think local act personal

BEYOND DIRECT PAYMENTS

Making the case for micro-enterprise, Individual Service Funds and new forms of commissioning in health and social care.

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Published by Think Local Act Personal, February 2018

SUMMARY

Personalisation has rightly been associated with a significant growth in the use of direct payments. They give people choice and control over their care and support, and the flexibility to live their lives the way they want, but direct payments are not the only way to help people have better lives.

This guidance has been developed to make the case for new approaches to support people should a direct payment not be the preferred option. It challenges the view that support from micro-enterprises can only be purchased using a direct payment.

It offers alternative options for consideration:

MICRO-ENTERPRISES: Small and family businesses, local social entrepreneurs, community organisations, some run by disabled people and families are a powerful source of good ideas, local connections and better support solutions.

INDIVIDUAL SERVICE FUNDS: Existing support organisations can work more flexibly and new support organisations emerge to develop support solutions in partnership with people themselves.

NEW MODELS OF COMMISSIONING: Funders can organise their systems differently to enable choice and flexibility. In fact emerging online solutions could radically increase the degree of choice available.

It is now time for funders to understand their role as investors in people and communities and ensure that their systems are designed to liberate innovation and action at both the personal and the local level.

INTRODUCTION

When social policy historians look back on the period of social policy that began in 2007 with ***Putting People First*** and which is sometimes called 'personalisation' they might well ask:

"I understand why more people chose 'direct payments' and organised all their care and support themselves. But why didn't more organisations change and start offering people the personalised support they wanted? Why did older people, disabled people and families feel all the extra work made it too hard an option for them?"

This is the question that inspired this paper. We hope to show that the health and social care system is missing a trick. There are many ways people can get the help they need, without doing all the work themselves. There are some good examples of alternative practice scattered throughout England (and good practice outside England from which we should learn). But it continues to be too limited. The message from the service system to older people, disabled people and families remains too often:

"Let us fit you into one of the services we've already organised and funded, or if you want something different, more suited to your needs, you can do everything yourself and take a direct payment."

Too often it seems like we've turned personalisation into a burden on the backs of people and families who have already got more than enough to cope with.

"There is a widespread perception that 'real' personalisation means supported direct payments, with the person having to act as employer and co-ordinator of their support." (Hatton, 2013)

Here are just a few examples of the kinds of things people say on Twitter when they start to understand the limitations of the current system (Lockwood, 2014):

"… Really, how is the only choice between #?%n' home care services and being an employer?"*

"I love having a PA. But seriously, whoever thought up the idea of 'being an employer' to get direct payments needs spanking!"

"I need to set up payroll services, insurance and contracts and meet my advocate re DASS complaint. This really isn't an easy way to get support."

There is additional irony here. From its inception the personalisation policy was supposed to be about focusing more on community – hence, Think Local Act Personal (TLAP). There was a clear awareness that care services needed to adopt a totally different mind-set if they were going to avoid further years of efficiency drives, cost-cutting and increased rules around eligibility. Often this new approach was described using lots of jargon, such as co-production, strengths-based working, asset-based community development, building community capacity, re-enablement etc. However behind all this new jargon lies a very old approach, which used to be central to good social work: build on what people have already got, and help people, families and communities be stronger.

Personalisation was never meant to be about just spending a budget; instead it was supposed to focus on:

- outcomes that strengthen the spirit and resilience of the person and their family
- building on people's gifts, talents and desires (not on professional conceptions of 'need')
- working to strengthen people's network of friends, family and peers
- ensuring people can use their budget and other assets with as much freedom and flexibility as possible
- getting access to all the opportunities available in the community, and where necessary creating new community solutions.

This approach, which Dr Pippa Murray has called building on people's ***Real Wealth***, is the cornerstone to ensure that personalisation does not become just a more complex way of moving money about an already overly-complex system, and leaving people just as dependent on professionals as before (Murray, 2010).

Instead, when we pay attention to supporting people's Real Wealth we see people as citizens, who can both exercise their legitimate rights and can help make their communities more welcoming and supportive places to be. This is the proper goal of personalisation.

However, too often, current practice undermines the possibility of our building on Real Wealth. Too often the system makes it difficult for people to use personal budgets flexibly so that people can get the best value from them and strengthen their Real Wealth:

- there's limited flexibility for people who take on more control
- it's hard for new forms of support to enter or emerge within a tightly 'managed marketplace'
- it's burdensome and expensive for people to take on more control
- systems equate direct payments with people employing their own support staff, which makes them unattractive to people who can't or won't take this step. For people who do wish to be or indeed feel that they have no option but to become an employer, support is available. For example Skills for Care offer information for individual employers on how to recruit, manage and help train PAs www.skillsforcare.org.uk/Employing-your-own-care-and-support/Information-hub.aspx

As Sian Lockwood notes (Lockwood, 2014):

"Councils often inadvertently place barriers in the way of people with managed budgets exercising real choice – and in the process severely limit local market diversity. For example councils may say that people with managed budgets can only buy services from providers on an approved list or framework contract."

This paper sets out to show that there are some other, often better, options between these two extremes:

- funding a local person, family or small business (a "micro-enterprise") to develop a good support solution with the person
- being able to have a flexible budget which is managed for you by a local support organisation or person
- organising systems that reduce the work and complexity of personal budgets.

We hope that this paper inspires more courage from managers working within health and social care. Significant change, that can help hundreds of thousands of people have better lives, is within our grasp, but the system needs to change to open up these possibilities to more people. We need to go beyond direct payments.

Dr Simon Duffy and Angela Catley

MICRO-ENTERPRISE

Micro enterprises should be central to a better vision for health and social care in the twenty-first century.

Health and social care is not fully taking the opportunity to invest and support the potential of micro-enterprise as a support solution. Instead of standardised care solutions, micro-enterprises build on the assets of local people and local communities. They should be central to a better vision for health and social care in the twenty-first century.

There are many micro-enterprises, up and down the country, but their work often goes unnoticed. They lack the means to trumpet success and they rarely fit neatly into large-scale plans: their value is closely connected to the fact they are rarely scalable. It is the particular passion of particular people in particular places that makes them work.

In the past 8 years a national organisation called Community Catalysts has been developed to promote and support the role of micro-enterprises.

Community Catalysts is a social enterprise that works across the UK to try to make sure that people who need care and support to live their lives can get help in ways, times and places that suit them, with real choice of attractive local options. The Community Catalysts model means a single Co-ordinator or Catalyst can support up to 200 small, self-organising enterprises or small community ventures. It results in low-cost, flexible and care and support for older or disabled people and their families, and appropriately paid, highly satisfying self-employment for people who set up and run community micro-enterprises and ventures.

The business models used by community micro-enterprises are on a continuum from fully commercial at one end to fully voluntary at the other. About 40% see themselves as a social enterprise or business and of these only 25% intend to grow. Only some enterprises and ventures are delivering formal health or social care services that require regulation by the Care Quality Commission (CQC).

Older and disabled people and those with experience of using services play a variety of roles in the design and delivery of community micro-enterprises and ventures. In nearly all cases people are involved in the co-design of services and a growing number of people are setting up their own community micro-enterprises.

Bringing together these small community solutions results in significant impact overall. Community enterprises and ventures in the areas where Community Catalysts have worked:

- support nearly 13,000 people
- provide 2,347 jobs
- create 2,134 volunteering opportunities.

Community Catalysts have also created a network to provide on-going support and to help represent their interests and concerns called Small Good Stuff.

Nurturing micro-enterprise in Somerset

Rural Somerset is one of the most challenging areas in which to organise flexible, responsive and economic care to help older people to stay in their own home. Over 3 years a locally based Community Catalysts Co-ordinator has supported 194 new enterprises to develop, created a peer support network of 164 micro-enterprises, and helped increase the uptake of direct payments by 43.6%.

Between them these enterprises:

- support 600 older people
- create 180 local jobs
- provide 23,500 hours of care or support a week
- equivalent to nearly £20 million of annual expenditure.

The project is still active and the numbers continue to rise. Moreover, this work resolves some of the on-going issues that are faced in our communities.

Making personalisation meaningful. Older and disabled people living in rural parts of Somerset are supported at home by local people who can provide a flexible, responsive, consistent and high-quality care services. This is particularly valuable for older people who consistently make much less use of direct payments and want more practical solutions for their needs (Baxter, Rabiee & Glendinning, 2013). Recent research demonstrated significant satisfaction and outcome improvements over traditional care (Community Catalysts, 2017).

Making personalisation sustainable. People can work locally, earn an income and make a positive difference to the lives of people in their neighbourhood. The benefits of this approach are also ecological: less travel, less stress, less waste while strengthening the whole fabric of community life.

Making personalisation affordable. The cost of support delivered by community micro-enterprises is cheaper than the cost of traditional care. Annual savings to Somerset are currently running at above £0.5 million (Community Catalysts, 2017). Commissioners know that older people, including those in the most rural areas, can be supported well at home; and because of this people come home earlier from hospital, stay connected to their community which relieves isolation and loneliness.

Care4U

Sharon Walker has a lot of experience working in traditional care services.

She took a career break to look after her mother-in-law and was profoundly affected by the experience of delivering person-centred care. Spurred on by this and with support from Community Catalysts, she decided to set up Care4U in December 2015. Care4U provides highly personalised, flexible and consistent support to older people in and around Sharon's Somerset village. After 14 months running Care4U she explains the difference it has made to the people she supports:

"I can organise my time so that people can get what they want at a time that suits them, it gives me the freedom to work around their family…"

Whole Body Therapy

Whole Body Therapy is a social enterprise founded and run by Sarah Allman, a therapist in Barking and Dagenham, with experience of working with people with dementia and older people in residential, nursing and extra care housing.

Through her own personal experience, Sarah has discovered the benefits of massage, balance and strength retraining. She knows first-hand how a small amount of targeted physical intervention and advice can make a significant difference to someone's health and wellbeing. Social workers were very positive about the service that Sarah provides, and welcomed the opportunity to meet with her via Community Catalysts and find about the service and how she can support people with a personal budget. Sarah won the Barking and Dagenham Business Awards in 2014 for Social Enterprise.

Iwona Medrala

In 2017 with support from Community Catalysts Iwona Medrala set up an independent home help, care and companionship service in Taunton, Somerset.

She runs her community enterprise alongside her other two passions; caring for her son and her local wedding photography business. Iwona says: *"For me care is not just about practical tasks, like washing or dressing, it's about the things you can't see. It is about the warmth, a smile, spending quality time and giving people your undivided attention that makes them know that you are with them. I enjoy giving something of myself to people, this was not possible with my previous roles in a residential home and a care agency. In my opinion being a micro-provider is better. You can build an attachment and a relationship between you and that family in an environment that they feel most confident in."*

Her client's daughter explains: *"It was such nightmare, before I heard about the micro-providers, trying to sort out care agencies with availability to look after Dad. When we did find an agency it was so hit and miss. I find that we were always having to fit in around their times and availability. The advantage of Iwona is that she can organise her own time, often around my dad and what he wants. He doesn't have to worry about them letting him down. He knows what time they are coming and what they are going to do when they are there."*

James Baker – Personal Assistance for Living (PAL)

James supported his nan and other family members and helped them manage new technological developments. This gave him the idea for a small service providing care and support to older people.

At age 35 he decided he needed a career change and with help from Community Catalysts established PAL. PAL offers a wide range of personal assistance type services to adults, encouraging and supporting their independence.

James's motivation is to put into practice what he has already learned in his experience of supporting family members and other older friends. The aim is to improve each individual's quality of life and help them to stay in their own home for as long as possible.

The potential for further change

Community Catalysts typically works in an area for two years, helping to build the capacity of local partners and local people, strengthening community structures and bringing established and new community entrepreneurs into self-sustaining networks. It applies expertise in the regulation and legislation that govern wellbeing, care and health enterprises and in the bureaucracies with which they must work. Enterprises often need help to negotiate the many regulatory, legislative and bureaucratic barriers they face to be legally compliant, sustainable and to offer care services that are safe and high quality.

The Community Catalysts approach would seem to be broadly replicable in all kinds of areas.

The key success factors seem to be:

- skilled and knowledgeable co-ordinator working for at least 2 years to support local people to explore their ideas, understand local needs, provide coaching and expert support and help link to local sources of advice and form self-sustaining networks
- locally-rooted person working at a neighbourhood level through community structures and networks to strengthen what is already working well
- back-up from a national organisation and UK wide network sharing learning and helping to address wider policy and practice barriers
- support from the whole system from senior leaders to front line staff
- comprehensive approach to risk and quality management.

Community Catalysts believe their approach will work in any area and demography. The approach has been used in towns like Oldham and counties like Nottinghamshire. If every local authority in England implemented a Community Catalysts approach then they calculate that there could be as many as 52,000 community micro-enterprises, providing care and support to 182,500 people, delivering 608,000 care hours a week and creating 55,000 jobs.

Systemic blocks

Despite all these positive developments the potential of community micro-enterprise is still underestimated and the systemic blocks faced by people who need or who want to offer this kind of support are still profound. Three myths must be challenged:

1) Direct payments are the only way to get something different

Currently most community-enterprises rely on self-funders or on people who receive their personal budget as a direct payment. But not everyone can manage or even wants to manage a direct payment. Not everyone realises that a direct payment can be used to buy support from an individual or organisation as an alternative to employing staff. The Care Act 2014 and the subsequent regulation and guidance makes very clear that funders can let people manage their personal budgets indirectly, that the authority can contract flexibly with any suitable person or organisation – including community micro-enterprises.

2) The best support comes from professionalised support providers

Dividing the world of health and social care into purchasers (or the more grandly titled 'commissioners') and providers has been of no benefit to innovation and community resilience. Community organisations with local roots have found themselves undermined by large, often profit-making organisations, or have themselves been forced to become larger and larger, moving further away from their local communities. However there are many different ways in which organisations can serve their communities. For instance, larger organisations can provide auxiliary support to smaller organisations or can sub-contract funding to encourage new community developments.

3) Only commissioners can develop community

There is increasing awareness that health and care services exist in the context of community and that it is the strength and capacity of our communities that help to limit the demand for increasing levels of public service. However we cannot let go of the paradoxical assumption that it is only the responsibility of statutory bodies to 'grow community'. In fact increasing levels of centralisation undermine community development. The challenge is to shift resources directly to citizens and to communities and to encourage service providers to act as responsible community organisations, rooted in and supportive of the local community.

In the following sections we share some practical examples of where these myths are being challenged.

Individual Service Funds

Direct payments remain a viable funding route for many people, however direct payments are still only used by a minority and there is a narrow view of how they can be used.

Other approaches will be required for the benefits of micro-enterprises and other community support options to be extended to include the following situations:

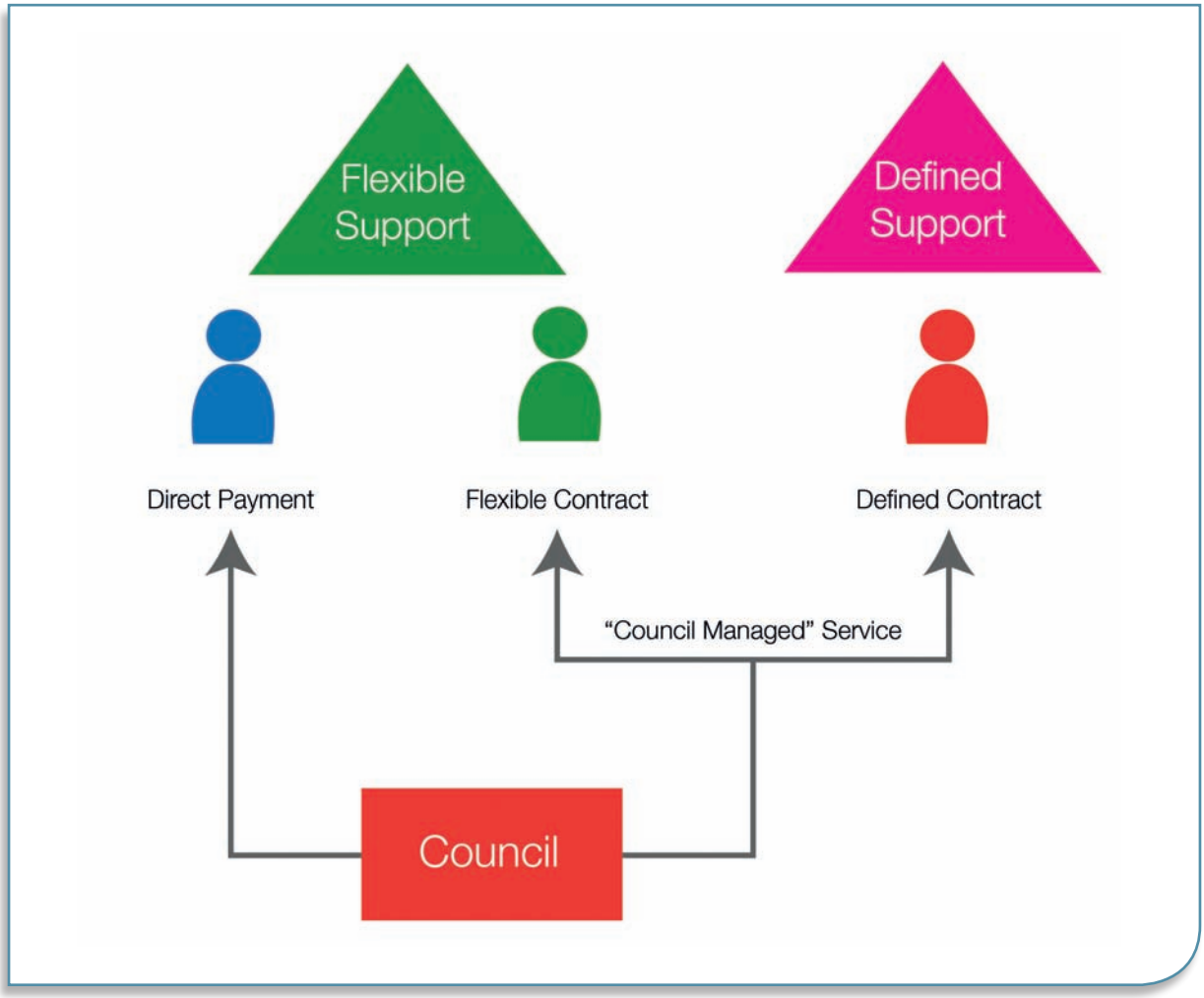
- people who are unwilling to take on the responsibilities of managing a direct payment
- people who cannot manage a direct payment and lack any allies who are also willing or able to take on its management
- people who need personalised and flexible support, but where a direct payment would be inappropriate or unduly risky
- people who want support, but not from a regulated support provider or from an organisation that is on a restricted list of local services.

The good news is that it is possible to give a person or organisation a personal budget to manage for someone else without using direct payments (Fitzpatrick, 2010). The bad news is that this is still an approach that most funders are either unaware of or currently unwilling to develop further (Duffy & Sly, 2017).

In this section we set out this alternative approach, which involves the use of Individual Service Funds (ISFs).

Conceptual confusion

Unfortunately personal budgets are often confused with direct payments. But in fact a direct payment is not the only way to manage a personal budget. It is quite possible for a statutory funder to use a contract and provide resources to an organisation to work on behalf of an individual (TLAP, 2015)



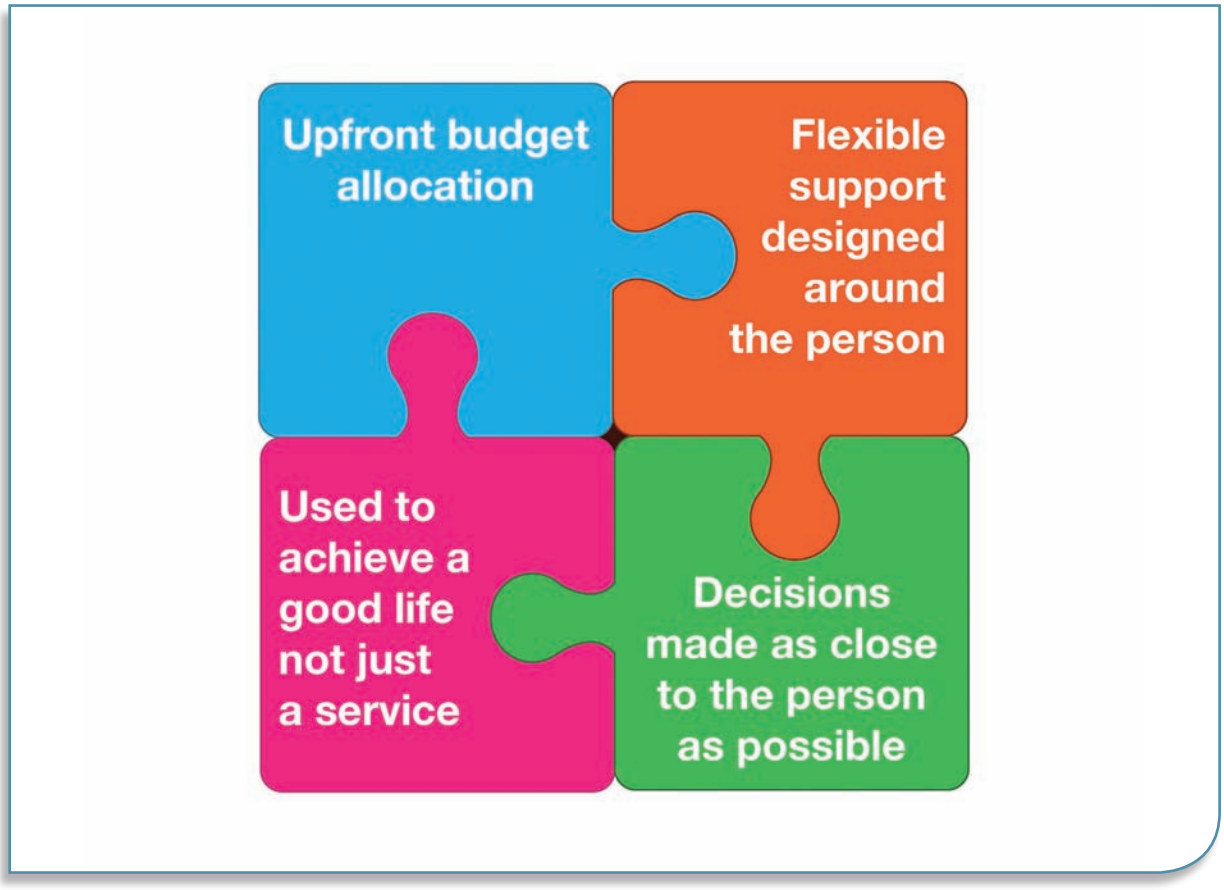
People and families should be informed clearly that:

- they don't need to use a direct payment to control their personal budget
- they will be helped to get support from an organisation of their own choosing, including organisations that might not currently have a contract with the local authority
- they can change their minds and change who manages their personal budget
- their personal budget can be used flexibly and creatively to achieve the outcomes that matter to them.

Social workers, support organisations and others working directly with people and families should be made aware of people's rights and should change their practice to make these rights real.

Contracting confusion

The critical distinction in contracting here is that the precise details of support are agreed between the individual, their family and the person or organisation managing the personal budget – or as it's sometimes known – the Individual Service Fund (Smith & Brown, 2017). Instead of treating care and support as something that is fixed by a contract or by a care plan, the budget is treated as fixed and then people work together to get the best value from the budget, the Individual Service Fund.



Unfortunately health and social care funders have tended to treat contracting as only something that can be done through a complex process of competitive tendering where large contracts for support services are offered to organisations. This approach seems to ignore some basic realities:

Consumer rights. Procurement rules makes clear that when people can pick their own support then their right supersedes any obligation to use complex tendering rules (Villeneuve-Smith & Blake, 2016)

Pragmatic reality. People almost always need support quickly and urgently; good support solutions cannot wait on the result of tendering regimes.

Right to terminate. People have the right to terminate their support arrangements. This means that an individual service cannot be treated as ongoing stream to be put out to tender. Only de-personalised approaches can be tendered – and so such tendering should have no place in a personalised system.

Cultural confusion

It is not just a conceptual and contractual confusion around Individual Service Funds which has created a barrier to their development. Individual Service Funds and the flexible contracts they rely on are clearly legal, but they remain counter-cultural. Despite the emergence of the rhetoric of personalisation the thrust of public policy since the 1980s has been towards a managerial approach which assumes that progress is achieved by:

- reducing the level of local control and centralising power
- reducing flexibility or discretion and increasing regulation
- reducing divergent forms of support and encouraging standardisation.

Over time a paradoxical situation has emerged in social care: increasingly support is now contracted out to non-profit or profit-making organisations (today local authorities retain only minimal direct control over services). But as services are contracted out so the level of trust between funders and support organisations has reduced.

Each side is increasingly alienated from the other. So personalisation, which requires higher levels of trust, is confronted by deep cultural resistance. Despite all this there are important signs of hope (Duffy, 2017):

- Dorset has established an important model of contracting for ISFs (see box)
- Bedfordshire, Wakefield and Devon are all beginning pilots and transforming parts of existing provision over to ISFs
- Southwark transformed a contract to ISFs demonstrating high levels of efficiency (Ellis, Sines & Hogard, 2014)
- Research into organisations providing Individual Service Funds continues to demonstrate significant outcome and efficiency improvements (Fitzpatrick, 2010; Hyde, 2012; Animate, 2014; Squire & Richmond, 2017).
- Leeds City Council is using local neighbourhood organisations to organise support and manage ISFs (Duffy & Sly, 2017).

Dorset

In England the most important development has been in Dorset where a whole new commissioning system has been put in place to give people the option to choose personalised support through an Individual Service Fund (Duffy & Watson, 2017). This system involves:

- giving people and families indicative budgets at the assessment stage so that they can choose their own community support organisation
- enabling people the chance to develop their own support plans jointly with providers and then agreeing final budget with the social worker
- enabling all community support organisations the possibility of protecting the person's personal budget with an Individual Service Fund (ISF) and working flexibly around the person's needs and aspirations
- moving away from rigid contracting by hours and fixed support plans that define outcomes and eliminate creativity and flexibility.

The way forward

The examples from Dorset and elsewhere show that we can overcome this resistance, and here are six strategies that will help:

1) **Make ISFs the default option** – Instead of defaulting to contracted services, start with the assumption that people can choose their support provider and can get flexible support. (Some people may still prefer complete control using a direct payment, but it is not clear why anyone would prefer inflexible support that they haven't chosen.)

2) **Open up new support options** – Instead of offering people a narrow choice of options new organisations are free to offer themselves as potential ISF managers. Rather than relying on limited council lists or on CQC regulated care, any person or group is able to come forward to offer support. Quality control is provided through a community-based accreditation system; Dorset Council's approach here is a good example of how to do this well.

3) **Create new national indicators** – In Scotland, where the equivalent of an ISF is called Option 2 (with direct payments as Option 1), there is clear commitment from central government to support this model and performance indicators reflect this fact (Dalrymple Macaskill & Simmons, 2017).

4) **Issue new procurement guidance** – Guidance on procurement has never been properly updated to reflect the principles of personalisation or of the Care Act 2014. Particularly as the UK leaves the EU there is an important opportunity to refresh and clarify the need for local government to support active citizenship and community development (Howells & Yapp, 2013; Rhodes, 2017).

5) **Clarify the role of the planning** – Too often care (or support) plans are treated as contracts, specifying how support should be provided, when in reality good support must be dynamic and created in a partnership between the person and their supporters. Social workers or independent planners should be less focused on developing a plan (which should always be flexible and developed in partnership with the support provider).
Instead greater focus should be placed on helping people be aware of all their options – direct payments and beyond.

6) **Clarify the role of auditing** – There remains an ongoing tendency to over-audit personal budgets (including direct payments) by reference to a care plan or some restricted conception of what's appropriate. This behaviour tends to undermine the core assumption of personalisation and the Care Act 2014 – people themselves know best how to use the available resources.

New forms of commissioning

As we have discussed, we are starting to see some places move beyond direct payments and to identify additional means for giving people the chance to get flexible support, without unnecessary burdens:

Micro-enterprise – Supporting the desire of local entrepreneurs to develop micro-enterprise is doubly developmental for local communities. It keeps people who need support connected to their communities and develops talent and leadership that remains rooted in those communities.

Individual Service Funds – Supporting the desire of support organisations to use ISFs does not just enable people to get better support, it also grows the capacity of organisations to become assets to their communities and to help avoid institutionalisation and crisis (Duffy, 2013).

To end we would like to suggest that lying behind these challenges is a more profound question about commissioning itself. Arguably, part of the reason that we have struggled to transfer power and control to citizens, communities and community organisations is that we are still locked into a managerial approach to public services, which assumes that effective rational decisions can be made by bodies that situate power at a significant distance from the action.

An alternative approach, which the RSA and The Staff College call ***New Public Governance*** sees the role of the state very differently (Buddery, Parsfield, & Shafique, 2016). New Public Governance is not about the state giving up its concern for the welfare of all, but instead the state needs to recognise that its role needs to be sophisticated and enabling. Here we want to make just three suggestions for approaches which could be transformative for commissioners:

Community sourcing – treating the community as a vital resource which must be supported, not undermined by decision-making

Place-based work – getting decisions even closer to local neighbourhoods

Modernised infrastructure – using the internet to make it easy and cheap to individualise funding and widen support options.

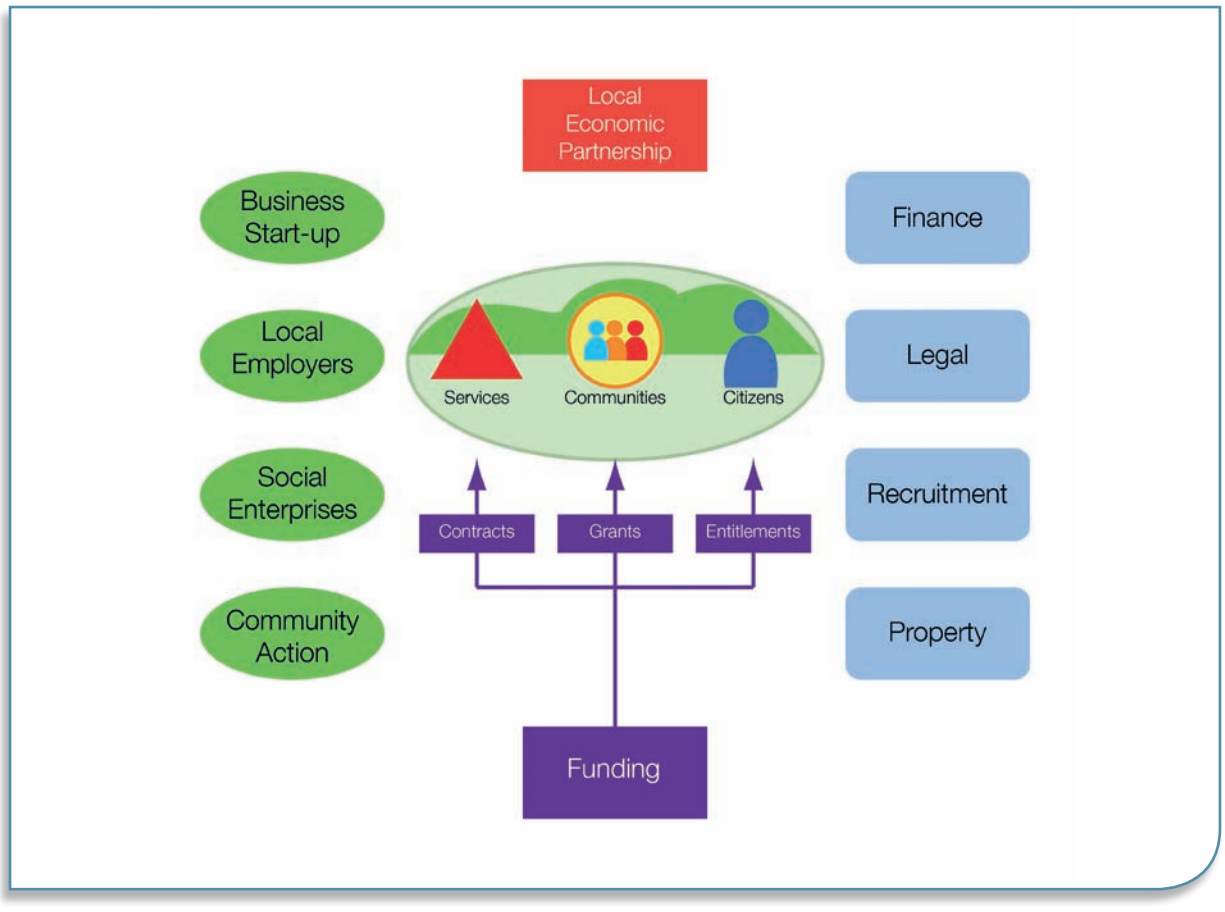
These three strategies offer new forms of commissioning that could radically improve choice for citizens and the quality of our communities.

Community sourcing

Community sourcing is simply to apply the principles of good social work back to the whole commissioning process (Howells & Yapp, 2013; Yapp & Howells, 2013). It proposes that statutory funders see their role as providing the resources and core infrastructure around which local developments can thrive.

This way of thinking about health and social care is closely connected to the growing need for local statutory bodies to show leadership on economic development. Economic development is not distinct from the state of the health and social care system; growing leadership and capacity from within the community itself becomes a central task. Communities should not want to outsource this kind of leadership; instead they must grow the capacity for leadership, problem-solving and community development from within the community itself.

Similarly, local statutory bodies are in danger of losing the capacity to deliver core services and support which they are best positioned to control. Legal, finance and recruitment support can be provided locally in order to reduce the burdens on local people and community groups. Local bodies could ensure that they provide the core infrastructure and leave much of the detail to local people who understand local problems, and opportunities, better.



Combined with these changes in role, local funders could start to think of their role as funders as a form of investment. It is people, community groups and local services that will be best at managing and using the funds. Investment is not management, it is the process of ensuring resources are going to the best people to solve a problem or create a solution. This will usually be the people most directly involved.

If commissioners worked to grow community resources then it would be even easier to make the case for supporting micro-enterprises and using Individual Service Funds.

Place-based work

As austerity has sharpened and local funders have had their funding cut, many have felt the need to make tough choices: increasing eligibility thresholds and pulling back from community development work that has long-term benefits but isn't necessarily focused on immediate needs. However, several funders have gone in the opposite direction and have started to invest more significantly in upstream solutions – responses that reduce the need for more expensive, crisis-driven, services downstream. For example:

Local Area Coordination – This approach embeds an individual within a local community and enables them to work to help people avoid crisis and develop community solutions (Broad, 2012; Broad, 2015).

Social prescribing – Health and local services are starting to see the advantages of connecting people, who might otherwise need healthcare services, to local community resources. Sometimes this is combined with the use of small personal budgets.

Local commissioning – Places like Barnsley have started to shift commissioning decisions down to wards and areas and to encourage councillors to work in partnership with local people and community development officers (Duffy, 2017).

Again, when we start focusing more on small geographical areas and natural human communities then new opportunities and solutions emerge. This is the scale at which micro-enterprises flourish and it is how people use their Individual Service Funds.

Modernised infrastructure

One of the most important and obvious strategies to reduce the costs, complexity and incoherence of current procurement practice around health and social care is to build an effective national online solution.

Given the way in which much of modern life is organised it is perhaps surprising that no such solution is in place that allows:

- people to see their budget online
- people to see who can offer them support online
- services and local community group to offer support online
- people to track their spending online
- systems to gather data on how personalisation is working in practice.

In fact, an effective internet-based solution might remove the primary barrier for Individual Service Funds – the inability of the funder to trust the person and the support organisation to design the best support solution between them.

Moreover, as we can see in the PHB Choices box, such support solutions already exist. Although, such an internet-based infrastructure will still come with challenges:

Ownership – Too often local funders have been exploited by providers offering systems which have created technological dependence rather than networked solutions. However, not only has the NHS already created a solution which could be used, local municipalities in Finland have co-created a system with the global corporation Digia, where the municipalities own the essential software.

Control – Internet technology is neutral on questions of value. It is possible to create systems which are inflexible and where spending decisions would require multiple sign-offs, just as it's possible to create systems which are flexible and enable quick decisions to take advantage of emerging opportunities or to respond quickly to problems. However using such a platform would lead to more open discussions about the underlying principles, agreed national norms and the opportunity to test different levels of flexibility.

Openness – Current commissioning systems have high entry thresholds, damaging community development. An internet-based system needs not just to pay attention to reducing burdens for people and families, it also needs to make it easy for micro-enterprises and others to get onto the system. Many current systems focus too much on the internet as a marketing tool for services; instead we need a low-cost enabling funding system that makes it easy for people, social workers, case coordinators and supporters to join in and to see what is going on.

PHB Choices

PHB Choices is an internet-based system which is run by NHS Shared Business Services (NHS SBS). It enables people to use the internet to purchase products and support services from suppliers, and it can be linked to agreed support plans. It was developed with Personal Health Budgets (PHBs) in mind, but in fact there is no reason it cannot also be used for:

- personal budgets in social care (children and adults)
- personal budgets in education
- direct payments
- self-funders.

Renewed vision

Personalisation is based in a human rights perspective on health and social care (Chetty, Dalrymple & Simmons, 2012). Yet there is no reason why it cannot be closely connected with the need of statutory bodies to rethink their role and modes of operation. A renewed vision for commissioning might identify the importance of:

- increasing community capacity and economic development
- strengthening the focus on the local and encouraging citizen action
- creating the architecture that citizens and communities can use.

Conclusion

Personalisation began by focusing on the person and their right to take control. This idea was integrated into the hope that health and social care systems can return to an appreciation of the value of community and the need to see each other as active citizens, to ensure we can all live lives of equality and meaning.

These powerful and inspiring ideas have however come into conflict with some brute realities; austerity has stripped resources away from health, and particularly from social care and it's natural for people now to cling to the familiar; vested interests, established ways of working, and cultural assumptions about how the system must work are hard to shift.

Yet it is precisely in times like this that new thinking, a new level of courage is required. We need to make the jump to a different set of assumptions about what is possible and what is worth doing:

- expect local leadership to emerge and support micro-enterprise and other community initiatives as valid and powerful support options
- think of support providers as partners and give them the means to work flexibly and as part of the local community by using Individual Service Funds
- re-think the role of commissioning and, in particular, build an infrastructure that enables money and attention to move transparently to where it is most needed.

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Think Local Act Personal

Think Local Act Personal (TLAP) is a national strategic partnership of more than 50 organisations committed to supporting the continued implementation of personalisation and community-based health, care and support.

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The Centre for Welfare Reform

The Centre for Welfare Reform is a community of independent Fellows who are thinkers, innovators and leaders who have demonstrated a real commitment to equality and diversity.

Community Catalysts

Community Catalysts is a Social Enterprise and Community Interest Company working across the UK to try to make sure that people who need care and support to live their lives can get help in ways, times and places that suit them, with real choice of attractive local options.