

Putting **People First**
Transforming Adult Social Care



**Contracting for personalised
outcomes: regional workshop**

West Midlands Region, 8th February 2010

Author: Sam Bennett, Department of Health

Contracting for personalised outcomes



- **Snapshot case studies and report**
- **Regional seminars**
- **Action learning set**
- **Report on emerging issues and practice**

Today's workshop



Focus

Personalised domiciliary care

Objectives

- Learn from leading edge practice
- Participate in a collaborative dialogue between commissioners and providers
- Work on how leading edge practice could be used locally
- Identify challenges that must now be tackled to enable service personalisation

Workshop programme



10.00 Welcome and overview

10.10 Contracting for personalised outcomes – overview presentation

10.45 Stage One: specifying the contract – *group work*

12.45 Lunch

1.30 *Plenary*

2.00 Stage 3: enabling the new approach to work effectively – *group work*

3.20 *Plenary*

3.50 Next steps

4.00 Close

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**Contracting for personalised
outcomes: summary messages**

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Context

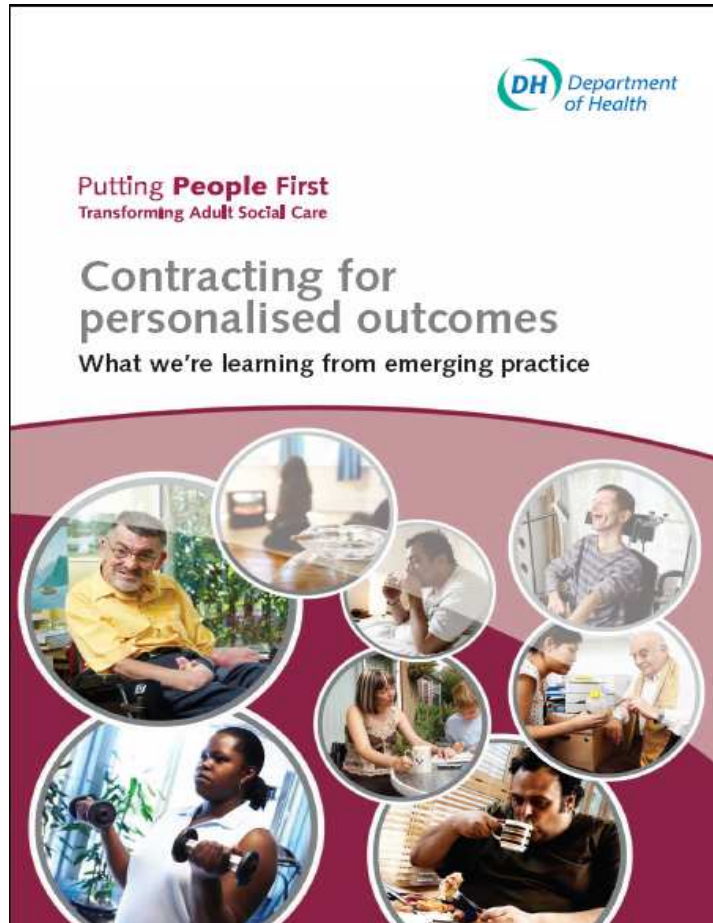


- ➔ Includes the commitments that all people with ongoing care and support needs should receive a personal budgets and have access to a range of personalised services;
- ➔ Final 18 months of the programme requires a renewed focus on personal budgets if we are to meet this objective;
- ➔ Personalisation is spreading into other parts of the system – personal health budgets pilots, right to control trailblazers, children with disabilities, other public services?

The challenge

- Making this happen for everyone – including the majority who continue to use council provided or commissioned services;
- Ensuring a range of high quality, flexible services are available for people to buy;
- Ensuring stability in the market at a time of unprecedented change and (often) uncertainty;
- Making this about real transformation and better outcomes for people rather than a box ticking exercise.

PPF Contracting report



Snapshot of current innovative practice in personalised domiciliary care commissioning including 6 case studies:

**Bath & NES
Barking and Dagenham
Lancashire
Manchester
West Sussex
Wigan**

The key message in the report

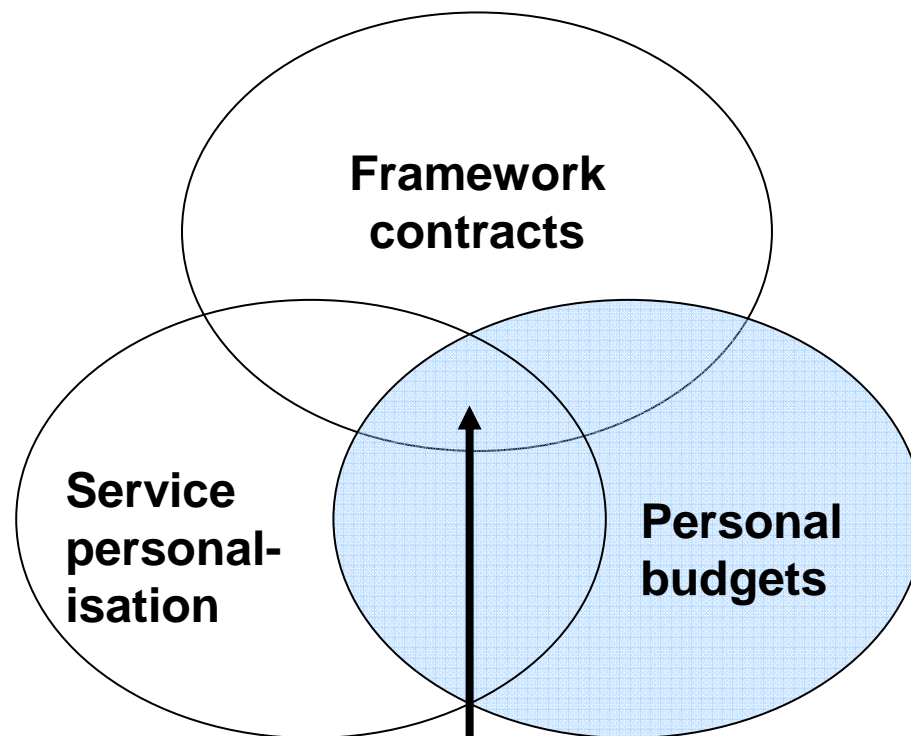


“A common feature underpinning the changes in each council has been a shift from traditional and often adversarial relationships towards collaborative and constructive partnerships between commissioners and providers”

Contracting challenge

- Current mix of block contracts and spot contracts specifying times and tasks and let by cost and volume;
- These are probably not fit for purpose for personalisation because:
 - Risk of double funding when PB holders shop elsewhere;
 - Constricts user choice of provider and type of support;
 - Limits provider ability to respond flexibly to individual user needs and preferences;
 - Can exclude small scale and/or local provision when let on significant scale.

Three key components



Fully Personalised: PB holders using direct payments or **ISFs**, and self-funders purchase personalised services within the framework contract, sometimes using person-centred ‘mini tenders’

Framework contracts

- Outcomes focused (some also person-centred);
- Does not specify times and tasks – the user decides these through discussion with the provider;
- Assures quality and supply through the pre-selection and validation of providers;
- Do not guarantee demand but can provide some security in other ways;
- Introduces the requirement to offer personalised services, often through individual service funds;
- Available to self-funders as well as state funded users;

Service personalisation

- Some providers have transformed their services independently – most require active engagement and support to understand the implications of personalisation and begin to change their businesses;
- Active development support has included:
 - joint training (e.g. in person-centred approaches);
 - early engagement in business planning;
 - use of risk management processes;
 - support with unit costing etc.

Personal budgets



- Making personal budgets accessible to all has involved developing options for using personal budgets for in-house and commissioned services;
- This includes ‘virtual budgets’ where the council commissions, arranges and manages support for a personal budget holder on their behalf;
- As well as arrangements which empower the person to determine the who, how and what of any support they receive from their chosen provider – e.g. individual service funds.

Individual Service Funds (ISFs)



What they are:

- A money management option for PB recipients;
- PB money lodged with a provider under the terms of an existing or new contract;
- A sum of money for which support tasks have not been pre-determined;
- Providers account for the money individually to both the council and the PB holder.

What they are not:

- Not an alternative to PBs, i.e. they occur downstream from confirmation of a PB allocation;
- Not legal contracts – the contract remains between the council and the provider;
- Not an option with less choice and control than direct payments;

All components need to be present...



- **Outcomes based commissioning** by itself cannot achieve personalisation – who determines the outcomes?
- **Personalised service development** by itself will not achieve personalisation – requires parallel development of mechanisms for people to exercise choice and control;
- **Personal budgets** by themselves will not achieve personalisation – requires parallel development of things to choose and support with choosing.

Useful publications



[Putting People First milestones for councils](#)

[Putting People First films](#)

[Use of resources in adult social care](#)

[SCIE briefing: implications for commissioners](#)

[Working together for change](#)

[Contracting for personalised outcomes](#)

www.personalisation.org.uk (enews and FAQs)

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