

Event report

# PERSONALISATION IN ADULT SOCIAL CARE

Learning from Funders

14.11.2012

HOSTED BY

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VENUE

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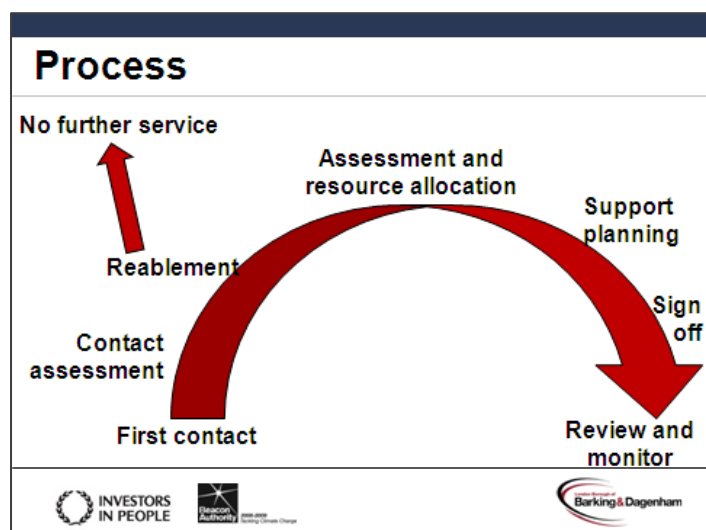
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In welcoming participants to the discussion, **Samantha Rennie (Director of the Homelessness Transition Fund and chair of this meeting)** commented that with such a variety of funders around the table it would be interesting to tease out different experiences and definitions of personalisation. She noted that London Funders was revisiting this, following a comprehensive introduction to the subject at the end of 2009 ([report](#)).

**Personalisation: impact on commissioners and other funders**  
**Zoë Garbett, Commissioning Manager (Procurement and Market Development), Adult Commissioning, London Borough of Barking and Dagenham**

Zoë began her presentation with an introduction to the personalisation agenda, born out of the 1980s disability rights movement which argued for greater choice and control. She emphasised how this had led to different ways of commissioning intended to put people at the centre of decisions about and delivery of the care they receive. As the ideas developed they became bound up with a commitment to preventative work and to finding solutions to care needs in people's own communities, to increase independence, wherever possible. Models were piloted for several years in a selected group of councils of which Barking and Dagenham was one.



**Process:** Zoë's diagram demonstrates stages in the personalisation process for the service user in Barking and Dagenham, from assessment of eligibility at first contact, to the allocation of a budget, and support planning which can include systems such as peer brokerage.

Zoë also drew attention to the national forum, [Think Local, Act Personal](#) which comprises 30 national organisations including some that represent people who use services and their carers, providers of services, and government bodies. Its Market Development Forum has useful groupings and good ideas and publications.

Essentially, a personalised approach to care makes the **service user** the commissioner but to make this real requires good advice and information – service users need to be supported with the right information from someone they can trust if they are to take on board

new ideas about how to get their own needs met and retain a good quality of life, or improve it. Zoë talked about key areas in local authority planning – safeguarding, changing demography, especially in an ageing population with an increasing life expectancy, and the context of public sector cuts – which need to be taken into account.

Many users choose to use their budget to employ a personal assistant (sometimes a relative or neighbour). This calls on new skills for the service user – first in finding the right match, then becoming an employer and managing boundaries, and in judging a good quality of service. Barking and Dagenham are looking at the infrastructure to support this.

For **local authority commissioners**, there is a practical and cultural change to working with a market of providers offering personalised services – “a massive change”, commented Zoë. Local authority adult care staffs are used to commissioning through block contracts and are now moving to spot purchased services and involved in fostering a thriving market for services. The transition is hard for them as well as for the service providers. A fundamental issue is the fulfilment of their duty of care to service users when there is no contractual relationship between them in relation to the services themselves.

From a **service provider’s** perspective, especially in the voluntary and community sector (VCS), there is a considerable change in relationships. One of the most obvious of these is the shift from block contracts for their services to spot contracts, i.e. individual arrangements with each service user. Some organisations have found this market orientation difficult to adjust to, and it requires a very different approach to planning and budgeting, as well as communicating marketing messages to potential service users about their services. There are sources of help with this (e.g. from NCVO) but there are big risks for service providers both in staying with their traditional services and in trying out something new. There is also a role for brokerage – the trusted advisers who can link people to the services they need – and in some areas these have developed in the VCS.

Despite these issues, Zoë argued that there are many opportunities for real improvement in people’s lives. For example, in Barking and Dagenham they see that the use of personal assistants allows a lot of flexibility (e.g. in the timing of when personal care is provided and also in matching the PA’s interests to the service user’s). It can also root services more in the community and stimulate micro enterprises to fill gaps. These create local employment opportunities too.

### Examples of adapting

In Barking and Dagenham there is a market development team assisting the creation of relevant services, and Zoë is a part of this team. They are working with their colleagues in the Council’s service teams to think afresh about how to help service users see improvements. Services have developed to help people with employing Personal Assistants by

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offering payroll and CRB-checking services. Successful adaptation to the new regime can be seen when organisations broaden the range of service users they relate to, not compartmentalising people so rigidly by their reasons for needing personal support

Zoë described a disability organisation in Barking and Dagenham which had thrived under the personalisation agenda. They are offering advice on social security benefits, running transport services and help in finding PAs: their turnover has reached £2 million per year.

A supported living home has shifted its arrangements and pools 80% of residents' personal budgets for day-to-day running, leaving 20% for each resident to make his/her own choices about personalised services.

Sadly, she also cited organisations that were still offering the same services not adapted for personal budgets, and were not getting sufficient take up to survive. Organisations need to ensure that choice is offered through their services such as breaking down service offers so service users can dip in and out and personalise their support package.

In addressing how the personalisation agenda affects independent funders, Zoë argued they are vital to helping the VCS adapt services to fit the new agenda. Ways funders can help include funding transition and service adaptation, funding training, funding new ideas from start up organisations or coordinating research. She noted instances of organisations needing to draw heavily on reserves to finance change. She was interested in exploring new relationships to help local services, such as introducing time banking with local businesses, to reduce reliance on grant funding.

## Q and A

In addressing questions from the audience, Zoë suggested that services could improve joined up working and the understanding of how people access services such as how they hear about services. Participants shared a concern that many people will become lost in the personalisation agenda as well as other changes that are having an impact on the health and social care market, so there is a need to ensure it is not only the usual suspects who participate.

One delegate voiced concern that some service users tend to want to hang on to traditional services and need time to develop ideas of what might suit them better. However for new services, the issue of sustainability still remains a concern.

Zoë gave further information on the development of peer brokerage in Barking and Dagenham where six people, with positive experience of personalisation have been trained to coach others through the process. These peer brokers will be starting to work with clients soon.

There were a lot of questions around partnership working in this new environment. In Barking and Dagenham the Council for Voluntary Service (CVS) has been helpful in bringing groups together and

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exploring consortium working, and one outcome has been effective sub-contracting (in one example six providers have been funded together). Camden representatives shared their experience that having a clear lead organisation in such arrangements reduced risk, though it was noted that this could backfire if the lead organisation was not sensitive to the practicalities for small sub-contracting agencies. NCVO have been looking at these issues.

In Barking and Dagenham the council has funded Community Catalyst to develop micro enterprise delivery in the borough. A Micro Market Coordinator has been recruited to support and promote micro, local care and support services that offer personal, support for service users. The project aims to explore gaps in the health and social care market as well as supporting the development of User Led Organisations (ULOs).

There was a question about how well service users manage the direct payments. There are different ways for service users to manage their money such as a true direct payment into their bank account or a managed account (by the Council or a third party). Barking and Dagenham are looking at ways to ensure that service users are provided with information to fully understand their responsibilities and be in control (as much as they can be) and that the infrastructure for support is appropriate.

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### **Personalisation and market development**

**Kiran Patel, Organisation & Market Development Manager and Richard Elphick, Micro Enterprise Programme Co-ordinator, London Borough of Camden**

Kiran and Richard shared their experience of 18 months of work on this in Camden's communities and Thirdsector team. The approach has been to develop user-empowered models and provision that reflects Camden's diversity, encouraging small micro providers (from sole traders up to five employees/ volunteers). Work started in 2011 and while some potential providers grasped the idea of personalisation readily, there was also a need for lots of marketing and capacity building.

Community Catalyst has also been commissioned in Camden to share experience from elsewhere. Kiran noted that they had been useful in challenging Camden to think radically. There is now, for example, more flexible models of commissioning that look to develop a diverse range of support options that go beyond traditional models. Richard has supported around 17 micro providers to establish in Camden and is working with a number of developing enterprises. These providers have a range of legal forms including sole traders, mutuals and co-operatives. Many had mixed funding models of charging and grants, whilst some of the initiatives are based on volunteers and a high level of altruism.

In another piece of work where traditional providers are losing block contracts, Camden has provided some transitional funding. This has enabled resourceful VCS providers to come up with new ways of doing business and ways of raising funding that is not reliant on revenue funding from the council. There have been real successes for some groups in finding new donors, developing online giving and creating workable charging arrangements for their services. Richard gave examples of new ways of working amongst micro providers, including a user led club developed by a group of disabled people who had previously used a day centre in the area but had wanted to do something different. The new group provides a non-traditional approach to day services with members meeting regularly to go to the cinema or out for dinner, for example. They have pooled a part of their personal budgets to finance this and operate as a co-operative: the local CVS has offered support in what this means, especially in helping analyse risk. The group now employ their own worker and there are already good outcomes such as improved behaviour, communicativeness and confidence, along with wider interests.

Another example given was that of a dance therapy service that was developed by a provider that is commissioned through the council's children's services. The new service now includes attention to developing the social skills of people with learning disabilities. Among the volunteers are individuals who also have moderate learning disabilities.

Kiran pointed out the relevance of unmet needs to personalisation. She gave the example of BAME groups which have great difficulty in accessing mainstream services. In Camden: this has led, for example, to Bengali and Somali groups being set up by community charities, specifically for older people. Activity in the Bengali group has revealed a specific need to support people with diabetes - Richard noted how such groups could generate new knowledge on specific needs. He also talked about the way a much wider range of community-based groups are now being recognised as potential social care providers.

Both Kiran and Richard felt that the council had been able to support groups and individuals in the community to turn good ideas like befriending services into reality. In many ways this form of capacity building, e.g. assisting with HR or income generation issues, means the council acts like a consultant. Using a community development/co-production approach in this way is helping to build well-rooted, lasting services and is drawing the council's attention to different communities' own priorities.

Taking a community development approach to unlock community capacity is felt by Camden to be a key **success**, with people benefiting from a wider network of services. Kiran also argued that the personalisation agenda had influenced the culture of their commissioning approach to become even more user focused. New types of support can reduce the isolation of vulnerable people at what could be a very low cost.

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The **challenge** of changing the status quo remains. Richard pointed out that social workers are integral to the personalisation agenda, but need to be supported to develop innovative approaches, a tall order given recent media pressures on the profession. Zoë also noted Barking and Dagenham's awareness of the vital importance of keeping social workers up to date on these issues. In Camden, new services go in to social work teams to introduce themselves and he encourages groups to make a "noise" about themselves in social media, for example.

Richard also highlighted transport as a challenge, and Camden is currently attempting to develop a new approach around this. Transport is not usually included in people's personal budgets and arrangements are often based around traditional services rather than new models— a major stumbling block, which inadvertently decreases the level of choice offered through personalisation for many users.

Another challenge highlighted was that assessments of customers usually happen annually and this can pose a challenge to new services trying to establish themselves and grow their business.

#### Q and A

In discussion, participants explored some of the big picture issues. When personalisation was first being introduced in adult social care it was accompanied by important values around preventative work and also improvement in universal services to make everyday life easier for people with special needs. Public expenditure cuts mean that the need for prevention is ever more important but make its achievement more challenging; and cuts to mainstream services take universal services further out of reach. The range of people eligible for personal budgets is narrowed to those with the most "substantial or critical" needs, throwing a larger proportion back on self-funding. In some boroughs the definition is becoming harsher as cutbacks have to be made. Camden Council is helping the new wave of personalised services to market themselves to self-funders.

One participant queried how effectively the whole move to personalisation had been planned and costed and felt that for many people it was a transition to surviving rather than thriving.

Zoë noted the challenges in being consistent with a wish to help people take responsibility for their own services – this takes time and care to embed. This is hard amongst pressures to be cost effective.

There was a lot of shared information and many further questions. It was noted that the Tri-Borough Community Budget pilot in Westminster, Hammersmith and Fulham and Kensington and Chelsea was helping fund PAs in day care services for Somalis, and that in Newham there was interesting use by individuals of the services of the City Farm. The usefulness of Community Catalyst was shared. It is clear that some boroughs are working hard to learn from each other.

There was some sharing of information on the reluctance some VCS groups have over charging for services. It was noted that the adult

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learning sector had to face this some years ago and might have lessons to share.

Is this a good field in which to encourage social entrepreneurship? Richard felt that Camden's term "micro providers" was preferable since it allowed diversity but also encouraged small-scale development which should be sustainable. He found many service providers interested in supporting 10-12 people. Many people worry about the sustainability of small services, but nationally 80% of micro providers are still there after three years when they have support from a micro provider programme.

The speakers were asked for opinions on the future of personalisation. All emphasised the positive contribution they see the new approach making for individuals. It is particularly important to keep separate the boroughs' need to realise savings and the introduction of personalisation which needs initial investment, as both borough examples showed. Richard felt that as the agenda receives cross-party support it is likely to grow. Personal health budgets are being rolled out next year. He argued it is a better system even though the economic context makes this the worst possible time to introduce it.

Zoë suggested that the current challenges could not have been imagined five to ten years ago when the first experimentation happened which has meant that boroughs have had to think creatively about how to deliver personalised services.

The risk, as Kiran pointed out, is that as money gets tighter, and a narrower group of those in the greatest need become eligible for personal budgets the broader range of services offered could shrink as their survival is dependent income from both self-funders with widerneeds and those with personal budgets.

In further conversation and subsequent feedback participants raised many questions that merited further discussion. These included:

- the increasing importance of supporting information and advocacy in this sector
- the issues involved in commissioning multi-faceted services in localities as against more specialised services
- the capacity needs of VCS service providers
- brokerage and peer brokerage and how they fit in
- the balance between running more streamlined shared backroom services and retaining the spirit of really personal tailored provision.

In preparing for this meeting the speakers and London Funders collaborated on adapting a glossary of terms used in adult social care and especially in personalisation. Find it [here](#).

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**With thanks for Buzzacott's continuing generosity in hosting this discussion series and to our chair and presenters for a lively and thoughtful discussion**