

Commissioners and Providers Together: the Citizen at the Centre

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With thanks to the Commissioners and Providers Together Group and to Clive Miller of OPM

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“For me what we are embarked on... is a revolution in the way we seek to offer services to people in this country...And the challenge now is to move from a series of...experiments to an absolute understanding that this will be the mainstream of the social care system in this country starting this year and next year and over the next ten years. This will be the radical transformation of social care putting those who use services and their family members in the driving seat, providing control, choice and power. It will transfer power from organisations and professions to those who use services and their families...For many professionals I think this is very exciting.”

(Extract from speech given by Ivan Lewis MP, Parliamentary Under Secretary of State for Care Services at Individual Budgets National Conference, 30 January, 2007)

Executive Summary

The vision which underpins self directed support will only become a reality if commissioners and providers find new ways to work together in order to support people in their desire to become active citizens. To do this it is suggested that we need to think anew about how we conceptualise the different groups of people who use social care, now and in the future.

Commissioners then need to do a number of things to change their response to these groups: they need to shift resources into meaningful community development (or “preventive strategies”); they need to develop mechanisms to empower citizen-commissioners; they need to understand and help to shape the local market for support; they need to identify and deploy bridging funds; and they need to act as community leaders to help to create the underlying conditions for success.

Providers need to think about how they individualise existing services; they also need to give thought to their organisational mission and role; (in doing this they will have to think imaginatively about organisational size and shape); and they need to consider carefully the way they meet the requirements of regulators. There are then a number of practical ways in which these changes can be supported, through the contracting process and by explicitly developing and promoting active citizenship. The primary key is the growth of a culture of trust across the commissioner-provider boundary, and an understanding that our dialogue about these matters must always include those people who are most affected – local people who need support.

Why?

1. Introduction

The discovery of routes to real choice and control for older and disabled people is no easy thing.

It is difficult not because older and disabled people do not crave choice and control – rather it is because we have an historic legacy of “caring for”, “doing to” and “keeping people away from mainstream services” which have got in the way of empowerment.

These old ways are not congruent with our understanding of citizenship in the twenty first century. Nor are they economically sustainable.

This report provides suggestions about some of the transformations in behaviour and culture that may be needed to change this. In particular, it provides suggestions about how commissioners in public services, particularly of adult social care services, can work *together* with providers of those services to create the conditions to empower older and disabled people.

Working together is the key. If we are to make real the vision that is being tested across England Scotland and Wales by both *in Control* and the Individual Budget Pilots, then we need to think and plan in ways that are smarter, more flexible and which hold uncompromisingly to that vision. We also need to re-direct our energy to those issues which will really make a difference in transforming people's lives.

To do this, *commissioners* need to develop a very clear and unambiguous understanding of their local community and how that community can flex to nurture self directed support. Are the “market conditions” conducive to self directed support, and if not how can these be influenced? Are individuals and families given the tools and the information they need to take control? Are there mechanisms in place to give people a fair and transparent resource allocation? Are we empowering good providers to change, to move from a model of “care” to one of “support”? And where people are in need of personal care, are we ensuring that this is provided in ways that maximise choice and control, as well as dignity?

And are *providers* themselves attending to what citizens who use their services ask of them? Do we have the skills and capacity to support people to dream and to plan? Are we helping people to develop and sustain connections with families, friends and other citizens? Can we enable them to make effective use of their money, including their individual budgets? And are we helping them to make best use of ordinary services in doing this?

Most importantly, in this endeavour are commissioners and providers working *together* on an equal basis? And do older and disabled citizens and their families have the top seat at that table?

2. Context

This piece of work was commissioned by Martin Routledge, Lead for the Self Directed Support programme of the Care Services Improvement Partnership as part of the support for the 13 Local Authorities taking part in the Individual Budgets Pilot Programme. It was given shape by a think piece entitled *Strategic Commissioning and Self Directed Support*, which is available on the websites of in Control and the CSIP Knowledge Community. It is important to read the present paper alongside the think piece.

This paper was also very much influenced by an energetic and thoughtful group of leading commissioners and providers who met together three times in London early in 2007. The group included people from different parts of England, people with a great breadth of experience, whose expertise covered both working age and older people, and who operated at different levels in organisations - from the most senior to the operational. It also included Julia Winter who has her own individual budget, and who has great experience of both using and working within the system. Several of us in the group had worked as both commissioners and providers. What several participants said was unusual and distinctive about our discussions was that commissioners and providers worked together on an equal basis. I will refer to this group throughout this paper as the Commissioners and Providers Together. The members of the group are listed in the box below.

Members of the Commissioners and Providers Together Group

Andrew Tyson, Policy Director, in Control

Anna Coss, Head of Commissioning, West Sussex County Council, Adult Services

Bob Tindall, Managing Director, United Response

Owen Cooper, Chief Executive, IAS Services Ltd.

Sandra Taylor, Independent Consultant, currently Health Reconfiguration Project Director, Slough Borough Council and East Berkshire Health Economy

Bill Mumford, Managing Director, Macintyre Care

Lucy Butler, Strategic Commissioning Director, Learning Disability, Hampshire County Council

Gerry Toplis, Senior Operational Manager, Adult Social Care, Essex County Council

Julia Winter. Individual Budget user and Director, Liberation Partnership, Essex

Bob Phipps, Operations Manager, Guild Care, Worthing

Philip Mardall, Director, Home Help UK Ltd.

Ed Thompson, Joint Commissioning Manager, Royal Borough of Windsor and Maidenhead

Ann Lloyd, Integrated Commissioning Manager (Learning Disabilities), London Borough of Newham / Newham Primary Care Trust

Maggie Hysel, Chief Executive, The Richmond Fellowship

Chris Moon-Willems, Service Manager, West Sussex County Council

Dave Clemmett, Head of Service for People with Learning Difficulties, Salford

The *personalisation* of public services is key background. The concept and what it means has been described in a number of documents, in particular those published by *Demos*, (eg Craig ed., 2006, see chapter 15 by Charles Leadbeater in particular).

Clive Miller and Judith Smyth of the Office of Public Management (Miller and Smyth, 2006) suggest that personalisation has three key elements:

- Focusing on Outcomes rather than existing services which allows their effectiveness to be questioned and builds in a continuing search for a more effective means of more effectively producing the outcome.
- Co-production, recognising that services do not produce outcomes, rather it is what service users do, supported or otherwise that produces outcomes.
- Capacity building, if co-production is to be effective, service users must be recognised and supported as active assessors of their own needs, planners of their own services and co-producers of their own outcomes.

Influences on this paper included a specific response by Clive Miller to the think piece, and the publication of the *Commissioning Framework for Health and Well Being*. These stimuli and influences are referenced in the Bibliography section below.

All of this suggests that there is a lot of debate about these issues in the public arena at present, a debate with which we need to engage.

In response to an earlier draft of this paper, Clive Miller makes the point that the money individuals have at their disposal in individual budgets will “go further” if other public services are also personalised, that is to say they develop systems which respond to diversity and difference and are not targeted at the mythical “average citizen.” This is of course an extremely

important point, though one that is somewhat beyond the remit of this paper. A recommendation is included that further work is commissioned to pick it up.¹

3. A Vision

The inspiration for this paper is very simple – it is the example of those individuals and families who have taken control, who are now directing their own support and living their own lives. Their stories can be found in several places including the "Stories" pages of the in Control website and on a recent DVD produced for the IBPP programme by Wildfire Productions (forthcoming). These stories are many and various, and they concern people with all kinds of impairment and at all stages of life.

Underpinning these stories is what one member of the C&P Together group described as a "relentless commitment" to person centred planning. Person centred planning is an approach that was developed in services for people with learning difficulties, and which is now proving its worth beyond these services. It brings with it a set of values and techniques which provide self directed support with its "heart" –they are techniques which elucidate a person's hopes, dreams and aspirations in life. What the self directed support model adds to these techniques is the budget, the purchasing power to make the hopes, dreams and aspirations take flight.

These broad issues have found expression in numerous documents in recent years. I will list three key ones:

- *Independence, Well-Being and Choice* was the Government Green Paper issued in 2005 which (together with the *Improving the Life Chances* paper and of course *Our Health, Our Care, Our Say* a year later) gives the policy drive which disabled people and their allies needed to proceed with real confidence towards choice, control and independence. More specifically, the Green Paper describes and gives permission to build upon the experiments with individual budgets which had begun to happen in England from about 2003.
- *A Place at the Table* by the late Ken Simons was published in 1999. It sets out the building blocks of a genuinely participative commissioning process in ways which pre-figured many of the concerns now articulated through the movement for self directed support. It also beautifully encapsulates many the hopes, dreams and aspirations the most marginalised members of our society – and made it clear that they too are equal citizens.

¹ Clive Miller also makes the related comment that this paper focuses almost exclusively on citizens' use of *social care* budgets, and of course one of the aspirations of in Control and the Individual Budgets pilots is to develop joined-up funding, so that people get one pot of money. This is an important point. It was not, however, an issue that was central to the remit of this piece of work, and it didn't get much air-time in our group work. It is however a very valid criticism and the issue may well merit further work by commissioners and providers.

- *Keys to Citizenship* by Simon Duffy, first published in 2003 gives practical advice on what individuals need to do when planning their future. The six keys – self determination, direction, money, home, support and community life – are the pillars on which self directed support rests. They were also the dimensions across which the initial evaluation of the outcomes of the first six in Control authorities was made in 2006.

In summary then our vision is as follows:

- **Everyone should be seen as an equal citizen**
- **Every citizen has a right to choice and control**
- **It is the job of public services to support people to get this**

Commissioners and providers -who are funded by the public purse- must work together to make this a reality. In one sense the task is a simple one for both commissioners and providers – it is about shifting money to individuals and away from organisations, and to mainstream services and away from specialist ones where these are unnecessary. Of course, in the real world this is easier said than done.

The rest of this document describes in more detail how we might think about those people needing extra support to achieve citizenship, what it is that commissioners and providers need to do in practice, and how together they make the vision come to life.

Who?

4. Three Groups of People

Every citizen is a potential user of social care. Tens of thousands of people in England each year unexpectedly acquire a disability or mental health issues, and we all expect to become old one day. The biggest single group of users of social care are older people who get help in their own homes – people involved with in Control, the Individual Budgets Programme and the C&P Together group who influenced this report - firmly believe that self directed support can work for this group, and the evidence for this is mounting. But we are also very aware that the model was developed with people of working age, and that some of the practice and the language will need to change to reflect the experience of older people.

Citizens who make use of social care services have traditionally been divided into “client groups.” For commissioners and providers who are aspiring to assist people to direct their own support, this division is of increasingly marginal relevance, and to focus on it is to give too much credence to what is past.

This is not to say that this way of categorising people does not influence how much money is likely to be allotted to an individual, or the type of social care traditionally and most readily available – for example a day centre or a domiciliary care service. Nor is it to underplay the very specific issues and challenges presented for people with dementia or those with severe and profound learning disabilities – people said to “lack capacity” in particular.

What we need to do is to sit down with the person, talk with them about their hopes and dreams (and indeed their fears and nightmares), and in so doing, work out *how we do things differently*. And we need to be clear how this different approach can be made flexible enough to work for everyone, whatever their type or degree of impairment. Some of the questions to think about in doing this include:

- What does this particular person want from life? Who do they want to live with and where? What do they want to do during the day? What are their gifts? What do they not like?
- How do we support this person to be more equal with their fellow citizens, and how do we help them to engage with others in their community?
- What resources do they bring with them in terms of friends, family, money, home and personal history?
- How do they see themselves and their world? Are they confident, strong and independent-minded, or are they used to routines, perhaps disempowered or used to the life of an institution?
- How much hands-on control do they want and can they deal with, and how much do they want to delegate this to others?

If we think strategically about these things and what we need to do to create self directed support for everyone then we can say very broadly that there are **three groups** of people that we can identify:

The first is the bulk of the population, most of us, who use social care services only occasionally in our lives, and then mostly when we are getting older. (More of us will of course have a family member who makes more use of social care). What we can be confident of is that in general our expectations of customer service will grow as the current working generations get older. Some will want to be more actively involved in the process of control – perhaps employing support staff – than others. Most of us will not have experienced institutional or residential care ourselves, and fewer and fewer of us will tolerate it.

The second is that smaller section of the population who use social care now. Some have very high support needs and receive very expensive services, some in residential care homes away from their local communities. Some of course continue to live with family or in a home of their own with others. The important points for this purpose are that these people are currently “in services” of one kind or another -and money is already being spent on their support- and they have, to some degree, experience of traditional (non self directed) models of support.

The third are the “new entrants” to the system and they comprise two subgroups: those younger people and their families, who have special needs and who approach adult services at the point of so-called “transition”; and secondly those people who come to need social care –either through accident, illness, the onset of disability or mental health issues- at some point in their working lives. These “new entrants” will often bring with them the highest expectations and the most energy for change of all the three groups. In fact it is this group in the form of the pioneers of the Independent Living movement, whose vision and spirit shaped Direct Payments in the 1990s and which has gone on to have a great influence over the emerging movement for self directed support. (There are of course older people who are also “new entrants” but for the sake of simplicity I am including them in the first category).

The three groups are represented in Figure Two (next page).

Commissioners and providers together: Different Groups

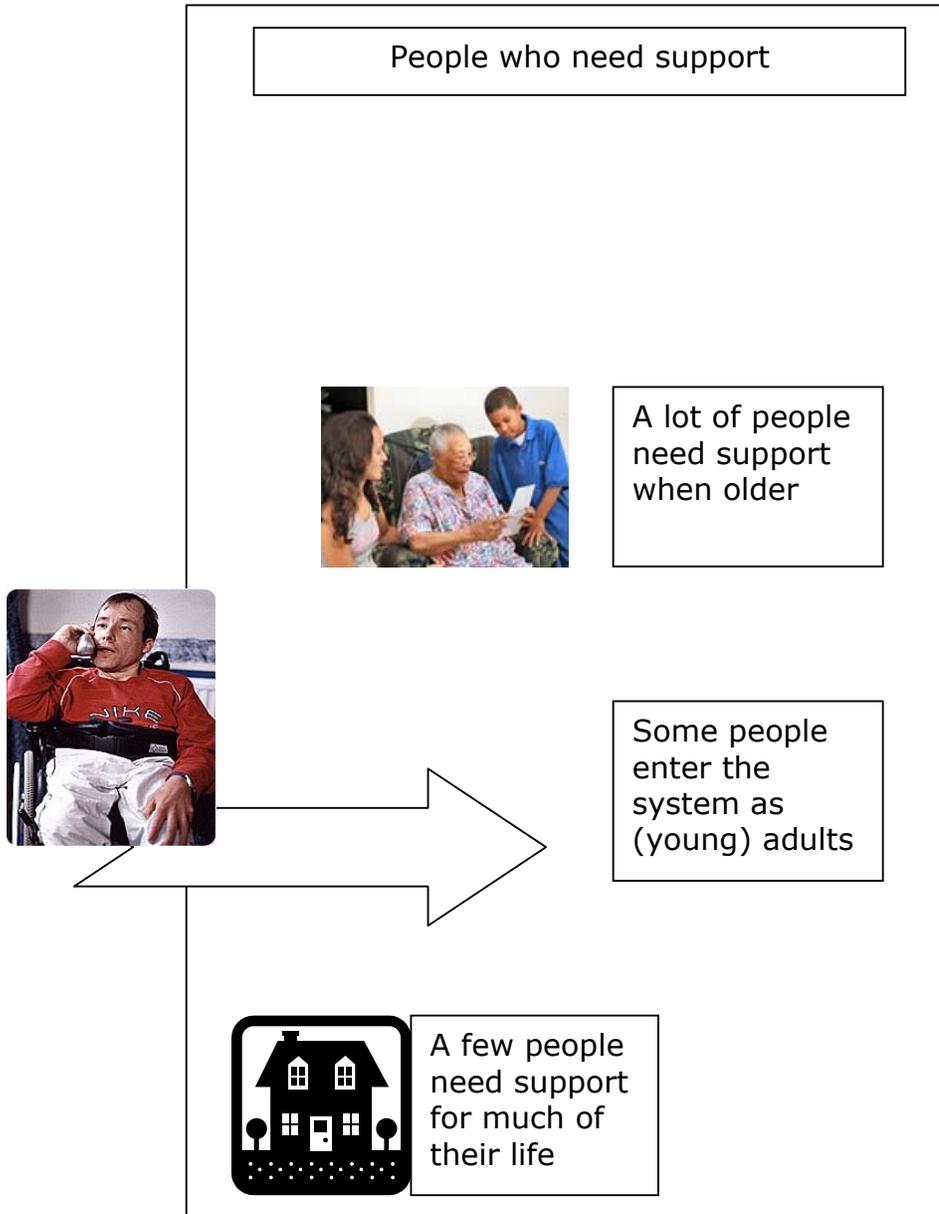


Figure 2.

Everyone is an equal citizen, and everyone should have a right to self-directed support. But to make a success of it, commissioners and providers probably need to deal with these three groups somewhat differently. We will consider them one at a time,

People who use social care services only or mainly when they are getting older

For this group of people commissioners and providers should:

- Build on those customer-led services that are already in place, that is to say those purchased by “self-funders” who have their own financial resources. Providers on the Commissioners and Providers Together group made the point very strongly that much of the person-centred focus of the self directed support model is very familiar to them, because the way they work now is very much at the behest of the people they support. If they fail the person takes their business elsewhere. In the jargon of personalisation, they “exit the service.” What this group of people do need –and don’t always get in the current system- is two things: the first is access to good, accessible and up to date information about what they might buy; the second is a market-place which offers a range of support services, from the most specialised to the most “ordinary,” none of which take people away from the opportunity to be with friends, families and local communities.
- We must find ways of replicating this – and providing the information - for everyone, and the best way of doing this of course is to make sure that the person (or their representative) has their own budget, and that providers are clear that anyone has the ability to exit the service in the same way as existing self-funders do now if things are not good enough.
- Commissioners also need to make sure that age- appropriate supports are available to help this group make choices – choices not only about “what service” and “which provider” but what range of mechanisms are available to make choices easy for them. Options in this regard should include a “brokered.” service or a “care managed” service - where the person effectively elects to pass all the practical tasks of finding what they want to someone else. Commissioners need to ensure that this is real alternative for people and that these options are designed in ways that offer people the widest range of choices. Models such as in Control’s web-based *Shop 4 Support* (currently in development) should be able to help in this regard.
- Finally, it is important to remember that in Control was initially designed with and for people with learning difficulties and disabilities. That was the starting point and inevitably some of the thinking and the marketing have been biased in this direction. This can be off-putting for some people (not only older people) for a whole range of reasons. We need to recognise this, and commissioners and providers need to build on the work that has begun in some of the Individual Budget Pilot sites and in Control authorities to work with older people themselves to adapt the standard materials.

There are of course some individuals who *have* in fact been long term users of social care services, who are now growing older and who also need appropriate assistance to get choice and control. The key is to ensure that each individual is placed and remains at the centre of the process, with their circumstances, personality, gifts and needs always in mind; and that commissioners continue to check that this is happening and that the widest possible range of options is available to everyone.

There is no doubt that many provider services do need to make significant changes if they are to respond to a newly empowered market of individual customers; but the members of the Commissioners and Providers Together group who work with older people were quite clear that this is achievable, and that it is a challenge that they relish

People who currently use social care services

For this group the challenge is two fold: to genuinely “personalise” existing support services, and secondly to ensure that the individuals and families using them have real choice – know, in other words, that if they are not happy they can exit and go somewhere else for their support without fear of recrimination. How can this be achieved?

- The think piece described the arrangement known as an Individual Service Fund (ISF), whereby a “block” contractual arrangement can be effectively divided into a number of individual support packages – and is monitored by commissioners as such. This is set out in more detail in Julia Fitzpatrick’s paper on the “Dreaming for Real” on the in Control website, and it is an approach which several authorities in England are now beginning to use as a way of moving away from traditional congregate services, without destabilising the local market.
- In addition to this, commissioners need to manage their financial investment in ways which focus upon the individual. This was described in the think piece, and the example of the West Sussex commissioning strategy for adults with learning difficulties was given where over a three year period, money is systematically removed from nursing and residential care and invested in self directed support. This is a strategic approach to building self directed support. The financial flows are supported by numerical targets for operational managers and social workers who are asked to offer self directed support arrangements as standard, not as exceptional.
- Two further financial and contractual sets of measures are needed. Firstly, commissioners should not enter into any new (traditional) “block contracts,” unless these are personalised as described above, and when existing contracts come to the end of their life, this should be seen as an opportunity to move the funds to self directed support. As the think piece states, we need to link this activity with other strategic plans –to “modernise” day services or move away from a reliance on residential care homes- which should in fact all move things in the same direction, away from “congregate care” towards personalised supports.

- Secondly, a means must be found to ensure that individuals in existing services have the means to move on (“exit”) at any given point in the life of a contract. Anything else is the antithesis of choice and control, and it must be clear that if there is a problem with someone wanting to move on, then this rests with the commissioner and the provider together to solve it – and not with the individual him or herself. If services are poor and people are leaving for that reason, then providers should improve them. If the contract terms are unhelpful, then commissioners need to take responsibility and re-negotiate.

The above paragraphs assume something about people using social care services: that is to say that they are able and willing to make choices, and sometimes to rock boats. This is often not the case, in large part because of a lifetime’s experience of institutional care, and the assumption that people are broadly incapable of making choices and taking control. Commissioners and providers need to think about this and develop strategies to address it. Some such are contained in Ken Simons’ book: user groups, advocacy and self advocacy organisations may also be in a position to strengthen the voice of local citizens in this process.

Some authorities who are beginning to implement self directed support take the view that this is the “difficult” part of the change programme and that it is easier to work with new entrants who bring new energy. Whilst there may be some truth in this, it is important not to put off for too long this work with existing users of social care.

Younger and other working age people who are “new entrants” to adult social care

So, many Local Authorities are starting their programme of self directed support with this group of people who are new to social care and who do not have the baggage either of old expectations or of pre-existing arrangements that need to be un-picked. What are the lessons to date of work with this group? Here are some:

- Capture people’s energy and enthusiasm, and particularly that of families. The professional gift model described by Simon Duffy in his book and referred to in the think piece, has had the effect of alienating people and inducing them to put much of their energy into battles with the “gift givers.” Experience shows that if we can free that energy, this provides an enormous extra resource to contribute to both support for the disabled person and to the life of mum, dad and siblings. Commissioners need to win the trust of families by engaging them in open and honest conversations, particularly so if they can show them a fair and transparent way in which resources will be allocated to them. Providers also need to be part of these conversations, and to work with individuals and families in designing services that help them to realise their aspirations.
- Talk with other stakeholder groups, especially the commissioners and providers of services for children and families. One of the biggest difficulties faced by those seeking to support young disabled adults is the expectations that families bring with them at the point of transition. They bring the

expectations, but rarely the financial resources - which services for children and families retain for *their* new entrants. There needs to be a series of conversations about how the “personalisation agenda” is being implemented for the families of disabled children; is there scope for extending self directed support to this group; is the Local Authority considering introducing the Budget Holding Lead Professional model in children’s services (see the work of Judith Smyth and Clive Miller on this); and in any case, what are the arrangements for a smooth transition, and the avoidance of “falling off the cliff” into adult-hood? A number of people from different parts of the country have been thinking about and working on these issues: notably the Valuing People Support Team who have done work with families to help them to plan.

- Consider how Direct Payments arrangements can be improved to bring more choice and control. Following some work in Yorkshire and Humberside, in Control has recently published a model for the painless conversion of Direct Payments into Individual Budgets. The Care Services Improvement Partnership is currently asking all Local Authorities to undertake a self-assessment and action plan in relation to Direct Payments, in order to increase uptake and to improve efficiency. This is a tremendous opportunity for both commissioners –to promote the conditions necessary for self directed support – and for providers, to review their products to be responsive to these improved arrangements. Most importantly of course it is very good news for the new entrants to the social care system to access resources that they control.
- Finally, and perhaps most importantly, commissioners should be talking with disabled people and their families and supporters about what it is that they want and need to make the best of the resources available to them. Sometimes we may need to acknowledge that past relationships have not been good, and that we need a new start. Existing providers then need access to this intelligence to know how to change their business model and their products; and the community at large needs access to it as new providers with new products come forward. New web-based solutions, such as in Control’s *Shop 4 Support* are probably the key to this sharing of information and intelligence, but commissioners, providers and disabled people also need to meet and work together to develop *local* solutions that make sense in *local* communities.

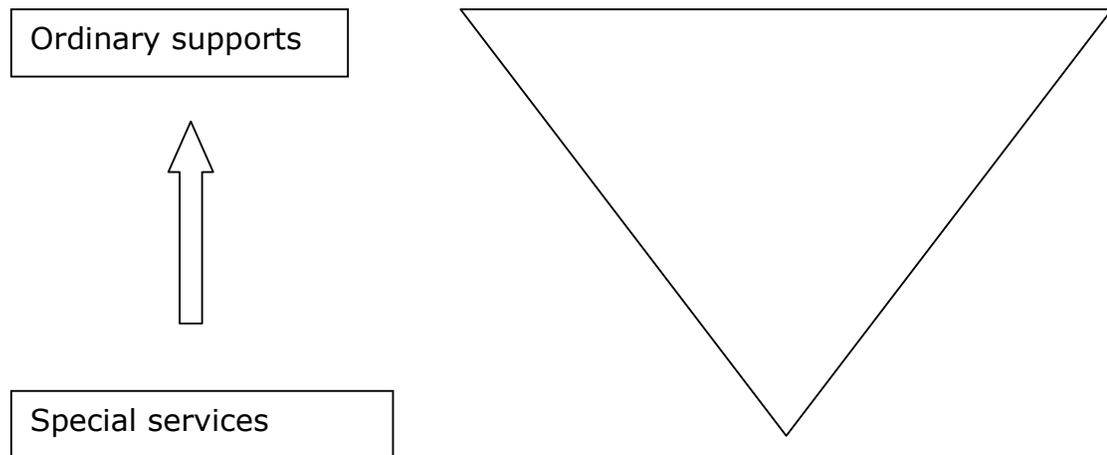
What?

5. Strategic Commissioners

What specifically is it that strategic commissioners need to do to make self directed support real? We are making the provisional assumption here that we keep the status quo in terms of Local Authorities as commissioners – this is another issue which Clive Miller has questioned, pointing out that the widening base of individual budgets will make it a joint rather than a single-sector task.

The Commissioners and Providers together Group had a number of suggestions:

1. Commissioners need to “start to invert the triangle.”



This is a fairly well-understood activity, but it is perhaps better understood than it is observed. The notion is that we move our attention and our funding up the triangle: unfortunately, these ordinary supports and what Local Authorities have called “preventive services” have been soft targets for cuts over the years. However, the Self Directed Support model gives commissioners a new set of opportunities and duties in this regard:

- The model is premised on active citizens living and working in their communities. To make a reality of this, older and disabled people will not have their own territory in day centres and care homes, but will instead engage with their fellow citizens in the workplace, the pub, the college, the gym and at the community centre. Making this real, rather than aspirational, becomes a central plank of the commissioning task. *Our Health, Our Care, Our Say* calls this “place shaping.”

- The model of Resource Allocation which in Control promotes deliberately and explicitly builds “headroom” into commissioning budgets. This is not a “cut” or a “saving” to benefit Local Authorities, but it is a means to create flexibility (and for some individuals and providers a means to help them fund the transition from the old system to the new). These resources will, in other words be allocated as personal budgets, and perhaps as one-off grants for individuals. One suggestion for commissioners is that they think about incentives that might encourage people to “think ordinary” rather than “specialist” when spending this money.
- in Control has tested the *Small Sparks* concept – a mechanism to pump prime community action by disabled people – and will be further developing this and related approaches. The preliminary conclusion is that this is a simple, off-the-peg route to community development that commissioners can make use of.

II. Strategic commissioners need to develop systems and processes that oil the wheels for the real commissioners – ordinary citizens. This can take a number of forms:

- Information is power. By providing simple, up to date information about what is available locally, commissioners can empower local people to find solutions.
- The think piece referred to the *Shaping the Future Together* tool, a simple way of aggregating information from support plans and getting the messages back to specialist and mainstream providers and to the broader community. This is a point which Clive Miller and Judith Smyth emphasise: as they put it, lessons need to be drawn from the individual commissioning level to inform wider scale service transformation. As well as helping individual citizens, such information –in the public domain – is also helpful for providers in identifying business opportunities.
- Promoting the needs of the most vulnerable. Everyone needs to have equal *access* to self directed support. Some people need extra help with communications, to plan effectively and to get what is in their plans. This extra help is sometimes referred to as *support brokerage*. Commissioners need to explore what this means with local Centres for Independent Living, self advocacy groups and others in the Third Sector. It is important not to create a new profession (“brokers”), whilst we do ensure that everyone has a route map to genuine choice, control and independence.
- Promoting equalities. Everyone needs to have equal access to self directed support. This includes people from Black and Minority Ethnic Communities and others at risk of exclusion or marginalisation. Commissioners need to making judgements about whether there are any particular issues in local communities, and how the Local Authority needs to use its influence to address these.

- Health, safety and risk. The Local Authority retains its duty of care to vulnerable people, and the statutory regulation of certain functions through the Commission for Social Care Inspection remains in place. Commissioners need to ensure that the systems and processes for self assessment and review and the practice of social workers supports people to try new things, to understand the risks they may face and to come to a view about what they are and are not prepared to try.

iii. Strategic commissioners need to understand the local market for support and to intervene where needed and where they can.

If the Local Authority is not purchasing the bulk of care services, then it cannot “manage the market.” (An interesting sidelight from the Commissioners and Providers Together Group was that neither commissioners nor providers felt particularly powerful or “in control” in this regard. Commissioners and large providers tended to ascribe power to one another).

Individual citizens do not buy in bulk, and are many times more lacking in purchasing power than Local Authorities. Perfect competition as taught by classical economics does not exist in social care. In any case, Local Authorities will in the short to medium term at least, retain some degree of market influence, and they need to consider how they can best use this for the benefit of those individual citizens who are their stakeholders and customers. Just as importantly, they need to engage in a programme of public education so that local people understand – and hopefully support - these changes.

There are a number of other opportunities:

- When commissioning an Individual Service Fund arrangement the Local Authority has the responsibility to firstly get the best deal it can on behalf of the users of that arrangement; and secondly to monitor success in terms of outcomes *for individuals*; if this is not working well then the Local Authority needs to act. This action may mean talking with the people affected about their personal options. It may also mean the Local Authority using its market position for to assist them to get a better deal with the provider.
- The Local Authority might also make use of its purchasing power to buy blocks of service from providers more cheaply than on the open market. It can then sell these services on to local people. This might apply for example to some domiciliary services which assist people to get up, dress, make a meal and so on. (An important point here is that this is presented to citizens as “one option” and one that it not part of a fixed menu. If people want other options – perhaps at a higher cost- this should be made equally possible for them if they are prepared to pay.)
- It is also likely at least in the short to medium term, that Local Authorities will remain the commissioners of some of the more specialist services,

particularly “mixed packages” with the NHS to treat and provide security for people with mental health or other conditions. This will often mean that services are provided across local authorities, perhaps on a regional basis. It is an open question as to whether most people who have used such services in the past will continue to be seen to need them (or to opt for them when given the choice) in an environment where choice and control are the norm. But where such arrangements do persist it is important that groups of commissioners work together in the collective interest of these very disadvantaged citizens. The commissioning task here is to map routes out from the institution back to the person’s home and community. Almost certainly this task will require special focus and some dedicated resource: and in doing this, strategic commissioners need to work with providers of these special services to help ensure that they fully understand the vision, and have the skills to interpret it for the citizens they support. There is a related task to assist those people who have got stuck in services –often registered residential care services – at some distance away from their homes and communities.

IV. Strategic commissioners need to have sufficient resources available to them to effect a smooth transition to self directed support, so that good providers continue to remain in business as systems change.

Providers on the Commissioners and Providers Together Group made the very important point that change cannot happen overnight, in this or in any other aspect of the move to self directed support. There are reported instances of commissioners using the introduction of individual budgets and a new Resource Allocation System as an “excuse” to hold down or reduce fees, or to dis-invest in existing services. Dis-investment may be necessary in some cases, and some citizens who currently live away from home and family in a care setting may want to exercise their choice to return home. Not all Authorities have done the detailed financial work yet, but there are some indications that the model is affordable, but there is no doubt that there is a transitional “hump” to cross, and more work is needed to assess this.

V. Finally, Local Authorities have a role as community leaders and as the shapers of the local change process. What are their responsibilities in this regard in setting the conditions for self-directed support? There are two important pieces of work here:

- The first is the task of providing public information about self directed support. Self directed support will take off only when we have begun to capture the public imagination through getting ordinary people to see that public funded support does not equate to segregation and loneliness. This is a task for Elected Members, top managers and for the press office. Strategic commissioners, working with provider colleagues do however have a key role, as they are often the best people to bring people together, to gather the real-life stories and to make the connections to policy.

- Very much related to this is the task of preparing the ground with key others, particularly with other public agencies, the Third Sector and private organisations. There is a danger that such a task may appear overwhelming; there are so many organisations and so many of them have no idea about self directed support. In fact most of the “work” will be done by older and disabled people themselves who will make choices and bring their new purchasing power to bear. What commissioners and others in the local authority will sometimes need to do is to open doors for people who have previously relied on special services. For example a group of friends who are users or former users of learning difficulty day services may want to pool money from their personal budgets to rent a room in community centre for a party or a meeting or to hire a five a side football pitch or a coach to go on a trip. They might need someone to talk to the leisure centre, community centre, or the coach company for them. There are no doubt a number of ways to achieve this, but one of them is for them to put their money in a pot and ask for assistance to find a support worker to do these tasks for them. Commissioners need to find ways of being attentive to such needs and to ensure that people are not left stranded in these situations.

6. Providers

Many – if not all - of the issues for providers are the other side of this same coin. We have already said it several times: *self directed support will only realise its potential if commissioners and providers are able to work together, and do so the person at the centre.*

When we talk about “providers” here we are referring to *all providers* of social care for adults, including Local Authority “in house services,” which are de facto block contracts and should be treated as such. The key change is that Local Authority commissioners move away from providing off-the-peg services whoever provides and manages these.

The Commissioners and Providers Together group identified a number of special considerations for providers as so defined:

Existing services and Individual Service Funds

We have already referred to some of the things that providers need to consider in individualising their services, and the paper by Julia Fitzpatrick referred to above lists others. For any organisation, this constitutes major Organisational Development: first and foremost it is about the mission and culture of an organisation – what the organisation is for, and how it views the people it supports. The messages it gives its staff, how it recruits, trains and supports them and the image it projects to the wider public are all important manifestations of this. On a practical day-to-day level there are also important systems issues for an organisation, particularly in relation to how it manages, makes use of, and accounts for income and expenditure – the task being to introduce rules which clearly protect each individual’s budget for the purpose of his or her support. The organisation then needs to think through how it

defines and accounts for management of fixed costs such as training, administration, equipment and utility bills, and how it guards against contingencies. And it needs to make all of this transparent and agree it with the Local Authority funders.

II New providers

Recent trends in the social care market have been largely in the direction of consolidation into fewer, larger organisations. Some people take the view that this is unambiguously problematic for the development of self directed support, the argument being that the larger the organisation, the more difficult it is to be responsive to individuals or to connect with local people.

The Commissioners and Providers Together group suggested that this was an overly simplistic view of the world. Certainly all larger providers are not “bad” and all small ones “good.” We discussed federal, network and franchise models which allow groups of local services to link under one organisational umbrella. Some large organisations have regional business units, and local services with good local connections. Whether such arrangements can deliver all the potential benefits of self directed support for the citizen is an interesting research question.

This question aside, there is little doubt that self directed support does imply that the number of options available to individual budget-holders needs to increase, probably several fold in any given locality. This will apply both to services catering for minority interests as well as to standard social care services for the majority. The likelihood is that these new provider organisations will –at least at first- be small, perhaps a small co-op of Personal Assistants or a few home-sharers on an estate coming together. The Government is very keen to explore the issues for these “micro providers” and has recently funded the National Association of Adult Placement Schemes, though a section 64 project to investigate further. It is part of the role of strategic commissioners to promote such models and edge the market in the direction that citizens demand. Providers and potential providers need to attend to these signals.

These newer smaller organisations do then need to foster and develop the skills to compete, and to do this they will sometimes need to join forces. So we can envisage new organisational forms emerging and morphing as the purchasing power of individuals begins to bite and the expectation of choice and control becomes the norm.

III Mainstream providers

One of the most exciting shifts as we move towards the new world of self directed support is that people are increasingly using their budgets to buy *ordinary* services. *Ordinary* does not mean dull or featureless in this context, it

means the same services that every other citizen buys, services which are thereby shaped by the discipline of the market. There are many examples of this among the stories that in Control and the Individual Budget pilots have collected – from air conditioning in Essex to quad biking on the South Downs to “respite” in a hotel in Bournemouth. As already discussed, in many regards this is a question of older and disabled people buying into existing community services. Since the DDA these services should of course be accessible to them.

Much more than this, however, it is also a question of a set of new business opportunities for social entrepreneurs, who want not only to *provide for* older and disabled people, but in some instances to partner and work with them. There are many signs that the social enterprise movement, job coaching, Micro Enterprises and work to foster entrepreneurship amongst disabled people, as well as much of what goes on in Centres for Independent Living and Self Advocacy Groups, are beginning to provide a new spirit of optimism among many people who have traditionally used social care services, and helping them to become economically active and self-respecting citizens.

IV All providers

All providers need to think imaginatively about their role, using Self Directed Support as the starting point. They might consider how they might adapt and take on new roles (and get new business) as community bridge builders, support brokers or specialists in building particular types of community capacity.

V Regulation of providers

This is an issue which is beyond the strict remit of this paper, but it is one which some providers on the Commissioners and Providers Together group felt strongly about. They were clear that the Commission for Social Care Inspection and its successor body need to ensure that the regulatory framework they employ encourages self directed support, for example by checking that its underpinning values find expression in minimum standards, and that registered services therefore reflect the values in turn; and that inspectors are assisted to understand both the spirit and the letter of such improved standards.

How?

7. Contracts

A contract is an agreement, formal or informal between two or more parties, by which each party undertakes certain obligations. Contracts have been at the heart of the relationship between commissioners and providers, certainly since the 1990 NHS Health and Community Care Act. Local Authorities employ staff skilled in *procurement* (the identification and acquisition of services, making use of contracts), and social workers now negotiate, purchase and monitor services that are defined in written contracts.

How does this state of affairs need to change in the light of self directed support, and how might contracts and procurement activity play a part in the changing relationship between citizen, provider and strategic commissioner?

Under a model of self-directed support the parties to the contract change. In most cases, the written or implied contract will be between the citizen and the provider (whether “specialist” or “mainstream”), and the extent that the Local Authority needs to play a part is reduced. As we know from the experience of Direct Payments, however, there are issues for people wishing to purchase support –particularly so for those wanting to employ Personal Assistants – which may involve the need for specialist support, for example to assist with recruitment, payroll, insurance and tax. Whilst some DP Support Schemes are very good, we should not *automatically* assume that this help necessarily needs to come from agencies specially set up to help older and disabled people.

There are some circumstances in which the Local Authority may need to retain or develop its contracting role, however. These include:

- In the situation described above where the Local Authority buys “in bulk” in order to make best use of its purchasing power.
- Where circumstances dictate that an Individual Service Fund is the best option for a particular group of people, or where there is an existing relationship with a provider that needs to be supported but “individualised.”
- Where the individual involved needs assistance to make choices/and or to manage the money involved in a personal budget. In these circumstances, the Local Authority may find itself contracting with either an Independent Living Trust or with an agent² of the person themselves. If the former, see the VIA publication “Trusting Independence.” If the latter then in Control guidance on what makes a good agent is available on its website.

² The legal status of the term “agent” has been questioned, and is therefore sometimes changed, for example to “Commissioned Independent Purchaser.”

In the first case and sometimes with the second - Individual Service Funds - the Local Authority will need to consider the procurement process, that is to say how it goes about *awarding* contracts. Much of the existing good practice, using a select list for particular types of service for example, is no doubt directly transferable.

It is important to remember, however, that Self Directed Support does entail a completely re-balanced power relationship, with the citizen at the centre, and that this might suggest new ways of identifying the best provider in these circumstances. For example when tendering for an Individual Support Fund, one would need to consider how best to register the needs and wishes of prospective end-users; one suggestion that has begun to be used in Cornwall, for example is to make use of anonymised support plans; potential providers might then be asked to make a presentation to citizens and their families and supporters about how they might help people to realise the dreams and wishes described in the plans.

Where the Local Authority is involved, we need to keep language and documentation easy to read, non technical age-appropriate and to the point. Our language and our behaviour comprise important parts of the journey toward personalisation and it is important that we portray a consistent message that empowers.

8. Citizens

Self directed support embodies principles that change the relationship between the citizen and the state. in Control's Ethical Principles which are set out in full on the in Control website articulate this as follows:

1. We each should be in control of our own lives and, if we need help with decisions, those decisions are kept as close as possible to us - *self-determination*
2. We should each have our own path and sense of purpose to help give our life meaning and significance - *direction*
3. We should each have sufficient money that we are not unduly dependent upon others and can live an independent life - *money*
4. We should each have a home that is our own, living with people that we really want to live with - *home*
5. We should each get support that helps us to live our own life and which is under our control - *support*
6. We should be able to fully participate in and contribute to family and community life - *community life*
7. We should have our legal and civil rights respected and be able to take action if they are not- rights.

These principles have taken root through the various broad user “movements” which grew in the 1980s and 90s, the movement for independent living for people with physical and sensory impairments, for self advocacy for people with learning difficulties, the mental health survivors movement that and for grey power among older people. The first of these gave rise to Direct Payments ten years ago, and the second was influential in the early work on Self-Directed Support.

If we are to take full account of these citizen-led movements, and if we are to make the connection with other currents at work in society, particularly the broad intellectual changes labeled “personalisation”, then the tasks of and the relationship between the three key players - citizen, commissioner and provider- need radical change.

Older and disabled people are no longer passive recipients of the “gift” of care or welfare. They are active citizens, with gifts themselves and a contribution to make, people who take risks and have a life within –not apart from- their communities.

The commissioning task is one of helping to enable older and disabled people to realise their aspirations through mobilising, marshalling and multiplying public resources with the support of others - communities, peers and families, as well as clinicians, professionals, the Third Sector and many others.

And providers retain a special role in this process. They have the particular focus, skills and responsibility to get up close to these particular citizens who have more vulnerabilities than others; and to ensure that for each individual, with all their particular joys, quirks, gifts and challenges, the principles described above are made real.

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