Commission for Social Care Inspection

Making Social Care Better for People

Commission for Social Care Inspection

Relentless Optimism

Creative Commissioning for Personalised Care

Report of a seminar held by the Commission for Social Care Inspection on 18 May 2006

September 2006

Vision and Values

The Commission for Social Care Inspection aims to:

- put the people who use social care first;
- improve services and stamp out bad practice;
- be an expert voice on social care; and
- practise what we preach in our own organisation.

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1

Chair's introduction

1.1 The Commission for Social Care Inspection (CSCI) hosted a policy seminar in May 2006 to challenge the thinking of commissioners, providers and regulators; consider the barriers to commissioning more personalised services; and reflect on innovative and practical ways of moving forward. This report is based on the discussions that took place at the seminar. It also incorporates views expressed by CSCI's Older People's Services Improvement Board at a discussion in June 2006.

1.2 Commissioning is at the heart of effective social care. It offers an opportunity to transform people's lives through better services – it is not simply about procedures and processes.

1.3 The development of individualised and personalised services is a key theme of current public policy and entails a shift of emphasis from structures to people. The community services White Paper *Our health, our care, our say* sets out a clear vision for integrated services and makes personalised care a priority.[1]

1.4 But if personalised care is to be made a reality, current ways of commissioning services will have to change. Even for good councils, doing more of the same will not be enough and is not an option. While some councils are beginning to show a better understanding of the need for a strategic approach to commissioning services that enable people to live their lives to the full, too many are still commissioning the same traditional profile of services, with too strong a focus on residential care. The Wanless review of social care for older people made clear that 'additional money should not be forthcoming without a commitment to reconfigure services'.[2] 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?

1 Department of Health (2006) *Our health, our care, our say*.
2 Wanless, D (2006) *Securing good care for older people*, King's Fund.

1.5 The challenge now facing councils is to take a strategic, long-term view of what sort of services need to be developed in their areas, based on individual preferences. They will 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. What needs to emerge is a new model of care that offers more than a simplistic choice between 'independence' and residential care, recognising that, while residential care has its place, it remains an overly dominant form of care.

In addition, many councils focus too strongly on services for older people. But problems with ensuring sufficiency of supply and achieving a range and balance of services are particularly acute in services for younger adults with physical or learning disabilities.

1.6 Councils will also need to engage with local economic development strategies to encourage the local market for care. Above all, commissioners must recognise that they are responsible for the whole community they serve, and not just for those people whose care they expect to fund.

1.7 There is currently no correlation between the performance rating (star rating) of a council and the quality of services within its boundaries. CSCI recognises the centrality of commissioning in making social care services better for people. Councils' effectiveness at both strategic commissioning and purchasing will become part of their annual performance assessment from 2007.

1.8 Our experience has shown that sharing information derived from our regulatory activities with commissioners is an effective way of helping them focus on the quality of the services they purchase for the people they serve. CSCI will in future challenge councils who regularly commission and purchase services that are known to be poor quality without having a strategy to help those services to improve. We will want to know why they continue knowingly to purchase poor quality care.

1.9 Getting it right will require new ways of working and thinking. Using the commissioning process to make services better for people who use social care will depend on commissioners being willing to exercise their imagination and take risks. The seminar on which this report is based offered participants the opportunity to discuss in groups the challenges we face. It was interesting to observe that the group that included people who use care services came up with the most radical solutions, proposing that services be redesigned from scratch, while groups consisting primarily of care professionals took a much more cautious, gradual approach.

1.10 One of the contributors to the seminar spoke of his 'relentless optimism' about changing systems and structures to make life better for individuals, families and communities. Another spoke of 'giving people the right to dream'. It is in the spirit of relentless optimism that we present this report as a contribution to a vital debate on improving people's lives through public services that recognise what those lives are really like. It is my hope that the issues raised here will be taken into account by the Department of Health as its develops its own commissioning policy.

Dame Denise Platt DBE

Chair, Commission for Social Care Inspection

2

Setting the scene:
why commissioning is the key to delivering personalised social care

David Behan CBE, then Chief Inspector, Commission for Social Care Inspection.

2.1 Meeting people's expectations and delivering the policy ambition of the White Paper *Our health, our care, our say* will mean developing a new way of commissioning. The challenge is to commission for personalised, bespoke care. Our evidence is that in many areas this does not yet exist.

2.2 Continuing as we have done since 1993 will not deliver the required changes. Unlike the horse in *Animal Farm*, we cannot meet the challenge of the White Paper by working harder: we need to work smarter; we need to work differently.

What do people tell us they want?

2.3 In the next few years, people's expectations will be a significant driver of the way services are commissioned and provided. The people who are now entering 'old age' will bring with them a range of expectations which will be more demanding than previous generations. Baby-boomers such as Janet Street Porter, Germaine Greer and others have recently written about their expectations about their future care and how current models do not meet their ambitions.

2.4 CSCI's recent bulletin report *Real Choices, Real Voices* highlighted what people told us matters most to them – and this is the order that people put things in:

- choice;
- flexibility;
- information;
- being like other people and taking risks;
- respect and being heard;
- fairness and non-discrimination;
- cost and value; and
- safety.

2.5 What people have said they want should be the starting-point for providers and commissioners.

Where are we now?

"Commissioning is the process of translating aspirations and need into timely and quality services for users which meet their needs, promote their independence, provide choice, are cost-effective, and support the whole community."

2.6 Commissioning is distinct from contracting, which refers to the formal agreements between commissioners and service providers, that determine the service specification, service volumes, costs and how services will be procured. It is also separate from purchasing, which refers to arrangements for the procurement of services to meet the needs of individual people identified in their care plans.

2.7 Currently commissioning, contracting and purchasing are overly dominated by inputs and outputs. Looking forward, they need to define outcomes for people much more clearly.

2.8 CSCI's *The state of social care* report highlighted what we found about the current state of commissioning:[3]

- the views and aspirations of people who use services are not yet at the heart of commissioning services for individuals. Councils need to pay more attention to what people say about the qualities that are important to them in the services they receive;
- councils increasingly understand the principles of good commissioning and recognise the need for a strategic approach. In some areas, strategic direction is clear, but not all councils have strategies that are accompanied by action plans or underpinned by sound financial plans;
- councils need to commission services for all those living within their boundaries, including those who pay for their own care and those whose voice is not heard;
- capacity to evaluate need is the starting point for developing a responsive commissioning strategy. This demands a dynamic understanding of changing local needs and a capacity to evaluate the range and effectiveness of services and to set performance standards. Services should be commissioned on the basis of the best available evidence;

3 Commission for Social Care Inspection (2005) *The state of social care in England 2004-05*.

- there is insufficient capacity within councils to design services that will meet people's needs in different ways. In particular, councils make insufficient use of user-led or user-managed services, and social enterprise services;
- supporting people with complex and multiple needs requires individuals in services to come together – in alliances, in partnerships, and through integrating their commissioning and/or their service delivery. The alignment of health and social care planning and budgeting cycles – foreshadowed in *Our health, our care, our say* – will, of course, help;
- in developing the social care market, councils need to work in partnership with service providers, communicating and sharing information, especially sharing commissioning intentions. The best councils work in partnership with providers – but many still do not do this well enough. In a commercial setting this is called 'signalling'. The Bank of England sends signals on interest rates which then influence the housing market and people change their behaviour. Is there a social care equivalent? How do local councils do this?
- a major challenge for councils is to ensure that their services provide choice, control, and flexibility, and promote independence. The profile of services in many councils is still weighted towards the provision of more 'traditional' services;
- most councils recognise that it is better to support the fabric of people's everyday lives with 'simple' services than to wait until people hit a crisis point, leaving the council to organise expensive services for them. But this is not translated into strategic commissioning plans;
- there is a marked difference between the range of services available to children compared to those for adults – for example, early intervention services are much more likely to be available in children's services, as are shared care and respite services;
- councils often compete – rather than cooperate – for residential provision, which can lead to higher charges and potentially allows poor providers to continue in the market; and
- finally, there is a dilemma for councils – a potential tension between being efficient and achieving value for money in purchasing individualised services. Achieving real value for money means better outcomes for people as well as greater efficiency.

What do we need to do?

2.9 We are all being challenged to work in new ways – not just to make services work better but to ensure better outcomes for people. As the saying goes, 'If you always do what you always did, you'll always get what you always got.'

2.10 There are two key challenges for us today: how to commission for *individualised* services – and how to create *flexible* services for all people using them. We have seen it is possible for those with Direct Payments, so what needs to be done to make flexible services available for everyone?

2.11 This raises the issue of how councils and PCTs will work collaboratively in both children's and adults' services. How will payment-by-results, practice-based commissioning and a tariff in health care interact within the systems and processes that will be developed in social care? It also raises the question of how to commission for innovation – innovation should not always come from providers or people who use services. This will mean decommissioning older-style services as well as commissioning newer ones.

What is CSCI doing?

2.12 There is currently no correlation between the star rating of a council and the quality of the regulated services within its boundaries.

2.13 We are sharing inspection information with councils to ensure they are aware of the CSCI's judgement of the quality of services in their area, the majority of which they contract. We will in future challenge councils on whether they are commissioning a sufficiency of supply for their community, and whether they are encouraging the development of services for everyone in that community. If they regularly contract services that we assess as being poor, without a strategy to help these services improve, we will want to know why. All councils should have a commissioning strategy that includes levers to improve services.

2.14 CSCI has begun work on the Performance Assessment Framework for measuring council's performance in 2006-07. We are taking steps towards an outcomes-based performance framework. Not only should the indicators better reflect policy initiatives, they should also reflect the work that councils deliver in partnership based on the seven outcomes described in the White Paper.

2

To sum up

2.15 Changing commissioning will require new ways of thinking and working. It will also depend on people being willing to exercise their imagination and take risks.

2.16 The views and aspirations of people who use services are not yet at the heart of commissioning processes. Councils and PCTs need to integrate the outcomes set out in the White Paper and what people value about services into their strategic commissioning, as well as their day-to-day purchasing of care. To achieve the changes required, strong local leadership is essential from councillors, senior managers and policy-makers.

2.17 For our part we will move to inspecting councils and services against the same outcomes and values.

2.18 The challenges are great – but to meet them will result in social care which truly meets the needs of the people that depend on it.

The role of elected councillors

Elected members have a key role to play in shaping a council's commissioning strategy.

Executive members make policy on a wide range of central issues – the level of priority given to social care, the contribution of social care to the corporate agenda, the share of the corporate budget to be given to social care, the role of in-house service provision and the balance with independent sector provision, the use of charging to manage demand, the extent and pace of change, the development of the local economy.

Members of scrutiny committees also 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.

3

The qualities that people who use services value

Ian Loynes, Chief Executive, Southampton Centre for Independent Living.

3.1 Commissioning social care is not the same as buying any other commodity. It is not the same as purchasing office supplies, for example. It should be about changing people's lives for the better, which means it requires a different approach to ordering a thousand reams of photocopying paper. People say that they want 'the right to dream', and they want commissioners to recognise honestly that social care – regardless of how good it is – will only meet a small proportion of people's overall needs.

3.2 People who use services want the following things:

- a proper assessment of their individual needs – this should be the starting point for commissioners;
- care that is needs-led, not service-led, recognising that different people have different needs;
- care that is provided to meet the needs of people, not to meet a particular cost-target;
- to be treated as an individual person, 'not just a number';
- continuity – services should only change if and when a person's needs change;
- services provided by people and organisations that genuinely understand the people who use them – the importance of user-led organisations should not be under-estimated;
- services that allow people the ability to be spontaneous, to do what they want when they want; and
- services that empower people and allow them to exercise choice and control over their lives.

"Independent living means having a lifestyle you choose, regardless of what other people think. It is not about doing everything for yourself, but about having enough support to control and lead the life that you choose."

3.3 Independent living means the right to control one's life and participate in society. Everyone is capable of making some kind of choice. Good commissioning is vital for putting in place the support that enables the values of independent living to be translated into reality.

3

The key values of independent living for people with disabilities

- all human life is of value;
- everyone, whatever their impairment, is capable of making choices, with support if needed;
- disabled people have the right to exercise control over their lives; and
- disabled people have the right to participate fully in society.

3.4 Direct Payments – which were developed and designed by disabled people – are a good example of a policy to put personalised care into practice. When they work well, people have genuine choice and control. But there is a perception that Individual Budgets may be led not by the people who will use them but by commissioners. The onus is on commissioners to demonstrate that this is not the case.

3.5 'User involvement' is a popular trend in health and social care. But it does not always mean as much in practice as the concept suggests. What it should mean is letting people who use services set the agenda, contribute to decisions and challenge the status quo. It should be about changing the balance of power, which is crucial for commissioning personalised care.

3.6 The most effective way to empower people and to provide services they value is to commission user-led organisations to provide services. But such organisations have difficulty competing and surviving in the current environment.

4

Emerging issues for personalised social care from the Individual Budget pilots

John Dixon, Director of Social and Caring Services, West Sussex County Council.

4.1 The pilot sites are moving Individual Budgets from policy to delivery. If Individual Budgets work, they have the potential to bring about a transformation in power relationships between commissioners and people who use services.

4.2 Under the traditional approach to commissioning, a council undertakes an analysis of a person's needs according to tightly defined criteria, develops a commissioning plan, and agrees block contracts with large providers. (Councils seem to be more comfortable when dealing with other large organisations.) 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.

4.3 Commissioning does not have to look like that. In West Sussex, one of the Individual Budget pilot sites, the traditional commissioning model is being replaced by 'self-directed support'. Under the new approach, a person needing care does an assessment of their own needs, often through a web-based tool. The services they need are then worked out through a Resource Allocation System (RAS) and a system of support brokerage. Once the council has confirmed an individual's choices, people can then construct their own care package. People can choose a range of services that may bear no relation to the traditional 'menu'; they can design their own circle of support.

"If what people choose is not what councils offer, councils and independent providers may not survive – the lesson is change or die."

'Aggregating infinity'

4.4 The consequence of the changes being piloted in West Sussex and elsewhere is that power will have to be conceded to people who use services and both councils and their staff will have to adjust to a new way of doing business. The new role of councils is to aggregate the range of services that people want and need into strategic commissioning. This may feel like 'aggregating infinity', but there is no alternative.

4.5 In future, councils will not be able simply to purchase fewer, more intensive support packages for fewer people – as is the current trend – but should instead focus on reshaping the environment for people who use social care services. Eligibility criteria as we currently understand them will become defunct.

4.6 The wider challenge for commissioners is to identify the barriers that stop people achieving access to a wide range of public services – health, leisure, transport and financial services, as well as social care – without constant assistance, and having identified these barriers, to take action to remove them. Councils should take responsibility for constructing a system that enables people to access public services as independently as possible.

5

Commissioning to support personalised care – what are the barriers?

5.1 **A discussion followed on the barriers that get in the way of creative commissioning that meets people's needs and improves their lives. The following points were made:**

5.2 **Fear of change**

Many individuals and organisations have an aversion to risk. This may be explained as a fear of giving up power on the part both of staff, who are gatekeepers to services and may fear litigation, and elected council members, who fear the political consequences of making changes. One of the observations made was that staff are trained to work 'in the system', not towards outcomes for people. There is also reluctance in many councils to accept that services may have to be decommissioned because they are not meeting people's needs or are not what people want.

5.3 **Rigid processes**

Adversarial, 'legalistic' relationships between commissioners and providers were cited as a major barrier to better commissioning, with rigid block contracts and service specifications stifling innovation. There is often a lack of flexibility for people who provide services, such as home-carers, to respond to what people want, if this goes beyond or outside the service specification. Rigid processes get in the way of the type of imaginative place-shaping described in the Lyons inquiry into local government,[4] and inhibit the development of services that are genuinely responsive to people's needs.

5.4 **Lack of focus on outcomes for people**

A preoccupation on the part of many organisations with structures and processes means that structural barriers to change persist, with the result that the commissioning system is focused principally on *inputs* rather than *outcomes* for people. A tendency for organisations and the people working

4 Lyons, M (2006) *National prosperity, local choice and civic engagement: a new partnership between central and local government for the 21st century*.

in them to be bound by structures means that the 'life-needs' of people who use and rely on services are overlooked. Focusing on outcomes rather than structures will mean shifting from a system where care is rationed to one that is genuinely needs-led. There is evidence from the In Control pilot sites that a needs-led system controlled by people who use services can be a more cost-effective approach. But it is not clear how total flexibility for everyone who needs social care will work in practice.

5.5 Lack of information

Commissioners lack information about what people's needs and preferences are. Providers lack information about what commissioners want and what their priorities and intentions are.

And people who use services cannot make meaningful choices without good information about what is available and access to advocacy services.

5.6 Poor relationships within the public sector

Different parts of the public sector have different priorities – witness the different approaches to disability taken by social care and health care. This can make joint commissioning difficult, making it more likely that commissioning will continue to take place in silos.

5.7 Ageism

A widespread problem is the persistent absence of equity across age groups in access to high quality care services. There are wide variations in access to continuing care, problems with continuity of care and a lack of choice for people with dementia. Given that older people are the greatest users of social care services, tackling ageism should be a priority for commissioners and service providers.

5.8 Dominance of interest groups

Councils often believe that innovation and change is stifled by the organised opposition of local interest groups that want to maintain the status quo. Such groups resist the closure of services and remind council decision-makers that one person's choice may mitigate another person's ability to choose. If councils want to reconfigure services, they need to make the case for change and carry people with them.

6

Doing things differently: some lessons from the commercial sector

6.1 There are lessons to be learned from the commercial sector about transforming people's experience of social care by transforming commissioning.

6.2 The principal lesson is that putting the person who uses the service at the centre means 'treating the customer as king'. The key to success in the commercial sector is understanding what the customer wants and delivering it. But making the transition from an organisation-centred perspective to a customer-centred perspective is a difficult cultural shift for many organisations, including councils.

6.3 A further lesson is the need to build sustainable, long-term relationships with service providers – even if the current pace of change makes long-term planning, as we currently understand it, impossible. Many commissioners are tied into short-term, three-year strategies and relationships with providers. They need to find a way of freeing up their resources, so that they can be responsive to changes in customers' needs.

"It is unavoidable in a competitive provider market that there will be 'losers' as well as 'winners', with the risk that some services will have to close. But commissioners need to allow the possibility that services will fail and accept that unsuccessful services will have to close if they cannot change, so that money can go elsewhere."

6.4 Successful commissioners could learn from the commercial sector the best ways to collect and analyse data and create an evidence-base. They could also learn how to build a service culture, with every single function in an organisation focused on the 'customer' – every member of staff should know that if they are not serving a customer directly, they are working for someone who is. Commissioners will need to decide who their 'customer' is, who 'owns' the customer, and what the process is for identifying and acting on what customers need and want. However, in social care it is not necessarily easy to identify who the customer is – is it the person who uses services? Is it their families and carers? There is a tendency for intermediaries to stand between commissioners and the people who use social care services.

7

Discussion:
meeting the commissioning challenge

7.1 **Seminar participants divided into groups to discuss some of the particular challenges facing organisations that commission social care services. The following points were made:**

Shaping the market for the whole community

7.2 There is a gap in commissioners' knowledge and understanding about what people want and what they think of the services on offer. It will be impossible to shape the market unless we take a new approach to needs analysis. (The starting point should of course be to identify and meet people's real needs, not to develop the provider market for its own sake.) This will also require a new approach to data collection. The data that councils currently collect to monitor performance indicators is not necessarily the data that they need to enable them to commission more effectively. CSCI recognises this, and is working to develop more outcome-based assessment measures.

7.3 Strategic commissioning means building a picture of the services that people need over the course of their whole lives. The emphasis should be on services for *people* – not 'users', 'carers', or any other label – as everyone uses public services of some kind and everyone is a potential user of social care services. Councils have a tendency to commission punitively – if people do not like the service they are offered, they may be told that they cannot have any service at all.

"Councils should see people as part of the solution, not part of the problem."

7.4 The goal of strategic commissioning should be co-production – that is, people as co-producers of their own health and well-being, taking responsibility for their lives rather than being 'done to', working together towards better outcomes.

"Councils need to stop celebrating deprivation and start doing something about it."

7.5 As 'place-shapers', councils need to 'sell' the well-being agenda to people in their communities, adopting a style of leadership that engages in honest dialogue with communities and individuals. They must be prepared to address public misconceptions; politicians in particular have to be brave enough to give up power to enable communities to be fully engaged with identifying needs and solutions.

7.6 One way of finding out who the customer is and what they want is through 'social marketing', which enables commissioners to market existing services more effectively and develop better ones based on what people tell them. Social marketing is about asking how people live – or want to live - their lives. It is about engaging them in a discussion, not 'preaching' to them.

Balancing strategic commissioning and individual purchasing

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

7.7 The prevalent model of commissioning tends not to ask people who use services about the impact the service has on their lives, with the result that 'effectiveness' is evaluated without any account of whether the service achieves the outcome that is intended. For example, home-care staff may prepare meals for people who are unable to eat, but their contract does not include staying to help the person to eat the meal that has been prepared.

7.8 Commissioning for outcomes raises key issues about structures and institutions. Many people currently attending day centres might prefer to go to a park, cinema, pub or job instead, particularly if they knew the component costs of transport, activities, lunch, and so on. The route to well being may therefore not be via existing services set up by councils for people with social care needs, but by ensuring that mainstream services cater properly for everyone. Councils should take a lead in thinking through how people might be supported by means other than through formal social care services.

7.9 There is no reason to suppose that people who use social care services are unable to understand value for money and manage their budgets accordingly. There are many potential solutions that do not involve tying people into existing organisational structures. At the same time, there are concerns that people might be vulnerable to abuse, exploitation or manipulation in the way that they manage their own Direct Payment or Individual Budget.

7.10 There should be a distinction between a process that assesses people's social care needs and one that acts as a gateway to public funding. Those who do

not need public funding may not wish to go through the assessment gateway designed for financial assessment. Possible alternatives are schemes run by some councils to employ self-funder social workers or to develop independent support brokerage.[5]

7.11 The criteria for payment for social care services must be transparent so that there is absolute 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.

7.12 Through its work with communities on outcomes and how to achieve them, councils should be in a position to know what type of services exist, what needs to be developed and to 'pump prime' the development of new services.

Collaborative and flexible commissioning with providers

7.13 The starting point for both commissioners and providers should be effective engagement with people who use social care services or might use these services in the future. This should not just be about listening to people's views, but about giving them information about what the options are, and sometimes raising their expectations. People often 'choose' residential care because they don't know about all the community services that could help them.

7.14 Councils need *long-term* relationships with a few providers, regardless of whether they are big or small organisations. (There is a risk, however, that this could leave the smallest organisations struggling to survive, and whether this matters was discussed.) Such relationships should be based on trust, and a shared commitment to personalised services. At present, this is more common in housing than in social care. The relationship could be characterised as 'a shared learning partnership', with 'a shared risk appetite'.

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

7.16 Councils should not overlook the importance of housing. People should have the right housing and physical environment for their needs, as well as access to social care and other services.

5 Commission for Social Care Inspection (2006) *Support brokerage: a discussion paper*

7.17 The question was raised as to whether councils still have a useful role to play as commissioners or whether everyone should be given the resources to purchase their own services – 'cutting out the middle man'. There was broad agreement that councils have a vital role in ensuring that people have access to information about their rights and options, ensuring an adequate overall supply of service, identifying the community's overall needs and how these will change, and agreeing a strategic direction in partnership with providers and people who use services.

Developing partnerships with other commissioners

7.18 Participants discussed whether, if Individual Budgets are successful and popular, councils will still need to commission services. Under these circumstances, councils would allocate funds to individuals within certain criteria but not necessarily purchase services, a responsibility which would pass to people who use services. The role of the council would be to ensure that sufficient services were available for people to exercise choice.

7.19 Different parts of the public sector are moving in different directions on contracting, and it is not clear what the consequences of this might be. For example, is it possible to reconcile more managed provision in the NHS, despite the emergence of practice-based commissioning, with the increase in individual purchasing in social care? It is possible that practice-based commissioning and the tariff which drives payment-by-results may drive the emergence of new provider services, especially from the voluntary sector, unconstrained by NHS traditions.

7.20 The jury is still out on whether different commissioning models can produce integrated services. Much effort has been expended in recent years in striving for a coherent, over-arching commissioning model, not least between the NHS and social care. But perhaps different approaches are required to provide people with the range and type of services they need.

7.21 A further issue is whether outcome-based commissioning in social care can be matched with commissioning for clinical pathways in the NHS. It should be possible to have strategic, longer-term enterprises or alliances which enable more flexibility and stability than is available through spot contracting.

7.22 It is important not to underestimate what can be achieved. There are some very good examples of partnership working and risk-taking by councils. This depends to a large extent on the political climate and culture of the council.

7

Assessing the implications for regulation and performance assessment

7.23 Some participants believed that more poor services are driven out of business by councils and individuals not purchasing them than by CSCI closing them down. But performance assessment needs to get better at levering improvement in commissioning, contracting and purchasing activity.

7.24 Work is needed on assuring the quality and safety of services purchased by individuals. The process of regulation may need to be reviewed when Direct Payments and Individual Budgets become the norm for people using social care services. If purchasing was devolved to clinicians or social workers, their activities might be regulated. This raises the question of whether individual purchasers using council money should be regulated in a similar way, to ensure that councils get value for money. The wider argument is about the validity of people's choices, and about when public money ceases to be 'public'. One option might be for individuals to receive training to enable them to assess value for money.

8

Conclusion and issues for the future

8.1 **Arising from the presentations and discussion at the seminar, the following questions emerged which need further discussion and debate.**

A common language

8.2 Do we all know what we are talking about? There is a need to improve the clarity of language used, so that there is a clear distinction between the roles of commissioners, those who contract for and procure services, and individuals who purchase care packages (using their own or council resources) to meet their own needs. Councils and NHS bodies use the term 'commissioning' interchangeably, and often refer to contracting activity as 'commissioning'. This in turn can create one of the biggest obstacles to more personalised care – councils' tendency to think in terms of contracting with individual service providers rather than commissioning strategically to ensure a proper balance of services in their local area.

Commissioning for the whole community

8.3 What does this mean in practice? The council, as commissioner, is responsible for ensuring a sufficiency of supply of care and support services to meet people's needs in the area they serve. The council may contract some of these services, but many – in some councils the majority – will be bought directly by individual people. It is also a key role of commissioners to ensure that people with care and support needs are able as far as possible to access mainstream and universal services, such as housing, transport and leisure.

8.4 What does it mean to be a 'place-shaper'? Sir Michael Lyons argues in his latest report on local government that councils have a key role in shaping the local environment. In social care this might mean developing an environment where people can make decisions that are right for them and where providers can operate effectively. Rigid processes can get in the way of imaginative place-shaping and undermine commissioners' ability to respond flexibly to people's needs.

8.5 Capacity to evaluate need is the starting point for developing a responsive commissioning strategy. This demands a dynamic understanding of changing local needs. How can commissioners use their analysis to develop a more imaginative range of services? Where is the design capacity? How can councils gain a better understanding of *how* the local population wants their care needs to be met? Do councils have the capacity to evaluate the range and effectiveness of local services in meeting local needs? How can councils be more proactive in finding out if services are delivering what people want? Councils will 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. They will need to consider how they can use all available information, including inspection information, on how local services meet national improvement standards.

Involvement of the public and people who use services

8.6 How can we do this more effectively? Involvement of local people and people using care services in planning those services is not a new idea. Yet people receiving services still feel that their views have not been taken into account and often the service does not deliver for them.

8.7 The introduction of the concept of personalised care services requires councils and their partners to reconsider the effectiveness of their public consultation and involvement strategies, and how they design services as a result of their consultations.

8.8 The needs and expectations of people who use social care services should drive changes in the way that services are commissioned and delivered. Commissioners will need to make it a priority to find out what people want and need and involve them in considering *how* services can be developed based on their lived experiences rather than on organisational systems and processes. Particular care needs to be taken to reach people who have complex needs and who may have difficulty in expressing those needs through the use of independent advocates and other representatives. This will be particularly important as councils move towards self-assessment processes, which some people with complex needs find difficult to use.

8.9 When planning new social care services, councils might consider producing a 'statement of community involvement', in the same way as they do with major planning applications. This would set out clearly people's right to be involved at an early stage and would ensure that councils make full use of local knowledge. Councils need to think about how they can develop processes

that engage people from the start, rather than a top-down approach, where people are consulted when plans are almost finalised.

Commissioning for flexibility and innovation

8.10 One of the most profound challenges facing both commissioners and providers is the need to recognise that a level of complexity in people's lives is inevitable. This means that commissioners and providers have to manage ambiguity and complexity on a day-to-day basis. Yet many services are contracted to deal with stable situations, while in practice people's needs change constantly.

8.11 Once councils have commissioned the right pattern of services, they need to re-examine their contracting arrangements and ensure that contracting processes do not deny people who use services the qualities they value most. The way in which some services are contracted allows for minimal flexibility and limits the discretion of providers to respond to people who use services in the way that best meets their needs.

8.12 Commissioning for personalised care requires greater flexibility between services than people currently experience, as well as more effective integration within and between services. It requires services that reflect the reality of people's daily lives, so that services can move in and out as people's needs and circumstances change, rather than as structures dictate. Services are often commissioned by categories such as a physical diagnosis, but people's lives are complex – categories and labels do not reflect how people live their lives. How can this cultural shift be achieved in commissioning processes?

8.13 Who will carry the risk in developing new, innovative services? People who use services, commissioners and providers all have a potential role in prompting innovation in social care. However, too often at present service providers believe that commissioners are risk-averse, and vice versa, while people who use services find that front-line workers are not encouraged to think creatively about how to respond to people's particular needs. How will commissioners develop strategies that actively encourage new and different services to develop? Developing a different balance of services than currently exists will inevitably mean decommissioning services that do not meet people's needs, as well as commissioning new ones and using resources differently.

Joint commissioning

8.14 What will effective joint commissioning look like in future? Developments in social care commissioning raise questions about the future of current joint commissioning arrangements with health bodies. Social care policy moves commissioning from inputs to outcomes. Traditionally health bodies have commissioned for clinical procedures or clinical pathways. Further, the NHS has no current remit to encourage the development of private services that people can purchase for themselves directly – unlike social care. Often, when councils and PCTs refer to 'joint commissioning', they mean joint contracting or aligned planning, accompanied by a joint agreement about a particular category of service, underpinned by pooled budgets.

8.15 PCTs are being encouraged to consider new models of commissioning with devolution to individual practices or the involvement of independent organisations with specific commissioning expertise. How will these developments relate to a council's responsibility to commission for a whole community? Involving independent partners in commissioning arrangements may see the new partner wanting to manage the council commissioning role too.

8.16 The relationship of directors of public health and local councils within the local strategic partnership will be critical in tackling the local health and well-being agenda in a comprehensive fashion. The relationship will form an essential background to future joint commissioning activities.

Value for money

8.17 Achieving value for money means better outcomes for people as well as greater efficiency. People who work for commissioning organisations are inevitably under pressure to make the current system work, not to challenge the system to focus more relentlessly on outcomes for people. How will councils ensure value for their money when it is allocated to an Individual Budget, without constraining the ability of the person to use that budget flexibly?

8.18 People spending their own money will also be seeking value for money. They are increasingly looking to Government to provide clarity on what social care the state will fund and what individuals will be expected to pay for.

8.19 As the range of available choices develops, so will 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 that they are choosing the best service for their needs or spending

their money as wisely as they could. This is an opportunity for the voluntary sector, social enterprises or user-led organisations, and councils will need to consider how they might commission such services locally. If councils do not act to ensure that people have access to independent information, advice and support they could end up paying a higher bill in the long term, as people may opt unnecessarily for expensive residential care because they do not know about alternatives.

8.20 As budgets are devolved to individual people, those individuals may look at the maximum charges they have to pay for council-organised services and instead choose to engage directly with service providers. This could impact on councils' contracting arrangements and on the providers tied into council contracts. As information becomes more readily available to individuals or their advocates on the actual cost of services to people or to councils, individual people will make their own choices about how they receive services.

Putting people at the centre

8.21 As people increasingly take control of how their care and support is arranged, their relationship with the council will change. How will councils truly rise to the challenge of ensuring that all their staff are focused on 'serving the customer'? As more councils experiment with developing self-assessment for people who use services, their role will change from decision-maker to facilitator. How will councils face this challenge?

Annex

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