

## Personalisation briefing for commissioners

### Key messages

Personalisation for commissioners means:

- ensuring the right balance of investment between different services – aggregated and disaggregated investments – as well as the appropriate balance between cost, quality and value for money to meet local needs
- shaping the market – so that high-quality, flexible and responsive services are available for personal budget holders and self-funders
- ensuring that people have access to information and advice to make good decisions about their care and support, however it is funded
- finding new collaborative ways of working (sometimes known as co-production) that support people actively to engage in the design, delivery and evaluation of services
- developing local partnerships, particularly between health and social care, which produce a range of services for people to choose from and opportunities for social inclusion and community development
- commissioning prevention and wellbeing services – which promote the public good but which would not be purchased by individuals, as well as some widely used services to more flexible specifications, e.g. domiciliary care
- ensuring all citizens have access to universal community services and resources such as transport and leisure activities.

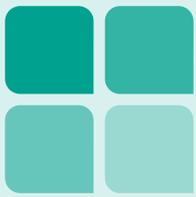
### What is personalisation?

Personalisation means thinking about care and support services in an entirely different way. It means starting with the person as an individual with strengths, preferences and aspirations and putting them at the centre of the process of identifying their needs and making choices about what, who, how and when they are supported to live their lives. It requires a significant transformation of adult social care so that all systems, processes, staff and services are geared up to put people first.

The traditional service-led approach has often meant that people have not received the right help at the right time and have been unable to shape the kind of support they need. Personalisation is about giving people much more choice and control over their lives and goes well beyond simply giving personal budgets to people eligible for council funding. Personalisation means addressing the needs and aspirations of whole communities to ensure everyone has access to the right information, advice and advocacy to make good decisions about the support they need. It means ensuring that people have wider choice in how their needs are met and are able to access universal services such as transport, leisure and education, housing, health and opportunities for employment, regardless of age or disability.

### What are the implications for commissioners?

Smart commissioning is critical to achieving the vision spelled out in Putting People First. It requires a transformation in the commissioning role in terms of the investments commissioners make, the markets they work to shape and the relationships they seek to build to meet local needs.



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In short, commissioning for personalisation means:

‘Working together with citizens and providers to support individuals to translate their aspirations into timely and quality services, which meet their needs; enable choice and control; are cost effective; and support the whole community’

DH, 2008<sup>1</sup>

Commissioning in a world of transformed social care is a different but no less important task. As councils disaggregate increasing proportions of their investments to individuals to make their own purchasing decisions, commissioners will need to find ways of working in partnership with providers to ensure a good range of choices and the right types of support for personal budget holders and self-funders. This will often mean a need for innovative services which better respond to individuals’ purchasing decisions.

There are two main tasks for commissioners delivering personalisation:

- **ensuring the right balance of investment** between different services – aggregated and disaggregated investments
- **shaping the market** – so that high-quality, flexible and responsive services are available for personal budget holders and self-funders.

Both tasks must be underpinned by the Joint Strategic Needs Assessment (JSNA) and involve a co-productive approach to engaging people using services in their design, delivery and evaluation.

Local Area Agreements are an important vehicle for securing the sign-up of partners to targets derived from the JSNA.

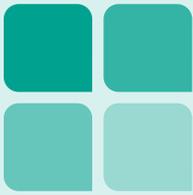
### Ensuring the right balance of investment

This means a balance between specific interventions, universal services and self-directed support. Specific interventions include early intervention, prevention, re-ablement and wellbeing services as well as specialist and crisis intervention services. Universal services include information, advice and advocacy as well as ensuring access to transport, leisure, employment and housing services for those with support needs. Self-directed support includes personal budgets and direct payments where those with ongoing care and support needs choose how the resources available to them can best help them to live their lives.

Achieving the right balance may require disinvestment and decommissioning, for example away from residential care towards community-based services and supported housing. Securing both value for money and financial sustainability remain key concerns for commissioners, who must continue to ensure cost-effective and appropriate use of public money, especially in a tightening financial climate. The key will be to focus strongly on outcomes. Much has been written about how councils may secure better value in the market through commissioning and procurement processes, though the largest efficiencies will come from *what* is commissioned – i.e. more preventative services and more of the things people say they want!

There should be a focus on:

- commissioning universal services for the whole community, including self-funders, e.g. information, advice and advocacy, leisure and transport
- commissioning jointly across health and social care where appropriate, e.g. podiatry, intermediate care and enablement
- commissioning prevention and wellbeing



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services – which promote the public good but which would not be purchased by individuals

- commissioning some widely used services to more flexible specifications, e.g. domiciliary care
- commissioning specialist and crisis intervention services.

Many of these services need to be commissioned on an aggregate basis. However, the resources devoted to these need to be balanced with those which are allocated to individuals to direct their own support through personal budgets and direct payments.

### Shaping the market

This means working collaboratively with partners and with providers to influence the health and wellbeing of communities and ensure better access to an improved range of services and supports for personal budget holders and self-funders.

There should be a focus on:

- supporting people to make good, informed decisions with their budgets, whether state or self-funded, e.g. by ensuring a diverse range of support brokerage options are available and

## Example: Developing a flexible commissioning strategy

Council X decided it was time to revise its commissioning strategy for older people. Over a long period, the council had built up a pattern of commissioning typified by cost and volume and block contracts. The JSNA and a local consultation on personalisation raised a number of significant issues including:

- low numbers of older people using personal budgets and direct payments
- a lack of support planning and brokerage services available for older people
- an increase in the uptake of residential care placements despite older people saying that living in the community is their top priority
- poor usage of leisure facilities by older people
- a steep decrease in the numbers of older people using day centre facilities
- an under representation of older people from black and minority ethnic groups in all services.

In response, the council developed a strategy to:

- commission local user-led organisations to provide information, advice, support planning and brokerage services for older people using personal budgets and direct payments
- replace block contracts for domiciliary care and other services with outcomes-focused framework contracts, underpinned by individual service funds (ISFs)
- systematically disinvest in residential care, reinvesting in re-ablement, assistive technologies, low-level preventative services and supported housing
- review leisure facilities to ensure they cater for and are accessible to older people
- explore ways of matching people with similar interests so they can pool budgets and do more of the things they want during the day.

In addition, the budget was allocated in a way that attempted to redress the balance in relation to black and minority ethnic elders.

Local councillors agreed that the scrutiny committee would monitor the implementation and impact of the new strategy with adjustments to budgets expected as more older people take up personal budgets and direct payments.



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investing in web-based market navigation systems

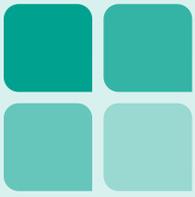
- supporting people to come together and commission their own support through consortium arrangements whereby they pool their resources, e.g. to continue living in the community
- making information available to the market about what people are spending their budgets on and what they would like to buy if it were available so that providers can adapt and respond
- building constructive partnerships with providers and supporting them through the transition to different ways of working, e.g. training in person-centred approaches, support with changing finance, HR and marketing functions
- working with providers to stimulate the development of new services that people say they want
- supporting innovation in the third and independent sector and stimulating the development of user-led organisations modelled on existing centres for independent living
- recognising and enhancing the role that people and families can play in co-producing the design, delivery and commissioning of services
- building 'social capital,' the networks and informal supports that people draw upon within their communities, through initiatives like Sure Start for Older People or Small Sparks<sup>2</sup> and ensuring that peer support is available.

## Contracting and procurement

Personalisation means that where commissioners continue to play a direct role in specifying and procuring services, there will be a strategic shift away from task- and time-based contracting towards outcomes-focused and person-centred approaches. This may include a reduction in block contracting for many services as these can reduce the choice available to people. Procurement must always strike a balance between cost, quality, innovation and value for money. However, some new forms of procurement, such as reverse e-auctions, are likely to result in cost taking priority over other factors, to the potential detriment of those using the relevant service.

New contractual models that support the move to personalisation include:

- Framework contracts and approved provider lists – where people opting for the council to manage their personal budget can draw upon a range of 'approved' services. It is important that people have the information, support and guidance to purchase services outside these contracts if they wish; with a clear understanding of any implications, risks and benefits. The councils contracting practice should not unnecessarily restrict the choices available to those who cannot manage or do not opt for a direct payment.
- Person-centred contracting – where anonymised information from individual support plans is used in 'mini-tenders' (either from within the framework or outside) and people and families are supported to be involved in evaluating successful bids to deliver the support they need.
- Individual service funds (ISFs) – where the personal budget is held by the provider and the person using the services establishes the timing and the actual tasks to be carried out.



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### Commissioning with others

Many services span organisational boundaries, so there remains a need for joint commissioning with key partners locally. In relation to health and social care commissioning, World

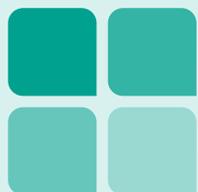
Class Commissioning (WCC) is an important mechanism for raising standards, by providing a common language and a core set of competencies in order to drive improvements in commissioning and to support commissioners to work together more effectively. Putting People First aims to harness these skills to deliver social care transformation.

### Example: Shifting to an outcomes-based framework for domiciliary care

After a three-month consultation on the future of social care in the borough, council Y decided it would be difficult to deliver personalisation within current 'time and task' contracts and that new contractual arrangements were required. Whilst people were clear that they wanted more control they did not want the process to be too onerous and wanted simple ways of comparing quality and price when choosing providers.

A decision was made to shift all home care contracts onto a spot purchasing basis within an outcome-based framework agreement. Commissioners worked with providers and people with support needs to develop new contractual specifications and prepare for new ways of working. This included clarifying the expected outcomes of the contract, determining how delivery would be measured and audited, agreeing how re-abling would be incentivised and making training available for providers on person-centred practices.

Under the new framework, people choose the provider they want to support them. The contract is underpinned by individual service fund agreements between the provider and the person requiring support. These empower the individual and their family to work with the provider to identify the best possible use of the available budget. Each person's personal budget is treated as a 'restricted fund,' is accounted for individually and is deployed flexibly to meet agreed outcomes in the ways and at the times that make sense to the individual. Providers are able to sub-contract with others if they are better placed to provide specific aspects of the person's support.



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### Further information

Department of Health (2008) *Commissioning for personalisation: a framework for local authority commissioners*, London: DH

Department of Health (2009 forthcoming) *Working together for change*, London: DH

Department of Health (2009 forthcoming) *Personalised flexible contracting for outcomes*, London: DH

Department of Health (2008) *Managing the money: resource deployment options for individual budgets*, London: DH

CSIP and in Control (2007) *Commissioners and providers together: the citizen at the centre*, Wythall: CSIP and in Control

Cooper, O. and Sanderson, H. (2008) "What are we learning about developing individual service funds?" *Community Connecting*, issue 14, May/June 2008, pp12–16

in Control (2008) *Smart commissioning: exploring the impact of personalisation on commissioning*, Wythall: in Control

*Personalisation: a rough guide* tells the personalisation story so far – exploring what it is, where the idea came from and where it sits within wider public service reform. It is freely available online at [www.scie.org.uk](http://www.scie.org.uk)

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