Architecture for Personalisation

A report on care management and community-based support in Yorkshire & Humber

by Simon Duffy & Kate Fulton

THE CENTRE FOR WELFARE REFORM

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Between 1990 and 1994 Simon led the development of a system of brokerage and individualised funding in Southwark. In 1996 he founded Inclusion Glasgow and developed Individual Budgets. In 2000 he began working with North Lanarkshire Council on the development of Self-Directed Support. Simon then led In Control from 2003 to 2009; during this time he proposed a functional model of brokerage, to replace the professional model that had become dominant in Canada and the USA. Simon is now Director of The Centre for Welfare Reform.

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Preface

Martin Farran | Executive Director of Adult Social Services, Barnsley Metropolitan Borough Council.

I welcome this report that offers guidance to local leaders on the systems and support that needs to be in place to assist citizens in maximising taking control over their lives, as we rise to the challenge of developing a community based and sustainable approach to social care, based on personalisation, across the Yorkshire and Humber region.

We will continue to work with local people to hear their experiences of the real journey of self-directed support, to learn together and to facilitate real change with a move towards systems that are truly empowering to citizens and capable of constant improvement.

The personalisation model, discussed in detail within this report is an emerging model of good practice that can be successfully extended outside of adult social services to enable citizens and their families to build stronger links within their communities and to develop a body of knowledge within local communities,so that local people can advise and guide each other.

Key to developing an architecture for personalisation that enables citizens to develop their own personal capacity is the requirement to develop and stimulate co-ordinated and accessible information services, to extend the community sector, to engage with local providers of care and support services, to redefine the care management role and to further explore peer support.

This report proposes that we reflect upon our earlier experiences of personalisation across the region and work together to bring about change that rebalances the relationship between the citizen and the state, making better use of the skills and talent of local people, organisations and communities.

In Yorkshire and the Humber we already have a firm foundation and many assets to build upon, drawing on local experience of what works to develop a shared infrastructure for personalisation. Through working with local people, the communities in which they live and a range of organisations in the statutory and third sector we can ensure a meaningful and personalised care and support system.

Summary

The Yorkshire & Humber Joint Improvement Partnership aimed to implement personalisation in adult social care in a way that was self-critical and developmental. This report, which was commissioned by Barnsley as part of the regional Personalisation Programme, describes the work of the region to develop the new architecture for personalisation in a way that is progressive, realistic and consistent with the underlying values of personalisation. In summary this means:

1. Be realistic about the resources available for the new architecture, in particular focus on re-designing the care management function
2. Focus on reinvesting current and any efficiencies from the care management system into community-based support, in particular
3. Make local systems easy to use and self-navigate
4. Encourage, extend and deepen available information networks
5. Expect and facilitate peer support as an essential component of the system
6. Build an expectation of support for personalisation into current commissioning arrangements with community organisations
7. Enable service providers to plan with people at the earliest opportunity
8. Discourage an over-reliance on paid professional support for planning, instead focus such support where it is really needed
9. Agree a regional strategy for developing the architecture for personalisation, continuing to develop and share innovations as resources become tighter

This call for greater realism and an increased attention to cost control and the minimisation of unnecessary infrastructure will seem particularly relevant to the new economic environment for public services. But these are good principals at all times – waste is a form of injustice – taking resources away from those who really need them.

Introduction

Since *Putting People First* declared the support of central government for personalisation there has been a growing tendency for personalisation to be defined as a government-led policy. This is not only inaccurate, but it brings with it several risks. The first risk is that local government might slip from leading the process of change, in partnership with disabled people, into waiting for national policy and regulations to emerge from central government.

The second risk is that the new money that was provided by central government to bring about change might be wasted on inappropriate and poorly thought-through initiatives. However it has been highly encouraging that Yorkshire & Humber have worked hard at avoiding these mistakes, focusing instead on what local people can learn together to bring about real change.

The meaning of personalisation

Personalisation should not be, and cannot be, a top-down reform without collapsing into self-contradiction. For personalisation is not a system for the government to do different things **to** local people. Personalisation is local people taking control of their own lives in order to become full citizens. Personalisation is about the restoration of social justice and a rebalancing of the relationship between the citizen and the state. It cannot be done *to* people.

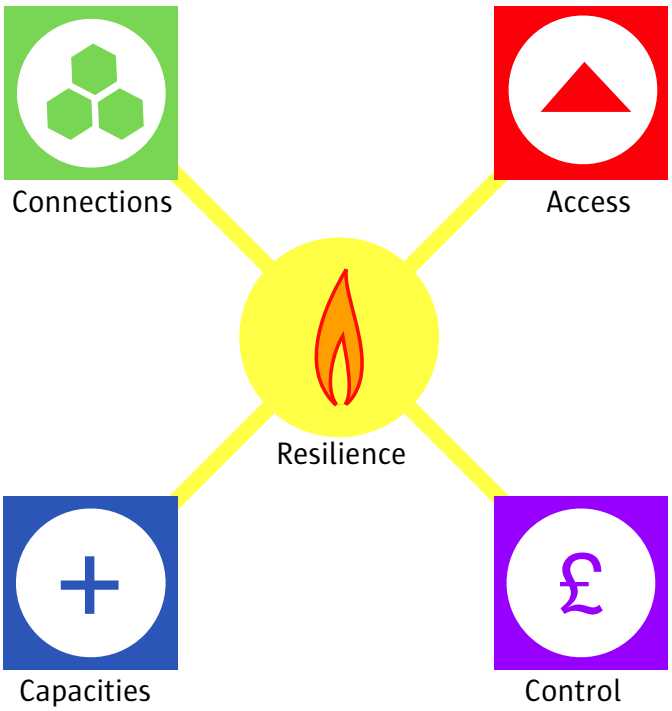

Figure 1 The Dimensions of Personalisation

There are four outer dimensions to personalisation, and one inner dimension (see Figure 1). The four outer dimensions of personalisation are:

1. **Capacities** - People need to be able to exercise and develop their own personal capacities, strengths and gifts. This goes far beyond learning how to walk again after an operation or becoming more independent in the home (although it includes these things). It is much more about making use of all of our varied gifts to be the best person we can be.
2. **Connections** - People can only thrive in relationship with others; loneliness is the enemy of human development and citizenship. We need to nurture the many different forms of human connection that strengthen us; starting with love, family and friendships we need to find ways of making connections and contributions across the whole of our community.
3. **Access** - People need a wider community in which to live, places where we can meet other people, learn with others and act together. This community needs to be accessible and open, offering all the different kinds of places that are central to human existence: work, healing, learning, prayer, fun and creativity.
4. **Control** - Control is central to our ability to be an effective citizen. Without control we cannot shape a life around ourselves that makes sense of who we are, which fits our relationships and takes us to the places we need to be. Without control we come adrift, subject to power and control by others. We need to enable and encourage the exercise of personal control by all citizens.

All of these four outer dimensions of personalisation are important, and if they are diminished then personal growth and a life of citizenship becomes very much harder to achieve. However there is also an inner dimension of personalisation, which we might think of as personal **resilience**, or the human spirit. Even in the toughest and most difficult situations that spirit can burn bright; but even in the best and most positive environment that spirit can become weak and we can fall into despair or lose our way. It is important that we remember this and remember that the purpose of personalisation is not just social, it is highly personal - it is about building a society where everyone can find a way of being that makes sense.

The personalisation model

To date personalisation has largely been restricted to changes in adult social care services, although there is emerging evidence that it could be successfully extended to health, education and other reforms within the current welfare system (Cowen, 2010). In order to achieve personalisation there is an emerging model of good practice which we will call the personalisation model (Duffy, 2010).

This model is described in Figure 2 and has the following 4 main features:

1. **Self-directed support** - the individual shapes and controls their own support arrangements, and where eligible, controls their own individual budget.

2. **Co-production** – professionals are involved to the degree necessary to ensure that the individual gets what they are entitled to, is in control and is achieving good outcomes.
3. **Community-based support** - support for the individual comes from the widest array of support possible, including family, friends, peers, community services and service providers.
4. **Total place commissioning** - commissioners shift their focus away from purchasing services and towards shifting the control of resources into the right hands, learning from the outcomes achieved to help shape the local community.

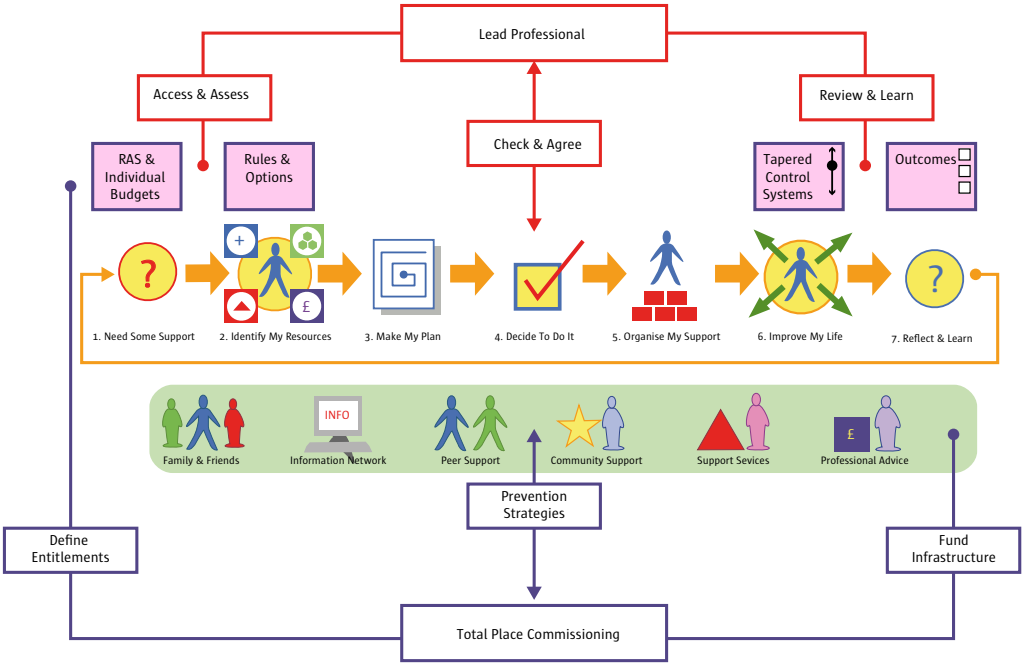

Figure 2 The Personalisation Model

It is a statement of the obvious that this is not the system that local leaders have inherited. This new system will need to be developed as the older system is replaced. All of this requires hard work, further innovation and challenge. Even the local authorities who have gone furthest in the direction of implementing personalisation are at a very early stage in developing thinking and practice.

In the early days the main focus was on getting individual budgets into people's hands and learning from them as they used those budgets differently. But now, as the pace of change has increased and public expectations are changing there are hard and difficult questions to address about the architecture for personalisation - the systems and supports that must be in place to help people take control.

This report offers guidance on developing the best architecture for personalisation, and this guidance is based upon:

- An honest analysis of the resources available for the new architecture and a commitment to ensure that resources, that could go directly to people, are not wasted unnecessarily in systems and bureaucracy.

- A review of good practice across the region and the identification of promising developments which can be expanded upon or replicated.
- Deep thinking about the real nature of personalisation and a refusal to offer simplistic or inconsistent solutions that do not really support the real meaning of personalisation.

It is still too early to declare that there is one clear and best system for implementing personalisation, but there are good reasons to focus on some strategies and to avoid expensive mistakes or muddled thinking.

The risks of implementation

It is always worth reflecting, before beginning any new challenge, on what we can learn from our earlier experiences. The welfare state, and more particularly adult social care services, have been though many periods of change and improvement - although not all changes have been improvements.

There is a particular risk, when change is driven by central government, that the underlying purpose of the change will get lost in a plethora of targets, regulations and guidance. Local leaders have to work hard at staying focused on their real purpose and the needs and assets of their local community.

There seem to be three particularly significant risks facing local leaders today in the implementation of personalisation.

1. Sedimentary system formation

The easiest way to implement a new system is to build it on top of the old system, leaving the old system intact. In this way the system grows in a sedimentary fashion, old innovations are turned in to older rock formations, covered up by the new systems. This is an easy path to take because it doesn't threaten the vested-interests of anyone in the older systems and if new money is available it can be used to build the new system without tampering with the old system.

However the results of sedimentary system formation are very unattractive. In particular:

- The overall infrastructure become more expensive, reducing the resources available for direct support.
- The system becomes more complex, with each layer having to accommodate the existence of the other layers with complex rules.

In adult social care we can already see that there is a danger of sedimentary system formation, at a local and a national level, layered one upon another. These are just a sample of the systems already being used, all to do broadly the same work:

- Contracting and commissioning systems, developed from the 1992 reforms
- Care management systems, also developed from the 1992 reforms
- Independent Living Fund, developed in 1988

- Supporting People, developed from the 1985 'hostel deficit grant' system and subject to much growth and re-naming
- Direct Payment systems, developed since the 1996 Direct Payments Act
- Disabled Facilities Grant, system developed in 1996

Local leaders will continue to find, unless there are changes in national legislation and regulation, that some of these layers will still be in place. However there is significant capacity, particularly in the disciplined economic environment that is likely to dominate the policy environment in the next few years, to focus efforts on making better use of existing resources and existing people.

Above all this means focusing on the care management system, designing it to support personalisation and making best use of the talents and skills of social workers who are working within the old system. In this report we will pay special attention to this issue and offer an initial model for a re-designed care management function, together with an indication of the resources that such a model may release if it were implemented.

2. The imaginary specialist

Another typical response to problems in the welfare state is to develop new professional roles to fill perceived gaps. This is also a strategy which is more appealing when there are additional resources available. The flaw in this approach however is that it is far too easy to imagine the role that you want someone to fill, but it is much more difficult to make such a role truly functional and efficient. As Mencken wrote:

For every complicated problem, there is a solution that is simple, direct, understandable and wrong.

In the wake of personalisation there have been several influential appeals to develop a new class of independent professional brokers (Dowson & Greig, 2009). And initially the argument for these new roles can seem quite strong; however, as we have argued at length elsewhere, we believe this to be a deeply flawed strategy which is more likely to undermine personalisation than to lead to its success (Duffy & Fulton, 2009). The changes required are much deeper and structural.

In this report we will review how the idea of brokerage is being understood within the region and offer some guidance on how to make best use of this idea in the future.

3. Community blindness

The third major risk in developing the new architecture will be that the new design will not respect or make full use of what is already available and ready to be used. Instead there is a danger of building new systems and being blind to the capacities of local people, organisations and communities. This is particularly ironic when we consider that the central strength of personalisation arises from its better use of the local intelligence of local people, in local communities.

Nevertheless there are already worrying signs of community blindness at work:

- Not encouraging people to do more for themselves, not having faith in people's capacities, but expecting professionals to take on more work
- Not making systems that are easy for people to use, but instead building more complex systems with added bureaucracy
- Not encouraging local community organisation or service providers to become involved, but bringing in new organisations and consultants from outside

This report aims to offer an antidote to that way of thinking. We propose that the central focus for developing the new architecture for personalisation is to make better use of the skills, talents of local people, local organisations and local communities.

We begin by a realistic assessment of the resources built into the current care management system and review the extent to which it can be revised in order to both better support personalisation and, perhaps, release some resources for investment in community responses.

We go on to argue that local leaders need to take great care in using terminology like 'brokerage' for there is a real danger that this will lead to an exaggerated focus on professional services rather than community-based options.

We end by exploring all the different strategies that can be deployed by local leaders to make full and better use of citizen, family and community capacities. Our view is that this is the strategy which is most consistent with personalisation and current economic realities.

1. Rescript Care Management

Progress in personalisation is critically dependent upon the development of care management. Care managers need a new script that focuses their energies on those issues that demand their direct attention while also enabling the wider community - in all its forms - to take up an increased role. Without making these changes progress in personalisation will be severely threatened.

Care management, as it stands, is an essential part of personalisation and two elements of the current systems are likely to remain in place in the medium-term:

1. Unless there is a radical change in policy direction local authorities will still be asked to play the critical role in overseeing the support that people use, making sure people are safe from abuse and helping people to spend their individual budgets wisely. So, for the sake of this report, we are going to assume that local authorities will need to have a core care management service in order to achieve some of these outcomes.
2. Some people will always need some extra support, commissioned or provided by the state, when they enter crisis, social isolation or institutionalisation. So, we will assume that local authorities will also have to set aside some additional resource for crisis management and that much of this will continue to be located in the care management service.

If these assumptions are right then there will remain a core care management and a crisis management function. However there are still a number of questions that are unresolved:

- Will there be any overall reduction in the use of the care management service, and if so, what money will this release for savings or for different kinds of investment?
- Are there real opportunities to invest resources that are currently located in the care management function into other ways of working in order to improve outcomes and efficiency?
- What new opportunities will arise for using the skills of social workers outside the care management function?

1.1 The cost of care management

The evidence that we do have does suggest that there are some possible efficiencies and that there are new opportunities, but to date there has been little attempt to really define what the core care management functions look like, what funding it would need and (consequently) how much funding it might release. In this section we largely focus on this important practical issue.

There is some national data on care management costs. For example the gross social care spend in 2004-05 was £17.5 billion for children and adults, including client contributions, of which £1.6 billion was spent on assessment and care management for adults, and a further £1.1 billion on commissioning and social work for children (Personal Social Services Expenditure and Unit Costs, 2005). However the overall adult social care budget is much greater than the budget for children and the role of social workers in adult social care is also different. This means that care management for adults, using these global figures, may only be about 10% of the overall spend.

However we decided to work with local authorities in Yorkshire & Humber to get a more realistic and grounded figure for care management expenditure. Four local authorities provided us with data:

- Barnsley
- Bradford
- East Ridings
- North Lincolnshire

The data these authorities have provided is interesting and powerful and it tells a consistent story - despite some minor local variations. The full data set is included as an appendix to this report, but here we are going to deal with the average picture, and more precisely we are going to largely refer to the mean of the figures provided.

Note that the median figure is also interesting as it discounts the greater weight given to larger figures by the use of the mean, but on balance the mean seems to represent the overall picture slightly better. Table 1 provides the mean and median figures for the overall cost of care management.

	Mean	Median
Number of care managers (WTE)	112	101
Cost of care management	£4,373,478	£4,510,706
Number now served by authority	6465	6823
Ratio (number of people to 1 care manager)	68.73	67.62
Total hours of care management available	185,507	167,349
Hours available per person	27	25
Average cost per person	£665	£660

Table 1 Current Costs for Care Management

This gives us an interesting picture of current care management costs. Overall local authorities are spending something like £665 per person, calculated against the total number of people served at any one time.

Given that a typical individual budget might be around £10,000 per year this suggests that the care management input represents approximately 7% of additional cost per individual budget. For the purposes of understanding the changes necessary to the care management system we believe this stripped down figure is more realistic.

1.2 The work of care managers

The other interesting question we explored was how care managers were using their time; more particularly we were interested in how the time of the care manager was balanced across the core functions of care management. This is important because, even if there remains a core care management function then, as we will go on to discuss, the balance of time and effort across the care management functions will not necessarily stay the same.

In broad terms the functions of care management can be described by the following 5-Gear Model of care management which is set out in Figure 3 (Duffy, 2007). Care managers:

1. Gather important information or assess individual situations, then
2. Design services or write care plans,
3. Develop services for individuals or make placements
4. Solve problems and respond to crises and
5. Review, learn and amend services

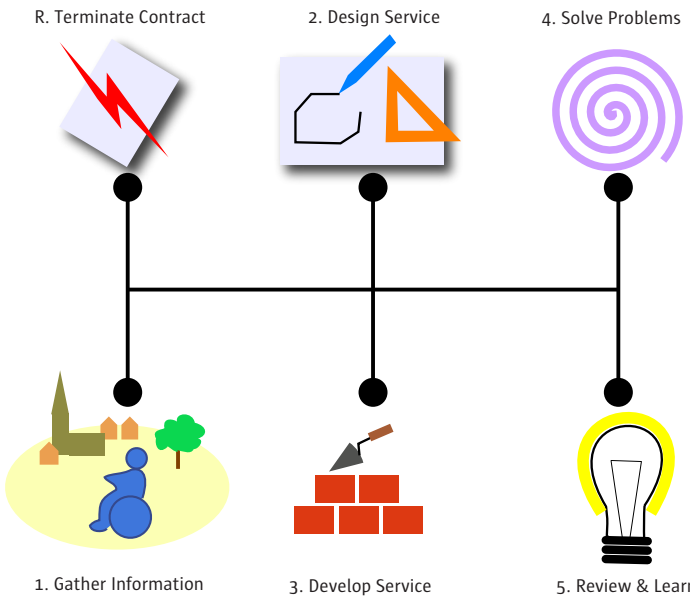

Figure 3 5-Gear Model of Care Management

In addition, from time to time, they may have to terminate services or contracts and begin the process again. In practice people can move up or down the 'gears' of care management over time and as their needs or situation changes. Although it is also worth noting that many older people only get support in the last few months of their life, in this case any interaction is likely to be much less complex and more focused on short-term solutions.

In working directly with care managers in the development of this report it has also proved useful to further distinguish, within this framework, some points of greater or lesser involvement.

Hence we developed the following 8 primary levels and kinds of intervention from the 5-Gear Model, which the Yorkshire & Humber care managers have adapted:

1. First point of contact and providing initial sign-posting
2. Providing an initial overview assessment of need
3. Providing a full and comprehensive assessment of need
4. Developing a standard care plan with someone
5. Developing an individual service design or support plan with someone
6. Helping people with problems or responding to crises
7. Basic review of someone's service
8. Intensive review of someone's service

Clearly what we are seeing here is that professionals are identifying a reasonably clear distinction between cases demanding intensive support and those which are non-intensive. This reflects the common observation that work in adult social care often follows the Pareto Rule, that roughly 80% of the work is shaped by 20% of the group served. We will return to this issue below.

In order to understand how care managers' time is used against these functions we asked local authority officers to talk to local care managers and for them to assign their functional time against those functions. Note that no effort was made to try and define some tasks as administrative, bureaucratic or more or less efficient; instead we were interested in focusing on the real balance of effort across the core functions, and treated all time as functional. Local authorities were also encouraged to exclude from consideration those aspects of social worker or care management activity that are not really parts of the care management function.

Again there are interesting variations between the 4 local authorities, but the central story was reasonably consistent and is reflected in Table 2 and Figures 4 and 5.

	Total Share	Total Expenditure	Cost PP	Hours PP
1. First point of contact - initial sign-posting	9.5%	£414,437	£63	2.6
2. Overview assessment	13.7%	£599,514	£91	3.7
3. Comprehensive or full assessment	19.0%	£831,038	£126	5.2

	Total Share	Total Expenditure	Cost PP	Hours PP
4. Basic planning	13.7%	£597,272	£91	3.7
5. Intensive planning, service design or support planning	16.3%	£713,343	£108	4.4
6. Problem solving & responding to crises	16.0%	£700,749	£107	4.4
7. Short reviews - basic	7.5%	£327,924	£50	2.0
8. Long reviews - intensive	4.3%	£189,200	£29	1.2
Total		£4,373,478	£665	27.2

Table 2 The Balance of Functional Effort in Care Management

Figure 4 demonstrates that the distribution of effort is focused on the middle functions. However if we simplify this model further as we have in Figure 5, by pulling together the initial contact and assessment functions, the planning and development functions, problem solving and integrating the review functions, we see that distribution is skewed very much towards assessment type functions. Assessment, on its own is over 41%, assessment plus basic planning is 56% and with intensive planning it may take up 72.2% of the management function.

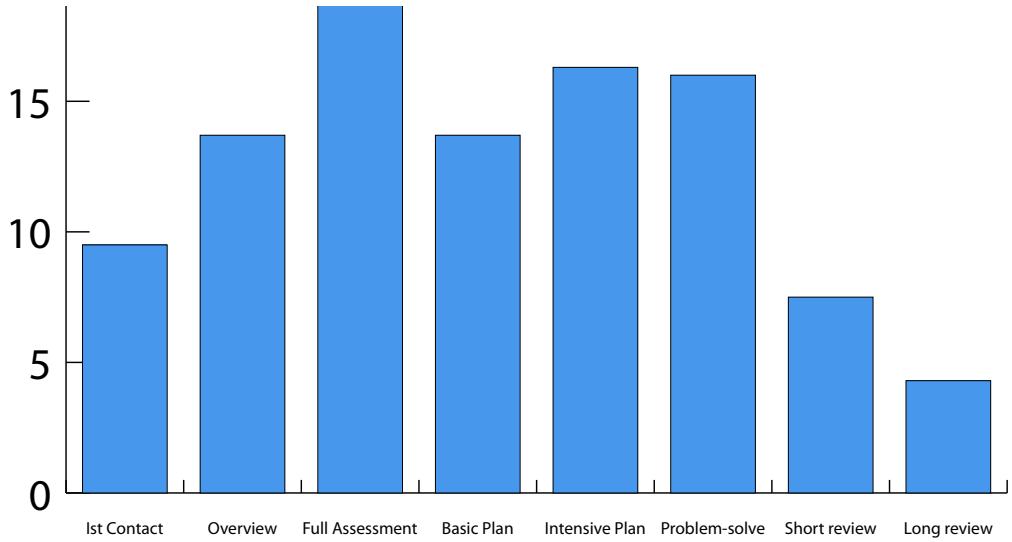

Figure 4 Distribution of Effort across Care Management Functions (Detailed)

Note that the use of the word 'assessment' is often ambiguous, sometimes it is defined in ways that exclude planning to meet need, sometimes it includes such planning. This ambiguity probably reflects the older paradigm where an assessment can often lead seamlessly into a placement or service with little opportunity for the individual to challenge or define for themselves the kinds of support solutions they value. In fact, in the same way, it may well be that it is this older paradigm or placement mentality which has led the care management function to become so assessment-focused.

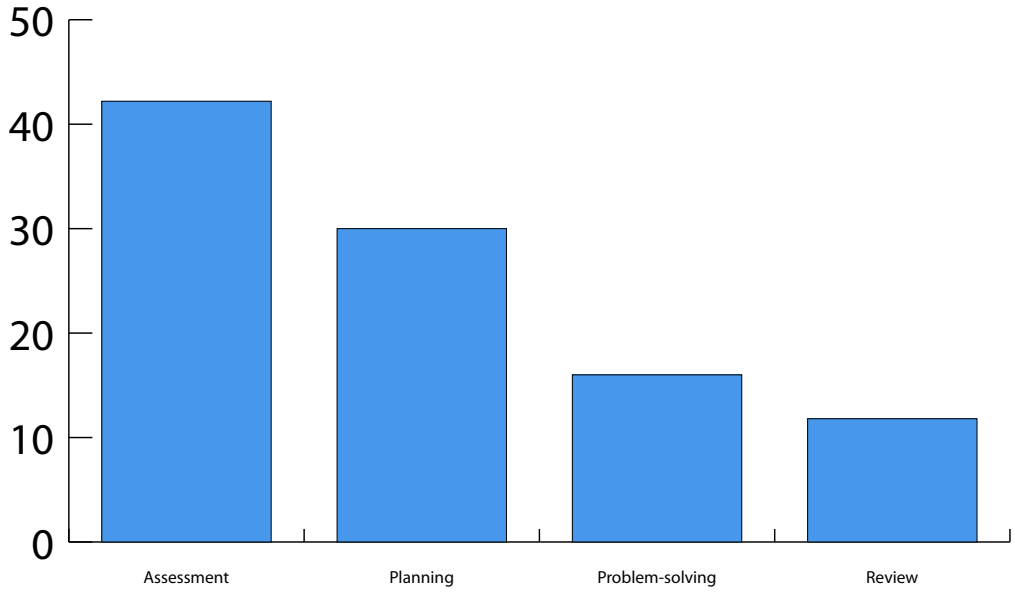

Figure 5 Distribution of Effort Across Care Management Functions (Condensed)

It is also interesting to note the financial distribution of effort. Of course this could be misinterpreted, as we have applied the cost of care management time to everyone currently served by the authority. In reality an individual coming into the service for the first time would have more money spent on them during the assessment process, while another individual might only be reviewed and some people may never see a care manager at all. So these figures should be treated as notional - the amount, per person served in the whole system, that is being spent 'for them' rather than 'on them'.

Nevertheless the figures are helpful and they are particularly important in challenging any lazy assumption that there are significant levels of funding which can be readily distributed away from the care management function into functions like independent professional brokerage. Moreover the reality is even more complex because we first need to determine what funding is required to fund the core care management functions. Only if the core care management function costs less than £660 per head will there may any money to reinvest or save.

1.3 Possible efficiencies and inefficiencies

Potentially personalisation can have a significant impact upon the care management function. However it is very important to note that there is no automatic correlation between personalisation and any increase or decrease in the use of care management. Everything depends on **how personalisation is implemented**. Local leaders need to manage the implementation of personalisation thoughtfully.

Currently the impact of personalisation on care management has been largely qualitative. The level of care management in any system is relatively fixed and there is as yet no published account of major systemic reform. What changes there have been recorded could be summarised as follows (Tyson, 2010):

- Improved relationships between citizens, families and professionals as they co-produce better and more flexible supports with better outcomes
- Increased time spent on developing more individualised support packages
- Some early efforts to distinguish a planning-support role from an assess & monitor role
- Some early efforts to invest in alternative community-based supports, especially Centres for Independent Living

However none of this can be taken to justify any assumptions about the long-term impact of personalisation on the care management function because these early and natural responses will be based upon the system's existing momentum and pressures rather than upon any detailed analysis of how the care management function could or should be reformed.

In fact there is a contradiction between the common experience that personalisation demands more care management time and the fact that its success is based primarily upon making better use of the skills, energy and knowledge of citizens, families and other community members. One explanatory hypothesis for this contradiction is that we have not yet learnt when and how care managers should do less in order to enable more.

There is a natural tendency within social care services for professionals to get value from their work through the quality of the relationships they form; however one of the functions of care management must be to try and enable citizens and families to build stronger networks within their communities or with other professionals, not with themselves. It may be that we can only help make best use of this function if we begin to develop an improved 'script' for care management, as we will discuss below.

In principle there are at least 6 areas where personalisation could bring greater efficiency to the care management function and these are set out in Table 3 below. However it is important to note that each of these possible efficiencies depends upon how personalisation is implemented in practice and any systemic reforms that it brings with it. In each area there is also a significant risk of increased inefficiency.

In fact, as Table 3 makes clear, the efficiency of care management and the pressures placed upon it by personalisation will be directly correlated with the wider system innovations that local authorities must develop. There is a tendency to treat personalisation as if it is a fixed thing, whose social and economic impact is inevitable; but the reality is that much of what will happen will be shaped by the quality of its implementation.

The key to any efficient reform will be the co-production of improved outcomes and the better use of the energy, drive or expertise of other groups. It is particularly encouraging to note that care managers themselves can identify many of the opportunities for reform (Duffy, 2007). The following data comes from a series of workshops held with care managers who were asked to identify, for their current caseload, who would be the best person:

- To lead the development of a support plan
- To organise that support plan

	Efficiency will increase if...	Efficiency will decrease if...
Gather Information	The Resource Allocation System (RAS) replaces some or all of the older assessment process	The current information gathering phase of the assessment process is maintained alongside the use of the RAS
Design Services	Most people use other forms of support in order to plan how to use their budget	Care managers are expected to plan with all or most people using self-directed support
Develop Services	Most people organise their own support or use support that is readily available from support providers or others	Care managers are left to organise most people's support package themselves
Solve Problems	People can easily make changes without involving the care manager and are able to purchase management support from within their budget	People are unable to get support from other intermediary agencies or providers operate to inflexible contracts
Review & Learn	Local authorities find other ways of monitoring personalised support, including encouraging peer and self-monitoring	The dynamic nature of personalised support creates more pressure for professional reviews
Terminate Contracts	Services have robust leadership and effective risk-management	Management arrangements for support packages are inadequate

Table 3 Possible Efficiencies or Inefficiencies in Personalisation

The data from these workshops reveals that even in the early days of the implementation of personalisation there is an ability to see capacity and capability in citizens and the wider community. These figures, which depend upon the professional judgement of care managers themselves, also suggest that there is room for radical reform of the current care management function. [However, note that this framework was simpler than the model of community-based support described below - peer support is not distinguished from support from family and friends, nor is support from community organisations distinguished from independent brokerage.]

	Plan	Share	Organise	Share
Individuals	184	23%	72	9%
Family or Friends	275	35%	240	31%
Independent Brokerage	97	12%	129	17%
Providers	107	14%	213	28%
care managers	120	15%	120	16%
Total	783		774	

Table 4 Data from Care Managers on Best Source of Support

1.4 A new model for care management

If there really is some possible reduction in the need for care management services, at least as currently defined, we must still recognise that such a reduction will be within the real limits described above. Primarily it will still be necessary to provide:

- Universal low-level care management service
- Intensive crisis support focused on a minority

Using the existing data we can make some first estimates of the size of each of these functions.

1. Universal low-level service

The universal low-level care management service must provide:

1. Some initial guidance and sign-posting
2. Validation of initial assessment and budget allocations
3. Overview and agreement to support plan
4. Check and review of support arrangements

In principle it would be possible to develop a more sophisticated model with more data on the flow of people into the service. But, simply to provide a hypothetical starting point let us begin with some simple and conservative working assumptions that don't rely on radical change or fanciful optimism:

1. Everybody gets 2.5 hours of initial information and guidance (i.e. function 1)
2. Everybody gets 3.7 hours of validation of budget (i.e. function 2)
3. Everybody gets 3.7 hours of review of support plan (i.e. function 4)
4. Everybody gets 2 hours of review time per year (i.e. function 7)

This gives a figure of 11.9 hour per person (a day and a half). If we applied this across the whole population this would the be 81,040 hours which represents 44% of the existing costs, and £293 per person.

Here, it is also important to remember that the care management service is responding to a flow of people and that within one year as many new people are assessed as are actually supported in one year. This means that social care has an average turnover of 100% in a year. However the reality is that some groups of people (people with physical disabilities, mental health problems and people with learning difficulties) can have very long-standing relationships with adult social care services. However many others, mainly older people and people with terminal illnesses, will have very short relationships with adult social care (much less than one year in length). The full dynamics of managing these different flows are poorly understood - but it does reinforce the fact that the current system of determining eligibility for social care is always going to require a very significant level of care management input.

Of course it may be possible to reduce this figure somewhat; but as long as the new personalisation system still requires local authorities to ration, agree support plans and review progress then it seems hard to imagine that this relatively modest figure can be reduced significantly. In particular, given that policy-makers are asking local authorities to extend support to people who may not be assessed as eligible for support then there is also an upward pressure on the numbers served.

2. Crisis-management service

In order to calculate the resource requirements of the crisis management function it is necessary to make some estimate of what proportion of the population would need this level of extra help. Again only a rough estimate is possible at this point, but Pareto's Principle and the data in Table 4 might suggest that possibly 20% of cases would require intensive support, and for our mean population this would be 1,293 people needing crisis level support.

Again it is not possible to be certain as to the exact level of extra support required but we could, remembering that we already have 11.9 hours applied to everyone, add a further 35 hours (equivalent to a full week) for this population. This would mean that the additional hours demanded by crisis interventions might not unreasonably be estimated at 45,255 which is 24% of the current level of hours.

3. Possible reinvestment

The model above is just that, simply a model. It will take much more detailed work at a local level to enable any actual release of resources for other uses. However it does suggest that there may be some modest room for transactional efficiencies. Table 5 sets out our hypothetical model for a reformed care management system and the efficiencies it creates.

Number of care managers (WTE)	112
Cost of care management	£4,373,477
Number now served by authority	6,465
Ratio (1:n)	69
Total hours of care management available	185,507
Hours available per person	27
Average cost per person	£665
Time on slimmed down core functions	81,623
Time on crisis management	44,521
Residual time to reinvest	59,362
Residual time as a share	32%
Residual time expressed as money	£1,399,512
Residual time per person (hours)	8.7
Residual money per person	£213

Table 5 Revised Care Management Model

However, perhaps even more importantly, this model demonstrates quite clearly that there are also severe limits to the extent, even when personalisation is implemented well and efficiently, of any reduction in the use of care management. Of course we may be being too conservative, but in our view the gravest danger is that policy-makers and local leaders may over-estimate the degree to which transactional efficiencies are possible from within the current care management function.

1.5 Care management and personalisation

It is worth summarising this complex argument. Currently care management plays an important role in the delivery of personalised social care. There are currently no plans to move towards a 'benefits' model where funding goes directly to citizens without intermediate conversations, support and checking. Given this, it is important to recognise that much of the current care management system will remain in place (even if there are changes to how it works). Our analysis proposed that even in a completely reformed system:

- 44% would be required to provide core functionality
- 24% would be needed for crisis management
- 32% might provide some time that could be reinvested

However in order to develop this model we have had to make some very important assumptions which can only be tested by further piloting and experimentation. In particular we assumed that local authorities:

- will develop efficient and easy-to-use systems that allow for self-management
- will encourage community-based support within current resources
- do not spend more money than they currently spend on independent professional brokerage or other more expensive support systems
- support their care managers to work in this new way, ensuring that people are not being over supported when they can do more for themselves or use other forms of support

In fact we can make this point more powerfully if we note that if local authorities are not taking these steps then the cost of care management will not reduce, instead it could dramatically increase. In the current economic environment this will mean either (a) the end of personalisation and a drift backwards to less progressive forms of support or (b) further tightening of eligibility for services or (c) reductions in the level of direct support provided. These are not attractive options and this issue will need to be a resolved with the utmost urgency as personalisation develops.

At the end of this report we will return to the future role of care managers and offer some suggestions about how their role could be improved. However these changes will make more sense in the light of the other issues we will explore below.

2. Rethink Brokerage

The term 'brokerage' is widely used, but with different meanings. It is important that we really think through what we want a term like 'brokerage' to mean in order to ensure any developments are really in tune with the principles and practices of personalisation.

To begin exploring Support Brokerage it is important to develop a shared understanding of the term. There are currently at least three different ways in which the term is being used (see Figure 6).

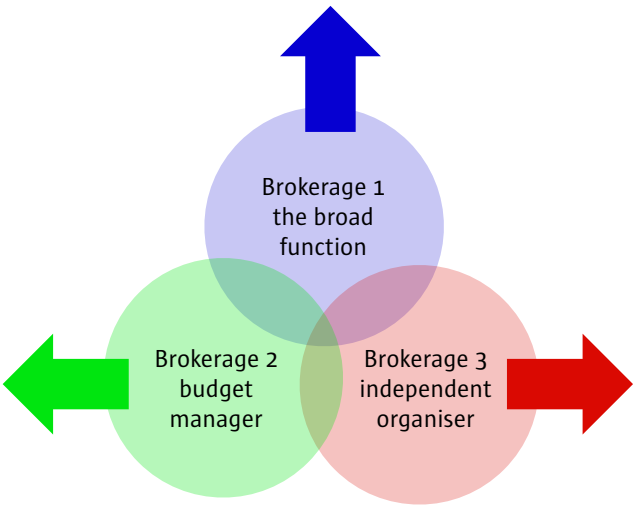

Figure 6 Different Uses of The Term Brokerage

1. Brokerage as a broad function

Some people use the term 'brokerage' to describe all the different kinds of support (provided by anyone) that may be used to enable citizens to be in control of their own support. These functions may include planning, organising, managing or reviewing that support.

In Yorkshire & Humber the majority of the local leaders described support brokerage in this way, as a range of functions or tasks that people may need some resources or assistance with when directing their support. Many found this way of thinking encouraged them to make a real exploration of what is already in existence in local communities.

2. Broker as a budget manager

Some people use the term 'broker' to refer to the person who provides the service of professionally managing someone else's budget. In Yorkshire & Humber there are examples of this kind of professional budget management service. For example, in the independent sector, organisations like Penderels Trust provide this service. There are

also some examples of local authority support brokers who purchase support on behalf of citizens in certain circumstances, from within existing contractual arrangements.

It is our view that the option of paying someone to manage your budget for you should be available as one option and that this would naturally be paid for as a management charge against someone's individual budget.

3. Broker as an independent organiser

Some people use the term 'broker' to describe the role of an independent professional whose role is focused on assisting people to plan and initially organise support, but who does not then become involved in any on-going care management, operational management, or direct support.

There are only a few examples of independent professional brokers who are being paid to provide initial assistance to people to set up their service. However, where this service does exist funding for the role is confusing, for it seems that people are being asked to pay for the setting-up of their own service out of funds that are usually calculated simply to include on-going support costs and which have no retrospective allowance for 'set-up' costs.

Moreover most people that describe themselves as providing independent professional brokerage do not limit themselves to this 'pure' and restricted model but provide brokerage in the context of other exisitng roles (e.g. as a social worker, service provider, community worker or within a Centre for Independent Living).

It is our view that local leaders in Yorkshire & Humber will benefit by focusing on the first, functional, definition of brokerage. There seems to be no case for limiting thinking to one function or one particular kind of professional role.

Exploring support brokerage from a functional perspective enables local authorities to explore all of their existing resources and to identify strategies for building these resources into a universal and flexible support system. These different functions correspond to the different stages of self-directed support as we can see in Figure 7.

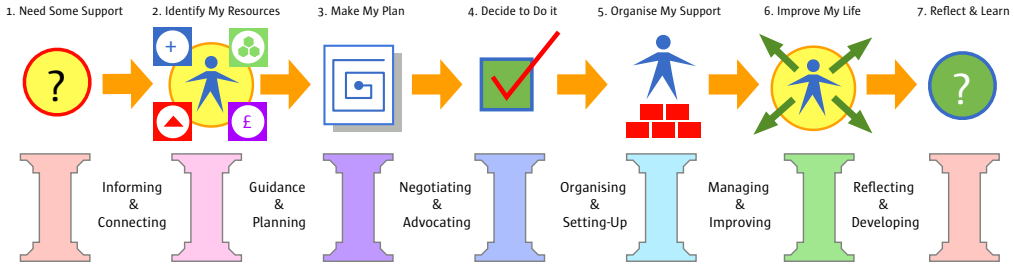

Figure 7 The Functions of Brokerage

1. **Informing & Connecting** - Helping people with good information about local resources and entitlements, researching new possibilities, offering advice around self-directed support, helping people to make helpful connections.
2. **Guidance & Planning** - Helping people to think through their needs and desired outcomes, helping people to develop their own support plan.
3. **Negotiating & Advocating** - Helping people to negotiate contracts and

agreements with others and to advocate for their own needs when necessary.

4. **Organising & Setting-Up** - Helping people to organise their support systems, recruiting supporters and agreeing guidelines.
5. **Managing & Improving** - Helping people to manage their funding, their supports and using expert advice to make improvements.
6. **Reflecting & Developing -** Helping people to review their needs and their support arrangements and to initiate changes where necessary.

2.1 Funding brokerage

But if brokerage is to be understood functionally this introduces a very important practical question which has so far not received enough attention: who will fund brokerage?

It is our view that it would be useful for local leaders to take seriously the need to ensure that there is a level of initial assistance which should be provided for all citizens as part of any universal information, advice and guidance service. In the context of self-directed support it is important that we understand what this support should include (for all citizens) and then make a clear distinction between:

1. Any support which is necessary to get your individual budget up and running
2. Support that you need or want to get by spending your individual budget

This creates a logical and clear distinction and Figure 8 illustrates how this would work in practice.

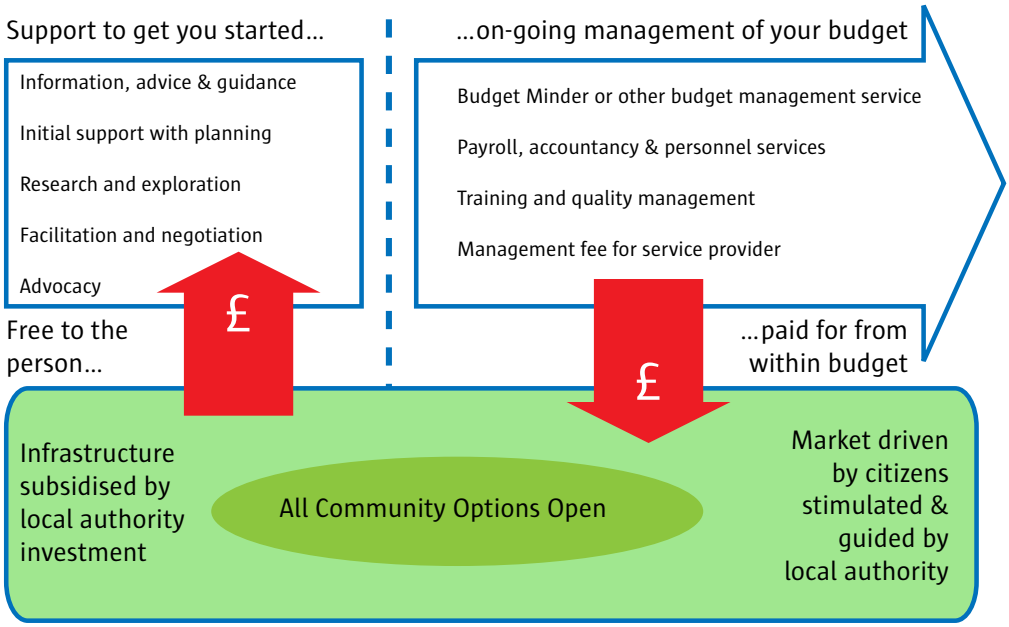

Figure 8 Funding of Brokerage

Determining initial start-up support should be a priority for all local authorities, defining what this should include and then looking at how best to offer this across local communities. It is essential that we learn from our early experiences and discover which services are proving useful, which are less useful and which are missing. This information will enable commissioners to determine what needs to be subsidised and what can be left to develop within the market.

For instance, if people are using some of their personal budget to purchase the services of a housing specialist in order to secure the right accommodation, we need to ask why it is that our local existing housing specialists have not been able to offer this service free to the person as part of their existing role. This may require investment in local services to ensure adequate universal support. However note that this possibility also depends upon:

- Not unduly restricting how people use their budget - you will only learn what is missing by letting people buy services you were not predicting
- Gathering information from people on how they are using their budgets and how satisfied they are with those supports

Although this work is still in its infancy across Yorkshire & Humber we believe it will be helpful for local leaders to recognise the logical requirement of providing start-up costs within the universal offer, and this should also concentrate minds upon the need to avoid the expense and waste that will arise if:

- People are encouraged to spend their own budgets on independent professional brokers whose fees are likely to be relatively high
- Independent professional brokers are encouraged to market themselves directly to people, especially if people see the broker as a means for generating or increasing their entitlement
- Other community supports or care managers see their roles being taken over by more expensive alternative services and thereby reduce their own support

We believe any significant development of independent professional brokerage, especially within the restricted model proposed by some, presents a severe risk to the effective implementation of personalisation. We would encourage local leaders to instead focus on developing a community-based approach that makes better use of strategic investment and the market pressure of individual budget users themselves.

3. Invest in Community

Local leaders and their partners need to develop the underpinning support system for personalisation, and no one service or narrow model is going to be adequate. Instead the architecture for personalisation must be a diverse, inclusive and community-based system. It is only by welcoming the full range of community options and encouraging further innovation that personalisation will fulfil its potential.

Ideally a local system will:

- Encourage and support people to do more for themselves
- Make peer-to-peer support easily available
- Make better use of the current investment in community services
- Encourage service providers to design and develop personalised support
- Build on the skills and abilities of existing professionals

These principles are consistent with each other and with personalisation. We have found that citizens, controlling their own support, can make better decisions and achieve improved outcomes. So it is important that we do not undermine the ability of citizens to take charge of their own support by making them unduly dependent upon the support of brokers, care managers or other professionals. We have also found that good support can come from all sources: social workers, families, services providers and community organisations. So it is important that no group is ruled out and no group takes on a monopoly role in providing brokerage.

We need systems which are empowering, open and capable of constant innovation and improvement.

Figure 9 Community-Based Support

Many different people and organisations are capable of providing some or all of these different support functions. Moreover most of these people and organisations are already available, and often funded, within the community now. It is important that we do not ignore existing strengths and community assets. We must invest in our communities and make best use of current investments, energy and capacity.

A community-based support system:

1. Starts by assuming and encouraging the capacity of citizens and families by enabling access to a wide information network
2. Facilitates the early use of peer support for everyone
3. Ensures access to community supports from organisations and associations within their community
4. Enables citizens to work with support services directly and to explore with them what options are available
5. Lastly puts in place sufficient professional advisors, such as social workers or other specialists, so that everyone can get the help they need

This does not mean that every different form of support is the same. Partly the quality of the support will be shaped by individual and local factors - the particular people involved, organisational culture or the strength of local communities. However it is also possible to identify some more general properties or tendencies which may make some forms of support better in different circumstances (see Table 6).

Citizens & Families	Possible Strengths	Possible Weaknesses
1. Using information networks	Real knowledge of individual Natural commitment Strong community connections	Subject to subjectivity Not always available for all
2. Making use of peer support	Real knowledge of situation Real community connections Credibility & understanding Builds sense of capacity	Subject to subjectivity Networks can be poor where there is no facilitation
3. Using community supports	Knowledge of community Funded from mainstream Objectivity	Support may be tightly rationed
4. Working with support services	Incentive to offer attractive and responsive support Knowledge of support systems	Relatively expensive Bias towards their own services
5. Taking professional advice	Expert knowledge Objectivity	Low community focus Low knowledge of individual

Table 6 Strengths & Weaknesses of Different Providers of Brokerage

In the following 5 sections we will set out the tasks which we think local areas need to take on in order to develop a coherent community-based architecture in order to support personalisation. These are:

1. Strengthen information networks
2. Extend peer support
3. Use community organisations
4. Engage support services
5. Ensure professional advice

We will both map some of the current good practice within the region and suggest some priorities for local and regional action.

3.1 Strengthen Information Networks

Many citizens and families take control with very little extra support. They use their local knowledge, connections and understanding and they access information that is available from formal and informal information networks. Often the primary obstacle is that professionals have not yet learnt to trust that there will be a good outcome without their intervention. But citizens cannot take control with insufficient information.

Local Good Practice

Many local authorities are in the process of strengthening local information networks, focusing on the development of a co-ordinated approach to providing information, advice and guidance by developing a local information and advice strategy:

- Many local authorities have directories of support services available, including hard copies (booklets) and early innovative web-based directories. However all recognise that these forms of support are only useful if constantly updated and relevant.
- Bradford and Barnsley have carried out extensive community resource mapping exercises to explore what information, advice and guidance services and networks are already in existence. Barnsley's resource directory is currently hosted via a website managed and updated by a local independent organisation.
- East Ridings are currently in the process of developing a comprehensive resource directory for people who fund their own support to enable citizens to have good information when making decisions about their support.
- North East Lincolnshire and Rotherham are in the process of developing local information and advice workers who will not only co-ordinate information, offer advice and guidance but will also provide support to local citizens.
- York currently employ 'community facilitators' who offer information, advice and guidance within local communities.
- Across the region there are early discussions about providing information, advice and guidance through a web-based application which may include a regional wide e-market place. This will also enable local support providers to advertise and market their range of supports in one central place. There is also early work on developing the potential of a web-based application for budget management.
- The new Leeds Directory includes an interactive website, a staffed helpline and a range of hard-copy booklets which can be customised by area and service. Information on the website can be accessed by clicking on a map of Leeds in

order to search for local, reliable services in Leeds. Frontline council staff, such as care managers and social workers, have used the local knowledge they have gained from years of working in a particular area to submit information about small, local services – perhaps a hairdresser who will visit someone's home on a Wednesday, for example – things that only people in that area might know through their own local experience.

Priorities for Action

1. **Understand local resources** - Understand key access points for both formal and informal networks or organisations that currently offer information, advice and guidance across the local community. Scoping information, advice and guidance services helps to understand what is available and how useful and accessible this is in relation to assisting people to directing their support. Exploring typical pathways from a range of citizen's perspectives to identify key information points is a crucial starting point to enable gaps to be identified as part of the long term strategy to provide universal information, advice and guidance services.
2. **Build on trusted networks** - Understanding existing peer support networks, both formal and informal, in any local community is essential, drawing on trusted existing resources already available in local communities and exploring their contribution to the overall Information network.
3. **Share Good Practice** - Good practice examples are invaluable for people, including people's stories, example plans, examples of creative support systems and examples of gaining value for money are useful resources for all citizens.

3.2 Extend Peer Support

Many people benefit from support from their peers, for often the best person to give advice is someone who has been through the same or similar experiences. In addition many people who have already received support also want to give something back to the wider community. There are a range of innovative and encouraging models of peer support in existence including, but not limited to, the work of Centres for Independent Living, who at their best, are excellent structures for promoting peer support.

Local Good Practice

There is clearly a wealth of potential peer support networks (both formal and informal) across the Yorkshire & Humber region who all have a contribution to make. Their support may go well beyond information, advice and guidance and may extend to offering practical supports such as peer-led training for personal assistants, support networks for employers and quality management services:

- 'User-led Organisations' are in varying degrees of development across the region, but clearly have a strong potential contribution in facilitating and

developing peer support networks. Organisations such as Free to Live (www.freetoliveleeds.org) provide inspiration and support to others.

- In Sheffield the range of formal and informal networks are vast, offering the potential to assist a range of citizens to direct their own support. These include special schools who are providing family-to-family support. For example Talbot School in Sheffield now supports families with young adults with disabilities to come together, plan together and support each other (Cowen, 2010). This is also an interesting example of how peer support can be combined with the organisational support of schools, churches or co-existing social structures.
- In Rotherham there are a variety of forums including a Carers Forum, Older People's Forum, Parent Carers Forum all of whom have the potential to offer valuable supports to citizens.
- Barnsley and partners are supporting local people to volunteer and assist citizens in planning, designing person-centred supports and exploring options which has proved to be a valuable source of support for many citizens.
- North Lincolnshire have recently launched the Carers Companion scheme offering a companion to Carers who can offer information, advice and guidance and practical support to Carers as they direct their support.
- In Leeds a small group of people using direct payments, who regularly attended a meeting at Leeds Centre for Integrated Living, were inspired by the concept of self-directed support to offer peer support to those people who were new to managing their own support. Within a year, they had set up a helpline, a new website and discussion forum, designed their own publicity and logo and held open days to encourage new membership.

Priorities for Action

1. **Understand Peer Support** - Although there are potential peer support networks across the region, our understanding and expectations of peer support needs to develop further, both in supporting individual citizens and informal and formal networks. Including peer support within the model of care management is essential. If we develop mechanisms for people who have experience of directing their own support to offer assistance to other citizens, then this will develop a rich and diverse network of support. It is important that we explore such initiatives. Sub-regional working would be an ideal opportunity to lead this, working closely with champions of self-directed support and in partnership with Centres for Independent Living and User-led Organisations.
2. **Map Peer Support Networks** - Comprehensive mapping exercises with partners of peer support networks will enable all local authorities to understand existing networks and resources and areas for potential developments. Stimulating new peer support networks where they don't exist will enable a wider range of choice for citizens. Working in partnership with peer support networks to explore the different elements of brokerage is vital if peer support is to be a viable source of support.
3. **Support to be sustainable** - Some peer support networks may benefit from organising themselves into social enterprises. In addition some existing

organisations may be able to develop and promote peer support as a part of their own function.

4. **Building peer support into the infrastructure** - As care management develops it is important that peer support is both valued and recommended at the early stages of promoting self-directed support, encouraging people to share experiences with others, share resources and helpful tools and tips. In particular care managers could facilitate the creation of peer-to-peer links as an essential component of their job.

3.3 Use Community Organisations

Many people can get good support from existing community services. There are a plethora of community services, voluntary associations, faith groups, schools, third sector organisations and other groups already in existence. These organisations are not service or support providers. Some are funded by social services, but most are not. However all may have a positive role to play in supporting people to be in control.

Local Good Practice

There are already some interesting examples of local authorities beginning to engage productively with the wider community to encourage locally based support, built into the natural fabric of local life:

- Sheffield are in the process of developing a market shaping strategy, scoping all community services and buildings on their strengths to fully explore their contribution to citizens and personalisation. This includes working in partnership with a range of organisations and networks such as The Carers Centre, The Citizens Advice Bureau and local services within the Somali community. Sheffield are also using a process called Working Together for Change to understand what is working and not working in people's lives as well as their aspirations for the future. This process, which gathers all local partners together including people and families, provides a powerful understanding of what supports need to develop for local people in the future.
- Bradford facilitate and host well-being cafés, a community space to offer support, share experiences, information and advice, working with a range of partner agencies.
- Rotherham are exploring volunteer networks or other existing initiatives to support training and skill-matching to enable people to support local citizens.
- Leeds are supporting the Leeds Centre for Independent Living to develop a network of interested agencies and draw on customer feedback to constantly define and develop future supports based upon people's views and ideas.
- North East Lincolnshire are currently exploring the development of a community organisation to offer an umbrella model of support, facilitating a network of organisations who offer a range of support brokerage functions.

- As knowledge and understanding of self-directed support gradually grows in Leeds, quite a few people have opted to champion it. Across the city many user groups and community organisations have volunteered to become champions of self-directed support. These include many Neighbourhood Network Schemes, voluntary groups and umbrella organisations.
- In Calderdale the WomenCentre provides support to all local women and is working to ensure it can support people who use individual budgets or need personalised support.

Priorities for Action

1. **Working in partnership** - Develop a community services partnership or 'interest group' to explore community services across the area remembering to include general citizen services outside social care (i.e. neighbourhood boards and community organisations) and identify what support functions organisations currently offer, exploring their potential in relation to self-directed support, share ideas and potentially share resources.
2. **Understanding what is available** - It is important that care managers understand what community services have to offer to ensure people can include these sources of support as they direct their own support. This should be included in all training and literature given to citizens in relation to self-directed support.
3. **Understanding existing funding arrangements** - Understand what 'support services' (or brokerage functions) the local community services are contracted to provide currently and how these services can be best used to enable people to direct their support which is free to the individual. This is essential if we are to ensure they are included as a valid source of support for people and families

3.4 Engage Service Providers

Many people can get good support from existing service providers. In fact most of the money spent in social care is spent on service providers and most of those providers are willing and able to help people be in control. As long as people know they don't have to stick with a service provider it must make sense to encourage service providers to market, design and develop personalised services directly with people themselves.

Local Good Practice

There are some early examples of local service providers being encouraged to market their services more positively into local communities:

- North Lincolnshire is holding a series of events for local service providers to raise awareness of self-directed support and to explore how providers can market their support services directly to individuals.

- East Ridings have completed a comprehensive market development exercise to enable a clear analysis of gaps in local provision and to collate information for a local directory of providers.
- Bradford are leading developments on outcome-focused contracting, supporting providers to deliver outcome-focused support services to individuals and then be reviewed in accordance with people's outcomes.
- York are currently working in partnership with local providers to enable them to be in a position to market directly to individuals exploring support planning and a range of brokerage functions as part of their offer to people.
- Barnsley have funded a 'Provider Personalisation' programme led by Paradigm to enable providers to explore personalised support services and responses to a range of people who have a personal budget: including offering Individual Service Funds, personalising existing block contract arrangements and marketing directly to individuals.
- Sheffield are working closely with support providers to understand and develop Individual Service Funds (Fitzpatrick, 2010) and some providers are starting to offer brokerage supports (Spectrum and Autism Plus) to local people alongside a range of options. Sheffield have developed a brokerage forum specifically for local providers to enable them to market themselves to people and families.

Priorities for Action

1. **Work in partnership with providers** - Supporting local providers to understand self-directed support and their role in marketing directly to individuals. Encouraging them to offer planning is essential and will be a vital option as more and more people direct their support. Sub-regional initiatives could clearly support providers to develop their learning. It is important to explore clear avenues and mechanisms for providers to offer this support to people and their families.
2. **Support providers to learn together** - Support providers are in varying degrees of readiness for personalisation and enabling providers to learn together is essential. Regional support to develop this learning could be hugely instrumental. Possibilities include developing a web-based forum and running regional events.
3. **Work with regional partners** - Clearly there are advantages to working collaboratively to develop market places (virtual and real) to enable providers to share their support services which are clear and transparent to potential customers, including customer feedback and best practice.

3.5 Ensure Professional Advice

A minority of people will need professional advice or support in order to develop their own support system. This small but important group will find that none of the four previous natural systems will work for them. Their life may be in crisis, they may be being

abused, they may be too cut-off. In these circumstances it is important that the local authority has the capacity to provide expert help. Within social care this support is often provided by social workers or care managers, in health care it may be provided by a care co-ordinator. It may also be possible to purchase that support from a private contractor such as an independent professional broker, independent social work practices or to commission the service of another expert professional who can offer specialist advice.

Local Good Practice

Across the region care managers continue to provide the majority of the brokerage function either as part of the general care management role or through in-house 'brokerage' teams designed to offer support planning and initial start-up support.

Some people also use independent professional brokers, although funding for this input is conflicted - either being commissioned directly by the local authority or being purchased by the individual from their own individual budget:

- In Sheffield initial mapping exercises have shown that there are a range of professional advisors within the independent sector who already have a remit to offer professional advice from within existing contracts. Sheffield are also exploring the possibility of some accreditation of professional advice to extend beyond existing care management services.
- Barnsley currently work in partnership with Age Concern and other organisations to run a brokerage network for a range of brokerage providers, including volunteers, to offer a wide range of support to local citizens.
- Bradford and North Yorkshire are in the process of developing specific person-centred reviewing teams whose function is to review people's support, problem-solve and enable people to continue to manage their own support, resulting in less demand on existing care management teams.
- In Leeds one care manager has set up a personalisation blog which encourages learning between care managers - who also appreciate the benefits of peer support.

Priorities for Action

1. **Define and clarify the functions of care management** - Defining the role and function of care management in the process of self-directed support will enable clear sign-posting to other forms of support where possible and will ensure that care managers are available for people to use, should they choose to use them or their circumstances determine this.
2. **Understand specialist advice** - Understanding the nature of specialist advice that people may choose to use is vital as the market develops i.e. understanding how many people access specialist housing advice provides evidence of local demand for housing specialists and for developing local housing specialists. Early work in capturing this information will ensure local commissioning arrangements support local advisors.

3. **Develop a mechanism for people to have real choice** - Developing a strategy that enables people to choose the right support for them will only become viable if a range of options exist in any local community. Supporting people to use a range of sources of support will enable those people who require greater time and support to use a care manager, who will consequently have sufficient time and capacity to best support that person.

4. Next Steps

We can only develop the architecture for personalisation if we take seriously its underlying principles. Personalisation is about the best use and development of the full range of our individual capacities. It cannot be done to people - it requires local leaders to have faith in the capacities of local people and to follow this up with consistent and supportive strategies that demonstrate that this faith is real - not just rhetorical.

The region is clearly heading in the right direction, working to develop the architecture that will genuinely enable citizens to be in control, direct their support, offer mutual support to others and ensure care managers have the capacity to support those people who require more intensive support. In this final section we also want to consider some broader issues and make some other recommendations for change.

1. Make Self-Directed Support Easy

Local authorities must challenge themselves to keep their own systems simple and easy to use. The early experiments in self-directed support depended upon giving people simple and clear information about their budget and a clear outline of what needed to be in a support plan. It is all too easy to underestimate the potential and benefits of citizens and families doing things for themselves. It will be particularly important for local leaders to listen to local citizens and hear how they experience the real journey of self-directed support in order to improve our systems.

2. Invite Community Leadership

Local authorities will benefit from developing a leadership group which includes personalisation champions from across a range of community perspectives and engages leaders from all of the community-based approaches. This should include: people with experience of directing their support, peer supporters, information leads, neighbourhood champions, service providers and care managers. This group would be able to increase people's understanding of:

- existing resources and organisations under each approach
- existing contracts and the brokerage functions all organisations are contracted to provide
- an understanding of gaps and a good understanding of the need for subsidised services
- and develop a co-ordinated approach to providing brokerage across the range of community options

Such a group would enable a greater understanding of the necessary architecture for personalisation and what needs to be subsidised to ensure the infrastructure supports all people. We recommend that these partnerships focus their attention on stimulating and developing the following:

- Strong information networks – co-ordinated, easily accessible information that supports people to direct their own support.
- Extended peer support – to ensure people directing their own support can easily access peer support and networks, relevant to them, which offer support and inspiration.
- Use of community services – develop local community organisations through sound partnerships with leaders to explore how they can contribute to the brokerage infrastructure.
- Engaging provider services – supporting and assisting providers to market directly to people in a range of ways - planning and implementing support.
- Professional services – redefining the care management role and clarifying funding for additional forms of independent professional brokerage.

3. Use Resources Wisely

It is important that all local authorities understand the resources that they have available to develop a local community-based support system. In developing a new infrastructure (or reorganising existing elements of the current resources) it is vital that we understand current levels of spending on current infrastructure costs. In doing this the local authority can understand the resources they have and distribute these accordingly across the range of approaches. We have found that there is a sense of urgency in developing and supporting the community model.

In Yorkshire & Humber we would suggest that the limited resources within care management specifically, make it imperative that the community approaches are stimulated and supported to ensure there are cost-effective means of offering support to citizens. Developing a regional model to integrate peer support into the mainstream care management system is essential to ensure people who require less support have ways of being able to access this support, ensuring there remains capacity for those who need intensive assistance.

4. Define Universal Support

It is essential that any start-up assistance (to direct your support) is well defined, to ensure there is a clear criteria for people who require more focused support. Developing a regional protocol for the rules on funding universal support is essential. The region would benefit from further scoping work with all partners, including people who have experience of directing their support, to fully explore and define what is considered to be appropriate start-up assistance.

5. Provider Personalisation Development

Service providers could be playing a much more active and positive part in providing brokerage. But this should not be seen as an 'additional task' that commissioners are asking service providers to carry out. Service providers must be simply enabled and encouraged to market their own services directly to local citizens and this 'marketing' will not be restricted to just the 'selling' of existing models of service. Instead successful service providers will learn how to:

- develop creative service designs
- offer Individual Service Funds that are clear, transparent and report to the individual
- assist people to develop their own personal plans

This requires early investment by service providers themselves to understand how to respond to people who have an individual budget. Commissioners need to enable service providers to adopt these approaches by ensuring that:

- service providers are given direct and early access to people with individual budgets
- local and regional ground rules are set for how service providers would operate
- providers who adapt quickly and provide more personalised support are recognised and encouraged

It may also be useful to bring service providers together in regional development programmes that encourage shared learning and improved communication and consistency across the region. A regional e-market place may be an ideal focus for these efforts.

6. Community Services Development

To enable the community-based approach to flourish, it is important that similar support programmes are developed across the region to raise awareness amongst community services that they have a remit to provide information, advice, signposting and guidance services to citizens. It is essential that neighbourhood boards and community organisations are an integral part of this work. Through such programmes the ability of community services to support citizens should increase. Regional initiatives would be a useful way to provide this.

7. Develop Peer & Citizen Support

We still tend to underestimate the value and capacity of peer support and support from other ordinary citizens. This is despite the fact that research continues to underline the greater value that people place on peer support and the evidence that suggests that there is much more willingness to provide support than is ever used by our current systems. There seems to be a tendency for the current system to disregard supports and contributions which cannot be directly managed or controlled.

Despite this problem peer support is developing within the region and there are many excellent examples. People will continue to assist each other sometimes to a small degree, sometimes to a very significant degree - but always within the context of individual capacities, interests and relationships. The challenge for local government is to facilitate this support without trying to regulate or control it. This requires a very different approach to that normally taken by government.

However, the development of personalisation presents an ideal opportunity to recast the relationship between the state and the citizen. The very fact that individual budget users themselves are being asked to take more responsibility and are flourishing provides a very positive context for developing a more facilitative and consistent approach. It is also important that we build on the success of peer support within the region and share learning across the region.

8. Rescript Care Management

Given all of the learning within Yorkshire & Humber, it is clear that redefining care management and its role in enabling and facilitating the use of the full range of community options will be crucial to the new infrastructure. One strategy that may work is to rescript care management. In other words to work with care managers to develop a revised sense of what their job will look like in the new world and help them find new patterns of working that make more sense. Enabling care management to encourage people to lead as much of the work as possible and ensuring that this is explained in a way that is easy, straightforward and avoids unnecessary complications is essential. In addition supporting care managers to fulfil their safeguarding responsibilities when people choose to use innovative forms of support will enable care managers to have a deeper sense of trust in alternative approaches. We would recommend that leaders in Yorkshire & Humber work closely with their care managers to redefine the care management role and that this task is closely linked to the development of new community options - there should be an important synergy between these two strategies.

9. Build Peer Support into Care Management

In addition to rescripting care management we think there is enormous potential in working with care managers and peer support champions to explore how peer support can become an integral feature of the care management process. This is an exciting initiative that could bring many benefits. Encouraging citizens to offer support to other citizens who may have similar experiences needs to be further explored. We believe that Yorkshire & Humber is well positioned to run a pilot of this approach sub-regionally.

10. Create an Inclusive Learning Environment

The future of personalised support does not lie in developing narrow professional conceptions of help and support, creating new professional roles (like independent professional brokers) nor in simply training professionals. Instead personalisation must

become an idea of general public interest and in the future training and education needs to reach out beyond professional boundaries.

This is not just because in the future non-professionals will take on more significant roles. It is already the case, now, that most help and support is provided by families, friends and neighbours. However this fact is not reflected in the way we deliver training, education or information.

As we develop a community-based approach it is essential that we see learning and development as a community-wide initiative. Education and training should be shared across the range of community organisations and ordinary citizens, especially those already providing help to others and those managing individual budgets. Training also needs to be collaborative: drawing on local experience of what works, how local services help and how professionals and non-professionals can work together to improve outcomes.

Conclusion

Yorkshire & Humber are clearly moving ahead with personalisation effectively and have the foundations in place to build a supportive inclusive infrastructure which builds on the capacity of citizens, the experience of peers and the wealth of talent and resources across the independent and statutory sectors. It is essential that the region works together to explore and develop the community model as personalisation develops.

We are entering a challenging phase where there are at least 3 dangers:

- We might be distracted by the economic challenges and fall-back into old patterns of provision and a defensive, professionally-dominated culture.
- Boundaries between organisations (both statutory and non-statutory) may become harder to breach.
- Citizens may become suspicious that ideas that sounded nice simply dress-up cuts or attacks on valued services.

Yorkshire & Humber are in a good position to respond to these challenges, both because it is a region which has developed a deeper understanding of the value of personalisation and because it has also been successful at building a real community of leaders across the region. Creating a shared architecture for personalisation, one that is genuinely community-based and sustainable, will be their next challenge.

Useful Resources

Writings

Cowen A (2010) *Personalised Transition*, The Centre for Welfare Reform, Sheffield
Dowson S. & Greig R (2009) *The Emergence of the Independent Support Broker Role* in Journal of Integrated Care, 17.4
Duffy S & Fulton K (2009) *Should We Ban Brokerage?* The Centre for Welfare Reform, Sheffield
Duffy S & Fulton K (2010) *Architecture for Personalisation: Toolkit,* The Centre for Welfare Reform, Sheffield
Duffy S (2008) *Smart Commissioning.* In Control Publications, London
Duffy S (2007) *Care Management & Self-Directed Support*, in Journal of Integrated Care, 15.5
Duffy S (2010) *Personalisation in Mental Health*, The Centre for Welfare Reform, Sheffield
Fitzpatrick J (2010) *Personalised Support*, The Centre for Welfare Reform, Sheffield
Henwood M & Hudson B (2007) *Review of the Independent Living Funds*, DWP, London
Personal Social Services Expenditure and Unit Costs: England: 2004-2005 http://www.ic.nhs.uk/pubs/persocservexp2005
Tyson et al. (2010) *A Report on In Control's Third Phase, Evaluation and Learning 2008-2009*, In Control Publications, London

Websites

www.dpun.org.uk
www.freetoliveleeds.org
www.centreforwelfarereform.org
www.paradigm-uk.org

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The Centre for Welfare Reform

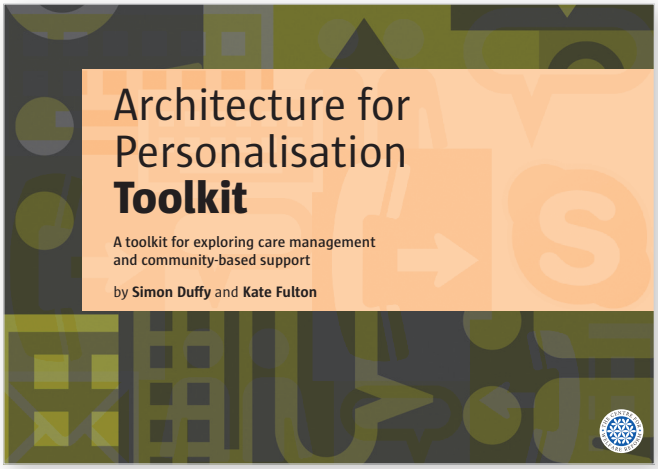
The Centre for Welfare Reform is an independent research and development network. Its aim is to transform the current welfare state so that it supports citizenship, family and community. It works by developing and sharing social innovations and influencing government and society to achieve necessary reforms. To find out more go to www.centreforwelfarereform.org

Paradigm

Paradigm is a leading consultancy, training and development agency in the field of social care who has over the last 10 years played an integral part in developing and promoting person-centred approaches and self-directed support. Paradigm works with people and families, community agencies, support providers, local authorities and government departments to develop supportive services and empowering solutions that work for everyone. Further information can be found at www.paradigm-uk.org

Appendix - Costs of Care Management

	LA 1	LA 2	LA 3	LA 4	Mean	Median
Number of care managers (WTE)	99.5	201	103	43	112	101
Cost (£ mn.)	5.1	5.9	3.9	2.5	4.4	4.5
People served	7595	7899	6050	4316	6465	6822
Ratio 1:N	76	39	59	100	69	68
Hours (PA)	175120	331650	159579	75680	185507	167349
Initial sign-posting	2.7	10	13.5	11.7	9.5	10.8
Overview	16.2	24.3	5.4	8.9	13.7	11.3
Full Assessment	17.6	14.3	27	17.1	19	18
Basic Planning	16.2	13.5	16.2	8.7	13.7	13.6
Intensive Planning	20.3	13.5	16.2	15.2	16.3	15.7
Problem-solving	21.6	13.5	8.1	20.8	16	14.8
Short Reviews	2.7	5.4	10.8	11.1	7.5	9.2
Long Reviews	2.7	5.4	2.7	6.5	4.3	4.9



You may also like to read the **Architecture for Personalisation Toolkit** which helps local leaders develop their own strategies.

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