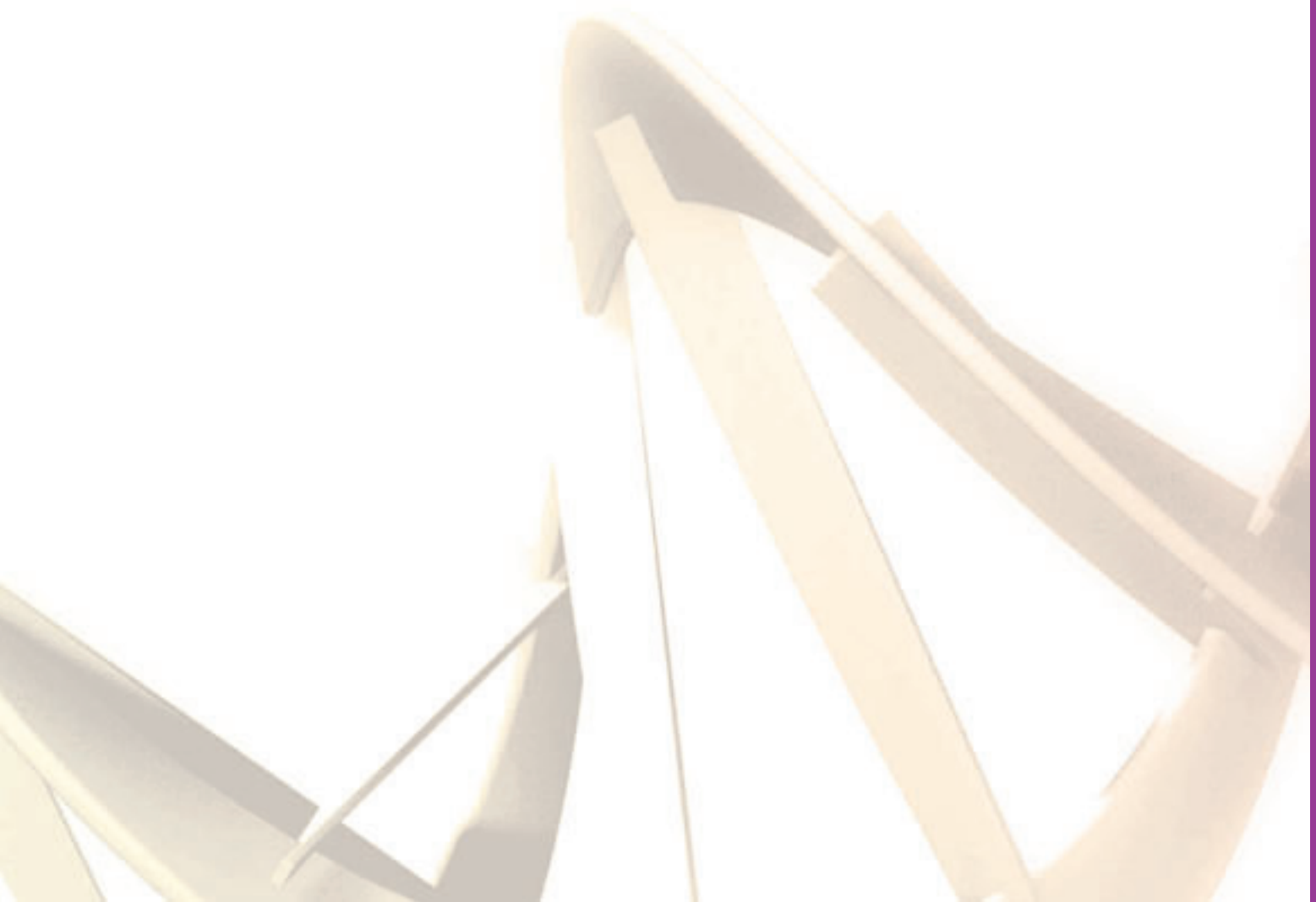
Director of Social Work Services, Falkirk Council

A handwritten signature in black ink that reads "Nigel Henderson". The signature is written in a cursive style and is positioned above a horizontal line.

Nigel Henderson

Chief Executive, Penumbra

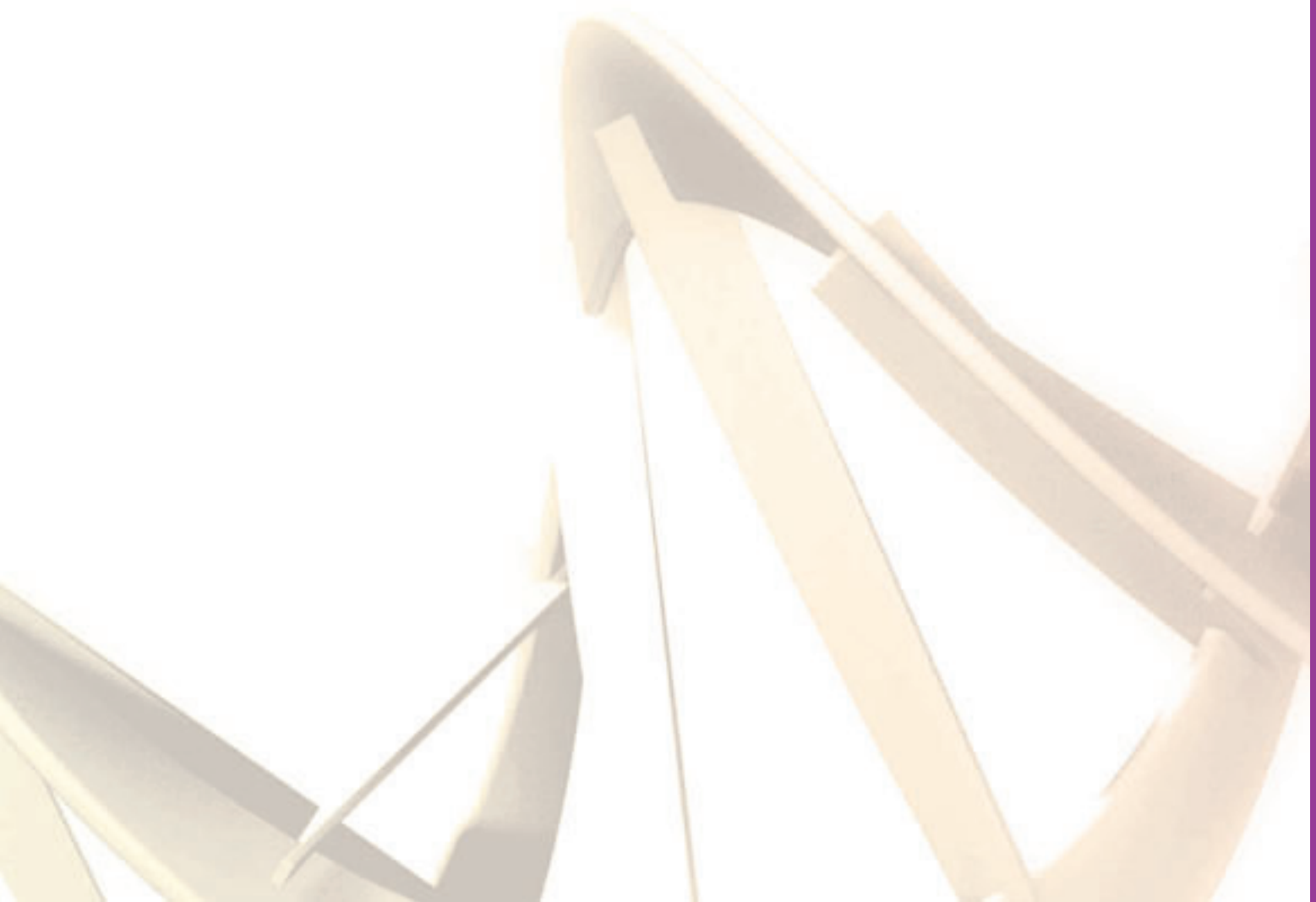
Acknowledgements



The Service Development Group wish to thank all those who have contributed to the Personalisation papers, in particular Andrew Reid for his work on 'A Personalised Commissioning Approach to Support and Care Services' and Julie Haslett for her support and enthusiasm in this work.

We would also like to thank all of the service users, carers, groups and organisations that have contributed so enthusiastically to the development of these papers.

Introduction



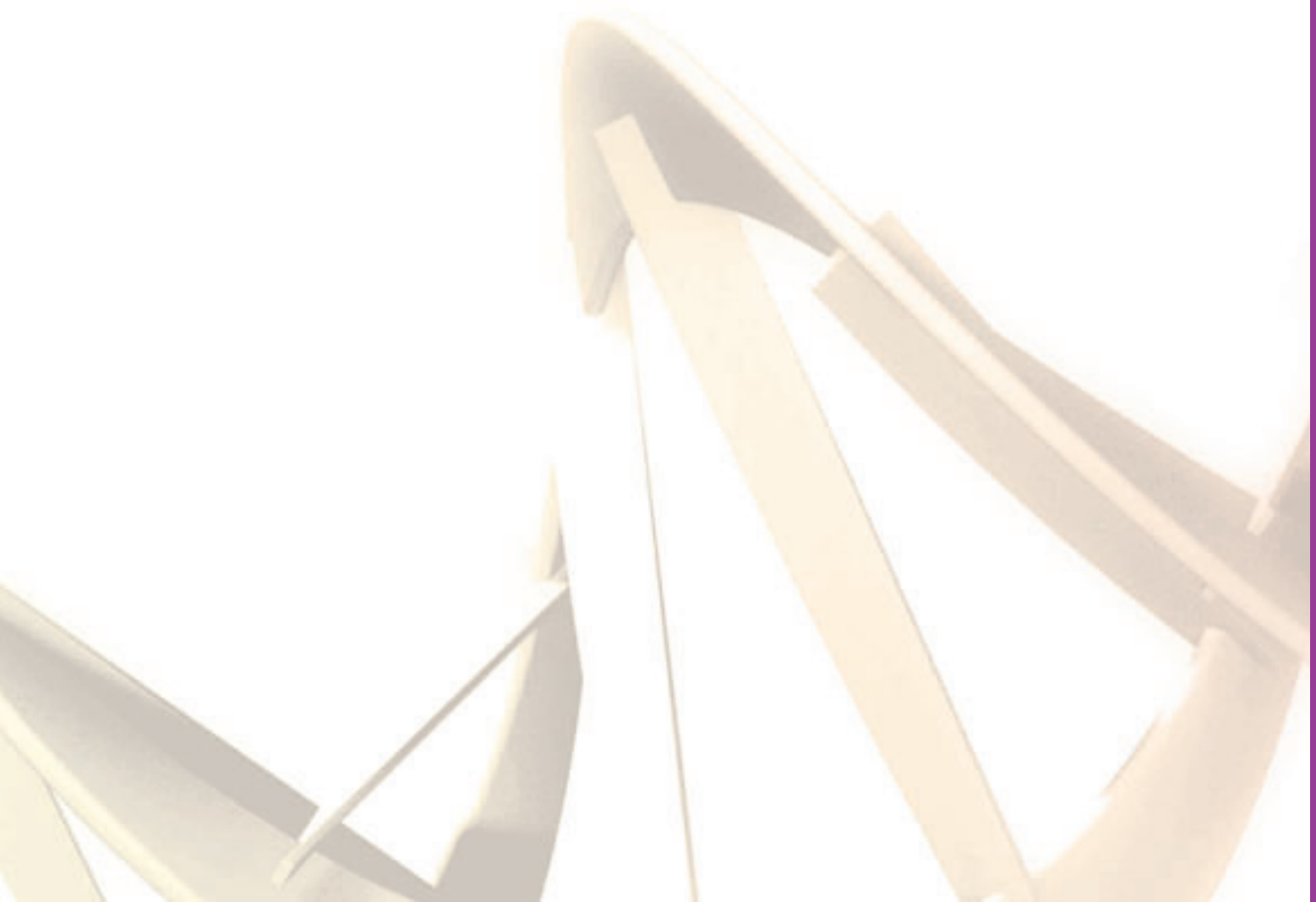
The Personalisation papers have been published to raise awareness and promote reflection on current practice against Personalisation and Commissioning for Services within the social work and social care sector. They have been developed by and are the key product of the Service Development Group, one of the five Change Programmes of *Changing Lives*.

The **Personalisation: a Shared Understanding** was first published in Spring 2008. It provides a definition and understanding of what Personalisation, which is an overarching concept, means from views widely canvassed from within and outwith Scottish Government.

Commissioning for Personalisation is a sister paper to **Shared Understanding** that looks specifically at the commissioning process and the implications of developing a personalised services approach.

A Personalised Commissioning Approach to Support and Care Services seeks to explore the agenda of issues identified by **Commissioning for Personalisation** in more detail. It suggests a *personalised commissioning approach* which also reflects a wider public sector approach to people through 'outcome-based commissioning', and improvements to public and provider partnership working.

Personalisation: A Shared Understanding



Introduction

Personalisation through participation isn't rocket science! But it can change the way public services are delivered and how engaged people and communities are in that. It is a key pillar of the public service reform agenda as well as *Changing Lives* and other policy priorities across social care such as Shifting the Balance of Care and Self-Directed Support through Direct Payments.

The purpose of this paper is to provide a statement of what personalisation is, what the application of this approach can achieve and indicate the key areas that need to be considered in the development and implementation of this approach.

This provides the context for the work being taken forward by the Service Development Group as part of the *Changing Lives* programme. Hopefully it will also provide a stimulus for everyone who plays a part in how and what service and support people can access to consider whether current practice reflects this approach and, if not, what can be done to change that at every level.

Personalisation – what is it?

A simple definition is that: ***“It enables the individual alone, or in groups, to find the right solutions for them and to participate in the delivery of a service. From being a recipient of services, citizens can become actively involved in selecting and shaping the services they receive.”***

Personalisation means that people become more involved in how services are designed and they receive support that is most suited to them. This can range from engaging with a community resource, which could mean that referral to a social work department isn't necessary, right through to provision of an intensive support package. Personalisation is about prevention, maintenance or intensive support – whatever is needed.

Personalisation means enabling people and professionals to work together to manage risk and resources. It isn't about withdrawing professional support or indeed ignoring risk or the limits on resources, but about actively engaging in a dialogue about how to manage risk and the use the money and support that are available in the best way.

Personalisation should lead to services which are person centred (both around individuals and communities), which can change when required, are planned, commissioned and sometimes delivered in a joined up way between organisations.

Even where there are mandatory or statutory requirements, there can still be a dialogue on how that is best managed and delivered to achieve the desired outcome for the individual. For example, listening to what a child wants and working with this, or the views of other family

members and supports around the child, can ensure action is taken that meets the immediate need to protect the child but also pays due heed to the particular circumstances and wider and longer-term wellbeing of the child.

In the case of offenders, even though the delivery of a community penalty is a compulsory state intervention, that's not to say we shouldn't try and get as much out of this as we can, for the individual and the wider community. So, for example, tailoring the approach taken and offering the intervention most likely to prevent the individual from offending in the future; recognising and working with offenders on addressing some of the wider needs that some may have to make it more likely they will move on; involving the community in consideration of work that could be carried out as a part of community service would contribute to a more preventative, personalised approach.

The principle of personalisation is also in line with the National Care Standards for services. These require services to recognise and accept people as individuals, adhering to the principles of: **dignity, privacy, choice, safety, realising potential, equality and diversity**. It also fits with the principles of good social care practice which ***"...promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being.."*** [International Association of Schools of Social Work 2001]

Why do we need to do this?

Not only is personalisation something that we would all expect of services for ourselves and our families or carers, demand in social care services is increasing, 'customer' expectation is rising and issues are becoming more complex. The current way in which services are often delivered, and the emphasis on inputs and process rather than outcomes for the individual, family or community, is too inflexible for the scale and nature of future demand. Resources are finite and there is a need to move away from a 'one size fits all' approach and seek more innovative and cost, as well as person, effective solutions. Often people aren't even offered simple choices, yet these could make a great deal of difference to their lives without necessarily costing any more.

Personalisation is an approach which might help address some of these issues in that by:

- focussing on preventative support, we may reduce the need for more costly support packages designed for crisis – this will have long-term benefits for the system as well as the individual;
- devolving more control to individuals and communities and enabling people to become participants rather than simply recipients of support, we are more likely to achieve success for individuals first time without having to reinvest in alternatives;
- providing individuals with choice and flexibility and a way in which to improve quality, they get the right support at the right time, recognise and share in assessing and managing risk, which has obvious benefits for service provision as well as service users.

Social Care in Scotland

Personalisation is the foundation of good social care practice and is already the goal of social care in Scotland. However, research commissioned for the 21st Century Social Work Review suggested that the system fails to deliver that consistently. Instead, social workers can become risk managers and resource allocators, gatekeepers and controllers. Services provided by local authorities and those commissioned from the voluntary and private sectors, can tend to be reactive and not anticipatory with little focus on early preventative services or planning for future requirements – recognising that people's needs and circumstances, and those of their carers, change.

Areas for change

Personalisation needs to happen for everyone. It needs to be owned by users and carers as well as practitioners. To achieve that local partnerships need to develop a strategic approach to:

1) Personalisation as prevention – building the capacity of individuals and communities to manage their own lives with appropriate and proportionate intervention at the right time. Focus on – Preventative services, Self management, Enablement and Rehabilitative services.

2) Personalisation for complex cases – help people to find the right support solutions for them and to be active participants in the development and delivery of services. Encourage people to come up with their ideas and put effort into devising solutions which suit them in their particular circumstances drawing on their own strengths, family or community capacity. This doesn't mean that people are not supported and left without guidance or that risks are not addressed, but that solutions are developed in partnership with professionals.

3) Personalisation as choice – sometimes people just want to have efficient, reliable 'off-the-shelf' services which respond to their needs when they have them. Give people access to a choice of services and enable them to speak up for what they want. Views of people who use these services are listened to and issues acted upon.

How can this be achieved?

Recognising and considering five key elements within current practice that impact on personalisation:

1) Tools – assessment tools and how practitioners and users and carers manage risk; how people are involved in how services are developed and commissioned. Giving people better information about the services available and how they can find their way around the system.

2) Finance – investment in community based preventative services; integration of different public sector budgets so that everyone is working to the shared objective of personalisation and the same outcomes for people and communities; further devolvement of spending to service users so that services are purchased and commissioned around their plans; streamlining bureaucracy.

3) Workforce – identification of skills gaps/re-training; consideration of new roles, ie navigator, advocate, broker, counsellor, risk assessor and designer; recognition of contribution of unpaid carers as a vital part of service provision and support for them as partners.

4) Mixed economy of care – range of choices of services which are delivered by organisations large and small, across the public, voluntary and private sectors. Variety in the ‘marketplace’ is important in providing a range of options; current planning, commissioning, procurement and contracting practice, built upon National Care Standards, should encourage the development of a healthy social care market.

5) Performance measures – give people a greater say over the quality of services; the right to have access to other services when quality falls below an agreed threshold; outcomes, as agreed with the individual, can be specified; include people in internal quality assurance and forms of external validation such as inspection.

Making it happen

Personalisation is the goal of all public sector services and is an important part of the public service reform agenda. Personalisation is the vision, however we acknowledge that there may be challenges and tensions in how this vision is achieved. Issues such as risk, financial constraints, delegation and decision making, equity of service provision, and investment in preventative work vs crisis management, are all considerations, whether perceived or real.

There is also the issue of capacity: within the workforce to engage actively in seeking creative and innovative solutions; within organisations and management to ‘let go’ and encourage and support practitioners and individuals; within individuals to have the information and confidence to engage, challenge and be heard.

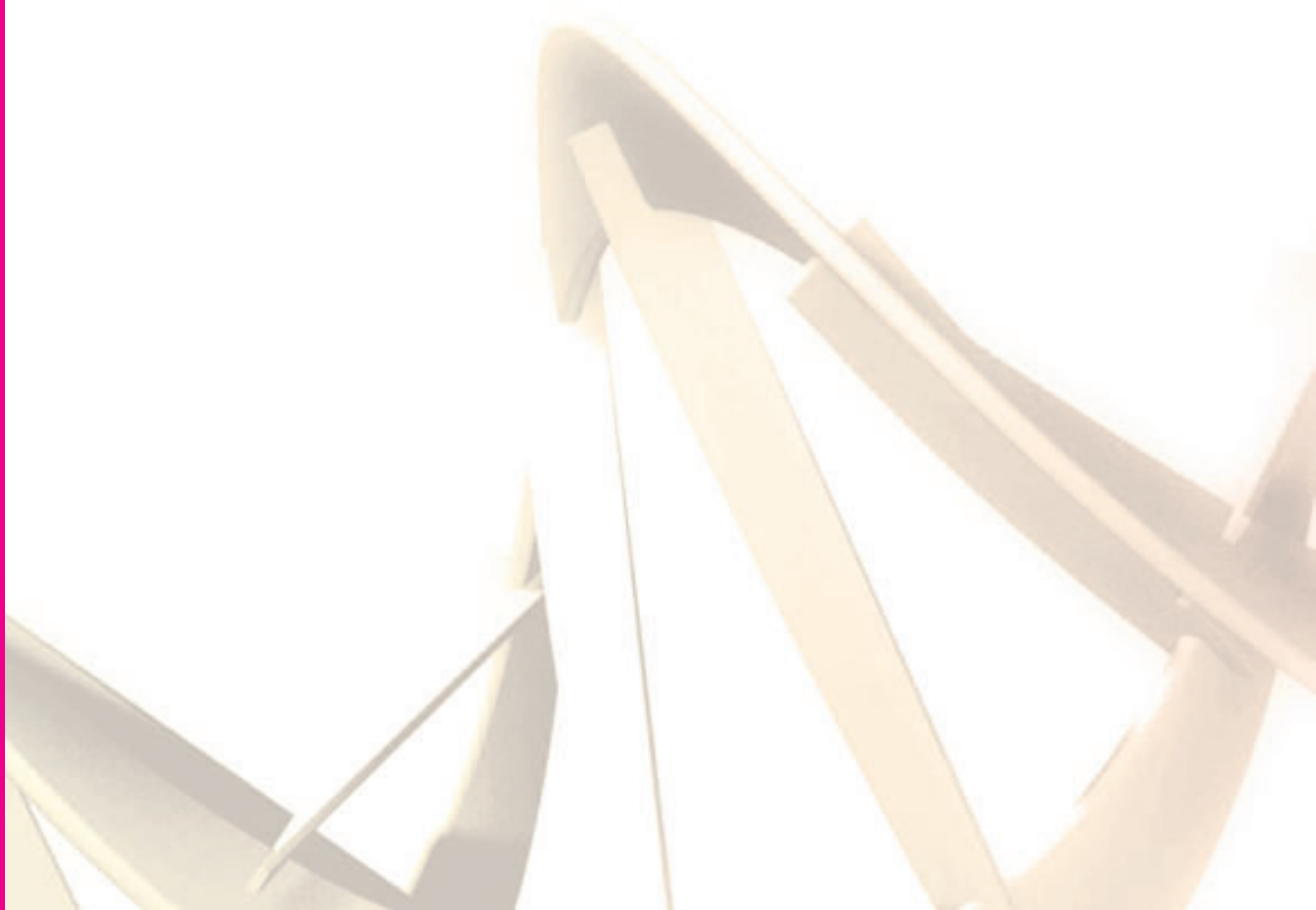
These issues should not be underplayed but it is important to find ways to explore these in individual practice and collectively, including with users, carers or the wider family/community, and identify solutions, as well as sharing examples of good practice.

This latter task reflects some of the work being done by the Service Development Group, working across other change programmes and other policy areas to signpost approaches and good practice, in helping to point the way as to how the aspirations of *Changing Lives*, and personalisation in particular, can be realised.

But the real difference will be made by the people who are currently changing lives every day in the work they do and the impacts they make on people’s lives and the organisations and management that determine the context and environment for that work.

**Service Development group
Spring 2008**

Commissioning for Personalisation: More of the Same Won't Do



Introduction

This paper follows on from *Personalisation – a Shared Understanding*¹ which provides a statement of what personalisation is, what such an approach can achieve and what key areas need to be considered in the development and implementation of a personalised approach.

It has been suggested there could be a tension between the focus on outcomes and improving life choices for people, and the expectations and requirements of the commissioning process. Yet the process and the results from that can impact directly on continuity of care, the wellbeing of individuals and the outcomes achieved.

The purpose of this paper is to raise awareness of the implications of personalisation for commissioning², explore some of the interdependencies and encourage consideration as to whether current commissioning practice fully supports personalisation and what issues might need to be addressed locally.

Personalisation

A simple definition of personalisation is that: ***‘It enables the individual alone, or in groups, to find the right solutions for them and to participate in the delivery of a service. From being a recipient of services, citizens can become actively involved in selecting and shaping the services they receive.’*** This is important whether someone is taking responsibility for the payment for their own services, such as through Self-Directed Support for example, or are accessing services provided by the local authority directly, or on their behalf.

Personalisation has been described as a shift from a consumerist perspective to one of “co-production”³. Where someone is in need of timely effective services that are personalised to their needs, this is characterised as a “consumerist” perspective. Professionals and practitioners deploy their skills and knowledge in a timely and effective way to solve a problem for the user and the more that is done in a personalised, considerate and responsive manner the better. Whereas for ‘co-production’ the perspective is one where people are co-producers of the outcomes, active participants in the process, deciding to manage their lives rather than being dependent users. Professionals and practitioners deploy their knowledge and skills to help people devise their own solutions which best suit their needs and life choices.

Making such a shift requires us to think more widely than simply care packages and support for individuals. Personal, family and community environment and resources and their potential impacts are important. Community Planning and Single Outcome Agreements are about

1 Published in Spring 2008 and available at www.socialworkscotland.org.uk

2 Commissioning activity is defined in this paper as involving planning, procurement and contracting, and includes service development both in relation to services which are directly provided by local authorities and other statutory agencies, and those which are provided by other sectors, including voluntary and private agencies and housing associations.

3 Charles Leadbetter, *Personalisation through Participation*, Demos 2004

enabling localities to set a strategic direction, focusing the energies of government (local and national) and partner organisations on making our towns, cities and communities better places to live in.

Commissioning, at both the strategic and the individual level, is an important tool in helping to achieve improvements. Getting it right can transform people's lives giving more flexibility, independence and choice as well as quality and value for money. Getting it wrong can lead to uncertainty, lack of continuity, undermining the potential for people to be part of the solution – sometimes being shoe-horned into provision, just because it is there. Any significant move towards developing and delivering personalised services with an outcomes focus can be facilitated or constrained by the clarity of the commissioning strategy in respect of personalisation, and the approach used in the commissioning process.

Current approaches and types of service provision, with the emphasis on inputs and process rather than outcomes for the individual, can be too inflexible to meet the scale and nature of future demand and pressures, including a tight financial envelope. There is a need to move away from a 'one size fits all' approach and seek more innovative cost, as well as person, effective solutions. Not only will this meet society's wider expectations about access, flexibility and development of bespoke packages, it might help in that:

- By focussing on preventative support, we may reduce the need for more costly, crisis related packages;
- Devolving more control and choice to individuals and communities with real participation in developing solutions is more likely to lead to success first time;
- Choice and flexibility can improve quality as well as individual and service outcomes.

Who has a role in personalisation?

Front-line practitioners play a crucial role in actively engaging with individuals, carers and others to develop the right sort of support at the right time. Potential recipients of services or support, as do users and carers and families need to actively participate if this is to be effective and work done by the User and Carer Forum⁴ to recommend principles and standards for Citizen Leadership⁵ can aid this.

However, practitioners operate within a wider organisational environment and there are five key elements within current systems and practice that impact on personalisation: Tools, Finance, Workforce, Mixed economy of care and Performance measures⁶. This highlights the need for a wide range of people and functions across an authority to understand and contribute to the personalisation agenda and the impact that they, in their respective roles, can have on this.

4 The User Carer Forum is operated by the Scottish Consortium for Learning Disability on behalf of the Scottish Government as part of the work of *Changing Lives*.

5 *Principles and Standards of Citizen Leadership*, published April 2008 and available at www.socialworkscotland.org.uk

6 These 5 areas are more fully explained in *Personalisation – a Shared Understanding*. Available at www.socialworkscotland.org.uk

Why is commissioning important to personalisation and vice versa?

Commissioning is at the heart of effective social care and can transform people's lives. It's not just about procedures and processes but is a strategic activity investing for the long term. The development and delivery of services, what these look like, how they can be accessed, their flexibility and availability are key to personalisation. With the vast majority of social care services being delivered on behalf of the local authority by either the voluntary or independent sector, commissioning – and joint commissioning with other agencies – is a key component in developing and delivering a co-production approach.

The Implications of Personalisation for Commissioning

A shift to a co-production perspective of services and support will require scrutiny of some key functions and whether they are performed in such a way as to enable personalisation or constrain it. These include:

Involving Service Users and Carers: views and aspirations of people who use services need to be at the heart of commissioning. What are the qualities that people say are important to them in the services they receive? Do they maximise life choices? Are information systems adequate to regularly review the choices that people make, spot trends and inform future commissioning? Is continuity of care and the impact of change considered as part of the evaluation?

Strategic Planning: establishing a commissioning for personalisation approach, with its cultural and organisational implications will require long term work. Is the strategic direction for commissioning clear, outcome focussed and based on future needs rather than current services, and accompanied by action plans or underpinned by financial plans?

Financial Planning, Individual Budgets and Resource Distribution: achieving real value for money is determined by outcomes for people as well as greater efficiency. Financial planning to ensure the availability of flexible budgets will be crucial as will be the mechanisms for de-commissioning services no longer wanted. Equity and budget control may require some cost ceilings but judgements of long-term best value should take account of individuals' life choices and quality of life, exceptional circumstances and the potential benefits (financial as well as personal) of preventative support; greater user choice and control over resources, individual budgets and people being involved in determining what, who, when and how service/support is provided.

Market Management and Partnership with Providers: working with others effectively to develop the social care market. The implications for change will depend to some extent on how far people decide to commission their own services, use brokers, support agencies or other third parties or to use services provided or purchased by local authorities. Each service provider will need to consider issues such as:

- how to personalise existing services;
- what is its organisational mission and role;
- what is its future organisational size, shape and culture;
- how will it recruit, retain train and manage staff;
- how will it project itself to the public and potential service users;
- how will it account for individual budgets, income and expenditure;
- how will it continue to meet the requirements of regulators.

Service Specifications: principles of personalisation need to be translated into elements within service specifications and would include: meeting expectations, offering choice, providing flexibility and innovation, promoting independent living and improving care standards.

Procurement and Contracting: personalisation would require these aspects of commissioning to take account of self-assessment, personally determined support plans and people potentially exercising greater choice. Are there mechanisms built in to enable service users to continue exercise and control? Can we promote ways in which individuals can make their own contractual arrangement should they wish to do so? Is there a middle way between “block” and “spot” contracts? Are outcomes for people sufficiently defined as part of the contract?

Managing Risk: requires commissioners to be willing to explore other ways of doing things, encouraging innovation and risk-taking while paying due regard to legal, ethical, financial and other considerations. Detailed planning based on good information and careful implementation can avoid or minimise risk.

Workforce Development: personalisation will have implications for the roles, tasks, skills and development of the workforce overall. Is there a need to look at the current and future requirements of those working in the range of functions that could be brigaded under “commissioning”? Are there any skills gaps/training/development requirements to equip people for a changing environment and requirements?

Regulation: fundamentally regulators concern themselves with performance assessment, assuring the quality and safety of services and value for money. It will be important that their approach takes account of the underpinning principles and encourage commissioning for personalisation.

Governance: understanding and commitment to the principles of personalisation and the implications for commissioning need to be fully understood and supported by elected members.

Consideration needs to be given in all these areas as to the contribution that can be made to the removal of barriers and constraints (perceived or real) and the embedding of personalisation in their own area and across the system as a whole. A Discussion paper *A Personalised Commissioning Approach to Support and Care Services* has also been produced which expands on each of these areas, and looks more closely at the relevance to personalisation and some of the issues that may arise.

Key Features of Commissioning for Personalisation

The key features of commissioning for personalised services relate to people being enabled to access individual budgets and/or choose between options. But, commissioning for personalisation has a broader role both ensuring that a full range of services is available with the required flexibility to support people's life choices, as well as demonstrating high quality and value for money. This requires particular approaches to:

- involving people in planning services and support;
- establishing a data system to inform service development;
- decision making on strategy, capacity, finance and workforce;
- the specifications for personalised services, procurement and contracting process and arrangements;
- review through contract monitoring and compliance, and regulation.

Establishing a system that truly reflects personalisation, with its cultural and organisational implications, will involve long-term work. It will require a strategic approach to commissioning, planning ahead for the next 10 to 15 years and a needs assessment of whole populations, including those people who fund their own care. However, *Changing Lives* made it clear that more of the same won't do and there are examples where real change and improvement has been achieved, albeit that is not consistently the case.

Whatever is done, it will still be necessary to have some means of ensuring that:

- people have access to information about their rights and options;
- finite public resources are distributed fairly and equitably;
- people with limited organisational and communication skills are supported;
- where appropriate, people are protected from harm;
- there are adequate good quality, flexible and cost-effective services;
- a strategic view is taken of current systems and future needs of current and potential users.

The benefits that can be achieved in developing the principle of personalisation in all engagements with people include:

- empowering people and putting the principles of independent living into practice and enabling people to be active citizens in their communities;
- creating a healthier nation with stronger and safer communities, which is key to achieving a fairer and wealthier Scotland;
- reducing or removing the physical, organisational or attitudinal barriers that people may experience in the world around them;
- providing flexibility, choice and control and a decent quality of life;
- promoting confidence and wellbeing for those with an assessed need.

These benefit not only individuals, but those who can provide services as well as our society more widely. Understanding of, and commitment to, the key role that commissioning plays in meeting the aspirations of personalisation, delivering outcomes and achieving sustainable progress and change, is key. Without this, opportunities to fully develop a personalised approach meeting the needs and aspirations of people, communities and wider society will be limited.

Further papers on this topic are referenced in the attached Annex.

Service Development Group
Spring 2009

Annex

Personalisation: some relevant papers

Changing Lives: Report of the 21st Century Social Work Review (2006) Scottish Executive. Available at: <http://www.scotland.gov.uk/Publications/2006/02/02094408/0>

Self Directed Support – Core Elements & Issues (2008) CareKnowledge

'In Control' – a focus on the individual (2008) CareKnowledge

Personalisation (2008) CareKnowledge

Personalisation – the Challenges (2008) CareKnowledge

Re-tendering of Social Care Services: Service Providers' Perspective (2008) Community Care Providers Scotland. Available at:

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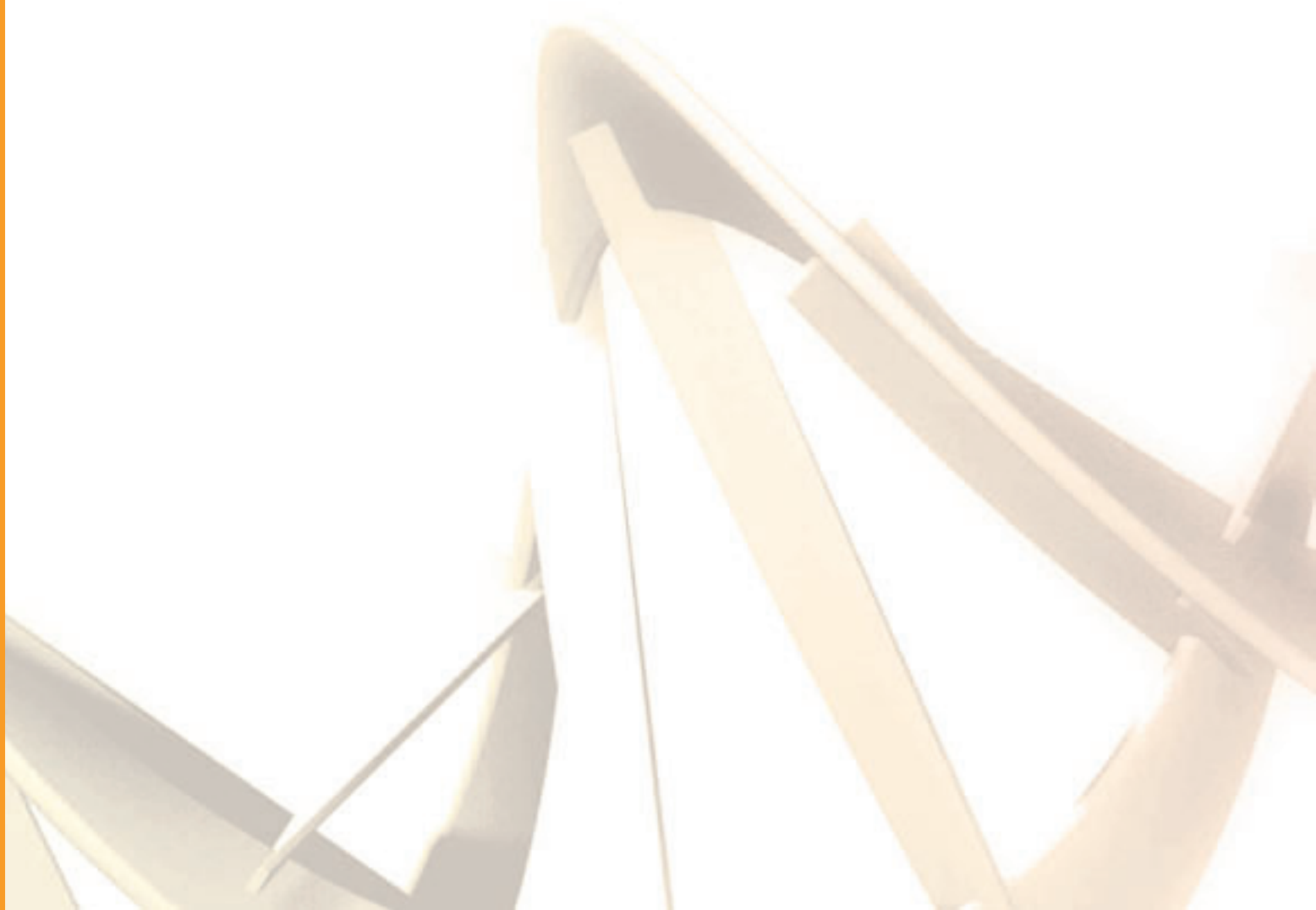
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A Personalised Commissioning Approach to Support and Care Services



Introduction

Within the *Changing Lives* programme, the Service Development Group has produced a paper on 'Commissioning for Personalisation'. That paper seeks to raise awareness of the implications of personalisation for commissioning support, care and associated services; explore some of the interdependencies; encourage consideration as to whether current commissioning practice fully supports personalisation and what issues might need to be addressed locally.

This paper seeks to explore the agenda of issues identified by that summary paper in more detail. It suggests a *personalised commissioning approach* which also reflects a wider public sector approach to people through 'outcome-based commissioning', and improving public and provider partnership working. It does not prescribe what actions should be taken, but is designed to provide material for discussion, and to promote consideration of the issues set out.

Changing Lives

The aspirations of *Changing Lives*⁷ included that people who use services should:

- influence the design planning and delivery of services;
- find it easy to contact services;
- have their strengths, interests and aspirations built on by services; and that:

Carers should:

- be recognised as active partners and care providers, able to influence how services are designed, planned and delivered;
- be able to have a wider life outside their caring role.

The NHS in Scotland has a statutory responsibility for public involvement under Section 7 of the NHS Scotland Reform Act 2004, with detailed implications set out in the paper, *Patient Focus and Public Involvement*, which identified *A Framework for Change*⁸ – that must cover the entire breadth and depth of NHSScotland. This framework has been subdivided into four broad themes:

- Building Capacity and Communications;
- Patient Information;
- Involvement;
- Responsiveness.

7 <http://www.scotland.gov.uk/Publications/2006/02/02094408/0>

8 <http://www.scotland.gov.uk/Publications/2001/12/10431/File-1>

Personalisation⁹

Personalisation has been adopted as a term which encapsulates some of the key aspirations of *Changing Lives*, Public Service Reform and other policy developments across government, and delivering better outcomes for people. The Service Development Group has adopted a definition that:

“Personalisation enables the individual alone, or in groups, to find the right solutions for them and to participate in the delivery of a service. From being a recipient of services, citizens can become actively involved in selecting and shaping the services they receive.”

It was recognised that *Changing Lives* “would only be achieved by social work services working with their partners locally to re-design the delivery of services.”

What redesign is required to change the care pathway people follow, and to change the current approach to commissioning of services to ensure that they are both grounded in, and promote a personalised approach, which shifts greater control to citizens? How can the universal rights of citizens, which reflect the legal duties of provision, be provided in such a way as to meet individually defined outcomes? How can this be done within available resources? Whilst shifting the balance of control to citizens from public agencies and service providers within existing finances, how can we promote a better partnership approach between public agencies and service providers?

Central to any system of personalisation is people’s current experience of the stages and process to obtain support and/or care services – referred to below as the “care pathway”.

Table 1. Care Pathway



⁹ Note: This paper draws from and directly uses material from a range of sources, which are identified as the source material in Appendix 1 at the end of the paper.

Each stage needs to be personalised – the key components are:

- Information
- Access
- Assessment and care/support planning
- Service delivery

Within the care pathway, the planning stage might include compulsory measures for children or adults.¹⁰

In addition, other parts of the whole system support the care pathway and service development:

- Planning
- Financial planning, financial systems and financial management
- Setting standards and targets
- Procurement and contracting
- Workforce planning, training and development
- Regulation
- Leadership and Management

What needs to happen to each stage and component of the care pathway, and what needs to happen to each part of the supporting system so that they reflect a personalised approach and do more to promote personalisation?

This paper suggests the adoption of a Personalised Commissioning Approach (PCA) could promote personalisation, both in relation to the care pathway and the other parts of the whole system identified above.

Personalised Commissioning Approach (PCA)

Personalised Commissioning needs to involve both:

1. The care pathway providing greater control by service users during assessment and care planning and greater control over decisions about their own support in individual cases; and
2. Changing the nature of broader service planning, development, procurement and contracting to meet the requirements of individual cases.

¹⁰ *Getting It Right For Every Child: Proposals For Action*: where a child's needs are complex, serious, require multi-agency input or are likely to require compulsory measures, an action plan must be agreed by all agencies involved and kept under review. (2005)

Step Process

A personalised commissioning approach to meet the support needs of most adults and many children and families suggests a step process with certain key stages:

- **Good Information** – to people who currently or may use services;
- **Individual Support** – through advocacy, brokerage, assessors and care managers;
- **Self-assessment** – of needs and desired outcomes (with help as necessary);
- **Individual Budgets** – indicative allocation of Individual Budgets;
- **Support Planning**
 - people developing their own support plans (with help as necessary);
 - the funding agency checking and agreeing support plans;
- **Support Choice and Control**
 - People having choice and control over what services they receive (within their individual budget), who should provide them, when and how they should be delivered;
 - People having the right to choose between options – direct provision by local authorities; provision by a specified voluntary or private provider (service purchased by the Council); purchasing by a third party (relative, broker, support agency) chosen by the service user; purchasing through direct payments; provision through a mixture of options;
 - people reviewing their own needs, services and outcomes and revising their own support plans (with help as necessary) and taking account of managing risk.

In 1993 statutory Directions¹¹ were made by the Secretary of State for Scotland concerning the rights of individual adults to choose where they receive residential care. “If, after evaluation of options, the individual concerned expresses a preference for particular accommodation, the authority must arrange for care in that accommodation” (subject to certain conditions – suitability, availability and cost). “There should be a general presumption in favour of people being able to exercise choice over the service they receive.”

Adopting a Personalised Commissioning Approach (PCA) suggests that this right of choice should be extended beyond residential care to all care and support services. The principle then would be that, after evaluation of options, if an individual expresses a preference for particular care and/or support service, the authority must do all they can for those care and support services (subject to certain conditions – suitability, availability and cost) to be made available. “There should be a general presumption in favour of people being able to exercise choice over the service they receive.”

¹¹ <http://www.scotland.gov.uk/library/swsg/index-f/c098.htm>

Where compulsory measures are not involved, and people have sufficient capacity, this starts to suggest a different picture of a personalised self-determined step process, which has flexibility and is focused on the outcomes determined by people themselves.

Service Planning, Development, Procurement and Contracting

Local authorities have had to recognise adults' legal right to choose their care home since 1993, and this right has affected commissioning (planning, contracting and procurement) decisions in relation to care home services. The personalised commissioning approach suggested here would have similar but much more far-reaching effects, and would require the development of:

- information and access points;
- resources to enable self assessments and assist support planning;
- flexible individual budgets through service strategies and redesign of management and financial systems;
- a financial system to allocate individual budgets against self assessments;
- processes to approve the allocation of individual budgets against personally determined support plans;
- ways in which other funding sources, such as welfare benefit income and NHS funding, can be taken into consideration;
- methods of supporting service user decisions about options;
- means to support procurement by service users if that option is chosen;
- systems to deliver direct services or purchase other services in line with personally determined support plans;
- resourcing of support organisations, brokerage, and local area coordination and care management;
- new forms of financial planning and financial management;
- flexibility in services and contracts.

Public agencies and other support providers have statutory duties involving protective and compulsory measures and within systems of social control, which set limits on the potential for personal control and decision-making. Within this context personalisation may not be about exercising choice to use the service (as the Court or Children’s Hearing may decide that) but it should mean, for example, that service users and their carers and advocates are:

- actively involved in planning their own services;
- take part in reviews and assessment of personal progress;
- able to exercise appropriate choice and rights regarding, for example, maintaining contact with family and friends, which clothes they wear, what food they enjoy, leisure pursuits, education and training;
- full participants in the evaluation of the quality of the service.

Within this overview of personalisation, Social Work Services and social care systems require to manage fixed resources which would set limits on individual budgets, and take responsibility for distributing these in ways which meet needs on a fair basis. The promotion and development of a personalised commissioning approach, delivering the features identified above, may offer the best means of delivering personalisation.

Figure 2. Service User Choice and Control



Support and Resource Allocation System

* Supported by Assessor, Advocate, Broker
 ** Requiring local authority funding approval

Delivering a Personalised Commissioning Approach

Meeting the objective of delivering what is needed so that individuals can progress along the new pathway may require a Personalised Commissioning Approach, involving successful engagement in 10 key functions:

1. Involving Service Users and Carers
2. Strategic Planning
3. Financial Planning, Individual Budgets and Resource Distribution
4. Market Management and Partnership with Providers
5. Service Specifications
6. Procurement and Contracting
7. Managing Risk
8. Workforce Development
9. Regulation
10. Governance

1. Involving Service Users and Carers

It has been suggested that people get 'matched' to a limited range of existing services – typically residential care, home care or day care – rather than services being developed or adapted to meet people's individual needs. Commissioning does not have to look like that. Social care, health and housing commissioners should look at the services they commission for the people in their communities and ask: are these the services I would want for my own family and friends or for myself? The organisational objective should be to understand what the customer wants and deliver it. Within this context public service agencies need to have a customer-centred perspective rather than an organisation-centred perspective. This is true equally for services for children and young people and services for adults.

How can Councils gain a better understanding of how people in the local population want their care and support needs to be met? Do Councils have the capacity to evaluate the range and effectiveness of local services in meeting local, and individual, needs? How can Councils be more proactive in finding out if services are improving life choices and life chances?

Local authorities, along with Community Planning Partners, need to consider if their information systems are adequate to allow them to review regularly the choices that people make, to see what trends are emerging and to assess the implications for social care and other services. There needs to be systematic consideration and use of all available information, including inspection information, on how local services meet national care and improvement standards.

Perhaps, the most significant development within a personalised commissioning approach would be to use every self-assessment and support plan as an element in consultation. The *Shaping the Future Together* pack¹² is one tool designed to bring together information from support plans, reviews and care plans.

Another is the JIT's User Defined Service Evaluation Toolkit (UDSET)¹³, which is designed to improve practice through use of user and carer defined outcomes tools, and to support partnerships to integrate evidence on user and carer outcomes in service planning and improvement.

Citizen leadership is also a key concept to personalised involvement in planning, design and delivery: *"Citizen Leadership is an activity... it happens when citizens have power and influence and responsibility to make decisions. Citizen leadership happens when individuals have some control over their own services. It also happens when citizens take action for the benefit of other citizens."*¹⁴

Capacity building is important, so that service users can be recognised and supported as active assessors of their own needs, planners of their own services and co-producers of their own outcomes to the fullest extent possible. As the range of available choices develops so would the need for advice and advocacy services to help people exercise choice. If people do not know about or understand all the options available to them, they may not feel confident to choose the best service for their needs or to spend their money as wisely as they could. Councils might involve the voluntary sector, social enterprises or user-led organisations, like information and advocacy, to help develop this capacity. If Councils do not act to ensure people have access to independent information, advice and support they may pay higher bills in the long term, as people may opt unnecessarily for expensive care and support, including in care homes, because they do not know about alternatives.

12 Foundation for People with a Learning Disability and Valuing People Support Team (May, 2005): *Shaping the Future Together. A pack to help organisations develop services and approaches that respond to what people with learning disabilities say they want.*

13 <http://www.jitscotland.org.uk/action-areas/themes/involvement/support-materials.html>

14 <http://www.sclld.org.uk/sclld-projects/citizen-leadership.xhtml>

So, Councils and service providers may need to develop better ways of listening to people, including people with complex needs who cannot participate in conventional discussions but who also have a right to live as independently as they can. It is important to ensure that everyone has a pathway to genuine choice and the greatest possible control over their support and lives. Similarly, attention may need to be paid to ensuring that those directing compulsory measures of care are fully aware of the choice and range of services available which may meet the young person's or adult's needs.

2. Strategic Planning

The question has been raised about whether giving people control over their needs assessment and the way in which services are funded and delivered would effectively 'cut out the middle person', and significantly reduce the functions of statutory commissioners. Regardless, it would still be necessary to have some means of ensuring:

- that people have access to information about their rights and options;
- that limited public resources are distributed fairly and equitably;
- that people with limited organisational and communication skills are supported;
- that some people are protected from harm;
- that there are adequate good quality, flexible and cost-effective services;
- that a strategic view is taken of current systems and future needs.

Establishing a personalised commissioning approach, with its cultural and organisational implications, would involve long-term work requiring a strategic approach to commissioning social care and support. Planning ahead for the next ten to fifteen years with a needs assessment of whole populations, including those people who fund their own care and those people who may be subject to compulsory measures of care is needed. The role of Councils would be to aggregate the range of services that people want and need into strategic commissioning, even though this might feel like 'aggregating infinity'.

A strategic question local authorities and planning partners need to consider is whether the local vision and objective is to move entirely to a personalised commissioning approach. Or is to maintain a system with personalised commissioning perhaps playing a bigger part than currently, but being offered in parallel with current traditional approaches. Bearing in mind the choice should be that of the user, a mixed economy would seem appropriate. Another strategic question is what implications a personalised commissioning approach would have for effective joint commissioning in future, particularly with health and housing bodies.

The impact of a personalised commissioning approach on organisational systems would depend on:

- the number of service users with personalised commissioning, (Self assessment, individual budgets, self-determined support plans, choice of options) or traditional approaches;
- the volume and type of service inputs chosen or provided;
- the unit costs of services;
- the approach to care management or other supports and their costs;
- administration costs (integrated is more cost effective, parallel is more expensive);
- setting up and continuing service costs.

3. Financial Planning, Individual Budgets and Resource Distribution

Within any context (single or a parallel system), commissioning work for social care should address financial issues. For a personalised commissioning approach, financial planning to ensure the availability of flexible budgets would be crucial. This would include financial (service and workforce) planning and mechanisms to decommission services and free up funding from services which people no longer choose to use, so that it could be available to service users exercising control and choice in favour of other means of support and other providers. Most of the funding for the personalised commissioning approach would require to be found from existing budgets, through:

- incremental resource virement; and
- broader service strategies for change.

Fixed Budgets, Rationing, Equity, Best Value, and Budget Control

Personalised commissioning would be limited if it is confined to existing spot purchase budgets for care services. It could be extended by other care budgets, housing support funding and take account of welfare benefits. The pot of funding, however it is made up, would still constitute a fixed amount which would not meet all identified needs. A fully personalised system could require commissioning work to develop an approach to rationing, the allocation of individual budgets, and agreeing individual support plans.

People who work for commissioning organisations are inevitably under pressure to make the current system work, not to challenge the system to focus more directly on outcomes for people. The criteria for payment for social care services requires transparency to enable clarity about costs and charges and honesty about all transactions. People should know, as a matter of course, the cost of the services they are receiving, and how much they and the council are each contributing. Councils would need to find ways of controlling their budgets and ensuring value for public money when it is allocated to an Individual Budget, without constraining the ability of the person to use that budget flexibly. This would need to take account of the proper concerns about some people who would be vulnerable to abuse, exploitation or manipulation in the way that they managed their own Individual Budget, especially through direct payments or third parties.

Long-term benefits are not just about money. The personalised commissioning approach is about flexibility, choice, control and social inclusion. It should deliver the means to live life in a more spontaneous manner. Equity and budget control may require some cost ceilings but judgements of long-term best value would have to take account of individuals' quality of life and allowance be made for exceptional circumstances.

4. Market Management and Partnership with Providers

"In West Sussex, none of the in Control care packages came in at more than previous authority arrangements, and many cost significantly less, despite being bespoke for individuals and their carers. But they, like Direct Payments packages, produced a quite different and generally non-standard pattern of services. This creates a challenge for commissioners and providers alike."

*John Dixon, Director of Social Services,
Community Care, February 2006*

As with strategic planning and financial management, the implications of a personalised commissioning approach for market management would depend on the scale of change, choices on the uptake of various options within such a system, and the nature and scale of support and care packages provided in that system. The implications for change would also depend on how far people decide to commission their own services, or to use brokers, support agencies or other third parties to commission their services, or to use services provided or purchased by local authorities.

There would be two major challenges in developing the social care and support market:

- how to commission for *individualised* services; and
- how to create *flexible* services for all people using them.

The challenge is managing the balance between providing financial flexibility and ensuring market stability. Direct provision and block contracts have been seen as an efficient method for local authorities, as they have enabled long term planning with lower transaction costs. However, if what people chose is not what Councils currently purchase or provide, Council provision and independent providers may not survive – the lesson may be change or cease to exist. There would be difficult decisions to be made about decommissioning local authority, voluntary and private sector provision, with all the workforce issues this would entail.

A number of Councils already work in close partnership with service providers in developing the social care market, communicating and sharing information, and signalling commissioning intentions. At a time of significant change, it would be even more important that local authorities and other statutory commissioners and purchasers build sustainable, long-term relationships with service providers and groups of direct payment recipients.

Councils need long-term relationships with certain providers, including housing providers, regardless of whether they are big or small organisations. Such relationships should be based on trust, and a shared commitment to personalised services. The relationship could be characterised as a shared learning partnership, with a shared risk understanding.

Local Authorities would need to consider their responsibilities for the sustainability of providers through:

- shared intelligence on commissioning intentions;
- shared work on fair rates and keeping costs down;
- improving terms and conditions to aid recruitment and retention;
- incremental approach to change;
- supporting local and small providers.

Conventionally, it might seem that voluntary sector providers would have a greater natural concern to promote personalised services and approaches, and that these concerns would be less central for private sector providers. However, it is clear that some voluntary organisations have promoted a commercial culture, while some private bodies have sought to develop a customer/service user focus.

Within a system which promotes personalisation and provides for a personalised commissioning approach, a service provider would need to consider:

- how to individualise existing services;
- what should be its organisational mission and role;
- what is the future of the organisational size, shape and culture;
- how would it recruit, train, manage and support staff;
- how it would project itself to the public and potential service users;
- how it would account for individual budgets, income and expenditure;
- how would it continue to meet the requirements of regulators.

For any organisation, this would constitute major organisational development.

Providers may need (or be helped) to learn to collaborate more with each other. At present they are more likely to compete for scarce workers. They may need to form strategic partnerships to address issues such as workforce development.

For some specialist services there may need to be a regional or national approach, built upon co-operation and co-ordination between local authorities and service providers. For example, care, education and accommodation services for children with autism, secure accommodation services, accommodation for sexual offenders released from prison. Whilst funding for such services may still be aggregated from individual budgets, their service users are unlikely to control their own budgets.

5. Service Specifications

Just as it would be important to see a vision for more personalised services reflected in local Commissioning Strategies, it would be equally important to see the features of personalisation translated into the terms of service specifications for service development. The establishment of key principles related to personalisation would provide an important foundation and check against the terms of a Commissioning Strategy, and these principles would include:

- meeting expectations;
- offering choice;
- providing flexibility and innovation;
- promoting independent living; and
- improving care standards.

It would be essential to identify people's desired outcomes, both as a guide to service specifications for resources and to provide the outcome measures to evaluate the investment by service commissioners and the contracting process.

Service specifications now require to be one means towards implementing National Outcomes and the National Performance Framework, ensuring that people receive speedy, responsive, quality services from social work, health, and other public services. The National Community Care Framework includes 4 outcomes: improved health; improved wellbeing; improved social inclusion; and improved independence and responsibility; and 16 performance measures including users' satisfaction with services, waiting times, quality of assessment, shifting the balance of care, carers' well-being, unscheduled care and identifying 'people at risk'. Within the Outcomes Framework, the measures for community care which relate to personalisation include performance targets for:

- services meeting user assessments of needs, completed in accordance with agreed national standards;
- services meeting carer assessments, in accordance with national standards;
- users and carers satisfied with involvement in their health/social care package;
- users and carers satisfied with care package;
- users of community care services feeling safe;
- satisfaction with the opportunities provided for meaningful social interaction;
- services enabling carers to feel supported and capable to continue in their role;
- care plan reviews carried out within agreed timescale;
- services supporting a shift in balance of care from institutional care to care at home.

There is also a broader quality framework in National Care Standards, set out below, which require and support the delivery of personalised services, and service specifications should incorporate specific reference to these care standards.

Personalisation in Service Delivery

National Care Standards

Dignity: *Be treated with dignity and respect at all times; and Enjoy a full range of social relationships.*

Privacy: *Have privacy and property respected; and be free from unnecessary intrusion.*

Choice: *Make informed choices, while recognising the rights of others to do the same; Know about the range of choices.*

Safety: *Feel safe and secure in all aspects of life, including health and well-being; Enjoy safety but not be over-protected; and be free from exploitation and abuse.*

Realising potential: *Achieve all you can; Make the most of your life; Make full use of the resources that are available to you.*

Equality and diversity: *Live an independent life, rich in purpose, meaning and personal fulfilment.*

The Joint Improvement Team's toolkit to support commissioning for learning disabilities services, '*Improving Outcomes: 7-Step Individual Commissioning Pathway*'¹⁵ provides a list of questions, which are relevant to more general development of service specifications for personalised services:

- How are service users and carers involved in the development of the services specification, and in defining the outcomes they want from the services?
- How would service user choice, control and independence be maximised?
- How would flexibility of response be built into the service?
- How would the safety and security of the person be managed?
- Would there be access to appropriate local services, leisure/social/religious activities and/or education/life long learning?
- How would the person have access to income?
- How would special and complex needs be managed?
- How, specifically, would staff be trained and supported?
- What would be the anticipated outcomes for improving physical and mental health, and/or reducing health inequalities?
- What arrangements would there be to hear service user views about all of the above questions, and to ensure service responses are made?

Outcome measures for child and family services, which relate to personalisation, can be taken from performance targets drawn from the '**Quality Improvement Framework for Integrated Services for Children, Young People and their Families**'¹⁶:

- **safety** – children and young people feeling safe and being protected from abuse, neglect and harm by others at home, school and in the community;
- **nurturing** – children and young people living within a supportive family setting, receiving additional assistance when required, and where not possible, that they live in a caring setting, ensuring a positive childhood experience;
- **health** – all children and young people enjoying the highest attainable standards of physical and mental health, with access to suitable healthcare and safe and healthy lifestyles;
- **achieving** – children and young people having access to positive learning environments and opportunities to develop their skills, confidence and self-esteem to the fullest potential;
- **activity** – children and young people being active with opportunities and encouragement to participate in play and recreation, including sport;

15 <http://www.jitscotland.org.uk/knowledge-bank/toolkits/improving.html>

16 <http://www.scotland.gov.uk/Publications/2006/04/27135008/2>

- **respected and responsible** – children and young people being valued and supported to adopt positive values, and to exercise personal and social responsibility;
- **included** – children, young people and their families having access to quality services when required and are assisted to overcome the social, educational, physical, environmental and economic barriers that create inequality.

6. Procurement and Contracting

Procurement and contracting are part of the commissioning process, and deal with the formal agreements between commissioners and service providers, that determine the service specification, service volumes, and costs.

The adoption of a personalised commissioning approach would require not only the development of Commissioning Strategies and market management, but also the development of appropriate arrangements for procurement and contracting. These would need to take account of self-assessment, personally determined support plans, and service users exercising greater control through their rights of choice over the resource available. The arrangements would need to provide for service users to continue to exercise choice and control, and to promote ways in which service users who wanted to choose to run their own budget (within statutory limitations) could make their own contractual arrangements with service providers, with call off contracts where service users made that further choice.

Most Councils spend very significant sums of money in contracts for blocks of service on the basis that they would be suitable for large numbers of eligible people. Some of these blocks are provided “in house” as Council owned and run services. Contracts may seek to find a middle way between traditional “spot” and “block” contracts, and thus bring the perceived advantages of both. The reality is that the major benefits from these more flexible arrangements are often financial, and it may be difficult to ascertain the impact on the user. Some recent thinking has promoted the desirability of inter authority purchasing, in order to secure better value for money. Whilst this may be desirable and necessary in meeting very specialist needs, careful consideration needs to be given to how such purchasing for specialist or more general needs can enhance a system of personalised commissioning.

Contracting and purchasing are sometimes overly dominated by inputs and outputs. Contracts may only allow minimal flexibility and limit the discretion of providers to respond to people who use services in the way that best meets their needs. Commissioning for personalised care requires greater flexibility within and between services than people currently experience, as well as more effective integration between services. Contracts need to define outcomes for people much more clearly.

There are some circumstances in which the Local Authority would still need to retain or develop its contracting role, and these include:

- where the Local Authority makes best use of its purchasing power with service users who opt for services purchased in this way and arranged by the local authority, or to use direct payments to purchase their own services on the same terms;
- where an Individual Service Fund is the best option for a particular group of people;
- where an existing relationship with a provider needs to be supported but individualised;
- where certain specialist services are required, particularly “mixed packages” with the NHS, for example to treat and provide security for people with mental health or other conditions;
- where the individual involved needs assistance to make choices/and or to manage the money involved in a personal budget;
- where people wishing to purchase support, particularly those wanting to employ Personal Assistants, need the availability and access to specialist support, for example to assist with recruitment, payroll, insurance and tax;
- some care and education services for children/justice services.

As service strategies are developed and service redesign is implemented, there would also be issues about how the review of contracts, for example in relation to re-tendering exercises and e-auctions, takes proper account of individual and personal needs.

It may be worth considering whether and how a block contractual arrangement can be effectively divided into a number of individual support packages – and be monitored by commissioners as such. Perhaps commissioners should not enter into any new (traditional) block contracts, unless these are personalised as described above. When existing contracts come to the end of their life, this should be seen as an opportunity to consider moving funds to self directed support. It would also be important to learn from direct payments recipients and their support organisations, who already have experience of commissioning work and contracting for services on an individual basis.

The Joint Improvement Team’s toolkit to support commissioning for learning disabilities services, *Improving Outcomes: 7-Step Individual Commissioning Pathway*¹⁷ provides a list of questions relevant to the procurement and contracting process for personalised services:

- How would the procurement and contracting process ensure that the management of the commissioned service/project is specific to personal needs?
- What are the essential, “non negotiables” in the service commissioned and what is the timescale for what else needs to be provided?
- How are user choices and consent accommodated in procurement and contracting?

¹⁷ <http://www.jitscotland.org.uk/knowledge-bank/toolkits/stage5.html>

- Is there user involvement in the selection of staff?
- What are the links to family/social network that would support the person in the new service?
- What is required by the provider, re. Health/other services and are these services available?
- What circumstances would require an urgent review/modification of the service commissioned, other service or reduce level of service? Is this written into the Support Agreement?
- What are the major gaps and limitations in the service commissioned? Are these acceptable, and are there any options?
- Have the training needs and support needs of staff been identified? What additional training would be needed to adequately meet specialist and complex needs?

It is important to note that, whatever the arrangements for contracting and service review, a personalised commissioning approach entails a re-balanced power relationship, with the citizen at the centre. This might suggest new ways of defining service specifications, developing relationships with service providers, identifying the best provider for different circumstances, and establishing contractual arrangements.

7. Managing Risk

The adoption of the personalised commissioning approach would provide service users with options for the use of individual budgets, all currently available within the law and the terms of Government Guidance, and including:

- Council service provision, where local authority funding remains with the Council;
- Direct funding to an independent provider specifically for the individual's care;
- Third party funding paid directly to a nominated 3rd party (e.g. relative, brokerage organisation, support organisation);
- Direct payments, with the full allocation paid directly to the individual;
- Mixed funding, which includes any combination of the above options.

A shift towards personalised commissioning, including options for individualised budgets, support and care plans and service contracts, may impact on service stability and security. Previous contracting developments have enabled service providers to plan and deliver training and other developments to improve services. Such a shift may also impact on the cost efficiencies which have been negotiated which have resulted in Service Level Agreements and block contracts for service delivery to large numbers of service users. Using the commissioning process to make services better for people who use social services and social care depends on commissioners being willing and able to exercise their imagination and take calculated risks, engaging in detailed forward planning, based on good information, and careful implementation to mitigate these risks.

8. Workforce Development

In following the personalised commissioning approach, agencies and individuals would require to address the same range of workforce issues facing the current system. This includes the difficulties being experienced by local authorities, independent sector agencies and direct payments recipients in recruiting sufficient numbers of care workers. Care work is generally viewed as a low paid, undervalued occupation and this hinders the recruitment of suitable staff. So there are labour shortages, with some agencies increasingly relying on migrant workers. This is happening at the same time as a rising demand for care brought about by demographic changes and shifting expectations.

The particular workforce issues for personalised commissioning include:

- forecasting staff requirements to reflect service user choice and control;
- pay and conditions issues;
- potentially reduced security of employment;
- developing a new workforce of personal assistants;
- training and skill development.

This paper presents personalised commissioning as encompassing user control and choice to receive services provided directly by Councils or purchased for them by Councils from third sector or private agencies. However, it may be, with the greater confidence, which personalised commissioning should promote, that an increasing number of people would choose an option involving direct payments. Although direct payments can be used to purchase services provided by organisations (Council, private and third sector), direct payment recipients may prefer to become an employer and employ their own personal assistants. What these people need is an adequate supply of suitable workers from whom they can recruit their personal assistants. Forecasting future demand for workers is difficult, given the present low take up of direct payments, but if personal assistants employment by individual direct payment recipients increases to just ten percent of people eligible for social care, then thousands of personal assistants would be employed in this way. What would also be required is consideration given to employment rights, pay, terms and conditions. Disadvantaging mostly women and migrant workers through low pay and casualisation would ultimately also disadvantage the direct payment recipients who employ them.

9. Regulation

Fundamentally, regulation involves the Care Commission, NHSQIS, SWIA, Audit Scotland, other regulators and local methods of contract compliance, performance assessment and assuring the quality and safety of services, and value for money. It would be important to ensure that the approach adopted by regulators encourages personalised commissioning, for example by checking that its underpinning values find expression in agreed standards, and that registered services therefore reflect the values in turn. Also that inspectors are assisted to understand both the spirit and the letter of such improved standards. This would be as important to commissioning activity within a system of personalised commissioning, as it is within the current environment, and commissioners would require to take account of and accept the findings of regulation and inspection in promoting a personalised commissioning approach.

Within the Care Commission's new approach¹⁸ to evaluation there are four key Quality Themes, which all connect with personalised approaches. These may vary depending on the type of service being inspected but would essentially focus on:

- Quality of life (or experience);
- Quality of environment (or information);
- Quality of staffing;
- Quality of management and leadership.

The new approach ensures that within the grading scheme there is more involvement from people who use care services and their carers, in assessing the quality of care. Alongside this growing experience within regulation of employing service users and carers as lay assessors, there is an increased expectation about the involvement of people who use services in influencing how those services are delivered. The Care Commission requires services to show how such involvement of service users and their carers is reflected in the self assessment. Services would not be awarded good grades by the Care Commission where service user and carer involvement is poor, either in planning and reviewing their own care or in wider involvement in general service development and quality assurance. Local commissioners could usefully learn from this experience in relation to the general promotion of citizen leadership related to strategic planning, and the specific involvement of service users and carers in relation to the development of service specifications, contracts and contract compliance.

18 Grading is coming – Guidance for care service providers
http://www.carecommission.com/images/stories/documents/Care%20Services/inspection_process_2008-09/grading_is_coming_guidance_for_providers.pdf

There are particular issues about how far the purchasing activity by direct payment recipients should be regulated in the same way as other provision for quality, safety and value for money. The process of regulation may need to be reviewed when personalised commissioning and individual budgets become the norm for people using social care services, and as the number of direct payment recipients increases. Many of the arguments have already been rehearsed with the initial development of direct payments.

The wider argument is about the validity of people's choices, and about when public money ceases to be 'public'. A narrower issue is whether personal assistant employers are subject to the same obligations as agencies in relation to making safe recruitment checks and meeting other social service employer requirements. As social care registration extends to wider groups of home care and support staff, with all of the attendant training and qualification requirements, there could be similar issues about whether personal assistant employers may only employ registered staff.

More generally, and in relation to any high-level structural changes to the regulation of support and care services which emerge from the implementation of the Crerar Review, it would be important that self-assessment and personalised services are seen as priorities and key mechanisms for monitoring delivery.

10. Governance

"Systems are too often set up to ensure accountability to the town hall rather than the person receiving a service."

Elected members have a key role to play in setting a direction and approving a Council's Commissioning Strategy for social care services for children and families or adults. Members of scrutiny committees have an important function in keeping the relative priority of social care within the council's agenda under review, making recommendations on strategic priorities, monitoring performance and undertaking inquiries into areas of particular concern. The adoption and implementation of the personalised commissioning approach would therefore depend not only on local members understanding the concepts concerned, but also being fully committed to the principles and implications for public funding and public services, and the major changes which are likely to result from the shift in power and control to service users and carers.

Barriers and Opportunities

In relation to commissioning for personalised services, support and care, the barriers include:

- fear of change and an aversion to risk;
- dominance of interest groups that want to maintain the status quo;
- staff trained to work in the system, not towards outcomes for people;
- reluctance to accept that services may have to be decommissioned;
- lack of flexibility to respond to what people want, beyond specifications;
- lack of information – about what people's needs and preferences are;
- lack of information – for people about possibilities and choices;
- lack of advocacy services;
- ageism in access to high quality care services;
- poor relationships within the public sector, with differing priorities;
- rigid processes e.g. inflexible block contracts or service specifications;
- adversarial, legalistic relationships between commissioners and providers;
- lack of focus on outcomes for people.

The opportunity to improve outcomes through commissioning for personalisation, is as the Scottish Government Guidance¹⁹ says for self-directed support:

- empowering people and putting the principles of independent living into practice and enabling people to be active citizens in their communities;
- creating a healthier nation with stronger and safer communities, which is key to achieving a fairer and wealthier Scotland;
- reducing or removing the physical, organisational or attitudinal barriers that people may experience in the world around them;
- providing flexibility, choice and control and a decent quality of life;
- promoting confidence and wellbeing for those with an assessed need.

¹⁹ Scottish Government National Guidance on Self-Directed Support
<http://www.scotland.gov.uk/Publications/2007/07/04093127/3>

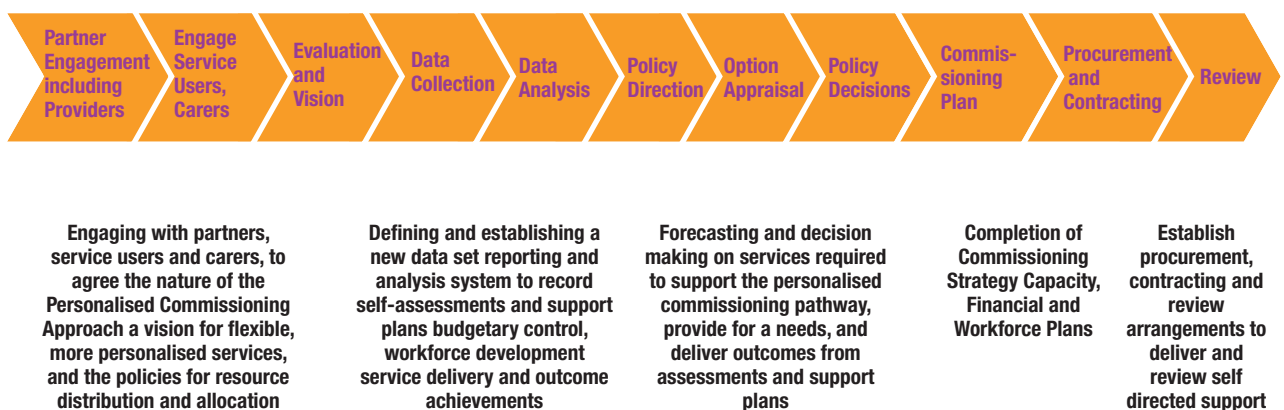
Key Features of Commissioning for Personalisation

In summary, the key features of the Personalised Commissioning Approach relate to the pathway of steps service users and carers follow to access individual budgets and/ or choose between support options. But, commissioning for personalisation has a broader background role both to deliver this pathway, and to ensure that a full range of services is available, providing support which offers both high quality and value for money. The key features of the step process which this paper suggests might need to be followed include:

- Involving service users and carers in planning services and support;
- Establishing a data system to inform service development;
- Decision making on strategy, capacity, finance and workforce;
- The specifications for personalised services, procurement and contracting process and arrangements;
- Review through contract monitoring and compliance, and regulation.

Figure 4. Personalised Commissioning Approach

Step Process to Implementation



Appendix

Source Material

This paper draws from and directly uses material from a range of sources, which are acknowledged with thanks and identified below as the source material:

Campbell I. (2006): Building quality and sustainable capacity within the local independent sector home care market. Department of Health Care Services Improvement Partnership

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