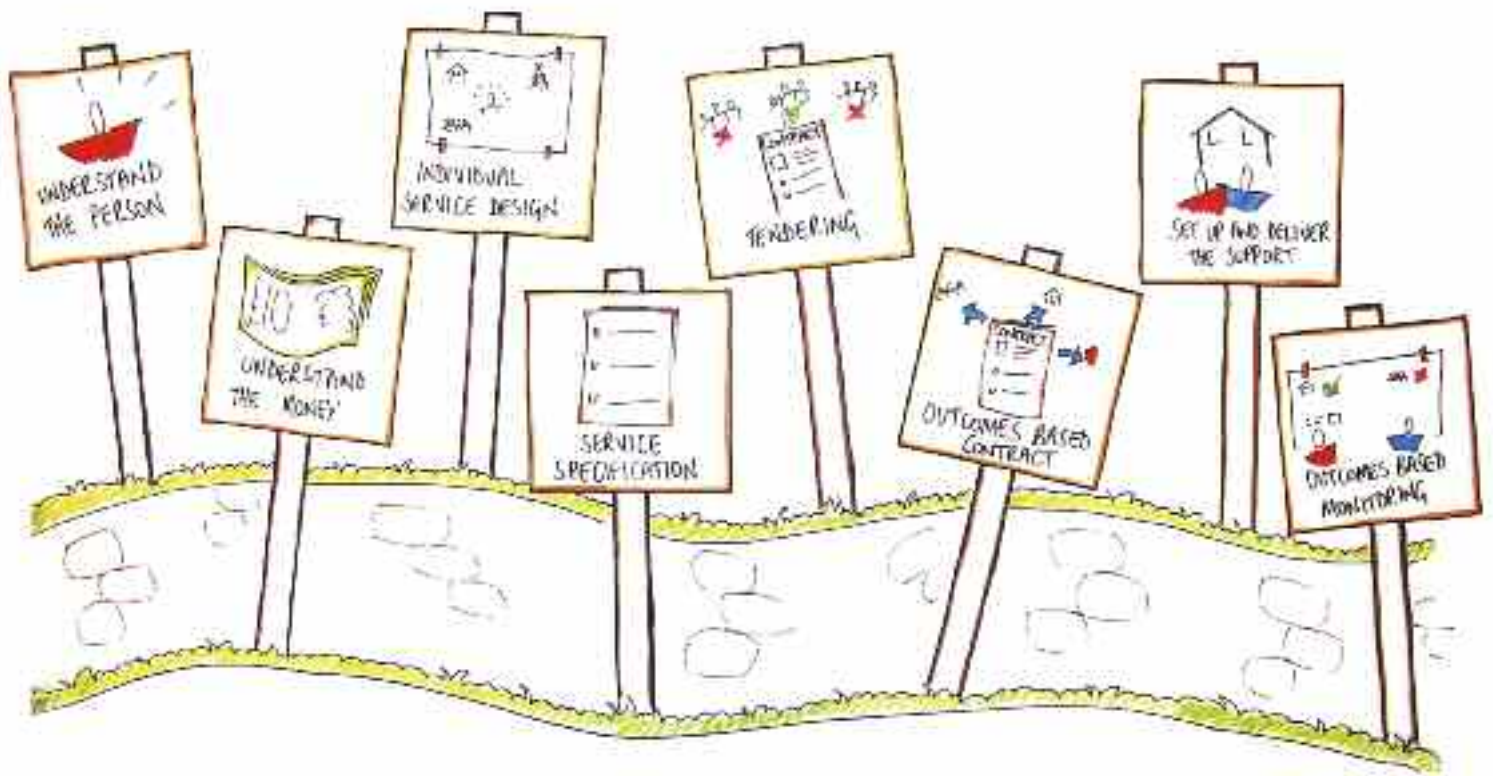


# person centred commissioning – now

a pathway approach to commissioning learning disability support



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Social care is undergoing a radical transformation, moving towards personalised support and a social care system that engages with people; supporting them to achieve the outcomes they want in their own lives. This presents everyone involved with new and exciting opportunities and at the same time with problems in how we get from where we are now to where we need to be. It is a journey that everyone involved is taking together, discovering things along the way, and thinking about how we can do things differently. The government has made it clear that this transformation needs to be one made in partnership and has demonstrated this through the Putting People First concordat (2007).

There have been great leaps in support and services designed and developed for and alongside people with learning disabilities and their families over the last few years; with those involved in learning disability services being at the forefront of understanding and developing self - directed support.

The role of commissioners working with the local partnership board is key to personalised services now and in the longer term. In already busy times, commissioners need to be able to take some time out to consider how they will respond to the personalisation agenda. Ensuring that services and support are developed in partnership with people and their families is crucial when aiming for person centredness that truly aims to support people to achieve the kind of lifestyles they want.

This booklet explores what is working well in commissioning around the country and how this can be used in developing a person centred commissioning pathway for the future. No one area would claim to have

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everything right, but each example shows one part of the pathway being implemented successfully and within a person centred approach. Our thanks to those people, families, providers and commissioners who contributed and shared their experiences and understanding (their perspectives helped to shape the pathway).

We acknowledge that the answers to many of the challenges arising do not sit with a particular person, function or role but will instead come from innovation and creativity, the courage to try out new ways of working and by learning from each other.

It is hoped that this booklet will encourage local authority commissioners to explore what the new agenda means for them and how they will transform commissioning to respond to the personalisation agenda. However, the personalisation agenda will eventually bring about a completely different structure and way of working. In the meantime, there is still a need for local authorities to ensure that the way they work reflects the best in person - centred practice. This paper points the way for changes both for today and the future and although its focus is on commissioning learning disability services the principles can apply to of all public services.

**Commissioning is: 'the process whereby public resources are used effectively to meet the needs of local people.'**

Our Health, Our Care, Our Say (DH, 2006)

Commissioning is a process to understand the needs and wishes of an individual, using assessments and research to detail the priorities and choices. This leads to determining how best to deliver the support and the allocation of funds required for this support. Plans are then developed, monitored and evaluated to ensure the quality of the service. This process needs to be inclusive of all involved including the individual/s that the support is for, families, commissioners and providers of the support/services.

Putting People First, published by the Department of Health in December 2007, outlines a shared vision and commitment to the transformation of social care. It has four key dimensions:

- 1. universal services** – ensuring all public services link up and meet the needs of all citizens and all people have access to information, advice and advocacy
- 2. early intervention and prevention** – enabling people to live with maximum independence, for as long as possible
- 3. choice and control for people** – shaping services to meet people's needs rather than fitting people into the services on offer
- 4. building social capital** – ensuring that services operate in a way that builds on resources available within families and communities.

Putting People First (2007) requires commissioners to engage and involve local people and communities in decisions and to be accountable for the services they commission and provide. Learning Disability Partnership Boards need to be at the centre of local delivery.

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## what needs to be done?

**1. understanding local needs** – demographic information for learning disability services is not as developed as other service areas. Commissioners need to work with partners to develop a better understanding of local needs and their implications, in order to plan and inform future spending decisions. Joint Strategic Needs Assessments (JSNA) should include the needs of people with learning disabilities.

**2. keeping services local** – many people with learning disabilities are still being sent to live far away from their home due to lack of appropriate local support and services. People are placed away from home because they are seen as challenging or have complex needs that require specialised support that is not available locally. Commissioners will need to develop practical support for families and local services in maintaining individual local support and services. This will involve working with service providers to develop a market of services locally.

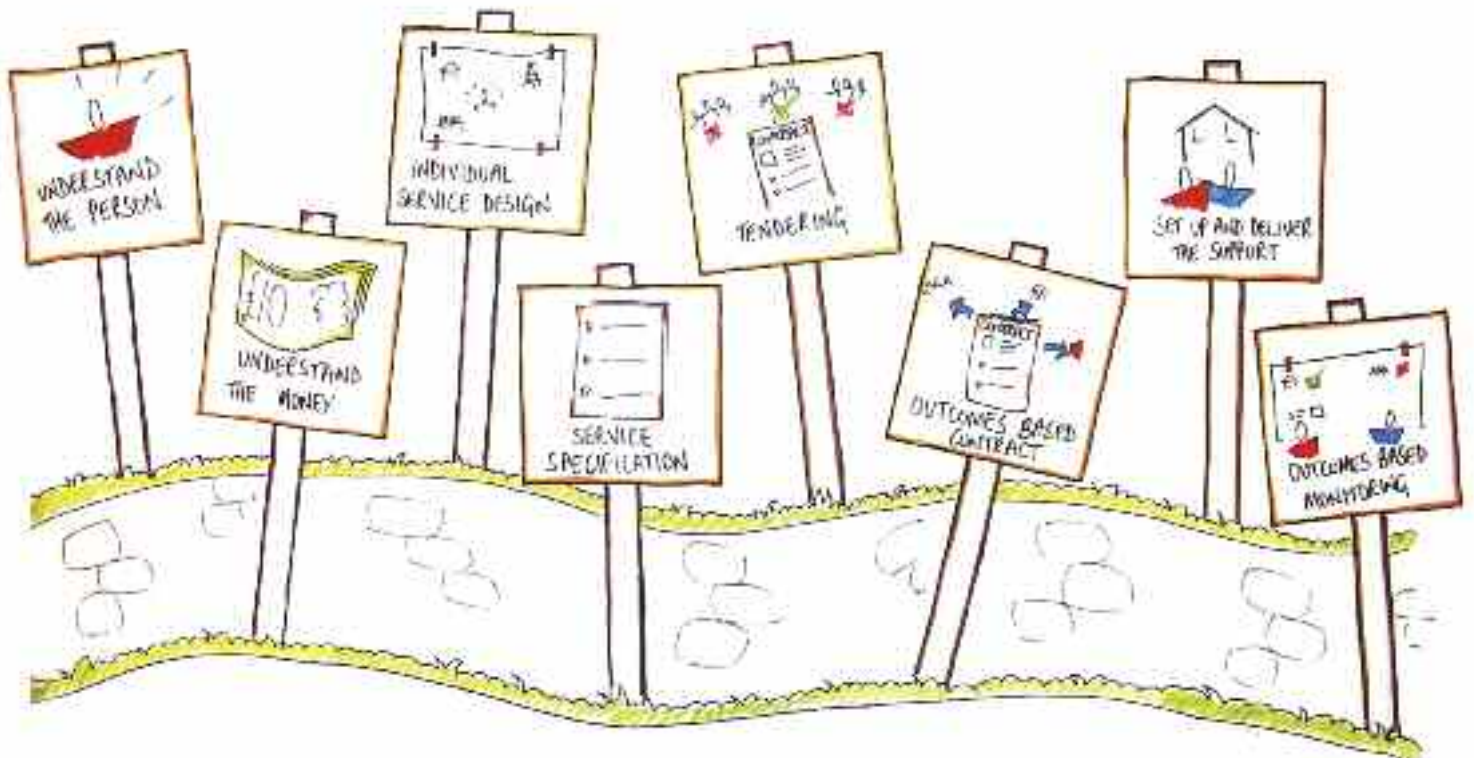
**3. transfer of commissioning and funding responsibility** – NHS learning disability budgets and commissioning responsibility for social care for adults are expected to transfer to local authorities by the end of 2009/10. The transfer excludes resources for forensic services, mainstream and specialist healthcare, which will remain with PCTs. The aim is to create greater clarity about resources for specialist social care services, enabling local authorities to have direct access and control over all social care funding. It is intended that local authorities will be able to maximise choice and control for people with learning disabilities and allow the NHS to focus on its primary learning disability responsibility. There is also an expectation that this will create greater efficiencies and value for money.

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Department of Health guidance on this was issued to PCTs and local authorities in August 2008. Local authorities and PCTs will need to agree an appropriate amount for transfer which will then be allocated by Government, ideally by 2009/10, but based upon spend in 2007/8 (with an uplift for inflation and any other factors to be agreed locally).

Reaching an agreement will be a challenging task. The process needs to be seen as fair and transparent to all parties and should involve local partnership boards.

Although this is a national policy the intention is to achieve local agreement. It will require strong leadership and direction from commissioners and robust partnership working based on a shared vision. While this is a difficult task it is important the agreements are clear and poor services are not simply transferred to the local authority without ensuring organisational change. At the end of the process it is important that both PCTs and local authorities recognise the continued inter-dependence of their commissioning responsibilities.





**“Commissioners will need to change how they work and what they decide to buy, including getting better at listening to people.”**

Valuing People Now (DOH: 2007)



Understanding the person with a learning disability, what's important to them and what they require from their support in order to live their chosen lifestyle (via their person centred plan) is the essential starting point for designing, developing and purchasing support and services.

Person centred planning needs to be an integral factor in all commissioning as it offers people the opportunity to understand who the person is and what's important to them (Sanderson et al. 1997). To gain person centred information we need to ensure that people and their families are not only equal partners in the process, but are central to it, even if the local authority is purchasing the service on their behalf to achieve the outcomes the person is looking for. There is a variety of person centred planning tools available to support people and their families in gathering the information that will inform and underpin any future service design. Many local authority areas now have a number of skilled person centred planning facilitators who can work alongside the person and the people who know them best to support them in gathering good information.

Person centred approaches and the personalisation agenda bring a new challenge. As the move for all people who receive support to be more autonomous and in control of their lives takes hold, the separation out of information the state needs for its funding, planning and duty of care decisions (usually found in support plans) needs to be separated out from the private and personal information that individuals need to decide how they want to live their life (usually found in person centred planning). This culture change of information collection (and a sense of who owns it) is an important element of both personalisation and a person centred approach.

Young people moving from children's services to adults services have for some time complained that the lack of forward planning results in inappropriate services and support. Person centred planning should start in year nine (13 to 14 years) with person centred transition reviews as a clear starting point for people in planning the right support and this information must link into the strategic commissioning process as part of the Joint Strategic Needs Assessment (JSNA).

### what do we know?

- person centred information provides the best outcomes for people with a learning disability. However, person centred planning is often viewed as an add-on, not as a central part to the commissioning pathway – the Putting People First agenda clearly puts person centred planning at the centre of commissioning
- much of the information that currently provides the basis for commissioning services is professionally led and, at best, details the person's clinical or basic support needs. Although this information can be an integral factor to the service design, it must be accompanied by information which really captures who the person is and who and what is important to them (the focus of person centred plans)
- strategic commissioning must be based on the collective needs of individuals. However, when commissioning strategically for services that will support a number of people, there is a danger that the sole focus of the work is the service, building or staffing structure – shared services need to pay particular attention to the unique needs, wishes and circumstances of each person
- introducing person centred planning with children and young people and information about their wishes and expectations for the future contribute to improve strategic planning for the longer term.

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### what can help?

- a resourced and robust person centred planning process including the right support for people and their families to enable them to plan
- a formal method to link the outcomes of people's person centred plans about the kinds of supports they are looking for to the strategic development of services locally
- joint strategic needs assessments must take into account the outcomes from people's person centred plans and how these affect all support and services across and commissioned by the local authority/PCT.

### what needs to be done?

- partnership boards need to identify what local resources are in the area that can support people and their families to develop person centred plans
- this information needs to be shared with individuals, families, and planners
- ensure processes are in place to understand from person centred plans, people's views and expectations of what would help them to achieve better outcomes, and that these are used to inform what needs to be commissioned.

In North East Lincolnshire people with learning disabilities are supported to develop person centred plans. The plans belong to the people themselves, however to ensure the outcomes that people are planning for, are linked with strategic development within the area, the following key themes are forwarded to the relevant personnel to include in their strategic development. Housing requests are sent to the housing learning disability data base; this informs immediate, intermediate and long term planning / commissioning of housing. Health action plan requests are sent to the health and wellbeing team. Leisure requests for activities are sent to the leisure co-ordinator (fulfilling lives team) and day opportunities to impact on day opportunities and local leisure services development/provision. Employment requests are forwarded to the supported employment team; this enables people to access local employment and joint working between Employment Services and PCP.

**“When faced with increasing demand and financial constraints, commissioners should not resort to traditional group services, but focus even more on individualisation.”**

Valuing People Now (DOH: 2007)



Good commissioning relies on creativity, a knowledge of the funding and the systems, rules and regulations and responding to people and services within the funding available. This is the premise for personalisation, individual budgets and individual service funds; knowing what money is available and designing a service accordingly. However, money is often cited as a key determinant in the commissioning of services; with a perception that if only more money were available then services would be better. There has never been a ‘golden age’ of commissioning, where an endless pot of money was available. Managing the available funding well, thinking laterally about other sources, working together with partners to capture potential funding opportunities is clearly important. This may well still not be enough. Valuing People Now (DOH:2007) highlights the need for more research into demands on learning disability services to ensure this can be considered in the next Comprehensive Service Review.

As services strive to meet the personalisation agenda it is essential that those responsible for buying services (be they commissioners, brokers or people buying services for themselves) have a thorough understanding of how the money works and fits together. On an individual basis this may include working with welfare rights organisations to ensure benefits and entitlements are maximised; for Commissioners it will include knowledge of all possible funding streams (including those outside of social care) and keeping abreast of changes in the funding systems and money transfers.

Valuing People Now (DOH:2007) identifies the need for the transfer of learning disability responsibilities and associated funding from Primary Care Trusts (PCTs) to local authorities. This is to enable people to have a better quality of life, choice and control, independent living, improved health and emotional well-being as well as

providing better value for money. Under the Health Act (2001) flexibilities this has already started in some areas. All local authorities and PCTs must agree amounts for transfer, by December 2008, with a view to this being allocated in 2009/10.

### what are we learning?

- in order to meet individuals’ wishes and expectations good commissioning relies on creativity and not just money
- individuals and families are increasingly involved in the commissioning process and should be entitled to the appropriate training and resources to enable them to do this
- local authorities and PCTs need to identify their current spending on learning disability services. This will be essential for the planned transfer of responsibilities and also for informing future spending decisions (such as developing local resource allocation systems)
- as we move towards personalisation, commissioners need to consider the potential transaction costs involved moving from block arrangements to individual arrangements.
- in order to maximise income, commissioners should have a working knowledge of all funding sources in the area and a creative approach to accessing what may previously have been seen as more mainstream funding. This knowledge should be regularly updated and include an understanding of what is possible with regard to funding by learning from other areas.

### what can help?

- building positive relationships with all the key stakeholders including: people with a learning disability, their families, local authorities, PCTs, education, providers of support and services and the wider community

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- building positive working relationships with key people from the PCT; only by working together will agreement be reached about transfer of responsibilities and money
  - identifying best practice in creative use of money and sharing this knowledge and information to help in creating a culture where designing good support within budget is not only possible but becomes common practice
  - knowing about likely trends in the local population and linking this information into budget planning and the Joint Strategic Needs Assessment
  - ‘place shaping’: the essence of understanding local requirements and then working to shape the market, is an integral factor in the development of future services.

#### what needs to be done?

- identify what planning has been done, what is left to do, in order to make best use of the money available and plan what to do next
- identify and share best practice in creative use of resources
- be clear about which funding is attached to different service models and which attract the broadest range of funding.

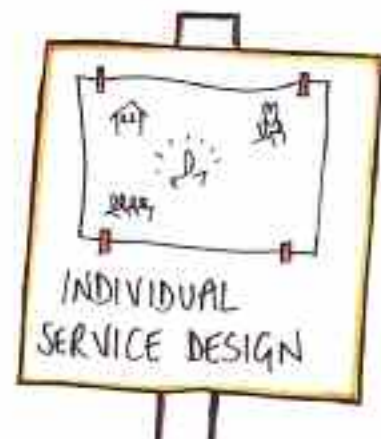
Four local authorities in the North East (Redcar & Cleveland, Stockton, Middlesbrough and Hartlepool) have joined forces to form the Teesside Integrated Commissioning Project. They are working together to look at better commissioning partnerships. An initial part of the project was exploring and mapping existing services and costs with a view to exploring how this resource could be better used in providing more individualised and tailored services for people in their own communities. This work proved to be complex, but by working together the authorities were able to agree ways forward, enabling the wider project to move forward.

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Liverpool City Council and Central Liverpool PCT developed a protocol for joint funding which ensured maximum use of the Independent Living Fund. They also ensured that services were set up as supported living to enable people to get the full range of benefits, including housing benefit. This achieved both better value for money and much better lives for people with learning disabilities.

**“Individual service design is one piece of a jigsaw which tries to find out what is important to a person, what support they need and how housing, support services and informal community supports can be arranged and organised to make sure people get the lives they want and live happily and safely.”**

Kinsella ([www.paradigm-uk.org](http://www.paradigm-uk.org) : 2000)



Individual Service Design (ISD) is a process which explores how an individual can gain the lifestyle they want and organise their support accordingly. The process is designed to build on person centred planning information, with all of the people involved, including the individual and their family carers, in creative problem solving and designing support. The design process includes an options appraisal format, which encourages the people involved to test out hypothetically a variety of support options against the information about how the person wants to live and the outcomes they hope to achieve. The process encourages creative solutions to technical support practicalities from the person's perspective.

ISD is the stage that begins to plan the tangible and technical aspects of a person's support package. Once agreed, the service design clearly identifies costs of the support and, where an individual budget is in place, points people in the direction of the kinds of additional funding available (depending upon the breakdown of the support).

The ISD process is important to commissioners who are purchasing and designing services on people's behalf, or individuals and/or their families where appropriately purchasing their own support, to ensure that the service the person receives is right for them. It is also important to the providers of the support/service to ensure the support they give to the person is right for that person. It is essential that the ISD process is completed with each person even where people are looking to share support. It is only by going through this process that shared support can offer a personalised response.

### what are we learning?

- current service design is at its best when led by the individual and the people in their life. Far too often it is a process led by professionals and is not always a partnership between commissioners, people and their families and providers who are often responsible for bringing the design to life
- the ISD process encourages the person and their circles of support to understand the constraints and to design support within them
- by designing support with and alongside, rather than for, people there is a greater chance of success as people identify the outcomes that are important to them
- the ISD process encourages creative support solutions from which commissioners and local providers can learn.

### what can help?

- establishing an ISD process locally is essential and will inform not only commissioners designing support/services on behalf of people, but will also inform those people who are designing services with an individual budget in creating their support plan
- individual service design can be lengthy and requires a range of resources of from those people involved
- good links with support/service providers can be a useful resource when designing services based around an individual.

### what needs to be done?

- Individual Service Design needs to be an integral function within the commissioning pathway locally?
- as circles of support become part of the commissioning pathway, support for these needs to be identified
- partnerships should include people with a learning disability, families, commissioners and providers need to be developed and sustained locally.

**“The time has now come to build on best practice and replace paternalistic, reactive care of variable quality with a mainstream system focussed on prevention, early intervention, enablement, and high quality personally tailored services.”**

Putting People First (DOH: 2007)



In the commissioning process the service specification should translate what support people want (identified in the ISD) into a clear outline for those that will be asked to deliver the support or service. It provides the 'what' rather than the detail of 'how' that is covered in the service contract. The service specification needs to identify the outcomes the individual wants from the support/service.

Within the personalisation agenda the move to more self directed support, the service specification should draw together key themes that will make up a service. More traditional specifications which detail a general service into which people are expected to fit will no longer fulfil growing expectations about personalised service delivery. The challenge for commissioners is to find ways to meet the requirements of people's individual service designs. Some people may choose to have an individual budget and purchase their own support; others may have a clear idea about what they want but choose to have this purchased for them by the local authority.

It is unlikely that a good service specification, that really captures the key features of an individual's service designs, will be produced by just one person. Involvement of others in developing the service specification will result in a more rounded specification, which provides a good level of detail about service expectation.

### what are we learning?

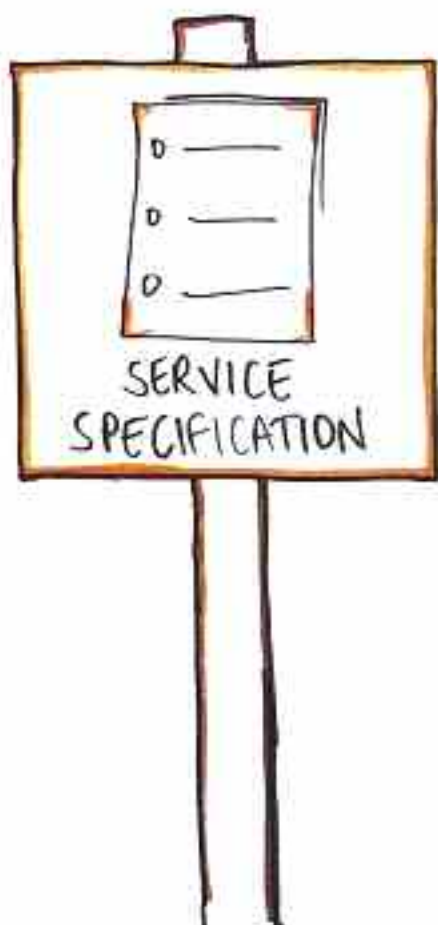
- service specifications must respond to individual's service designs, even in generic and group services (including such services as community alarms); key themes drawn from individuals should be reflected in the overall service specification
- the service specification is the basis on which potential service providers will respond; it is crucial that it provides real clarity about expectation and that wording is respectful, clear and precise
- service specifications used for other, more traditional services cannot be tweaked to fit the demands of new agendas. New and more creative design is essential and needs to be reflected in the service specifications.

### what can help?

- better relationships and communication between a wider range of people who can all contribute to the service specification
- individual service designs that are clear, state what people want and state the outcomes people expect from their services and support
- good relationships with a range of service and support providers to ensure that service specifications are understood and useful for providers
- sharing of service specifications between commissioners and drawing on the best points from many to produce better specifications for all.

### what needs to be done?

- current service specifications need to be linked to the individual outcomes people want from their services. This can no longer be one size fits all
- to work with and learn from providers about what makes a clear and understandable service specification
- the service specification needs to identify priorities for the individual.



Middlesbrough Council has recently worked closely and successfully with a number of individuals and families in providing local services for people who had previously been placed out of borough. One example of success is a young man and his family who were supported by a team of professionals led by a member of the commissioning team. The young man was supported to return home from an expensive residential placement. The team supported the family to plan and arrange his housing and support.

The young man was able to choose the type of property he preferred to live in and the location of his new home. He was able to choose who he wanted to live with and was supported to select the provider of his choice. The chosen provider ensured that he was fully engaged in designing his own job advert, job descriptions for his support staff and in the direct recruitment of his staff team. He now lives close to his family, in the home of his choice with a broad range of choices in his day to day life.

### “Outcome-based commissioning focuses not on activities and processes, but on results”

North West Commissioning Road Map (2008)



In a good commissioning process the service specification, once agreed, should form the basis of finding the best service provider for the resource available. Where individuals and their circle of support are commissioning their own package of care, outcomes based contracts can be sought and initiated on an individual basis. However, this is often done through a formal tendering process by the local authority commissioner and contracts department. There are all sorts of rules and regulations about tendering and procurement that commissioners need to be aware of, but they need to work creatively within these, using local discretion where possible.

It is often at this stage in the commissioning process that good work can be lost to bureaucracy. If a formal tendering process is required or chosen, there is often a focus on provider organisation infrastructure and cost at the expense of values and ability to deliver against a service specification and outcomes for individual people.

It is essential that priority areas in the service specification are translated into measurable outcomes for people. What would ‘promoting independent living’ look like for the person involved? What would the person/provider/commissioner need to do to make this tangible? It is essential that individual outcomes are not grouped into generic service outcomes as this can dilute what becomes the living reality for the person.

A service contract must be outcome focused and include the service specification as part of the contractual requirement. Clear and agreed outcomes for the individual, based on the ISD process, provide a strong tool for contract monitoring; it is essential they are made clear at an early stage in the tendering process.

#### what are we learning?

- tendering processes can inhibit creative service design and delivery. Rigid tendering processes may award a contract to providers that apply and not necessarily to the best provider for the service. Commissioners who know the systems well can be creative and flexible in finding service solutions
- contracts should protect the interests of the individual, the local authority and the provider; there should be some provision for future flexibility in case the service needs to change to meet the changing aspirations and outcome of those people using the service
- contracts must be based on real outcomes for the people using the service. Often outcomes are mixed up with outputs, focusing on service delivery measurements that are easy to count. Outcomes should be drawn from the person centred planning process.

#### what can help?

- ongoing positive communication with service providers (those already in an area and potential providers) can help to make sure that tendering and contracting stays focused on good service provision
- open days and smaller contracts (under tender thresholds) can help to attract and encourage new, smaller and sometimes specialist providers into the local market
- a consistent focus on agreed outcomes for people (relating back to individual service designs) needs to be in the service contract
- commissioners, directors and elected members in an authority, through the Partnership Board, need to have a shared understanding about how services can help improve outcomes for people, families and communities. They all need to understand the commissioning pathway



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- commissioning managers fully understanding the standing financial instructions and being willing to challenge any which seem to restrict best practice or an individual getting the life they want
  - using chairs and chief executive's exemption powers when a full scale tender will either be unwieldy or when it is known that only a small number of organisations could deliver the service.

#### what needs to be done?

- greater flexibility in the tendering and contract process to ensure that it works well for people who will use the services
- ensure all those in the commissioning process know exactly what is possible within the standing financial instructions
- current contracts to be made outcome focused with penalties (including the possibility of losing the contract) built in for not achieving outcomes for the people using the service
- ensure that there is flexibility in contracts (and a short enough life span) to reflect the developing personalisation agenda.
- partnerships with the individuals requiring the support, families, providers and commissioners need to be developed, through contracting forums or open days, to ensure contracts are outcome not output focused.

In Northamptonshire, as part of the individual budget pilot, community support officers worked with people getting a budget to plan for how they wanted to spend their money and what, if any, services they wanted.

Commissioners worked with providers in the area, through the provider forums, to ensure they understood the change in service design and the move to individual budgets. Contracts were very much focused on individual outcomes from the service design rather than being traditionally service based, with a clear expectation of what the person wished to achieve. This approach required creativity and thought about how to make clear what the expectation of the provider was and how people would know that it had been achieved.

Work is ongoing but Northamptonshire have made an excellent start in creating a change to traditional commissioning structures through their individual budget pilot.

**“There seems to be lots of checking going on for all sorts of things, but nobody has asked us if we’re happy with what’s going on or what sort of service our son is getting.”**

Parent



In the person centred commissioning pathway, deciding what the support or service should be and who should provide it is only part of the story. Once a support or service provider is selected, members of the commissioning team, including the individual (and families where appropriate) receiving the support, will be involved in ongoing negotiation to fine tune service and contract arrangements.

In a truly person centred commissioning process thought will be given to how a new service will be set up with consideration given to how the person/people who will be using the service will be involved in choosing and getting to know the staff that will be supporting them. Planning from the individual service designs should also inform how the service set up will work; taking into account possibilities for staggered start up and also for changing service levels. If not part of the original service specification, negotiations between commissioners and service providers will need to include discussion about set up expectations and cost.

The individual and family will need to be involved in the ongoing monitoring of the support/service. How the support/service/service provider will be monitored is something that should be set out in the service specification and built upon with the chosen provider and those who will be using the service. Good communication at this stage will help to ensure the right things are being monitored and that all parties are clear about what, how and when they contribute (including people using the service and their circles of support). All too often monitoring is weighted towards easily quantifiable data, instead of the priorities identified in the service specification, at the cost of good outcomes based monitoring. Individual outcomes must be part of any monitoring process; ensuring that people using the service are achieving the things they hope for. For supported living services, a process such as

Reach (Paradigm; 2007) which focuses on clear personal outcomes is an obvious one to use. Quality checkers (where people with learning disabilities use the Reach standards to monitor the quality of services) is an excellent example of service review.

All monitoring systems should have stages built in to ensure that only relevant information is collected; that once collected it is understood; that success is celebrated and supported; that under/poor performance is dealt with and not allowed to continue.

Information from good outcomes based monitoring is essential in considering contract extensions and re-tendering processes. It is also a really useful way for people considering commissioning their own service (through individual budgets or service funds) to find out about prospective service providers.

### what are we learning?

- service set ups must be tailored to the people who will be using the service; the individual's requirements should be part of good individual service design. How service providers implement and tailor their approach is something to agree through negotiation
- the personalisation agenda is bringing the focus on monitoring much closer to outcomes for individuals. Commissioning needs to respond with creative solutions for contract monitoring that actively involve people who use services
- contract and service monitoring must be proactive in identifying and supporting good practice. It must also identify, support and develop services who underperform; but part of the commissioning process has to include de-commissioning where service providers consistently under deliver or when services are no longer suitable or needed.

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### what can help?

- honest communication and negotiation between commissioners, individuals using the service, and support/service providers allows for flexibility in service set up and is more likely to lead to improved service provision. For example, costs may be higher when a service is first provided but reduce after that initial period; in a good commissioner/provider relationship this change in support/service can be openly discussed and agreed
- commissioners maintain ongoing contact with services throughout the life of the contract, receiving regular feedback from, or being actively involved in contract monitoring. This allows for commissioners to keep up to date with the performance of services and with the satisfaction of the people who use them. This information can then be used to inform future commissioning
- active engagement of key stakeholders in developing outcomes based monitoring including people using services, family, carers, service providers, and advocacy agencies. The contribution of stakeholders in the development of monitoring is much more likely to result in a system that people understand and find useful
- outcome based monitoring of services helps to identify best practice in service delivery. This can be shared with other providers and used to inform future commissioning. This can be done across and between authorities
- commissioners, advocacy groups, families and providers collaborating around service reviews, encouraging multi-stakeholder groups to systematically review services.

### what needs to be done?

- when new services are commissioned, there needs to be processes in place to ensure that service set up is tailored to individuals that will be using the service.
- contract monitoring systems need to be developed to give the information required to improve service delivery and future commissioning.

**In Hertfordshire the local authority has supported the set up of a new service provider in the area to work with people with complex needs and people moving from hospital. In setting up very person centred, individualised support the authority and provider work together to agree timescales and initial service funding. Each individual's service initial costs are different, tailored to the person and flexible enough to allow for negotiated changes. This flexible approach to services is only possible through an open and honest relationship built on trust between the commissioner and the provider, working together to ensure excellent service delivery.**

### **“Commissioners must shift their focus to creating the right environment for innovation, individual service design and self directed support.”**

Duffy (In Control: 2005)

The Department of Health has set personalisation at the centre of its modernisation programme. It says that every person who receives support, whether provided by statutory services or funded by themselves, will be empowered to shape their own lives and the services they receive in all care settings. Local authorities, government departments and partners from independent, voluntary, and community organisations will all play a vital role in transforming social care services, taking into account housing, benefits, leisure, transport and health needs.

The move towards self directed support and personalisation is a crucial factor in the way that we commission services now and in the future. Many people are choosing to take control and both design and purchase services or support for themselves. For other people, the option of receiving their own individual budget as a direct payment is not preferred and the option of having services, designed with the person but commissioned on their behalf, is still appealing.

We know that people and their families value a range of options to choose from when exploring the best use of their individual budget. However in many areas choice in the kinds of support available are limited and many of the creative support options are often initiated by people and families themselves on an individual basis. Commissioners have a significant role to play in the success of stimulating the local market of providers to develop a range of options for people to choose from.

It is important that we recognise that many people do not have family and friends to support them and in these circumstances we must work in partnership with the person and those who know them best.

Putting People First (DH: 2007) tells us that Government are supporting the vision that every area should seek to have a single community based support system focused on the health and wellbeing of the local population. This would include information, advice and advocacy for all. Support brokerage is an avenue currently being explored in a number of areas as a means of developing the infrastructure necessary to really support all citizens to direct their own support. Commissioners need to have a good understanding of brokerage options available locally and be able to support new innovations to fill any gaps.

Developing partnerships with providers and acting as a catalyst for innovative supports should be led by local commissioners alongside people and their families. To do this effectively commissioners must understand the wishes and outcomes that local people are looking for from local support services available.

Although it is early days in the development of the personalisation movement, there is a danger of having a two tiered system – one tier for those services designed and purchased by individuals (using an individual budget or service fund) which by their very nature are led by people themselves and one tier for services commissioned on people's behalf and led by commissioners which can run the risk of falling into 'group services' which fail to meet individual outcomes. The challenge for commissioners is to ensure that a truly person centred commissioning pathway is followed, thereby levelling out the tiers and making both options a real choice for those using them. It is important that individual funding is transparent even where services are commissioned on people's behalf.

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### what are we learning?

- many support services, that offer little in way of personalised support, are still being purchased on people's behalf by local commissioners. Often the rationale behind this amounts to there being very few other options available locally. This provides an opportunity for commissioners to shape the future market
- people and those who know them well are looking for a range of support solutions to purchase using their individual budget. Commissioners must have a solid understanding of the kinds of support people are looking for to enable a range of options to be available locally
- exploring support brokerage is essential for the future infrastructure and commissioners can take a lead in beginning to explore the local possibilities.

### what can help?

- carrying out a scoping exercise to identify current support options available and any gaps
- working alongside service providers to develop a menu style approach based on what local people want. Ensuring this information is readily available to everyone, including people that self fund, people with or considering an individual budget and those who choose commissioned services
- sharing success stories from people who direct their own support can encourage and support others to do the same.
- supporting the development of support brokerage services; in particular encouraging existing centres for independent living and other use led groups to take the lead in this.

### what needs to be done?

- commissioners need to develop a good understanding of what is needed locally, now and in the future, via person centred planning information in order to develop self directed support
- commissioners need to carry out joint work alongside providers to support them to offer a wider range of service options to meet the identified needs.

**“... commissioning has been too reactive and has therefore become dominated by trying to manage crises. What is needed is for Councils to strengthen their commissioning to combine expertise about challenging behaviour with the ability to actually develop services for individuals so that they are ready when needed.”**

Jim Mansell (DH: 2007)

As the personalisation agenda is prioritised at a national level, it is essential that those responsible for commissioning services and those responsible for delivering them respond in a proactive and creative way. This is a real challenge as many areas have provision and contracts that have run for many years on a traditional model of delivery; one where people fit into services. With the focus clearly on individual choice and control services need to be able to change and adapt to meet peoples growing expectations.

Though still early days, it is clear that the process of change is happening at different paces across the country. Some have ‘grasped the nettle’ and have made big changes to the way that services are provided; rolling out individual budgets and gearing up for changes in the way that services are commissioned into the future. Many areas are making steady progress in their transition towards personalisation; wrestling with new ways of working and deciding how to support change in services they already have. In the areas where real progress is being made, commissioners have worked in partnership with people and their families and other stakeholders in stimulating the market to respond to change. This has involved working closely with current service providers in the area, supporting them to develop new and more innovative ways to deliver services. In some areas, where commissioners have identified a gap in provision, new service providers have been developed to respond.

Valuing People Now (DH:2007) has identified the need for local authorities to find ways to provide services for people locally rather than sending people out of area for specialist services. This, along with the closure of the NHS hospitals and campus sites and the increasing demands from young people in transition, has resulted in an increased demand for specialist services to be available locally. The challenge for commissioners has, and continues to be, to ensure they have

accurate information about the individual’s needs (current and future) and how to meet them, enabling them to find suitable service providers who can respond in an individual and person centred way through individualised service development.

### **developing current providers**

Many areas have long standing arrangements for consulting and working with service providers. This can involve forums or meetings to discuss general issues about contracts, prices, service design and delivery. Sometimes arrangements are in place to provide free or reduced training to independent providers in the area, helping them to develop staff and services. Service providers in an area are likely to range from small local providers (including micro providers) to national providers with their own national infrastructure. Commissioners need to consult with all providers about likely changes in the local market and what the expectations are in terms of providing personalised and specialist services.

Many providers have already been gearing up for changes in the way that services are commissioned, including developing services for people who hold individual budgets but do not wish to directly employ staff. Commissioners should play a role in supporting providers in this development and ensuring that good practice is shared.

Some areas may already have local providers that are able to deliver good specialist services. Commissioners may decide to work with these providers to develop their capacity, or to increase the number of people they can work with or find ways they could support and possibly train personal assistants employed by people with an individual budget. National and regional providers may have specialist services in other areas and commissioners may look to find ways to utilise this expertise locally by bringing in providers from other areas. Alternatively commissioners may

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decide to develop and support a new provider to meet an identified need.

### developing a new provider

Some areas have chosen this route, seeing it as an opportunity to support and develop a service that is starting from scratch, with none of the history of congregate traditional services to dismantle. A new service provider is able to draw on current best practice and build in from the offset individualised and person centred support; something which is harder, though not impossible, for long standing providers going through change.

Developing a new provider requires careful consideration by commissioners and needs to be done with agreement and support from council members and in close partnership with adult services and PCT staff. This requires a real commitment from commissioners to ensure that the development of a new provider brings real opportunities for local people who will be using the service; creating something dynamic and different to what is already available. Good commissioners will look to back winners; finding progressive and forward thinking new providers who will bring with them innovation and a different way of doing things.

### what are we learning?

- in developing a range of support for people, with increasing demand for local services, it is essential that commissioners gather person centred information about people to allow them to plan ahead. Providers (both current and new) need time to gear themselves up to respond to new agendas
- as people take more control over their support it is important that they have a range of services available to them. Commissioners have a key role to play in ensuring that a buoyant market exists locally in terms of good service provision

- as more people get an individual budget, commissioners must think about and plan for new challenges, including commissioning appropriate support for people who recruit and manage their own staff, and in shaping local mainstream services.

### what can help?

- building good relationships with individuals and their families to ensure that there is accurate information about current and future needs to enable proactive and forward planning
- building good relationships with service providers informed by person centred information is key in ensuring that services can respond to changing demands in the market; identifying gaps through analysis of people's support plans can support our understanding
- commissioners having a firm idea about what best practice in more specialist service provision looks like as it is essential if they are to assess current providers ability to respond
- commissioners need to understand how to commission the development of good specialist services and be clear about what any new provider must be able to deliver
- a flexible approach to service development allows a wider range of possibilities to be considered. Using person centred planning to identify what people want and how a new service would look is the best starting point for moving on to think about how that can be achieved. Sometimes by starting with the usual process it can rule out possibilities before they have had full consideration. (It is essential that commissioners have a good knowledge of local authority rules and regulations, to ensure that none are breached, but at the same time they can be applied flexibly).

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### what needs to be done?

- ensure that you have accurate information from children's services about future needs
- ensure you have up to date information about the people you have placed out of the area, and what the service they receive delivers that you cannot deliver locally
- utilise this information to plan the development of services, including a plan for supporting those people that want to, to come back from out of area places
- develop a strategy with children's services to forward plan to ensure that out of area placement is minimised by developing appropriate support locally
- work with your current local service providers to ensure they have the capacity and capability to provide for all of the people you hope to develop support for. If there is not the capacity, ensure this is within the strategy
- identify the gaps and be clear about what would you want from a new provider in your area
- work with those in procurement to ensure the procurement procedures encourage development of new organisations.

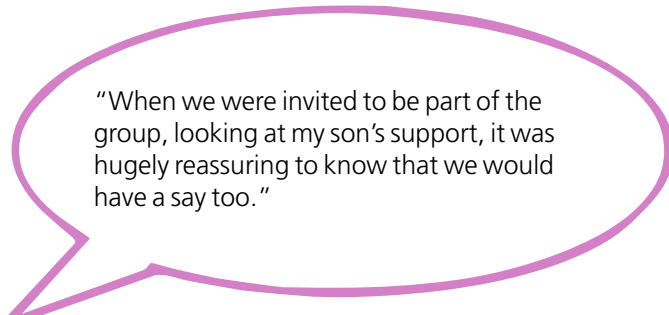


### “I just want support that works for me.”


Putting People First (DH:2007) clearly envisages a public service which is developed through collaboration and recognises that real change will only be achieved through the participation of individuals and family carers at every stage. Commissioners must have a good understanding of what personalisation is and how it can look for different people. This challenge can only be met by really sitting alongside people and their families and working in partnership to enable people to be in control, to direct their services instead of being expected to be passive recipients.

#### what are we learning?

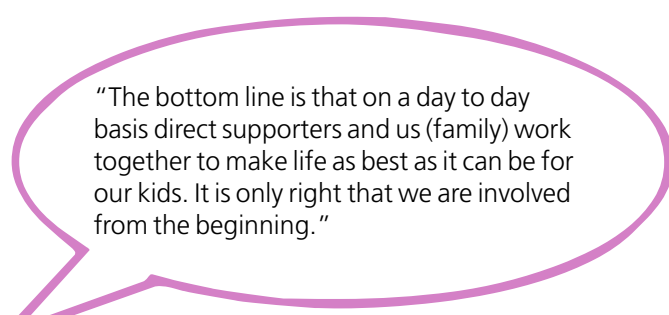
- where people and families have been fully involved in the commissioning pathway the learning around what works for the individual leads to successful support
- individuals and families need information, support and resources to enable them to be partners in the commissioning process
- where the Individual Service Design (ISD) is developed in partnership with the individual and their family there are more likely to be creative solutions and adaptations which lead to positive outcomes
- commissioning can be perceived as a bureaucratic process which can lead to a lack of understanding and trust of both the process of commissioning and the role of the commissioner.



“When we were invited to be part of the group, looking at my son’s support, it was hugely reassuring to know that we would have a say too.”




“I have never interviewed providers before, but it gave us a real insight into what they can offer us, we wanted to know how they involve people and families now and what this could look like for us in the future.”



“The bottom line is that on a day to day basis direct supporters and us (family) work together to make life as best as it can be for our kids. It is only right that we are involved from the beginning.”

#### **Individual Service Design**



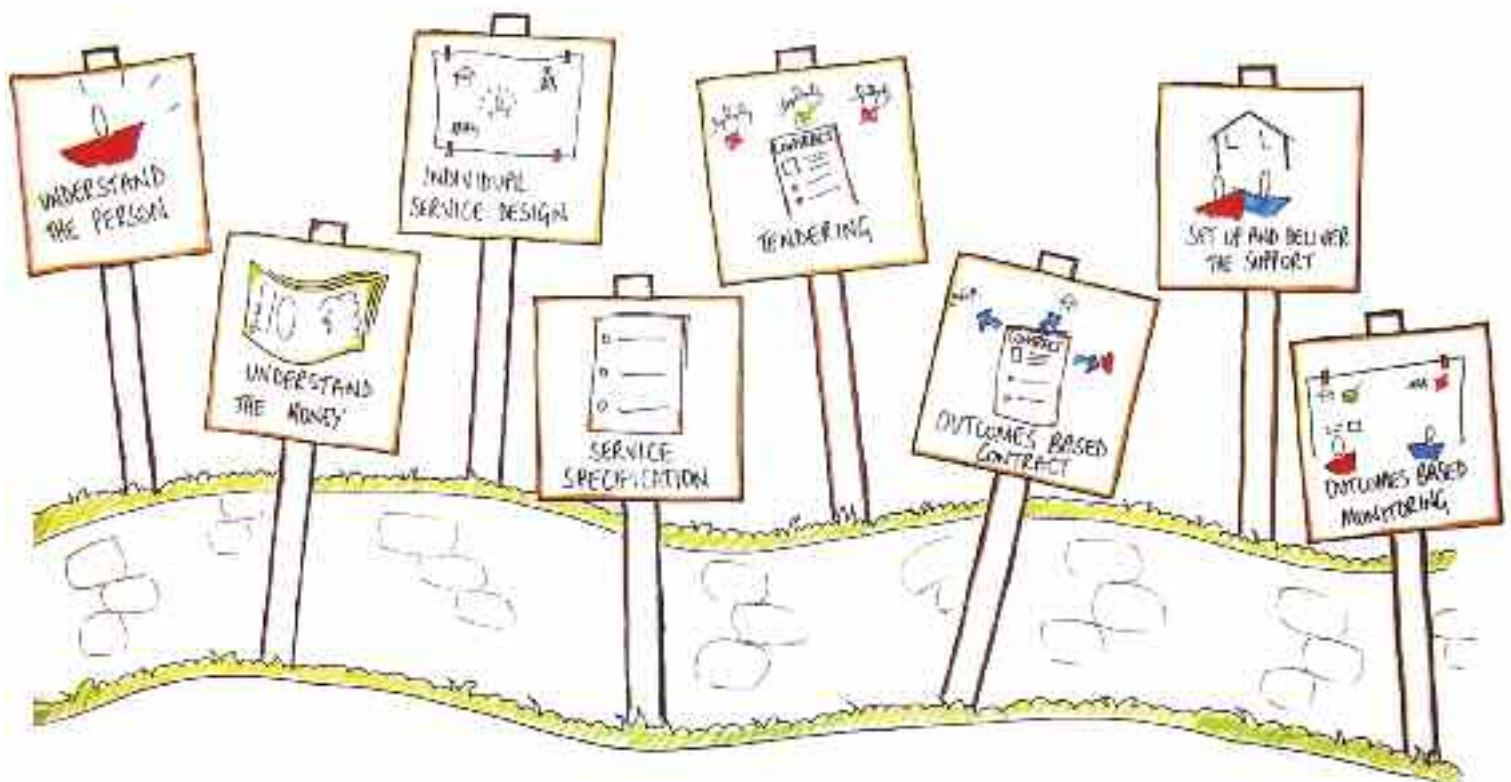
“Everyone felt involved and were able to contribute, new ideas were discussed and outcomes never thought of were reached as a team”

### what can help?

- Real involvement of people and their families in the commissioning pathway and in wider strategic work across the area such as partnership boards and new support solution networks is essential if we are committed to developing person centred services.

### what needs to be done?

- commissioners need to engage with people who require support, their families and those who know them well to work in partnership together in designing, developing and monitoring services.



The personalisation agenda confirms that people want support when they need it, and they expect it quickly, easily and in a way that fits into their lives. They want adult social care services to consider their needs with a greater focus on preventative approaches to promote independence and wellbeing.

This sets real challenges for everyone involved in social care; continuing to buy and provide services which target groups of people is no longer an option. Changing the way services are commissioned and provided needs more than a new system, it requires a culture change, a different way of doing things. Many local authorities have already embraced more person centred ways of working; the personalisation agenda takes that one step further and demands an individual approach.

The person centred commissioning pathway put forward in this booklet keeps the commissioning process as close to people as possible. It promotes a partnership approach between professionals and people and their families; working together to find creative solutions that respond to individual service designs. Working in this way will go some way to meet the growing expectation from people and their families about what services they want and how they want them delivered.

### **what needs to be done?**

This booklet identifies in each section what needs to be done to help commissioners step along the Person Centred Commissioning Pathway. This is a guide to the first steps and each Partnership Board should develop a clear action plan identifying what the necessary changes are, who is responsible for them and when they are going to happen. This action plan needs to be developed with those involved including people to be supported and their families. It must be clearly communicated and those involved in all stages of the commissioning process held to account for ensuring that change happens. Commissioners have a key role to play in shaping the future and ensuring that people and their families gain the right support. The pathway provides direction in what can be a complex and bureaucratic process. However for any process to work effectively and in a way that truly meets the outcomes of those we serve, leadership is an essential ingredient. Commissioners are well placed to lead the way and demonstrate that real partnerships can lead to good outcomes for all. Leadership is about courage. Commissioners need to have the courage to stick their necks out, do things differently and take positive risks in the way services are commissioned to enable people to live the lives they want.

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Valuing People Now (2007) Department of Health

### further reading / links to relevant material

[www.paradigm-uk](http://www.paradigm-uk)

[www.dh.gov.uk](http://www.dh.gov.uk)

[www.in-control.org.uk](http://www.in-control.org.uk)

[www.idea.gov.uk](http://www.idea.gov.uk)

[www.csip.org.uk](http://www.csip.org.uk)

[www.valuingpeople.gov.uk](http://www.valuingpeople.gov.uk)

An easier to read summary of this booklet will soon be available. For further information please contact Robert Templeton, IDEa Principal Consultant, Adult Social Care Services  
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